





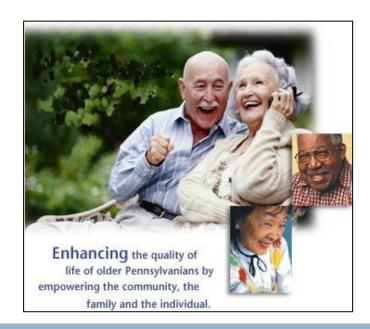




SCS PA MEDI Program is funded in part through the Administration for Community Living under contract with Delaware County Office of Services for the Aging

MEDICARE 101

PENNSYLVANIA MEDICARE EDUCATION DECISION AND INSIGHT PROGRAM - (PA MEDI PROGRAM)



PENNSYLVANIA MEDICARE EDUCATION DECISION AND INSIGHT PROGRAM (PA MEDI MEDICARE PROGRAM)



Who Are We?

State Health Insurance Assistance Program (SHIP) – All <u>50</u> States and Puerto Rico

- NAMED <u>PA MEDI Medicare Program</u> In Pennsylvania <u>Only</u>
- Located in <u>54</u> of the <u>67</u> Counties in Pennsylvania

How Are We Funded?

PA MEDI Medicare Program Funding comes from the <u>Federal</u> <u>Government</u>

- Department of Health and Human Services
- Administration for Community Living
- PA Department of Aging
- Delaware County Office of Services to the Aging
- Senior Community Services Delaware County Apprise Program

PA MEDI MEDICARE PROGRAM



<u>Provides FREE UNBIASED Information and is designed to Counsel Medicare Beneficiaries with:</u>

- How Medicare Works
- Prescription Drug & Health Plan Comparisons
- Medicare Supplement (Medigap) Information
- Medicare Cost Sharing Programs
- Your Medicare Rights
- Billing Concerns
- Complaints about Medical Care & Treatment

Medicare Options



Original Medicare

RED WHITE and BLUE CARD

Part A – Hospital

Part B - Medical



Prescription Drug Plan Part D





MEDIGAP Policies

Plans A through N

Or

RETIREE, MEDICAID, TRICARE, or VA

Medicare Advantage Plans

Also known as Part C, or HMO, or PPO

Includes Medicare

Part A – Hospital

Part B - Medical

Part D - Prescription

<u>Part C</u> - Are Private Insurance Companies that are approved by Medicare

- •Must use Plan Network Doctors and Hospitals **or** you pay more
- •Some plans charge a monthly premium
- You may pay copayments or/and coinsurances for some covered services
- •You must use the HMO, PPO, Part C Drug Plan

What Does Part A Cover?



PART A - HOSPITAL INSURANCE

- Inpatient Care
- Skilled Nursing Home Care
- Rehabilitation Care
- Hospice
- ☐ Home Health Care



How Do I Enroll in Part A?



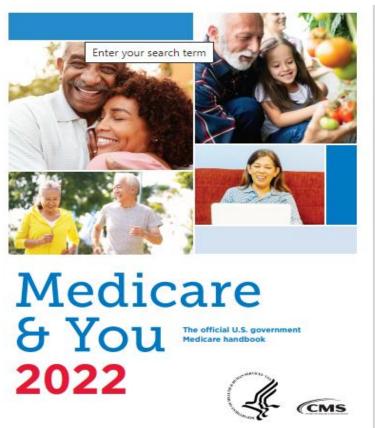
Eligible at 65th Birthday

- Do not have to be Retired to receive Medicare
- If you are **not** receiving benefits you can apply at a Social Security Office or Online at www.ssa.gov
- You can apply Three (3) months before your 65th birthday
- The month you turn 65
- > Three (3) months after you turn 65
- Social Security automatically sends out Medicare Cards to those eligible if they are receiving:
- Social Security Retirement
- Social Security Disability (Eligible on <u>25th Month of Disability</u>)
- Supplemental Security Income (SSI)

New Original Medicare ID Card & Medicare and You Book







What Does Part A Cost?



