



Medicare for the Wise

2018

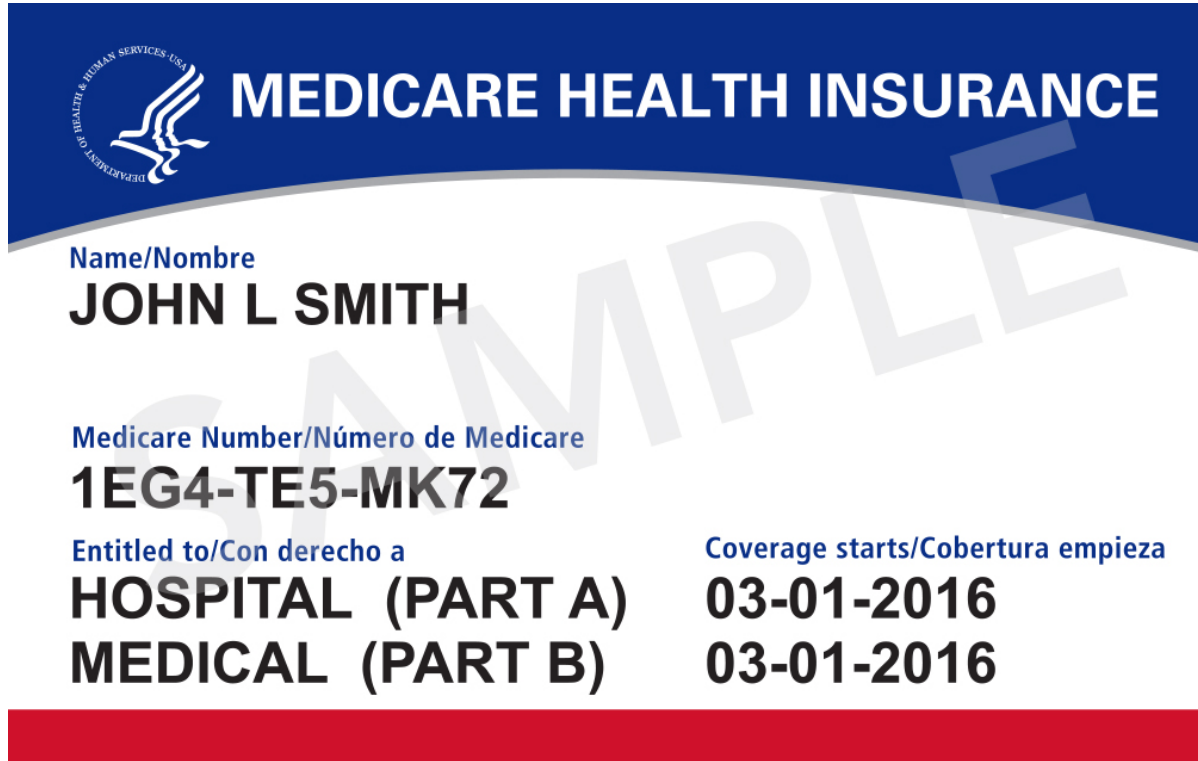
Harold Herzog - Counselor
Naperville Township
630-355-2786
Holly Reuter - Coordinator

Illinois Department on Aging
Senior Health Insurance Program (SHIP)
800-252-8966
Aging.SHIP@illinois.gov



LOCAL HELP FOR PEOPLE WITH MEDICARE

Have You Received Your New Card?



The image shows a Medicare Health Insurance Card for John L. Smith. The card has a blue header with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name is listed as "JOHN L SMITH". The Medicare Number is "1EG4-TE5-MK72". The cardholder is entitled to Hospital (Part A) and Medical (Part B) coverage, both starting on 03-01-2016. A large "SAMPLE" watermark is visible across the card.

