Medicare Made Simple

Understanding your Medicare Benefits and Insurance Options

MedicareCompareUSA is an independent insurance agency not affiliated with the federal Medicare program. All services are provided at no cost and without obligation; MedicareCompareUSA and affiliated agents are paid directly by the Medicare plan when enrollment occurs. Healthcare providers receive no financial benefit when patients use the service. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

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Agenda

1. MedicareCompareUSA Introduction
2. Original Medicare Explained
3. Different Types of Medicare Insurance
4. Important Considerations When Finding YOUR Medicare Solution
5. Your Next Steps

Medicare Compare USA®
A NON-GOVERNMENT ENTITY

About us

We are an Independent Insurance Agency that represents Medicare Advantage, Supplement, and Prescription Drug plans

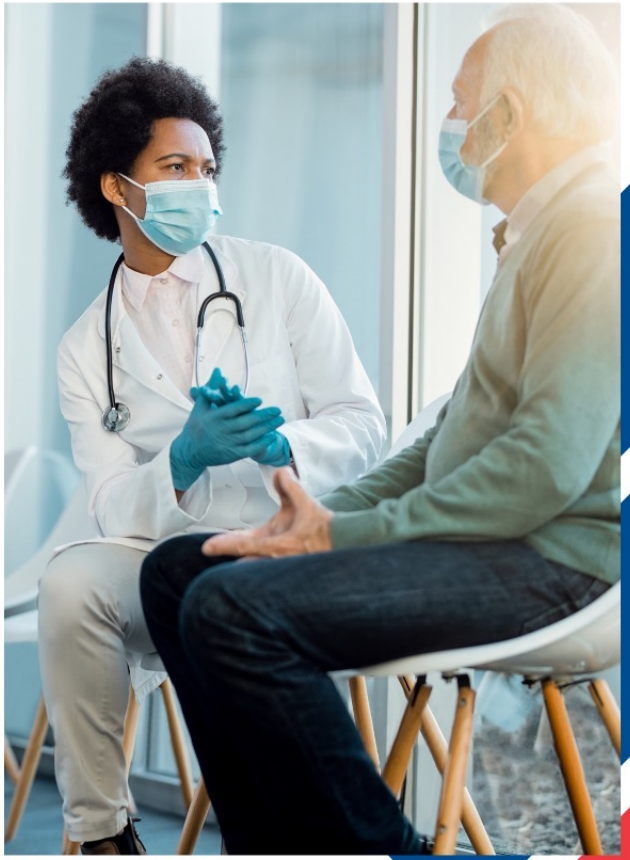
We serve health systems and physicians as: Medicare Insurance Helpline

FYI: MedicareCompareUSA now serves as the Medicare Insurance Helpline for hospital systems and physician organizations that provide care for more than 6 million Medicare beneficiaries!

Source: medicarecompareusa.com/medicare-helplines

Why healthcare providers refer patients to us

- Free, no obligation Medicare education and guidance
- Impartial Medicare plan comparisons for the plans we represent
- Up-to-date information about healthcare network changes that impact access to your trusted providers
- Annual review of plan benefits and options during the Medicare Annual Enrollment Period



Let’s get started with

Medicare Information

Medicare Parts A & B

Part A Hospital Coverage

\+ **Part B** Medical Coverage

= **Together, they equal Original Medicare**

Medicare is a health benefits program for U.S. citizens or permanent residents who meet certain work history requirements:
Must be: Age 65 or older or Under age 65 with certain disabilities

- All who get disability benefits from Social Security or certain disability benefits from the Railroad Retirement Board for 24 months
- Individuals with Amyotrophic Lateral Sclerosis (ALS), often referred to as Lou Gehrig's Disease or with End-Stage Renal Disease

