

Understanding Healthcare Options From Medicare to the Marketplace 2020

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Presentation Topics

- What retirees spend on healthcare
- Pre and Post 65 retiree benefit overview
- The Health Insurance Marketplace
- Who is eligible for the Health Insurance Marketplace
- How to sign up for plans on the Health Insurance Marketplace
- Medicare's role in the U.S. in 2020
- Who is eligible for Medicare?
- The A, B, C, D of Medicare- what are Parts A, B, C, and D?
- What does Medicare cost and how do you sign up?
- How to compare and select Medicare Advantage, Medigap and Part D drug plans
- How does the Affordable Care Act impact Medicare?

Special Help for Retirees

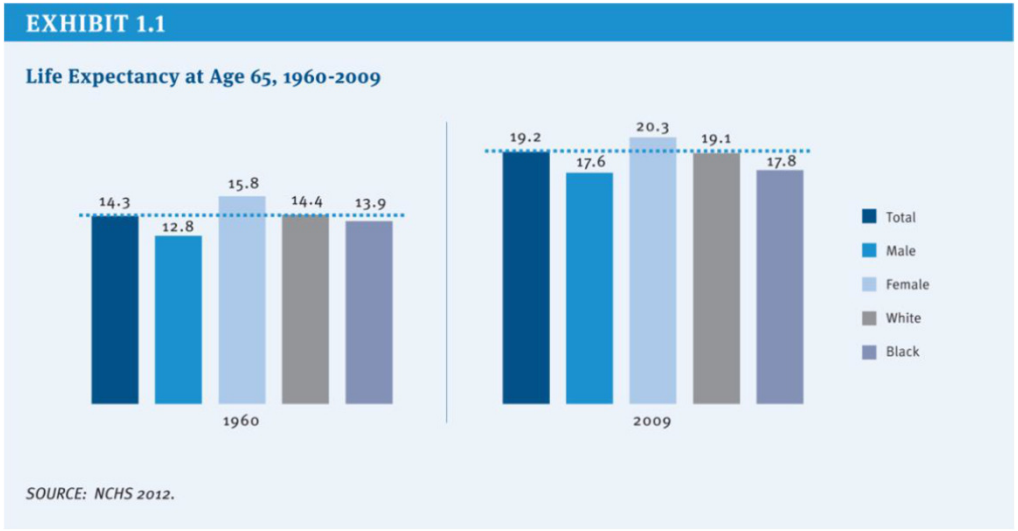
- Retirees transitioning to a new health plan
- How to enroll in Medicare
- Clarify Medicare Parts A, B, D and supplemental plans
- Inform about pre-existing conditions; dependents under 65
- Locate eldercare services that fall outside traditional healthcare coverage
- Assist with the transition from traditional insurance to Medicare HMO
- Facilitate early care management intervention



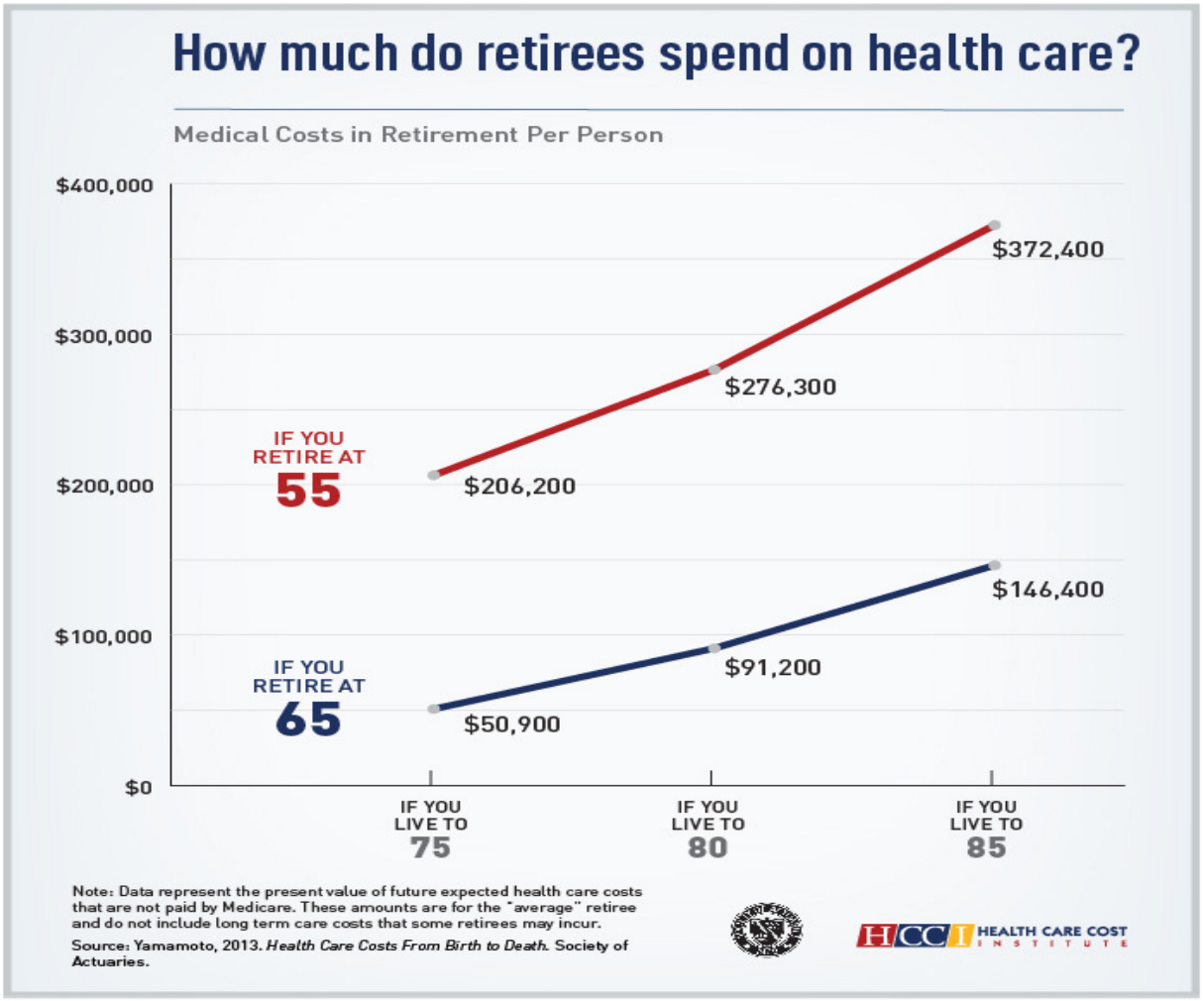
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We are living longer, and getting older is expensive, regardless of your health

- At age 65, average life expectancy is about 20 years
- Average retiree healthcare costs will be $146,400 for someone age 65 who lives 20 more years, while individuals retiring at age 55 will need $372,400 to cover their healthcare costs to age 85
- Therefore, the average 55-year-old retiree will spend $226,000 **more** on healthcare than a person retiring at age 65, assuming they both live to age 85



Out-of-pocket healthcare costs in retirement are high



Drexel Retiree Health Benefits

- **Retiree Health Benefits**
  - Medical
  - Prescription
  - Dental
  - Vision
- **Who can be covered?**
  - Retiree
  - Spouse or Domestic Partner
  - Dependent children are not covered and will be offered COBRA

Drexel Retiree Health Benefits

Your retiree medical/prescription benefits options depend on your age at the time of retirement

- **Under Age 65** – Same medical/prescription plans that are available to active Drexel employees at the applicable retiree rate.
- **Age 65 and Over** – Personal Choice 65 Plan, a Medicare Advantage plan.

