

Medicare 101 Webinar

Sponsored by the
Senior Health Insurance Assistance Program (SHIP)
and the Colorado Division of Insurance

View today's Medicare 101 PowerPoint presentation at
www.dora.state.co.us/insurance/senior/misc.htm



LOCAL HELP FOR PEOPLE WITH MEDICARE



Dora
Department of Regulatory Agencies

Medicare 101 Agenda

- What is Medicare?
 - How do I enroll?
 - When can I sign up?
 - What if I am still working?
 - What does Medicare cost?
- Let's talk about Medicare Coverage
 - Medicare coverage choices
 - Original Medicare
 - Welcome to Medicare exam
 - What's not covered
- Medigaps
- Prescription Drug Plans (PDP)
 - Understanding Prescription Drug Coverage
 - 2012 Standard Drug Benefit
 - Gap Benefits 2012
 - Extra Help (LIS)
- Medicare Health Plans
 - Cost Plans – Did you know?
 - MA Disenrollment Period
- Medicare.gov Plan Finder

Your Job During the Webinar

- **Listen for basic concepts**
 - When Medicare will start for you
 - How to put a benefit package together
 - Reminder: This presentation is on the DORA website.
- **Ask questions**
 - We'll stop at different points in the program to take a breather and answer questions live.
 - Type in questions any time.
- **Don't worry!**
 - Call the SHIP 1-888-696-7213 for free assistance.
 - Spanish line 1-866-665-9668. Sin cargo.
 - Call Medicare 1-800-MEDICARE (1-800-633-4227).

What is Medicare?

- Health insurance for US citizens and lawfully admitted aliens (residing in US five consecutive years)
 - Age 65 and older
 - Under age 65 with certain disabilities
 - Any age with End-Stage Renal Disease (ESRD)
 - Any age with Lou Gehrig's disease (ALS)
- Administered by the Centers for Medicare & Medicaid Services (CMS)
- Social Security Administration (SSA) determines eligibility for most beneficiaries.
- Railroad Retirement Board (RRB) oversees railroad retirees.

How do I enroll in Medicare?

- You turn 65 **and** are receiving SSA or RBB benefits
 - Auto-enrolled into Medicare Parts A & B
 - Receive Initial Enrollment Period package 3 months prior
- You are under age 65 **and** receive SSDI benefits
 - Auto-enrolled into Medicare Parts A & B in month 23/24
 - Receive Initial Enrollment Period package 3 months prior to the 25th month of disability benefits
- You contact Social Security three months before turning 65 if you are not signed up for Social Security
 - Go to www.SSA.gov website to enroll.
 - Contact Social Security 1-800-772-1213.
 - Visit local Social Security office.
- Railroad retirees should contact RRB.
 - Call your local RRB office or 1-877-772-5772.

When can I sign up?

Initial Enrollment Period (IEP)

3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	The month you turn 65	1 month after you turn 65	2 months after you turn 65	3 months after you turn 65
Sign up early to avoid a delay in getting coverage for Part B services. To start coverage in your birthday month, you must sign up during the three months prior.			If you wait until the last four months of your Initial Enrollment Period to sign up for Part B, your start date will be delayed.			

(If your date of birth is the first of the month, your effective date moves to the first of the month before your month of birth if you apply within the first two months of your IEP.)

What if I am still working?

- If you or your spouse plan to continue working past 65 and are covered by an employer group health plan:
 - Contact your Human Resources department to determine if you are required to enroll in Medicare.
 - Review options and requirements
 - » Should you keep/sign up for Part A?
 - » Should you take Part B? When?
 - » Health Savings Account alert!
 - » Creditable coverage
 - » Future Special Enrollment Period (SEP)
 - **Contact Social Security before you turn age 65** to let them know **if you are going to delay signing up for Medicare** Parts A and/or B.

Special Enrollment Period

If you didn't sign up for Part A and/or Part B when you were first eligible because you were covered under an employer group health plan, you can sign up:

Anytime that you or your spouse (or family member, if you're disabled) are working, and you're covered by a group health plan through the employer or union based on that work.

Or

During the 8-month period that begins the month after the employment ends or the group health plan coverage ends, whichever happens first.

(If you have COBRA coverage or a retiree health plan, you do not have coverage based on current employment. You're not eligible for a Special Enrollment Period when that coverage ends.)

