

# **Getting to know Medicare**

A guided tour and introduction

# Humana

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# Today we'll cover:

- Who is eligible for Medicare
- Medicare enrollment periods, explained
- Understanding your Medicare options
- Helpful resources





### Are you eligible for Medicare?

OR

You're eligible for Original Medicare (Parts A and B) if:



You're at least 65 years of age (even if you still work)

You're under 65 and qualify due to a disability or other special circumstance



You're a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 consecutive years

# Medicare enrollment periods, explained

#### Initial Enrollment Period (IEP)

If you're enrolling in Medicare for the first time, you have an IEP that begins 3 months before and ends 3 months after you turn 65. It begins and ends 1 month earlier if your birthday is on the first of the month.

You may enroll in Part A, Part B or both. You may also choose to enroll in a Medicare Advantage plan (Part C) or a prescription drug plan (Part D). Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment.

### Annual Enrollment Period (AEP)

Oct. 15 – Dec. 7

You can add, drop or switch your Medicare coverage.

#### **Special Election Period (SEP)**

You may be eligible to change your Medicare Advantage (MA) plan due to special circumstances, like being diagnosed with a qualifying chronic health condition, moving to new area, qualifying for Extra Help, or retiring and losing your employer coverage.



## **Understanding your Medicare options**

To help you decide the best fit for you, here is an overview of the Medicare options and what each one covers.



Enroll in Original Medicare—offered by the federal government



**Part A** helps pay for hospital stays and inpatient care.



**Part B** helps pay for doctor visits and outpatient care.



## **Understanding your Medicare options**

To help you decide the best fit for you, here is an overview of the Medicare options and what each one covers.

After enrolling in Original Medicare, you can add additional coverage—offered by private companies

**Option 1:** Choose a Medicare Advantage plan



**Option 2:** Add one or both of the following to Original Medicare



Step

2

#### Medicare Part C (Medicare Advantage)

is made up of Part A, Part B and can include Part D (prescription drug coverage) as well as additional coverage.





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plement edigap) v for some of Original Medicare's out-of-pocket costs.

#### MEDICARE ADVANTAGE

## A few advantages of Medicare Part C

- Offers the same coverage as Original Medicare and may feature additional coverage
- Can include medical and prescription drug coverage in one plan, also known as MAPD plans
- May have lower out-of-pocket costs than Original Medicare



#### MEDICARE ADVANTAGE

### Types of MA plans

Health maintenance organization (HMO)

Preferred provider organization (PPO) Private fee-for-service (PFFS)

You have a large network of providers and generally have to stay within the network, which helps keep your out-of-pocket costs in check. You have a large network of healthcare providers and the flexibility of going out of network for care, although you may pay more. You may have more freedom to choose providers, but a network arrangement may still apply. Providers must accept Medicare and agree to bill the PFFS plan per its terms and conditions.

#### PRESCRIPTION DRUG PLAN

### **Medicare Part D**

Choosing a Medicare Part D plan helps cover costs for your prescription drugs. Each plan with prescription coverage has a formulary—the list of drugs it covers. You can select a Medicare Advantage prescription drug (MAPD) plan that has both medical and prescription coverage, with one monthly premium. Or purchase a stand-alone prescription drug plan (PDP). If you choose an MA plan without prescription drug coverage, you cannot also enroll in a stand-alone PDP. Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment.



#### PRESCRIPTION DRUG PLAN

### Drug tiers, explained

Prescription drugs are organized into tiers according to cost. Tier 1 is the lowest cost and Tier 5 is the highest cost. So plans may offer their best pricing on Tier 1 and 2 drugs.

Drug tiers*	
Tier 1	Preferred generic
Tier 2	Generic
Tier 3	Preferred brand
Tier 4	Nonpreferred
Tier 5	Specialty tier

\* Certain plans may include a sixth tier. Please refer to the Summary of Benefits for more information.