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Under 65 Medical/Rx Retiree Benefits

- Same medical/rx plans that are available to active Drexel employees, but, at the retiree rate.
- Continue your current coverage at time of your retirement, with opportunity to change plan during open enrollment or a qualified life event.
- When you turn age 65, coverage will end and you can enroll in the 65+ retiree health insurance option available through Drexel at that time.

	CDHP	Keystone POS	PPO Basic	PPO High
Retiree Only	$501.62	$643.62	$951.03	$1,072.22
Retiree & Spouse/DP	$1,133.99	$1,454.94	$2,146.62	$2,419.32

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Health Insurance Marketplace

What is the Health Insurance Marketplace?

The Health Insurance Marketplace is the place where people without health care insurance can find information about health insurance options and also purchase health care insurance.

Every health plan in the Marketplace offers the same set of essential health benefits including:

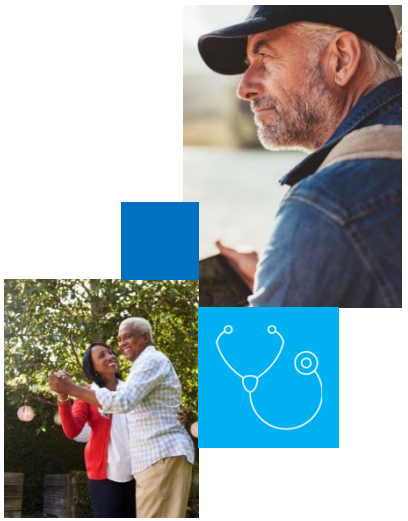
- doctor visits
- preventive care
- Hospitalization
- prescriptions and more

You can compare plans based on price, benefits, quality, and other features important to you before you make a choice.

Who is eligible for Health Insurance Marketplace Plans?

To be eligible to enroll in health coverage you:

- Be a resident of a state served by the Marketplace, and
- Be a U.S. citizen, U.S. national, or a non-citizen who's lawfully present in the U.S. (and expected to be for the entire time coverage is sought), and
- Not be incarcerated (other than incarceration pending disposition of charges)



✓ If you have Medicare, you are not eligible to elect coverage from the Marketplace.

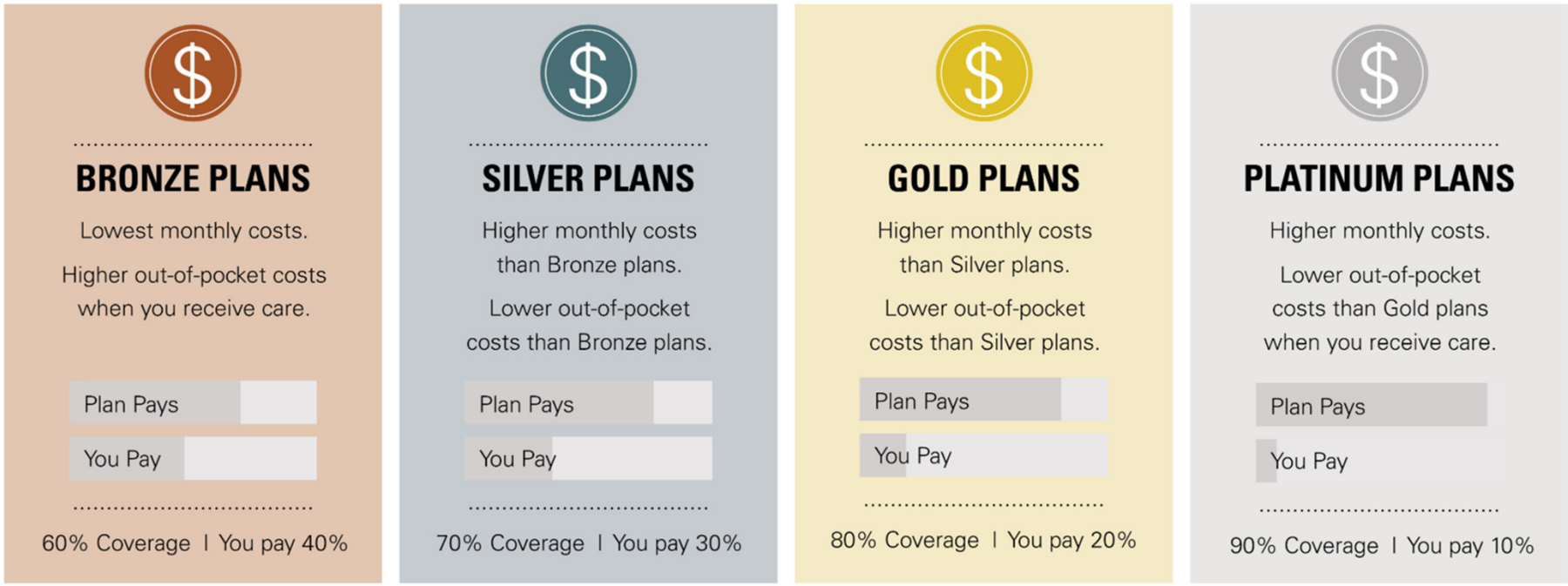
When to apply for Health Insurance on the Marketplace

Open Enrollment

Special Enrollment Period:

- If you've had certain life events including:
  - Losing Health Coverage
  - Moving
  - Marriage
  - Having a baby or adopting a child
- You may have **60 days before** or **60 days following** the event to enroll in a plan

Health Insurance on the Marketplace



Catastrophic Health Plans

- What is catastrophic coverage?
  - Plans with high deductibles and lower premiums
  - You pay all medical costs for covered care up to the annual limit or cost sharing for the plan year
  - Includes 3 primary care visits per year and certain recommended preventive services with no out-of-pocket costs
  - Protects you from high out-of-pocket costs
- Who is eligible?
  - Young adults under 30 at the time they enroll or those who qualify for a hardship exemption

How to enroll in Health Insurance on the Marketplace

There are several ways to apply for and enroll in 2020 Marketplace health coverage. You can apply:

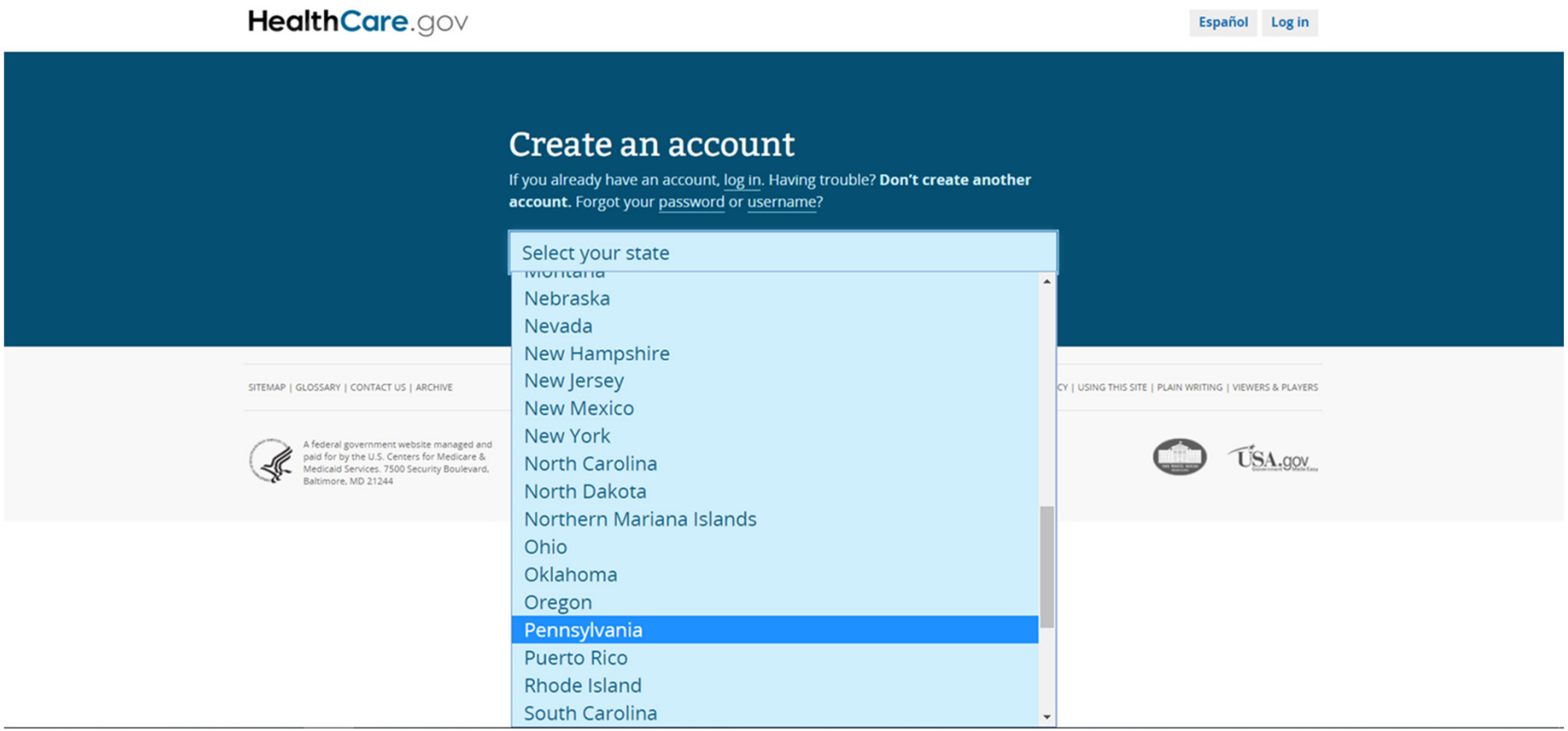
- **Online**: Healthcare.gov
- **Phone**: 1-800-318-2596 Available 24 hours a day, 7 days a week (except holidays)
- **Paper Application**
- **Agent, broker, or assister**
- **Certified enrollment partner websites**

How to apply for Health Insurance on the Marketplace (continued)

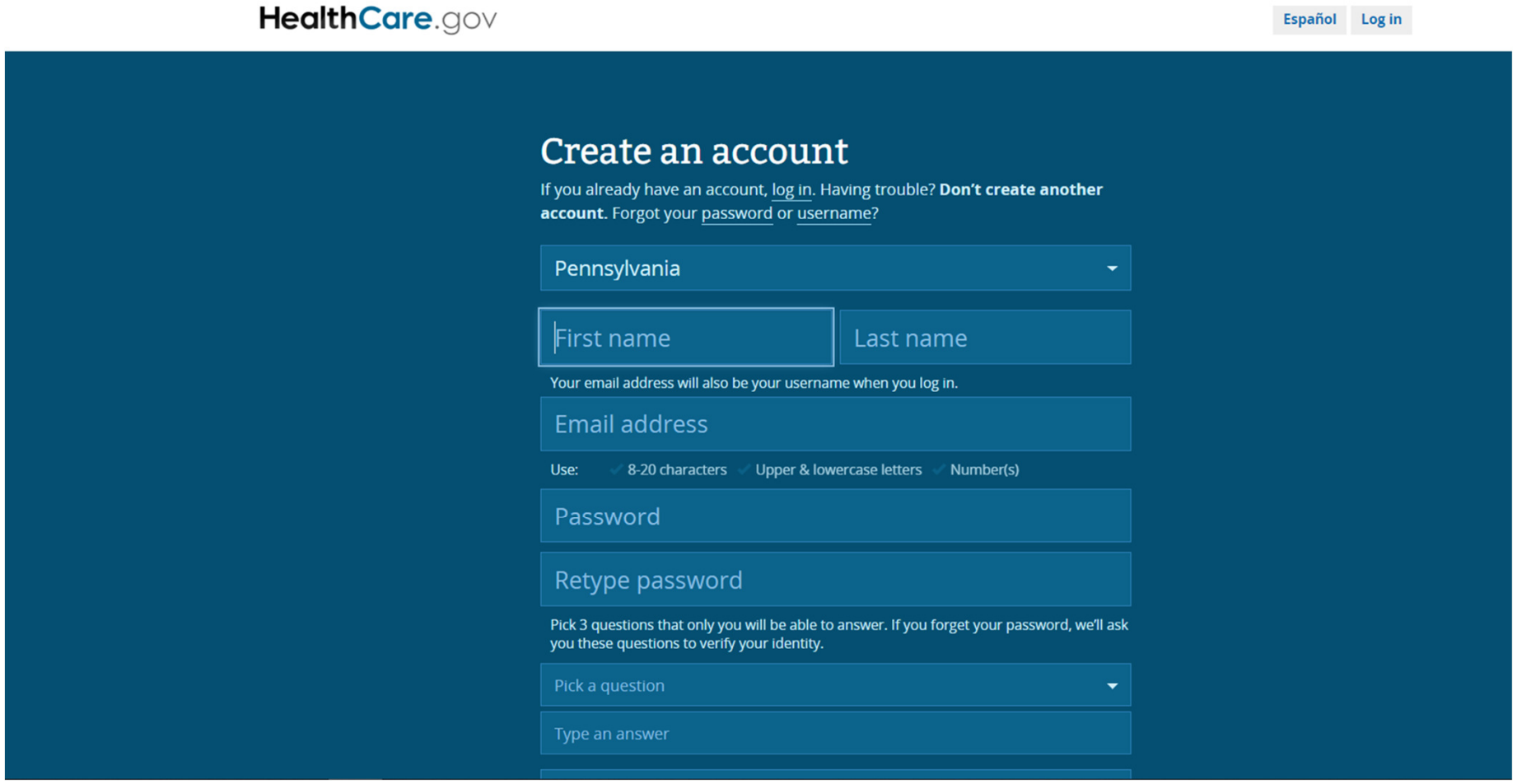
Information you will need to provide when applying for coverage

- Social Security Numbers (SSN)
- Birthdates
- Paystubs, W-2 forms, or other income about your household's income
- Policy number for any current health coverage