Medicare <u>Premium</u> is based on Employment History

If You worked 40 Quarters (10 years) or more

- FREE
- Paid through Payroll Taxes

Worked <u>less</u> than **40 Quarters**

- Up to \$499.00/ per month(2022)
- Based on number of <u>quarters</u> worked

What Does Part A Cost?



Part A Deductibles

Hospital Deductible - \$1,556

60 Day Benefit Period

Skilled Nursing/Rehab Facility

Must follow <u>3-Day</u> Inpatient Hospital Stay

Observation Status – Does not count as part of 3 days

- Days 1-20 \$0 Copay Covered if Skilled and Medically necessary
- After Days 21-100 there is a \$194.50 a day copay

Home Health Care/Hospice

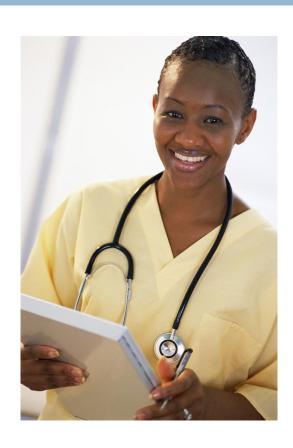
No Deductibles

What Does Part B Cover?



PART B – MEDICAL INSURANCE

- □ Covers <u>80%</u> of Medical Services
- Physician Services
- Outpatient Services
- ☐ Diagnostic Tests, Lab, X-Rays
- Ambulance Services
- Medical Equipment
- Emergency Room



How Do I Enroll in Part B?



Eligible 65th Birthday

- If you are **not** receiving benefits you can apply at a Social Security Office or Online at <u>www.ssa.gov</u>
- > You can apply **Three (3) months before** your 65th birthday
- The month you turn 65
- > Three (3) months after you turn 65

Medicare Enrollment & Employer Coverage



- ➤ If you or your spouse are **actively employed** and **have Employer Health Insurance**, **you do not** need to enroll in Part B if you work for an employer with 20 or more employees.
 - Employer Insurance is considered Creditable Coverage
 - When Employer Coverage Ends You have 8 months to sign up for Part B without Penalty
- COBRA Must sign up for Medicare within first 8 months you are offered or enroll into COBRA
- COBRA is NOT considered Creditable Health Insurance Coverage

What Does Part B Cost?



Monthly Premiums

- YOU pay \$170.10 Monthly Premium for Part B
- May be more if your income is over \$91,000/yr. for singles or \$182,000/yr. for couples
- If you are receiving Social Security, Medicare Payments can be deducted from monthly Social Security Payment
 - Payment Methods must be requested
 - If you are not receiving Social Security Medicare will bill you quarterly

What Does Part B Cost?



■ Medicare Part B Yearly Deductible

- > YOU pay \$233.00 once a year
- 20% Coinsurance

Medicare Savings or Medicare Buy In Programs Programs pennsylvania Medicare Education and Decision Insight

- Medicare Savings Program assists with payment of the Medicare Part B Premiums.
- ☐ The **State** pays the **Part B Premium** each month of **\$170.10** for the year 2022.
- ☐ You can apply if you are eligible for Medicare A & B

☐ Have a **Community Health Choices HMO Medicaid** Insurance (Formerly known as Medicaid or the ACCESS Card for Health Insurance) **Or** have the **Extra Help Program.**

PROGRAM	MONTHLY INCOME	ASSETS					
Medicare Saving Program							
QMB	\$1,133- Single	\$8,400 - Single	Pays Part				
	\$1,526 - Couple	\$12,600 - Couple	A & B				
			Copays and				
			Deductibles				
SLMB	\$1,359- Single	\$8,400 - Single	Pays Part B				
	\$1,831 - Couple	\$12,600 - Couple	only				
OL1	\$1 520_ Single	\$8 100 - Single	Pays Part B				
QI- I		_	•				
	\$2,060 - Couple	\$12,600 - Couple	only				
	QMB	QMB \$1,133- Single \$1,526 - Couple SLMB \$1,359- Single \$1,831 - Couple	Medicare Saving Program QMB \$1,133- Single \$8,400 - Single \$1,526 - Couple \$12,600 - Couple SLMB \$1,359- Single \$8,400 - Single \$1,831 - Couple \$12,600 - Couple QI-1 \$1,529- Single \$8,400 - Single				