Signing up for Medicare

- If you receive benefits from Social Security or the Railroad Retirement Board (RRB) and are turning age 65, are under 65 and disabled, or have ALS, you will be enrolled in Medicare A & B automatically.
- You will receive your red, white, and blue Medicare card in the mail 3 months before your 65th birthday or your 25th month of disability benefits.
- If you are close to 65 and do not receive Social Security or Railroad benefits, you must contact Social Security 3 months before your 65th birthday.
- You can choose not to keep Part B when automatically enrolled. If you change your mind, you may be required to wait on enrolling and pay a penalty for the duration that you have Part B.
- If you do not sign up for Part B when first eligible, your Part B premium may go up 10% for each full 12-month period that you could have had Part B and didn't sign up.
- If you or your spouse are still working and you have health coverage through an employer or union, you may delay Part B enrollment without penalty. NOTE: Coverage based on current employment does not include: COBRA, Retiree coverage, VA coverage, or Individual health coverage through Health Insurance Marketplace.

Medicare Part A

Hospitalization: Semi-private room and board, general nursing, and miscellaneous services and supplies

• **First 60 Days 100% covered**	**$1,600 Deductible**
• **61st – 90th Day**	**$400 per day**
• **91st – 150 (While using 60 lifetime reserve days)**	**$800 per day**

Skilled Nursing Facility Care: Requires 3-day Hospital Stay

• **First 20 Days**	**100% Covered**
• **21st – 100th Day**	**$200.00 per day**
• **101st Day and Above**	**Not Covered**

Home Health Care

• **Medicare Approved Services**	**100% Covered**
• **Only for Medically necessary skilled care services and medical supplies. (Not Long-Term Care needs)**	

Cost information for **2023** Calendar year

Medicare Part B

Medical Expenses: In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment.

- **Part B Premium** **$164.90 /month***
- **Deductible** **$226.00 Annually****
- **After Deductible, Part B generally covers 80% of Medicare Approved Amounts**

  Note: Some preventative care is also covered.

***2023** Part B Premium. Premium may be higher, based on individual or household income.

****2023** Medicare Part B Deductible (Only Counts Towards Medicare Approved Amounts).

What's not covered?

Original Medicare Does Not Cover:

- Deductibles and Co-Insurance
- Prescription Drugs
- Preventative Dental Benefits
- Routine Eye Exam/Eyewear
- Out-of-Pocket Maximum
- Spending Safety Net

Two paths to choose

Original Medicare

Part A
Hospital Insurance

Part B
Medical Insurance

Part D
Prescription Drug Coverage

Medigap (optional)
Medicare Supplement Policy

Medicare Advantage plan

Part C
Combines Part A, Part B, and usually Part D

Part D
Prescription Drug Coverage

Seven combos to choose from*

1. Original Medicare (Part A and/or Part B) alone

PART A PART B

2. Original Medicare (Part A and/or Part B)
PLUS a standalone Prescription Drug plan (Part D)

PART A PART B + PART D

3. Original Medicare (Part A and/or Part B)
PLUS a Medicare Supplement (Medigap) plan

PART A PART B + MED SUPP

4. Original Medicare (Part A and/or Part B)
PLUS a standalone Prescription Drug plan (Part D)
PLUS a Medicare Supplement (Medigap) plan

PART A PART B + PART D + MED SUPP

5. Medicare Advantage plan (Part C) with Prescription Drug coverage (Part D)

PART C PART D

6. Medicare Advantage plan (Part C) without drug coverage (Part D)

PART C

7. Medicare Advantage Private Fee-for-Service plan without drug coverage (Part C)
OR a Medicare Savings Account (MSA) plan
PLUS a standalone Prescription Drug plan (Part D)

PART C + PART D

*not all types of Medicare Advantage plan may be available in your area

Understanding the differences

Medicare Supplement / Medigap		Medicare Advantage
Choose your own doctor and hospital. They must be Medicare-approved and accepting Medicare patients.	**Physician and Hospital**	May require the use of plan network physicians and hospitals.
No referrals necessary.	**Referrals**	Referrals may be required before seeing Specialists.
Prescription Drug coverage not included. Part D plans available at additional cost.	**Prescriptions**	Prescription Drug coverage included with most plans.

