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# KNOW THE FACTS: YOUR MEDICARE OPTIONS



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## What is Medicare?

• Bill signed into law on July 30, 1965 by President Lyndon B. Johnson to provide health insurance to Americans, age 65 and older, and younger individuals with certain disabilities or health conditions.

#### **The Four Parts of Medicare**

#### Provided by the government (Original Medicare)

- Part A Hospital Insurance Coverage
- Part B Medical Insurance Coverage
- Part C Medicare Advantage Alternative
- Part D Prescription Drug Coverage

\*Often pair with an optional Medicare Supplements/Medigaps





# Who is Eligible?

- Individuals age 65 or older who are eligible for Social Security retirement benefits
- People of any age who have been entitled to Social Security disability benefits for 24 months
- No waiting period for those with ALS
- Anyone who has permanent kidney failure



# **Ways To Apply For Medicare**

#### Online

• https://www.ssa.gov/

#### Phone

1-800-772-1213

#### In Person

• Call your local Social Security Office to make an appointment

Please note, some beneficiaries are automatically enrolled upon eligibility.

\* Anyone receiving social security or railroad retirement board benefits



## Medicare

## Hospital Insurance - Part A

- Inpatient care in hospitals
- Skilled nursing facility care following a qualifying hospitalization
- Hospice care
- Home health care
- Deductible for Part A in 2024 is \$1,632 per benefit period
- Premium-free if you paid taxes for 10 years

Source: https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance/. Accessed Dec. 28, 2020.





## Medicare

#### Medical Insurance - Part B

- Physician services and outpatient care
- Covers some medical services that Part A doesn't cover
- Durable medical equipment
- Some preventative services
- Deductible for Part B in 2024 is \$240 per calendar year
- 2023 Base Part B premium is \$174.70/month

Adjusted higher if income is above \$103K for individual tax return or \$206K for joint filers.

Source: https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance/. Accessed Dec. 8, 2022.



## PART C OR PART D: WHICH IS RIGHT FOR YOU?

Start Step:1 Decide how you want to get your coverage Medicare Advantage Plan **Original Medicare** Part C (like HMO or PPO) Part A Part B Part C Combines Part A, Part B, and usually Part D Hospice Insurance Medical Insurance Step 2: Decide if you need to add drug coverage Part D Part D **Prescription Drug Coverage Prescription Drug Coverage** (You may be able to add in some plan types if not already included) Step 3: Decide if you need to add supplemental coverage End Note: If you join a Medicare Advantage plan, you don't need and Medicare Supplement Insurance cannot be sold a Medicare Supplement Insurance (Medigap) policy (Medigap) Policy End



# Diving Into The Differences of C VS. D

## Option 1

#### Part C, Medicare Advantage or Medicare Savings Account

- Usually \$0 premium per month
- State/County Based
- Benefits vary by plan
- NETWORK PLANS (HMO,PPO)
- Approved annually by CMS
- No underwriting-2024 ESRD is covered

## Option 2

#### Part D with Optional Medicare Supplement

- Comes with a monthly premium
- Federally Regulated
- Plans remain the same with each carrier
- NO NETWORK (if they accept Medicare)
- Guaranteed renewable
- Underwritten required
  - With a few exceptions

## **Important Dates**

- Medicare Initial Enrollment Period (IEP) Varies
  - 7 month enrollment window
    - Begins three months prior to 65th birth month
    - Continues through the end of the third month following your 65th birth month
  - If you retire after 65 and defer Part B, enrollment depends upon your employer-sponsored coverage ending
  - Newly qualified beneficiaries due to disability (pre-65)
- Annual Election Period (AEP) October 15-December 7
  - Switch from Original Medicare to Medicare Advantage, or vice versa
  - Switch to or away from a Medicare Savings Account
  - Switch from one Medicare Advantage plan to another
  - Enroll in a Part D Prescription Drug Plan for the first time
     (a late enrollment penalty may apply without proof of creditable coverage or not during IEP)
  - · Switch from one part Part D to another