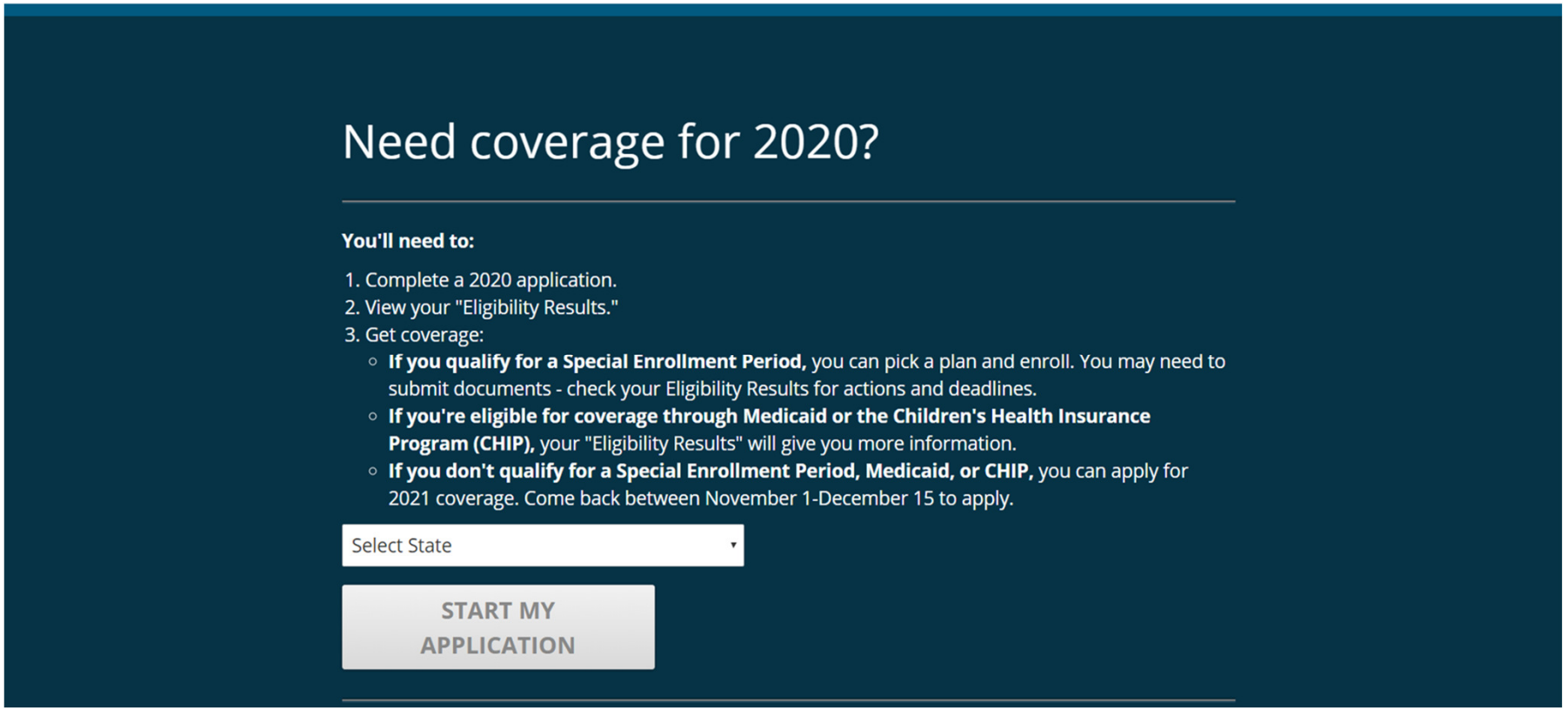
Creating an account on the Marketplace



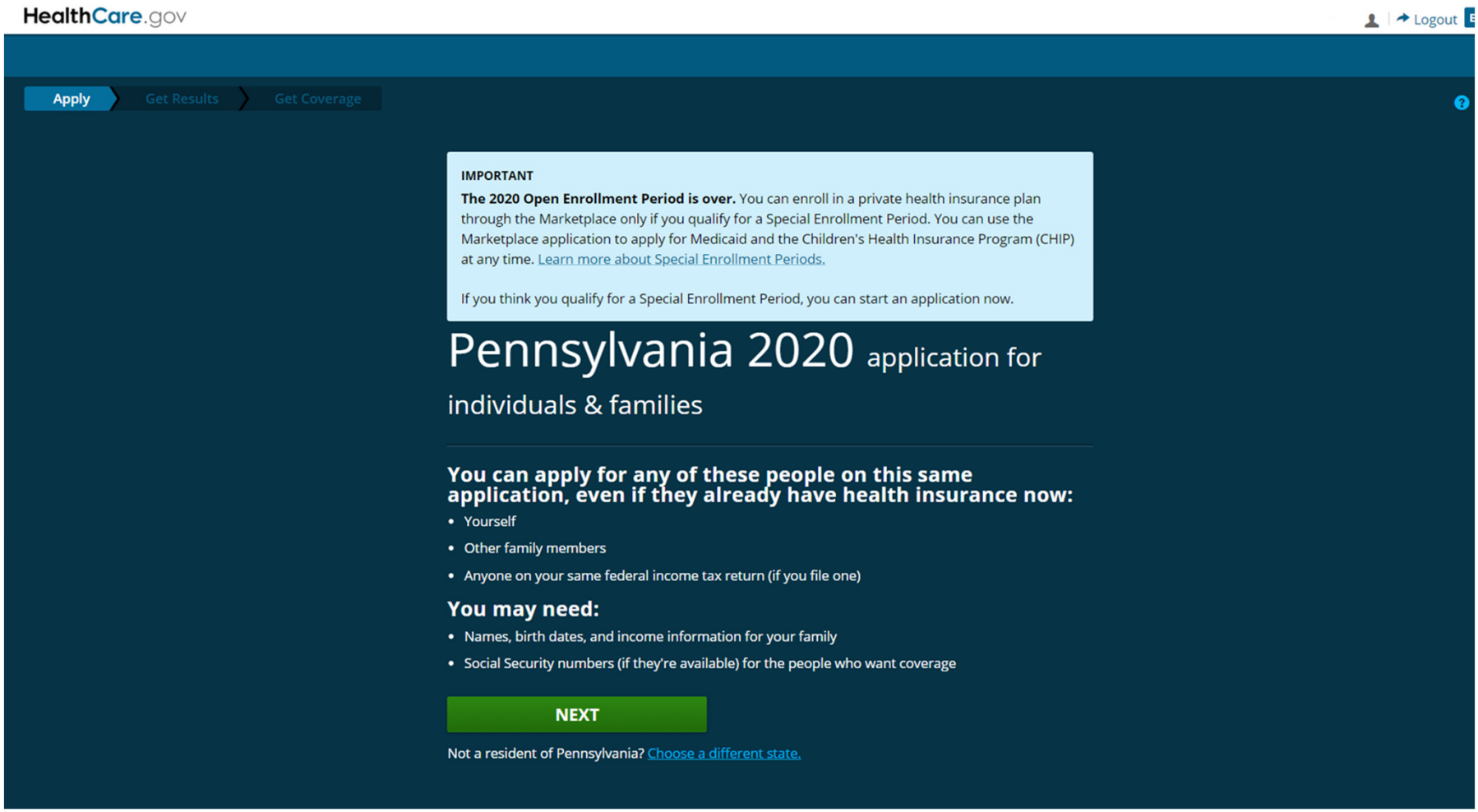
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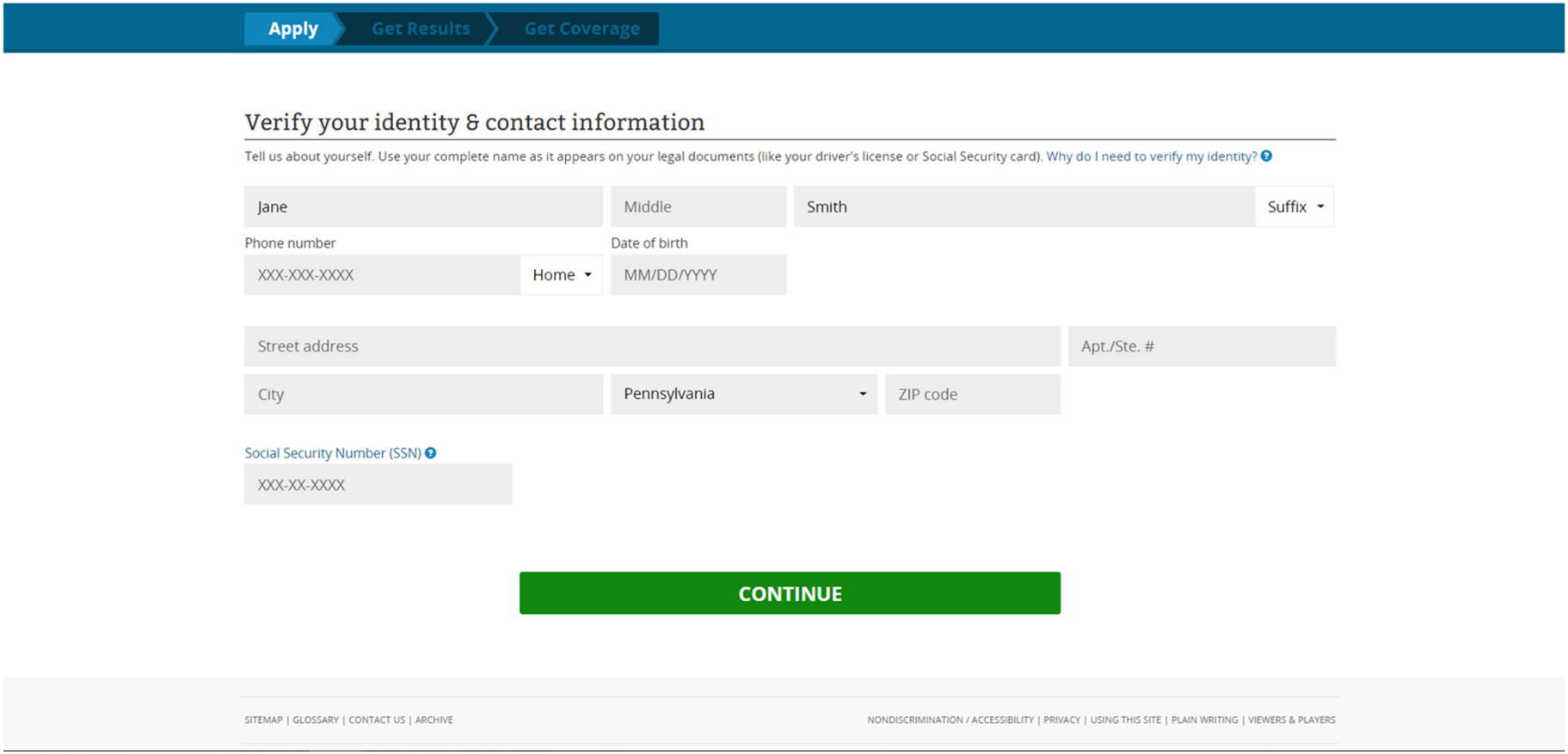
Creating an account on the Marketplace



