Medicare 101

Parts of Medicare

Part A  Inpatient hospital care
Part B  Doctors and other non-inpatient care
Part C  Medicare managed care plans
Part D  Prescription drug coverage
Medicare 101

Original Medicare

- Part A – Hospital Expenses
- Part B – Medical Expenses
What is Medicare?

Federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS) for those who are:

1. 65 and older

2. receiving Social Security Disability benefits, any age

3. diagnosed with End Stage Renal Disease (ESRD)
“Original” Medicare Medical Services

**Part A - Hospital**
- Inpatient Hospitalization
- Skilled Nursing Facilities
- Home Health Care
- Hospice
- No Doctors’ charges
- Deductible for admission
- Usually no premium

**Part B - Medical**
- Outpatient services
- Doctors/Providers
- Preventive Benefits
- Durable Medical Equipment
- Hospital “Observation”
- Prescription drugs not covered
“Original” Medicare – Parts A & B

Can go to any medical provider who accepts Medicare for payment – no network restrictions

Original Medicare does not provide services outside the United States
2023 Medicare Costs

Part A
- $0 Premium for most folks
- Hospital Deductible $1,600/benefit period
- Hospital Copays $400/day, days 61-90 $800 days 91-150
- Skilled Nursing Copay $0 days 1 - 20 $200/day, days 21-100

Part B
- Monthly Premium $164.90 standard premium
- Higher income may increase premium
- Late enrollees may incur a 10% penalty for each year of delay
- Annual Deductible of $226
- Copayments generally 20% of Medicare approved amount

Create a MyMedicare.gov account to see all your Medicare claims!
Higher Part B premiums for some

Part B premiums are increased for persons with higher incomes. Income from 2 years prior to the current year is used to determine who will pay a higher Part D premium.

Medicare Premium Rules for Higher-Income Beneficiaries
Higher Part B premiums for some

$164.90 is standard Part B premium, per individual. If you are single and file an individual tax return, or married and file a joint tax return, Part B premium will increase as shown below as your taxable income increases:

<table>
<thead>
<tr>
<th>If your 2021 yearly income was as noted below and you</th>
<th>File Individual tax return</th>
<th>File Joint Tax return</th>
<th>Your Part B Premium is</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above $97,000</td>
<td>Above $194,000</td>
<td>$230.80</td>
<td></td>
</tr>
<tr>
<td>Above $123,000</td>
<td>Above $246,000</td>
<td>$329.70</td>
<td></td>
</tr>
<tr>
<td>Above $153,000</td>
<td>Above $306,000</td>
<td>$428.60</td>
<td></td>
</tr>
<tr>
<td>Above $183,000</td>
<td>Above $366,000</td>
<td>$527.50</td>
<td></td>
</tr>
<tr>
<td>$500,000 or more</td>
<td>$750,000 or more</td>
<td>$560.50</td>
<td></td>
</tr>
</tbody>
</table>
Higher Part B premiums for some

If you are married and lived with your spouse at some time during the taxable year, but filed a separate tax return, the Part B premium increases as shown below:

<table>
<thead>
<tr>
<th>If your yearly income in 2021 was as noted below and you Married filing separately</th>
<th>Your Part B Premium is</th>
</tr>
</thead>
<tbody>
<tr>
<td>$97,000 or less</td>
<td>$164.90</td>
</tr>
<tr>
<td>Above $97,000</td>
<td>$527.50</td>
</tr>
<tr>
<td>$403,000 or more</td>
<td>$560.50</td>
</tr>
</tbody>
</table>
Applying for Medicare

Apply with Social Security for *Original Medicare*, Parts A and B. However,

If you receive Social Security or Railroad Retirement benefits before age 65, enrollment is *automatic* at age 65 – no contact with Social Security is needed.
Applying for Medicare

Apply with Social Security Administration

– Call 800 772 1213 to make an appointment (7 am – 7 pm) An appointment date is recognized as the filing date. Telephone or in-person appointments

