A Guide to Understanding Medicare and Health Insurance Options



www.insureonebenefits.com (800) 722-7331

Top 10 Medicare Questions

- 1. What is Medicare?
- 2. Who can get Medicare?
- 3. What does Medicare cover?
- 4. How much does Medicare cost?
- 5. Where can I get more coverage?

- 6. How do I choose?
- 7. When can I enroll?
- 8. When can I change my coverage?

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- 9. What if I have Group Coverage?
- 10. Where can I go for help?





What is Medicare?



What is Medicare?

Medicare is...

- A federal health insurance program for eligible U.S. citizens and legal residents
- Funded in part by taxes you pay while working
- Individual health insurance

Medicare is not...

- A family health plan
- Social Security
- Medicaid
- Free





Who can get Medicare?



Who can get Medicare?

U.S. citizens and legal residents

Legal residents must live in the U.S. for at least 5 years in a row, including the 5 years just before applying for Medicare.

You must also meet one of the following requirements:

- Age 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease or ALS

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HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016





What does Medicare cover?



Parts A & B: Original Medicare

Original Medicare has two parts:

- Part A is hospital insurance
- Part B is medical insurance





Medicare Part A: Hospital Insurance

Medicare Part A covers hospital stays and inpatient care, including:					
Your hospital room and meals	Skilled nursing services				
Care in special units, such as intensive care	Some blood transfusions				
Drugs and medical supplies used during an inpatient stay	Hospice care, including medications to manage symptoms and pain				
Lab tests, X-rays and medical equipment as an inpatient	Part-time, skilled care for the homebound after a qualified inpatient stay				
Operating room and recovery room services	Rehabilitation services after a qualified inpatient stay				



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Medicare Part A: Hospital Insurance

Fast facts

- Premium free if you or your spouse worked and paid taxes for 10 years or longer
- Can't be denied coverage
- Coverage is nationwide, including any qualified hospital in the U.S.
- Coverage and costs are per "benefit period"
- Must be admitted as an inpatient (not on "observation status")
- Provides additional 60 "lifetime reserve" days



Medicare Part B: Medical Insurance

Medicare Part B covers doctor visits and outpatient care, including:

Doctor visits, including when you are in the hospital	Diabetes screenings, education and certain supplies
An annual wellness visit and preventive services, like flu shots	Mental health care
Clinical laboratory services, like blood and urine tests	Durable medical equipment for use at home, like wheelchairs and walkers
X-rays, MRIs, CT scans, EKGs and some other diagnostic tests	Ambulatory surgery center services
Some health programs, like smoking cessation and obesity counseling	Ambulance and emergency room services
Physical therapy, occupational therapy and speech-language pathology services	



PART BU

Medicare Part B: Medical Insurance

Fast facts

- Monthly premium, adjusted for income
- Can't be denied coverage
- Coverage is nationwide, including any provider who accepts Medicare
- Premium penalty for late enrollment



PART BU

Medicare Doesn't Cover Everything

Original Medicare (Parts A & B) does not cover:

- All of the cost of your care you have out-of-pocket costs, with no limit
- Prescription drugs
- Routine dental, vision or hearing care
- Eyeglasses, contacts or hearing aids
- Long-term or custodial care (help bathing, eating, dressing)
- Excess charges for services by doctors who don't accept Medicare assignment
- Care received outside the U.S., except for certain circumstances





How much does Medicare cost?



Medicare Costs

Types of costs

Premium	Deductible	Сорау	Coinsurance
A fixed amount that you pay for coverage, usually monthly	A set amount that you pay for covered services before your plan begins to pay	A fixed amount you pay at the time you receive a covered service	An amount you pay when the cost of a covered service is split with you by percentage, such as 80/20



2019 Medicare Part A (Hospital) Costs

Premium	Deductible	Other Costs	Note	
\$0 for most people	\$1,364 per benefit period (up to 60 days)	\$341 per day for days 61–90 in one benefit period \$682 per lifetime reserve day (maximum of 60 days)	NO out-of- pocket limit	



PART BU

2019 Medicare Part B (Medical) Costs

Premium	Deductible	Other Costs	Note	
\$135.50 per month for most people, income adjusted	\$185 for the year	20% of approved amount for most covered services Excess charges (if any)	NO out-of-pocket limit	





Where can I get more coverage?



