





Get to Know Medicare

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United Healthcare

Top 10 Medicare questions

What is Medicare?
Who can get Medicare?
How do I choose Medicare coverage?
Do I need Medicare if I plan to work past 65?
What does Medicare cost?
What does Medicare cost?
When can I enroll?

Where can I get more coverage?

What does Medicare cover?

1 How can I save money?

When can I change my coverage?





What is Medicare?

What is Medicare?



A federal health insurance program for eligible U.S. citizens and legal residents



Funded in part by taxes you pay while working



Individual health insurance

Medicare is not...

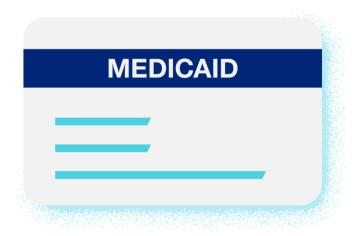
- Free
- A family health plan
- Social Security
- Medicaid





What is Medicaid?

- A state government program that helps pay health care costs for individuals, families and children with limited income and resources
- Programs vary from state-to-state but do follow federal guidelines for benefits
- Eligibility varies from state-to-state





Medicaid and Medicare can work together! - "Dual Eligibility"





Who can get Medicare?

Who can get Medicare?



U.S. citizens and legal residents



Legal residents must live in the U.S. for at least 5 years in a row, including the 5 years just before applying for Medicare

You must also meet one of the following requirements:

- Age 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease or ALS





Can you have both Medicare and Medicaid? Yes!



Some people are eligible for both Medicare and Medicaid



"Dual Eligibility"



Medicare and Medicaid can work together for your health care costs



You may qualify for special Medicare plans.





Do I need Medicare if I plan to work past 65?

Your Medicare enrollment options when working past 65 may be different

You may be able to delay, or you may have to enroll at age 65

Generally, you can delay Medicare past age 65 without penalty if:

- The employer has 20 or more employees
- The employer health coverage is considered "creditable"

You need to enroll at age 65 if:

- Your employer has fewer than 20 employees
- Your coverage is not considered "creditable"



What if I'm covered by my spouse's employer?

You may be able to delay if your employer-based health coverage is through your spouse. You may have to enroll. It depends on the spouse's employer and any rules the employer has around covered dependents.



Getting Medicare while still working



Medicare and your employer insurance can work together



If you take any part of Medicare, you will no longer be able to contribute to an HSA (health savings account)



Medicare will not cover anyone but you, so consider how any dependents will be covered





What does Medicare cover?



Original Medicare: Parts A & B

Original Medicare has two parts:



Part A (hospital insurance)

Helps pay for hospital and inpatient care



Part B (medical insurance)

Helps pay for doctor and outpatient care





Part A: Hospital Insurance

Medicare Part A covers hospital stays and inpatient care, including:



Your hospital room and meals



Care in special units, such as intensive care



Prescription drugs and medical supplies used during an inpatient stay



Lab tests, X-rays and medical equipment as an inpatient



Operating room and recovery room services



Skilled nursing services



Some blood transfusions



Hospice care, including medications to manage symptoms and pain



Part-time, skilled care for the homebound after a qualified inpatient stay



Rehabilitation services after a qualified inpatient stay





Part A: Hospital Insurance

Fast facts



Premium-free if you or your spouse worked and paid taxes for 10 years or longer



Can't be denied coverage



Coverage is nationwide, including any qualified hospital in the U.S.



Coverage and costs are per "benefit period"



Must be admitted as an inpatient (not on "observation status")



Provides 60 "lifetime reserve" days





Part B: Medical Insurance

Medicare Part B covers doctor visits and outpatient care, including:



Doctor visits, including when you are in the hospital



An annual Wellness Visit and preventive services, like flu shots



Clinical laboratory services, like blood and urine tests



X-rays, MRIs, CT scans, EKGs and some other diagnostic tests



Some health programs, like smoking cessation and obesity counseling



Physical therapy, occupational therapy and speech-language pathology services



Diabetes screenings, education and certain supplies



Mental health care



Durable medical equipment for use at home, like wheelchairs and walkers



Ambulatory surgery center services, ambulance and emergency room services





Part B: Medical Insurance

Fast facts



Monthly premium, adjusted for income



Can't be denied coverage



Coverage is nationwide, including any provider who accepts Medicare



Premium penalty for late enrollment, unless you qualify for a Special Enrollment Period





