



MEDICARE 101



- PA MEDI is the State Health Insurance Assistance Program (SHIP) in Pennsylvania
 - Under the direction of Pennsylvania Department of Aging and the Chester County Department of Aging
- PA MEDI is a **FREE**, independent (unbiased), confidential health insurance counseling program
- Counselors are trained and certified **volunteers** who provide objective, easy to understand information about options for Medicare beneficiaries
- **Counselors have no financial interest in the decisions that you make**

Medicare is Difficult to Understand!

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So What Do All Those TV Adds Mean

Joe Namath, JJ Walker, etc. have created a lot of confusion regarding Medicare.



CMS has issued a regulation that TV ads have to receive prior approval

Medicare Roadmap

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Original Medicare

Part A – Hospital

Part B - Medical



MEDIGAP Policies

Plans A-N

Or

RETIREE, VA, TRICARE



Prescription Drug

Benefit

Part D

Medicare Advantage Plans

Part C

Must still have
Original Medicare

Part A and Part B

OR

- Private Insurance companies approved by Medicare
- Monthly Premiums
- Networks
- Copays and coinsurances with services
- Must take plan's drug benefit

Clarifying Terminology

What is the difference between **Medicare** and **Medicaid**?

- **Medicare** is a federal program designed to **primarily help senior citizens and those with disabilities** with medical bills. Medicare is administered by the **Centers for Medicare and Medicaid (CMS)**
- **Medicaid** is a state program funded in part by the federal government to assist **people with limited income and resources** with medical bills. In Pennsylvania, it is administered by the **Department of Human Services (DHS)**.

Who is Eligible for Medicare?

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- People age 65 or older
- People receiving Social Security disability income for 24 months
- People diagnosed with
 - ▣ ALS –Lou Gehrig’s Disease
 - ▣ End Stage Renal Disease
- Must be a citizen or permanent resident of the US.
- You do not have to be retired to sign up for Medicare

Medicare Part A Hospital Insurance

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Primarily for Inpatient care

Skilled Nursing Home Care

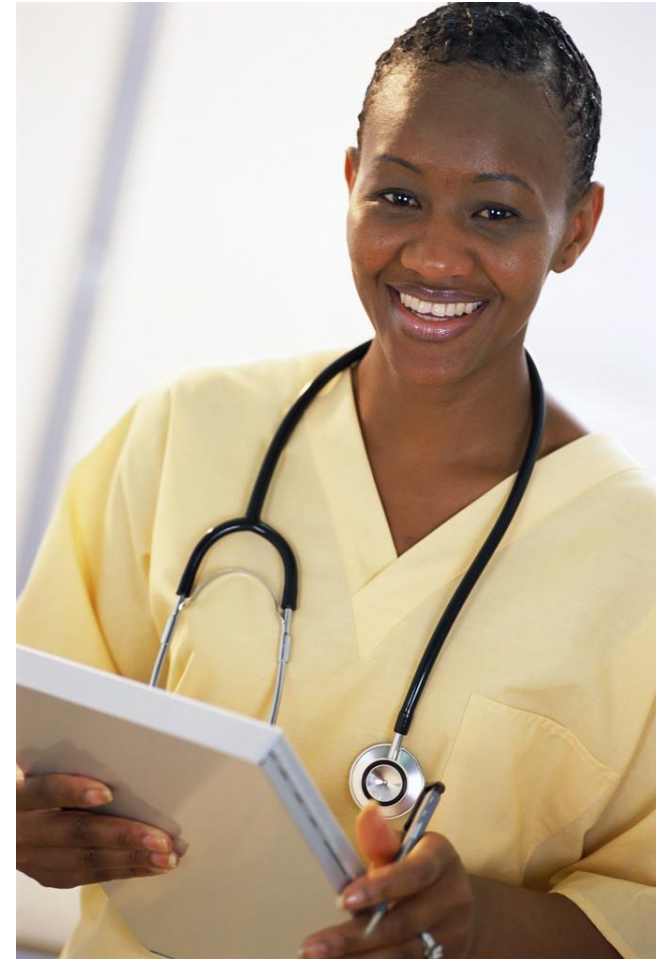
Home Health Care and Hospice

Paid for by payroll taxes
known as FICA

Medicare Part B Medical Insurance

Doctors Visits
Diagnostic Tests
Outpatient Services
Durable Medical Equipment
Therapies (Physical, Occupational,
Speech)
Mental Health
Emergency Room
Preventive Services

**Everyone pays a monthly Part B
Premium**



What Does Medicare NOT Cover?