Special Enrollment Period (continued)

- You have 8 months to sign up for Medicare Part A and/or B once the employment ends or the plan coverage ends. (Begins the month after.)
- You have 2 full months to sign up for a Medicare Advantage Plan or a stand-alone Prescription Drug Plan once the employment ends or the plan coverage ends.
- When you sign up for Part B your 6-month Medigap (aka Medicare Supplement) Open Enrollment Period begins. This period gives you a guaranteed right to buy any Medigap policy sold in your state.

What if I don't sign up when eligible?

General Enrollment Period

If you didn't sign up for Part A and/or Part B when you were first eligible, you can sign up between January 1 and March 31 each year. Your coverage will begin July 1. You may have to pay a higher premium for late enrollment.

If you sign up during these months	Your coverage will begin on
January	July 1
February	
March	

So, what does Medicare cost?

- Medicare Part A is premium-free if you or your spouse paid FICA taxes while working.
 - 10 year minimum in most cases
 - 40 quarter hours required for premium-free Part A
- Part A can be purchased. In 2012, the cost is:
 - \$248 for a person who has earned 30-39 work quarters.
 - \$451 for a person who has earned < 30 work quarters.
- Not eligible for premium-free Part A, and you don't buy it when you're first eligible?
 - Monthly premium may go up 10% for twice the number of years you were eligible and didn't sign up
 - Usually no penalty if you sign up during an SEP

So, what does Medicare cost? (continued)

- Monthly Medicare Part B premium
 - \$99.90 base premium for 2012
 - Higher premiums for those beneficiaries with higher incomes
- Didn't sign up for Part B when you were first eligible?
 - 10% penalty for each 12-month period you were eligible and didn't sign up
 - Usually no penalty if you sign up during an SEP
- 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

Additional Coverage

- Retiree benefit plans
- COBRA – Know the rules!
- TRICARE for Life
 - Must have Part B to keep your TRICARE coverage
 - Don't have to enroll in Part B while the service member is active
 - Must enroll in Part B before active-duty member retires to keep TRICARE without a break in coverage
- Federal Employees Health Benefits (FEHB) Program
- Public Employees' Retirement Association of Colorado (PERA)
- Medicaid

Additional Coverage - Resources

- COBRA
 - Talk to your company's human resources department
 - FAQs For Employees About COBRA Continuation Health Coverage <http://www.dol.gov/ebsa/faqs/faq-consumer-cobra.html>
- TRICARE for Life
<http://www.tricare.mil/tfl/general.cfm>
- FEHB
<http://www.opm.gov/insure/health/medicare/intro.asp>
- PERA
<http://www.copera.org/pera/peracare/retiree/introduction2011.htm>
- Medicaid
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485591>

Coordinate Your Coverages

- Questions on coordination of all your coverage options
 - **Call Medicare's Coordination of Benefits Contractor at 1-800-999-1118 to verify options unique to you.**
- General rules apply for employer or union group health plan
 - If you have retiree coverage, Medicare pays first.
 - If coverage is based on current employment, there are many factors that determine who pays first—call the COB contractor.
- If you are receiving benefits from an automobile accident, black lung disease, or Workers' Compensation—call the COB contractor.
- Medicaid and TRICARE never pay first for Medicare-covered services.
- You may need to give your Medicare number to other insurers so your bills are paid correctly and on time.

Coverage for spouse?

- Medicare choices are made individually.
- Coverage options for spouse
 - Medicare
 - Employer group health plan
 - COBRA
 - Conversion
 - Personal policy
 - CoverColorado
 - GettingUsCovered
- Visit www.askdora.colorado.gov website and **click on the Division of Insurance tab** to find information on individual plans and a link to the SHIP.

