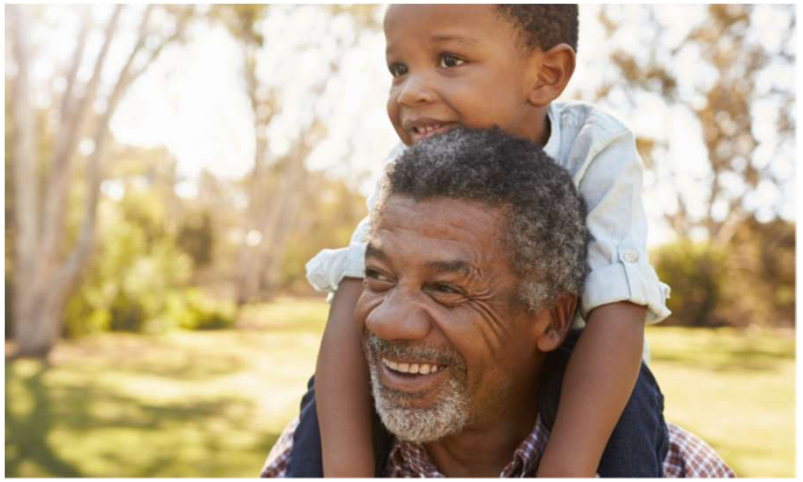
Medicare Supplement & Part C

Why Medicare Supplement?

A Medicare Supplement Insurance (Medigap) policy helps pay some of the health care costs that Original Medicare doesn't cover, like:

- **Copayments**
- **Coinsurance**
- **Deductibles**

Why Medicare Supplement?



- Protection against out-of-pocket costs
- Let's you focus on getting well
- The flexibility to see any doctor or go to any hospital
- No waiting period

Important Details:

Know your plan. Medicare Supplement Insurance:

- Does not provide “stand-alone” coverage, requires enrollment in Medicare Part A and Part B
- Does not provide prescription drug benefits
- Does not provide benefits for vision, dental care, hearing aids, eyeglasses, and private duty nursing
- Does not duplicate a benefit paid by Medicare

3 Some states require the other adult to also have an active National General Accident & Health Medicare Supplement policy (underwritten by National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Corporation), or is applying for such policy to qualify for the household discount. Please ask your agent for details.

Plan Options & Benefits

Medicare Part A Hospital Coverage					
Provided service:	Medicare pays:	Medicare Supplement Insurance Plan A pays:	Medicare Supplement Insurance Plan F / Plan F High Deductible** pays:	Medicare Supplement Insurance Plan G pays:	Medicare Supplement Insurance Plan N pays:
Medicare Part A deductible	With Medicare, you have a $1,364 deductible that must be paid before Medicare pays benefits	Nothing	$1,364	$1,364	$1,364
First 60 days of hospital confinement	100% after deductible	Nothing	$1,364	$1,364	$1,364
Days 61-90 of hospital confinement	All but $341 a day	$341 per day	$341 per day	$341 per day	$341 per day
Days 91-150 of hospital confinement (One-time benefit)	All but $682 a day	$682 per day	$682 per day	$682 per day	$682 per day
Extended hospital coverage (Up to an additional 365 days in your lifetime)	Nothing	100% Medicare- eligible expenses	100% Medicare- eligible expenses	100% Medicare- eligible expenses	100% Medicare- eligible expenses
Blood	All but first three pints	First three pints	First three pints	First three pints	First three pints
Hospice Care[1]					
	All but limited coinsurance/copayments for outpatient drugs and inpatient respite care	Medicare coinsurance/ copayment	Medicare coinsurance/ copayment	Medicare coinsurance/ copayment	Medicare coinsurance/ copayment

* Additional plans available in Pennsylvania ** Plan F also has an option called a high deductible Plan F. The high deductible plan F pays the same benefits as Plan F after the member has paid a $2,300 calendar year deductible of $2,300. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed $2,300. These expenses include Medicare deductibles for Part A and Part B. 1 Must meet Medicare requirements for admission

