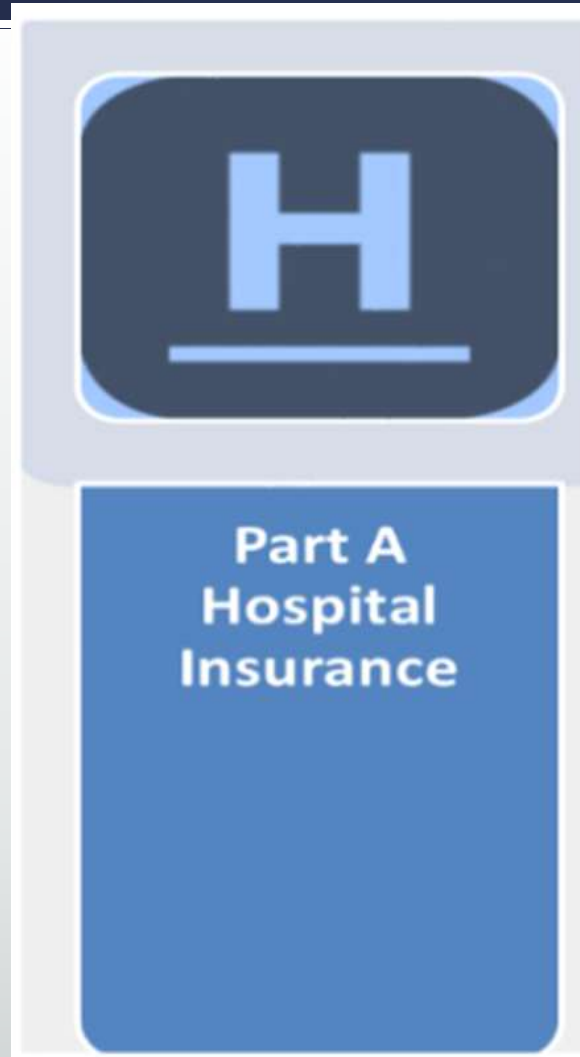


# **Medicare Basic 101 Part A**

# The Parts of Medicare



# Part A (Hospital Insurance)



Medicare Part A helps pay for inpatient hospital care, inpatient care in a skilled nursing facility, home health care, and hospice care.



# Inpatient Hospital Care

**Medicare Part A ( Hospital Insurance)** covers inpatient hospital care when all of these are true:

You're **admitted** to the hospital as an inpatient after an official doctor's order, which says you need inpatient hospital care to treat your illness or injury. The hospital accepts Medicare.

## **Medicare inpatient hospital care coverage includes:**

- Semi-private rooms
- Meals
- General nursing
- Drugs as part of your inpatient treatment
- Other hospital services and supplies

# Inpatient Hospital Care

## **Inpatient hospital care includes care you get in:**

- Acute care hospitals
- Critical access hospitals
- Inpatient rehabilitation facilities
- Long-term care hospitals
- Inpatient care as part of a qualifying clinical research study
- Mental health care

***\*\*\* You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it's medically necessary. \*\*\****

## Coverage for skilled nursing facility care

### To receive Medicare coverage for care in a skilled nursing facility:

- A physician must certify that they require daily skilled care that can only be provided for an inpatient in a skilled nursing facility
- The beneficiary must have been an inpatient in a hospital for at least three consecutive days for the same illness or condition before being admitted to the skilled nursing facility
- The beneficiary admission to the skilled nursing facility must be within 30 days of discharge from the hospital to receive Medicare
- The facility must be Medicare-approved to provide skilled nursing care



## Skilled Nursing Facility

### Skilled Nursing Facility

- \$0 for the first 20 days each benefit period
- \$170.50 for days 21-100 each benefit period
- All costs for each day after day 100 in a benefit period

Includes services and supplies that are medically necessary **after a 3-day minimum inpatient hospital stay** for a related illness or injury

- Inpatient stay begins the day you are formally admitted
- Includes daily skilled care like IV injections or physical therapy

## Coverage for home health care

**Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) covers eligible **home** health services like these:**

- Intermittent skilled nursing care
- Physical therapy
- Speech-language pathology services
- Continued occupational services, and more



**To receive home health services under Medicare the following rules must be met:**

The beneficiary physician must certify the care as medically necessary and approve the treatment plan for one or more services for Physical therapy, speech-language pathology, or continued occupational therapy services.



