# Medicare 101

A Medicare Scholar Presentation



## Agenda

- Who is eligible for Medicare?
- Coverage Options
- Where can I enroll?
- Next Steps
- Questions?



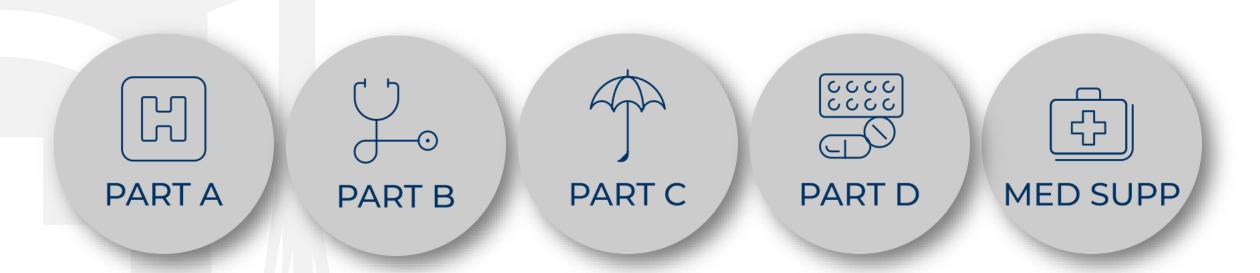
## Who is eligible for Medicare?

Must be a U.S. citizen or legal resident for at least 5 consecutive years AND one of the following:

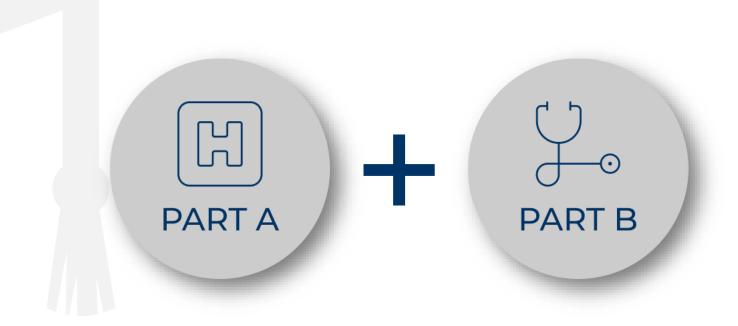
- Age 65 or older
- Under 65 with a qualifying disability
- Any person diagnosed with end-stage renal disease or ALS (Lou Gehrig's Disease)



## **Coverage Options**











## Hospital Insurance

- Inpatient hospital care
- Inpatient mental health care
- Skilled nursing services
- Hospice Care
- Some blood transfusions





#### Costs

- Premium-free if you have worked 40 quarters
- \$1,600 deductible in 2023

## Coverage

- Stays of more than 60 days have daily copays
- You can utilize any hospital that accepts Medicare
- Hospital coverage outside of the U.S. usually isn't covered



## **Doctors and Outpatient Visits**

- Physician services
- Outpatient hospital services
- Ambulance
- Outpatient mental health
- Laboratory services
- Durable medical equipment (wheelchairs, oxygen, etc.)
- Outpatient physical, occupational and speechlanguage therapy
- Some preventive care







#### Costs

- No out-of-pocket maximum
- You pay 20% of Medicare-approved costs
- Annual deductible \$226 in 2023
- Monthly premium adjusted based on your income and may be higher if you sign up after your initial enrollment period

### Coverage

- Physicians who accept Medicare
- Some preventive healthcare is provided





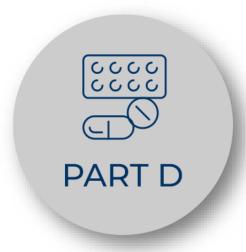




What's not covered?

- Part A and Part B deductibles, coinsurance, and premiums
- Part B excess charges
- Outpatient prescription drugs
- Additional benefits such as hearing, vision, and most dental
- Long-term care or custodial care

# Prescription Drug Plans







# Prescription Drug Plans

Helps with the cost of prescription drugs

- Only offered through private insurance companies
- You must continue to pay your Part B premiums
- For medications you receive from a retail or mail-order pharmacy



# Prescription Drug Plans

#### Costs

- Coverage varies from plan to plan
- Catastrophic coverage protects you from high drug costs
- Benefits can change year-to-year

#### **Enrollment**

- Coverage is not automatic
- Penalties may apply if you enroll late

### Coverage

- Each plan has a list of drugs it covers called a formulary
- List of drugs can change throughout the year





#### Formulary Tiers

Tier 1 \$

Tier 2 \$\$

Tier 3 \$\$\$

Tier 4 \$\$\$\$

Tier 5 \$\$\$\$\$

# Prescription Drug Plans

Part D Formulary

A formulary is the list of drugs covered by a Part D plan

- All plans have a tiered formulary
- Generally, the lower the tier, the lower the out-of-pocket cost



