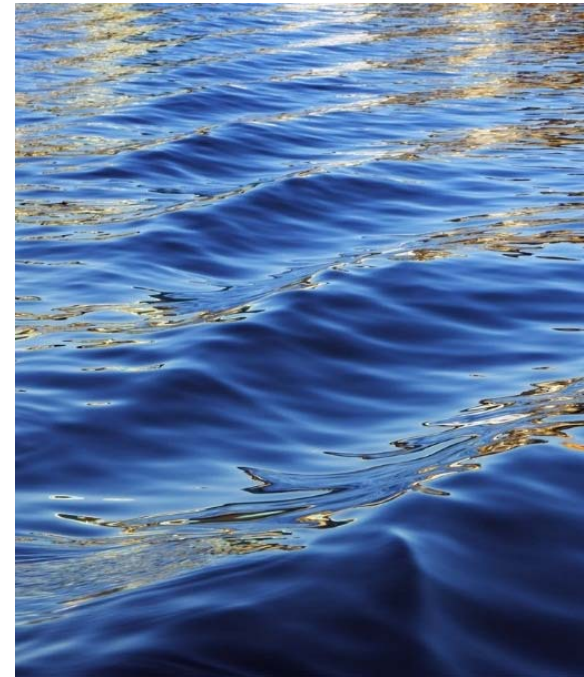


Medicare 101



The A, B, C's and D's of Medicare

Today We Will Cover . . .

- Part A
- Part B
- Part C
- Part D
- Medicare Supplements
- Your Options
- How To Decide

Known as
Original Medicare

Part A (inpatient hospital insurance)

Medicare Entitlement - Part A

Most individuals automatically get Part A coverage at the age of 65 without having to pay a Part A premium. This is because you or your spouse paid into your Medicare taxes for 40 or more quarters during your lifetime.

For those who do not automatically qualify for Part A coverage, the monthly Part A premium is \$224 or \$407 depending on the duration you paid into your Medicare taxes.

Part A (inpatient hospital insurance)

Coverage

- Inpatient Hospital Care
- Skilled Nursing Facility Care
(not long term care)
- Hospice
- Home Health Care

	2015
Deductible	\$1,260
Inpatient Coinsurance Days 61 - 90	\$315 (per day)
Inpatient Coinsurance Days 91 - 150	\$630 (per day)
Skilled Nursing Facility Care Per benefit period after 3 day hospital stay. Days 1 to 20 covered by Medicare	\$157.50 (coinsurance for days 21 - 100)

Part B (outpatient medical insurance)

Medicare Entitlement - Part B

Most individuals who file for Social Security benefits are automatically enrolled into Part B and must pay a Part B premium which is taken out of your Social Security check. You can delay your Part B enrollment if you're receiving employer or union coverage without having to pay a late enrollment penalty.

If you don't enroll in Part B when first eligible your Part B premium will increase 10% for each full 12 month period you go without it.

Part B (outpatient medical insurance)

Coverage

- Routine Physician Care
- Specialty Care
- Outpatient Hospital Care
- Ambulance Services
- Durable Medical Equipment
- Certain Home Health Services
- Diagnostic Tests and Lab Work

	2015
Premium	\$104.90 - \$335.70 (per month depending on income)
Deductible	\$147
Coinsurance	20% (after deductible is satisfied)

Part C (Medicare Advantage plans)