- Most Dental Care
- Eye Exams and Corrective Lens
 - ▣ Medicare does cover Diseases of the Eye
- Hearing Aids
- Cosmetic surgery
 - ▣ Unless it is needed to improve the function of a malformed part of the body
- Long Term Care
- Foreign Travel (Medical Care outside the US)

Healthcare Marketplace (ACA)

- Those eligible for Medicare **CANNOT** use the Healthcare Marketplace (in PA known as Pennie.com).
 - ▣ When you become Medicare eligible you **MUST** transition to Medicare from the Marketplace
 - You will lose your subsidies when you become Medicare eligible
 - ▣ Exception: Those not eligible for premium free Part A – see handout
- The ACA does not affect your choices of insurance if you are covered by Medicare

How do I Enroll in Part A & Part B ?



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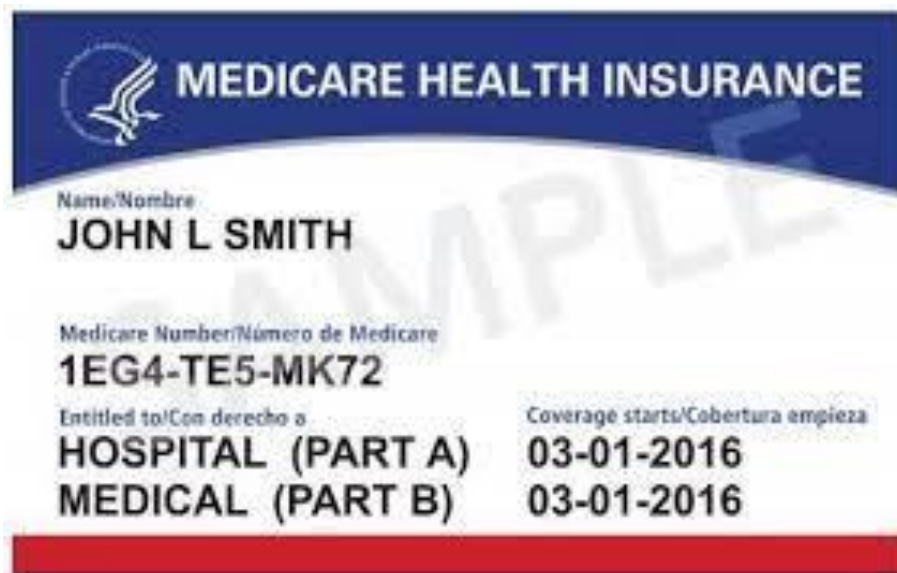
- Social Security **automatically** sends out Medicare cards to those eligible if they are receiving:
 - ▣ Social Security Retirement
 - ▣ Social Security Disability (Eligible 25th month on disability)
 - ▣ Supplemental Security Income (SSI)

How do I Enroll in Part A & Part B ?

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- If you are **not** already receiving benefits, apply at a Social Security Office or online – www.ssa.gov
- Three (3) months before your 65th birthday
 - ▣ The month you turn 65
 - ▣ Three (3) months after you turn 65

Your Medicare Card and Medicare and You



Medicare & You 2023

The official U.S. government
Medicare handbook



Enrolling in Part A

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- Part A has no premium if you or your spouse have worked 40 quarters (10 years)
- Most people sign up for Part A, even if covered by a group health insurance plan
- Some elect not to sign up if they have a group health plan
 - ▣ They may have an HSA which they wish to continue contributing to
 - ▣ They do not meet the 40 quarter requirement

Does Everyone Enroll in Part B?