## Coverage for hospice care

**Hospice care is care for the terminally ill. Hospice care covered by Medicare Part A is comprehensive coverage, at home or in a facility where they live, for symptom management and pain control for the terminally ill.**

- The health-care provider must be certified by Medicare to provide hospice care
- The patient's doctor and the hospice care director must certify that the patient is terminally ill (i.e., has a life expectancy of six months or less)
- The patient must elect hospice coverage for the terminal illness instead of standard Medicare benefits, although Medicare will continue to cover care provided that it is not related to the terminal illness

## Enrolling with Medicare?

Turning 65 **and** are receiving Social Security Administration (SSA) or Rail Road Retirement Benefits (RRB)

- *Automatic enrollment into Medicare Parts A & B*
- Receive Initial Enrollment Period package 3 months prior

Under age 65 **and** receiving Social Security Disability Income (SSDI)

- *Automatic enrollment into Medicare Parts A & B* in month 23/24
- Receive Initial Enrollment Period package 3 months prior to the 25th month of disability benefits

Turning 65 and **not** signed up for Social Security income

- Contact Social Security up to three months before birthday month
- Contact Social Security **1-800-772-1213**
- Visit local Social Security office
- Need for plan enrollment: Medicare claim number and effective date(s) for Parts A & B

Railroad retirees should contact RRB

- Call local RRB office or **1-877-772-5772**

## Special Enrollment Period (SEP)

If you are age 65 or older, you or your spouse are still working **and** you are covered under a [group health plan](#) based on that **current employment**, you may not need to apply for Medicare medical insurance (Part B) at age 65.

- During any month you remain covered under the group health plan **and** your, or your spouse's, current employment continues; **or**
- In the eight-month period that begins with the month after your group health plan coverage or the current employment it is based on ends, whichever comes first.
- If your group health plan coverage is based on severance or retirement pay **and** the job your coverage is based on ended in the last eight months.

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# Monthly Medicare Part A premium

- Most individuals get Part A coverage without having to pay a Part A premium. This is because they or a spouse paid Medicare taxes while working for a specified duration of time.  
40 credits/10 years
- If you buy Part A, you'll pay up to **\$437** each month. If you paid Medicare taxes for less than 30 quarters, the standard Part A premium is **\$437.00**. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is **\$240.00**

## Benefit Period

# Part A Deductible: \$1,364 in 2019 for each benefit period

### Inpatient Hospital Stays:

- **\$1,364** deductible for days 1-60 each benefit period
- **\$341** per day for days 61-90 each benefit period
- **\$682** per “lifetime reserve day” after day 90 each benefit period (up to 60 lifetime reserve days)
- Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime



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# Enrollment Periods



- **ICEP (Initial Coverage Enrollment Period)** – Seven month period
  - Three months before first month of eligibility
  - Month of eligibility
  - Three months after first month of eligibility



- **AEP (Annual Election Period)** – October 15<sup>th</sup> through December 7<sup>th</sup>
  - Join, switch, or drop Advantage Plan or PDP
  - Last plan in (in most cases)
  - January 1<sup>st</sup> effective date



- **SEP (Special Election Period)** – Situation outside of the ICEP or AEP in which certain Medicare beneficiaries can enroll in an MA or Part D plan
  - Moving out of plan's service area
  - Losing employer group health coverage
  - Low Income Subsidy or Medicaid eligibility
  - Special Needs Plan eligibility
  - and many more
- If you miss the 7 month window, then You can sign up for Part A and/or Part B during the General Enrollment Period between January 1–March 31