#### PRESCRIPTION DRUG PLAN

### **Medicare Part D**

#### What is the prescription drug coverage gap?

Most prescription drug plans (PDPs) and Medicare Advantage prescription drug (MAPD) plans have a coverage gap, which starts once you and your plan have spent a certain amount on covered drugs. While in the coverage gap, you may have to pay a higher percentage of your prescription costs. The coverage gap ends once your total out-of-pocket costs reach a certain amount.



#### MEDICARE SUPPLEMENT INSURANCE (MEDIGAP)

### Medicare Supplement insurance plans

- Also called Medigap plans
- Works to supplement Original Medicare and help pay some of the deductible, copays, coinsurance and excess charges that are not covered by Original Medicare
- Not limited to a provider network

Please note that a Medicare Supplement is not the same as Medicare Advantage. It can only be added to Original Medicare.

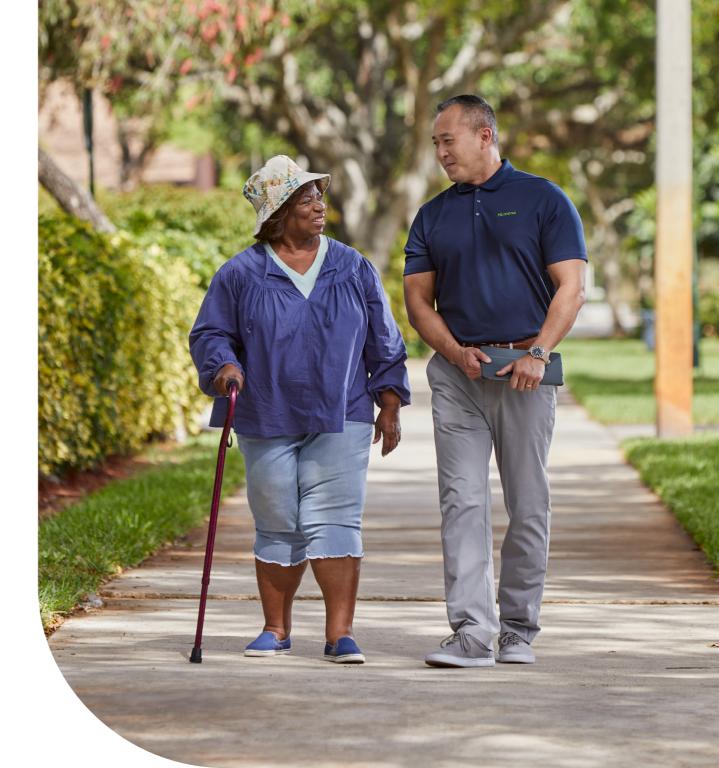


# **Special Needs Plans (SNP)**

If you have Original Medicare and at least one of the following, you may be eligible to enroll in a Medicare SNP that offers coverage to meet specific needs:

- A specific eligible chronic condition, such as diabetes, heart disease or a chronic lung disorder
- Medicaid assistance from the state
- A need or expectation of needing care in a long-term care nursing or skilled nursing facility, an intermediate care facility for people with intellectual disabilities, or an inpatient psychiatric facility for at least 90 days





### Factors to consider when choosing a Medicare Advantage plan

Cost	How much will you pay for premiums, deductibles, coinsurance and copayments?
Coverage	Does the plan include prescription drug coverage or other additional coverage?
Network	Do your doctors, hospitals, pharmacies and other providers accept the plan?
O Convenience	Are you required to submit claim forms and other paperwork? Can you get prescriptions by mail?
Health history	How often have you needed care in recent years? Do you have a chronic condition requiring ongoing care?
Health future	Your health may change. Consider what your future medical needs may be.

# Helpful resources

#### Humana Medicare resources

#### Humana.com/Medicare

#### Call or request a call

Licensed Humana sales agents are ready to help guide you through the process of choosing the coverage that's best for you.

Call **866-959-2617 (TTY: 711),** Monday – Friday, 8 a.m. to 8 p.m., Eastern time.