– File online for Medicare only at www.ssa.gov

– Visit a Social Security office without appointment (not recommended)
Applying for Medicare - Part A

• No premium for Part A if you have at least 40 credits in the Social Security system

• No premium for Part A if eligible for a Social Security cash benefit. Dependents such as spouses, divorced spouse and surviving spouses may also be eligible for premium free Part A

• No penalty for delaying enrollment in Part A after age 65 if eligible for Part A without a premium

• You can apply for Part A only and decline Part B

• Apply beginning 3 months before your 65th birthday
Applying for Medicare – Part B

If not receiving Social Security (or Railroad Retirement) benefits, apply for Medicare during

7 month Initial Enrollment Period (IEP)
– 3 months before your 65th birthday
– Month of your 65th birthday
– 3 months after your 65th birthday

Note: Filing in the last four months of the IEP will delay enrollment in Part B by one month
Applying for Medicare – Part B

- If covered under your (or your spouse’s) current employer group health plan, you may delay enrollment in Medicare Part B with no late enrollment penalty or coverage gap.

- If retired, you are not an employee any longer!

- COBRA insurance is not an employer health plan

- Marketplace insurance is not an employer health plan

- If covered by an employer group health plan, you may enroll in Part B at any time your coverage continues. When employment or insurance ends, you will be provided an 8 month Special Enrollment Period.
Special Enrollment Period
If you or your spouse have health insurance through your job, you can sign up:

- Any time while working and still covered by the group health plan.
- Within 8 months of the day you or your spouse stop working, even if the group health plan continues for a time.
- Within 8 months of the group health plan ending while you or your spouse continue to work.
- 3 months before your health coverage will end.

Your coverage begins the month after you sign up. No penalties.
Applying for Medicare – Part B

If not covered by an employer group health plan, delaying enrollment in Medicare Part B can cause higher premiums and delayed enrollment.

Premium is permanently increased by 10% for every 12 month period Part B enrollment is delayed if no employer coverage.

Enrollment is then only permitted January to March, coverage beginning month after enrollment.
Applying for Medicare – Part B

If employer group health coverage will end during the 7 month IEP, do not delay enrolling in Part B.

A Special Enrollment Period is not provided if employer coverage ends in the 3rd month after 65th birthday or before
Applying for Medicare – Part B

General Enrollment Period
When you miss the other periods

• Sign up period for persons who did not enroll in the Initial or Special Enrollment Period

• January 1 through March 1

• Coverage begins the month after enrollment

• Usually life long premium penalty
Employer Group Health Plan

If covered by Employer provided group health insurance, Medicare is usually secondary payer to the insurance provided by the employer.
Caution

If the Employer Group Health Plan is from an employer with fewer than

• 20 or more employees for an individual age 65 or older
• 100 or more employees for an individual under age 65 and receiving Social Security disability benefits

Benefits from the employer insurance may be reduced without Medicare entitlement

COBRA insurance may reduce coverage amounts if you are Medicare eligible. Check with insurer
Paying Medicare Part B Premiums

• **Pay online**
  Pay through your secure “MyMedicare” Account

• **Medicare Easy Pay.**
  With this free service, we’ll automatically deduct your premium payments from your savings or checking account each month.

• **Your bank’s Online Bill Pay**
  Pay directly from your savings or checking account using your bank’s online bill payment service.

• **Mail your payment to Medicare.**
  Pay by check, money order, credit card, or debit card. Payment coupon included with each premium bill

• *Late payments can cause length suspension of Medicare coverage!*
Medicare’s Dental, Vision & Hearing Benefits

Original Medicare has no dental, vision or hearing benefits!