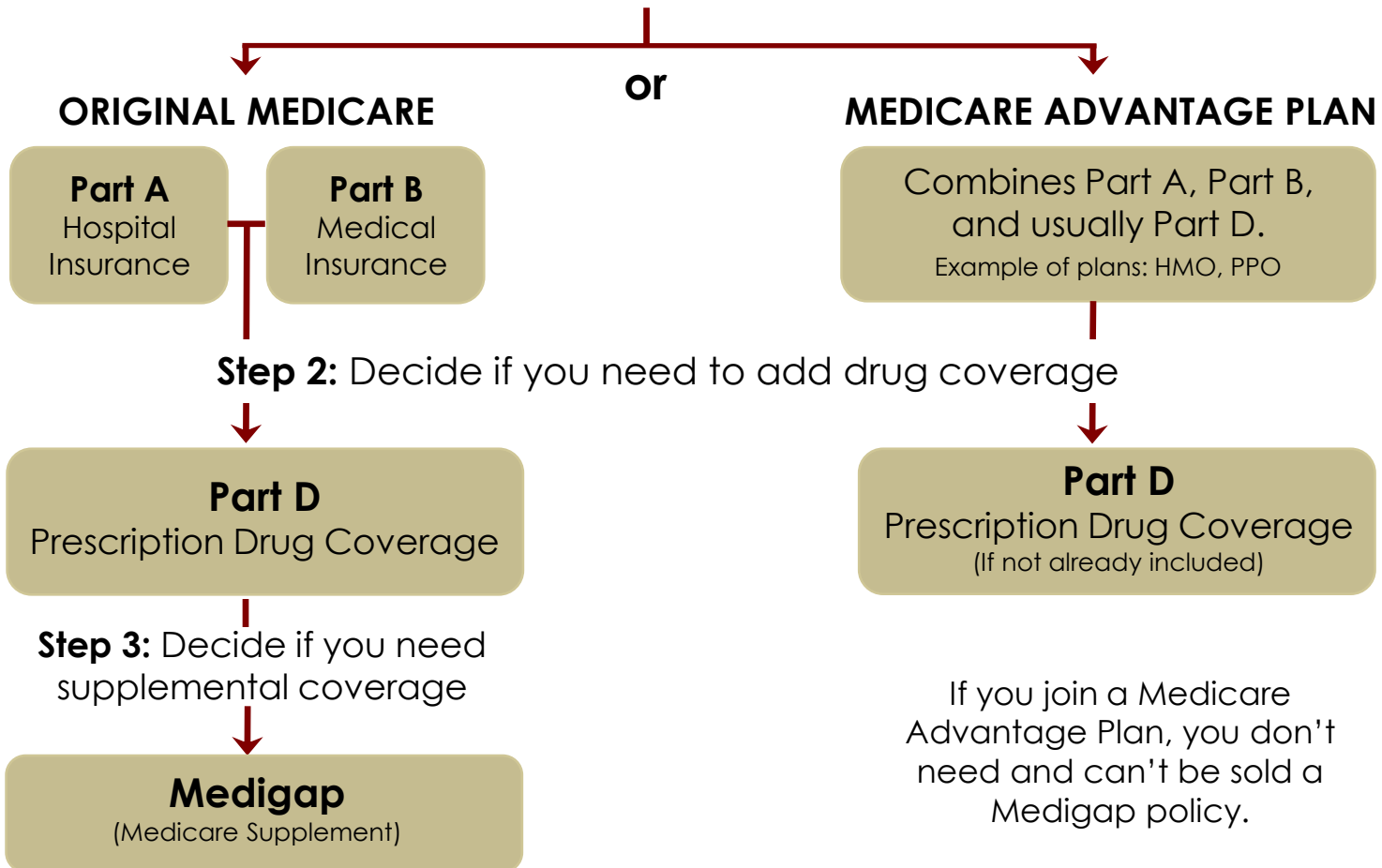
Let's talk about Medicare coverage!

- The Four Parts of Medicare
- Part A – Hospital Insurance
- Part B – Medical Insurance
- Part C – Advantage Plans
- Part D – Prescription Drug Coverage



Medicare Coverage Choices

Step 1: Decide how you want to get your coverage



Original Medicare

- Fee-for-service program managed by the Federal government
- Provides your Part A and/or Part B coverage
- See any doctor or hospital that accepts Medicare and is accepting new Medicare patients.
- You pay
 - Part B premium (Part A free for most people)
 - Deductibles, coinsurance, or copayments
- Get a Medicare Summary Notice (MSN)
- Can join a Part D to add drug coverage

Original Medicare

- Has Part A – Hospital Insurance
 - In-patient hospital stays
 - Skilled nursing facility care
 - Home health services
 - Hospice care
- Has Part B – Medical Insurance
 - Doctor's visits
 - Outpatient hospital services
 - Clinical lab tests
 - Preventative Services



Medicare Part A

- Part A deductible is \$1,156 in 2012 for **each** benefit period.
- Benefit Period
 - Begins on the day you first receive inpatient care in a hospital or skilled nursing facility
 - Ends when you are not in a hospital or receiving care in a skilled nursing facility for 60 days in a row
- You must pay the inpatient deductible for each benefit period.
- There is no limit to the number of benefit periods you can have.