Applying for Medicare Savings Programs



- □ Receive assistance from PA MEDI Medicare Program
- Complete a Medicare Savings Program Paper Application

- Apply Online through PA Department of Welfare
 www.compass.state.pa.us
 (Medicare Saving Program only)
- Apply Online through PA Social Security Department <u>www.ssa.gov</u> (Extra Help & Medicare Savings Programs)

Medicare Options



Medicare Supplemental Insurance



MEDIGAP Plans

Medicare Supplemental/Medigap Insurance



- □ Also know as "MEDIGAP" Insurance
- Covers Medicare Copays and Deductibles
 - Part A
 - Part B
- Provided by Private Insurance Companies
 - Monthly Premiums vary by company
 - Lettered Policy Plans
- Multiple Plan Types Plans <u>A</u> through <u>N</u>
 - Plan types <u>Standardized</u> by Federal Regulations

Guaranteed Issue Period and Supplemental Plan Underwriting



Guaranteed Issue Period

Is a 6-month Period following enrollment into Part B when Insurance Companies cannot deny coverage due to Pre-Existing Conditions.

Medicare Supplemental/Medigap **Policy Insurance Information**



For Plans Sold since June 1, 2010

Plans Available to All Applicants

First eligible for Medicare before 2020 only

Standard Benefits	Α	В	D	G*	K	L	М	N
Part A co-insurance and hospital costs up to an additional 365 days after Medicare benefits end		~	~	~	V	V	~	~
Part A hospice coinsurance or copayment		~	~	~	50%	75%	~	V
Part B co-insurance or copayment		~	~	1	50%	75%	~	* *
Blood (first three pints)	V	~	V	~	50%	75%	~	V
Additional Benefits		В	D	G	K	L	М	N
Part A hospital deductible		~	~	~	50%	75%	50%	~
Part B medical deductible								
Part B medical excess charges (15% of allowed amount)				~				
Skilled nursing coinsurance			V	V	50%	75%	~	V
Foreign travel emergency (up to plan limits)***			80%	80%			80%	80%
Yearly out-of-pocket limit (after Part B deductible)					\$6,220	\$3,110		

	• • • • • • • • • • • • • • • • • • • •
С	F*
~	~
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· ·	V
С	F*
~	~
✓	V
	v
✓	V
80%	80%

^{*} Plan G and Plan F also offer a high deductible option, which pays benefits after beneficiary has met a deductible of \$2,370 in 2021.

2/2021

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

^{***} Plans with Foreign travel will pay 80% after an annual \$250 deductible within the first 60 days of trip. This benefit has a lifetime limit of \$50,000.

Most Medicare Supplemental Plans Cover



- Medicare Part A Coinsurance and Hospital Cost
- Medicare Part B Coinsurance or Copayment
- Blood (First 3 Pints)
- Part A Hospice Care Coinsurance or Copays
- Skilled Nursing Facility Care Coinsurance
- Foreign Travel Emergency (Up to Plan Limits)

Sample Medicare Supplement Card





Note: Your Supplemental Plan Policy Letter Typed on Your ID Card Ex: Plan G

Plans C and F can not be sold to New Medicare Beneficiaries



Supplemental Companies are prohibited from selling Standardized Medigap Plan C or F (including the F High Deductible) to "Newly Eligible" Medicare Beneficiaries.