DEPARTMENT OF HEALTH & HUMAN SERVICES - USA	
MEDICARE HEALTH INSURANCE	
Name/Nombre JOHN L SMITH	
Medicare Number/Número de Medicare 1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

If not: Call 1-800-
Medicare

Eligibility for Medicare

- Age 65 years or older
 - Do Not Need to Enroll if:
 - Still Working and
 - Group Health Insurance and
 - Creditable Coverage
 - Enrollment precludes HSA contributions.
-

The 4 Parts of Medicare



**Part A
Hospital
Insurance**



**Part B
Medical
Insurance**

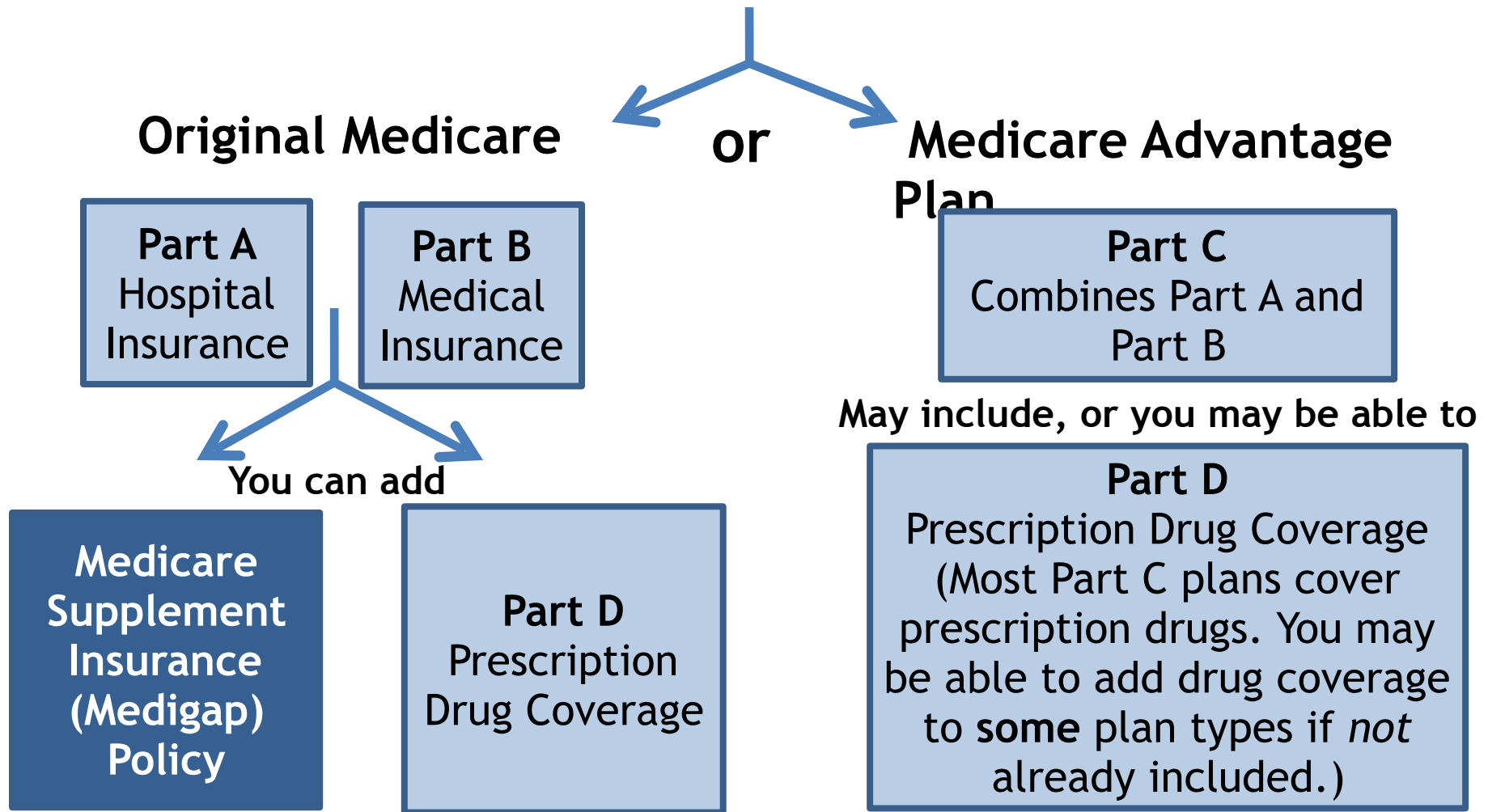


**Part C
Medicare
Advantage
Plans (like
HMOs/
PPOs)
Includes Part
A, Part B and
sometimes
Part D**



**Part D
Medicare
Prescription
Drug
Coverage**

Your Medicare Coverage Choices



2018 Medicare (Part A): Hospital Insurance

Service	Benefit	Medicare Pays	You Pay
Hospitalization Semi-private room and board, general nursing, inpatient drugs and miscellaneous hospital services and supplies <i>(You begin a new Part A benefit period after you have been home for 60 consecutive days.)</i>	First 60 days	All but \$1,340.00	\$1,340.00
	61st to 90th day	All but \$335.00 a day	\$335.00 a day
	Lifetime Reserve Days		
	91st to 150th day (these 60 reserve days may be used only once in your lifetime)	All but \$670.00 a day	\$670.00 a day
	Beyond 150 days	Nothing	All Costs
Skilled Nursing Facility Care (SNF)* (Custodial care not covered)	First 20 days	Full cost of services	Nothing
	21st day through 100th day	All but \$167.50 a day	\$167.50 a day
	Beyond 100 days	Nothing	All costs
Home Health Care (After a prior hospital stay; up to 100 visits)	Visits limited to necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
Hospice Care Available to terminally ill	Unlimited renewable benefit period	All but limited costs for outpatient drugs and inpatient respite care	\$5.00 or 5% for each outpatient prescription drug and 5% of Medicare-approved amount for respite care

2018 Medicare (Part B): Medical Insurance

SERVICE	BENEFIT	MEDICARE PAYS	YOU PAY
