

Get to Know Medicare

Medicare Made Clear™

Top 10 Medicare Questions

- 1 What is Medicare?
- 2 Who can get Medicare?
- 3 What does Medicare cover?
- 4 How much does Medicare cost?
- 5 Where can I get more coverage?
- 6 How do I choose?
- 7 When can I enroll?
- 8 When can I change my coverage?
- 9 How can I save money?
- 10 Where can I go for help?



What is Medicare?

What is Medicare?

Medicare is...

- A federal health insurance program for eligible U.S. citizens and legal residents
- Funded in part by taxes you pay while working
- Individual health insurance

Medicare is not...

- A family health plan
- Social Security
- Medicaid
- Free



Who can get Medicare?

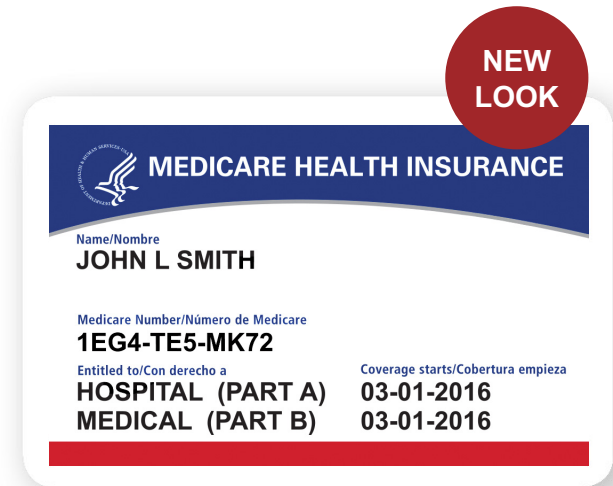
Who can get Medicare?

U.S. citizens and legal residents

Legal residents must live in the U.S. for at least 5 years in a row, including the 5 years just before applying for Medicare.

You must also meet one of the following requirements:

- Age 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease or ALS





What does Medicare cover?

Parts A & B: Original Medicare

Original Medicare has two parts:

- Part A is hospital insurance
- Part B is medical insurance

Original Medicare

Provided by the federal government

PART

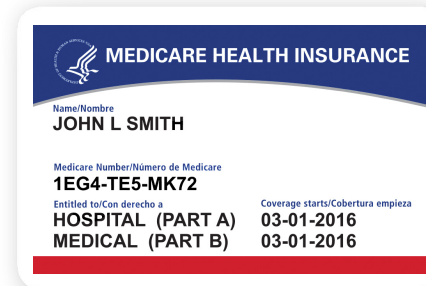


Helps pay for hospital stays and inpatient care

PART



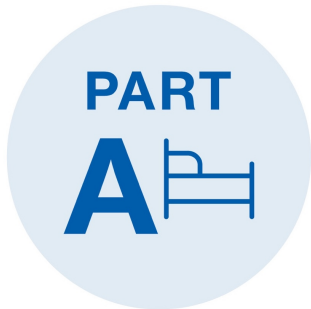
Helps pay for doctor visits and outpatient care



Medicare Part A: Hospital Insurance

Medicare Part A covers hospital stays and inpatient care, including:

Your hospital room and meals	Skilled nursing services
Care in special units, such as intensive care	Some blood transfusions
Drugs and medical supplies used during an inpatient stay	Hospice care, including medications to manage symptoms and pain
Lab tests, X-rays and medical equipment as an inpatient	Part-time, skilled care for the homebound
Operating room and recovery room services	Rehabilitation services after a qualified inpatient stay



Medicare Part A: Hospital Insurance

Fast facts

- Premium free if you or your spouse worked and paid taxes for 10 years or longer
- Can't be denied coverage
- Coverage is nationwide, including any qualified hospital in the U.S.
- Coverage and costs are per “benefit period”
- Must be admitted as an inpatient (not on “observation status”)
- Provides additional 60 “lifetime reserve” days

Medicare Part B: Medical Insurance

Medicare Part B covers doctor visits and outpatient care, including:

Doctor visits, including when you are in the hospital	Diabetes screenings, education and certain supplies
An annual wellness visit and preventive services, like flu shots	Mental health care
Clinical laboratory services, like blood and urine tests	Durable medical equipment for use at home, like wheelchairs and walkers
X-rays, MRIs, CT scans, EKGs and some other diagnostic tests	Ambulatory surgery center services
Some health programs, like smoking cessation and obesity counseling	Ambulance and emergency room services
Physical therapy, occupational therapy and speech-language pathology services	Some skilled nursing care and health aide services for the homebound



Medicare Part B: Medical Insurance

Fast facts

- Monthly premium, adjusted for income
- Can't be denied coverage
- Coverage is nationwide, including any provider who accepts Medicare
- Premium penalty for late enrollment

PART
A 

PART
B 

Medicare Doesn't Cover Everything

Original Medicare (Parts A & B) does not cover:

- All of the cost of your care — you have out-of-pocket costs, with no limit
- Prescription drugs
- Routine dental, vision or hearing care
- Eyeglasses, contacts or hearing aids
- Long-term or custodial care (help bathing, eating, dressing)
- Excess charges for services by doctors who don't accept Medicare assignment
- Care received outside the U.S., except for certain circumstances

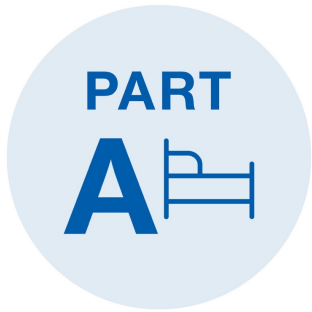


How much does Medicare cost?

Medicare Costs

Types of costs

Premium	Deductible	Copay	Coinsurance
A fixed amount that you pay for coverage, usually monthly	A set amount that you pay for covered services before your plan begins to pay	A fixed amount you pay at the time you receive a covered service	An amount you pay when the cost of a covered service is split with you by percentage, such as 80/20



2018 Medicare Part A (Hospital) Costs

Premium	Deductible	Other Costs	Note
<p>\$0</p> <p>for most people</p>	<p>\$1,340</p> <p>per benefit period (up to 60 days)</p>	<p>\$335</p> <p>per day for days 61–90 in one benefit period</p> <p>\$670</p> <p>per lifetime reserve day (maximum of 60 days)</p>	<p>NO</p> <p>out-of-pocket limit</p>



**PART
A**

Medicare Costs Example

Matthew is admitted to the hospital in January and stays 5 days. He is readmitted in April and stays for 65 days. More than 60 days pass between Matthew being released and readmitted.

Matthew's Costs

First Stay

Medicare Part A deductible	\$1,340
Days 1–5	\$0

Second Stay

Medicare Part A deductible	\$1,340
Days 1–60	\$0
Days 61–65 (5 days at \$335 per day)	\$1,675

Total Matthew pays	\$4,355
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2018 Medicare Part B (Medical) Costs

Premium	Deductible	Other Costs	Note
<p>\$134</p> <p>per month for most people</p>	<p>\$183</p> <p>for the year</p>	<p>20%</p> <p>of approved amount for most covered services</p> <p>Excess charges (if any)</p>	<p>NO</p> <p>out-of-pocket limit</p>



**PART
B**

Medicare Costs Example

Ellen has heard about doctors accepting Medicare assignment and that it has something to do with out-of-pocket costs. She asks what the difference in cost would be if the doctor accepts assignment or not.

Ellen's Costs	Accepts Assignment	Refuses Assignment
Usual and customary doctor's fees	\$300	\$300
Medicare-approved amount	\$220	\$220
Reduced Medicare-approved amount		\$209
Medicare pays 80%	\$176	\$167
Ellen pays 20% coinsurance	\$44	\$42
Ellen pays doctor's excess charges		\$31
Total Ellen pays	\$44	\$73



**Where can I get
more coverage?**

Options for More Coverage

OPTION 1

OR

OPTION 2

Add one or both of the following to Original Medicare.

Choose a Medicare Advantage plan.