Medicare Part A (continued)

- In-patient hospital stays – Beginning January 1, 2012
 - \$1,156 deductible for days 1-60 each benefit period
 - \$289 per day for days 61-90 each benefit period
 - \$578 per “lifetime reserve day” after day 90 each benefit period (up to 60 days over your lifetime)
 - You pay the cost for each day after the lifetime reserve days
 - Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime

- Staying overnight in a hospital doesn't always mean you are an inpatient.
 - Inpatient when doctor formally admits you with doctor's order
 - Always ask if you are an inpatient or an outpatient

Medicare Part A (continued)

- Skilled nursing facility care – Beginning January 1, 2012
 - \$0 for the first 20 days each benefit period
 - \$144.50 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
 - Does not include the day you are discharged
- Includes daily skilled care like IV injections or physical therapy
- Medicare **does not** cover long-term care or custodial care.

Medicare Part B

- Part B has an **annual** deductible of \$140 for 2012.
- Medicare pays 80% of Medicare-approved amounts once deductible is met.
- Covers medically-necessary services (Just some examples.)
 - Doctors' services
 - Lab tests/x-rays/mammograms
 - Blood beginning with the 4th pint
 - Ambulance services
 - Home home care (without 3-day hospital stay)
 - Durable medical equipment
 - » Oxygen equipment and supplies
 - » Wheelchairs and walkers
 - » In-home hospital beds ordered by doctor/health care provider
 - Kidney dialysis services and supplies
 - Check CMS publication *Medicare & You 2012* for more details

Medicare.gov website

Check out
New to Medicare!

The screenshot shows the Medicare.gov homepage. At the top, there is a blue header with the Medicare.gov logo, the tagline "The Official U.S. Government Site for Medicare", and a search bar. Below the header is a navigation menu with buttons for Home, Manage Your Health, Medicare Basics, Resource Locator, and Help & Support. The main content area is divided into several sections: "Getting Started" with links for new Medicare users, "Top 7 Services" listing various Medicare-related actions, "Medicare News" with a link to affordable Medicare in 2012, and "Medicare Benefits" with buttons for Part A, B, C, and D. A "MyMedicare.gov" section is highlighted with a red circle and an arrow pointing to the "Create an Account" button. A red speech bubble on the left points to the "New to Medicare?" link.

Medicare.gov
The Official U.S. Government Site for Medicare

Sign In to MyMedicare.gov

Search Medicare.gov Search FAQ

Email Print Bookmark & Share RSS Español (Spanish) A A A

Home Manage Your Health Medicare Basics Resource Locator Help & Support

Health & Drug Plans

Facilities & Doctors

MyMedicare.gov

New to Medicare?

Getting Started

Welcome To Medicare

6 Things You Should Do

Find Out if You're Eligible

Choosing or Changing Your Coverage?

Medicare & You 2011 Handbook

Apply Online for Medicare Now

Open Enrollment is early this year October 15 - December 7

It's time to review, compare and choose the right plan for you.

Stay Healthy

When Was Your Most Recent Mammogram?

Now's the Time for Your Free

Top 7 Services

Find Out What Medicare Costs in 2012

Find Health and Drug Plans

Apply Online for Medicare Now

Find Out if Medicare Covers Your Test, Item or Service

Get Extra Help with Prescription Drug Costs

Find Out How Medicare Works with Your Other Insurance

Get a New Medicare Card

Medicare News

Keeping Medicare Affordable in 2012

4 Ways to Protect Your Identity and Personal Information

MyMedicare.gov

Secure Sign In Create an Account

Learn More →

Medicare Benefits

Part A Hospital Coverage

Part B Medical Insurance

Part C Medicare Advantage Plans

Part D Prescription Drug Plans

Learn More →

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Welcome to Medicare

Medicare.gov
The Official U.S. Government Site for Medicare

Sign In to MyMedicare.gov

Search FAQ

Email Print Bookmark & Share RSS Español A A A

Home Manage Your Health Medicare Basics Resource Locator Help & Support

ANNOUNCEMENTS: Now, the "Welcome to Medicare" preventive visit is free! [Learn More.](#)

Welcome to Medicare

Getting Started with Medicare

[New to Medicare](#), or need to find out if you're **eligible?**



Checklist: 6 Things to Do When You Get Medicare

Start your Medicare off right. Use this checklist to make sure you're taking advantage of everything Medicare has to offer.

[Learn More >](#)



"Welcome to Medicare" Preventive Visit

Medicare covers all the costs for a one-time, comprehensive "Welcome to Medicare" preventive visit the first year you have Medicare. Learn what the visit includes and how you can take advantage of it.

[Learn More >](#)



It's Time for Medicare **Open Enrollment**
October 15 - December 7



Need to apply for Medicare?

