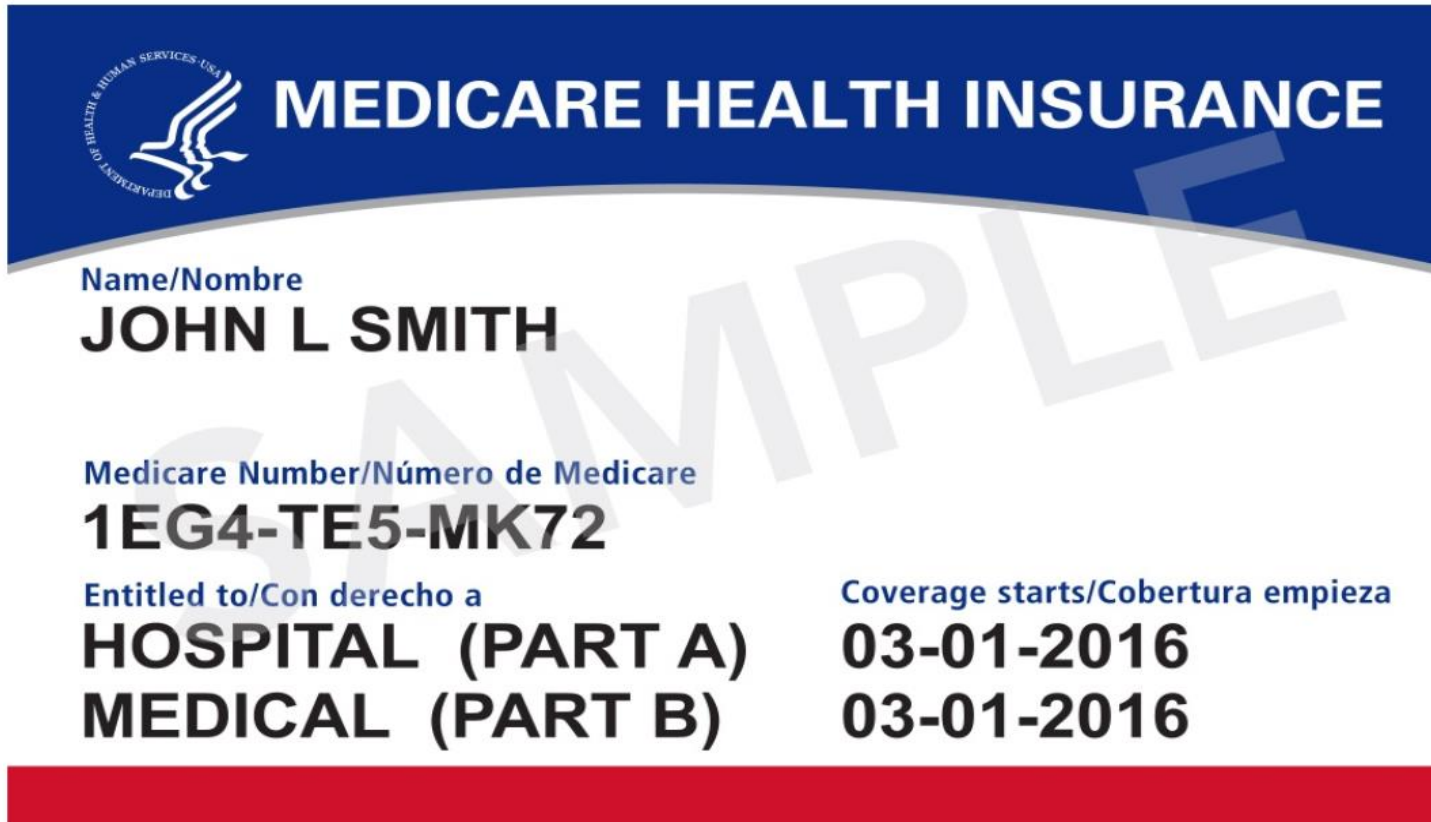




Marketplace
Agency
& ElderCare
ASSOCIATES, INC.