Creating an account on the Marketplace



Creating an account on the Marketplace



Paying premiums for Marketplace coverage

- You must pay the first month's premium directly to your insurance company by the insurer's deadline
- You must pay the premium each month or you could lose coverage
- Issuers must accept at least these payment methods
  - Paper check
  - Cashier's check
  - Money order
  - Electronic fund transfer (EFT)
  - Pre-paid debit card
- Some issuers may also accept online, credit card, or debit card payments (check with the plan)

When will my Marketplace plan begin?

Status of coverage loss	Enroll in a plan within	Coverage starts, if premium paid
Already lost coverage	60 days after date coverage ended	First day of month after you enroll in a plan
Will lose coverage in the future	60 days before date coverage will end	First day of month after your coverage ends and you enroll in a plan

MEDICARE



Reaching age 65 is an important milestone…**you're now eligible to enroll in Medicare!**

(whether you decide to retire or continue working)



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This brings up lots of questions…

- What is Medicare all about?
- What will it cover?
- How do I enroll?
- How much does it cost?
- Do I need to take it if I work and have health coverage now?
- Where do I start?



What is Medicare?

A federal health insurance program

Administered by:

- Centers for Medicare and Medicaid Services (CMS)

Eligibility and Enrollment handled by:

- Social Security Administration (SSA)
- Railroad Retirement Board (RRB)



Who is eligible for Medicare?

Citizenship:

- United States citizen or
- Living in the U.S. legally for at least 5 years nonstop

And

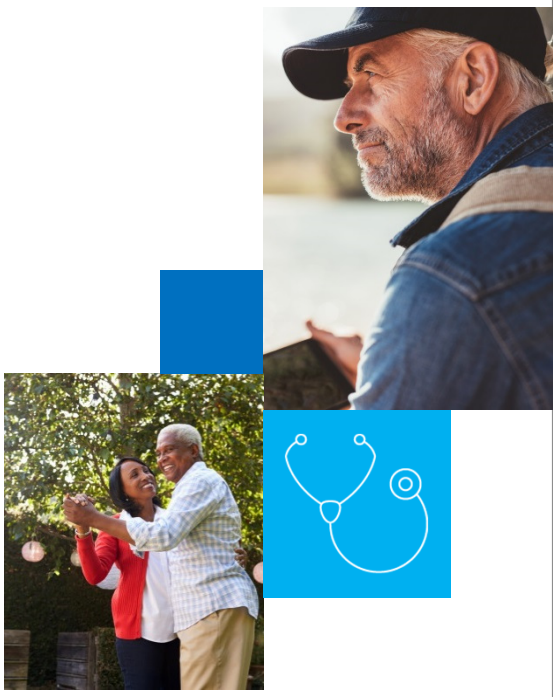
Age:

- 65 years or older and eligible for Social Security

Or

Disability:

- People under 65 with certain disabilities
- All people with End-Stage Renal Disease (ESRD)



How do I enroll in Medicare?

Do you have to apply for Medicare or do you get it automatically?

Enrollment is **automatic** if you are receiving:

- Social Security benefits
- Railroad Retirement Board benefits

Initial Enrollment Package:

- Sent 3 months before
  - ✓ 65th birthday or
  - ✓ 25th month of disability benefits



Do you have to apply for Medicare or do you get it automatically? (continued)

Applying for Part A and Part B is required if you are:

- Turning 65 and not currently receiving Social Security or Railroad Retirement Board benefits
- Qualifying for Medicare because you have End-Stage Renal Disease
- Living in Puerto Rico and want Part B coverage

Sign up:

- Online: SocialSecurity.gov
- Call: 1-800-772-1213 from 8:00 a.m. to 5:30 p.m., Monday through Friday
- Fax: 1-833-914-2016

  Due to the COVID-19 pandemic, Forms **40B** and **L564** can now be faxed to a special fax number. Please note this fax number is only for people who are due a Special Enrollment Period.

Medicare Part B Employer Information

- If you are age 65 or older and on a Drexel medical plan, you must submit a Medicare “Request for Employment Information” (**CMS-L564)** form to Social Security when applying for Medicare Part B.
- The form confirms that you had group health plan coverage within the previous 8 months.
- Section B must be completed by Drexel Human Resources.
- The HR Service Center will email you a copy of this form, with Section B completed, after you submit your VRIP Election Form.

65 and Over Medical/Rx Retiree Benefits

- Personal Choice 65 Plan is a Medicare Advantage plan.
- The Plan combines your Medicare Part A (hospital) and Part B (medical) with prescription drug benefits and additional covered services.
- Must be enrolled in Medicare Parts A & B.
- You must pay the PC 65 premium in addition to your Medicare Part B premium.

	PC 65 Plan
Retiree Only	$439
Retiree & Spouse/DP	$878

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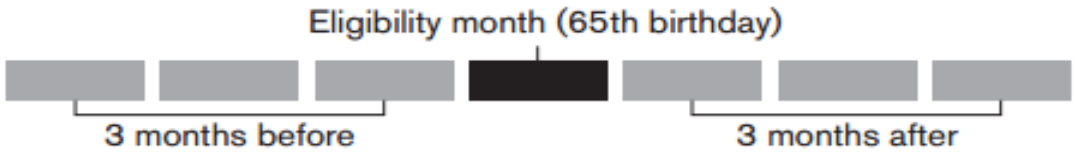
Enrollment Timeframes

When can I enroll in Medicare Part A and Part B?