## Coverage Stages



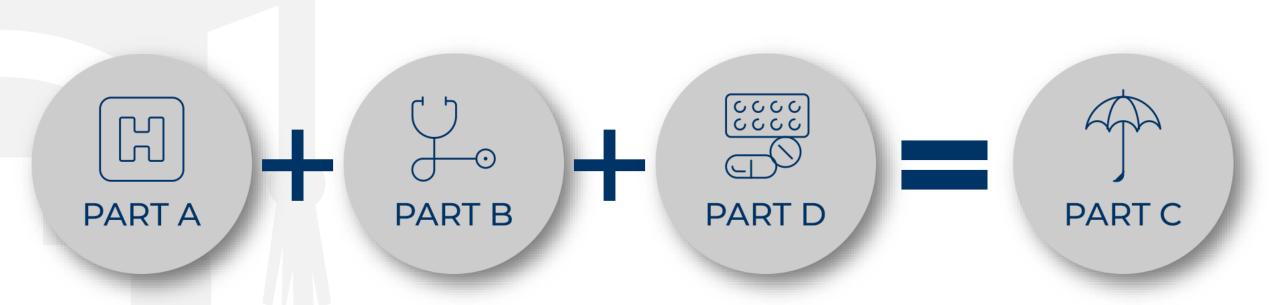
The coverage cycle starts over on January 1st of each year.



## 2023 Cost Sharing for Part D

- Annual Deductible up to \$505 (not all plans have a deductible)
- Initial Coverage Limit \$4,660
- Coverage Gap or Donut Hole You pay 25% for covered drugs
- Catastrophic Coverage \$7,400 and above. Drug copays are reduced to:
  - Generics \$4.15 or 5%, whichever is greater
  - o Brands \$10.35 or 5%, whichever is greater









- Combines both Medicare Part A and Part B, may also include prescription drug coverage
- Offered by private insurance companies
- Often include additional benefits above and beyond Original Medicare – varies by plan





## Eligibility for Part C

- Must be enrolled in Medicare Part A and Medicare Part B
- Must live in the plan's service area (county based)
- Must be able to make an informed decision





#### Costs

- Plan premiums and benefits can change year-toyear
- Must continue to pay your Part B premium

#### Coverage

- Many plans include prescription drug coverage (Part D)
- Coverage can be limited to a service area unless it's an emergency
- May be required to use a network of doctors and hospitals
- May include additional benefits above Original Medicare (varies by plan)





#### Types of Part C Plans

**Coordinated Care Plans** 

- Health Maintenance Organization (HMO)
- Health Maintenance Organization Point-of-Service (HMO-POS)
- Preferred Provider Organization (PPO)
- Special needs Plans (SNP)

Other Plans

- Private Fee-for-Service (PFFS)
- Medicare Savings Accounts (MSA)
- Medicare Cost Plans



# Medicare Supplement Insurance







# Medicare Supplement Insurance

- Helps cover gaps in Original Medicare
- Sold by private insurance companies
- Plans are name A, B, C, D, F, G, K, L, M, N, High-Deductible Plan F and High-Deductible Plan G
- Massachusetts, Minnesota and Wisconsin have different standardized plans
- Benefits can vary by plan and when your Medicare coverage began





# Medicare Supplement Insurance

## Eligibility

- Must be enrolled in Medicare Part A and Part B
- Resident of the state in which you are applying for coverage
- Age 65+ (or under 65 in certain states)





# Medicare Supplement Insurance

#### Costs

- Helps with some of the out-of-pocket costs not paid by Original Medicare
- Premiums may vary based on age, sex, tobacco status, zip code, plan and carrier

#### **Enrollment**

- Generally, the best time to enroll is during the sixmonth Open Enrollment Period following your 65<sup>th</sup> birthday month or Part B effective date (if later)
- There may be other situations in which your acceptance may be guaranteed



## Plan Choices

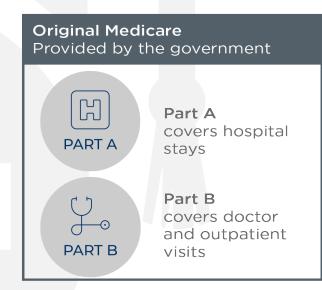


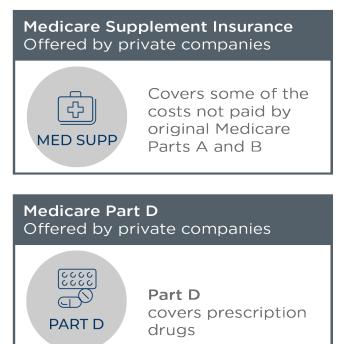
Decide if you need additional coverage. You have two ways to get it.