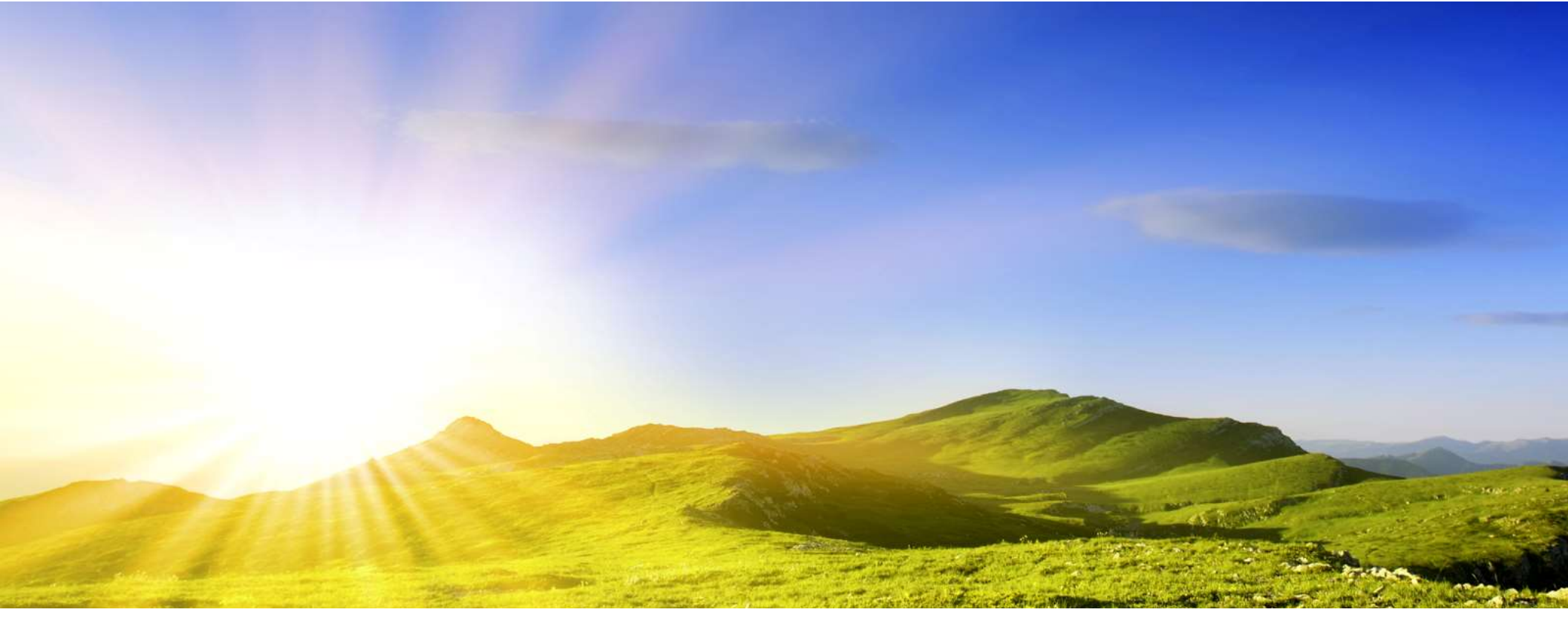
## Enrollment Periods

When you're first eligible for Medicare, you have a 7-month Initial Enrollment Period to sign up for Part A and/or Part B

If you miss the 7 month window, then You can sign up for Part A and/or Part B during the General Enrollment Period between January 1–March 31

Once your Initial Enrollment Period ends, you may have the chance to sign up for Medicare during a Special Enrollment Period (SEP).





# **Medicare Basic 101**

## **AEP Part B**



# The 4 Parts of Medicare



**Part B  
Medical  
Insurance**

# Part B (Doctors & Outpatient)



Medicare Part B helps pay for Doctor Visits, Outpatient Services, Durable Medical Equipment, X-Rays, Lab tests, Ambulance services, etc.



## Medicare Part B—Medical Insurance Coverage

### Part B—Medical Insurance helps cover

- Doctors' services
- Outpatient medical and surgical services, supplies
- Clinical lab tests
- Durable medical equipment
- Diabetic testing supplies
- Preventive services - Wellness Checks



## Medicare Part B—Medical Insurance Coverage

### **Part B covers 2 types of services:**

**Medically necessary services**: Services or supplies that are needed to diagnose or treat your medical condition(s) and that meet accepted standards of medical practice.

