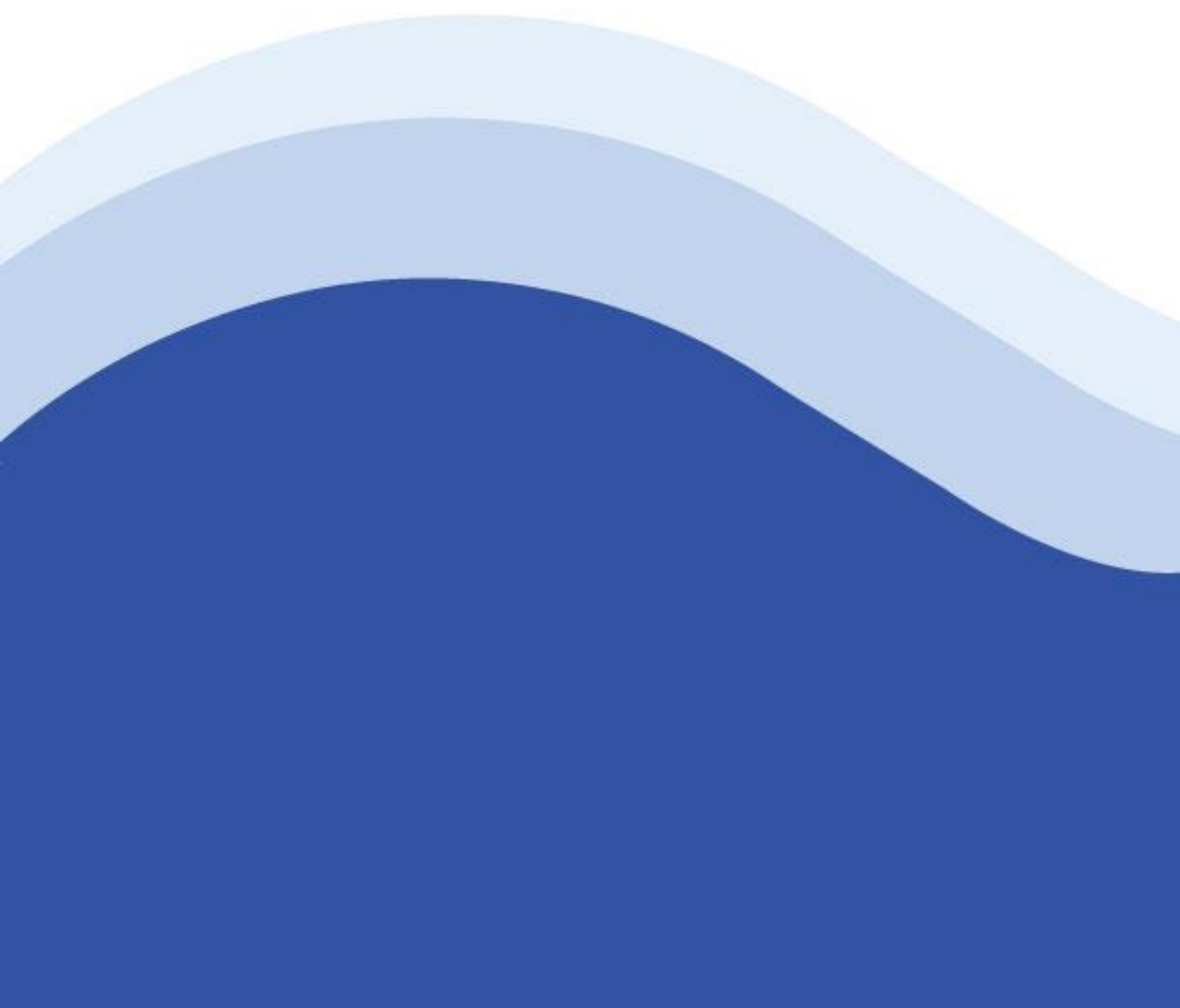




Medicare Guide



My Senior Health Plan has created this guide to help you with your Medicare solutions. Medicare has many options to choose from. You may want a plan that includes vision and dental coverage, or a plan that includes prescription drug coverage. Maybe you don't need prescription drug coverage right now, but you realize that you will need it in the future. This guide will provide more information about Original Medicare, Medicare Advantage, and other Medicare Supplemental insurance options, that are available to help you feel confident selecting your health insurance plan.