Medicare is for Medical Procedures & prescriptions only

– Not unskilled nursing care
– Not routine or recurring dental & vision
– Not eyeglasses
– Not hearing aids
– Not routine eye or dental checkups
– Not dental crowns, periodontics, dentures, etc.
Medicare Preventive Benefits

• Screening tests and procedures
• No out of pocket costs for most preventive benefits
• Examples:
  – Flu, Pneumonia, Hepatitis B Vaccine, Covid
  – Welcome to Medicare & Annual Wellness Checks
  – Diabetes testing supplies

• Complete list at www.medicare.gov or Medicare & You Handbook
Medicare and Veteran’s Healthcare

Medicare and Veteran’s (VA) healthcare do not coordinate benefits or copays, if any.

*Tricare* requires enrollment in both Medicare A and B
Medicare & Health Savings Accounts

• Persons enrolled in Medicare (A or B) cannot make tax deductible contributions to a health savings account (HSA)

• If older than age 65, Part A coverage begins up to 6 months before filing date for Medicare, Social Security or RRB.

• If your Medicare Part A coverage overlaps when you made HSA’ contributions, you’ll have to pay a tax penalty.

• Monies already in an HSA can still be used per IRS regulations

See IRS Publication 969 for HSA information
Medicare & Government Retirees

• OPERS retirees are required to enroll in both Parts A and B

• All other Ohio public employee retirement systems require members to enroll in Part B once they become entitled to retirement benefits and are age 65

• Federal government retirees who have FEHB insurance are not required to enroll in either Part A or Part B (but many do). If enrolled in Medicare, a Federal retiree’s FEHB plan acts as a Medicare Supplement insurance plan and Medicare is the primary payer

• Beginning January, 2025 USPS postal retirees will be required to enroll in Medicare. In 2024 a special 6 month enrollment period will be held for earlier retirees who declined Part B
Accessing your Medicare Benefits

**Option 1**

**Original Medicare**
Part A and Part B

**Secondary Insurance**
Group Health Plan, MedSup, or Medicaid

**RX Coverage**
Part D or Group Health Plan

**OR**

**Option 2**

**Medicare Advantage** (Part C)
1. Hospitalization,
2. Medical
3. Rx (MA-PD)
Medicare 101

Secondary Medical Insurance Coverage

Secondary Insurance
Group Health Insurance, MedSup, or Medicaid

Pays Original Medicare’s Co-Pays & Deductibles
Secondary Insurance

- **Group Health Plan Insurance**
  - Insurance from a former employer or union that supplements Medicare

- **Medicaid/Medicare Savings Programs**
  - Assistance for those with limited income and resources

- **Medicare Supplemental Insurance**
  - Private insurance that coordinates with Original Medicare
  - Also called Medigap or MedSup

Original Medicare
  - Part A and Part B

Secondary Insurance
  - Group Health Plan, MedSup, Or Medicaid
Medicare Supplement Insurance

• Private Insurance with a $$ premium
• Must have Part A & B of Original Medicare
• Limited out-of-pocket costs after premium
• Pays Part A & B co-pays and deductibles
• Use any provider who accepts Medicare
• No networks for doctors or hospitals
• No drug coverage
Medicare Supplement Insurance

Standardized plan models

• Plans are identified by letter - A,B,D,G,K,L,M,N
• All companies sell identical plans, *except cost*
• Plans of same letter have identical coverage
• Plan premiums vary greatly between companies
• Rate that premiums increase as you age varies
Medicare Supplement Insurance

Choosing a Medsup plan

• Choose plan on benefits level you prefer
• Compare plans on price and how quickly premiums increase with age
• OSHIIP or COAAA can provide pricing schedules from lowest to highest premium for different plan models
• Sign up with the insurance company, not Social Security or Medicare
**Example of an actual schedule with premium increases as enrollee ages**

