

Medicare Support Services. We are local experts dedicated to Medicare education!

- ✓ WE HELP YOU UNDERSTAND MEDICARE
- ✓ WE HELP YOU ENROLL IN MEDICARE
- ✓ WE FIND THE SUPPLEMENT THAT'S RIGHT FOR YOU
- ✓ WE PROVIDE ONGOING SUPPORT

If you are looking for answers to questions about Medicare, we can help. We are independent advisors serving as unbiased advocates to guide you through the maze.



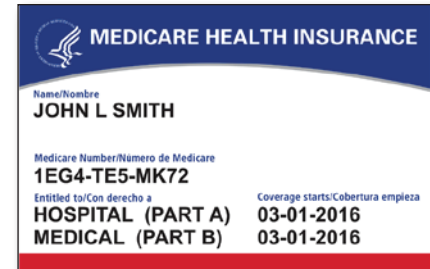
LetsAskBob.com

**MEDICARE SUPPORT
SERVICES**
INSURANCE CONNECTION USA

Original Medicare Basics

Part A

- Inpatient Hospital care
- Skilled Nursing
- Home Health care
- No cost for part A
- Deductible of \$1,600.00 per hospital admit



Part B

- Doctors office visits
- Outpatient care
- Tests and Labs
- Medical Equipment
- Cost for Part B is **\$164.50** per month (can be higher based on income)
- Part B deductible is **\$226** per year
- Part B only covers 80% of the medical costs and you pay the 20%
- Medicare does not have a max out of Pocket

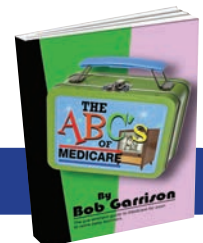
Additional Coverage Options

Medicare Advantage Plans

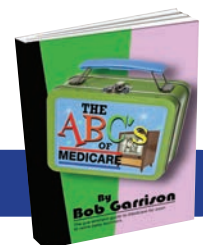
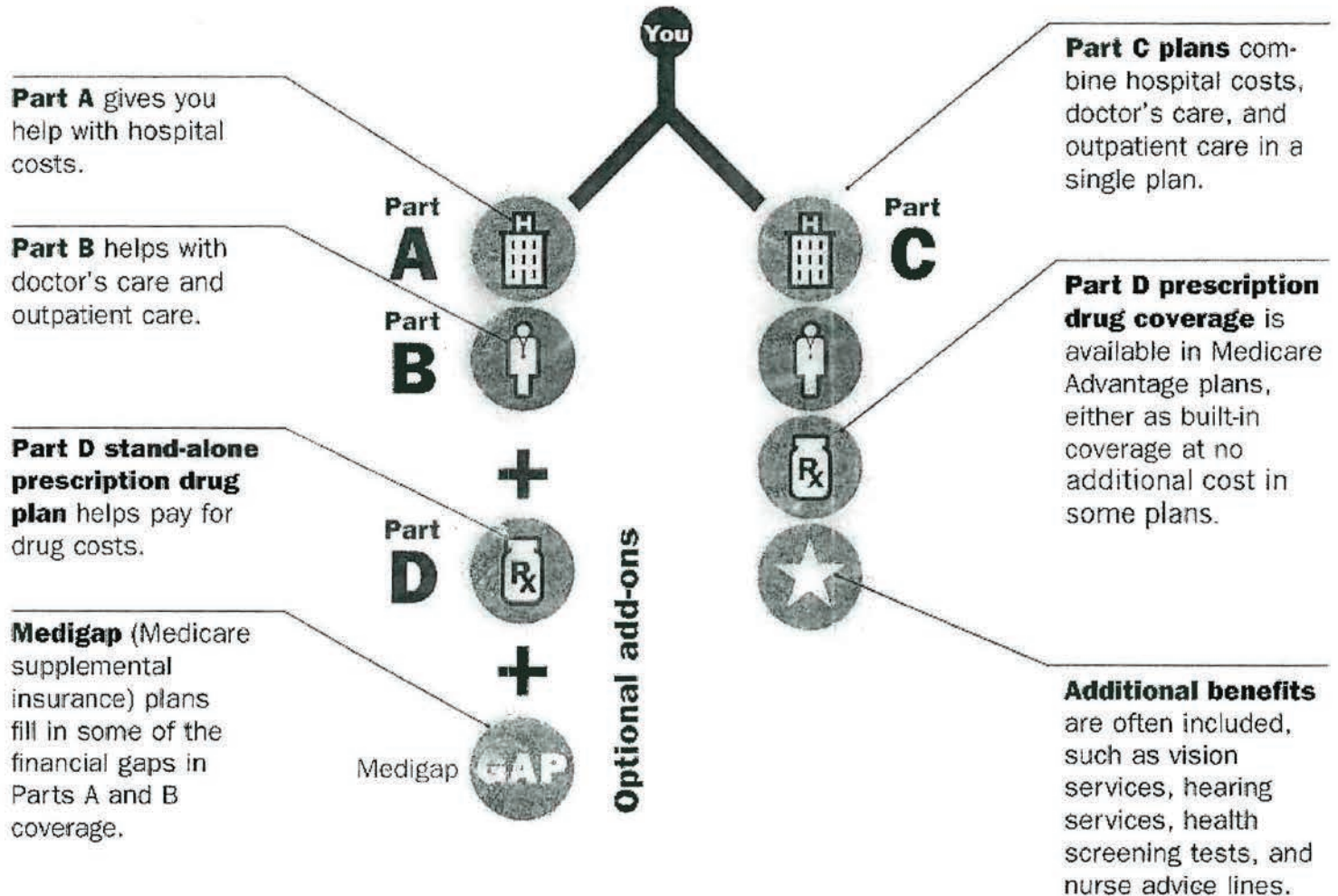
- Medicare replacement plans offered by insurance companies
- They cover the deductible and provide a max out of pocket usually \$6,700
- They have copay's for most every Medical procedure and office visit
- Most Advantage plans include a Part D drug plan
- Advantage plan use specific Network providers with both PPO and HMO plans
- They are low cost