MEDICAL EXPENSES	Physician's services, some diagnostic tests, physical and speech therapy, ambulance, etc.	80% of approved amount (after \$183.00 deductible)	\$183.00 deductible plus 20% of approved amount (plus any charge above approved amount)**
HOME HEALTH CARE	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
OUTPATIENT HOSPITAL SERVICES	Medically necessary treatment such as outpatient surgery, diagnostic procedures, emergency room, etc.	A set amount for each specific procedure	Subject to deductible plus copayment or coinsurance for each procedure
DURABLE MEDICAL EQUIPMENT (DME)	Medically necessary equipment and supplies such as walkers, wheel chairs, hospital beds, etc.	80% of approved amount (after \$183.00 deductible)	20% of approved amount plus \$183.00 deductible, plus charges above approved amount unless supplier accepts assignment

Hospital Emergency Room

- Part A Hospital, when:
 - In the Emergency Room and then admitted to the hospital from the Emergency Room.
- Part B Medical, when:
 - In and out of Emergency Room.
 - In Emergency Room and then to a hospital bed under Observation.

Skilled Nursing Facility

- Need Skilled Nursing Care
- Medicare Coverage When:
 - Admitted to hospital for 3 full days (3 midnights)
 - Enter SNF within 30 days of hospital discharge
- NO Medicare Coverage When:
 - Hospital 4 full days - 2 Observation, 2 Admitted

Benefit Periods

- I paid my Part A Deductible in January for my Hospital stay from January 2 - 11.
- I went back in the hospital Feb. 1st for 4 days.
 - No Part A deductible.
 - Feb. 1st is Day 11 of the Benefit Period.
- I went back in the hospital June 1st for 4 days.
 - Part A deductible again.
 - June 1st is Day 1 of Benefit Period.

Hospice Care

- Medicare Part A Covers Hospice Care.
 - Even if You Have an Advantage Plan
- Non-Hospice Care while in Hospice covered as it would be under your “regular” Medicare.
 - “Other Medical conditions like diabetes, high blood pressure, etc. covered like before hospice.