At My Senior Health Plan, we know there are many options and carriers when choosing a **Medicare Supplement** or a **Medicare Advantage plan**. We also know how confusing it can be. That's why we're here to help make it **simple, quick and easy** for you to find the right Senior Health Insurance benefits for you and your family.

Countdown to Medicare

with My Senior Health Plan

9 months before you turn 65

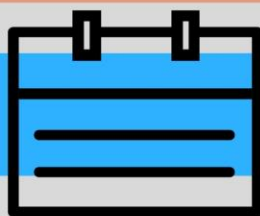
9 months before you turn 65 is when you should be learning about your Medicare options to sign up soon.

6 months before you turn 65

6 months before you turn 65 is time to attend a New to Medicare meeting and start comparing plans.

3 months before you turn 65

3 months before you turn 65 it's time to sign up with a Medicare plan



What is Medicare

Medicare is the federal government health insurance program for:

- people who are 65 or older
- people with disabilities
- people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, called ERSD)

Medicare is operated by the U.S. Department of Health and Human Services. Medicare was signed into law by President LBJ in 1965 and went into effect in 1966. (Anderson, 2015). Medicare has evolved and changed over the years. Medicare today covers approximately 55,504,005 people in the United States (Kaiser Family Foundation, 2016).

Original Medicare

Original Medicare (also known as Basic Medicare) is divided into two parts, Part A and Part B. They cover different aspects of health insurance needs.

Medicare Part A

Medicare Part A – **Hospital insurance for when you are already sick.**

- Part A covers services that are medically necessary to treat disease or injury
- Part A covers hospital expenses
- Part A sometimes covers skilled nursing facility care, home health care, or hospice care
- Offered through the Federal Government

Medicare Part B

Medicare Part B—Part B covers preventative services AND medically necessary services. Services that prevent, diagnose, AND treat.

- Part B covers services that are medically necessary to prevent disease or illness
- Part B is medical insurance for things like doctor visits
- Part B is meant to help you stay healthy
- Part B sometimes covers services like physical therapy and other outpatient care
- Offered through the Federal Government

Who is eligible for Medicare

You must meet the following eligibility requirements listed below to be covered by Medicare:

- Medicare covers US citizens and legal residents who have lived in the US for 5 consecutive years AND who are age 65 and older
- Medicare also covers those who qualify due to a disability regardless of age
- Medicare also covers anyone (regardless of age) that has end-stage renal disease (ERSD) or also known as kidney failure

You may be eligible via your spouse. You or your spouse must show proof of living and working in the US for 10 years while paying Medicare taxes to be eligible.

You can verify your eligibility for Medicare by

- By visiting www.medicare.gov
- By calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, seven days a week. If you use TTY, call 1-877-486-2048.

MEDICARE PARTS EXPLAINED

Medicare Parts A, B, C and D

What it is called

Provided By

What is covered

Medicare Part A



Hospital
Insurance

Federal
Government

Part A helps cover
your inpatient care in
hospitals

Medicare Part B



Medical
Insurance

Federal
Government

Part B helps cover
routine check-ups with
your doctor and other
preventative expenses

Medicare Part C



Medicare
Advantage

Health
Insurance
Companies

Medicare Advantage plans
combine your Part A and
Part B coverage. Typically
include prescription drug
coverage.

Medicare Part D



Medicare
Prescription
Drug Plan

Health
Insurance
Companies

Part D plans help offset
the costs associated with
your medications. These
plans help cover
prescription drug
coverage.

Basic Medicare Enrollment info

There are three enrollment periods during which you can sign up for Basic Medicare.

1. **Initial Enrollment Period:** The first time you can sign up for Medicare is called the Initial Enrollment Period. This is a 7-month window, **beginning 3 months before your birth month**, including the month of your birthday, and **ending 3 months after your birth month**. If you sign up during the Initial Enrollment Period, you can sign up for a plan without answering any medical questions.
2. **General Enrollment Period:** If you don't sign up before you turn 65 there is the General Enrollment Period during which you can **sign up between January 1–March 31 each year**. If you enroll during the General Enrollment Period, the coverage will begin July 1 of that same year and you may have to pay a late enrollment penalty.
3. **Special Enrollment Period:** You can only sign up during this time period if you meet certain strict requirements. Most people are not eligible to sign up during this special enrollment period so it is important to keep that in mind.