[Apply online](#)

MyMedicare.gov

[Secure login](#) [Create account](#)

Medicare & You 2011 Handbook

[Download Handbook \(PDF\)](#)



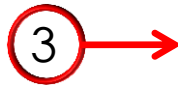
To learn more, visit our [resources library.](#)

What You Should Consider When Choosing Or Changing Your Medicare Coverage

Get tips for what to think about when choosing or changing your Medicare coverage. [Learn More >](#)

Related Links

- [Preventive Services](#)
- [Partner Resources](#)



Welcome to Medicare Physical Exam

- Includes a review of medical/social history.
- Education and counseling about preventive services, including screenings, shots, and referrals for other care, if needed.
- During the visit, your doctor will do the following:
 - Record your medical history.
 - Check your height, weight, and blood pressure.
 - Calculate your body mass index.
 - Give you a simple vision test.
- Depending on your general health and history, further tests may be ordered.
- Beneficiary pays nothing for this visit unless . . .

Yearly “Wellness” Visit

- Develop or update a personalized prevention plan based on current health and risk factors.
- This plan includes:
 - Review of medical and family history
 - List of current providers and prescriptions
 - Height, weight, blood pressure, and other routine measurements
 - A screening schedule for appropriate preventive services
 - List of risk factors and treatment options
- Beneficiary pays nothing for this visit unless . . .

What's not covered by A & B?

- Medicare doesn't cover
 - Long term care
 - Routine dental care
 - Dentures
 - Routine eye exams/glasses
 - Routine foot care
 - Cosmetic surgery
 - Acupuncture
 - Hearing aids (or exams for hearing aids)
 - Christian sciences practitioners

Advanced Beneficiary Notice (ABN)

- If you have original Medicare, the healthcare provider may give you an ABN.
- This notice says Medicare probably won't pay for some services in certain situations.
- If you choose to get the services or items listed on the ABN, you will have to pay if Medicare doesn't.
- You can choose to get the services or items listed and ask the provider to submit the bill to Medicare. You can still file an appeal.
- If you should have received and didn't, in most cases Medicare will require provider to refund you what you paid.
- Blank ABNs cannot be signed ahead of time and held on file "just in case."

Medicare Assignment

- **First question** to ask provider is if they accept Medicare
- If provider accepts Medicare, the **second question** to ask is if they accept Medicare assignment.
 - Assignment means they accept the Medicare-approved amount for services
 - Only charge Medicare deductible/coinsurance amount
 - They submit claims to Medicare
- If providers doesn't accept assignment
 - They may charge you more (limiting charge is 15% over the Medicare-approved amount).
 - You may have to pay the entire charge at time of service, but the provider is supposed to submit a claim to Medicare for any Medicare-covered services they provide to you.

Medicare Savings Program

Individuals with low incomes and resources may be eligible for assistance with the Part B premium, copayments, and deductibles through Medicaid.

Income limits usually change in April.

Resource figures usually change in January.

Program	Single Gross Income	Couple Gross Income	Single Resources	Couple Resources
QI	\$1,246/month	\$1,675/month	\$8,440	\$13,410
SLMB	\$1,109/month	\$1,491/month	\$8,440	\$13,410
QMB	\$928/month	\$1,246/month	\$8,440	\$13,410

Resources include \$1,500 per person for funeral/burial expense.

Medigaps fill the gaps in Medicare

- Medigap (aka Medicare Supplement) plans can
 - Fill the “gaps” left over after Medicare pays
 - » Deductibles, coinsurance, copayments
 - Offer coverage for medical care received outside the US
- Must follow Federal and state laws
 - State jurisdiction may offer additional protections.
 - Colorado: If company sells to consumers over 65 they have to sell to under-65 disabled.
- Must be clearly identified as “Medicare Supplement Insurance” and are identified in most states by letters A-N.
- Be aware that companies may charge different premiums for exactly the same Medigap coverage.

More on Medigaps

- May be more expensive than Medicare Advantage, but you can see any Medicare provider without referrals or prior authorization.
- Premium increases can occur any time of the year.
- Medicare Select is a Medigap policy that requires the beneficiary to use a network of providers. (Cost saving measure to keep the premium lower.)
- The best time to buy a Medigap policy is during the first six months you are enrolled in Part B.

Medigap Plans Effective On or After June 1, 2010

How to read the chart:

- If a checkmark appears in a column of this chart, the Medigap policy covers 100% of the described benefit.
- If a column lists a percentage, the policy covers that percentage of the described benefit.
- If a column is blank, the policy doesn't cover that benefit.

The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible).