Initial Enrollment Period (IEP) is the first time you are eligible for Medicare

Turning 65:

- 7-month period surrounding the months of your 65th birthday
- 3-1-3 rule



Under 65 and disabled:

- 3 months before the 25th month of disability

Enrollment options:

- Join Medicare Part A and/or Part B and Part D

When can I enroll in Medicare Part A and Part B?

Special Enrollment Period (SEP) allows people who delayed enrollment to sign up for Medicare plan options outside of the Initial Enrollment Period

- Special Enrollment Period **Part B**
  - Beneficiary is currently covered under active employee/spousal coverage
    - Can enroll at anytime
  - Beneficiary lost active employee/spousal coverage
    - **8 months period** (Parts A and/or B) beginning the month after employment ends or group coverage terminates, whichever is first
    - **63 day period** (Parts C or D) beginning the month after employment ends or group coverage terminates, whichever is first

Enrollment Options:

- Join Medicare Parts A and/or B, also enroll in Part C or D

What are the late enrollment penalties for Part A and Part B?

- **Part A:** If you don't sign up for Medicare Part A during your Initial Enrollment Period, your monthly premium may go up 10% when you do enroll. You'll have to pay the higher premium for twice the number of years you are past 65.

- **Part B:** If you don't sign up for Medicare Part B during your Initial Enrollment Period, you may pay a late enrollment penalty for the entire time of your Part B coverage when you do sign up. Your monthly Part B premium may go up 10% for each 12-month period that you didn't sign up.

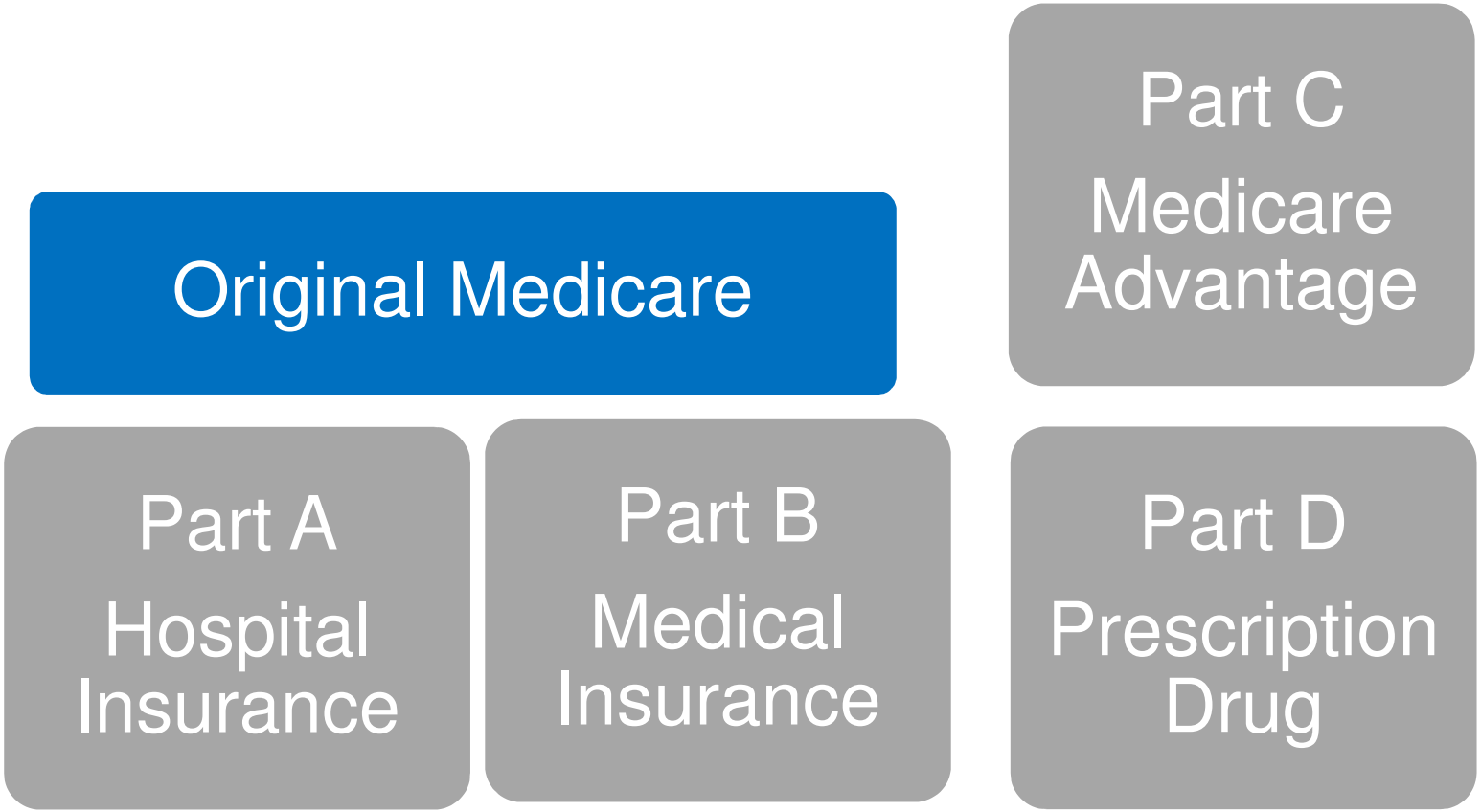
I’m about to turn 65…

What happens if I don’t sign up for Part B during my Initial Enrollment Period or Special Enrollment Period?

- For each 12-month period you delay enrollment in Part B, you will have to pay a 10% premium penalty, unless you have insurance from your or your spouse's current job
- You will pay the premium penalty as long as you have Medicare
- Example: If you turned 65 in 2020, and you delayed signing up for Part B for 5 years until 2025 (and you did not have employer insurance that allows you to delay enrollment), your monthly premium would usually be 50% higher for as long as you have Medicare

