



St. Elizabeth
HEALTHCARE

PrimeWise

Medicare Workshop Part 2

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You Need to Know

This presentation shares the basics of:

- **Medicare Medigap Policies**
- **Part D Prescription Drug Plans &**
- **Medicare Advantage Plans only**

Other important information you will need to make decisions about your Medicare coverage include:

- Knowledge of Original Medicare Part A and Part B – presented in Medicare Workshop Part 1

For additional information go to:

- www.Medicare.gov
- Contact PrimeWise at St. Elizabeth Healthcare
(859) 301-5999 ~ primewise@stelizabeth.com

Medicare Workshop

Part 2

- Brief Review
- Overview of Your Possibilities

Possibility 1

- Original Medicare
- **Medigap Policy**
- **Part D Drug Plan**

Possibility 2

- **Medicare Advantage Plan**
(HMO, PPO, PFFS & MSA)

- Making Your Choice

Coverage Gaps in Original Medicare - 2022

- Dental care and dentures
- Eyeglasses
- First three pints of blood
- Foreign healthcare
- Hearing Aids
- Orthopedic shoes
- Private duty nursing
- Custodial Care
- Routine chiropractic care
- Routine foot care
- Cosmetic surgery
- Prescription drugs

Benefit Gaps in Original Medicare Part A - 2022

- **\$1,556** Part A deductible for the first 60 days of hospitalization in each benefit period
- **\$389** daily copayment for inpatient hospital days 61 - 90
- **\$778** daily copayment for 60 lifetime reserve days (days 91 – 150)
- **\$194.50** daily copayment for days 21-100 in a skilled nursing facility

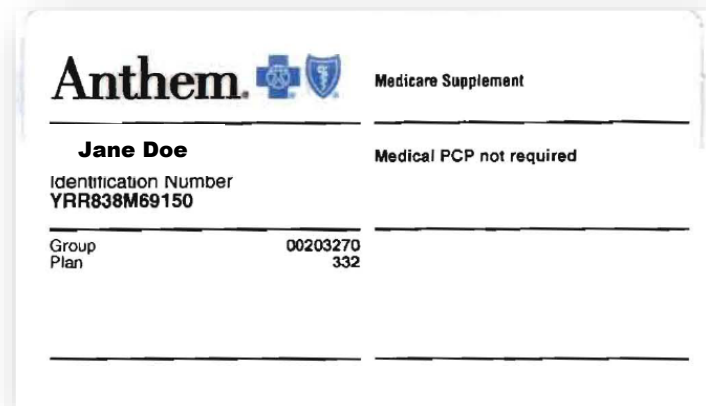
Benefit Gaps in Original Medicare Part B - 2022

- Part B **\$233 deductible**
- **20% copayment** of Medicare approved charges under Part B
- The **difference** between your provider's bill and the "approved charge" according to Medicare (Medicare Excess)

Medicare Coverage Possibility 1

Possibility 1

- Original Medicare A & B
- Medigap Policy
(Supplemental Policy)
- Part D Drug Plan



Medigap Policies

- Policies sold by private insurance companies
- Fills in some/all the benefit gaps in Original Medicare
 - ✓ Deductibles, coinsurance, copayments
- Regulated by states and must meet federal rules
- Standardized plans in all but 3 states
 - ✓ Plans are named by letters (A,B,D,G,K-N)
 - ✓ All plans of same letter have same coverage
 - ✓ Only costs are different

Medigap Policies

How to read the chart:

If a checkmark appears in a column of this chart, the Medicare Supplement policy covers 100% of the benefit.

If a column lists a percentage, the policy covers that percentage of the benefit.

If a column is blank, the policy does **not** cover that benefit.

Note: The Medicare Supplement policy covers coinsurance only after you have paid the deductible (unless the Medicare Supplement policy also covers the deductible).