Options for More Coverage





PART C ℃

Medicare Advantage

Another way to get your Medicare benefits

- An alternative to Original Medicare (Parts A & B)
- Plan members are still in the Medicare program
- Benefits are administered by the plan
- Plans offered by private insurance companies



Medicare Advantage



All Medicare Advantage plans cover:All the benefits of Part A
(except hospice care, which is still covered by Part A)All the benefits of Part BMost Medicare Advantage plans cover:Prescription drugsMedicare Advantage plans may offer additional benefits, such as:Dental exams, cleanings and X-raysEye exams, eyeglasses and corrective lensesHearing tests and hearing aidsWellness programs and fitness memberships

Medicare Advantage plans have an annual out-of-pocket maximum to help protect against high costs.



PART C

Medicare Advantage

Fast facts

- Must be enrolled in both Medicare Part A and Part B and live in plan service area
- Can't be denied coverage based on current financial or health status, including pre-existing conditions*
- May be required to use provider and pharmacy networks
- Coverage and costs vary by plan and may change each year
- Annual limit on out-of-pocket costs for covered services
- May charge a monthly plan premium
- Must continue to pay Part B premium to Medicare

*Special rules for people with end-stage renal disease.





Medicare Prescription Drug Coverage

Helps with the cost of prescription drugs

Two ways to get coverage:

- Add a standalone Part D plan to Original Medicare
- Choose a Medicare Advantage plan that includes prescription drug coverage

Plans offered by private insurance companies





Medicare Prescription Drug Coverage

Medicare Part D plans cover:

Types of drugs most commonly prescribed for Medicare beneficiaries as determined by federal standards

Specific brand name drugs and generic drugs included in the drug list (formulary)

Commercially available vaccines not covered by Part B



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Formulary: List of Covered Drugs

Tiered formulary

- Drugs are grouped into tiers based on cost
- In general, the lower the tier, the lower the cost
- Deductibles may be charged by tier

Formulary Tiers					
Tier 1	\$				
Tier 2	\$\$				
Tier 3	\$\$\$				
Tier 4	\$\$\$\$				
Tier 5	\$\$\$\$				
	Tier 1 Tier 2 Tier 3 Tier 4				



Medicare Prescription Drug Coverage

Fast facts

- Must be enrolled in Part A, Part B or both
- May be required to use pharmacy network
- Coverage and costs vary by plan and may change each year
- Part D premium penalty for late enrollment





Medicare Supplement Insurance: Medigap

Helps pay some costs not paid by Medicare

- Supplements Original Medicare (Part A and Part B)
- Can't be used with Medicare Advantage
- 10 plans with benefits standardized by the federal government
- Plans offered by private insurance companies in your state







Plans may help pay:

- Part A and Part B deductibles
- Copays, coinsurance and provider excess charges
- Cost for extra 365 days of hospital care after lifetime reserve days used
- Cost of blood transfusions, first 3 pints
- Cost of foreign travel emergency, up to plan limit

*Some plans may offer special programs to members to help with some of these costs.

Plans do not help with:

- Prescription drugs
- Routine dental, vision or hearing care*
- Eyeglasses, contacts or hearing aids*
- Extra days in a skilled nursing facility after Part Abenefit
- Custodial care (help bathing, eating, dressing)
- Long-term care



Standardized Medicare Supplement Plans

Benefit	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Part A hospital coinsurance and 365 extra hospital days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B coinsurance or copays	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%*
Part B annual deductible			100%		100%					
Part B excess charges					100%	100%				
Cost of blood transfusion (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Cost of foreign travel emergency (up to the plan limits)			80%	80%	80%	80%			80%	80%
Hospice care coinsurance costs	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part B preventive care coinsurance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Yearly out-of-pocket limit before all benefits paid at 100% (2019)							\$5,560	\$2,780		

*except certain copays





Medicare Supplement Insurance: Medigap

Fast facts

- Must be enrolled in both Medicare Part A and Part B and live in the state where plan is offered
- No medical underwriting up to 6 months after enrolling in Part B at age 65 or older
- Nationwide coverage and no provider network
- Guaranteed renewable*
- Plan premiums may vary, even for same coverage
- Plans with more coverage generally have higher premiums
- Must continue to pay Part B premium to Medicare

* As long as material facts are stated correctly on application and premiums are paid





How do I choose?