Medicare Supplement / Medigap		Medicare Advantage
No Network Requirements. Your coverage travels with you across the United States.	**Travel**	PPO and HMOs include networks. Emergency care is always covered when traveling.
Medigap Open Enrollment Period ends 6 months from initial Part B effective date. Afterwards, Medigap enrollment is usually subject to medical underwriting.	**Enrollment**	7-month Initial Enrollment Period include 3 months before, the month of, and 3 months after your 65th birth-month.
Pay Medicare Part B Premium and the Medigap monthly plan premium. Your out-of-pocket costs are very limited. Don't forget Rx: standalone Part D plan purchased separately.	**Cost**	Pay Medicare Part B Premium and a low or $0 monthly plan premium. Whenever you access healthcare services, you are generally required to pay copayments, co-insurance, and/or deductibles.

Medicare Supplement / Medigap

You may add a Medicare Supplement plan to your Original Medicare

- Unless you are new to Medicare, Supplement plans may require health statement underwriting (medical questions).
- You must have Part A & Part B and continue to pay the Part B premium.
- Plan designs range from A through N.
- Plan designs are standardized – a “Plan G” is the same regardless of insurance company. Only Plan Premium may vary.
- Prescription Drug coverage is not included in plans sold after January 1, 2006.
- Medicare pays first for Medicare-eligible benefits - then Medicare Supplement pays next for some or all of the patient’s portion.
- Medicare Supplements may also include some benefits not covered by Original Medicare [example: foreign travel coverage (limitations apply)].

Part C: Medicare Advantage (MA) plans

Why Medicare Beneficiaries May Choose MA…

- $0 or Low Monthly Plan Premium (must continue to pay Part B Premium)
- Most HMO and PPO plans include a Medicare Prescription Drug plan
- Annual out-of-pocket max for Medicare-approved services
- Additional MA plan benefits are often included
    - (examples: eyewear, dental, ask-a-nurse, transportation, mail-order program, gym membership).

Note: MA plan benefits vary by plan and county, so carefully review the Summary of Benefits associated with any Medicare Advantage plan you may be considering.

Helping you understand Medicare plan benefits is what we do!

Part D: Standard Drug plan

Plans offered by private insurance companies must meet or exceed the minimum standard plan:

- $0 Available to anyone who is enrolled in Medicare (Part A or Part B or Parts A & B)
- Provided by private insurance companies
- Monthly premiums vary by plan
- You are only allowed to have one Part D plan at a time
- If you don't enroll when you are first eligible you will pay a penalty of 1% for every month that you did not enroll
- Just like Part B, premiums could be subject to an income based premium surcharge
- Extra Help or low-income subsidy (LIS) is a Medicare program that helps people with limited income and resources pay for Medicare prescription drug costs

Late enrollment penalty is 1% per month multiplied by "national base beneficiary premium" rounded to the nearest $.10 and added to your monthly premium.

Part D (cont)

Formulary:

- Each Medicare Prescription Drug plan has its own list of covered drugs
- These drugs are placed into different “tiers” representing different costs - for instance: tier 1- preferred generic, tier 2- non-preferred generic, tier 3- preferred brand name, tier 4- non-preferred brand name, tier 5- Specialty tier- the higher the tier, the more expensive the drug

Prior authorization:

- The plan you enroll in may require prior authorization for certain medications

Part D (cont)

Step therapy:

- Your drug plan may require you first try certain less expensive drugs that have been proven for most people with your condition before you can move up a “step” to a more expensive drug
- If you have already tried the similar, less expensive drugs and they didn’t work, your prescriber can contact the plan to ask for an exception
- If approved your plan will cover the step-therapy prescription drug

Part D: How it works

DEDUCTIBLE STAGE

You pay $0 - $505

Depending on your plan

INITIAL COVERAGE STAGE

You pay co-pays based on Tier of Medication

COVERAGE GAP

You pay 25% of the cost of generic prescription drugs and 25% of the cost of most brand-name prescription drugs*

CATASTROPHIC STAGE

You pay 5% co-insurance or $4.15 /$10.35 co-pay for covered drugs (whichever is greater)

Initial Coverage Limit $4,660

Members prescription drug out-of-pocket limit $7,400

Cost information for **2023 Calendar year**

*Total out-of-pocket costs are the amounts paid by you in the first two stages plus any applicable drug manufacturer discounts applied in the Coverage Gap Stage