Medicare Supplement Plan Chart								
Benefits	A	B	D	G*	K	L	M	N
Part A: Hospital Coverage 2022 Days 61-90: \$389 co-pay per day for each benefit period 60 Days: \$778 co-pay per lifetime reserve day Additional 365 days after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓	✓
Part A hospice care coinsurance or co-pay	✓	✓	✓	✓	50%	75%	✓	✓
Part B coinsurance or co-pay (20%) after deductible met	✓	✓	✓	✓	50%	75%	✓	✓**
First 3 pints of blood	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care co-pay (\$194.50 per day) 21 through 100 in 2022) or coinsurance			✓	✓	50%	75%	✓	✓
Part A deductible (\$1,556 per benefit period 2022)		✓	✓	✓	50%	75%	50%	✓
Part B deductible (\$233 annually 2022)								
Part B excess charges				✓				
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓
Out-of-pocket yearly limits for 2022 - Plan pays 100% for calendar year after met					\$6,220	\$3,110		

first eligible before 2020 only	
C	F*
✓	✓
✓	✓
✓	✓
✓	✓
✓	✓
✓	✓
✓	✓
✓	✓

* Plans F & G also have a high deductible option where you must pay for Medicare-covered costs up to the deductible amount of **\$2,370** in **2022**

** Plan N offers co-pay structure (\$20 co-pay for physician visits, \$50 co-pay for ER)

Medigap Standard Plans Monthly Premium Ranges for zip code 41017			
A- \$67 - \$1,351	B- \$119 - \$1,029	D- \$119 - \$761	G- \$106 - \$1,473
K- \$47 - \$242	L - \$87 - \$359	M- \$96 - \$547	N- \$78 - \$991

C- \$138 - \$1,265
F- \$126 - \$1,637

Medigap Policies

1. Standard Plans

2. High deductible Plans

- ✓ Plan G & N offers a High Deductible option

3. Select Plans:

- ✓ Must use network hospital to get your full benefits (except in emergency)

Medigap Policies

Have limited time to purchase a Medigap policy and have “guaranteed issue rights”

- Insurer cannot ask any medical questions, deny or limit coverage

Guaranteed Issue Rights period occurs:

- 6-month period that starts the month you turn 65 and have Part B **OR** the month that you activate your Part B if delay enrollment
- Only other time is when health care coverage changes
 - ✓ Have 63 calendar days after your coverage ends to purchase (move; insurance no longer sold, etc.)

Medigap Policies

Monthly Premium

Cost depends on:

- ✓ Your age (in some states)
- ✓ Where you live
- ✓ Discounts (female, non-smokers, etc.)
- ✓ Company selling the policy

Medigap Policies

Why Choose a Medigap Policy

- Can save you money, especially if you have health issues
- Depending on policy/can have no out-of-pocket copays
- No referrals needed
- Travels well in the United States
- Budgeting friendly

Medigap Policies

Questions to ask...

- ✓ Have the premiums for the plan changed in the last 3 years? If so, by how much?
- ✓ Will the premium change as I get older?
- ✓ Is this a standard, select or high deductible policy?

Medigap Policies

Get policy information from:

- Agent / Brokers
- Mail
- 1-800 #
- www.medicare.gov
- PrimeWise

Medicare Part D Drug Coverage

Part D- Medicare Drug Coverage

Is an insurance policy!

- Drug plans approved by Medicare (CMS)
- Run by private companies – not by Medicare
- Covers most brand-name and generic drugs
- Coverage varies by plan
- Look up plans at www.medicare.gov

Part D – Medicare Coverage Drug

Part D Eligibility

- Must have Medicare Part A and / or Part B
- Have **NO** “creditable” drug coverage
 - ✓ Examples of Creditable coverage:
 - Most employer group health plans
 - Employer or union retiree coverage
 - TRICARE
 - Federal Health Benefits

Part D – Medicare Drug Coverage

Join

- When first eligible
- October 15 to December 7
(Fall Annual Open Enrollment)

Switch

- October 15 to December 7
(Fall Annual Open Enrollment)
- Special Enrollment
(such as move out of area, etc.)

Part D – Medicare Drug Coverage

Costs vary by plan..

- Monthly premium ranges from
 - ✓ \$6.80 - \$92.50 in 2022
- May or may not have an annual deductible
- May or may not have copayments and/or coinsurance

Part D – Medicare Drug Coverage

Late Enrollment Penalty – An Example

- **Mrs. Jones enrolled in Medicare A & B June 1, 2019**
Declined Part D / Had no creditable drug coverage
- **Wants to enroll in Part D during 2021 open enrollment**
Part D effective date January 1, 2022
- **Mrs. Jones will have to pay a penalty for 30 months.**
No coverage from June 2019 to Dec. 2021 = 30 months
1% Penalty for each month = 30% (1% x 30 months = 30%)
- **Here's the math**
.30 (30%) x **\$33.37** (2022 national base premium) = \$10.01
Rounded to the nearest \$0.10 = \$10