You may delay enrollment in Part B **IF**:

- ▣ You (or your spouse) are **ACTIVELY** employed in company with 20** or more employees (if under 65 disabled, 100 employees) **AND**
- ▣ You are covered under a group health insurance policy based **on active employment**
- ▣ **Note: COBRA is not considered active employment**

** If your company has fewer than 20 employees (100 employees if under 65 disabled), check with your employer to see how the group health insurance policy works with Medicare

Part B Delayed Enrollment

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- You will have a Special Election Period of **8 months** to enroll in Part B from the time coverage ends or you stop working, **whichever comes first**
- Anytime while you are covered by an employer or union group health plan from either your or your spouses current employment.
- When you want to enroll in Part B both of the following forms must be completed:
 - ▣ CMS-40B – Application for Enrollment in Part B
 - ▣ CMS-L564 – Request for Employment Information
 - ▣ Forms can be found on www.ssa.gov/forms or at your Social Security Office
- These forms must be submitted together to your local Social Security Office

Part B Delayed Enrollment

- Sign up for Part B either online or with paper forms
- To Enroll Online use www.ssa.gov/medicare/sign-up
 - ▣ If you sign up on line, Forms 40B and L564 are combined into one application
 - ▣ You will be asked to upload your verifying documents
- To Enroll using Forms CMS-40B and Form CMS-L564
 - ▣ Submit them TOGETHER to any Social Security office
 - ▣ Find a Social Security office at www.ssa.gov
 - ▣ Can be taken to **any** Social Security Office
- PA MEDI can help if you have questions

Part B Delayed Enrollment

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- You must complete the following form:
 - APPLICATION FOR ENROLLMENT in PART B
 - CMS 40B
 - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CM40B-E.pdf>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1230

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Social Security Claim Number Beneficiary Identification Code (BIC)
□□□□ - □□□ - □□□□□□ □□□□

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City _____ State _____ Zip Code _____

6. Phone Number (including area code)
(□□□□) □□□□ - □□□□□□

7. Written Signature (DO NOT PRINT) _____ SIGN HERE

8. Date Signed _____ / _____ / _____

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness _____

10. Date Signed _____ / _____ / _____

11. Address of Witness _____

12. Remarks _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1230. The time required to complete this information is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Part B Delayed Enrollment

- Your employer must complete the following form:

- **REQUEST FOR EMPLOYMENT APPLICATION**

- CMS L564
- <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS-L564E.pdf>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name _____ 2. Date _____
_____/_____/_____

3. Employer's Address _____
City _____ State _____ Zip Code _____
_____/_____/_____

4. Applicant's Name _____ 5. Applicant's Social Security Number _____
_____-_____-_____

6. Employee's Name _____ 7. Employee's Social Security Number _____
_____-_____-_____

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? Yes No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
_____/_____/_____

3. Has the coverage ended? Yes No

4. If yes, give the date the coverage ended. (mm/yyyy)
_____/_____/_____

5. When did the employee work for your company?
From: (mm/yyyy) _____ To: (mm/yyyy) _____ Still Employed: (mm/yyyy) _____
_____/_____/_____

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
From: (mm/yyyy) _____ To: (mm/yyyy) _____
_____/_____/_____

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? Yes No

2. If yes, does the applicant have hours remaining in reserve? Yes No

3. Date reserve hours ended or will be used? (mm/yyyy)
_____/_____/_____

All Employers:

Signature of Company Official _____ Date Signed _____
_____/_____/_____

Title of Company Official _____ Phone Number _____
(_____) _____ - _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

- HSAs are used in combination with High Deductible Health Plans (HDHP)
- You **cannot join Medicare** (neither Part A nor Part B) **and still contribute to an HSA without tax penalties.**
 - **Note:** Cannot opt out of Medicare Part A if you are collecting Social Security
- **Please refer to handout**
- Stop contributions 6 months before enrolling in Medicare.
 - There may be a tax penalty if you do not stop contributions
 - If delaying Medicare review with tax professional before enrolling in Medicare

Actions to Delay Enrolling in Medicare without and with an HSA

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Delaying Medicare without an HSA

Can opt to sign
up for Part A

Delay
Part B

Delay Part D –
only if your current
plan is creditable

Delaying Medicare when you have an HSA

Delay Social Security
Delays Part A

Delay Part A
and Part B

Delay Part D if you have
creditable drug coverage

Stop HSA
contributions in time

HRA and Medicare

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- Health Reimbursement Account
- Also know as a Health Reimbursement Arrangement – HRA or a ‘Personal Care Account’
- Reimbursements are tax free if used for medical expenses
- You **can join Medicare** and still benefit from an HRA

What If I Miss My Opportunity To Enroll in Part A or Part B?