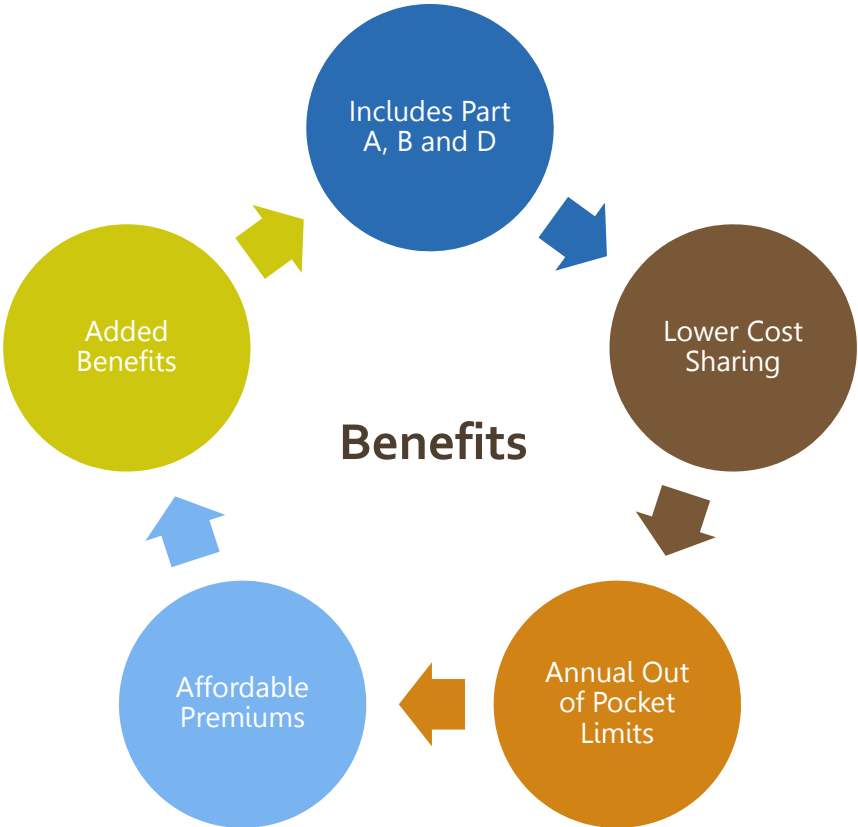
Eligibility – Part C

- Must be entitled to Part A and enrolled in Part B
- Cannot have end-stage renal disease (kidney failure)
- Must continue to pay your Part B premium
- Live in the plan's service area

What Are They?

Medicare Advantage plans are an alternative to Original Medicare. They are offered by private Insurance companies to cover the benefits of Medicare Parts A, B and often D. These plans must offer coverage that meets or exceeds the standard Medicare model. Many often include extras like fitness and wellness programs.

Part C (Medicare Advantage plans)



Plan Types

	Definition	In Network Only	Out of Network Benefits
HMO	Health Maintenance Organization	✓	
HMO-POS	Health Maintenance Organization – Point of Service		✓
PPO	Preferred Provider Organization		✓
SNP	Special Needs Plan	✓	

Part D (prescription drug coverage)

Eligibility - Part D

- Must be entitled to Part A and/or enrolled in Part B
- Must live in the plan's service area

Prescription Drug Plans (PDP) are offered by private Insurance companies. There are two types of PDP's; A **Stand-Alone Prescription Drug Plan (PDP)** or a **Medicare Advantage-Prescription Drug Plan (MA-PD)**. Every drug plan must meet or exceed the Medicare standard of coverage. You will pay a monthly premium and a portion of the drug costs. Coverage varies from plan to plan.

If you don't enroll in a Part D plan when first eligible you may be assessed a penalty of 1% of the national average beneficiary premium for each month you went without it. This penalty is added to your monthly drug plan premium.

Part D (prescription drug coverage)

Formulary & Tiers

- **Formulary:** A list of covered drugs
- **Tiers:** Drugs are classified into different level tiers based on their cost. Tiers and tier cost-sharing can vary by company.

Example

Tier 1	Preferred Generic	\$4
Tier 2	Generic	\$9
Tier 3	Preferred Brand	\$45
Tier 4	Brand	\$95
Tier 5	Specialty & Injectable	33%

Medicare Supplements

What Are They?

Supplement plans, also referred as *Medigaps*, are designed to fill in 'gaps' in Original Medical (A & B) coverage. They are offered by private Insurance companies. The coverage is modernized, therefore the primary difference is the cost of the plan from one Carrier to another!

How Do They Work?