Medicare Supplement Insurance Plan

Offered by private companies



Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan

Offered by private companies



Helps pay for prescription drugs

Medicare Advantage Plan

Offered by private companies



Combines Part A (hospital insurance) and Part B (medical insurance) in one plan



Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare



Medicare Advantage

Another way to get your Medicare benefits

- An alternative to Original Medicare (Parts A & B)
- Plan members are still in the Medicare program
- Benefits are administered by the plan
- Plans offered by private insurance companies



Medicare Advantage

All Medicare Advantage plans cover:

All the benefits of Part A (except hospice care, which is still covered by Part A)

All the benefits of Part B

Most Medicare Advantage plans cover:

Prescription drugs

Medicare Advantage plans may offer additional benefits, such as:

Dental exams, cleanings and X-rays

Eye exams, eyeglasses and corrective lenses

Hearing tests and hearing aids

Wellness programs and fitness memberships

Medicare Advantage plans have an annual out-of-pocket maximum to help protect against high costs.



Medicare Advantage Plan Types

Coordinated care plans

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

Other plan types

- Private Fee-For-Service plans (PFFS)
- Medical Savings Account plans (MSA)



Medicare Advantage

Fast facts

- Must be enrolled in both Medicare Part A and Part B and live in plan service area
- Can't be denied coverage based on current financial or health status, including pre-existing conditions*
- May be required to use provider and pharmacy networks
- Coverage and costs vary by plan and may change each year
- Annual limit on out-of-pocket costs for covered services
- May charge a monthly plan premium
- Must continue to pay Part B premium to Medicare

*Special rules for people with end-stage renal disease.



Medicare Prescription Drug Coverage

Helps with the cost of prescription drugs

Two ways to get coverage:

- Add a standalone Part D plan to Original Medicare
- Choose a Medicare Advantage plan that includes prescription drug coverage

Plans offered by private insurance companies



Medicare Prescription Drug Coverage

Medicare Part D plans cover:

Types of drugs most commonly prescribed for Medicare beneficiaries as determined by federal standards

Specific brand name drugs and generic drugs included in the plan's formulary, or list of drugs

Commercially available vaccines not covered by Part B

PART



Formulary: List of Covered Drugs

Tiered formulary

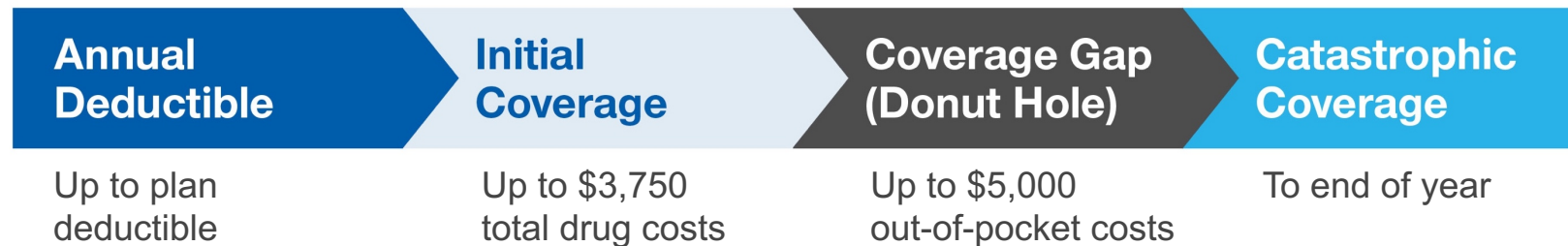
- Drugs are grouped into tiers based on cost
- In general, the lower the tier, the lower the cost
- Deductibles may be charged by tier

Formulary Tiers

Tier 1	\$
Tier 2	\$\$
Tier 3	\$\$\$
Tier 4	\$\$\$\$
Tier 5	\$\$\$\$\$

Part D Coverage Gap: Donut Hole

Coverage stages



- Amount paid for prescriptions depends on stage
- Dollar limits can change each year
- Not all plans have a deductible
- Many people never reach the coverage gap
- Cycle starts over on January 1 each year



Medicare Prescription Drug Coverage

Fast facts

- Must be enrolled in Part B
- May be required to use pharmacy network
- Coverage and costs vary by plan and may change each year
- Part D premium penalty for late enrollment
- Must continue to pay Part B premium to Medicare



Medicare Supplement Insurance: Medigap

Helps pay some costs not paid by Medicare

- Supplements Original Medicare (Part A and Part B)
- Can't be used with Medicare Advantage
- 10 plans with benefits standardized by the federal government
- MA, MN and WI plans are different from standardized plans in other states
- Plans offered by private insurance companies in your state



Medicare Supplement Insurance: Medigap

Plans may help pay:

- Part A and Part B deductibles
- Copays, coinsurance and provider excess charges
- Cost for extra 365 days of hospital care after lifetime reserve days used
- Cost of blood transfusions, first 3 pints
- Cost of foreign travel emergency, up to plan limit

*Some plans may offer special programs to members to help with some of these costs.