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- You can enroll in premium free Part A any time after you turn 65.
- If you do not enroll in Part B at proper enrollment time you may:
 - Join from January 1st – March 31st of each year – this is known as the General Enrollment Period
 - Coverage begins the first day of the month after you sign up
- If you do not sign up for Part B when you are first eligible, you may pay a late enrollment penalty as long as you have Part B.
 - Your monthly premium for Part B may go up 10% for each full 12 month period that you could have had Part B, but didn't sign up for it
 - Example: If you wait 12 full months to sign up for Part B instead of paying \$164.90 you will pay \$181.39 per month.

What does Medicare Cost?

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Part A – Hospital Insurance Premium

- No Premium – if you or your spouse has worked 40 quarters or 10 years
- Funded by payroll taxes
- Otherwise – up to \$505/month

Part B – Medical Insurance Premium

- \$174.70/month in 2024
 - Unless your income is >\$103,000 single or \$206,000 couple (Look back is 2 years)
- Usually deducted from Social Security check
- If not receiving Social Security pay quarterly

Medicare Deductibles & Coinsurance

- You may go to any provider that accepts Medicare
- You will pay:
 - ▣ Part A
 - Hospital Deductible - \$1,632 in 2024 for hospital stays within a 60 day period (called a benefit period)
 - Days 61-90 – \$408/day
 - Lifetime Reserve - Days 91-150 – \$816/day
 - Beyond Lifetime Reserve Days you pay 100%
 - Skilled Nursing Facility days 21-100 – \$204/day
 - ▣ Part B
 - \$240 annual deductible in 2024
 - 20% coinsurance or copayment for most Part B Services
 - Exception Preventive Services

Medicare Roadmap

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Original Medicare
Part A – Hospital
Part B - Medical



MEDIGAP Policies
Plans A-N
Or
RETIREE, VA, TRICARE



**Prescription Drug
Benefit**
Part D

OR

Medicare Advantage Plans
Part C

**Must still have
Original Medicare**
Part A and Part B

- Private Insurance companies approved by Medicare
- Monthly Premiums
- Networks
- Copays and coinsurances with services
- Must take plan's drug benefit

How to Pay for Medicare Deductibles and Copayments

- Medicare usually becomes primary after retirement

- Retiree plans
 - ▣ Employer sponsored retiree plans
 - ▣ Federal Retired Employee Insurance
 - ▣ State Employee Retirement Insurance
 - ▣ Retired Public School Employee Retirement Insurance (HOP)
 - ▣ Tricare for Life - Military retirement

- Special note to Veterans
 - ▣ Can have both Medicare and VA but both will not pay for the same service

Medicare Supplement Insurance aka “Medigap”



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- ❑ Sold by private insurance companies
- ❑ Regulated by the PA Insurance Department
- ❑ Must say “Medicare Supplement Insurance”
- ❑ Covers “gaps” in the Original Medicare Plan
 - ▣ Deductibles Part A and B
 - ▣ 20% copayment in Part B
- ❑ Up to 11 **standardized** A-N Plans
- ❑ Must have Medicare A and B in order to purchase

Medicare Supplement Insurance aka “Medigap”



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- Rates vary
 - ▣ By insurance company
 - ▣ With age, gender, smoking, and residence
 - ▣ Prices vary from \$40-\$200 monthly at age 65
- Can change any time
 - ▣ But may incur underwriting if more than 6 months after you joined Part B
- Good for “snow birds”