**Group 1**
Applies to individuals whose plan effective date will be within ten years following their 65th birthday.

<table>
<thead>
<tr>
<th>Age</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Select C²</th>
<th>Plan F</th>
<th>Select F²</th>
<th>Plan G</th>
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<tbody>
<tr>
<td>65</td>
<td>$81.44</td>
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<tr>
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<td>$129.81</td>
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<td>$182.12</td>
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<td>$192.23</td>
<td>$227.95</td>
<td>$192.70</td>
<td>$176.01</td>
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<tr>
<td>76</td>
<td>$123.43</td>
<td>$187.93</td>
<td>$233.77</td>
<td>$198.36</td>
<td>$235.22</td>
<td>$198.85</td>
<td>$181.63</td>
</tr>
</tbody>
</table>

**Standard Rates with Enrollment Discount³ for individuals ages 65-76 whose acceptance is guaranteed on conditions on the application⁴.**

**Group 2**
Applies to individuals whose plan effective date will be ten or more years following their 65th birthday.

<table>
<thead>
<tr>
<th>Age¹</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Select C²</th>
<th>Plan F</th>
<th>Select F²</th>
<th>Plan G</th>
</tr>
</thead>
</table>

**Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed or who do not have any of the mentioned medical conditions.**

- 75+ $139.97 | $213.12 | $265.10 | $224.95 | $266.75 | $225.50 | $205.97
- 75+ $190.87 | $290.62 | $361.50 | $306.75 | $363.75 | $307.50 | $350.15

**Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed and who have one of the mentioned medical conditions.**

- 75+ $190.87 | $290.62 | $361.50 | $306.75 | $363.75 | $307.50 | $350.15

---

¹ Age column refers to the individual's age at the time of enrollment.
³ Enrollment Discount is applied to the standard rates.
⁴ Application conditions and medical history may affect eligibility and rates.
Medicare Supplement Insurance

When to buy - *Guaranteed Issue Period*

- No medical underwriting questions/evaluation
- First 6 months you are age 65 or older & also enrolled in Part B
- No “Open Enrollment Period” later
- Special Circumstances for 63 days after loss of coverage
Medicare Supplement Insurance

“Special Circumstances” may also provide guaranteed issue of a Medsup policy for 63 days after other coverage ends. Not all Medsup plans may be available. Circumstances such as

- Your Medicare Advantage plan is leaving the Medicare program
- Your coverage through a Group Health plan ends
- Your health coverage is ending because you are moving outside the plan’s service area
- You lose your coverage because your Medsup coverage ends through no fault of your own
- You leave your plan (Advantage or Medsup) because the company has misled you or hasn’t followed the rules
Medicare Supplement Insurance

“Trial Right” guaranteed issue period

• You joined a Medicare Advantage Plan when first eligible for Medicare at age 65. Within the first year of choosing the Advantage plan, you decide to switch to Original Medicare. You can choose a Medicare Supplement policy with guaranteed issue rights.

• You drop your Medsup policy for the first time to join a Medicare Advantage plan and then decide to return to a Medsup plan within one year of joining the Advantage plan.

www.medicare.gov/supplements-other-insurance/when-can-i-buy-medigap/guaranteed-issue-rights
Medicare Supplement Insurance

Choosing a Medsup policy

• Decide which plan’s coverage scheme works best for you

• Review information from 3 or more plans

• Consider initial premium and rate of annual premium increases

• Review % rate of recent premium increases

• Affordability now, affordability later
Medicare Supplement Insurance

www.medicare.gov/medigap-supplemental-insurance-plans/#/m/?year=2023&lang=en

Find a Medigap policy that works for you

In Original Medicare, you generally pay some of the costs for approved services. Medicare Supplement Insurance (Medigap) is extra insurance you can buy from a private company that helps pay your share of costs.

How to buy a Medigap policy

Step 1

Decide which plan you want

Medigap policies are standardized, and in most states are named by letters, Plans A–N. Compare the benefits each plan helps pay for and choose a plan that covers what you need.