Medicare doesn't cover everything

Original Medicare (Parts A & B) does not cover:



All of the cost of your care — you have out-of-pocket costs, with no limit



Prescription drugs



Routine dental, vision or hearing care



Eyeglasses, contacts or hearing aids



Long-term or custodial care (help bathing, eating, dressing)



Excess charges for services by doctors who don't accept Medicare assignment



Care received outside the U.S., except for certain circumstances





Where can I get more coverage?

Options for more coverage

Option 1 — OR — Option 2

Add one or both of the following to Original Medicare:

Choose a Medicare Advantage plan:

Medicare Part D Plan

Offered by private insurance companies



Helps pay for prescription drugs

Medicare Supplement Insurance (Medigap)

Offered by private insurance companies



Helps pay some or all of the out-of-pocket costs not paid by Original Medicare

Medicare Advantage (Part C) Plan

Offered by private insurance companies



Part C

Combines Part A (hospital insurance) and Part B (medical insurance) in one plan



Part D

Usually includes prescription drug coverage



May offer additional benefits like vision and dental coverage





Part C: Medicare Advantage



Another way to get your Medicare benefits



Plans are offered by private insurance companies



An alternative to Original Medicare (Parts A & B)



Most plans offer built-in prescription drug coverage



Plan members are still in the Medicare program



Plans may also offer additional health benefits such as dental, vision and fitness



Benefits are administered by the plan





Part C: Medicare Advantage

All Medicare Advantage plans cover:



All the benefits of Part A

(except hospice care, which is still covered by Part A)



All the benefits of Part B

Most Medicare Advantage plans cover:



Prescription drugs

Medicare Advantage plans may also offer additional benefits and features, such as:



Dental exams, cleanings and X-rays



Eye exams, eyeglasses and contact lenses



Hearing tests and hearing aids



Fitness programs and memberships





Part C: Medicare Advantage Plan Types

Coordinated care plans

- Health Maintenance Organization plans (HMO)
- Point of Service plans (POS)
- Preferred Provider Organization plans (PPO)
- Special Needs Plans (SNP)
 - Dual Special Needs Plans (D-SNP)
 - Chronic Special Needs Plans (C-SNP)
 - Institutional Special Needs Plans (I-SNP)
 - Institutional-Equivalent Special Needs Plans (IE-SNP)

Other plan types

- Private Fee-For-Service plans (PFFS)
- Medical Savings Account plans (MSA)





Part C: Medicare Advantage

Fast facts



Must be enrolled in both Medicare Part A and Part B and live in plan service area



Can't be denied coverage based on current financial or health status, including pre-existing conditions



May be required to use provider and pharmacy networks



Coverage and costs vary by plan and may change each year



Annual limit on out-of-pocket costs for covered services



May charge a monthly plan premium



Must continue to pay Part B premium to Medicare





Medicare Part D insurance provides coverage for prescription drugs and some vaccines

Two ways to get coverage:



A stand-alone Part D plan



A Medicare Advantage plan that includes prescription drug coverage







Medicare Part D plans cover:



Types of drugs most commonly prescribed for Medicare beneficiaries as determined by federal standards



Specific brand name drugs and generic drugs included in the drug list (formulary)



Commercially available vaccines not covered by Part B





Formulary: a list of prescription drugs covered by a plan

Tiered formulary

- Drugs are grouped into tiers based on cost
- In general, the lower the tier, the lower the cost
- Deductibles may be charged by tier

Formulary tiers			
Tier 1	\$		
Tier 2	\$\$		
Tier 3	\$\$\$		
Tier 4	\$\$\$\$		
Tier 5	\$\$\$\$\$		





During the year, you may go through different drug coverage stages

Annual Deductible	Initial Coverage	Coverage Gap (Donut Hole)	Catastrophic Coverage			
Up to plan deductible	Up to \$4,660 total drug costs	Up to \$7,400 out-of-pocket costs	To end of year			
 Amount paid for prescriptions depends on stage Dollar limits can change each year Not all plans have a deductible 		 Many people never reach the Coverage Gap (donut hole) 				
		 The coverage stage cycle starts over at the beginning of each plan year, usually January 1 				