Medigap Standard Plans - 2023

For Plans Sold since June 1, 2010

Plans Available to All Applicants

First eligible for Medicare before 2020 only

Standard Benefits	A	B	D	G*	K	L	M	N	C	F*
Part A co-insurance and hospital costs up to an additional 365 days after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part A hospice coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part B co-insurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓**	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Additional Benefits	A	B	D	G	K	L	M	N	C	F*
Part A hospital deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B medical deductible									✓	✓
Part B medical excess charges (15% of allowed amount)				✓						✓
Skilled nursing coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Foreign travel emergency (up to plan limits)***			80%	80%			80%	80%	80%	80%
Yearly out-of-pocket limit (after Part B deductible)					\$6,940	\$3,470				

* Plan G and Plan F also offer a high deductible option, which pays benefits after beneficiary has met a deductible of \$2,700 in 2023.

** 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.

When Can You Buy A Medigap?

- Within 6 months of enrolling in Part B
(Medigap Open Enrollment Period, i.e. no restrictions)
- If you want to purchase one after the initial 6 months, **you may be subject to medical underwriting**
- If you lose certain kinds of health insurance – federal/state law provides guaranteed issue rights.

What to Look for When Shopping for a Medigap Plan



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- Price
- If not in a guaranteed issuance period, look at underwriting policies
- Stability of the company
- Remember – benefits of Medigap plans are standardized by CMS
- PA MEDI can help you sort through choices

Medicare Roadmap

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Original Medicare
Part A – Hospital
Part B - Medical



MEDIGAP Policies
Plans A-N
Or
RETIREE, VA, TRICARE



**Prescription Drug
Benefit**
Part D

Medicare Advantage Plans
Part C

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- Private Insurance companies approved by Medicare
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Medicare Part D Prescription Drug Benefit

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- ❑ Prescription Drug Benefit
- ❑ Can purchase a stand alone drug plan, sold by private insurance companies, which offers only drug coverage
- ❑ Have monthly premiums, co-pays and may have a deductible
- ❑ All plans must be CMS approved
- ❑ May be included in your Medicare Advantage Plan

How the PDPs Work in 2023

DEDUCTIBLE	INITIAL COVERAGE	COVERAGE GAP (DONUT HOLE)	CATASTROPHIC
<p>You will pay...</p> <p>Up to \$505 (can be lower or \$0)</p> <p>\$505 is the maximum Part D Prescription Drug Deductible</p> 	<p>You will pay...</p> <p>A copay (\$) or coinsurance (%) based on the drug's tier out of pocket</p> <p>Once your out of pocket PLUS what your plan pays on your behalf for your drugs reaches \$4660...</p> <p>You enter the Coverage Gap (donut hole)</p> 	<p>You will pay...</p> <p>25% of the cost of generic and brand name drugs...</p> <p>...until your Out-of-Pocket costs reach about \$3000 to \$3500*</p> <p>*Reduced to \$2000 in 2025</p> 	<p>What you will pay the rest of the calendar year (the GREATER of)...</p> <p>5% coinsurance**</p> <p>\$4.15 for generic drugs \$10.35 for all other drugs.</p> <p>**5% coinsurance goes away in 2024</p>

Drugs Covered Under Part B NOT Part D

- What falls into this category?
 - ▣ Treatments for cancer, macular degeneration, multiple sclerosis, etc.
 - ▣ Insulin Pumps
 - ▣ Therefore they will be subject to the 20% Part B co-payment
- Medigap Plans - 20% may be covered
- Medicare Advantage Plans – 20% cost share may be your responsibility, check with your plan

When Can You Switch/Join a Part D Plan?

- Join
 - **When first eligible for Medicare**
 - Can enroll on Medicare website or call prescription drug company directly
 - On You Tube Find: [2022 How to use Medicare Plan Finder](#)
- Switch annually during open enrollment period
Oct 15 to Dec 7
- **With a Medicare Advantage Plan you must take that plan's prescription drug plan if they offer one and if you want drug coverage**
- NO medical underwriting with prescription plans
- There are some special enrollment periods

Must I Buy A Prescription Drug Plan?