Plan Options & Benefits Continued…

Skilled Nursing Facility Care[1]					
Provided service:	**Medicare pays:**	**Medicare Supplement Insurance Plan A pays:**	**Medicare Supplement Insurance Plan F / Plan F High Deductible* pays:**	**Medicare Supplement Insurance Plan G pays:**	**Medicare Supplement Insurance Plan N pays:**
First 20 days	100% of Medicare- approved amounts	Nothing	Nothing	Nothing	Nothing
Days 21-100 of admission	All but $170.50 per day	Nothing	$170.50 per day	$170.50 per day	$170.50 per day
Medicare Part B Outpatient Medical Coverage					
Medicare Part B deductible	With Medicare, you have a $185 deductible that must be paid before Medicare pays benefits	Nothing	The $185 Medicare Part B deductible	Nothing	Nothing
Medicare Part B Co-Insurance	80% of the approved charges after deductible	20% of Medicare approved charges after deductible	20% of Medicare approved charges	20% of Medicare approved charges after deductible	Remaining balance after you pay $20 copayment for office visits, $50 copay for emergency room visit**
Excess Charges (Charges above Medicare approved charges)	Nothing	Nothing	Plan pays 100% of charges not covered by Medicare	Plan pays 100% of charges not covered by Medicare	Nothing
Benefit for Blood	1st three pints: $0 Additional pints: 80% coinsurance after you pay $185 deductible	1st three pints: 100% Additional pints: 20% coinsurance after deductible	1st three pints: 100% Additional pints: 20% coinsurance after deductible	1st three pints: 100% Additional pints: 20% coinsurance after deductible	1st three pints: 100% Additional pints: 20% coinsurance after deductible

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1 Must meet Medicare requirements for admission

Plan Options & Benefits, continued

Home Health Care [1]					
Provided service:	**Medicare pays:**	**Medicare Supplement Insurance Plan A pays:**	**Medicare Supplement Insurance Plan F / Plan F High Deductible* pays:**	**Medicare Supplement Insurance Plan G pays:**	**Medicare Supplement Insurance Plan N pays:**
Medically necessary Skilled Care services and medical supplies	Medicare pays 100%	Nothing	Nothing	Nothing	Nothing
Durable Medical	80% coinsurance after you pay $185 Part B deductible	20% coinsurance of Medicare approved charges after deductible	The $183 Part B deductible then 20% coinsurance for Medicare approved charges	20% coinsurance of Medicare approved charges after deductible	20% coinsurance of Medicare approved charges after deductible
Additional Benefit					
Emergency Care received outside the U.S.	Medicare pays nothing	Nothing	You pay first $250 (per calendar year) then the plan pays 80% of remaining costs to Lifetime Max of $50,000	You pay first $250 (per calendar year) then the plan pays 80% of remaining costs to Lifetime Max of $50,000	You pay first $250 (per calendar year) then the plan pays 80% of remaining costs to Lifetime Max of $50,000