Part C & D: Quality plans

Medicare rates Advantage and Prescription plans from one to five stars:

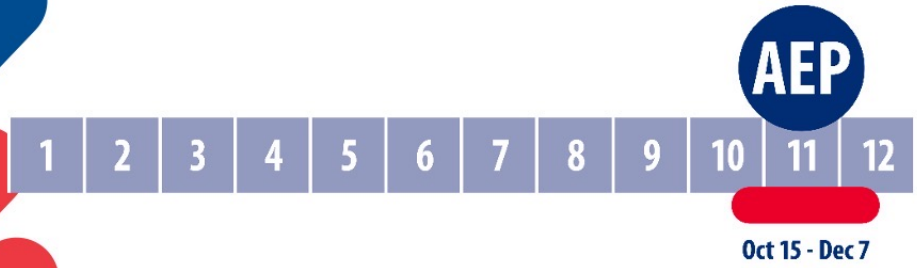
- ***** Excellent
- **** Above Average
- *** Average
- ** Below Average
- * Poor

Beneficiaries can transfer to a five-star plan, if there is one available in their area, December 8 – November 30. Only one transfer is allowed per year.

Enrollment in plans with a below average or poor rating is discouraged by Medicare (If you do enroll in one of these plans and want to change, contact Medicare at 1-800-Medicare for assistance).

Part C & D: Medicare Enrollment Periods

Initial Enrollment Period (IEP/ICEP)
This is the time frame most people sign up for Medicare. A seven-month period, starting three months before the month in which you turn 65 and ending three months after that month (assumes you do not delay in Part B benefits).

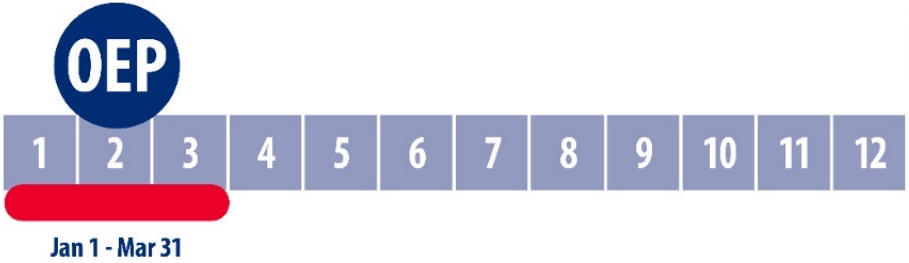


Medicare Annual Enrollment Period (AEP) October 15 – December 7
Beneficiaries may switch plans or add or delete Part D drug coverage—New plans will be effective January 1 of the following year. Guidelines apply.

Part C & D: Medicare Enrollment Periods

Medicare Open Enrollment Period (OEP) January 1 – March 31

MA plan enrollees may enroll in another MA plan or disenroll from their MA plan and return to Original Medicare. Individuals may make only one election during period.



Special Election Period (SEP)

Special enrollment periods may apply for change of residence, loss of group coverage, or if your plan withdraws from the market for the upcoming year.

Important: There is no ONE plan that is right for everyone

Keep the following in mind as you compare Medicare plans in search of YOUR solution:

- Is the plan accepted by your physicians and hospital?
- Does the plan of choice provide the right balance between monthly plan premium and cost-sharing?
- Are your medications covered at the most affordable cost?
- Does the plan meet your travel preferences and lifestyle?

When you're ready to compare plans, we're here to help

Here are a few tips:

- Make a list of your physicians to verify they are "in network" if you are comparing Medicare Advantage plans.
- Make a list of your medications including dosage. Make sure your plan of choice includes all of your medications.
- Doing your own research? Make a list of any Medicare plans of interest, along with any questions you have.
- Call the MedicareCompareUSA Helpline toll-free at **866-391-7763**, TTY 711 or visit **MedicareCompareUSA.com** to schedule your appointment with a licensed and highly-trained agent that specializes in Medicare.

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Thanks!

Do you have any questions?
Toll-free 866-391-7763, TTY 711
MedicareCompareUSA.com