Medigap Benefits:	A	B	C	D	F ¹	G	K	L	M	N
Medicare Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part A Coinsurance hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled Nursing Facility Care Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Blood (First 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part B Deductible			✓		✓					
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	Pays 100% of the Part B coinsurance except up to \$20 copayment for office visits and up to \$50 for emergency department visits
Medicare Preventive Care Part B Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Excess Charges ²					✓	✓				
Foreign Travel Emergency (Up to Plan Limits)			✓	✓	✓	✓			✓	✓
							Out-of-Pocket Limit ³			
							\$4,660	\$2,330		

¹ Plan F also offers a high-deductible plan. The High Deductible Plan pays these benefits **after** the first \$2,070 of eligible out-of-pocket expenses.

² Excess charges refer to Part B charges that are over and above the amount Medicare approves for a medical service or supply provided by doctors and suppliers who do not accept Medicare assignment. The excess or "limiting" charge is 15% higher than what Medicare approves.

³ After you meet your out-of-pocket annual limit and your annual Part B deductible (\$140 in 2012), the Medigap plan pays 100% of covered services for the rest of the calendar year. Out-of-pocket limit is the maximum amount you would pay for coinsurance and copayments

None of the standardized Medigap policies cover benefits for dental care, dentures, hearing aids, eyeglasses, acupuncture, or cosmetic surgery.

Medigap policies sold on or after January 1, 2006, don't include prescription drug coverage.

Medigap Resources

- Resource documents
 - *Medicare Supplement Insurance: Medigap Options for Colorado Consumers*
 - *2011 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*
- Questions? You can call
 - 1-800-Medicare (TTY users 1-877-486-2048)
 - State Insurance Department at 303-894-7499 or 1-800-930-3745 outside the Metro Denver area
 - » Call Medicare to get the phone number
 - » Visit www.medicare.gov/contacts
 - Call the SHIP at 1-888-696-7213. En Español 1-866-665-9668



Questions?



Medicare Part D

Medicare-sponsored Rx Coverage provided through Private Companies

Understanding Prescription Drug Coverage

- Formularies (List of covered drugs)
- Premiums
 - Beginning in 2011, Part D enrollees whose incomes exceed the same thresholds that apply to Part B enrollees will pay an income-related monthly adjustment.
- Deductibles (\$320 in 2012)
- Copayments based on
 - Tiers (category of drugs - examples)
 - » Tier 1 – Preferred generic drugs
 - » Tier 2 – Other generic
 - » Tier 3 – Other brand name drugs
 - » Tier 4 – Specialty drugs
 - » Tier 5 – Injectable drugs
 - Set amount or percentage of overall cost
 - Pharmacy Networks

Medication Management

- Prior Authorization
 - Doctor must have permission from drug plan to prescribe certain drugs
- Quantity Limits
 - Dosage may be limited per month; doctors can request additional quantities
- Step Therapy
 - Doctors required to prescribe drugs; consumers required to fail at a lower cost drug before being able to prescribe drug at higher cost.

2012 Standard Medicare Prescription Drug Benefit

The amounts below do not include monthly premium.

DEDUCTIBLE

Beneficiary pays 100% or \$320 before plan pays.

INITIAL COVERAGE ZONE

Beneficiary pays 25% or \$652.50

Plan pays 75%

Initial Coverage ends when total drug costs = \$2,930

COVERAGE GAP (“Donut Hole”)

Beneficiary pays cost minus 50% Brand Drug Discount
and 14% Generic Drug Benefit.

Total Cost of Drugs during Gap = \$3,727.50

Gap Ends when total drug costs = \$6,657.50

CATASTROPHIC COVERAGE

Beneficiary pays no more than 5%

Plan pays 15%, Medicare pays 80%

Gap Benefits for 2012

- Consumers no longer pay the full cost of drugs during the coverage gap or donut hole.
- Drug manufacturers will give a 50% discount of *covered brand name* drugs at the time of purchase. Prices electronically determined when prescription is filled.
- Benefit to consumers is not an exact 50% as dispensing fees are still due.
- Medicare will give a 14% benefit to consumers towards cost of **covered** generics at the time of purchase, so consumers will pay 86% of costs during the gap.
- Dispensing fees still apply.
- Discounts during the gap count towards TROOP.

Gap Benefits 2012 to 2020

- Brand discount (paid by Medicare) continues at 50%, gradually increasing until 2020 when the consumer will only pay 25% of the cost of covered brands from initial coverage until catastrophic level.
- Generic benefit gradually increases from 14% in 2012 to 75% in 2020 when the consumer will pay 25% of generics from initial coverage until catastrophic level.