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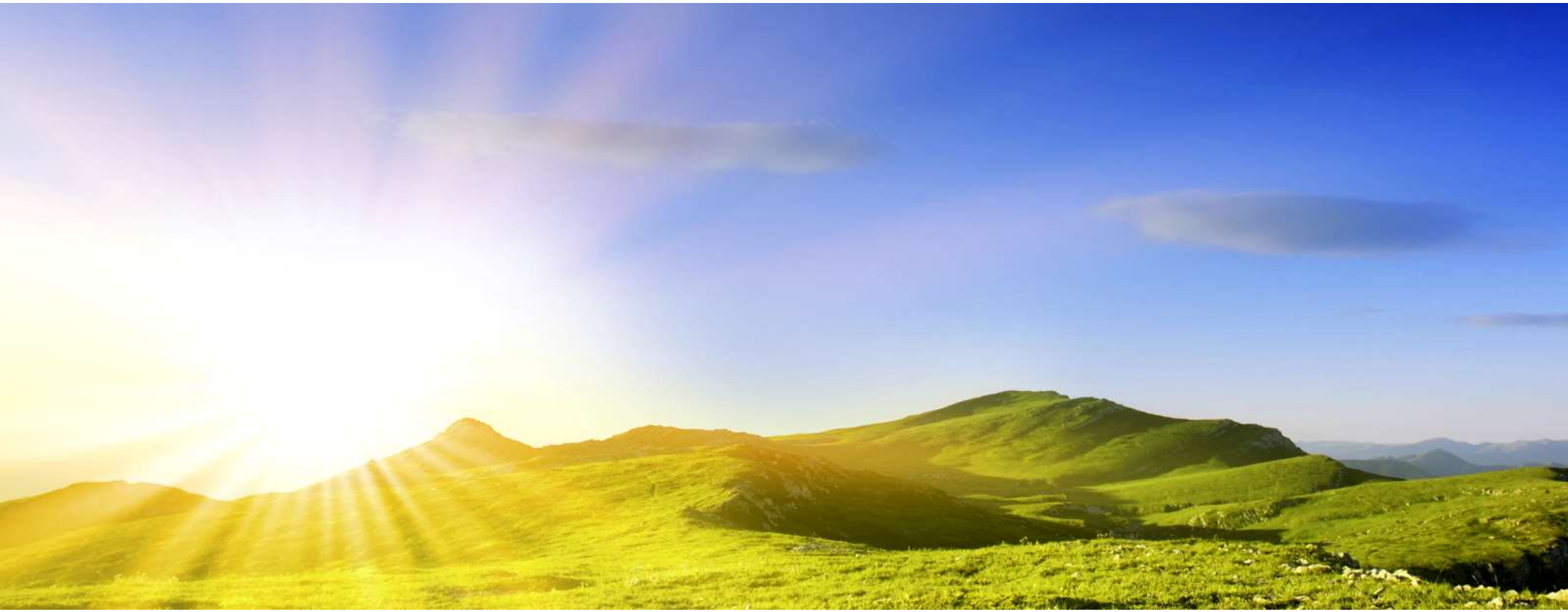
Eligibility

Applicants are eligible to apply for Medicare Supplement insurance if they:

- Are covered under Medicare Part A & B.
- Are 65 years of age or older.
- Are Medicare eligible due to disability in a state requiring under age 65 coverage.



Medicare Basic 101
Part C Medicare Advantage

Medicare

Part C Medicare Advantage Plans (like HMOs/PPOs)

Includes Part A, Part B and sometimes Part D coverage

Medicare Advantage Plans

- Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare.

- If the client joins a Medicare Advantage Plan, they still have Medicare. They'll get their Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage from the Medicare Advantage Plan and not Original Medicare.

What's a Medicare Advantage Plan?

Health plan options

- Approved by Medicare
- Run by private companies

Part of the Medicare Program

Sometimes called Part C

Available across the country

Provide Medicare-covered benefits

- May cover extra benefits: Dental and vision (sometimes)

Medicare Advantage Plans and Special Needs Plans

Medicare HMO – Must get care from primary care doctors, specialists, or hospitals in the plan's network, except in an emergency

Medicare PPO – Pay less if use primary care doctors, specialists, and hospitals in the plan's network. Out-of-network coverage will usually cost more

Medicare Special Needs Plans (SNPs) – Coverage for specific groups of people, such as those in institutions, dually eligible for Medicare and Medicaid, or those with certain chronic conditions

Medicare Private Fee for Service (PFFS) Plans – PFFS plans allow beneficiaries to go to any primary care doctor, specialist, or hospital that accepts Medicare **AND** the terms and conditions of the health plan **for each visit**

Medicare Advantage

Star Ratings Based on:

- Preventative and Chronic Care
- Member Satisfaction
- Service Measures
- Access & Care Measures

Five Star Rating allows year-round enrollment

Low Performing Star Rating SEP

Refer to 2017 *Medicare & You* publication for more information

Word of Caution

Members in HMO and PPO (MA only) plans **cannot** sign up for an free-standing/separate Part D plan to go with their MA plan

PFFS (MA) plans **can** pair with a free-standing PDP

Enrollment Periods Continued

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

- I Moved back to the U.S. after living outside the country.
- Moved into or out of and institution.
- Released from jail.
- Eligible for Medicaid.
- No longer eligible for Medicaid.
- Medicare ends my plans contract.
- Qualify for Extra Help

Part C

- Medicare Advantage Plans, sometimes called "Part C" or "**MA/MAPD** Plans," are offered by private companies approved by Medicare.