Your Medicare Options – More than Basic Medicare

Basic Medicare will not cover all of your health insurance needs and expenses, however there are other Medicare insurance options available. Options include:

- Medicare Advantage Plans (MA/MAPD, Part C)
- Prescription Drug Plans (Part D/PDP)
- Medicare Supplement Plans – Medigap (Med Supplement/Medigap)

Medicare Advantage Plan – including Medicare Part C

A Medicare Advantage Plan acts as your primary insurance. In short, it “takes over” your original Medicare. A Medicare Advantage plan includes benefits that Part A & B would cover and has extra coverage. Sometimes Medicare Advantage Plans will include prescription drug coverage. If you choose to enroll in a Medicare Advantage Plan when you go see your doctor, the only card you need to show is your Medicare Advantage Plan card. These plans can remove the hassle of having several different plans and policies in place because they encompass almost all aspects of your insurance needs.

Medicare Advantage Plans (MA/MAPD)– also known as Medicare Part C Plan

- Offered by Health Insurance Companies
- Part C covers everything that A and B cover except hospice care
- Part C may cover-additional things NOT covered by A and B such as:
 1. Dental care
 2. Vision care
 3. Wellness programs (such as gym memberships, etc.)

Medicare Supplement Plan (Medigap Plan)

Medicare Supplement Plans are also known as “**Medigap**” plans. These plans help bridge the gap between what Basic Medicare covers and what Basic Medicare does not cover. These plans help cover the portion of costs that patients would have to pay out of their own pocket after incurring medical expenses.

- Basic Medicare will only cover 80% of Medicare covered services
- Medicare Supplement plans (Medigap) help cover the gap in costs that Basic Medicare does not cover (the remaining 20% of costs incurred)
- There are several plans to choose from
- Benefits depends on plan selection
- Supplement Plans are standardized by the federal government but operated by private insurance companies

Prescription Drug Plan – Medicare Part D

Prescription Drugs are not covered by Medicare Part A and Part B. Medicare Part D plans, or Prescription Drug Plans, are meant to help cover the costs of your prescription drugs. These plans are often paired with a Medicare Supplement Plan. Some Medicare Advantage plans (Part C) **DO include prescription drug coverage**. If you qualify for Medicare, you are eligible for a Part D plan.

You may not have high prescription drug costs right now, but that could change as you age. By selecting and having a Part D plan in place, you will have coverage when you need it. If you do not have a Prescription Drug Plan (PDP) or other credible drug coverage, you may be penalized by the government with a late enrollment penalty if you decide to obtain a plan. This late enrollment penalty fee stays with you the rest of your life and is added to your drug plan premium if you get a Prescription Drug Plan in the future. It is important to look into your Prescription Drug Plan options to avoid the late enrollment penalty and make sure you are covered should your medication needs change in the future.

Part D plans are not all equal. Each plan has a list of drugs that are covered. This list is called a formulary. When choosing a Part D plan, it’s important to review the plan’s formulary to see if the prescriptions you require are covered under the plan.

Medicare Part D –Prescription Drug Plan

- Part D is offered by health insurance and other private insurance companies
- Part D covers prescriptions that are not covered by Medicare Part A or Part B
- Part D covers prescription drug plans often paired with a Medicare supplement policy
- You can enroll into a Part D plan if you **only** have Medicare Part A

Enrolling a Prescription Drug Plan (PDP)

- If you qualify for Medicare, you are eligible for a Part D plan
- You cannot be refused enrollment in a Part D plan if you enroll when you first become eligible for Medicare
- Part D plans are available through private insurance companies and you must enroll and purchase a plan to have this additional prescription drug coverage

Medicare Supplement Plans Enrollment Information

Supplemental Medicare plans are meant to be plans that provide coverage in addition to Original Medicare plans. You cannot purchase a Medicare Supplement Plan without being enrolled in Original Medicare. These plans work together. If you are enrolled in Medicare, you may want to select a Medicare Supplement Plan because you don't have to stay within a specific network of providers and because costs are more predictable. Here are a few guidelines that you have to follow in order to enroll:

- **You must enroll in Medicare and pay your Medicare Part A & B premium to have a Medicare Supplement Plan or Medicare Advantage Plan**
- **Medicare Advantage Plans and Prescription Drug Plans have the same rules regarding enrollment**
 - **Initial Enrollment Period**
 - 3 months **before** your 65th birthday
 - The month **of** your 65th birthday
 - 3 months **after** your 65th birthday
 - **Making changes to your plan**
 - If you miss your Initial Enrollment Period OR you enrolled in a Medicare Advantage Plan or Prescription Drug Plan during your IEP you cannot make changes to your plan or enroll in one unless you qualify for a Special Election Period. There are several ways to qualify for a Special Election Period, but the most common reasons are:
 - 1. Moving out of county
 - 2. Gaining or losing Medicaid status
 - 3. Losing group or credible coverage
 - **Annual Election Period**
 - If you do not qualify for a Special Election Period, you will have to wait until the Annual Enrollment Period which runs from Oct 15th – December 7th each year to change your plan. Medicare Supplement Plans are not subject to the Annual Enrollment Period. Medicare Advantage Plans and Drug Plans can change their benefits each year and some are even discontinued during this time, so the Annual Enrollment Period is a great time to evaluate your coverage.

- **Medicare Supplement Plans have a different enrollment window:**
 - Your **Open Enrollment Period** –
 - You can enroll in a Medicare Supplement Plan 3 months **before** your 65th birthday
 - The month **of** your 65th birthday
 - 6 months **after** your 65th birthday

During this Open Enrollment period, anyone can get a Medicare supplement plan regardless of health problems because they are guaranteed acceptance into the plan. That means you do not have to answer questions about your health or health history. This is also referred to as a **Guaranteed Issue Period**.

- After the Guaranteed Issue period, you can change your Medicare Supplement Plan or enroll in a new Medicare Supplement Plan but you will have to go through underwriting. That means you will have to answer health questions on the application and run the risk of being denied coverage or having a higher premium.
- **Special Enrollment Period (SEP)** You may want to speak with a consultant to learn if you qualify for a Special Election Period. A Special Election is the term used in order to change plans. A Special Enrollment Period includes things like moving counties or losing employer group coverage. This is only granted if you meet the strict requirements.

MEDICARE

The majority of people get their coverage in one of two ways:

Basic Medicare

Original Medicare for Part A and Part B



A separate prescription drug plan from a private insurance provider

Medicare supplement insurance from a private insurance provider

OR

A Medicare Advantage Plan which includes both Medicare Parts A and B. These plans can include:

- + Prescription drugs
- + Vision and hearing
- + Additional benefits

How A Medicare Insurance Plan Can Save You Money

Selecting a Medicare Plan may be a great idea for your budget because they can save you money on copays and deductibles in the long run.

Remember that Original Medicare (Part A and Part B) will not pay for all of your health and medical costs. Original Medicare will only pay up to 80% of Medicare covered services, leaving you with the responsibility of paying the remaining portion. A Medicare Plan allows you to budget your plan premium and deductibles in advance. This helps curb any unplanned medical expenses. Having this insurance in place can help cover your unexpected medical bills. Many Medicare Plans have a cap on your out-of-pocket spending. In summary, having additional Medicare insurance, such as a Medicare Advantage Plan, a Medicare drug plan, or a Medicare Supplement Plan can actually save you money.

How to select the right insurance company for you

Finding the right insurance broker is as important as finding the right insurance plan. Look for an insurance company that provides a high level of customer service and personal attention. Some things you may want to look for in an insurance broker are:

- An insurance broker that provides personalized insurance counseling that can help you select the best plan for your needs
- An insurance broker that will provide you with an annual review of your insurance plan(s) free of charge
- An insurance broker that will keep you informed if there are any changes to your insurance policy or other updates that you need to know about as a consumer
- An insurance broker that provides unbiased comparisons
- An insurance broker that represents most top carriers so that they can provide you with the best options for your needs.
- An insurance broker that will hold your hand and educate you about your options by walking you through the Medicare plan selection process and enrollment process

Comprehensive and Personalized Service

By listening to you and understanding your concerns and preference, whether it is a special need, flexibility or price, we can help you enroll in the plan that is the best fit for YOU. We will help maximize all your Senior Health Insurance and prescription drug plan possibilities by navigating through the many programs that are available in your area

Continuous Service and Commitment

Our service to you does not stop after you enroll into your health insurance policy. We continue to provide our services to assist you with annual reviews of your current coverage. We take pride in providing our clients with the best service in the senior health plan industry.

Call us for your free consultation

1-877-255-6273

info@myseniorhealthplan.com

MySeniorHealthPlan.com