

Medicare Educational Seminar



MEDICARE

20➡23





We're glad you're here.

WELCOME!

WHAT WE'LL COVER

Understanding Medicare

Exploring Original Medicare

Additional Coverage Choices

- **Medicare Advantage**
- **Prescription Drug**
- **Medicare Supplement Insurance**

How Coverage Stacks Up

Resources for You



Understanding **Medicare**

UNDERSTANDING MEDICARE

Medicare is federal health insurance for eligible individuals who are:

- Age 65 or older
- A U.S. citizen or permanent U.S. resident
- Have lived in the U.S. for five years in a row prior to enrolling
- Are younger than age 65 with a qualifying disability
- Are any age with end-stage renal disease (ESRD) or ALS

Medicare covers individuals without regard to income or medical history.

UNDERSTANDING MEDICARE

PART A HOSPITAL

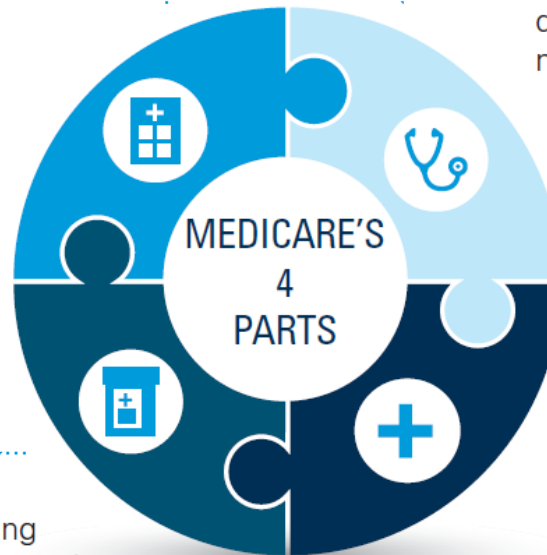
Helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care.

PART B MEDICAL

Helps cover services from doctors and other healthcare providers, outpatient care, home health care, durable medical equipment, and many preventive services.

PART D PRESCRIPTION DRUGS

Helps cover the cost of prescription drugs, including many recommended shots and vaccines.



PART C MEDICARE ADVANTAGE

Medicare Advantage plans include benefits of Parts A and B, and usually Part D, plus extra benefits like dental, vision and hearing.

MEDICARE SUPPLEMENT

Medicare Supplement plans are not part of Medicare, but they can play an important role to help bridge the gaps in your Medicare coverage.

Exploring **Original Medicare**

ORIGINAL MEDICARE



HOSPITAL

PART A



MEDICAL

PART B

ORIGINAL MEDICARE ELIGIBILITY

**HOSPITAL
PART A**

**MEDICAL
PART B**

**Social
Security**

**Railroad
Retirement
Board**

**Under 65
and
disabled**

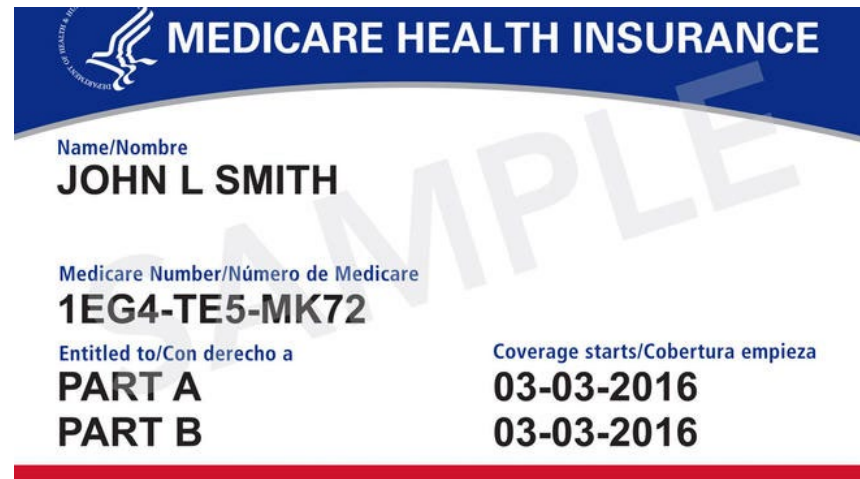
Automatic enrollment:

- After you begin receiving Social Security or the Railroad Retirement Board
- After you receive certain disability benefits from Social Security or the Railroad Retirement Board for 24 months

ORIGINAL MEDICARE MEDICARE CARD

Red, White and Blue Medicare card:

- Receive by mail
 - 3 months before your 65th birthday
- or
- 25th month of disability benefits



ORIGINAL MEDICARE ENROLLMENT PERIODS

Initial Enrollment Period (IEP)

7-month period

- Begins 3 months before the month you turn 65
- The month you turn 65
- Ends 3 months after the month you turn 65

General Enrollment Period (GEP)

January 1 - March 31

- If you missed your IEP, coverage begins the month after enrollment
- *You may have to pay a higher Part A and or Part B premium for late enrollment

Special Enrollment Period (SEP)

Loss of Coverage

- If you are still enrolled in a group health plan and lose coverage, you will be able to enroll during this time.

*If you (or your spouse) are still working, you may have a chance to sign up for Medicare during a Special Enrollment period. If you didn't sign up for Part B (or Part A if you have to buy it) when you were first eligible because you're covered under a group health plan based on current employment (your own, a spouse's, or if you're disabled, a family member's), you can sign up for Part A and or Part B.

ORIGINAL MEDICARE OVERVIEW



HOSPITAL PART A

- **Hospital insurance**
- **Typically, premium-free if you or your spouse paid Medicare taxes while working**

HELPS COVER:

- Inpatient care in hospitals
- Inpatient care in a skilled nursing facility (not custodial or long-term care)
- Hospice care
- Home health care
- Inpatient care in a religious, non-medical health institution

ORIGINAL MEDICARE OVERVIEW



MEDICAL PART B

- **Medical insurance**
- **Funded by general revenues and premiums paid by enrollees**

HELPS COVER:

- Medically necessary doctors' services
- Outpatient care
- Home health services
- Many preventive services
- Durable medical equipment
- Part B drug coverage

ORIGINAL MEDICARE OUT-OF-POCKET COSTS



MEDICAL **PART B**

- Premium paid monthly
- Standard premium for 2023: \$164.90

AUTOMATICALLY DEDUCTED FROM BENEFIT PAYMENT IF:

- You receive Social Security benefits
- You receive Railroad Retirement Board benefits
- You receive Office of Personnel Management benefits
- Monthly bill if no automatically deducted

ORIGINAL MEDICARE USING PART A AND PART B

Use Facilities Accepting Medicare Patients

- Primary Care Physician (PCP)
- Specialists
- Other health care providers
- Hospitals
- Other facilities

Pay Coinsurance

- Then Medicare pays its share
- You pay your share (coinsurance/copayment) for covered services and supplies
- No yearly limit for what you pay out-of-pocket

ORIGINAL MEDICARE SERVICES TYPICALLY NOT COVERED



Most Dental Care
(including dentures)



Eye Examinations
(relating to prescribing
glasses)



Acupuncture



Cosmetic Surgery



**Hearing Aids &
Fitting Exams**



Long Term Care



Most Prescriptions
(few exceptions)

OPTION TO ADD

Part D
Coverage

**Join Medicare
Prescription
Drug Plan**

PART C **MEDICARE ADVANTAGE**

INTRODUCTION

Medicare Advantage

Part C



+



+



+



=



PART A + PART B

Combines Original Medicare Part A and Part B in one plan

PART D

Many plans offer prescription drug coverage

EXTRAS

Many plans offer benefits like dental, eyewear, and hearing

PART C

Bundled all-in-one coverage



MEDICARE ADVANTAGE PLANS COMPARED TO ORIGINAL MEDICARE

- **All-in-one bundled plan from one private insurance company**
- **Emergency and urgent care are covered**
- **Includes all services covered by Original Medicare**
- **Same rights and protections as Original Medicare**
- **Limits on Medicare-covered out-of-pocket expenses**
- **Offers low deductibles and copays on prescription drugs**
- **Offers extra benefits not covered by Original Medicare**