Fast facts



Must be enrolled in Medicare Part A, Part B or both



May be required to use a pharmacy network



Coverage and costs vary by plan, and may change each year



Part D premium penalty for late enrollment, unless you qualify for a Special Enrollment Period





Medicare Supplement Insurance: Medigap

Helps pay some of the out-of-pocket costs not paid by Medicare Parts A & B



Works with Original Medicare (Parts A & B) and Medicare Part D



Plans are labeled by letters, (i.e. Plan A, Plan G) and what costs and services are covered vary by plan*



Can't be used to pay for Medicare Advantage costs



Plans with the same letter offer the same basic benefits nationwide. MA, MN and WI standardize plans differently.



10 plans standardized by federal and state law*



Plans are offered by private insurance companies in your state





Medicare Supplement Insurance: Medigap

Plans may help pay:

- Part A hospital coinsurance
- Part A skilled nursing facility care coinsurance
- Part B coinsurance or copays
- Cost of blood transfusions (first 3 pints)
- Costs for 365 extra hospital days
- Hospice care coinsurance
- Part B deductible*, Part A deductible
- Foreign travel emergency care up to plan limits
- Provider charges above Medicare's approved amount



Plans do not help cover:

- Prescription drugs
- Routine dental, vision or hearing care**
- Eyeglasses, contacts or hearing aids**
- Custodial care (help bathing, eating, dressing)
- Long-term care



^{*}Not available for those newly eligible for Part A in 2020 or beyond.

^{**}Medigap insurers may make value-added services available either free or on a discounted basis.

Standardized Medicare Supplement Plans

Only available to Medicare first eligible before 1/1/2020

Benefits covered by chosen Medigap plan	Plan A	Plan B	Plan D	Plan G**	Plan K	Plan L	Plan M	Plan N
Part A hospital coinsurance and 365 extra hospital days	100%	100%	100%	100%	100%	100%	100%	100%
Part A deductible		100%	100%	100%	50%	75%	50%	100%
Part B coinsurance or copays	100%	100%	100%	100%	50%	75%	100%	100%*
Part B annual deductible								
Part B excess charges				100%				
Cost of blood transfusion (first 3 pints)	100%	100%	100%	100%	50%	75%	100%	100%
Foreign travel emergency (up to the plan limits)			80%	80%			80%	80%
Hospice care coinsurance costs	100%	100%	100%	100%	50%	75%	100%	100%
Part B preventive care coinsurance	100%	100%	100%	100%	100%	100%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	50%	75%	100%	100%
Yearly out-of-pocket limit before benefits paid at 100%					\$6,940	\$3,470		

20.0.0 1/ 1/2020				
Plan C	Plan F**			
100%	100%			
100%	100%			
100%	100%			
100%	100%			
	100%			
100%	100%			
80%	80%			
100%	100%			
100%	100%			
100%	100%			

^{**} Plans F and G also have high deductible versions with a \$2,700 deductible before the plans pay the benefits shown.



^{*} Except certain copays



Medicare Supplement Insurance: Medigap

Fast facts



Must be enrolled in both Medicare Part A and Part B and live in the state where plan is offered



No medical underwriting up to 6 months after enrolling in Part B at age 65 or older



Nationwide coverage and no provider network*



Guaranteed renewable as long as you pay your premium



Plan premiums may vary for same coverage



Plans with more coverage generally have higher premiums



Must continue to pay Part B premium to Medicare





How much does Medicare cost?

