

Medicare Basics

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IAG Insurance Inc

Be Ready For The Road Ahead



The Parts of Medicare

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Part A:
Hospitalization

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Part B: Medical

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Part C :
Medicare
Advantage
Plans

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Part D:
Prescription
Drug Plans

Medicare Enrollment Periods

- **Initial Enrollment Period (IEP)**

Generally, when you turn 65. This is called your Initial Enrollment Period. It lasts for 7 months, starting 3 months before you turn 65, and ending 3 months after the month you turn 65

- **Annual Election Period (AEP)- (October 15th - December 7th)**

Enrollees can make as many plan changes as needed during this period

- **Open Enrollment Period (OEP) - (January 1st – March 31st)**

Enrollees can make one(1) Medicare Advantage to Medicare Advantage plan change **-or-** drop their Medicare Advantage plan and return to original Medicare (You just pick up a Part D Plan)

- **Special Enrollment Period (SEP)**

You can make changes to your Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life, like if you move or lose other insurance coverage. These chances to make changes are called Special Enrollment Periods (SEPs). Rules about when you can make changes and the type of changes you can make are different for each SEP

What Does Part A Cover?

Inpatient
Hospital

Skilled
Nursing
Facility (SNF)

Home Health

Hospice

What Does Part B Cover?

Medical procedures, doctors
office visits, office-based
testing, services and equipment

Injectable drugs administered in
the doctor's office

Outpatient Services

How Much Does Medicare A & B Cover?



- Medicare A & B only covers 80% of Hospitalization and Medical
- There are associated deductibles with traditional Medicare when accessing hospital and medical services
 - Part A Hospital Day 1 deductible \$1600
 - Part B Medical annual deductible of \$226
- **There is a 20% co-insurance that is uncapped**

What Does Part C : Medicare Advantage Offer?

Health Maintenance Organizations (HMOs)

- Require you to seek care in a specified network of hospitals and doctors

Preferred Provider Organizations (PPOs)

- Allow members to obtain care from providers outside networks, at higher costs

Private Fee-for-Service (PFFS)

Waivers for those who have group health coverage through an employer or union

How Does Medicare Advantage Differ From Traditional Medicare?

Although Medicare Advantage (Part C) must provide the same benefits as Traditional Medicare, there may be:

- Different coinsurances, copayments or deductibles
- Different regions that offer different plans
- Additional services such as vision care, dental care and hearing exams may be offered
- Prior authorizations for certain services
- Requirements to try and fail another medicine before receiving the prescribed medicine (Step Therapy)
- Some plans require referrals to see specialists

Medicare Supplement Plans aka Medigap

Can only be purchased with Traditional Medicare and can NOT be purchased in combination with Medicare Advantage plans

Cover the majority, some, or part of out-of-pocket costs related to Medicare Part B

If you drop Supplemental Insurance to join Medicare Advantage, you may not be able to get it back if you re-enroll in Traditional Medicare (state dependent)

Best time to purchase is during initial enrollment period

Can switch plans if needed

Important Points About Medicare Supplement Plans

- Beneficiaries enrolled in MA plans for a year may not qualify for supplemental Medigap coverage, if joining Traditional Medicare (state dependent)
- Medigap policies must follow federal and state laws. However, Massachusetts, Minnesota, and Wisconsin Medigap policies are standardized in a different way.
- Starting January 1, 2020, Medigap plans will not cover the Part B deductible. Those with Plans C and F will be “grandfathered” and able to continue with their plan. Those eligible for Medicare before January 1, 2020, but not yet enrolled, may still purchase either plan. New enrollees on or after 1/1/2020 will no longer have the option to purchase Medigap Plan C or F.
- Consider “community rated” or “issue-age related” over “attained age” plans that have rates that increase uncontrollably

Medicare Part D

Pay for brand name and generic medications

Beneficiaries choose and join plan

Benefits are administered through commercial or private plans

Must have a formulary that meets government standards

Enrollees may be auto-enrolled into a Part D plan if they do not choose coverage during their initial enrollment period (IEP)

Plans typically have a deductible for certain medication tiers

End Stage Renal Disease (ESRD)

- If you have ESRD, you can get Medicare no matter how old you are if all of these apply:
- Your kidneys no longer work
- You need regular [dialysis](#) or have had a [kidney transplant](#)
- One of these applies to you:
 - You've worked the required amount of time under Social Security, the Railroad Retirement Board (RRB), or as a government employee
 - You're already getting or are eligible for Social Security or Railroad Retirement benefits
 - You're the spouse or dependent child of a person who meets either of the requirements listed above
- Contact [Social Security](#) for more information about the amount of time required to be eligible for Medicare. If you get benefits from the Railroad Retirement Board (RRB), call 1-877-772-5772.

Disclaimers

- We do not offer every plan in your area. Any information we do offer is limited to those plans we do offer in your area. Please contact [medicare.gov](https://www.medicare.gov) or 1-800-MEDICARE to get information on all your options
- While we do strive to keep this information up to date, please go to **[medicare.gov](https://www.medicare.gov)** to get the most complete and timely information