What is Medicare



A sample Medicare Health Insurance card for John L. Smith. The card has a blue header with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name is listed as "JOHN L SMITH". The Medicare Number is "1EG4-TE5-MK72". The cardholder is entitled to Hospital (Part A) and Medical (Part B) coverage, both starting on 03-01-2016. A large "SAMPLE" watermark is visible across the card.

MEDICARE HEALTH INSURANCE	
Name/Nombre JOHN L SMITH	
Medicare Number/Número de Medicare 1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Medicare is a federal health insurance program for: People who are 65 or older. Certain younger people with disabilities. People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)

A B C D & Medigap



There are five “parts” to your Medicare benefits:

Medicare Part A: Hospital Insurance

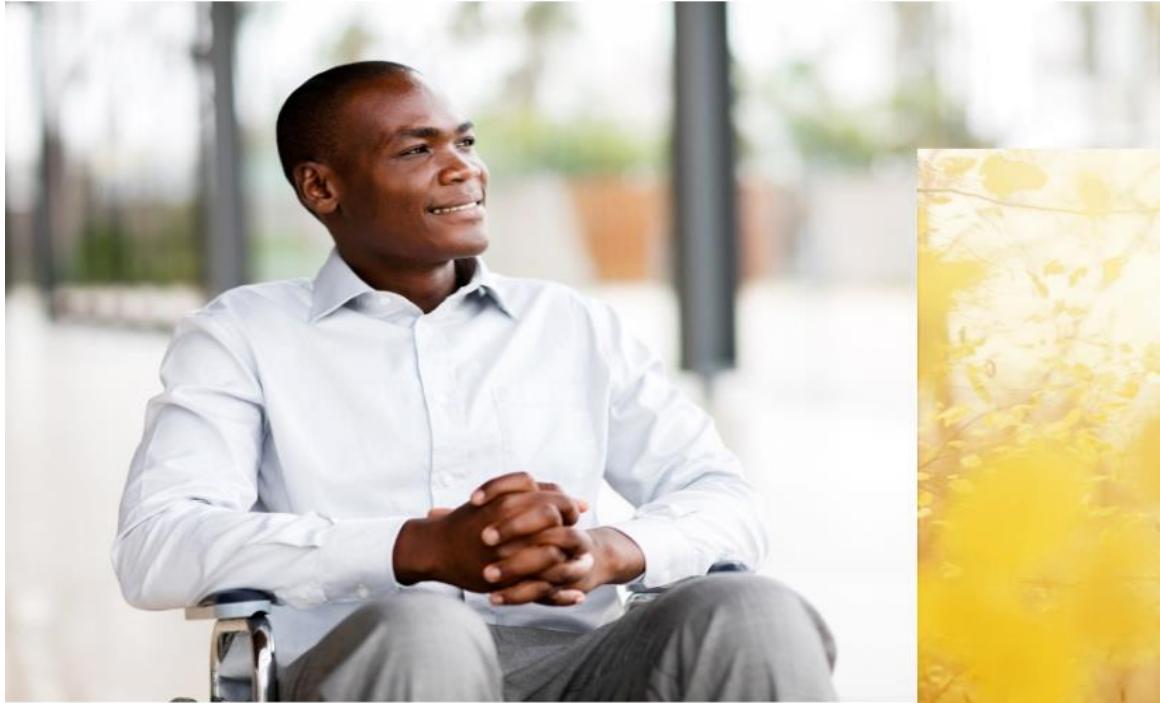
Medicare Part C: Medicare Advantage Plans

Medicare Part B: Medical Insurance

Medicare Part D: Prescription Drug Coverage

Medicare Supplement

Original Medicare: Part A & B Eligibility



Turning 65 is one way you become eligible for Medicare. You can also be under 65 and eligible for Medicare because you are receiving Social Security Disability Insurance, or SSDI. In most cases, you qualify for Medicare due to a disability if you have been receiving SSDI checks for more than 24 months

Original Medicare: Part A & B Enrollment



If you aren't receiving Social Security or RRB benefits when you turn 65, you will have to sign up for Medicare A and/or Part B during your Initial Enrollment Period (IEP). This enrollment period begins three months before your 65th birthday, includes the month that you turn 65, and ends three months later.