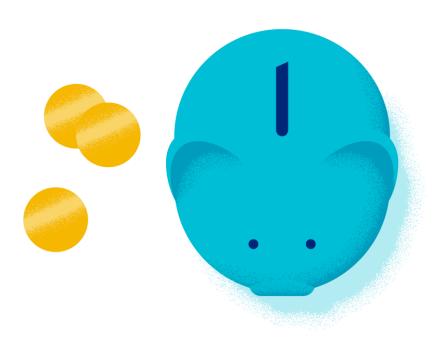
Medicare costs

Premium

A fixed amount that you pay for coverage, usually monthly

Deductible

A set amount that you pay for covered services before your plan begins to pay



Copay

A fixed amount you pay at the time you receive a covered service

Coinsurance

An amount you pay when the plan splits the cost of a covered service with you by percentage, such as 80/20



Part C, Part D and Medigap costs

Plans will vary in the costs they choose to include and how much

Costs you could pay may include:

Medicare Advantage (Part C)	Part D prescription drug plans	Medicare supplement insurance (Medigap) plans
Low to \$0 monthly premiumDeductibleCopayCoinsurance	Monthly premiumDeductibleCopayCoinsurance	Monthly premiumDeductibleCopays



Medicare Advantage plans have an annual out-of-pocket maximum for covered services.





How do I choose?

Medicare coverage combinations

With Original Medicare (Parts A & B)





Part A

Part B



Part A









Part B

Part D



Part A





Part B



Medigap



Part B









Part D

Medigap

With Medicare Advantage (Part C)



Part C





Part C

Part D







Part D



Medicare coverage choices



Enroll in **Original Medicare**



Decide if you need additional coverage. There are two ways to get it.

Original Medicare Provided by the federal government



Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for doctor visits and outpatient care



Option 1 —— OR

Add one or both of the following to Original Medicare:

Option 2

Choose a Medicare Advantage plan:

Medicare Part D Plan

Offered by private insurers



Helps pay for prescription drugs

Medicare Supplement Plan Offered by private insurers



Helps pay some or all of the out-of-pocket costs not paid by **Original Medicare**

Medicare Advantage Plan or Part C Plan Offered by private insurers



Part C

Combines Part A and Part B in one plan



Part D

Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare



Medigap or Medicare Advantage?

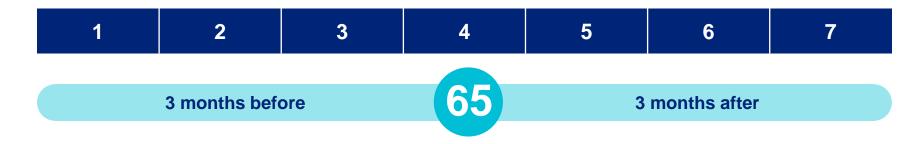
Considerations	Medigap	Medicare Advantage
Coverage	 Pays some costs not paid by Original Medicare Does not help with drug costs Nationwide coverage May offer additional value-added services 	 Provides benefits of Original Medicare and beyond Often includes Part D drug coverage May have provider network May offer additional health benefits (i.e. dental, vision, hearing, etc.)
Cost	 Monthly plan premium Drug plan premium and other costs if you also add a stand-alone Part D plan Out-of-pocket costs depend on plan chosen 	 May charge plan premium Often no additional premium for drug coverage Copays or coinsurance for most covered services Annual out-of-pocket maximum
Convenience	 Multiple plans (when added to Original Medicare along with a Part D plan) 	All-in-one plan





When can I enroll?

Initial Enrollment Period



Medicare Part A & Part B

- You'll be enrolled automatically if you're receiving Social Security or Railroad Retirement Board (RRB) benefits at age 65, or after receiving Social Security disability benefits for 24 months
- You must enroll yourself if not receiving benefits. Go to ssa.gov/benefits/medicare/ to enroll online, or call or visit your local Social Security office

Medicare Advantage (Part C) & Part D

You need to enroll directly with the plan provider



Tips:

- Enroll early to avoid gaps in coverage and late enrollment penalties
- May refuse or delay enrollment in Part B with creditable employer coverage



General Enrollment Period



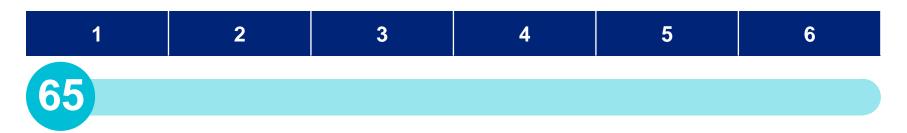
For those who miss their Initial Enrollment Period

- · May enroll in Part A, Part B or both
- May choose to enroll in a Medicare Advantage plan (Part C) or a prescription drug plan (Part D)
- Late enrollment premium penalties may apply



