

Medicare 101---2020

Federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS) for those who are:

- 65 and older
- Any age & on Social Security Disability payments for 24 months
- Diagnosed with End Stage Renal Disease(ESRD) or ALS(Lou Gehrig's Disease)

Medicare

- Insurance Program
- Serves mostly people over 65 regardless of Income
- Participants pay part of Costs
- Federal Program-same across the US
- Enrollment through the Social Security Office and Specific information on www.socialsecurity.gov

Versus

Medicaid

- Assistance Program
- Serves low-income people of any age
- Participants in the past have paid no part of costs in Ohio
- Federal/State Program-services vary from state to state
- Information through the Ohio Dept. of Medicaid www.medicaid.ohio.gov

Applying for Medicare

- **Apply** with Social Security during a 7 month Initial Enrollment Period (IEP): which is the 3 months before you turn age 65, the month you are 65, and the 3 months after you turn 65. **Everyone** on Medicare received a new card with a unique number—not their Social Security number in 2018.
- **Medicare Will Enroll You Automatically If:**
 - You have been receiving Social Security Disability Benefits for 24 consecutive months before reaching age 65.
 - You have been collecting early Social Security retirement payments (Medicare is not available for early retirees until they reach age 65).
- **If you do not sign up for Medicare (either Parts A or B)** because you are covered under a group health plan based on your or your spouse's current employment: You have an 8-month period that begins the month after the employment ends or the group health plan coverage ends (whichever happens first) to sign up without having to pay a penalty. Check with your current health plan to determine your options.

Medicare Part A Covers:

- Hospital Care
 - After Initial Deductible of \$1408, pays 100% for next 60 days of care
 - After 60 days out of the hospital, deductible is due again if admitted to the hospital
 - Pays the hospital a set amount for a diagnosis regardless of the time there
- Limited number of days in Post Hospital Skilled Nursing Home Care (also called sub-acute or rehab care)
- Skilled Home Health Care Services
- Hospice Care (terminal diagnosis of 6 months or less)

No monthly premium—coverage is automatic for most if eligible for and enrolled in Medicare

Medicare Part B Covers:

- Doctor's Bills
- Some Outpatient Treatments
- Some Skilled Home Health Care (100% instead of 80%)
- Durable Medicare Equipment
- Some Rehabilitative Therapies
- Some Laboratory Procedures (100% instead of 80%)
- Some Mental Health Services (80%)
- Some Preventative Care
- Voluntary to join, monthly premium is taken from Social Security check
- If choose not to join, pay a penalty if choose to join later unless have existing "creditable" coverage (penalty is 10% for every 12 month period of delay)
- If choose not to join, must wait until an open enrollment period to join (January 1- March 31st with coverage beginning July 1).
- Premium is \$144.60 a month for most enrollees (may be higher if income is greater than \$85,000).
- Pays 80% of bills after yearly \$198.00 Deductible

What Medicare Does Not Cover:

- Most dental care, eye care, and hearing aids
- Intermediate and protective level of care in nursing homes and home care
- Care in "Assisted Living" Facilities & Adult Day Health Services
- Homemaker, chore and meal services in the home
- Non- traditional therapies (except some Chiropractic)
- Transportation Services outside emergencies

Preventive Services & Screenings

- ❖ One time Welcome to Medicare Exam
- ❖ Yearly Physical
- ❖ Abdominal aortic aneurysm screening
- ❖ Bone mass screening
- ❖ Cardiovascular disease Screening & Counseling
- ❖ Colorectal Cancer Screening
- ❖ Diabetes screening & Supplies
- ❖ Pneumonia vaccines
- ❖ EKG Tests
- ❖ Flu Shots
- ❖ Glaucoma tests
- ❖ Hepatitis B shots
- ❖ Mammograms
- ❖ Pap test
- ❖ Prostate Screenings
- ❖ Smoking Cessation & Counseling
- ❖ Depression Screening
- ❖ Obesity Screening & Counseling
- ❖ Alcohol Misuse Screening & Counseling
- ❖ HIV & Sexually Transmitted Diseases Screening Counseling
- ❖ Shingles Vaccine-under Part D

Supplemental Medicare Insurance

- ❖ Sometimes called Medigap or Medsup
- ❖ Regulated and Standardized
- ❖ Choice of 8 Policy Types: A,B,D,G,K,L,M,N
- ❖ Coverage is the same in each type
- ❖ Medicare Beneficiary should only have one.
- ❖ Initial 6 month open enrollment after age 65 and enrolled in Part B—after that period, the plans can turn down people for any reason or choose not to cover pre-existing health conditions.
- ❖ Once a person is enrolled, cannot be canceled involuntarily no matter how sick or expensive they are to the plan.
- ❖ Very Different from Long-Term Care Insurance
- ❖ See “Buyers Guides” published for free by the Ohio Dept. of Insurance for more information.