Penalty is \$10 a month added to Part D Premium lifetime

Part D – Medicare Drug Coverage

Is there help to pay for drug coverage? **Yes!**

- Applications obtained from **Social Security**
- To apply for the extra help:
 - ✓ Call 1-800-772-1213
 - ✓ Ask for “Application for Help with Medicare Prescription Drug Plan Cost”

Part D – Extra Help for Rx

- If Full Extra Help is received - prescription drug cost at the pharmacy will be between \$3.60 for generic medications up to \$8.95 for name brand medications.

2022	Monthly Income Limits	Annual Income Limits	Resource Limits
Single	\$1,719	\$20,625	\$15,510
Couple	\$2,309	\$27,705	\$30,950

Part D – Medicare Drug Coverage

When should my plan be re-evaluated?

- **EVERY YEAR!** During Fall Open Enrollment
 - ✓ **October 15 thru December 7**
- **WHY??**
 - ✓ Drugs covered by plan can change
 - ✓ Cost(s) can change like:
 - Premium / deductible / copays

Possibility 1

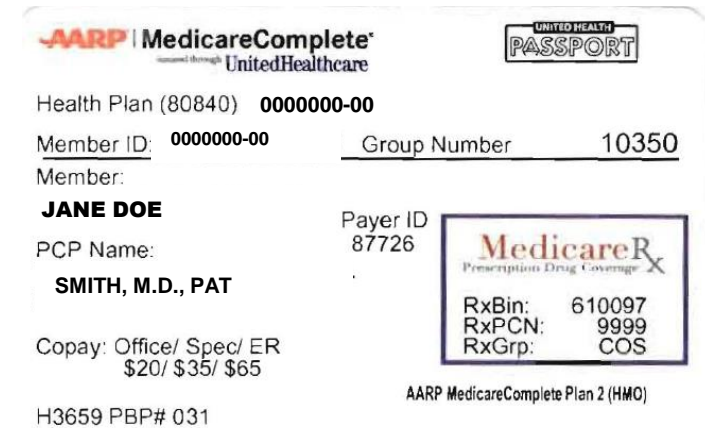
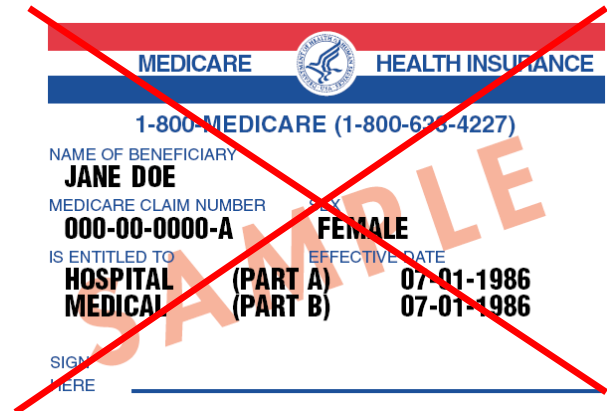
Possibility 1 Costs

- 1. Part B Premium** (\$170.10 a month in 2022)
- 2. Medigap Plan** – monthly premium
- 3. Part D Plan** - monthly premium
 - ✓ May be a deductible
 - ✓ Copays for prescription drugs

Medicare Coverage Possibility 2

Possibility 2

- Original Medicare A & B
 - ✓ Must have coverage but do not use card
- Medicare Advantage Plan
 - ✓ HMO
 - ✓ PPO
 - ✓ PFFS
 - ✓ MSA



Medicare Advantage Plans

Also called

- ✓ Medicare Health Plans
- ✓ Part C

Plans are:

- ✓ Approved and regulated by Medicare
- ✓ Run by private insurance companies
- ✓ Still part of the Medicare program

Medicare Advantage Plans

Must cover all health services that Medicare Part A and Part B cover

- At least what Original Medicare covers
 - ✓ Can be at different costs
- Can include more than Original Medicare.
 - ✓ Many have Prescription Drug benefit option
 - ✓ Vision/hearing/dental/wellness/etc.
- No standardization of plans

Medicare Advantage Plans

- Must include a yearly limit on out-of-pocket expenses for Part A and B services
- Can't charge you more than Medicare for certain services like chemotherapy and dialysis
- Can charge more for services like home health and inpatient hospital services

Medicare Advantage Plans

Health Maintenance Organization (HMO)

- Members can generally only go to doctors, specialists or hospitals that are part of the plan's network, except in an emergency.