Medicare Coverage Choices





Medicare Supplement or Medicare Advantage?

CONSIDERATIONS	MEDICARE SUPPLEMENT	MEDICARE ADVANTAGE				
Coverage	 Pays some costs not paid by Original Medicare Does not help with drug costs Nationwide coverage 	 Provides benefits of Original Medicare and beyond Often includes drug coverage May have provider network 				
Cost	 Monthly plan premium Drug plan premium and other costs if coverage added Out-of-pocket costs depend on plan chosen 	 May charge plan premium Often no additional premium for drug coverage Copays or coinsurance for most covered services Annual out-of-pocket maximum 				
Convenience	 Multiple plans (when added to Original Medicare along with a Part D plan) 	 All-in-one plan 				





When can I enroll?



Initial Enrollment Period



- Enrolled in Part A and Part B automatically if receiving Social Security or Railroad Retirement Board (RRB) benefits at age 65, or after receiving Social Security disability benefits for 24 months
- Enroll yourself if not receiving benefits (go to SSA.gov or local office)
- Enroll early to avoid gaps in coverage and late enrollment penalties
- May refuse or delay enrollment in Part B
- May enroll in a Medicare Advantage or a prescription drug plan



General Enrollment Period

Every year



Parts A and B Parts C and D

- For those who miss their Initial Enrollment Period
- May enroll in Part A, Part B or both
- May choose to enroll in a Medicare Advantage plan (Part C) or a prescription drug plan (Part D)
- Late enrollment premium penalties may apply


Medicare Supplement Open Enrollment

65 or older and enrolled in Part B



- No medical underwriting if you enroll during this time
- May enroll in a plan later but could be denied or charged more based on health history



Special Enrollment Period: Working Past 65

Month after the last month of employment or employee health coverage



- For those who delayed enrollment
- May enroll in Part A, Part B or both
- Part B enrollment triggers Medicare Supplement Open Enrollment

- May choose a Part C or Part D plan
- Enroll in Part D early to avoid penalty



Late Enrollment Premium Penalties

COVERAGE	PENALTY
Medicare Part A	None if qualified for premium freeOtherwise 10%
Medicare Part B	None if qualified for SEPOtherwise 10% for each full 12-month period
Medicare Part D	 None if less than 63 days without creditable coverage Otherwise 1% of current average premium for each month





When can I change my coverage?



Medicare Annual Enrollment



- Switch from Original Medicare (Parts A & B) to a Medicare Advantage plan (Part C), or vice versa
- Switch from one Medicare Advantage plan to another
- Join, switch or drop a Medicare prescription drug plan (Part D)



Special Enrollment Period: Qualifying Events

Month after you move or the month after you notify your plan



- Move out of plan service area
- Move within plan service area and have new plan options
- Leave or lose other health care coverage
- Qualify for a Special Needs Plan
- Move into or out of an institution, such as a nursing home
- Get or lose financial help with Medicare
- · Move back to U.S. after living outside the country





What if I have group coverage?





When to consider Medicare

- Retirement
- Active Employee
 - Employee contributions versus Medicare premiums
 - Employer plan deductible and co-insurance
 - Maximum out of pocket (MOOP)
- Other considerations
 - Budget
 - On-going care or treatment
 - Chronic conditions
 - Prescription drug use
 - Hospital and Dr. preference
 - Travel