Who is Considered Newly Eligible

- Anyone who <u>attained age 65</u> on or after <u>January 1, 2020</u>
- □ First becomes eligible for Medicare due to age, disability or end-stage Renal Disease on or after January 1, 2020.
- Companies <u>can</u> continue to sell Plan <u>C and F</u> to current Beneficiaries in other limited situations.

Newly Added Plan G and G High Deductible



- Plans D, G, and N will be replacement equivalents to plan C and F.
- There will be a <u>new "High Deductible Plan G"</u> added that will <u>replace</u> Supplemental Plan <u>High Deductible</u> <u>Plan F</u> for Newly Eligible Medicare Beneficiaries.

If You Choose to Switch from Supplemental Plans C and F



No Federal Guaranteed Issue Rights to transfer to another Medigap Plan. (Individuals will be subjected to Underwriting)

How Do I Enroll in MEDIGAP?



Contact Private Insurance Company Directly

- PA MEDI Program can assist:
 - In providing <u>Company Names</u>, <u>Phone Numbers</u> and <u>Company Plan Ratings</u>
 - In providing <u>Cost Estimates</u> through CSG Actuarial Data System

Medicare Options



Part D Prescription Drug Plans



Part D Prescription Drug Plan



- Helps with cost of <u>Prescription Drugs</u>
- DOES NOT cover Over the Counter Drugs
- Drug plans may have <u>Co-Pays and Deductibles</u>
- If your <u>Medicare Advantage Plan (HMO or PPO)</u> provides drug coverage you <u>DO NOT</u> need to enroll in a <u>separate</u>
 Prescription Drug Plan

Part D How Do I Enroll?



Through Private Insurance Companies

- <u>25 Plans</u> available in Pennsylvania (2022)
- NOTE: You DO NOT need to enroll in a Part D Plan if you receive any of the following:
 - Veteran's Benefits
 - PACE/PACENET
 - Employer Prescription Plan (with equivalent coverage)
 - Federal Employee Health Benefit Drug Plan (FEHB)

What Does Part D Cost?



- Monthly Premium
 - Varies by Insurance Company
- □ Annual Deductible

- Copays per Prescription
- Coverage Gap/Donut Hole

Prescription Drug Plan Coverage Gap



Ms. Smith joins ABC Prescription Drug Plan January 1, 2022

Annual Deductible

Ms. Smith pays the first \$480 of her drug costs before her plan starts to pay it's share of her drug costs.

NOTE: Not all drug plans have a deductible of **\$480** - some have a smaller or even no deductible

Copayment/Coinsurance (what you pay at the

pharmacy)

Ms. Smith pays a copayment on her drugs. Her Plan pays its share for She now is in the each covered drug.

This will continue until the combined amount plus the deductible reaches \$4,430.

Coverage Gap (aka donut hole)

Once Ms. Smith and her Plan have spent \$4,430 for her covered drugs.

COVERAGE GAP

In 2022, she will pay **25%** of the cost for her covered drug until the end of the Brand Name drugs or 25% year. of the cost for covered Generic Drugs.

Catastrophic Coverage

Once Ms. Smith's True Out of Pocket cost for the year reaches \$7,050 her coverage gap ends.

Now she pays **5%** or **\$3.95** for **Generics** and **\$9.85** for **Brand Name**, whichever is greater, for each covered

Medicare then begins to pay at **95%** instead of **80%**

Sample Prescription Drug Card





GHI Medicare PDP

MEMBER: JOHN G. SAMPLEPLACEHOLDER

ID NUMBER: 12345678900

CAT Code: Deductible: Copay: **Rx** Medicare R

Rx BIN#: 013344

Rx PCN#: 0020080229

Issuer#: (80840) CMS#: **S5966000**

A Medicare Prescription Drug Plan

CBP

Extra Help Program or Low-Income Subsidy(LIS)



Helps Medicare Beneficiaries **dramatically** lower their prescription drug costs.