- Many also cover Part D prescription drug benefits

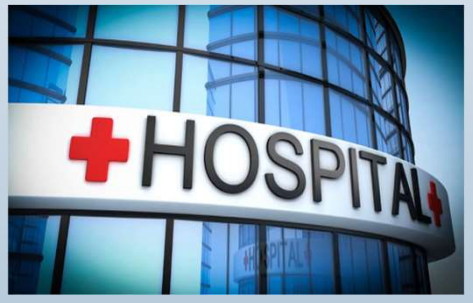
- All **MA/MAPD** plans offer a Maximum out of pocket limit

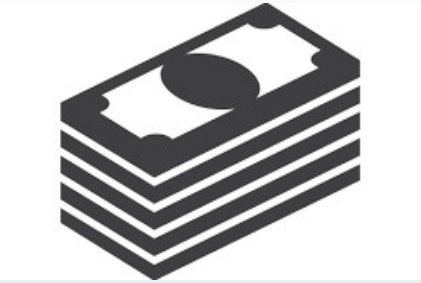
- Many **MA/MAPD** plans may also offer extra benefits that Original Medicare does not cover

MEDICARE ADVANTAGE (Part C)

Part A (Hospital Insurance) **AND** **Part B (Medical Insurance)**

- **Medicare Advantage Plans must cover all of the services that Original Medicare covers**
- **Beneficiary must live in the MA/MAPD plans service area**
- **Pay an MA/MAPD plan premium**





Part C will help cover costs like:

- Deductibles
- Copays and coinsurance
- Most drugs
- Preventive services
- Dental and vision (sometimes)

What's not covered by Medicare?

Medicare doesn't cover (examples)

- Long-term care (also called custodial care)
- Most dental care.
- Eye examinations related to prescribing glasses.
- Dentures.
- Cosmetic surgery.
- Acupuncture.
- Hearing aids and exams for fitting them.
- Routine foot care.

Commonly used Advantage Plans

Not as commonly used plans:

- **Private Fee-for-Service Plans**—Members can go to any provider that accepts the plan's terms, and they may get extra benefits. The private company decides how much it will pay and how much members pay for services.

- **Medicare Medical Savings Account Plans**—have two parts. One part is a Medicare Advantage Plan with a high deductible, and one part is a Medical Savings Account into which Medicare deposits money that people can use to pay health care costs.

Deciding Between Traditional Medicare and Medicare Advantage

- Understand how the **MA/MAPD** plan you are considering works with any current coverage they may have. If they have retiree or employer health coverage will they lose this coverage if they join a **MA/MAPD** plan.

- Compare the coverage and costs available through the traditional Medicare program combined with an appropriate Medigap policy and prescription drug plan, versus the available **MA/MAPD** plans including any monthly premium, deductible, copayments, and yearly out-of-pocket maximum.

- Inquire with **MA/MAPD** plans as to whether and to what extent they are required to receive services from medical providers who participate in the MA plan you are considering.

- Be sure the physicians and health care providers they are likely to want to use are in the **MA/MAPD** plan.

Deciding Between Traditional Medicare and Medicare Advantage

- Read each **MA/MAPD** plan's literature to see what kind of plan it is and what it pays for. Not all MA plans, even if the plans are the same type, and from the same insurer, work the same way.