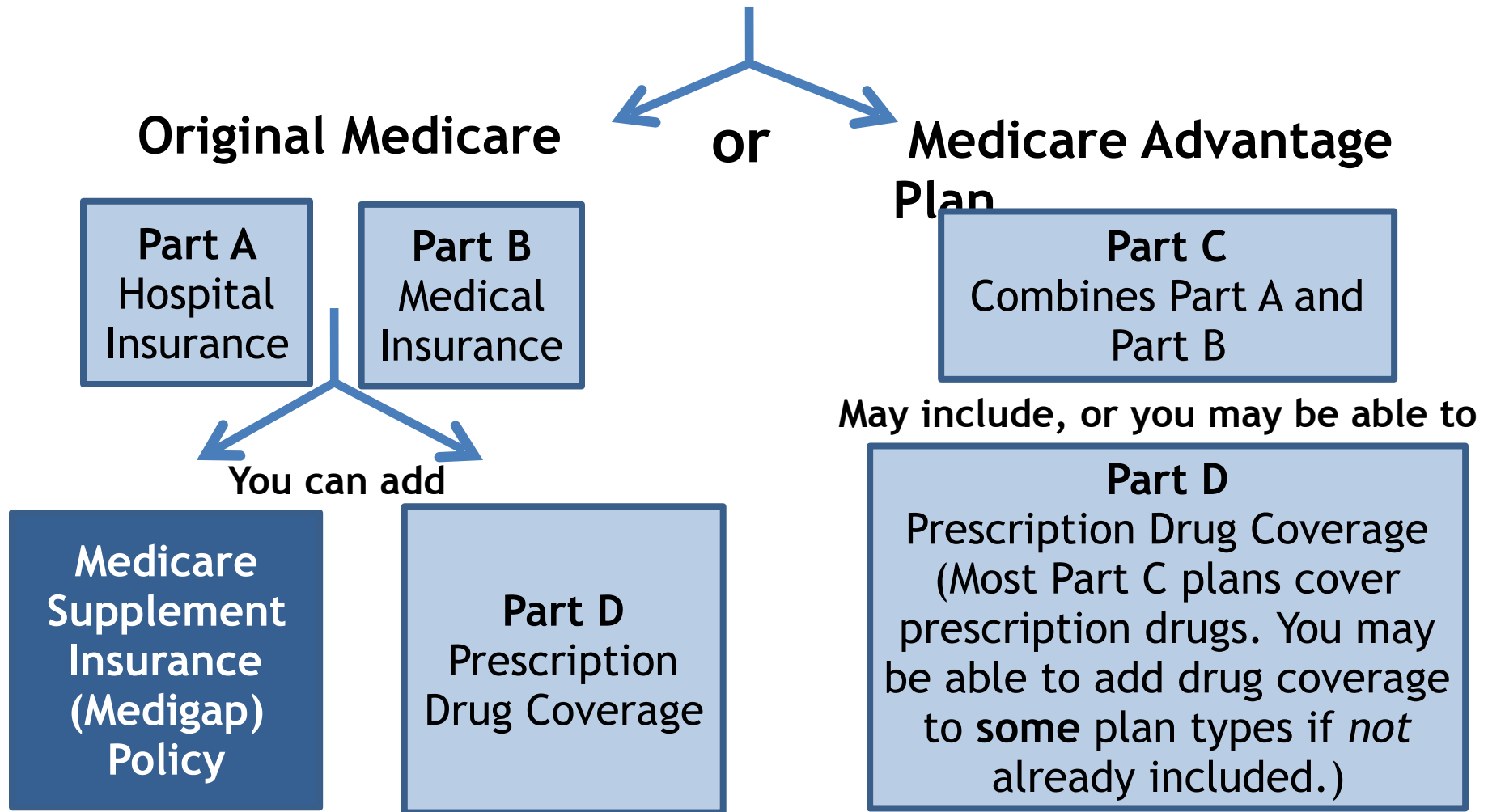
Part B Expenses

- I had \$50,183 of Approved Medicare Medical expenses this year.
 - Doctors
 - Laboratory and Diagnostic services
 - Out-patient services
 - Therapy
- My share of the bills is \$10,183.
- There is no Maximum Out-of-Pocket limit on Part B expenses.

Medicare Supplements (Medigap Plans)

- A standardized insurance policy that works with Medicare Parts A & B.
- Sold by numerous private insurance companies.
- Coverage specifically designed to pay the major benefit gaps in Medicare (deductibles and co-payments, etc.).
- Ten different Supplements, each of which pays a different collection of benefits.
- Two different versions of Supplement F.

Your Medicare Coverage Choices



Supplement or Medigap Plan Types

	Medicare Supplement Insurance (Medigap) Plans									
Benefits	A	B	C	D	F*	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%** *
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	50%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	100%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
Out-of-Pocket Limit in 2018**							\$5,240	\$2,620		

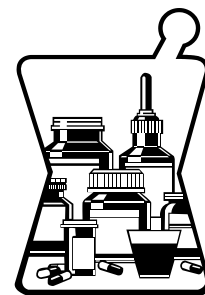
*Plan F is also offered as a high-deductible plan by some insurance companies in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,240 in 2018 before your policy pays anything.