Original Medicare: Part B Enrollment

General Enrollment Period

January 1st - March 31st

Effective July 1st

If you miss your Initial Enrollment Period or your Special Enrollment Period, you get another chance to enroll. You can sign up for Medicare Parts A & B between January 1 and March 31 each year. Your Medicare coverage would begin on July 1 of the same year.

Original Medicare: Part B Enrollment

General Enrollment Period

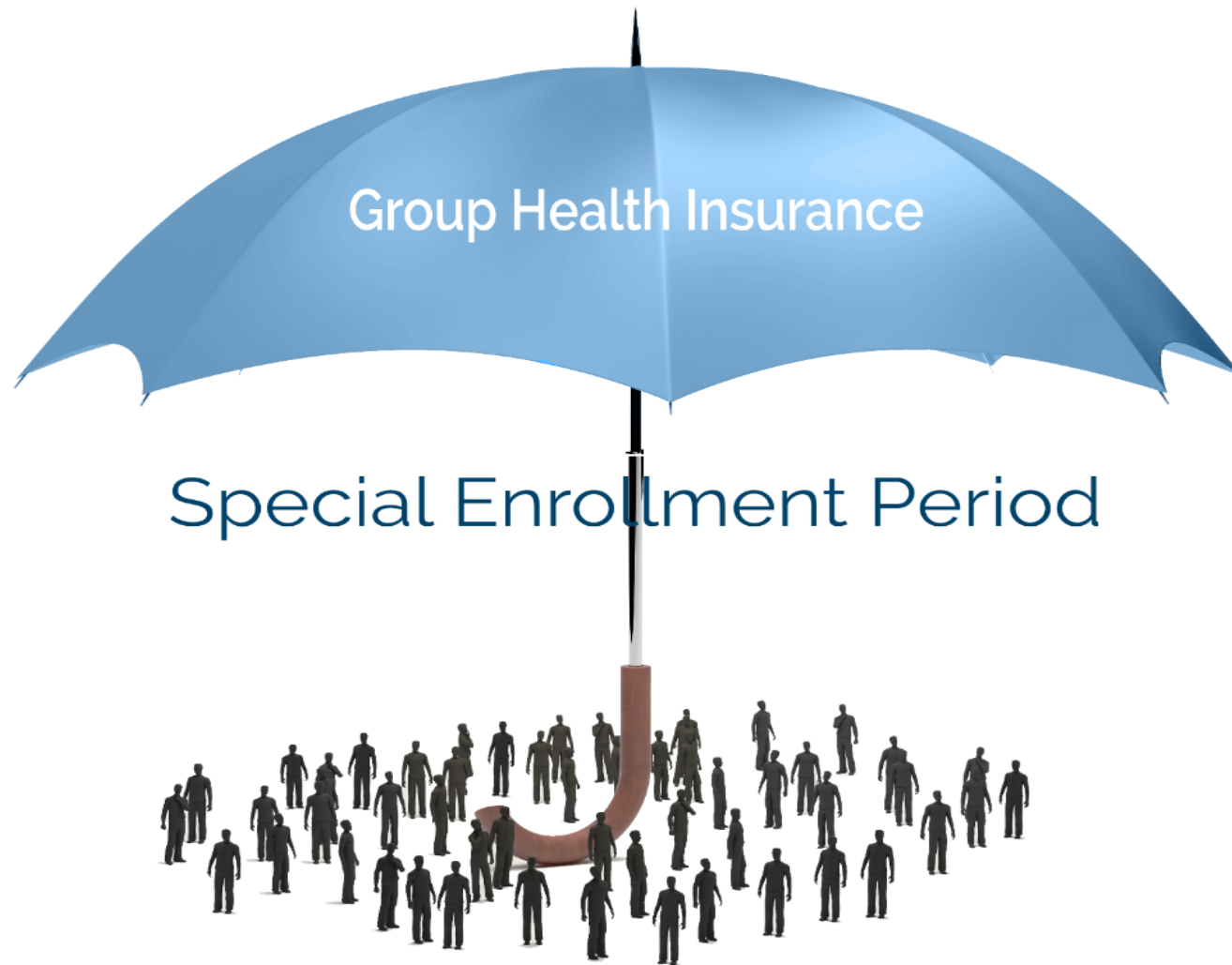
January 1st - March 31st

Effective July 1st

LEP: Late Enrollment

PENALTY

In most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty. You'll have to pay this penalty for as long as you have Part B. Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it.