Extra Help (Low Income Subsidy)

- Administered by Social Security Administration.
- Multiple ways to apply with SSA
 - Apply on-line at www.ssa.gov.
 - Call 1-800-772-1213 (TTY 1-800-325-0778).
 - Mail in paper application.
 - Call 1-888-696-7213 for SHIP assistance.
- On-line application turn around time is 10 days versus normal 2-3 weeks.
- Beneficiary or someone assisting the beneficiary can apply

2011 Income/Resource Limits for LIS

- Income (Without SSA disregard. Changes in March.)
 - Single: \$16,335 year (\$1,361.25 month)
 - Couple: \$22,065 year (\$1,838.75 month)

- Resources
 - Single: \$12,640 with burial exclusion
 - Couple: \$25,260 with burial exclusion
 - Exempt from Resources
 - » House or land
 - » Automobiles
 - » Collectibles
 - » Cash value of life insurance

Extra Help/LISCopays

- **Full Subsidy** Eligible Beneficiaries
 - Full Benefit Dual Eligibles – Up to 100% FPL
 - » \$0 premium / \$0 deductible
 - » Copays - \$1.10 & \$3.30, Catastrophic \$0
 - **Full Subsidy** – Above 100% FPL
 - » \$0 premium / \$0 deductible
 - » Copays - \$2.60 & \$6.50, Catastrophic \$0

Extra Help/LISCopays, continued

- **Partial Subsidy** Eligible Beneficiary
- 25% / 50% / 75% Premium (Depends on income)
- \$65 deductible
- 15% Copay through Coverage Gap
- Catastrophic \$2.60 & \$6.50 after reaching “out of pocket” limit.

Medicare Part D Penalty

- You can incur a penalty if you didn't join a Medicare prescription drug plan when you were first eligible and you didn't have other creditable prescription drug coverage.
- Penalty is calculated by multiplying 1% of the National Benchmark Premium (\$31.08 in 2012) by the number of months you were eligible and didn't join a Medicare drug plan and went without other creditable prescription drug coverage.
- Since the National Benchmark Premium may increase each year, the penalty amount may also increase each year.
- You can ask Medicare for a review or reconsideration.
- If you take COBRA and it includes creditable prescription drug coverage, you will have an SEP to join a Medicare drug plan without paying a penalty when the COBRA coverage ends.



Questions?



Also known as
Medicare Part C.

Medicare Health Plans
include Medicare
Advantage Plans, Cost Plans,
and Special Needs Plans.

May offer additional services
above Original Medicare.

Medicare Health Plans

Medicare Health Plans (MHP)

- Medicare Part C refers to Medicare Health Plans
- HMO (Health Maintenance Organization)
- Cost Plans
- HMO POS (Allows some out of network care.)
- PPO (Preferred Provider Organization)
- PFFS (Private Fee for Service)
- SNP (Special Needs Plans)
- PACE (Program for All-inclusive Care for the Elderly) in limited areas

Medicare Health Plan (MHP) (continued)

- Annual Enrollment Period
 - New dates – October 15 to December 7, 2011
 - Most consumers can change plans from year to year
- Premiums
 - Beginning in 2011, Part C enrollees whose incomes exceed the same thresholds that apply to Part B enrollees will pay an income-related monthly adjustment.
- Kaiser - Five Star Rating Plan
 - Five Star Rating allows year-round enrollment.
 - Refer to your 2012 Medicare & You publication for more information.
- Word of caution: Members in HMO and PPO plans CANNOT sign up for a Part D plan to go with their MA plan.

MA Disenrollment Period – MADP

January 1 – February 14

If coverage is	Can use period to get	Cannot use period to get
Medicare Advantage with prescription drug coverage	Original Medicare with stand-alone PDP	Another MA-PD or MA
Medicare Advantage with separate PDP or no prescription drug coverage at all (MA-only)	Original Medicare with or without stand-alone PDP	Another MA or MA-PD plan
Original Medicare and a prescription drug plan (PDP)	Can't change	Can't change
Original Medicare only	Can't get MA, MA-PD, or PDP	Can't get MA, MA-PD, or PDP

Compare MHP and PDP Plans

- Medicare prescription drug plan finder – an on-line Medicare resource at www.Medicare.gov.
- Call 1-800-Medicare (1-800-633-4227).
- Call Senior Health Insurance Assistance Program (SHIP)
 - 1-888-696-7213
 - 1-866-665-9668 En Español
- *Medicare Drug Insurance and You: Colorado Options 2012* publication
- Review individual plan websites.