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$183 in 2018), the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

Medicare Part D

- Coverage offered by private insurance companies, contracted with Medicare to provide prescription drug coverage.
- Available to anyone enrolled in Medicare Part A and/or Part B.
- Coverage offered:
 - Stand-alone Prescription Drug Plan (PDP), or
 - As part of a Medicare Advantage Plan (MA-PD)



I Like My Part D Plan

- My Part D Prescription Drug plan worked really well for me this year.
- My prescription drugs won't be changing for next year.
- I'll just keep my Part D plan for next year.

- You Could Get A Surprise!!

Part D Plans Change

- Notice Every September - Plan Changes.
 - Do you read it?
 - Can you figure out your costs for next year?
- What Can Change?
 - Premiums
 - Deductibles and Drug Co-pays
 - Tier levels for Drugs
 - Drugs on the Formulary
- Use Plan Finder on [Medicare.gov](https://www.medicare.gov).

Coverage Gap (Doughnut Hole)

- Brand Name Drugs
 - It's going away starting in 2019.
- Generic Drugs
 - It's going away starting in 2020.
- Coverage Levels for Part D Drugs
 - Deductible, Initial, ~~Gap~~, Catastrophic

Part C

Medicare Advantage (MA) Plans



Medicare Advantage (Part C) Plan is another way to get your Medicare.

- You still must sign up for Medicare Parts A and B.
- Medicare Beneficiary contracts directly with a private insurer who is authorized to offer Advantage Plans.
- Plans combine Medicare Parts A and B, and usually D into one plan, provided by a private insurance company.

Part C

Medicare Advantage (MA) Plans



- Each plan is different - primary care provider, networks, deductibles, copays, and services beyond Original Medicare.
- Different delivery and cost share structures:
 - HMO >>>>> PPO
 - There are deductibles, copays and co-insurance for which the beneficiary is responsible.
 - Some additional benefits like preventative dental, vision, and/or hearing depending on the plan.
 - Max. Out of Pocket \$\$ >>> \$\$\$\$
 - No Supplemental or Medigap insurance coverage for deductibles, copays, and co-insurance.
 - Premiums vary by plan \$0 >>> \$\$ >>> \$\$\$
 - May not have any coverage if you use out-of-network providers.

Part C

Medicare Advantage (MA) Plans



Why Select an Advantage Plan instead of Original Medicare?

- May save money on premiums, but you might not!
- May save money on deductibles, coinsurance and copays, but you might not!
- May have additional dental, vision and hearing coverage, but you might not!
- Total costs for the year may be less, but they might not!

Original Medicare vs. Advantage

Original w/ Supplement G

- Part B Premium \$1,608
 - \$134/month
- Part D Premium \$ 408
 - \$34/month
- Supplement G \$1,752
 - \$146/month
- Total Premiums \$3,768
- Medical Risk \$ 183
- Total (x/Drugs) \$3,851

Advantage (HMO)

- Part B Premium \$1,608
 - \$134/month
- Part D Premium \$ 0
- Medical Premium \$ 0
- Total Premiums \$1,608
- Medical Risk \$2,800
- Total (x/Drugs) \$4,408

Original Medicare vs. Advantage

Original w/Supplement FHD

- Part B Premium \$1,608
 - \$134/month
- Part D Premium \$ 408
 - \$34/month
- Supplement FHD \$ 600
 - \$50/month

- Total Premiums \$2,616
- Medical Risk \$2,240
- Total (x/Drugs) \$4,856

Advantage (PPO)

- Part B Premium \$1,608
 - \$134/month
- Part D Premium \$ 679
 - \$56.60/month
- Medical Premium \$ 377
 - \$31.40/month

- Total Premiums \$2,664
- Medical Risk \$6,700
- Total (x/Drugs) \$9,364

Medicare for the Wise



You Must Choose,
But Choose Wisely!

Medicare.gov & MyMedicare.gov

- Medicare.gov (No Account Required)
 - General Medicare Information
 - Plan Finder Tool for Parts D & C.
 - Forms
- MyMedicare.gov (ID & Password Required)
 - Your Personal Medicare On-Line Account
 - View Claims
 - Set Up Authorized Representatives
 - Request Replacement Medicare Card

Medicare for the Wise



Questions?