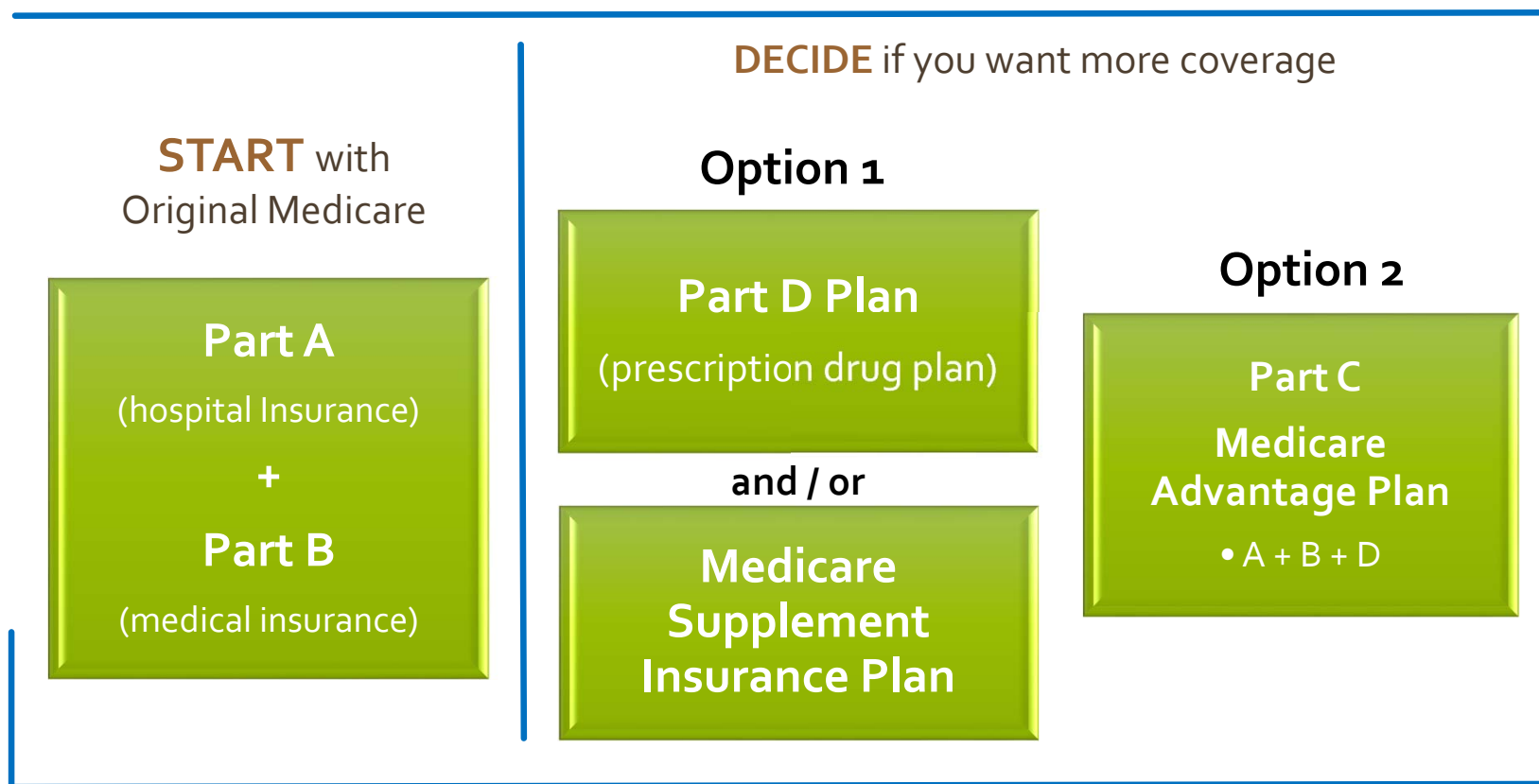
They are designed to work in tandem with Original Medicare benefits. Medicare is billed 1st, your Supplement 2nd and you last. They are not a Medicare Advantage plan and they do not cover Part D benefits so you will have to purchase a stand alone Prescription Drug plan.

Medicare Supplements

Plan Name

	Part A Deductible	Part B Deductible	Part B Excess Charges	Foreign Travel Emergency	Part A Coinsurance & Hospital Benefits	Part B Coinsurance or Copayment	Blood (first 3 pints)	Part A Hospice Care Coinsurance or Copayment	Skilled Nursing Facility Care Coinsurance
A					X	X	X	X	
B	X				X	X	X	X	
C	X	X		80%	X	X	X	X	X
D	X			80%	X	X	X	X	X
F	X	X	X	80%	X	X	X	X	X
G	X		X	80%	X	X	X	X	X
K	50%				X	50%	50%	50%	50%
L	75%				X	75%	75%	75%	75%
M	50%			80%	X	X	X	X	X
N	X			80%	X	X	X	X	X

What Are My Medicare Options ?



How Do I Decide ?

- How Much Can I Afford ?
- Will My Doctor/Clinic Accept It ?
- Will My Prescriptions Be Covered ?
- How Often Do I Use Medical Services ?
- Do I Have Any Upcoming Medical Expenses That Could Be Affected By The Plan I Choose ?
- Do I Travel Frequently ?



Thank You For
Attending!