- You may be eligible for Extra Help if:
 - Have Medicare Parts A and B
 - Have a Limited Income and Resources
 - Have a Community Health Choices HMO Medicaid Insurance (Formerly known Medicaid or the ACCESS Card)
 - Receive Medicare Savings Program (MSP)Assistance for Medicare Part B Premium

Income Guidelines for Extra Help Full Benefit Program



Full Subsidy - 2022

Singles

- □ Income \$1,699/Monthly or less in Income (\$20,388/Yearly)
- □ Resources \$9,900 or less in Resources

Couples

- □ Income \$2,289/Monthly or less in Income (\$27,468/Yearly)
- □ Resources \$15,600 or less in Resources

How Does Full Extra Help Assist with Part D Costs



Persons with Full Extra Help Program:

- Have No Monthly Premium
- Have No Annual Deductible and No Doughnut Hole
- Pay low Copays (\$1.35/\$4.00 (Has Medicaid) or
- > \$3.95/\$9.85 (№ Medicaid Benefits) On prescriptions; depending on income and on whether drug is generic or brand name
- Have No Copays for the rest of the year once you reach \$7,050 in total out of pocket costs

Income Guidelines for Extra Help Partial Benefit Program



Partial Subsidy - 2022

Singles

- Income \$1,529/Monthly or less in Income (\$18,348/Yearly)
- □ Resources \$15,510 or less in Resources

Couples

- Income \$2,060/Monthly or less in Income (\$24,720/Yearly)
- □ Resources \$30,950 or less in Resources

How Does Partial Extra Help Assist with Part D Costs



If you are awarded a Partial Subsidy:

Get help paying Part D Plan Premiums (On a Sliding Scale depending on your income)

Have your Annual **Deductible reduced** from \$480 to \$99

- Have No Doughnut Hole
- Pay 15% Co-pays for all drugs until out-o- pocket costs reach \$7,050 then you pay small co-pay \$3.95 Generics and \$9.85 Brand Name for the rest of the year.

How to Apply for Extra Help



- Receive assistance from Delco SCS PA MEDI Medicare
 Program
- Apply online at <u>www.ssa.gov</u>

Complete Extra Help Program Paper Application

Apply by calling the 1-800 Benefits Data Trust (BDT) 1-800-866-1807

PACE/PACE NET



Eligibility Criteria for PACE/PACE NET

- 65 years of age or older
- Resident of Pennsylvania for at least 90 days
- Not receiving prescription benefits under Medical Assistance

Meet the Pace/Pace Net Income Guidelines

<u>PACE</u>



Single Person

Previous years income below \$1,208/mo. (\$14,500/yr.)

Married Couple

Previous years income below \$1,475/mo. (\$17,700/yr.)

Cost of Prescriptions

- \$6 co-pay for Generic Medications (30-Day Supply)
- \$9 co-pay for name Brand Medications- (30-Day Supply)
- Can get a 90-day supply with PACE & Part D Medicare Plan

^{* 90-}day supply contingent upon PDP offering 90-day Supply Benefit

PACE NET



Single Person

Previous years income below \$2,791 (\$33,500/yr.)

Married Couple

Previous years income below \$3,458 (\$41,500/yr.)

Cost of Prescriptions

- \$40.74 Monthly Deductible
- \$8 co-pay for Generic Medications- (30-Day Supply)
- \$15 co-pay for Brand Name Medications- (30-Day Supply)
- Can get a 90-day supply with PACE & Part D Medicare Plan

^{* 90-}day supply contingent upon PDP offering 90-day Supply Benefit

How to Apply for PACE/PACE NET



- Delco PA MEDI Medicare Program can mail PACE/PACE NET Application
- Complete PACE/PACE NET Paper Application
- Call PACE at 1-800-225-7223
- 4. Call Benefits Data Trust (BDT) 1-800-866-1807
- Email PACE/PACE NET <u>papace@magellanhealth.com</u>
- 6. **Website**: www.pacecares.magellanhealth.com