Medicare Supplement Open Enrollment Period

▼ Age 65 or older and enrolled in Medicare Parts A & B

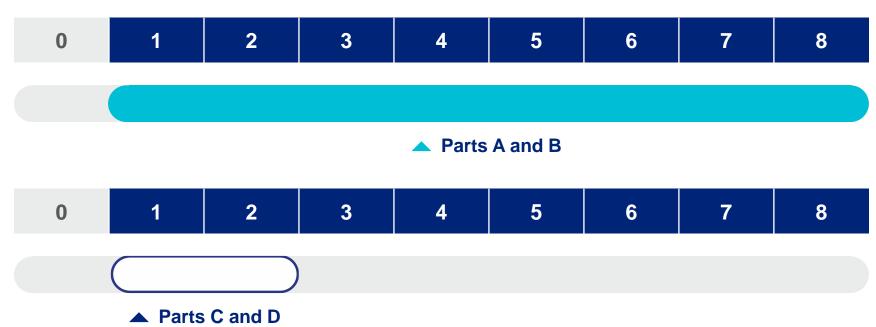


- Lasts for 6 months, beginning with the month in which you are 65 or older and enrolled in both Medicare Part A and Part B
- No medical underwriting if you enroll during this time
- You may apply at other times, but you could be denied coverage or charged a higher premium based on your health history
- Some states may have additional Open Enrollment rights under state law



Special Enrollment Period: Working past 65

▼ The last month of employment or employee health coverage



- For those who delayed enrollment with creditable employer health coverage
- You will have 8 months to enroll in Part A, Part B or both
- You will have only the first 2 months to enroll in a Medicare Advantage (Part C) or Part D prescription drug plan
- You have exactly 63 days to get a stand-alone Part D plan or Medicare Advantage plan with prescription drug coverage without penalty



Late enrollment premium penalties



Medicare Part A

- None if qualified for premium free
- The penalty is 10% of the Part A premium



Medicare Part B

- None if qualified for a Special Enrollment Period
- The penalty is 10% of the monthly Part B premium amount for each full 12-month period enrollment is delayed



Medicare Part D

- None if less than 63 days without creditable coverage
- The penalty is an additional 1% of the average Part D premium for each month you delayed enrollment





When can I change my coverage?

Medicare Annual Enrollment Period



- Join, switch or drop a Medicare Advantage (Part C) or Medicare Part D prescription drug plan
- Switch from Original Medicare (Parts A & B) to a Medicare Advantage plan, or vice versa
- Switch from one Medicare Advantage plan to another



Medicare Advantage Open Enrollment Period



- January 1 March 31
- Available to Medicare Advantage plan members only
- Switch to a different Medicare Advantage plan or return to Original Medicare (Parts A & B)
- Enroll in a stand-alone Part D prescription drug plan if returning to Original Medicare
- · Just one coverage change allowed



Special Enrollment Period: Qualifying life events

▼ The month you have a qualifying event



In most cases, you have two full months after the month of a qualifying event to make plan changes. During this time, you may join, change or drop a Medicare Advantage or prescription drug plan outside of the Medicare Annual Enrollment Period without penalty.

Common events that may qualify include:

- Moving
- Leaving retiree, union or COBRA coverage





How can I save money?

Use benefits wisely



Use preventive services



Use plan's preferred pharmacy network or mail-order pharmacy



Use your plan's provider network



Understand your status in the hospital



Ask about generic and low-tier prescription drugs



Financial assistance programs

Extra Help

Helps with Medicare Part D costs

Medicaid

- Provides health care coverage for people and families with limited incomes
- Programs vary by state

Medicare Savings Programs

Help pay Medicare Part A and Part B costs

Program of All-Inclusive Care for the Elderly (PACE)

Provides care services for frail elderly living in the community



Call your state SHIP office?

Visit **ShipHelp.org** or call **1-800-MEDICARE (1-800-633-4227)**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week to get the number.





Where can I go for help?

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Call **1-800-MEDICARE (1-800-633-4227)**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week

Call your State Health Insurance Assistance Program (SHIP); get the number at **shiphelp.org**



Contact your local Social Security or state Medicaid office





Get helpful Medicare checklists and worksheets from Medicare Made Clear at getmedicareresources.com





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