MEDICARE ADVANTAGE PLANS OVERVIEW

- **Will receive Part A and Part B benefits**
- **Continue to pay Part B premium in addition to MA plan premium**
- **Use providers in plan's network for HMO**
- **Yearly limit on your out-of-pocket costs for medical services**



MEDICARE ADVANTAGE PLANS OVERVIEW

- **No restrictions for pre-existing conditions**
- **Joining or leaving a plan is limited to certain times of the year**
- **Plan changes could occur each year**



MEDICARE ADVANTAGE PLANS ELIGIBILITY

- **Reside in the plan's service area**
- **U.S. citizen/lawfully present in the United States**
- **Enrolled in Part A**
- **Enrolled in Part B**

MEDICARE ADVANTAGE INSURANCE PLAN OPTIONS

HMO

Health
Maintenance
Organization

PPO

Preferred
Provider
Organization

PFFS

Private Fee
for Service

SNP

Special
Needs Plan

MSA

Medical
Savings
Account Plan



MEDICARE ADVANTAGE PLANS

OUT-OF-POCKET COSTS

- **If the plan charges a monthly premium in addition to your monthly Part B premium**
- **If the plan has an annual deductible or any additional deductibles for certain services**
- **Fees for each visit or service like copayments or coinsurance**
- **Follow the plan's guidance**
- **Yearly limit on out-of-pocket costs for medical services**
- **Medicaid or state assistance**

MEDICARE ADVANTAGE PLANS

ENROLLMENT PERIODS

Initial Enrollment Period

7-month period

Begins 3 months before the month you turn 65

Includes the month you turn 65

Ends 3 months after the month you turn 65

General Enrollment Period

January 1-March 31

If you have Part A coverage and you can get Part B for the first time

Annual Enrollment Period

October 15 – December 7

Change plans during this time.

Special Enrollment Period

Leave plan's service area

Medicaid – (LIS)

Qualify for extra help

Live in an institution

Disenrollment Period

January 1 - February 14

You can leave a Medicare Advantage plan and switch to Original Medicare

Open Enrollment Period

January 1-March 31

Enrollees in an MA plan are allowed a one-time election to another MA plan; or leave an MA plan to return to Original Medicare plus a Part D Plan

MEDICARE **Prescription Drug Coverage**

PRESCRIPTION DRUG COVERAGE OVERVIEW



**PRESCRIPTION
DRUG
PART D**

- **Sold by private insurance companies**
- **Adds prescription drug coverage to Original Medicare**
- **Can be combined with many plans if not already included**

Medicare.gov 1-800-MEDICARE (1-800-633-4227)

ELIGIBILITY:

- First become eligible for Medicare (during your Initial Enrollment Period)
- During Annual Enrollment Period (October 15 – December 7 annually)
- Special Enrollment Period (must qualify)

63 DAY RULE

Lack of coverage could result in a penalty for as long as you have Part D coverage



COVERAGE GAP/DONUT HOLE

INITIAL COVERAGE

Up to \$4,660

You pay a copay or coinsurance (a percent of a drug cost) for your prescriptions until total drug costs (paid by you and your health plan) reach \$4,430.

Once total drug costs reach \$4,660, you move to the next phase.

COVERAGE GAP (Donut Hole)

Up to \$7,400

After your total drug costs reach \$4,660, you pay 25% of the cost of covered brand name drugs and 25% of the cost of covered generic drugs.

You will stay in this phase until your out-of-pocket costs reach \$7,400. Once you reach \$7,400, you move to the next phase. This does not include the amount your health plan pays.

CATASTROPHIC COVERAGE

Applies after your total yearly drug cost reaches \$7,400

You pay a copay or coinsurance amount.

You stay in this stage for the remainder of the year.