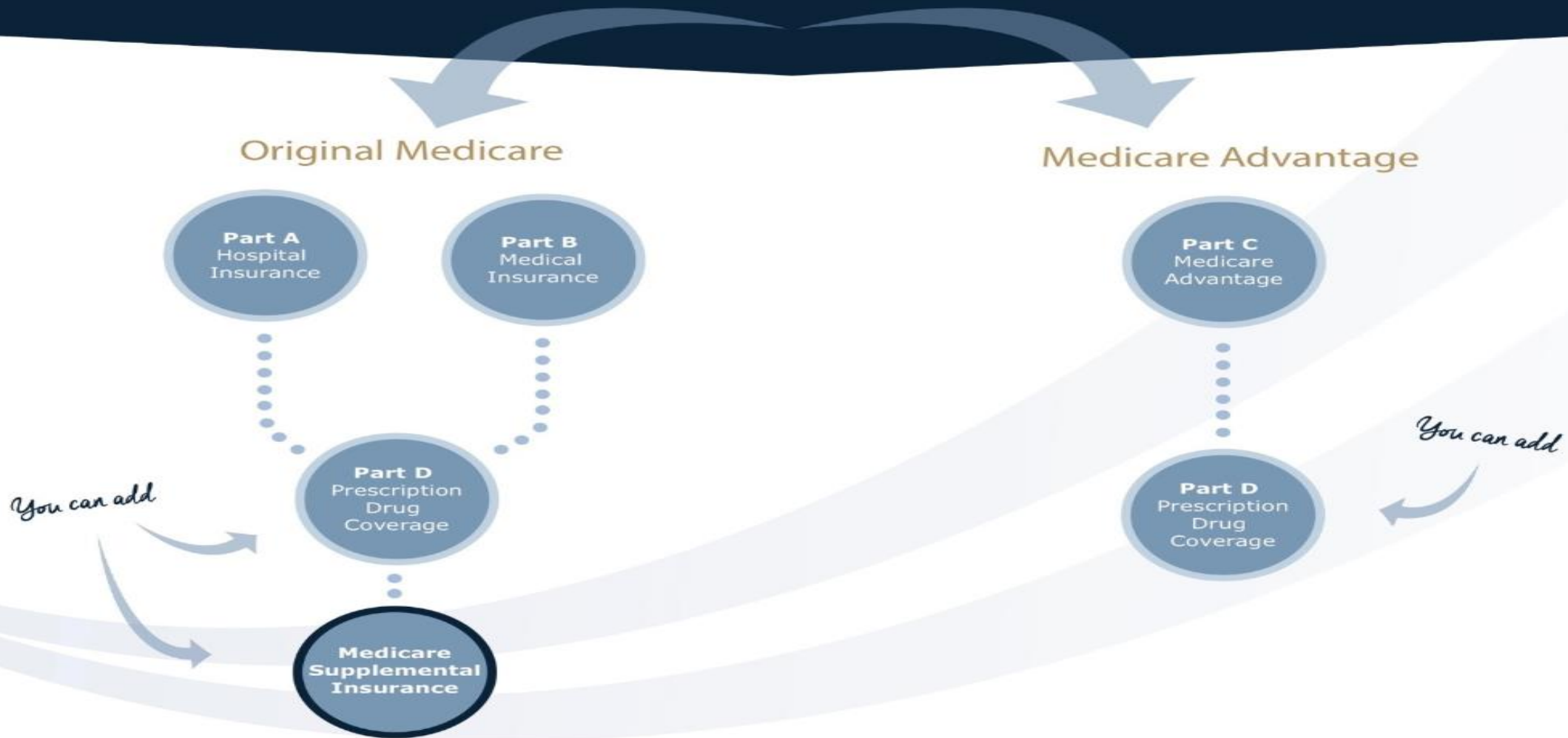


If you qualify for Medicare, but you have health insurance through an employer's group health plan, you may be able to delay enrollment in Medicare Part B. When your employer-based coverage ends, you may be eligible for a Special Enrollment Period (SEP) to enroll in Medicare Part B (up to 8 months) without facing a late-enrollment penalty.