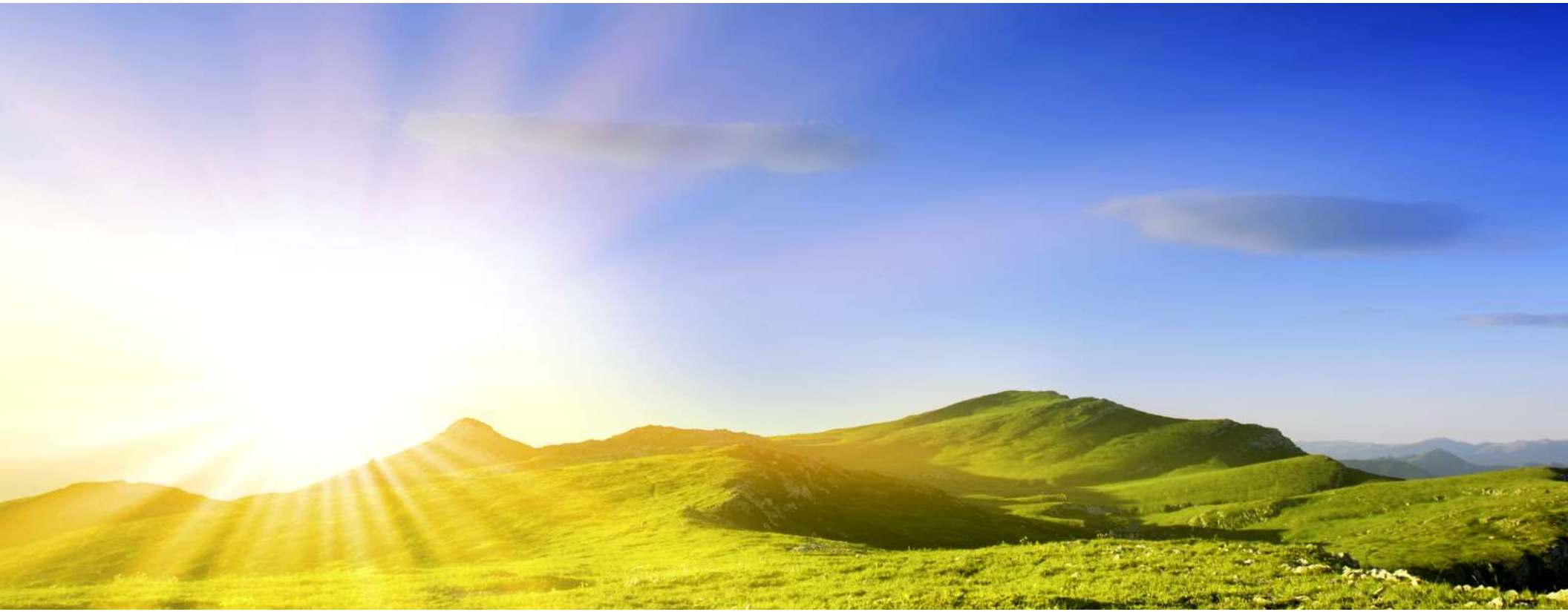
- Does the **MA/MAPD** plan include Part D prescription drug coverage and, if so, are their drugs on the plan's formulary? If not, do they want to join a separate Part D plan?

- Determine what **MA/MAPD** plan services are provided at what additional cost. All preventive services and extra benefits should be identified, as well as any limitations associated with visits or services. Determine where they are required to go for regular, non-urgent care.

- Check into the **MA/MAPD** plan's physicians to determine if their physicians are in the plan's network.

	Original Medicare	Medicare Advantage Plans
Cost	Beneficiaries pay Medicare premiums, deductibles, and coinsurances (usually 20% of the Medicare approved cost for outpatient care).	Beneficiaries pay Medicare premiums and their plan's premium, if it charges one. Their plan sets its own deductibles and copays (usually a fixed cost for each office visit). They may pay the full cost if they don't follow their plan's rules.
Supplemental insurance	They can buy a Medigap policy. (But only at certain times, depending on where they live.)	They can't buy a Medigap policy to help pay their out-of-pocket costs in a Medicare Advantage plan.
Covers extra services	No. Covers medically-necessary inpatient and outpatient health care.	Maybe. May cover some services Original Medicare doesn't cover such as routine vision, hearing and dental care.
Let's the beneficiary see providers nationwide?	Yes. They can go to any doctor or hospital in the U.S. that accepts Medicare.	Usually not. Most people have HMOs, which typically have local networks of providers they must use for the plan to cover their care. PPOs and PFFS plans should cover care they get outside the network, but they will pay more.

	Original Medicare	Medicare Advantage Plans
Need referrals to see specialists?	No. They don't need a referral.	Maybe. They often need to get a referral from their Primary Care Physician if they want to see a specialist.
Covers drugs?	No, but if they want Medicare prescription drug coverage, they can buy a separate Part D plan.	Usually. Most plans include Part D drug coverage. they usually can't get a separate Part D plan if they have a Medicare Advantage plan
Out-of-pocket limit?	No. There's no cap on what they spend on health care.	Yes. Plans must have an annual out-of-pocket limit, which can be high but protect you if they need expensive care. The plan pays the full cost of your care after they reach the limit.



Thank You for Attending!

MEDICARE 101 – PREPARING FOR AEP 2020

QUESTIONS? Email: training@myhst.com