Preferred Provider Organization (PPO)

- Has a network of providers, but members can also use out-of-network providers for covered services, usually for a higher cost.

Medicare Advantage Plans

Private Fee For Service Plan (PFFS)

- Most have a network of providers, but members can also ask any Medicare approved provider if they will accept the coverage of the plan, usually at a higher cost to the member.

Special Needs Plan (SNP)

- Type of MA plan in which enrollment is limited to certain groups of Medicare beneficiaries such as those living in a nursing home, those with both Medicare and Medicaid or those with certain chronic conditions

Medicare Advantage Plans

Medicare Medical Savings Account (MSA)

- ✓ Plan includes both a high deductible health plan and a bank account to help pay your medical costs. Plan deposits a certain amount of money each year, tax free if used for eligible expenses and remainder carries over to next year.
- ✓ Not include prescription drug coverage. Must purchase Part D - Drug plan

2022 premium is \$0 ~ deposit is \$2,000 to \$3,000 ~ deductible is \$5,000 to \$8,000

Medicare Advantage Plans

	HMO	PPO	PFFS
Must choose PC Doctor?	Yes	No	No
Provider List?	Yes	Yes	Yes & No
Need Referral?	See Plan	No	No
Are Rx Covered?	Generally	Generally	Generally

Medicare Advantage Plans

Eligibility

- Must have Medicare A & B
- Live in-service area

Medicare Advantage Plans

Join

- When first eligible
- October 15 to December 7 (annual open enrollment)

Switch

- October 15 to December 7 (annual open enrollment)
- Special Enrollment (such as move out of area, etc.)
- Medicare Advantage Open Enrollment Period
 - ✓ January 1 to March 31
- Trial Period

Medicare Advantage Plans

Costs

- **Part B** monthly premium (2022 - \$170.10)
- **Plan Premium** (2022 range \$0 to \$151)

Deductibles

- May be a deductible for Health Plan and/or Drug Plan

Copayments

- For most **all** services, including prescriptions
- May be an **optional cost** for extra benefits rider

Medicare Advantage Plans

Out-of-Pocket Spending Limits

- Range from \$4,200 to \$7,550 in-network
- Range from \$3,400 to \$11,300 for plans that allow out-of-network services

Medicare Advantage Plans

- **Coverage is limited when you travel**
 - ✓ Emergency and Urgent Care coverage only
 - ✓ Unless National PPO
- **Member Services**
 - ✓ Appeal process
 - ✓ Some have Case Manager
- **Plans available in selected counties**
 - ✓ Need to review
 - ✓ Contact the company with questions or to enroll

Medicare Advantage Plans

Why Choose an Advantage Plan

- Can save you money, particularly if healthy
- Can provide benefits otherwise not covered at all
- Ease of one plan and insurance card for all services
- Able to readily review/compare all MA plans annually and easily switch
- Never denied coverage or asked medical questions if within service area

Medicare Advantage Plans

How to Learn More

- Go to www.medicare.gov
 - ✓ Instructions available
- Contact insurance companies
- Talk with a broker
- Attend PrimeWise Advantage Plan program

Making Your Choice

What to Consider

Gather the facts

- Consider cost
- Review benefits/coverage
- Examine any provider list(s)

Lifestyle considerations

- Travel
- Network restrictions
- Personal health
- Comfort with unknown cost

**Make an
informed
decision!**

Resources

- **Medicare**
 - ✓ 1-800-633-4227
 - ✓ www.medicare.gov
- **Social Security**
 - ✓ 1-800-772-1213
 - ✓ www.ssa.gov
- **SHIP** (KY State Health Insurance Program)
 - ✓ 1-800-888-8189

PrimeWise is Right Here to assist you

PrimeWise at St. Elizabeth Healthcare

- www.stelizabeth.com/primewise
- PrimeWise@stelizabeth.com
- 859-301-5999
- ✓ Provide Medicare classes frequently
- ✓ Information on website
- ✓ Individual appointments available

Thank You !

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 - ✓ It will take less than 5 minutes.
- Contact our office with any questions or concerns you may have.



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