If you enroll in Medicare Part A and/or B, you can no longer contribute pre-tax dollars to your HSA. This is because to contribute pre-tax dollars to an HSA you cannot have any health insurance other than an HDHP. The month your Medicare begins, your account overseer should change your contribution to your HSA to zero dollars per month. However, you may continue to withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses, such as deductibles, premiums, copayments, and coinsurances. If you use the account for qualified medical expenses, its funds will continue to be tax-free.

Your Medicare Coverage Choices



There are 2 main ways to get your Medicare coverage—Original Medicare (Part A and Part B) or a Medicare Advantage Plan (Part C). Some people need to get additional coverage, like Medicare prescription drug coverage or Medicare Supplement Insurance (Medigap).

Part A Hospital Insurance



Part A Coverage

Inpatient Care



The Medicare Part A annual inpatient hospital deductible that beneficiaries pay when admitted to the hospital will be \$1,364 per benefit period in 2019.

You Pay:

Days 61-90 \$341 per day

Days 91-Beyond \$682 per day

Part A Coverage

Home Health Care



Medicare Part A covers eligible home health services such as:

Part-time or intermittent skilled nursing care, Part-time or intermittent home health aide care, physical therapy occupational therapy, speech-language pathology services, and medical social services

Part A Coverage

Skilled Nursing



Your costs in Original Medicare:

Days 1–20: \$0 for each benefit period

Days 21–100: \$170.50 coinsurance per day of each benefit period

Days 101 and Beyond: all costs

Part A Cost

Premium-Free



Most people don't pay a monthly premium for Part A (sometimes called "premium-free Part A"). If you buy Part A, you'll pay up to \$437 each month. If you paid Medicare taxes for less than 30 quarters, the standard Part A premium is \$422. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is \$240.

Part B

Medical Insurance



Part B Coverage

Doctor and Nursing Services



You pay 20% of the Medicare-approved amount for visits to your doctor or other health care providers to diagnose or treat your condition. The Part B deductible of \$185 applies.

Part B Coverage

Outpatient Surgery & Supplies



Medicare Part B covers medically necessary outpatient hospital care, which is care you receive when you have not been formally admitted to the hospital as an inpatient. Covered services include but are not limited to: Observation services. Emergency room and outpatient clinic services, including same-day surgery.

Part B Coverage

Durable Medical Equipment



If your supplier accepts assignment you pay 20% of the Medicare-approved amount, and the Part B deductible applies. Medicare pays for different kinds of DME in different ways. Depending on the type of equipment and qualifying diagnosis.

Part B Coverage

Lab Tests



Medicare Part B covers medically necessary clinical diagnostic laboratory services when your doctor or practitioner orders them. You usually pay nothing for Medicare-approved covered clinical diagnostic laboratory services.

Part B Coverage

Preventive Services



Preventive services include exams, shots, lab tests, and screenings. ... If you have Medicare Part B (Medical Insurance), you can get a yearly “Wellness” visit and many other covered preventive services. Medicare covers most preventive care free of charge.

Part B Costs

Standard Premium & IRMAA



The standard Part B premium amount in 2019 is \$135.50. Most people will pay the standard Part B premium amount. If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA).

Original Medicare

No
MOOP!



Original Medicare doesn't have an out-of-pocket annual maximum limit.

Part C Medicare Advantage



A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your Part A and Part B benefits.

Part C

Plan Types

HMO

Health Maintenance Organization

PPO

Preferred Provider Organization

PFFS

Private Fee-for-Service

SNP

Special Needs Plan

MSA

Medical Savings Account

Part C

Costs & Eligibility

Enrolled in Medicare Part A and Part B

Continue to Pay Part B Premium

Pay the Plan's Monthly Premium

Part C Enrollment Periods



You can join a Medicare Advantage plan during your Initial Coverage Election Period. This enrollment period is 7 months long. It starts 3 full months before the month in which you turn 65. It continues through the month of your birthday, and then for another 3 full months.