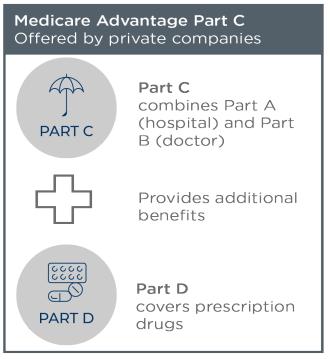
OPTION 1 ——— Add one or both of the following to Original Medicare

OR — OPTION 2

Choose a Medicare Advantage plan





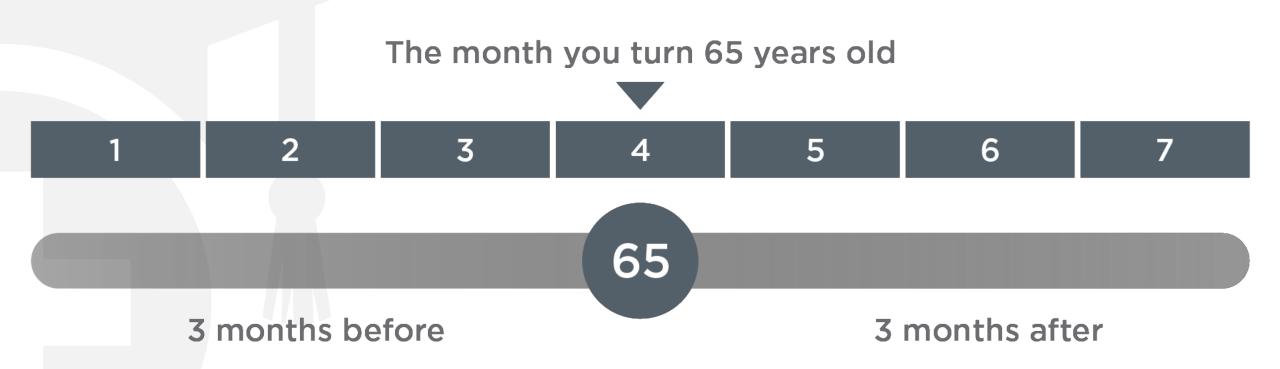




# When can I enroll?



## Medicare Initial Enrollment Period





## What if I work past age 65?

#### If working past age 65

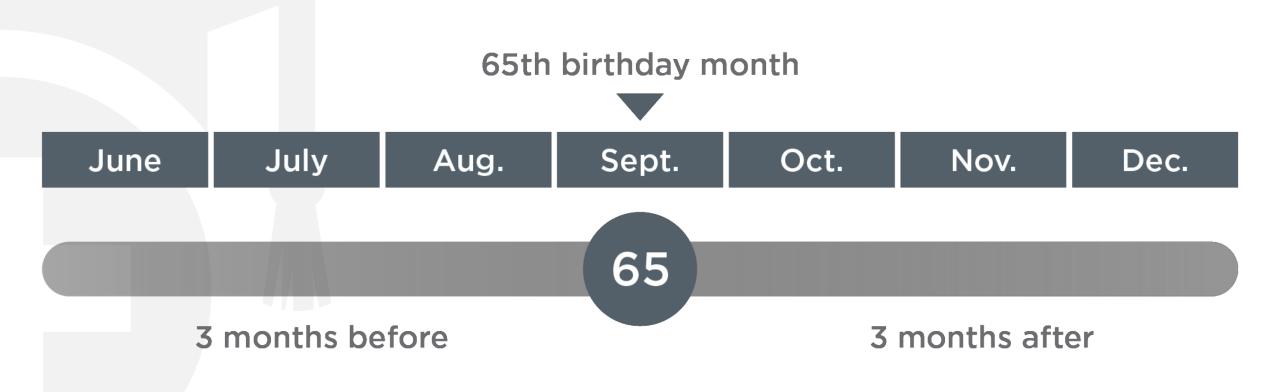
- You may enroll in Parts A and B
- Recommended that you speak with your benefits administrator
- Keep records of your health insurance coverage

#### Enrollment after age 65

- When retiring, you may be eligible for a Special Enrollment Period (SEP) that may allow you to:
  - Enroll in Original Medicare for up to eight months after the loss of employment or employer coverage, whichever happens first
  - Enroll in a Medicare Advantage or Prescription drug Plan for up to two full months after loss of employer health benefits



## New to Medicare Working beyond 65: Fewer than 20 employees





## Medicare Supplement Open Enrollment

Your eligibility begins



65

This period lasts for 6 months and begins on the first day of the month in which you're both 65 or older and enrolled in Medicare Part B.



## **Additional Elections**

- Annual Enrollment Period October 15<sup>th</sup> through December 7<sup>th</sup>, plans begin January 1<sup>st</sup>
- Open Enrollment Period January 1<sup>st</sup> through March 31<sup>st</sup>. May change from one Medicare Advantage to another, or back to Original Medicare with or without Part D coverage
- Special Enrollment Periods examples include moving into a new area, discontinuation of your current plan, receiving skilled nursing care, or low income/Medicaid



## **Next Steps**

- 1. Review enrollment periods
- 2. Research your options
- 3. Ask questions/seek help
- 4. Enroll
- 5. Yearly review



# Questions?



# Thank you for attending!



## Sources

- https://www.medicare.gov/
- https://www.medicare.gov/your-medicarecosts/medicare-costs-at-a-glance
- https://www.medicare.gov/supplements-otherinsurance/how-to-compare-medigap-policies