Medicare Options



Medicare Advantage Plans

Part C
HMO
PPO



Part C – Medicare Advantage



Part C is another **method of choosing** Medicare Insurance

You will still have Medicare

Covers the same services as Original Medicare

Part A, Part B, and most cover Part D

May cover some Hearing, Vision, and Dental Benefits

May have a fee associated

Part C – Medicare Advantage



Can choose from several Managed Care Structures

- HMO (Health Maintenance Organization)
- PPO (Preferred Provider Organization)
- PFFS (Private Fee-for-Service)
- MSA (Medical Savings Account)
- SNP (Special Needs Plan) Must have Medicare and Medicaid

Provided by Private Insurance Companies

Part C – What Does it Cost?



Costs Vary by Insurance Company

- Most include <u>deductibles</u>, copays, and/or <u>co-insurances</u>
 - NOTE: You <u>cannot purchase</u> a Medicare Supplement Insurance Plan if you <u>purchase</u> a Medicare Advantage Part C Plan
 - You <u>cannot enroll</u> in a <u>separate Part D Prescription Plan</u> when you are enrolled in a Medicare Advantage Plan.
 - Enrolling into a separate Part D Prescription Plan can cause your Medicare Advantage Plan to be terminated.

Sample Medicare Advantage Card







Member Name

John Doe

Member ID

MBG123456789

Issuer **80840** Effective Date **7/1/2010**

CMS Contract# and PBP#
CMS H0104-002

Rx BIN 014897 Rx PCN MBG Rx GRP 90100 Rx ID MBG12

Rx ID **MBG123456789**





Medigap vs. Medicare Advantage Comparison



Medigap

- Can use with any hospital or doctor that accepts Medicare
- Covers most deductibles, copays, and coinsurances
- No Referrals
- Coverage standard by Plan Letter
- If you want a drug plan, you must purchase one separately
- Can switch drug plan yearly
- Does not cover extra benefits (Vision, Dental, or Hearing)
- Readily accepted by Doctors
- May have **Underwriting** if switching plan. Can be **rejected** for **Pre-existing** Medical Conditions
- Premiums can be increased due to other health conditions

Medicare Advantage

- They are your HMO's or PPO's or SNP Health Plans
- Plans are usually local and has assigned network doctors
- Usually includes drug plan
- Monthly Premium may be less
- Has Copays and Deductibles
- May need a referral
- Benefits vary company to company
- Can change/switch Health Plans yearly (Special Enrollment Period -Jan, Feb, & March)
- May get extra benefits, sometimes at extra cost
- Not all doctors accept all Medicare Advantage Plans
- Have a **Maximum** Out of Pocket (\$6,700 or \$10,000)

Medicare Options Review



Original Medicare

RED, WHITE and BLUE CARD

Part A – Hospital

Part B - Medical



Prescription Drug Plan
Part D





MEDIGAP Policies

Plans **A** through **N**Or
RETIREE, MEDICAID,
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Medicare Advantage Plans

Also known as Part C, or HMO, or PPO

Includes Medicare

Part A - Hospital

Part B - Medical



Part D - Prescription

<u>Part C</u> - Are Private Insurance Companies that are approved by Medicare

- Must use Plan Network Doctors and Hospitals or you pay more
- Some plans charge a monthly premium
- You may pay copayments or/and coinsurances for some covered services
- You must use the Part C Drug Plan

Resource Information & Help



- □ Call PA MEDI Medicare Program for Information and Individual Counseling Appointment 484-494-3769
- Medicare Website <u>www.Medicare.gov</u>
- Call Medicare 1-800-Medicare (1-800-633-4227)

Call Social Security Administration <u>www.ssa.gov</u>

NEED HELP???



If you need additional information an PA MEDI Medicare Program Counselor is available to help you!

484-494-3769

Senior Community Services
PA MEDI Medicare Program of Delaware County

Glenda A. Radical PA MEDI Medicare Program Director

Email: DECLOPAMEDI@scs-delco.org

Website: www.delcomedicareprogram.org

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QUESTIONS