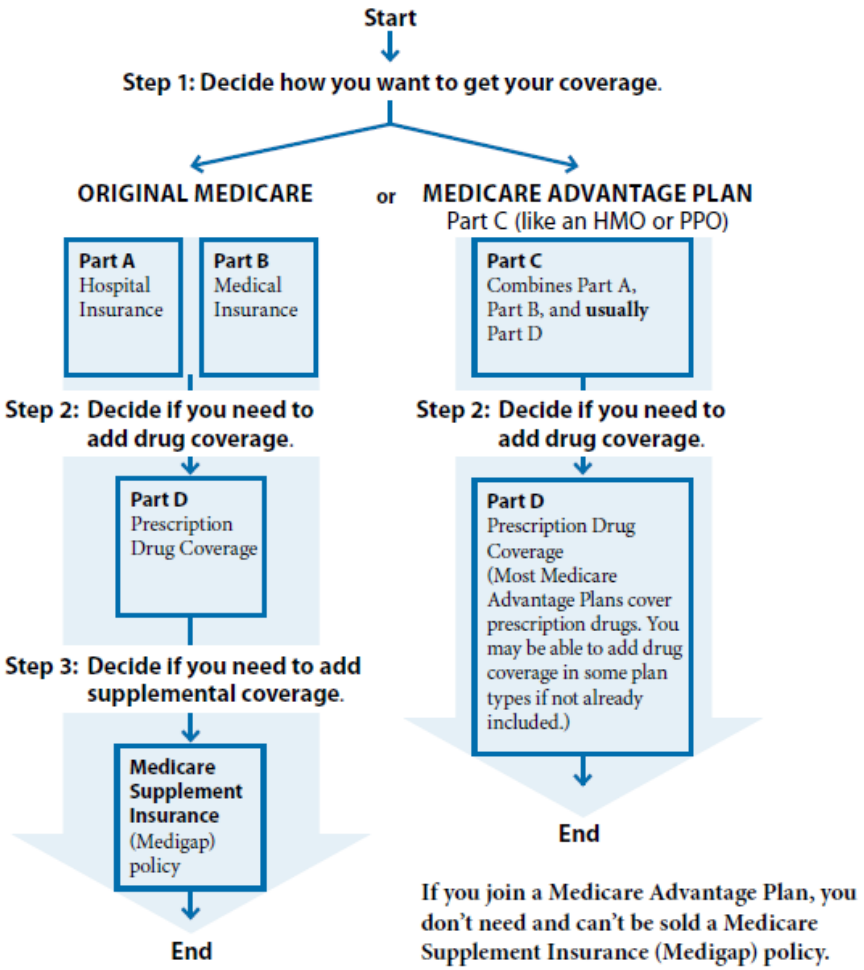
The A,B,C, and Ds of Medicare

Medicare has 4 Parts: A, B, C, D



Your Medicare Coverage Choices at a Glance

- There are two main ways to get your Medicare coverage:
  - ✓Original Medicare
  - ✓Medicare Advantage Plan
- These steps help you decide which way to get your coverage



Medicare Part A

Part A

Part A Hospital Insurance provides coverage for:

- Inpatient hospital care
- Inpatient skilled nursing facility (SNF) care
  - ✓ Up to 100 days
- Blood (inpatient)
- Hospice care
- Home health care
- 190-day limit for inpatient mental healthcare in a lifetime

Part A (continued)

Monthly Premium 2020:

- You will receive your Part A premium free if you were working at least 10 years and contributing to Medicare taxes
  - ✓Married couples may receive benefits under a spouse's work record
- If you worked less than 10 years of Medicare-covered employment, you pay a prorated premium amount
- If you have no work credits, you will pay the full premium
  - ✓Up to $458 each month in 2020
- Higher-income consumers may pay more

Part A (continued)

Paying for Inpatient Hospital Stays

- Covers semi-private room, meals, general nursing and other hospital services and supplies

For each benefit period in 2020	You Pay
Days 1-60	$1,408 deductible
Days 61-90	$352 per day
Days 91-150	$704 per day (60 lifetime reserve days)
All days after 150	All costs

Part A (continued)

Paying for Skilled Nursing Facility (SNF) Care

- Requires a 3-day inpatient hospital stay
- Admission to SNF within 30 days of hospital discharge
- Must be a Medicare-participating SNF

For each benefit period in 2020	You Pay
Days 1-20	$0
Days 21-100	$176 per day
All days after 100	All costs

Part A (continued)

What you pay for Home Health Care

- Nothing for covered home health care services
- 20% of Medicare-approved amount for durable medical equipment

What you pay for Hospice Care

- Nothing for hospice care
- Up to $5 per Rx to manage pain and symptoms while at home
- 5% for inpatient respite care

Medicare Part B

Part B

Part B Medical Insurance provides coverage for:

- Physician services (including an annual wellness exam)
- Outpatient medical and surgical services
- Diagnostic tests (X-rays, MRIs, CT scans, EKGs, and other tests)
- Outpatient therapy
- Outpatient mental health services
- Outpatient hospital services
- Durable medical equipment
- Clinical laboratory test
- Home health services
- Ambulance service

Part B (continued)

Monthly Premium 2020

- Standard premium: $144.60 (or higher depending on your income)
- Average premium: $130.00 (if receiving Social Security benefits)
- Taken out of your monthly payment
  - ✓ Social Security
  - ✓ Railroad Retirement

Creating an account on the Marketplace

What is IRMAA?

Income-related monthly adjustment amount (IRMAA) is an additional amount of premium that you will pay for Medicare Part B coverage if you have income above the threshold. The amount of your IRMAA is based on your modified adjusted gross income.

Modified Adjusted Gross Income (MAGI)		Part B monthly premium amount
Individuals with a MAGI of $87,000 or less	Married couples with a MAGI of $174,000 or less	$144.60
Individuals with a MAGI above $87,000 up to $109,000	Married couples with a MAGI above $174,000 up to $218,000	$202.40
Individuals with a MAGI above $109,000 up to $136,000	Married couples with a MAGI above $218,000 up to $272,000	$289.20
Individuals with a MAGI above $136,000 up to $163,000	Married couples with a MAGI above $272,000 up to $326,000	$376.00
Individuals with a MAGI above $163,000 up to $500,000	Married couples with a MAGI above $326,000 up to $750,000	$421.70
Greater than or equal to $500,000	Greater than or equal to $750,000	$491.60

Part B (continued)

Paying for Medical Care

Yearly Deductible	$198
Coinsurance for Part B Services	• 20% coinsurance for most covered services • $0 for some preventive services • 20% coinsurance for outpatient mental health services, and copayments for hospital outpatient services

Items and Services Not Covered by Part A or Part B

- Long-term care
- Custodial care
- Routine vision care and eyeglasses
- Routine dental care and dentures
- Routine foot care
- Acupuncture
- Outpatient prescription drugs
- Hearing aids and exams for fitting them
- Cosmetic surgery
- Alternative care, such as naturopathy

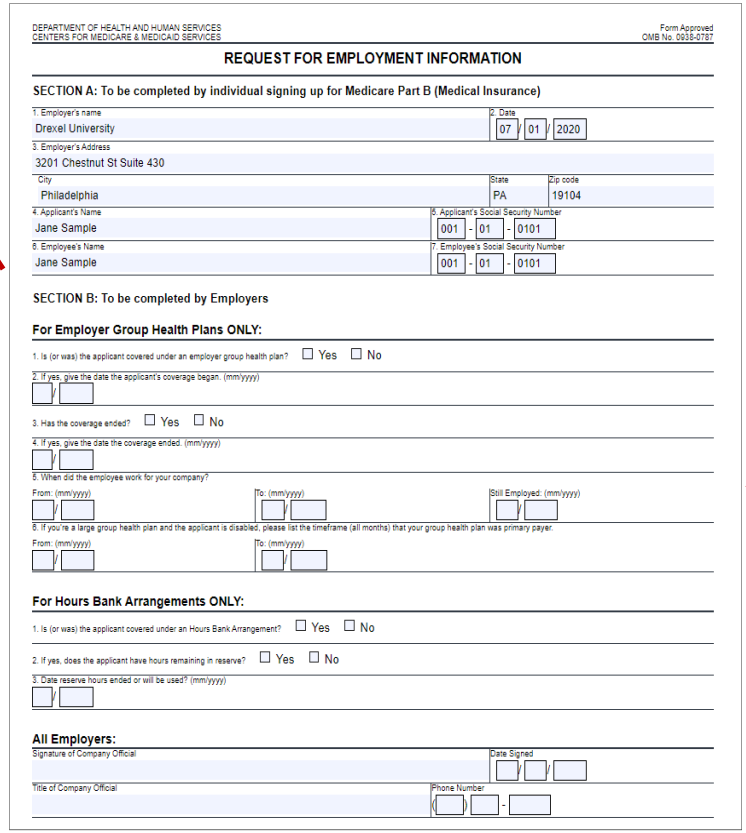
I am 65, Medicare eligible and retiring

Do I need to enroll in Part A and Part B if I want to enroll in the over 65 retiree plan?

- Yes. if you are planning to enroll in the Drexel PC 65 Plan. You must contact Social Security to sign up for Medicare Part B
- You will need to submit a Medicare Part B application along with the Request for Employment Information (CMS-L564) form when applying for Medicare Part B.
- The Retiree Benefit Enrollment Form must be completed and returned to the hr@drexel.edu no later than **August 7, 2020**.