2019 BW Plan vs. Medicare Comparison

Employee age 65 currently has an MAGI <\$85k

Group Medical	Baldwin Wallace University 2018 MMO Plan	2019	2019		
		Medicare Advantage w/Prescription Drug	Supplement Plan G		
	\$1,250 PPO	Dental/Vision/Hearing	Medicare Part D		
BENEFIT COMPARISON	In Network	In Network	Medicare Network		
Individual Deductible	\$1,250	\$0	\$185 Annual Deductible		
Individual Coinsurance Percent	20%	0%	0%		
Individual Coinsurance Maximum	\$2,000				
Individual Out-of-Pocket Maximum	\$7,150	\$3,600	\$0		
Office Co-Pay	\$25 Copay	\$5 Copay	\$0		
Specialist Co-Pay	\$35 Copay	\$25 Copay	\$0		
Annual Physical Exams	No Cost Share	No Cost Share	No Cost Share		
Emergency Room	\$200 Copay	\$90 Copay	\$0		
Urgent Care Co-Pay	\$50 Copay	\$25-\$40 Copay	\$0		
Surgical In-Patient	20%	\$295 per day for first 4 days; \$0 beginning 5th day	\$0		
Surgical Out-Patient	20%	\$295 Copay	\$0		
Diagnostic X-Ray & Lab Services	20%	\$5-\$100 depending on service	\$0		
Durable Medical Equipment	20%	20%	\$0		
RX - General info	\$100/\$200 Deductible	Initial Coverage up to \$3,750 ("Donuthole")	Initial Coverage up to \$3,750 ("Donuthole")		
RX - Generic (Tier 1)	\$10	\$2	\$1		
RX - Formulary (Tier 2)	\$45	\$8	\$6		
RX - Preferred Brand Drugs (Tier 3)	\$90	\$45	\$33		

RATES (Single Premium Level 5)	Average Monthly Contribution Employees > Age 65	Part B*	Advantage	Part D Rx**	TOTAL	Part B*	Supp	Part D Rx***	TOTAL
Income 85K or less	\$118.88	\$135.50	\$18.00	\$0.00	\$153.50	\$135.50	\$102.00	\$14.50	\$252.00
85-107K	\$118.88	\$189.60	\$18.00	\$12.40	\$220.00	\$189.60	\$102.00	\$27.20	\$318.80
107-160K	\$118.88	\$270.90	\$18.00	\$31.90	\$320.80	\$270.90	\$102.00	\$47.30	\$420.20
160K-214K	\$118.88	\$352.20	\$18.00	\$51.40	\$421.60	\$352.20	\$102.00	\$67.30	\$521.50
214K+	\$118.88	\$433.40	\$18.00	\$70.90	\$522.30	\$433.40	\$102.00	\$85.40	\$620.80

***For illustrative purposes only; 2019 cost information subject to change in 2020



2020 BW Plan Options

Open Enrollment meetings to discuss the 2020 plan options & pricing are being held on:

Tuesday, October 29th

IMPORTANT: There will be a plan option in 2020 that includes a Health Savings Account. Enrollment in any part of Medicare (even if it's only Part A) disqualifies an individual from pre-tax contributions to an HSA!!!





Where can I go for help?



Assistance

InsureOne Benefits serves as your "Trusted Advisors"

- No cost or fee for our service
- Identify personal and health care needs
- Present and discuss insurance plan options
- Answer questions
- Assist with and process applications
- Obtain approval
- Provide personal service throughout the year
- Review options during the annual election period (AEP)
 - OCTOBER 15TH TO DECEMBER 7TH



Assistance

InsureOne Benefits serves as your "Trusted Advisors"

CHOOSING THE RIGHT MEDICARE COVERAGE

Choosing the right Medicare Coverage is an important decision. It's not a "one size fits all" situation because everyone has different needs and budgets.

To assist you, we have designed a Personal Information Sheet for you to complete. This information, coupled with the answers to your questions, will help determine the right type of Medicare Coverage, benefits, our of-pocket expense and cost to meet your personal health care needs and budget.

NAME									
	DATE OF BIRTH								
PHONE	EMAIL								
MEDICARE CLAI	M #								
PART A EFFECTIVE DATE				PART B EFFECTIVE DATE					
HOME ADDRESS	3								
CITY				STA	TE				
ZIP CODE				COL	INTY				
			MY R	K LIST					
MEDICATION NAME			DOSAGE	AGE QUANTITY		DAY SUPPLY	MAIL OR	DER/RETAIL	
M		LIST				MY HO	SPITAL LI	ST	

Once you have reviewed the "Pieces to the Puzzle" call 1-800-722-7331 for one-on-one help from our Medicare Enrollment Specialists.

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Sign up for an Individual session with an InsureOne Benefits Counselor *If interested, please sign your name on the sheet before you leave



Thank you!