See benefits of each plan
Medicare 101

Prescription Drug Coverage

RX Coverage
Part D or Group Health Plan
Medicare Part D – Prescription Coverage

• Medicare’s Prescription Drug Coverage
  – Offered by private companies that contract with Medicare
  – Available two ways
    • Stand Alone Prescription Drug Plans (PDPs)
    • Available through Medicare Advantage Plans (MAPDs)

• Penalties and restricted enrollment periods may apply due to failure to enroll in a Part D plan timely at age 65

• Over 25 prescription only plans in Central Ohio and more than 65 Advantage plans with prescription coverage
Creditable Coverage enrollment exception

Enrollment in a Medicare Prescription Drug plan is not required if any other insurance you have provides prescription drug coverage equivalent to Medicare.

Employer/Retiree/Cobra/Veterans/etc.

Without creditable coverage, penalties and enrollment delays may apply later.
Applying for Medicare - Part D

- At age 65, Initial Enrollment Period (IEP) is the same as Part B.

- If you declined enrollment at age 65 because you had **creditable drug coverage**, you may enroll in a drug plan at any time while you have creditable coverage.

- If your creditable coverage ends, enroll in a Part D drug plan within 62 days of that coverage ending to avoid penalties or coverage gaps.

- Other special circumstances or changes may provide a special enrollment period.
Medicare Part D

• Anyone with Medicare A or B can get Part D
  – May not need Part D if you have creditable coverage
  – Enroll with insurance company or Medicare.gov

• Open Enrollment **October 15th- December 7th**
  – Change from one plan to an another
  – Enrollment for persons not previously enrolled
  – Coverage will begin on January 1
  – Other Special enrollment times based on circumstance

• Review plans annually with COAAA, OSHIIP or [www.medicare.gov](http://www.medicare.gov)
Part D Costs in 2023

**Monthly Premiums** - $5.10 - $109.20

**Annual Deductible** - $0-$505, depending upon plan.

Cost for drugs may vary significantly from plan to plan

Cost of a drug can change as you obtain drugs during the year

Plans can differ on step therapy, quantity limits or prior authorization

https://www.medicare.gov/drug-coverage-part-d/what-medicare-part-d-drug-plans-cover
Part D Costs in 2023

https://www.medicare.gov/drug-coverage-part-d/what-medicare-part-d-drug-plans-cover

What Medicare Part D drug plans cover

All plans must cover a wide range of prescription drugs that people with Medicare take, including most drugs in certain protected classes, like drugs to treat cancer or HIV/AIDS. A plan’s list of covered drugs is called a “formulary,” and each plan has its own formulary. Medicare drug coverage typically places drugs into different levels, called “tiers,” on their formularies. Drugs in each tier have a different cost. For example, a drug in a lower tier will generally cost you less than a drug in a higher tier.

List of covered prescription drugs (formulary)

Generic drugs

Tiers

Find out which plans cover your drugs.

Note

If you take insulin, you may be able to get Medicare drug coverage that offers savings on your insulin. You could pay no more than $35 for a month’s supply. Find a plan that offers this savings on insulin in your state. You can join during Open Enrollment.
Part D Costs in 2023

Initial Coverage Limit

Until you and the plan have spent $4,430 on covered drugs, the plans have significant discretion in setting drug costs.

Cost of a drug may be a set percentage or a flat copay noted in the plan formulary

Costs may vary significantly from plan to plan

Part D Costs in 2023

Coverage Gap Limit (the “donut hole”)

Once you and the plan combined have spent $4,660 on covered drugs, there may be a temporary limit on what the drug plan will cover for drugs. Your drug copays may increase, not to exceed 25%. Some plans offer copays lower than 25% in the coverage gap.

Costs will vary among plans.

Part D Costs in 2023

Catastrophic coverage

When your own out of pocket costs equal $7,400, you are out of the coverage gap.

Once you are out of the coverage gap you will have “catastrophic coverage.” This means you will only pay a small percentage or copayment for covered drugs for the rest of the year.

www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/catastrophic-coverage
Higher Part D premiums for some

Every Prescription Drug plan has a premium. As with the Part B premium, higher premiums may be paid by higher income persons.