**Preventive services**: Health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best.

## Medicare Part B— Medically Necessary Services

### Things like:

Doctors' visits

Clinical research

Ambulance services

Durable medical equipment (DME)

Mental Health

- Inpatient
- Outpatient
- Partial hospitalization

Getting a second opinion before surgery

Limited outpatient prescription drugs



## Medicare Part B Preventive & Screening Services

- Abdominal aortic aneurysm screening
- Alcohol misuse screening's & counseling
- Bone mass measurements (bone density)
- Cardiovascular disease screening's
- Cardiovascular disease (behavioral therapy)
- Cervical & vaginal cancer screening
- Colorectal cancer Screenings
  - Multi-target stool DNA tests
  - Screening barium enemas
  - Screening fecal occult blood test
  - Screening colonoscopies
  - Screening flexible sigmoidoscopies
- Depression screenings
- Diabetes screenings
- Diabetes self- management training
- Glaucoma tests

- Hepatitis B Virus (HBV) infection screening
- Hepatitis C screening test
- HIV screening
- Lung Cancer screening
- Mammograms (screening)
- Nutrition therapy services
- Obesity screenings & counseling
- One-time "Welcome to Medicare" preventive visit
- Prostate cancer screenings
- Sexually transmitted infections screening & counseling
- Shots:
  - Flu shots
  - Hepatitis B shots
  - Pneumococcal shots
- Tobacco use cessation counseling
- Yearly "Wellness" visit

## Part B costs

- Part B premiums are income based from **\$135.50-\$460.70**
- Most people who get Social Security benefits pay – **\$135.50**
- Part B has an annual deductible of **\$185** for 2019 (May change from year to year)
- After the annual medical insurance deductible is met, medical insurance will generally pay for 80% of the approved charges for covered expenses for the remainder of the year. There is no maximum out of pocket limit on the 20% coinsurance payable for Part B expenses.

## Premiums for Part B

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Income-related monthly adjustment amount	Total monthly Part B premium amount
Less than or equal to \$85,000	Less than or equal to \$170,000	\$0.00	<b>\$135.50</b>
Greater than \$85,000 and less than or equal to \$107,000	Greater than \$170,000 and less than or equal to \$214,000	\$54.10	<b>\$189.60</b>
Greater than \$107,000 and less than or equal to \$133,500	Greater than \$214,000 and less than or equal to \$267,000	\$135.40	<b>\$270.90</b>
Greater than \$133,500 and less than or equal to \$160,000	Greater than \$267,000 and less than or equal to \$320,000	\$216.70	<b>\$352.20</b>
Greater than \$160,000 and less than or equal to \$500,000	Greater than \$320,000 and less than or equal to \$750,000	\$297.90	<b>\$433.40</b>



## Cost and Payments

### Customer didn't sign up for Part B when they were first eligible?

- 10% penalty for each full 12-month period you were eligible and didn't sign up.  
***If without Part B for 11 or fewer months = no penalty***
- Usually no penalty if you sign up during a Special Enrollment Period

### Payments can be made by:

- Automatic deduction - Social Security check
- Automatic deduction - Railroad retirement pension check
- Automatic deduction - Federal government pension check
- Quarterly billing payments
- Medicare Easy Pay to deduct from bank account



## Coverages and Cost-sharing Amounts



- ✓ Deductible is met
- ✓ Doctor Services
- ✓ Outpatient Hospital Services
- ✓ Home Health Visits
- ✓ Other Medical and Health Services
- ✓ Prescription Drugs (outpatient)
- ✓ Outpatient Treatment of Mental Illness
- ✓ Wellness & Preventative



## Exclusions under Part B

X Most dental care

X Eye examinations related to prescribing glasses

X Dentures

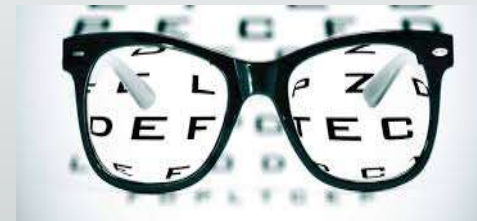
X Cosmetic surgery

X Acupuncture

X Hearing aids and exams for fitting them

X Long-term care

X Concierge care (also called concierge medicine, retainer-based medicine, platinum practice, or direct care)