Plans do not help with:

- Prescription drugs
- Routine dental, vision or hearing care*
- Eyeglasses, contacts or hearing aids*
- Extra days in a skilled nursing facility after Part A benefit
- Custodial care (help bathing, eating, dressing)
- Long-term care

Standardized Medicare Supplement Plans

Benefit	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Part A hospital coinsurance and 365 extra hospital days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B coinsurance or copays	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%*
Part B annual deductible			100%		100%					
Part B excess charges					100%	100%				
Cost of blood transfusion (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Cost of foreign travel emergency (up to the plan limits)			80%	80%	80%	80%			80%	80%
Hospice care coinsurance costs	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part B preventive care coinsurance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Yearly out-of-pocket limit before all benefits paid at 100% (2018)							\$5,240	\$2,620		

*except certain copays



Medicare Supplement Insurance: Medigap

Fast facts

- Must be enrolled in both Medicare Part A and Part B and live in the state where plan is offered
- No medical underwriting up to 6 months after enrolling in Part B at age 65 or older
- Coverage is nationwide
- Plan premiums may vary, even for same coverage
- Plans with more coverage generally have higher premiums
- Must continue to pay Part B premium to Medicare



How do I choose?

7 Medicare Coverage Combinations

4 with Original Medicare



3 with Medicare Advantage



Medicare Coverage Choices

STEP 1


Enroll in Original Medicare.


STEP 2

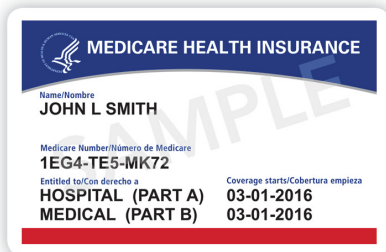
Decide if you need additional coverage. There are two ways to get it.

Original Medicare

Provided by the federal government

PART A  Helps pay for hospital stays and inpatient care

PART B  Helps pay for doctor visits and outpatient care



OPTION 1 ————— **OR** ————— **OPTION 2**

Add one or both of the following to Original Medicare.

Choose a Medicare Advantage plan.

Medicare Supplement Insurance Plan
Offered by private companies



Helps pay some of the out-of-pocket costs that come with Original Medicare

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Combines Part A (hospital insurance) and Part B (medical insurance) in one plan



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May offer additional benefits not provided by Original Medicare

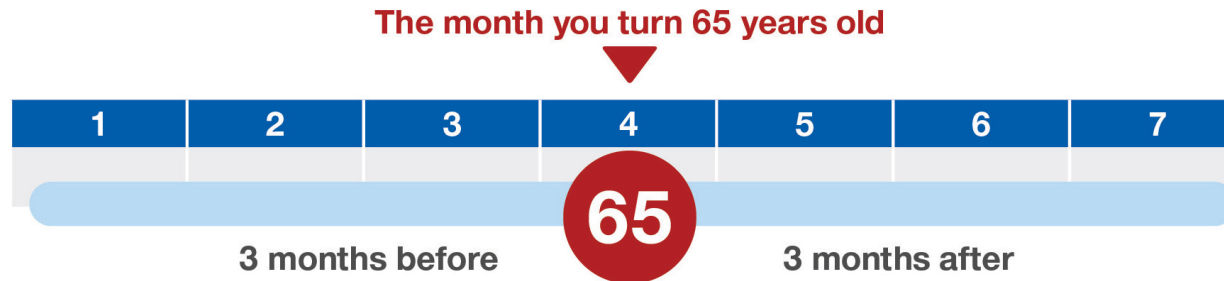
Medicare Supplement or Medicare Advantage?

