



Welcome to Medicare

Presented by OSHIIP and Buckeye Home Health Care

Medicare Overview

- Medicare is a federal health insurance for people who are age 65 or older and for some people with disabilities who are under age 65.
- Medicare provides the base for a retiree's protection against large medical expenses, but does not cover 100% of a patient's medical bills.
- Original Medicare consists of Part A and Part B. They act as two separate insurance policies. Medicare advantage is an alternative to Original Medicare and is known as Part C. Part D is Medicare's prescription drug coverage.

Who is eligible for Medicare

- The person is age 65 and older.
- The person is under age 65 and has a disability.
- The person has kidney failure, known as end-stage renal disease, or ESRD.



Medicare Supplement Insurance

- **Plans are standardized**

- All companies sell same plans
- Premiums will vary from company to company
- No Network

- **Guaranteed Issue**

- MedSup Open Enrollment (6 months beginning with Part B effective date at age 65 or older)
- Special Circumstances



Check out the Ohio Shopper's Guide
To Medicare Supplement Insurance
at www.insurance.ohio.gov

Medicare Supplemental Plans

- These are plans sold by private insurance companies.
- They are not sold by the government.
- They are designed to fill the gaps in Medicare coverage.
- There are 10 plans which must offer basic coverage
- The 10 plans vary in additions to basic coverage offered.

Basic Coverage

- Hospitalization-must cover all of the Part A coinsurance plus 365 additional days after Medicare benefits end.
- Medical expenses-must cover Part B coinsurance.
- Blood-covers the first three pints of blood each year.

Adding to Basic Coverage

- Today the new standard plans can add only the benefits shown below to basic coverage:
 - Part A deductible
 - Part B deductible
 - Skilled Nursing coinsurance
 - Excess charges under Part B
 - At-home recovery
 - Preventative care
 - Prescription drugs
 - Foreign travel emergency

Plans

- Currently the following plans exist:
 - Plan A
 - Plan B
 - Plan C
 - Plan D
 - Plan F
 - Plan G
 - Plan K
 - Plan L
 - Plan M
 - Plan N

2010 MedSup Changes

Plan A	Plan B	Plan C	Plan D	Plan F #	Plan G	Plan K^	Plan L ^^	Plan M *	Plan N *
Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	Hospital and preventive care 100%; other basic 50%	Hospital and preventive care 100%; other basic 75%	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance
Basic = Part A coinsurance + 365 days; Part B copays or coinsurance for outpatient; blood, first 3 pints per year; hospice, Part A coinsurance.	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	Part A deductible
		SNF coinsurance	SNF coinsurance	SNF coinsurance	SNF coinsurance	50% SNF coinsurance	75% SNF coinsurance	SNF coinsurance	SNF coinsurance
		Part B deductible		Part B deductible		50% Part B deductible	75% Part B deductible		
				100% Part B excess	100% Part B excess				
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency			Foreign travel emergency	Foreign travel emergency

Separate version of Plan F with \$2,000 deductible.

^ Plan K has out-of-pocket limit of \$4,620 for covered services. Medicare then pays 100%.

^^ Plan L has out-of-pocket limit of \$2,310 for covered services. Medicare then pays 100%

* Due to MIPPA MedSup Changes effective 6/1/2010: eliminates E,H,I, & J Plans.

Adds new Plan M and new Plan N.

Plan N has copay of up to \$20/office visit; up to \$50/emergency room visit.

Choosing a MedSup plan

- Plan A: Bargain Basic
 - Covers the very basics filling some of the gaps in coverage.
 - **Hospitalization** (Part A) You still pay the deductible(1,100.00), but it combines with Part A to cover at least 515 continuous days in a hospital.
 - **Medical Bills** (Part B) You pay the deductible (\$155.00) then it covers the 20 % that Part B doesn't, so your covered at 100%.
 - **Blood** covered at 100% except deductible (\$155.00).

Plans B thru N

- Plan B thru L combine these extra benefits in different ways
 - **Part A deductible:** (\$1,100 per benefit period)
 - **Part B deductible:** (\$155.00 per calendar year)
 - **Skilled Nursing Care:** Pays coinsurance for days 21 to 100 in a SNF (\$137.50 per day).
 - **Excess Charges under Part B:** Pays 80-100 % of the amount a Dr. can bill.
 - **At-Home Recovery:** \$1,600.00 for ADL assistance.
 - **Preventative Care:** limit of \$120.00 for physical exam.
 - **Foreign travel emergency:** You pay \$250.00 deductible, coverage pays 80% up to lifetime limit of \$50,000.

Handouts

- **Benefits chart-Plans A through N**
- **Monthly premiums**
- **Policy Comparison worksheet**

Enrollment

- All MedSup plans have a 6 month open enrollment during which you can not be denied. This is the first day of the month in which he/she is both 65 and enrolled in Medicare part B.
- However, the company can impose a six month waiting period on all pre-existing medical conditions.
 - This means that any condition that you have received medical care for in the last six months, will not be covered for six months.

Enrollment in MedSup Plans

- Annual Coordinated Election Period is Nov 15 to Dec 31. All persons on Medicare can change plans during this time. Coverage will start Jan 1.
- Medicare Advantage Enrollment Period: Jan 1- March 31. People on Medicare can make one change either into an Advantage or out of an Advantage plan at this time.
- Special enrollment Periods. Call OSHIP for details.

Guarantee Issue Opportunity

- Eight situations
- When these situations occur you may choose the plan that gives you the best protection.

Situation 1

- Coverage through Medicare Advantage plan ends because the plan is leaving the Medicare program.
 - You can then enroll in Plan: A, B, C, F

Situation 2

- Coverage through an employer or another type of group health plan ends.
 - Can enroll in Plan A, B, C, F

Situation 3

- Coverage ends because you move out of the plans service area.
 - Can enroll in Plans A, B, C, F

Situation 4

- When first eligible for Medicare at age 65, a person joins a Medicare Advantage plan. Within the first year, the person decides to leave and get a MedSup.
 - Can choose MedSup plans A-N

Situation 5

- A person who dropped a MedSup plan to join a Medicare Advantage plan or Medicare Select plan for the first time now wants to leave during the first year of joining the new plan.
 - May choose MedSup plans A, B, C, F, K, L

Situation 6

- Coverage ends because the MedSup company goes bankrupt or coverage ends through any means that is not the fault of the insured person.
 - May choose MedSup plans A, B, C, F

Situation 7

- A person with a MedSup policy, a Medicare Advantage plan or a Medicare Select plan leaves because the company misled the insured person or did not follow the rules.
 - May choose plans A, B, C, F

Situation 8

- A person with MedSup policy (H, I or J) that covers prescription drugs wants to enroll in a Medicare prescription drug plan instead and get another MedSup policy from the same company without prescription drug coverage.
 - May choose plans A, B, C, F, K, L

Prescription Drug Coverage

- Medicare Part D stands alone or is included in Medicare Advantage plans.
- Open enrollment is Nov 15 to Dec 31 annually.
- If you lose your credible coverage you have 63 days to enroll without penalty.
- National average premium cost is \$30.00

Resources

- **OSHIIP**

- 1-800-686-1578

- www.insurance.ohio.gov

- **Medicare**

- 1-800-MEDICARE

- www.medicare.gov

- www.mymedicare.gov

- **Social Security Administration**

- 1-800-772-1213

- www.socialsecurity.gov

Thank you for your
time and attention

Questions??