Part C

Enrollment Periods

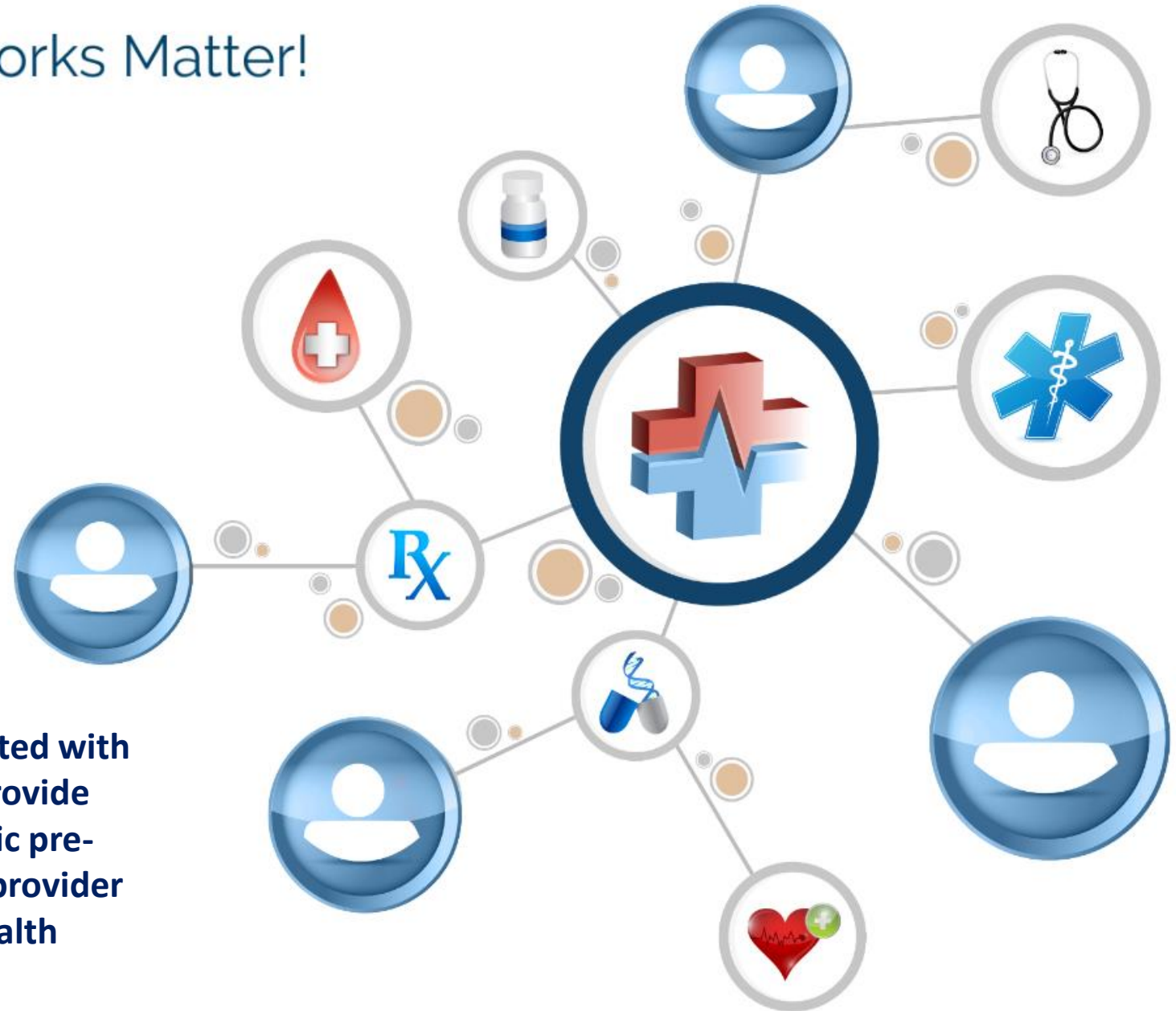
Annual Election Period (AEP)

every year October 15th - December 7th

Join, Switch, or Disenroll

Part C

Networks Matter!