Medicare Supplement Insurance

- Helps pay most of the out-of-pocket costs that come with Original Medicare
- You pay a monthly premium for 100% coverage
- No provider networks
- Good in all 50 states
- International travel coverage
- Supplements are secondary payers behind Medicare
- Most plans cover 100% of the 20% you are expected to pay
- Plan G has a \$226.00 deductible for the part B deductible
- No Networks and they are good in every state



Review of Medicare



Original Medicare as a Standalone

A

Part A of Medicare helps cover:

- Hospital Stays
- Inpatient Care

B

Part B of Medicare helps cover:

- Doctors office visits
- Outpatient Care

- Copay & Coinsurance paid by you!
- No Drug Coverage leaving you exposed to penalties
- No Maximum out of Pocket

Need more coverage?

You have options!



Medicare Supplement Insurance

- Helps pay some of the out-of-pocket costs that come with Original Medicare
- You pay a monthly premium
- You pay copays or coinsurance for some services



Medicare Part D Plan

- Helps pay for Prescription Drugs
- Most plans have extra premium
- Subject to deductibles on some plans



Medicare Advantage Plan

- Combines Part A (hospital insurance) and Part B (medical insurance) into one plan
- Usually includes prescription drug coverage
- May offer additional benefits not provided by Original Medicare

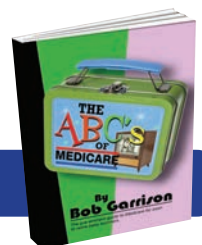
All about Medigap

- Medicare does not cover all medical costs and has no out-of-pocket ceiling on how much you have to pay for health services.
- Medigap plans pick up those uncovered charges.
- Medicare supplements (designated A through N) are federally standardized and have a standard plan design.
- All supplement plans are issued by private insurance companies and every one of the plans, regardless of the insurance company, has the same benefits.

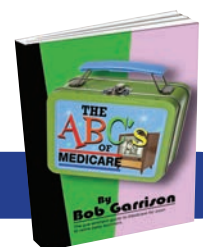
Example: A Medicare Plan F from Blue Cross Blue Shield is exactly the same as a Plan F from Aetna.

- What is different is the price you pay for the plan and how the insurance company calculates the rate either based on a community rating schedule or age-based pricing structures.
- Your claim history and health status will not affect your rate or single you out for cancellation.

Medigap plans do not use provider networks. They cover you anywhere in the USA. That means you can use any provider you would like as long as they accept original Medicare. Most Medigap plans have coverage for foreign travel.



| Benefits | Plans Available to All Applicants | | | | | | | | Medicare first eligible before 2020 only | |
|--|-----------------------------------|---|---|----------------|---------------------|---------------------|-----|--------------------------------|--|----------------|
| | A | B | D | G ¹ | K | L | M | N ¹ | C | F ¹ |
| Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B coinsurance or Copayment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ copays apply ³ | ✓ | ✓ |
| Blood (first three pints) | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Part A hospice care coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Skilled nursing facility coinsurance | | | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A deductible | | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ | ✓ | ✓ |
| Medicare Part B deductible | | | | | | | | | ✓ | ✓ |
| Medicare Part B excess charges | | | | ✓ | | | | | | ✓ |
| Foreign travel emergency (up to plan limits) | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ |
| Out-of-pocket limit in 2019 ² | | | | | \$5560 ² | \$2780 ² | | | | |



How do Medicare Advantage plans work?

Advantage plan premiums

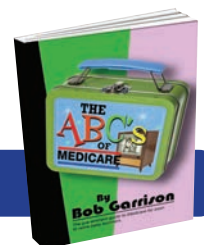
Premiums are usually very low. In fact, the rates range from \$0 for some HMO plans to just over \$100.00 per month. Rates and plan designs vary for each state and county, so finding the best plans in your county requires research. (That's where your insurance agent or Medicare advisor can help.)

Benefits

Advantage plans do not pay 100% of your medical costs, but you are not usually subject to paying the 20% that Medicare Part B does not pay for most services. Instead you pay copays and coinsurance for most services. Copays can range from \$5.00 for a primary care doctor visit to \$400.00 a day for a hospital visit. Each plan will have specific copay amounts for every medical service and those plans and benefits must be approved by Medicare.