CONSIDERATIONS	MEDICARE SUPPLEMENT	MEDICARE ADVANTAGE
Coverage	<ul style="list-style-type: none"> • Pays some costs not paid by Original Medicare • Does not help with drug costs • Nationwide coverage 	<ul style="list-style-type: none"> • Provides benefits of Original Medicare and beyond • Often includes drug coverage • May have provider network
Cost	<ul style="list-style-type: none"> • Monthly plan premium • Drug plan premium and other costs if coverage added • Out-of-pocket costs depend on plan chosen 	<ul style="list-style-type: none"> • May charge plan premium • Often no additional premium for drug coverage • Copays or coinsurance for most covered services • Annual out-of-pocket maximum
Convenience	<ul style="list-style-type: none"> • Multiple plans (when added to Original Medicare along with a Part D plan) 	<ul style="list-style-type: none"> • All-in-one plan



When can I enroll?

Initial Enrollment Period



- Enrolled in Part A and Part B automatically if receiving Social Security or Railroad Retirement Board (RRB) benefits at age 65, or after receiving Social Security disability benefits for 24 months
- Enroll yourself if not receiving benefits (go to [SSA.gov](https://www.ssa.gov) or local office)
- Enroll early to avoid gaps in coverage and late enrollment penalties
- May refuse or delay enrollment in Part B
- May enroll in a Medicare Advantage or a prescription drug plan

General Enrollment Period

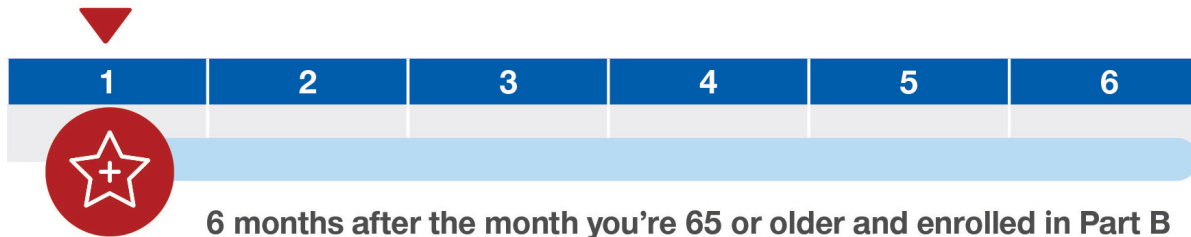
Every year

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Parts A and B						Parts C and D					

- For those who miss their Initial Enrollment Period
- May enroll in Part A, Part B or both
- May choose to enroll in a Medicare Advantage plan (Part C) or a prescription drug plan (Part D)
- Late enrollment premium penalties may apply

Medicare Supplement Open Enrollment

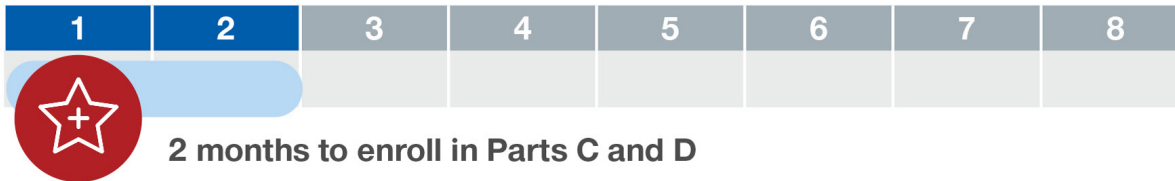
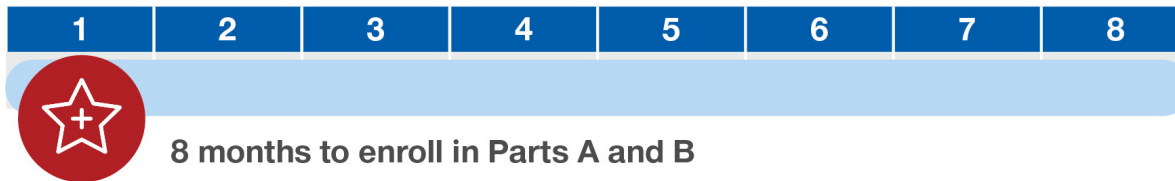
65 or older and enrolled in Part B



- No medical underwriting if you enroll during this time
- May enroll in a plan later but could be denied or charged more based on health history