<table>
<thead>
<tr>
<th>If your yearly income in 2021 was:</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>File individual tax return</td>
<td>File joint tax return</td>
</tr>
<tr>
<td>Above $97,000 up to $123,000</td>
<td>Above $194,000 up to $226,000</td>
</tr>
<tr>
<td>Plan Premium</td>
<td>Plan Premium + $12.20</td>
</tr>
<tr>
<td>Above $123,000 up to $153,000</td>
<td>Above $228,000 up to $306,000</td>
</tr>
<tr>
<td>Plan Premium</td>
<td>Plan Premium + $31.50</td>
</tr>
<tr>
<td>Above $153,000 up to $183,000</td>
<td>Above $306,000 up to $366,000</td>
</tr>
<tr>
<td>Plan Premium</td>
<td>Plan Premium + $50.70</td>
</tr>
<tr>
<td>Above $183,000 up to $500,000</td>
<td>above $366,000 up to $750,000</td>
</tr>
<tr>
<td>Plan Premium</td>
<td>Plan Premium + $70.00</td>
</tr>
<tr>
<td>$500,000 or more</td>
<td>$750,000 or more</td>
</tr>
<tr>
<td></td>
<td>Plan Premium + $76.40</td>
</tr>
</tbody>
</table>
Higher Part D premiums for some

If you are married and lived with your spouse at some time during the taxable year, but filed a separate tax return, Part D premiums increase as shown below

<table>
<thead>
<tr>
<th>If your yearly income in 2020 was and tax status was</th>
<th>You pay</th>
</tr>
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<tbody>
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<td>Plan Premium</td>
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<td>Above $91,000 up to $409,000</td>
<td>Plan Premium +71.30</td>
</tr>
<tr>
<td>$409,000 or more</td>
<td>Plan Premium +77.90</td>
</tr>
</tbody>
</table>
Part D

Things to Consider: Cost, Coverage, Convenience

• Plans have different pricing structures and formularies
• Plans do not cover all drugs nor the same drugs
• Plans have different preferred pharmacy network(s)
• Plans may charge different prices for the same drug
• Cost for you will be based on your own, individual drug needs
• Plan coverages may change from year to year  so
• Review coverage annually during fall Open Enrollment
• A great plan for your spouse, friend, etc. may not be for you!
Recap: Things to Consider

• Late enrollees without creditable coverage incur a 1% premium increase for each month of delay.

• Late enrollees without creditable coverage can only enroll during the fall Open Enrollment Period. Thus, you should probably enroll in a drug plan even if you take few or no prescription drugs.
Group Health Plans

Medicare Advantage
Part C
Medicare Advantage Plans

Available to anyone who is

• Enrolled in both Parts A & B Original Medicare

• Living within the plan’s service area

• No age or medical restrictions

• No pre-existing medical restrictions
Medicare Advantage Plans

Combines coverage of Original Medicare Parts A and B

- Enrollees still pay Part B premium
- Offered by private companies. Two plan types
  - HMO (Health Maintenance Organization)
  - PPO (Preferred Provider Organization)
- Most plans include prescription drug benefit
- Plans have deductibles and co-pays for most services
- Networks, Premiums and Co-pays vary by plan
Applying for Medicare Advantage

• Initial Enrollment Period
  – 7 Months (IEP) surrounding Medicare eligibility at age 65

• Open Enrollment October 15th- December 7th
  – Coverage begins January 1
  – Change from one Advantage plan to another
  – Apply for Advantage plan first time
  – Other enrollment times based on special circumstances

• You may also switch to a different Advantage plan from January 1 through March 31
How does an Advantage Plan Work?

• Plan provides medical coverage instead of “Original Medicare”

• Charges are submitted to the plan, not to Medicare

• Use the plan’s insurance card, not your R/W/B Medicare card

• Plans have mandatory or preferred medical networks

• Plan may not cover, or may charge higher co-pays, for non-network providers

• Some plans have no premium as Medicare pays a fixed amount monthly to each insurer for every enrollee
How does an Advantage Plan Work?