The 2023 **True Out-of-Pocket** (TrOOP) limit is **\$7,400**



PRESCRIPTION DRUG COVERAGE

OUT-OF-POCKET COSTS



Monthly Premium



Yearly Deductible



**Copayments or
Coinsurance**

MEDIGAP MEDICARE SUPPLEMENT INSURANCE

MEDICARE SUPPLEMENT OVERVIEW



MEDICARE SUPPLEMENT

- Sold by private insurance companies
- Helps pay some of the healthcare costs that Original Medicare doesn't
 - Copayments, coinsurance, deductibles
- Use any doctor or specialist that accepts Medicare
- Medicare Supplement Insurance is not connected with or endorsed by the U.S. Government or federal Medicare program.

MEDICARE SUPPLEMENT OVERVIEW



MEDICARE SUPPLEMENT

- **Must have Medicare Part A and Part B**
- **Pay the private insurance company a monthly premium for the plan**
- **Pay monthly Part B premium to Medicare**
- **10 standardized plan options such as Plan G**
- **Some carriers may offer extra benefits with certain plans**
- **Cannot be enrolled in Medicare Supplement and a Medicare Advantage plan**

MEDICARE SUPPLEMENT INSURANCE ENROLLENT PERIODS

**Medigap Open
Enrollment
Period (OEP)**

**Leave a
Medicare
Advantage plan**

**Loss of
health
coverage**

6-month Period

- Begins on the first day of the month you turn 65, and your Part B has become effective
- Guaranteed acceptance

Free look period

MEDICARE SUPPLEMENT INSURANCE ELIGIBILITY FOR EXTRA HELP

QUALIFICATION

People with Medicare who meet any of the conditions below will automatically qualify for extra help:

- Receive full Medicaid coverage
- Receive Supplemental Security Income (SSI) benefits
- Receive Help from Medicaid paying Medicare Part B premiums in a Medicare Savings Program (MSP)