- If you have **Creditable Drug Coverage** you do not have to buy a prescription drug plan
- **Creditable Coverage**
 - ▣ Coverage that is at least as good as Medicare prescription drug plans
 - ▣ Examples of **Creditable Coverage**
 - Pace/Pacenet
 - Veterans Administration
 - Employer/Retiree Coverage

Part D Late Enrollment Penalty



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- ❑ Must join Part D at age 65 unless you have creditable coverage or you will pay a penalty
- ❑ Medicare calculates the penalty by multiplying 1% of the “national base beneficiary premium” (\$34.70 in 2024) times the number of full, uncovered months you didn’t have Part D or creditable coverage. The monthly premium is rounded to the nearest \$0.10 and added to your monthly Part D premium.
- ❑ If your creditable coverage ends, you may join a prescription drug plan without penalty

Part D Plans Comparison

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- Compare Plans at initial eligibility and annually
- Compare plans based on the drugs you take
- Why compare?
 - ▣ Formularies change
 - ▣ Your drugs may change
 - ▣ Monthly premiums may change
 - ▣ Deductibles/copayments may change
 - ▣ Another company's plan may provide you better coverage
- Use www.medicare.gov to do a Plan Comparison
- **PA MEDI can help you with Plan Comparisons**

Premium Cost for High Incomes

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- Increased Part B and D premiums for consumers with high incomes (est. 5% of the population)
 - ▣ Single > \$97,000
 - ▣ Couple > \$194,000
 - ▣ Look back 2 years income information
- May appeal IRMAA determination, but needs to be a life changing event where income has gone down
 - ▣ Form SSA 44 must be completed and filed with Social Security

Medicare Roadmap

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Original Medicare

Part A – Hospital
Part B - Medical



MEDIGAP Policies

Plans A-N

Or

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Prescription Drug Benefit

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Medicare Part C

Medicare Advantage Plans (MA)

- Alternative delivery of Medicare
- Must pay for Medicare A and B
- You are still in the Medicare Program – but deductibles and co pays are different with MA Plans
- May have additional premium
- These are **NOT Medigap** plans
- Offered through Private Insurance Companies regulated by CMS
- Must live in plan's service area
- Plans have Networks of Providers
- Must use plan's Prescription Drug Program
- May have extra benefits – hearing, vision, dental coverage, etc.
- MOOP – Maximum Out of Pocket
- About 48% of Medicare recipients have Medicare Advantage Plans



Medicare Advantage Plan Types

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- Private insurers approved by CMS
 - Companies must submit plans yearly
 - Are reimbursed by CMS
- Can choose how plan works
 - HMO (Health Maintenance Organization)
 - PPO (Preferred Provider Organization)
 - PFFS (Private Fee-for-Service)
 - SNP (Special Needs Plan)

Medicare Advantage Plans in Chester County - 2023

- ❑ Aetna Medicare (HMO, HMO-POS, PPO)
- ❑ Cigna (HMO, PPO)
- ❑ Devoted Health (HMO, PPO)
- ❑ Geisinger Gold (HMO, PPO)
- ❑ Health Partners Medicare (HMO-POS)
- ❑ Humana (HMO, PPO, PFFS)
- ❑ Independence Blue Cross
 - ▣ Keystone 65 (HMO, HMO-POS)
 - ▣ Personal Choice 65 (PPO)
- ❑ Lasso Healthcare (MSA)
- ❑ UnitedHealthcare (HMO-POS, PPO) – AARP
- ❑ WellCare (PPO)
- ❑ WellCare by Allwell (HMO)