• Plans may require referral to a specialist

• Plans may have coverage for vision, dental, or other services not covered in original Medicare

• Plans often include drug coverage

• Plans have co-pays or deductibles for most services

• Plans do not coordinate with Medicare Supplement plans
Choosing a Medicare Advantage Plan

• Review its Prescription Drug Coverage

• What medical providers in plan? Are your preferred medical providers in that network?

• Can you use out-of-network medical providers? At what extra cost?

• Does the plan offer benefits Original Medicare does not, such as vision, dental, *Silver Sneakers*, transportation, OTC drug benefits, Medicare premium rebate, etc.?
Moving Between Options

- Supplement to Medicare Advantage
  - Guaranteed Issue anytime enrollment is open

- Supplement to Supplement
  - Not guaranteed Issue
  - Can try anytime
    - no annual open enrollment period

- Medicare Advantage to Medicare Advantage
  - Guaranteed Issue during Open Enrollment Period and January - March

- Medicare Advantage to Supplement
  - Never Guaranteed Issue
  - Unless in a Special Enrollment Period
Supplement or Advantage Plan?

**COST**
- You pay Part B premium with both Supplement and Advantage
- Supplement premiums range from $40- $200+ monthly, depending upon policy and age
- Advantage plans premiums range from $0 - $100+

**PROVIDER CHOICE**
- Supplement plans allow you to use any provider who accepts Medicare
- Restricted or preferred provider networks with Advantage plans

**PERSONAL CIRCUMSTANCES**
- Frequent traveler? Supplement?
- Use a lot of health services? Supplement?
- High preference for doctor choice Supplement?
- Able to afford higher premiums Supplement?
  - Infrequent traveler? Advantage?
  - Okay with limited provider choice? Advantage?
  - Fewer provider visits? Advantage?
  - Cost savings on premiums important? Advantage?
Research and Comparing Prescription Drug Plans and/or Medicare Advantage Plans

www.medicare.gov
Explore your Medicare coverage options

Don't have Medicare Part A or B yet?
Get started with Medicare.

Find Medicare health & drug plans

Use your account

Save time by logging in
- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

Continue without logging in

ZIP CODE

PLAN TYPE
Select a plan type

Next, you can add your drugs and pharmacies for personalized cost information. Need help picking a plan type?
Medicare.

Learn
- Get started with Medicare
- Medicare costs
- Your Medicare rights
- Reporting fraud & abuse
- End-Stage Renal Disease

Resources
- Talk to someone
- Forms, publications, & mailings
- “Medicare & You” handbook
- Advance directives & long-term care

Basics

Health & Drug Plans
Find & Compare

Find health & drug plans
Compare coverage options
Find a Medicare Supplement Insurance (Medigap) policy

Learn

Get started with health & drug plans
What health plans cover
How plans work with other coverage
Drug coverage (Part D)
Providers & Services

Find & Compare
- Find care providers
- Find medical equipment & suppliers
- Compare procedure costs

Learn
- What Medicare covers
- Claims & appeals

My Information
- Looking for your providers & services information?
- Log in/create an account
Financial Assistance for some Medicare beneficiaries
Medicare Savings Programs

You can get help from your state paying your Medicare premiums. In some cases, Medicare Savings Programs may also pay Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) deductibles, coinsurance, and copayments if you meet certain conditions. These conditions are listed below under “How do I apply for Medicare Savings Programs?”

4 kinds of Medicare Savings Programs

Select a program name below for details about each Medicare Savings Program. If you have income from working, you still may qualify for these 4 programs even if your income is higher than the income limits listed for each program.