Others must apply and qualify

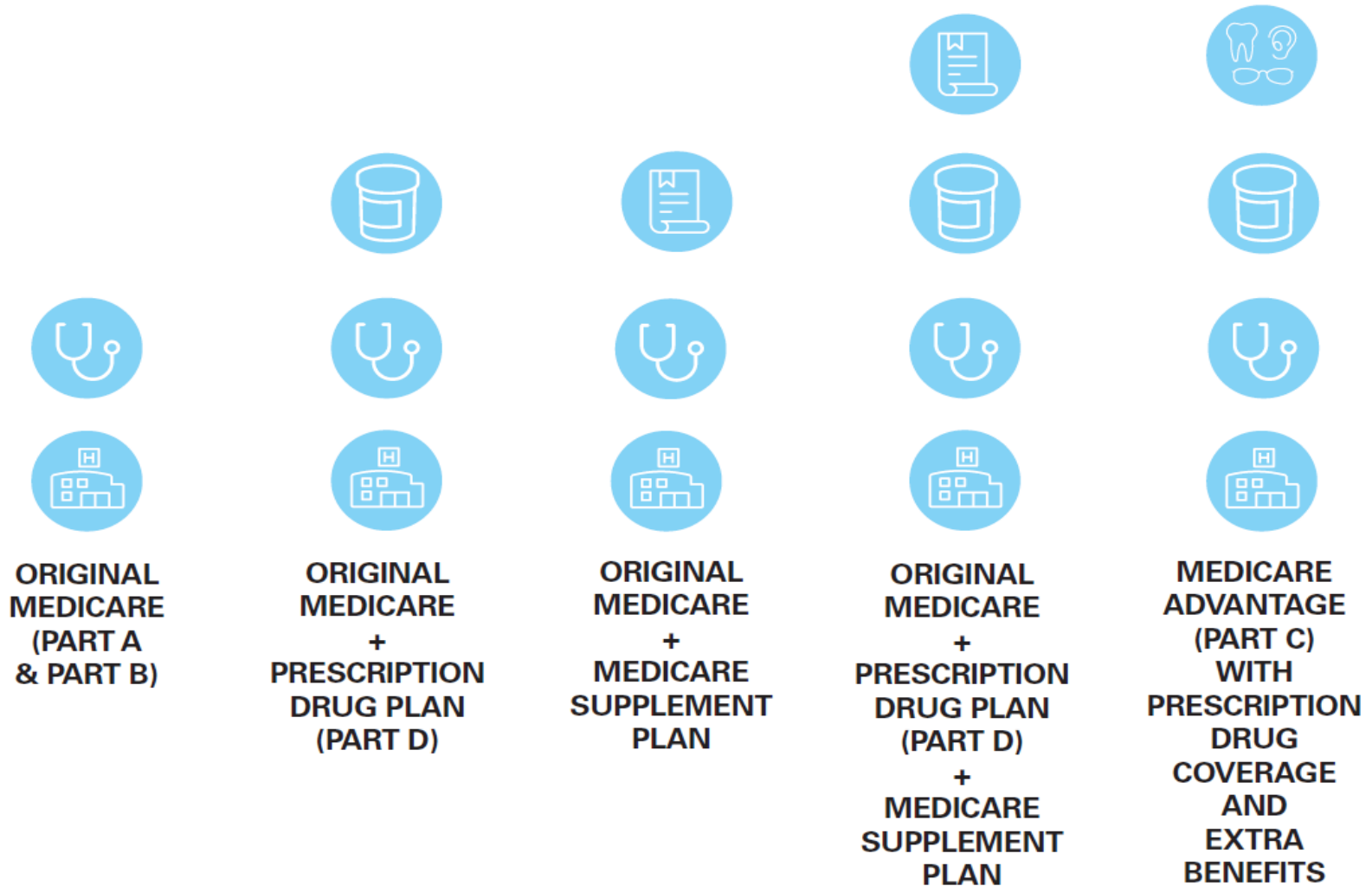
EXTRA HELP WITH DRUG COSTS

- Get help paying your Medicare Drug plans monthly premium, yearly deductible, coinsurance, and copayments
- Have no coverage gap
- Have no late enrollment penalty
- Have the chance to switch plans at any time. Any change you make will take effect the first day of the following month

www.Medicare.gov or 1-800-MEDICARE (1-800-633-4227)

HOW COVERAGE **STACKS UP**

MEDICARE COVERAGE COMBINATIONS



THINGS TO CONSIDER WHEN CHOOSING A PLAN



Convenience



Cost



Coverage



**Doctor &
hospital choice**



**Prescription
drugs**



**Quality of
care**



Travel



**Your other
coverage**

MEDICARE ADVISORS AVAILABLE

Schedule a personalized consultation to:

- Review and verify your primary care provider and preferred hospital is in our network
- Confirm your prescription drugs are covered in the plan you select
- Answer questions
- Help guide you to the best plan for your needs





THANK  YOU



MEDICARE

Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.



BLUE MEDICARE ADVANTAGE

For Blue Medicare Advantage HMO plans, members must use plan providers except in emergency or urgent care situations. If a member obtains routine care from an out-of-network provider without prior approval from Blue Cross and Blue Shield of Kansas City, neither Medicare nor Blue Cross and Blue Shield of Kansas City will be responsible for the costs.

For Blue Medicare Advantage (PPO) plans, out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Blue Medicare Advantage PPO plans are offered in the Missouri counties of Andrew, Bates, Buchanan, Cass, Clay, Jackson, Platte, Ray, Johnson, Lafayette and Clinton. Blue Medicare Advantage PPO plans are also offered in the Kansas counties of Johnson and Wyandotte.

Blue Medicare Advantage HMO plans are offered in the Missouri counties of Cass, Clay, Jackson, Platte, Ray, Lafayette, and Clinton. Blue Medicare Advantage HMO plans are also offered in the Kansas counties of Johnson and Wyandotte.

Blue Cross and Blue Shield of Kansas City's Blue Medicare Advantage includes both HMO and PPO plans with Medicare contracts. Enrollment in Blue Medicare Advantage depends on contract renewal. Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association. The HMO products are offered by Blue-Advantage Plus of Kansas City, Inc., and the PPO products are offered by Missouri Valley Life and Health Insurance Company, both wholly-owned subsidiaries of Blue Cross and Blue Shield of Kansas City.

Other providers are available in our network.

Every year, Medicare evaluates plans based on a 5-star rating system.

This is not a full description of benefits. Please refer to Evidence of Coverage for full list of benefits.

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