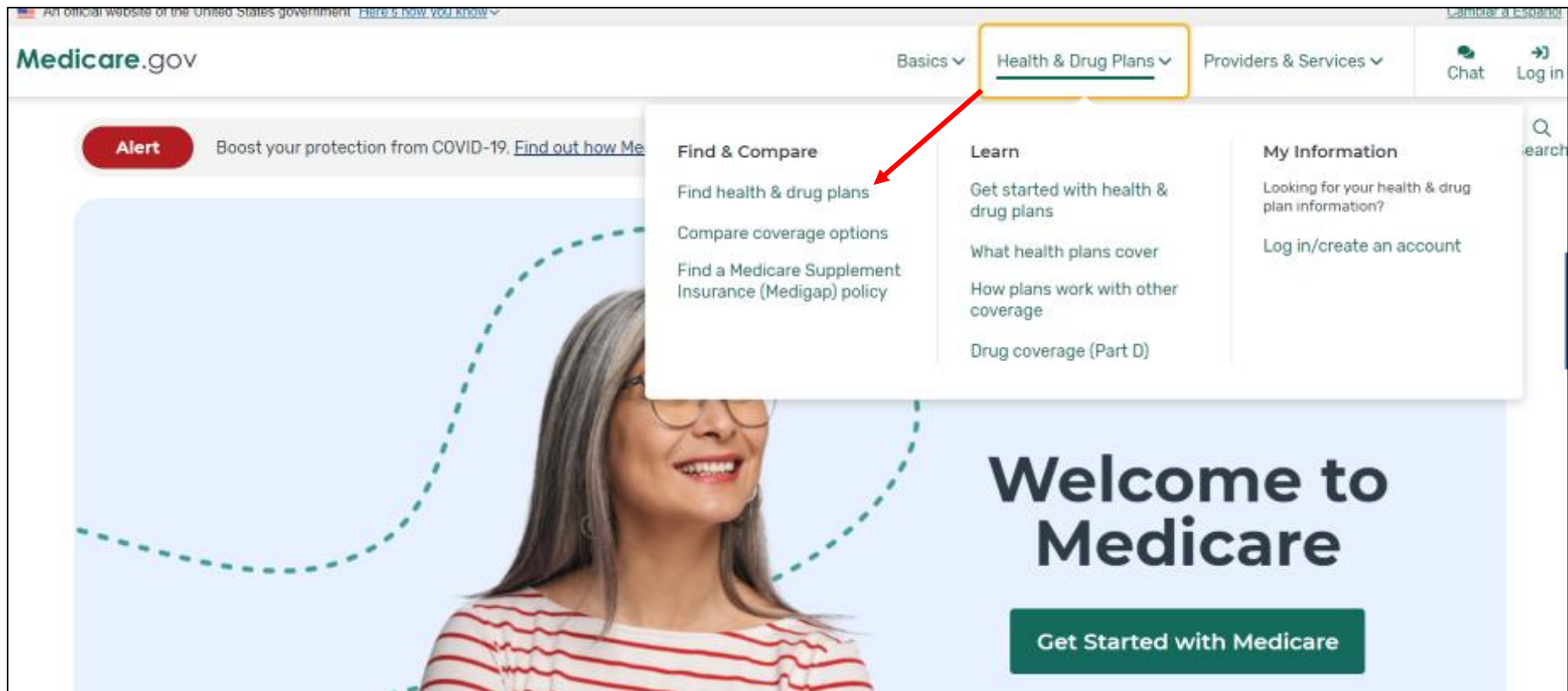
When Can You Switch/Join A Medicare Advantage Plan?

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- **Can join when you are first eligible for Medicare**
- Open enrollment period each year from
Oct 15 to Dec 7th
- **Jan 1 – March 31** each year– Medicare Advantage
Open Enrollment Period
- Can enroll on Medicare website or call company
directly
- There is no medical underwriting

Medicare.gov Plan Finder

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The screenshot shows the Medicare.gov website interface. At the top, there is a navigation bar with the Medicare.gov logo on the left and three main menu items: 'Basics', 'Health & Drug Plans', and 'Providers & Services'. The 'Health & Drug Plans' menu is highlighted with a yellow box, and a red arrow points to its dropdown menu. The dropdown menu is divided into three sections: 'Find & Compare', 'Learn', and 'My Information'. The 'Find & Compare' section includes links for finding health & drug plans, comparing coverage options, and finding a Medicare Supplement Insurance (Medigap) policy. The 'Learn' section includes links for getting started with health & drug plans, understanding what health plans cover, how plans work with other coverage, and drug coverage (Part D). The 'My Information' section includes links for looking for health & drug plan information and logging in/creating an account. Below the navigation bar, there is a red 'Alert' button and a message about COVID-19 protection. The main content area features a large image of a smiling woman with glasses and a red and white striped shirt, with the text 'Welcome to Medicare' and a 'Get Started with Medicare' button.