- Open Enrollment Period (OEP) January 1-March 31
  - Switch to Original Medicare
    - Medicare A & B and Stand-Alone Rx plan (Part D)
  - Switch to a different Medicare Advantage Plan
    - Can only change once during this period
  - Medicare Savings Account Changes NOT allowed during the OEP
  - Switch from one part Part D to another
- Special Election Period (SEP) Varies
  - Guaranteed enrollment and issuance periods declared by certain rights or special qualifying events



# **2024 Annual Enrollment Options**

#### **Know the Facts & Protect Yourself**

The Annual Election Period runs from October 15 – December 7

Plans selected during this window take effect on January 1, 2022

The Center of Medicare and Medicaid Services (CMS) prohibits Agents from sharing carrier or plan specific options available prior to October 1 each year and applications may not be taken before October 15.

During this timeline, you may switch:

- 1 ...from a MA plan to another MA or MSA plan
- 2. ...from a MSA plan to another MSA or MA plan
- 3 ...from Original Medicare to a MA or MSA plan
- 4 ... from a MA plan to Original Medicare with a Part D Plan
- 5 ...from your Part D plan to another Part D plan

Please note, underwriting may be required to pick up a Medicare Supplement policy under option 4



# **The Four Myths of Medicare**





# Myth #1

## **Medicare Covers All of Your Medical Expenses**

#### **NOT TRUE**

- You might be surprised to learn that Original Medicare (Part A and B) is not a free service AND Original Medicare only covers a portion of your medical costs. You are responsible for premiums, deductibles, coinsurance and copayments.
- For example, with Original Medicare in 2024, you will typically pay:
  - 20% of the total cost to see a doctor, after annual deductible of \$240
  - \$1,632 deductible for hospital stays per benefit period
- Plus, there is:
  - no limit on the amount you pay for out-of-pocket costs in a year
  - no coverage for annual hearing or eye exams
  - no coverage for Part D prescription drugs
  - no emergency care outside of the United States

Many people feel that Original Medicare alone doesn't offer enough coverage and pick up a Supplement or Advantage plan



# Myth #2

## **All Medicare Plans Are Created Equal**

#### **NOT TRUE**

- It's crucial that you decide what the most important features of your health coverage are.
  - Do you dream of traveling internationally and want access to emergency foreign medical coverage?
    - You need a Medicare Supplement for this
  - Do you have a vacation home or do you like to travel the US?
    - You'll want a plan that gives you access to nationwide networks
  - Do care what providers or facilities you are allowed to utilize?
    - Medicare Advantage Plan often are limited to network providers for the lowest costs and these networks can shift at any time during the year
  - Are you comfortable with a high range of unplanned out of pocket fees?
    - Pay me now or Pay me later...you can budget for your Medicare-covered, related expenses with
      a Medicare Supplement or you can pay as you need coverage with a Medicare Advantage plan....you'll pay
      less up front but often have higher annual max out of pockets



## Myth #3

## Your Doctor Is Always In Control of Any Health Plan & Medical Decisions

#### **NOT TRUE**

• Only Original Medicare defers to your doctor fully on diagnosis and treatment plans, leaving us two scenarios for you to consider:

#### CASE STUDY: Bob's doctor advises him he needs total knee replacement surgery done

- SCENARIO 1: Bob has Original Medicare with a Medicare Supplement, since his doctor has deemed this Medically necessary, he can schedule the surgery and Original Medicare will pay out, thus his Medicare Supplement will pay out as well. You'll want a plan that gives you access to nationwide networks
- SCENARIO 2: Bob has waived Original Medicare and opted to enroll in Part C, in a Medicare Advantage plan. The private insurance
  carriers that provide these plans do not defer to your doctor for all diagnosis and treatment plans and thus require 'prior approvals' for
  surgery. Bob applies and is denied; alternate treatment such as two cortizone shots and twelve weeks of physical therapy is ordered
  before surgery will be reconsidered

If you're Bob.....Who do you want making your treatment decisions for you?





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# **Questions? Let's Chat!**

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