Out-of-pocket maximums

One of the strongest selling points for Advantage plans is they place a cap on how much you can spend on covered health expenses during a year. Those out-of-pocket amounts vary by plan, but the maximum is (in 2017) \$6,700.00 per year. Having an Advantage plan with a maximum out-of-pocket limit is far better than original Medicare.



How Does An **HMO** Plan Work?

- You choose a Primary Care Physician who will help navigate your healthcare needs.
- You choose network providers and facilities to receive your healthcare services.
- Our network arrangements allow us to create savings that we share with you.
- If you need emergency or urgent services, go to the emergency room closest to you!
- You may need a referral to see specialists and receive certain services.
- Lower out-of-pocket costs
- You have the ability to select a different Primary Care Physician as needed.

How Does A **PPO** Plan Work?

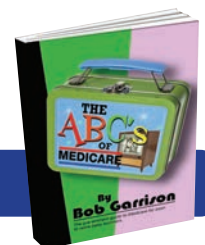
- You have a network of doctors, specialist and facilities contracted with the plan to provide services.
- You can see providers out-of-network. Reminder- providers that do not contract with us are not obligated to treat you, except in emergency situations. Cost-sharing will be lower at in-network providers.
- You should expect to pay more if you choose to use out-of-network providers.
- Referrals are not necessary, but some services may require plan authorization prior to receiving the service.
- Your Primary Care Physician will continue to help coordinate healthcare services.
- PPO plans may not impose prior authorization requirements for Out-of-Network services but member or provider can request an advance determination of coverage.

Part D Medicare Drug Plans

All Part D plans are offered by private insurance companies but they are highly regulated by Medicare, meaning the companies are required to format each drug plan in a similar fashion. That allows for apples-to-apples comparisons.

There is a regulated annual Part D deductible for 2023 of \$505.00. Many plans charge less and most have some exclusion for generic tier 1 and 2 medications that are not subject to the deductible. What is different about each plan is the premium they charge and the formulary they offer.

The most important aspect of selecting a Part D plan is making sure your medications are covered and, if so, on what tier are they listed. Medications can be tier 4 on some plans and tier 2 on others, so it pays to do a little research on the plan formularies. Again, the best way to accomplish this is to go to Medicare.gov and use their plan comparison tool. Or contact a qualified Medicare advisor.



Drug Coverage

Understanding Drug Payment Stages

Annual deductible: Some plans have a Part D deductible. You pay the total cost of your drugs until you reach the deductible amount set by your plan. Once you have paid this amount you move to the initial coverage stage. Some plans may only set a deductible for specific drug tiers.

Initial Coverage Stage

During this stage you pay a flat fee (copay) or a percentage of a drug's total cost (coinsurance) for each prescription you fill.

The plan pays the rest until your total drug costs (paid by you and the plan) reach **\$4,020**.

Coverage Gap Stage

During this stage you pay **25%** of the total cost for generic and brand name drugs.

Once your out-of-pocket costs reach **\$6,350** you move to the catastrophic coverage stage.

Catastrophic Coverage Stage

In this stage you pay only a small copay or coinsurance amount for each filled prescription.

The plan and Medicare pay the rest until the end of the calendar year.

What to Expect with Medicare Enrollment

Medicare enrollment is a three step process as outlined below:

A. Enrollment in Medicare Part A and or B

Medicare is a government program that requires you to enroll in Part A and Part B of Medicare when you turn 65 or if you are over 65 and are retiring and losing Group Health coverage. The cost for Medicare is based on your income but the base rate currently is \$170.00/month. Medicare will bill you directly for the part B payment and usually the invoice is for 3 months unless you have a social security benefit deduction or use a bank draft for the monthly fee. You will pay the Medicare Part B fee regardless of any other Medicare program or supplement that you select.

Medicare Enrollment Process:

1. If you are currently receiving Social Security Benefits then enrollment in Medicare when you turn 65 is automatic.
2. Turning 65- You can enroll in Medicare on line 3 months prior to your birth month, on line enrollment is completed through Social Security using the SSA.gov website. Social Security will force you to sign up for a social security on line account before they will process your Medicare only application online .
3. If you are over 65 and have been on an employer group health plan you must enroll in Medicare through the Social Security Administration . There are two forms required to apply for Part B, one must be signed by your employer, we suggest you hand deliver the forms to your local Social Security office .

B. Enrollment in a Medicare Supplement or Advantage Plan

1. We can assist you with this part of the enrollment process and will fully educate you on the various programs that are available . Medicare Supplements are designed to cover the gaps in Medicare like the deductibles and the 20% co insurance. Advantage plans are Medicare replacement programs and are low cost but you will have out of pocket costs for co-pays.

C. Enrollment in Part D drug plan

We will assist you in finding the best Rx plan for you. The best plan depends on the specific medications you have. Insurance Connection USA staff will assist you with any Medicare questions or plan changes and even claims issues for life. Our trained account managers and agents are ready to assist you.