Special Enrollment Period: Working Past 65

Month after the last month of employment or employee health coverage



- For those who delayed enrollment
- May enroll in Part A, Part B or both
- May choose to enroll in a Part C or Part D plan
- Part B enrollment triggers Medicare Supplement Open Enrollment

Late Enrollment Premium Penalties

COVERAGE	PENALTY
Medicare Part A	<ul style="list-style-type: none">• None if qualified for premium free• Otherwise 10%
Medicare Part B	<ul style="list-style-type: none">• None if qualified for SEP• Otherwise 10% for each full 12-month period
Medicare Part D	<ul style="list-style-type: none">• None if less than 63 days without creditable coverage• Otherwise 1% of current average premium for each month



When can I change my coverage?

Medicare Open Enrollment

Every year

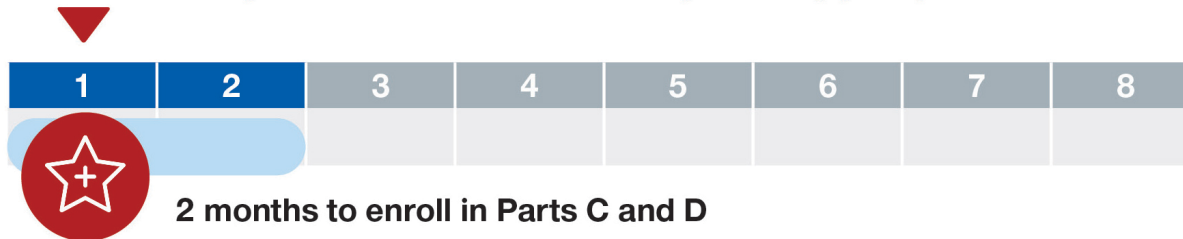
Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

October 15 – December 7

- Switch from Original Medicare (Parts A & B) to a Medicare Advantage plan (Part C), or vice versa
- Switch from one Medicare Advantage plan to another
- Join, switch or drop a Medicare prescription drug plan (Part D)

Special Enrollment Period: Qualifying Events

Month after you move or the month after you notify your plan



- Move out of plan service area
- Move within plan service area and have new plan options
- Leave or lose retiree, union or COBRA coverage
- Lose creditable drug coverage
- Move into or out of an institution, such as a nursing home
- Get or lose financial help with Medicare
- Move back to U.S. after living outside the country
- Released from jail



**How can I
save money?**



Use Benefits Wisely

Use preventive services

Stay in plan provider network

Ask about generic and low-tier drugs

Use plan's preferred or mail-order pharmacy

Understand your status in the hospital

Financial Assistance Programs

Call your state SHIP office.

Visit shiptacenter.org or call **1-800-MEDICARE** (1-800-633-4227),
TTY **1-877-486-2048**, 24 hours a day, 7 days a week to get the number.

- **Extra Help:** Helps with drug costs
- **Medicaid:** Provides health care coverage for people and families with limited incomes
- **Medicare Savings Programs:** Help pay Part A and Part B costs
- **Programs for All-Inclusive Care for the Elderly:**
Provides care services for frail elderly living in the community



**Where can I go
for help?**



Medicare Made Clear

- Visit **MedicareMadeClear.com** for more information as well as videos, quizzes, downloadable guides, online tools and more.
- Sign up for our **newsletter** and get practical, up-to-date articles delivered right to your inbox.
- Follow us on **Facebook** and **Twitter** to stay current with Medicare news.
- Visit our **YouTube** page to watch videos on Medicare and health and wellness topics.
- View **MedicareMadeClear.com** in English, Spanish, Vietnamese and Chinese.

National Medicare Education Week: September 15–21

Devoted to helping people:

- Learn about Medicare
- Get answers to questions
- Feel confident making Medicare decisions

Participate through:

- Local educational events
- Online activities



**National
Medicare
Education
Week** **Sept. 15-21**
Brought to you by UnitedHealthcare®

More Resources

- Visit **Medicare.gov**
- Call **1-800-MEDICARE (1-800-633-4227)**,
TTY **1-877-486-2048**, 24 hours a day,
7 days a week
- Call your State Health Insurance
Assistance Program (SHIP);
get the number at **shiptacenter.org**
- Contact your local Social Security or
state Medicaid office



Thank you!