Medicare Advantage Plans(Part C)

- ❖ Expanded and better benefits than in the past.
- ❖ Many offer set co-pays and deductibles as well as some expanded coverage(eyes, teeth, gym memberships)
- ❖ Usually includes prescription coverage. No need for an extra Part D Plan.
- ❖ Most cover a specific geographic area-i.e. county.
- ❖ Must go to plans’ providers to receive coverage outside of emergency care.
- ❖ No need for Medsup policy-however if a person drops their policy to enroll in a Medicare Advantage Plan, he/she may pick it back up—ONCE—if they later drop the Medicare Advantage Plan.
- ❖ Open Enrollment period for Advantage Plans is extended to January 1-March 31, 2020. After that, a person must keep a plan until the next open enrollment period (Oct. 15-Dec. 7) unless a person moves or is involuntarily dropped.

Medicare Prescription Drug Coverage (Part D)

- ❖ Available for all people with Medicare
- ❖ Covers outpatient medication both name brand and generic.
- ❖ Have both statewide or national plans
- ❖ Every Medicare Beneficiary should enroll in one unless he/she already has coverage through an employer or retiree plan.
- ❖ There is a penalty for not enrolling which is 1% of the premium for each month you delay.
- ❖ Need to check your plan each fall in the open Enrollment Period (October 15-Dec.7) and decide to stay in your plan or change plans.

Medicare's Standard Drug Plan—2020 Components

- ❖ All Plans have a different cost structure including premiums
- ❖ Monthly Premium(average of about \$35.00 per month-can vary by plan)
- ❖ A Deductible from \$0-435.00
- ❖ After meeting the deductible, You pay \$25% of name brand prescriptions and your plan pays75%.
- ❖ Starting in 2020, the Donut Hole no longer exists.
- ❖ Catastrophic Coverage-pays 95% when your total drug costs reach\$9719.00
- ❖ **Note:** Out of pocket expenses do not include monthly premium or other coverage you may have.

What Drugs does a Part D Plan Help To Cover?

- ❖ A Plan's list of covered drugs(called a formulary) is different for each plan
- ❖ Plans place their drugs into different "tiers" on their formularies
- ❖ Drugs in each tier have a different cost
- ❖ Plans may require: prior authorization, quantity limits or step therapy
- ❖ If you or your doctor believe that one of these coverage rules should be waived, you can ask for an exception

Medicare Part D---Extra Help for People with Limited Income & Resources

- ❖ You may qualify for a Limited Income Subsidy(LIS) from Medicare which gives you extra help to pay prescription drug costs if your yearly income & resources are below the following limits for 2020:
- ❖ Income:
 - Below 150% of Federal poverty level:
 - \$1581.00 a month for an individual
 - \$2134.00 a month for a married couple
 - It varies based on family size
- ❖ Resources
- ❖ Up to \$14,390 for an individual
- ❖ Up to \$28,720 for a married couple
- ❖ Includes \$1500 a person funeral or burial costs
- ❖ Counts savings and stocks but does not count cash value of life insurance
- ❖ Does not count home you live in
- ❖ To apply—call or go online to the agencies listed on p. 6 of this handout

Medicare Savings Programs- What Are They?

- ❖ Qualified Medicare Beneficiary(QMB)-
-Pays Part B premiums, deductibles and any co-insurance
- ❖ Specified Low Income Medicare Beneficiary(SLMB)--Pays Part B premiums
- ❖ Qualified Individual(QI)- Pays Part B premiums
- ❖ All of these qualify a person for extra help with prescription drug coverage (Part D)
- ❖ Apply for these with Ohio Department of Job and Family Service or Ohio Dept. of Medicaid.
www.medicaid.ohio.gov

PROTECT Yourself From Unscrupulous Sales Practices

- ❖ The following sales tactics are prohibited:
- ❖ Door to door sales
- ❖ Giving out cash or gifts exceeding \$15.00
- ❖ Misrepresenting a plan or giving incomplete information
- ❖ A company representing themselves as Medicare
- ❖ Report to Ohio Department of Insurance at 1-800-686-1527

Important Mailings in 2020: Pay Attention

August-December 2020

- Re-determination by Social Security for extra help
- Auto Plan assignment by Centers for Medicare & Medicaid
- Plan drops out-Notice Sent
- Plan Premium goes above benchmark(about \$35.00 a month in 2020)
- State records no longer show deemed eligible—CMS will notify
- ANOC—Annual Notice Of Change from your current plan
- Letter from Existing Health Plan about future coverage

Medicare: Where to Find Information or Get Assistance

- ❖ Central Ohio Area Agency on Aging 800-589-7277, www.coaaa.org
- ❖ OSHIIP 1-800-686-1578, www.ohioinsurance.gov, www.oshiip.org
- ❖ Medicare 1-800-Medicare, www.medicare.gov
- ❖ Social Security Administration, 1-800-772-1213, www.ssa.gov

About the Sponsor



The Central Ohio Area Agency on Aging is an advocacy, service and development agency, serving the interests of older adults in 8 counties (Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway and Union). Programs include the Older Americans Act, PASSPORT, Franklin County Senior Options, Volunteer Guardian, Speakers Bureau, Caregiver Support, Training & Education. Operated by Columbus Recreation & Parks Dept., Cindy Farson, COAAA Director. Call 614-645-7250 or 1-800-589-7277 for general information. www.coaaa.org