- Qualified Medicare Beneficiary (QMB) Program
- Specified Low-Income Medicare Beneficiary (SLMB) Program
- Qualifying Individual (QI) Program
- Qualified Disabled and Working Individuals (QDWI) Program

If you qualify for the QMB program, SLMB, or QI program, you automatically qualify to get Extra Help paying for Medicare drug coverage.

These amounts may increase each year. If your income and resources are slightly higher, you should still apply.
Medicare Savings Programs (MSP) 2023

• Pays Part B Premium
  – May also pay Part A & B coinsurance & deductibles
  – Amount of assistance depends upon income

• Income less than
  – $1,661/month single
  – $2,239/month married

• Resources less than
  – $9,090 single
  – $13,630 married

Apply: Phone - Ohio Medicaid Hotline 800 324 8680
  Franklin Ct. Only 844 640 6446 (8 am – 12pm)
  Online - https://benefits.ohio.gov/
  Visit local Ohio Jobs & Family Services Office

https://www.medicare.gov/basics/costs/help/medicare-savings-programs  Or

https://insurance.ohio.gov/consumers/medicare/msp
2023 Low Income Subsidy

“Extra Help” with Prescription Drug Costs)

• Reduced or NO Premium
• Reduced or NO Deductible
• Minimal co-pays for most drugs
• Quarterly Special Enrollment Periods

NO DONUT HOLE

Income:                      Resources:
single- $22,116 yr / $1,843 mo     single- $16,660
married $29,820 yr / $2,485 mo    married-$33,240

Apply with Social Security
www.ssa.gov/medicare/prescriptionhelp/
Help with Medicare Problems

Livanta is contracted by Medicare to conduct medical case review to support the rights of people on Medicare and care being provided. Livanta can help you if you have a concern about the care you have been receiving or if you want to request a review (appeal) of your discharge from a health care facility.

Contact Livanta
(888) 524 - 9900 (888) 985 - 8775 – TTY Fax: (855) 236-2423

Monday-Friday: 9:00 a.m. - 5:00 p.m. (local time)
Saturday-Sunday: 11:00 a.m. - 3:00 p.m. (local time)
24 hour voicemail service is available

Beneficiary and Family Services include:
Appeal of Discharge
Quality of Care Concern (Immediate)
Beneficiary Complaint

www.livantaqio.com/en/states/ohio
Protection From Medicare Fraud

• Improper Sales Agent activity or practices:
  – Door to Door Sales
  – Giving out cash gifts or gifts exceeding $15
  – High Pressure Sales Tactics
  – Misrepresenting a plan or giving incomplete information
  – Representing themselves as Medicare

• ProSeniors is Ohio’s Senior Medicare Patrol
  • Prevent, detect, report and respond to fraud
  • 800-488-6070
Help with my Medicare options & issues

1-800-MEDICARE
General Medicare information, ordering Medicare booklets, and information about health plans.
Toll-free phone: (800) 633-4227

CMS, Chicago Regional Office
Information on local seminars and health fairs on Medicare health plan choices, or to report a complaint directly to CMS.
Local phone: (312) 353-7180

Consumer Services Division of Ohio
Medigap Policies
Local phone: (614) 644-2673
Local TDD: (614) 644-3745
Toll-free phone: (800) 686-1526

Consumer Services Division of Ohio
Medigap Policies

Ohio Senior Health Insurance Information Program (OSHIIP)
Personalized health insurance counseling
Local TDD: (614) 644-3745
Toll-free phone: (800) 686-1578

Railroad Retirement Board
(For Railroad Retirement beneficiaries only) - RRB benefits, lost RRB Medicare card, address change, and enrolling in Medicare.
Local TDD: (312) 751-4701
Toll-free phone: (877) 772-5772

Social Security Administration
Changing my address, Medicare Part A or Part B, lost Medicare card, and Social Security benefits.
Toll-free phone: (800) 772-1213
WE'LL WORRY ABOUT THAT WHEN IT GETS HERE!!!
• John LaMotte
  – jlamotte@coaaa.org
  – 614 645 8557