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### On SSDI -Automatic enrollment into Medicare Parts A & B in month 23/24

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## **SEP (Special Election Period)** – Situation outside of the ICEP or AEP in which certain Medicare beneficiaries can enroll in an MA or Part D plan

- Moving out of plan's service area
- Losing employer group health coverage
- Low Income Subsidy or Medicaid eligibility
- Special Needs Plan eligibility
- and many more

## General Enrollment Period for Part B

- If you don't enroll in Medicare Part B during your initial enrollment period, you have another chance each year to sign up during a "general enrollment period" from January 1 through March 31.
- Your coverage begins on July 1 of the year you enroll.
- However, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Your monthly premium will go up 10 percent for each 12-month period you were eligible for Part B, but didn't sign up for it.

## Special Enrollment Period (SEP)

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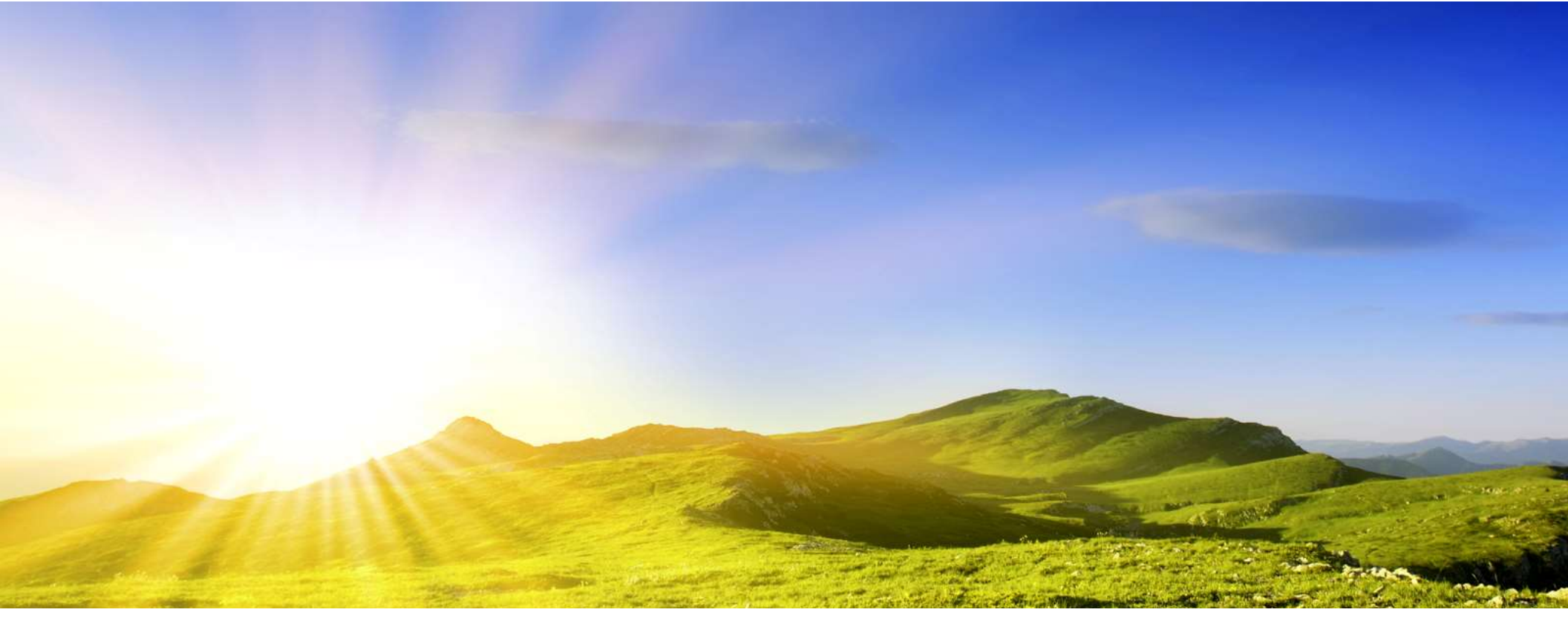


**Don't speak in  
absolutes or  
overpromise!**

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**Thank You for Attending!**