An in-network provider is one contracted with the health insurance company to provide services to plan members for specific pre-negotiated rates. An out-of-network provider is one not contracted with the health insurance plan.

Part D Prescription Drug Plans (PDPs)



Provided and coordinated by Medicare-approved private insurance companies. Different insurers offer different types of plans, so your monthly plan premium and out-of-pocket expenses for prescription drugs will vary from plan to plan.

Part D Enrollment Periods



You can join a Medicare prescription drug plan during your Initial Enrollment Period. This enrollment period is 7 months long. It starts 3 full months before the month in which you turn 65. It continues through the month of your birthday, and then for another 3 full months.

Part D

Costs & Eligibility

Entitled to Medicare Part A and/or
Enrolled in Part B

May pay a Late Enrollment



Pay the Plan's Monthly Premium

The late enrollment penalty is an amount added to your Medicare Part D monthly premium.

You may owe a late enrollment penalty if, for any continuous period of 63 days or more after your Initial Enrollment Period is over, you go without creditable prescription drug coverage.

Part D

Prescription Drug Plans (PDPs)



Once you and your plan have spent \$3,820 on covered drugs, you're in the coverage gap.

Once you reach the coverage gap (Donut Hole) in 2019, you'll pay no more than 25% of the plan's cost for covered brand-names and 37% for covered generics

Once you've spent \$5,100 out-of-pocket in 2019, you're out of the coverage gap and now in catastrophic coverage. You will pay the greater of the annual co-pay (for brands or generics) or 5% of the formulary drug's negotiated retail price.

***The Donut Hole (also known as the Coverage Gap) for brand name medications is going away in 2019, but the Donut Hole for generic medications will still be in place until 2020.**

Medigap

Private Insurance

"Fill the Gaps" in your Medicare Coverage

A Medicare Supplement plan, sometimes called "Medigap," is a private insurance policy that can help pay for some of the health care costs that Medicare doesn't cover. This can include out-of-pocket expenses such as copayments, coinsurance and deductibles.



Guaranteed



For Life.

As long as you pay your premium, your Medigap policy is guaranteed renewable. This means it is automatically renewed each year.

Medigap Eligibility

Must Have Medicare Part A and B.

You May Need to be 65 or Older.

The best time to buy a Medigap policy is during your 6-month Medigap open enrollment period. During that time you can buy any Medigap policy sold in your state, even if you have health problems. This period automatically starts the month you're 65 and/or enrolling in Medicare Part B.

Medigap Costs

Pay a monthly Premium

Policies have Rating Types

Community Rated

No-Age-Rated Pricing. Medicare Supplement insurance plans with community-rated pricing charge the same premium to all beneficiaries, regardless of their age and overall health condition.

Attained Age Rated

With this plan your rate is based on your current age and will continue to increase as you get older.

Issue Age Rated

Based on your age at the time of application. Someone who is 70 will pay a higher premium when they purchase than their neighbor who is 65. However, once the policy is issued, it will never go up specifically based on your age.

Each insurance company sets its own premiums. It is important to ask how an insurance company prices Medigap policies. How they set the price affects how much you pay now and in the future. Medigap policies can be priced or "rated" in three ways.

























