#### Medicare

#### www.medicare.gov

 The "Medicare & You" handbook from the Centers for Medicare & Medicaid Services (CMS)

 "Choosing a Medigap Policy: A guide to health insurance for people with Medicare," from CMS and National Association of Insurance Commissioners

#### State Health Insurance Program (SHIP)

#### www.shiptacenter.org

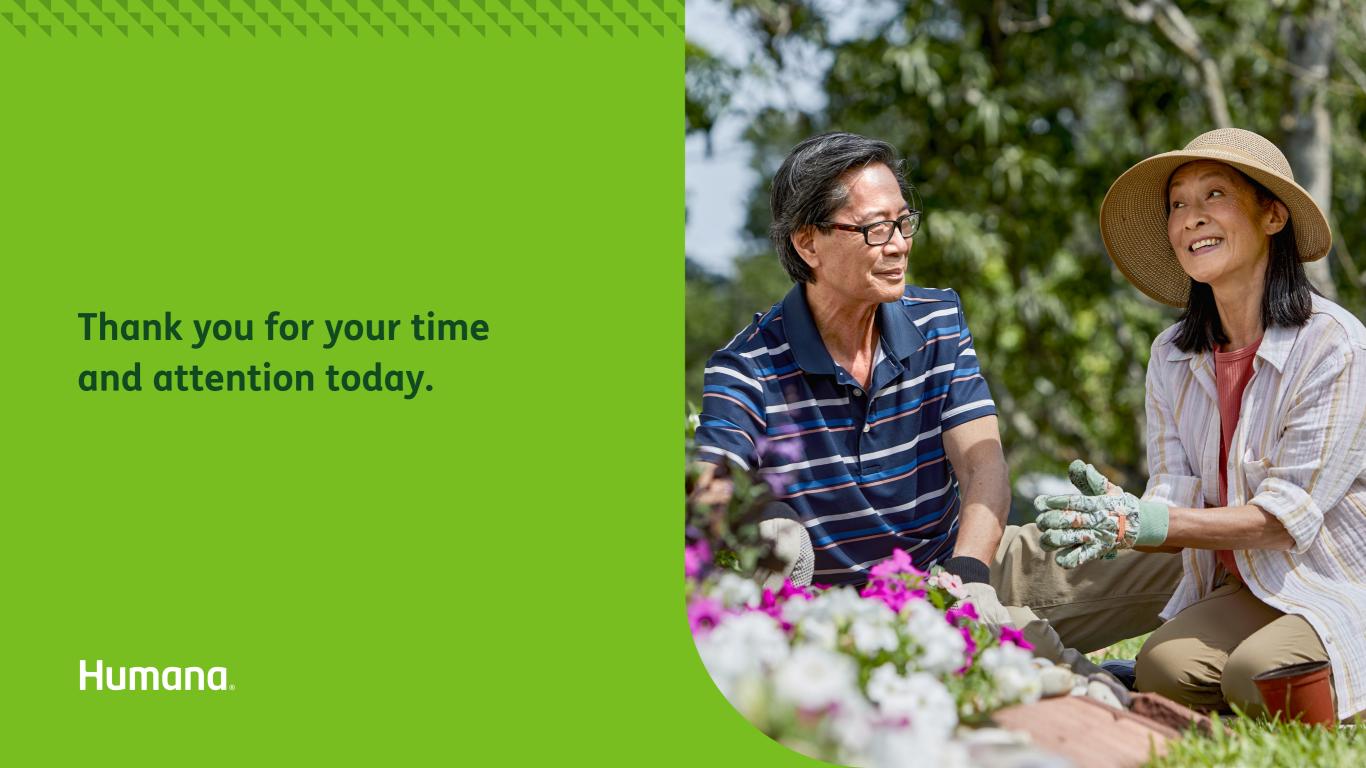
View your SHIP

To see if you qualify, contact:

- Your state Medicaid office
- The Social Security Administration

# Thank you for your time and attention today.





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繁體中文 (Chinese):本資訊也有其他語言版本可供免費索取。請致電客戶服務部:877-320-1235(聽障專線:711)。辦公時間:東部時間上午8時至晚上8時。