Medicare.gov Plan Finder

The screenshot shows the Medicare.gov website with a navigation bar at the top containing links for Home, Manage Your Health, Medicare Basics, Resource Locator, and Help & Support. A red arrow points to the 'Health & Drug Plans' section. Below this are buttons for 'Facilities & Doctors', 'MyMedicare.gov', and 'New to Medicare?'. The main content area features a 'Finding Plans' section with links to compare drug and health plans, medigap policies, enroll now, coverage gap information, a formulary finder, and enrollment checks. To the right is a 'Top 7 Services' list including finding costs, health plans, applying online, and checking coverage. Below that is a 'Medicare News' section. On the right side, there is a 'MyMedicare.gov' sign-in area and a 'Medicare Benefits' section listing Parts A, B, C, and D. A video player and 'Stay Healthy' section are also visible on the left.

Medicare.gov
The Official U.S. Government Site for Medicare

Sign In to MyMedicare.gov

Search Medicare.gov Search FAQ

Email Print Bookmark & Share RSS Español (Spanish) A A A

Home Manage Your Health Medicare Basics Resource Locator Help & Support

Health & Drug Plans

Facilities & Doctors

MyMedicare.gov

New to Medicare?

Finding Plans

- Compare Drug and Health Plans
- Compare Medigap Policies
- Enroll Now
- Coverage Gap Information
- Formulary Finder - 2011 Plan Data
- Check Your Enrollment

Open Enrollment is early this year October 15 - December 7

It's time to review, compare and choose the right plan for you.

Stay Healthy

When Was Your Most Recent Mammogram?

Now's the Time for Your Free

Top 7 Services

- Find Out What Medicare Costs in 2012
- Find Health and Drug Plans
- Apply Online for Medicare Now
- Find Out if Medicare Covers Your Test, Item or Service
- Get Extra Help with Prescription Drug Costs
- Find Out How Medicare Works with Your Other Insurance
- Get a New Medicare Card

Medicare News

- Keeping Medicare Affordable in 2012
- 4 Ways to Protect Your Identity and Personal Information

It's Time for Medicare **Open Enrollment**
October 15 - December 7

MyMedicare.gov

Secure Sign In Create an Account

Learn More →

Medicare Benefits

- Part A Hospital Coverage
- Part B Medical Insurance
- Part C Medicare Advantage Plans
- Part D Prescription Drug Plans

Learn More →

Medicare Plan Finder

Between January 1–February 14, if you're in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare. If you switch to Original Medicare during this period, you will have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. Your coverage will begin the first day of the month after the plan gets your enrollment form.

NEW—5-Star Special Enrollment Period

Starting December 8, 2011, you can join or switch to a 5-star Medicare plan at any time during this year.

- You can only switch to a 5-star Medicare plan if one is available in your area.
- You can only use this period to switch to a 5-star Medicare plan one time each year.

You have the option to complete a general or personalized plan search. A personalized search provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.

General Search

A general plan search only requires your zip code.

ZIP Code:

Find Plans 

By clicking on this button you are agreeing to the terms and conditions of the [User Agreement](#)

or


Personalized Search

A personalized plan search requires your zip code and complete Medicare information. This page is secured to protect your personal information. If you don't want to enter your Medicare information, you may use the general search option above.

ZIP Code:



Watch
Medicare Plan Finder
Online Demo 

Watch
Medicare Plan Finder
Online Demo 

area

◆ Medicare Complaint Form

Resources

- ◆ Extra Help Paying for Medicare Prescription Drug Coverage
- ◆ Helpful Contacts
- ◆ Five Ways to Lower Your Costs During the Coverage Gap
- ◆ Find out about your Medicare Choices
- ◆ Download the Medicare Drug and Health Plan Data and Medigap Compare Databases

How to Enroll

- Enroll on Medicare website – www.medicare.gov.
- Call 1-800-Medicare (1-800-633-4227) for assistance with enrolling.
- Call individual plan to enroll (or enroll online).
- Call SHIP at 1-888-696-7213 for assistance with enrolling.
En Español 1-866-696-7213 sin cargo



Questions?

Medicare 101 Resources

- Medicare 101 (Today's PowerPoint presentation.)
www.dora.state.co.us/insurance/senior/misc.htm
- *Medicare Drug Insurance and You: Colorado Options*
www.dora.state.co.us/insurance/senior/drug.htm
- *Medicare Supplement Insurance: Medigap Options for Colorado Consumers*
<http://www.dora.state.co.us/insurance/senior/2011/shipMedigap071911-Complete.pdf>
- *2011 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*
<http://www.medicare.gov/Publications/Pubs/pdf/02110.pdf>