Medigap Enrollment

Open Enrollment

Guaranteed Issue

No Underwriting

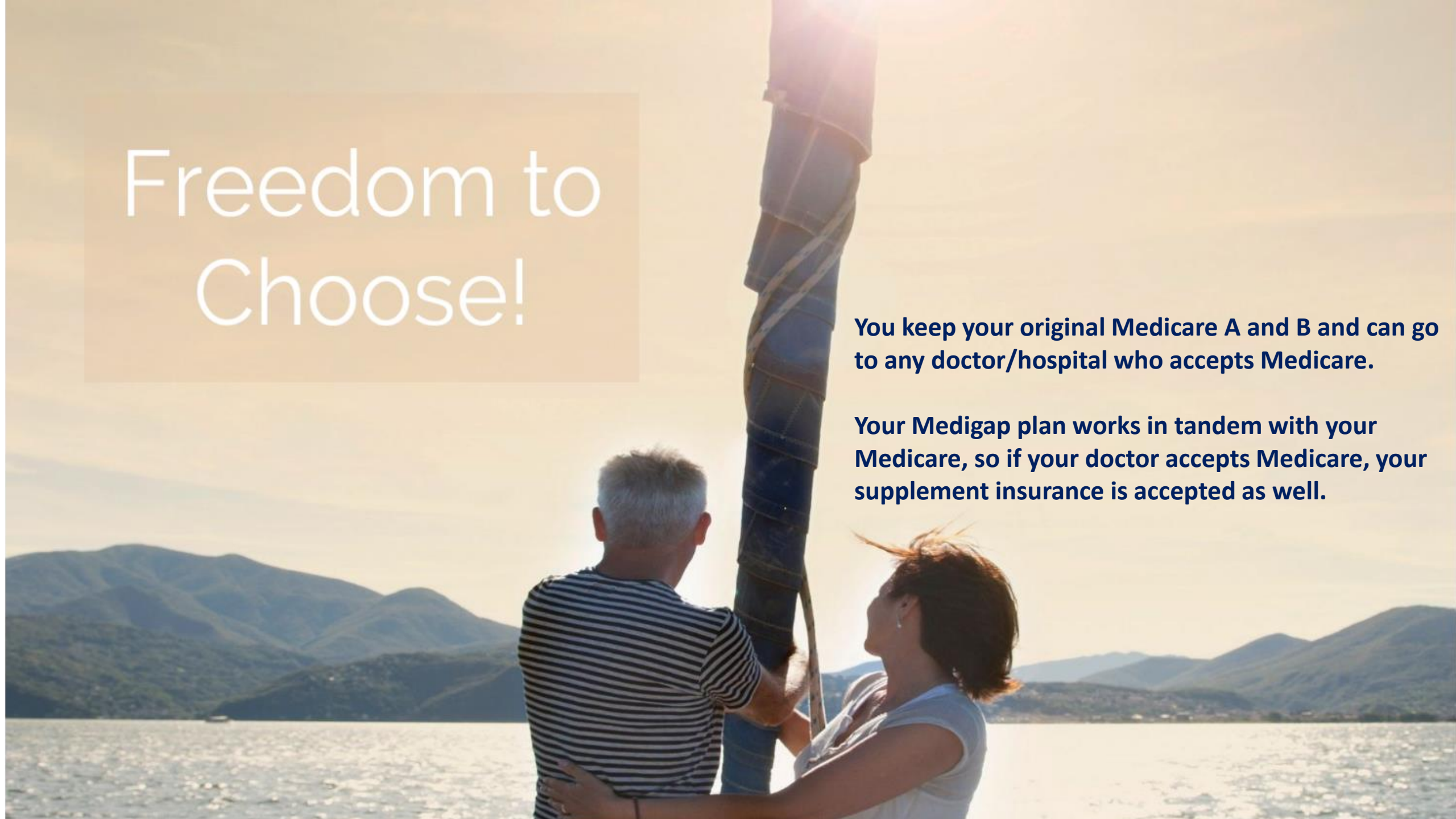
*You may qualify to purchase a policy at any time.

Medicare Benefits	A	B	C	D	F	G	K	L	M	N
Medicare Part A Deductible							50%	75%	50%	
Medicare Part B Deductible										
Medicare Part B Excess Charges										
Medicare Part B Coinsurance							50%	75%		
Medicare Part A Hospice Care							50%	75%		
Skilled Nursing Facility Coinsurance							50%	75%		
First 3 Pints of Blood							50%	75%		
Foreign Travel Emergency Care										
Medicare Hospital & Coinsurance Costs up to 365 days after your "Lifetime Reserve Days" are used										

Freedom to Choose!

You keep your original Medicare A and B and can go to any doctor/hospital who accepts Medicare.

Your Medigap plan works in tandem with your Medicare, so if your doctor accepts Medicare, your supplement insurance is accepted as well.





Source: [www. Medicare.gov](http://www.Medicare.gov)