Medicare.gov

Basics ▾ **Health & Drug Plans ▾** Providers & Services ▾ Chat Log in

Alert Boost your protection from COVID-19. [Find out how Me](#)

Find & Compare

- Find health & drug plans
- Compare coverage options
- Find a Medicare Supplement Insurance (Medigap) policy

Learn

- Get started with health & drug plans
- What health plans cover
- How plans work with other coverage
- Drug coverage (Part D)

My Information

- Looking for your health & drug plan information?
- Log in/create an account

Welcome to Medicare

Get Started with Medicare

Decision: Original Medicare with Medigap or Medicare Advantage?



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- Some factors to consider:
 - What can you afford? Higher monthly premium and little or no co-pays or a lower monthly cost with co-pays and deductibles
 - What is your experience with HMOs, PPOs, versus a fee for service plan (like Medicare with a Medigap)?
 - What is your risk tolerance?
 - It is a personal decision that YOU must be comfortable with.
 - **Can get guidance from a PA MEDI Counselor**

Comparison

Medigap

- ❑ Can use with any hospital or doctor that accepts Medicare
- ❑ Limited/No deductibles, co-pays, coinsurance (%)
- ❑ No referrals
- ❑ Coverage standard by Plan letter
- ❑ If you want a drug plan, you have to purchase one separately
- ❑ Can switch drug plan yearly
- ❑ No extra benefits (eye care, dental)
- ❑ Readily accepted by docs
- ❑ May have underwriting if switching plan. Can be rejected for existing medical conditions

Advantage Plans

- ❑ Usually local, has network
- ❑ Usually includes drug plan
- ❑ Premium may be less
- ❑ Has co pays and deductibles
- ❑ May need a referral
- ❑ Offerings differ by company and plan
- ❑ Can switch yearly
- ❑ Plans can change yearly
- ❑ May get extra benefits, sometimes at extra cost
- ❑ Not all doctors accept all Medicare Advantage Plans
- ❑ Have a Maximum Out of Pocket

Help for Low Income Individuals



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There are Federal and State of Pennsylvania programs to help you with Medicare costs such as:

- ▣ Part B premium
- ▣ Medicare deductibles, copayments, etc.
- ▣ Prescription drug costs and premiums

- ▣ These programs look at your income **and** assets (with the exception of the Pennsylvania PACE program which looks only at income)
- ▣ ***Please see handout for details on these programs***
- ▣ Income **LESS** than \$33,500 for a single person or \$41,500 for a couple?
 - ▣ Make an appointment with an PA MEDI counselor to discuss how these program can help you.

Medicare Roadmap

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Original Medicare

Part A – Hospital

Part B - Medical



MEDIGAP Policies

Plans A-N

Or

RETIREE, VA, TRICARE



Prescription Drug Benefit

Part D

Part D

Medicare Advantage Plans

Part C

Must still have
Original Medicare

Part A and Part B

OR

- Private Insurance companies approved by Medicare
- Monthly Premiums
- Networks
- Copays and coinsurances with services
- Must take plan's drug benefit

Help is Available

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- To schedule an appointment, call your nearest Chester County Senior Center or other counseling location – full list on our website at www.chesco.org/477/PA-MEDI
- For simple questions, call the Chester County's PA MEDI Helpline at 610-344-5004 option 2. Leave your name, short message and phone number. A volunteer will respond within one business day, or email smilam@chesco.org

Volunteer Opportunities

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Would you like to make a difference in the lives of Seniors in Chester County?

Are you looking for a rewarding opportunity?

Please consider volunteering in one of the following programs:

- ▣ **Ombudsman Program** – advocate for the rights of those receiving long-term care
- ▣ **PA MEDI Program** – provide free health insurance counseling to Medicare beneficiaries
- ▣ **Advisory Council** – advise and assist the Department of Aging in meeting agency goals
- ▣ **Senior Centers** – assist participants with programming activities at the center
- ▣ **Chester County Department of Aging** – provide clerical support or assist with an upcoming project or activity.

For additional information on volunteer opportunities, please visit the Chester County Department of Aging Services' website:

www.chesco.org/aging or call 610-344-6350