How to complete the CMS L564 Form

Fill out Section A and email to the HR Service center at hr@drexel.edu. The completed form **MUST** be returned by no later than **August 7th**!



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's name: Drexel University
2. Date: 07 / 01 / 2020
3. Employer's Address: 3201 Chestnut St Suite 430
City: Philadelphia
State: PA
Zip code: 19104
4. Applicant's Name: Jane Sample
5. Applicant's Social Security Number: 001 - 01 - 0101
6. Employee's Name: Jane Sample
7. Employee's Social Security Number: 001 - 01 - 0101

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No
2. If yes, give the date the applicant's coverage began. (mm/yyyy)
3. Has the coverage ended? ☐ Yes ☐ No
4. If yes, give the date the coverage ended. (mm/yyyy)
5. When did the employee work for your company?
From: (mm/yyyy)
To: (mm/yyyy)
Still Employed: (mm/yyyy)
6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
From: (mm/yyyy)
To: (mm/yyyy)

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☐ No
2. If yes, does the applicant have hours remaining in reserve? ☐ Yes ☐ No
3. Date reserve hours ended or will be used? (mm/yyyy)

All Employers:

Signature of Company Official
Date Signed
Title of Company Official
Phone Number

The HR Service center will complete Section B and return directly to employee.

Due to the COVID-19 pandemic, Forms 40B and L564 can now be faxed to **1-833-914-2016**. Please note this fax number is only for people who are due a **Special Enrollment Period**.

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Medicare and Domestic Partners

- Although many employer group based plans recognize domestic partners the same as spouses, Medicare and Social Security **do not recognize domestic partnerships** the same way that they recognize legally married spouses.

Medicare and Domestic Partners

- **Case Example**
- Joe and Christine are domestic partners. Joe is over 65 years old and continuing to work. Christine turned 65 in July. Joe's employer recognizes domestic partners and provides medical coverage for them.

- However, ***Medicare does not recognize domestic partners.***

- Christine had medical services in August, the month following her 65th birthday. These were for outpatient and physician services.

Medicare and Domestic Partners

- **Case Example (continued)**

- When the claims were processed, the insurance carrier processed them as if she had Medicare Parts A and B. She had already enrolled in Medicare Part A but did not think she needed to enroll in Medicare Part B because she was covered under her domestic partner's plan.

- Because Medicare does not recognize domestic partners, her medical services were processed by the carrier as if she had Medicare Part B which she didn't. Christine is responsible for the services not covered by Medicare Part B.

- She will also be subject to a late enrollment penalty because she did not enroll in Medicare Part B on time.

Medicare Supplement Insurance

Medicare Supplement Insurance

- Often called Medigap
  - ✓ Offered by private health insurance companies
- Supplements Original Medicare
  - ✓ Helps pay some of the costs that Original Medicare doesn't cover
- Does NOT cover your share of Part D drug plan costs or services that Original Medicare does not cover
- Only applicable if you choose Original Medicare – can't have Medigap if in Medicare Advantage Plan

✓This option would not be available if you are enrolling in the Personal Choice 65 Medicare Advantage Plan

Medicare Supplement Insurance (continued)

- Individual must have both Medicare Part A and Part B to enroll
- Medigap is totally voluntary
  - ✓Individual pays the entire cost of the Medigap policy
  - ✓Continue to pay Medicare Part B premium
- Each spouse must have their own Medigap policy
- Each person can only have one Medigap policy at a time
- If you apply during the Medigap open enrollment period, you cannot be denied or charged more for health reasons and the policy is guaranteed renewable. Open enrollment starts on the first day of the month you are over 65 and enroll **in both Part A and Part B,** and runs for 6 months.

Medicare Part C

Part C = “Medicare Advantage”

- Health plan options approved by Medicare
  - ✓Still part of the Medicare program
  - ✓Run by private companies
- Plans provide all the benefits covered under Part A, Part B
- May include prescription drug coverage (Part D)
- Plans often add additional benefits and features to attract members (wellness and disease management programs, vision, preventive dental, hearing, podiatry, chiropractic, gym memberships, and telemedicine)
- Preventive benefits are covered at 100% as long as the provider (physician, lab) is in-network

Part C = “Medicare Advantage” (continued)

- In order to enroll in a Medicare Advantage Plan individual must:
  - ✓Have Medicare Part A and Part B
  - ✓Live in the plan’s service area
  - ✓Not have ESRD at the time of enrollment

- Medicare Advantage enrollees pay the monthly Part B premium
  - ✓May pay an additional premium directly to their plan
  - ✓Individuals pay deductible, coinsurance, and copayments

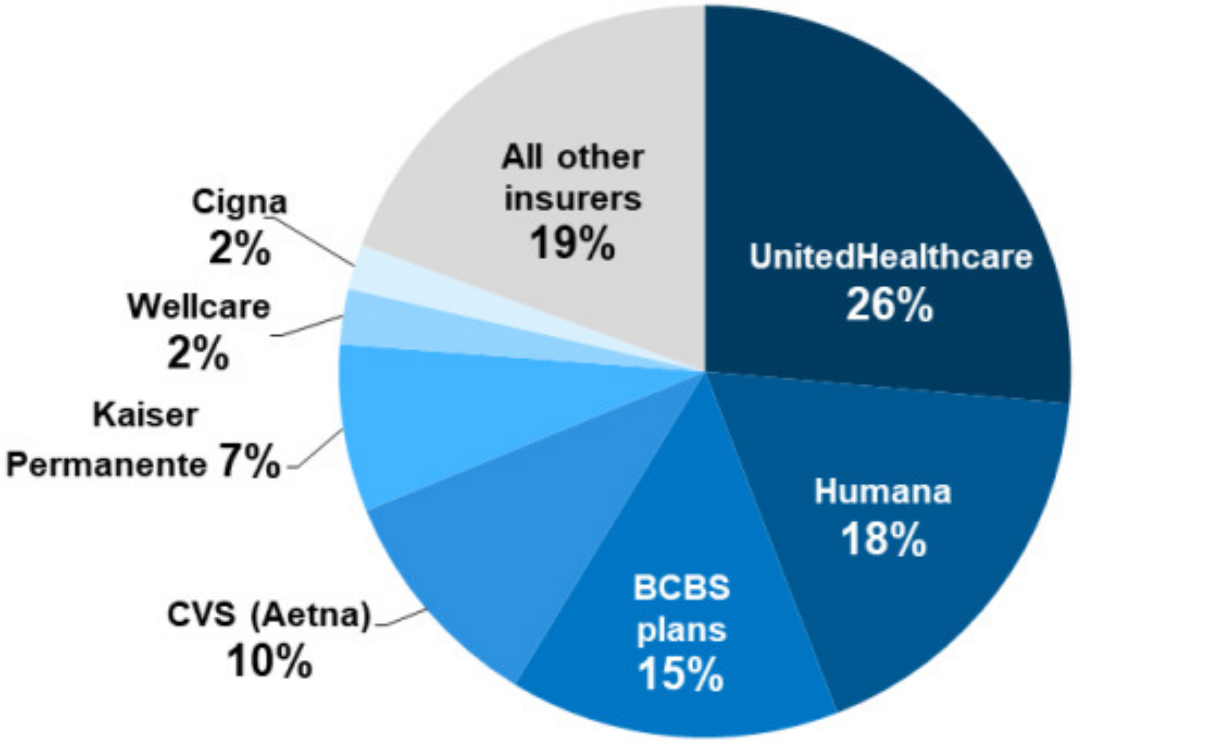
✓This option would not be available if you are enrolling in the Personal Choice 65 Medicare Advantage Plan

Types of Medicare Advantage Plans

- **HMO plans**
  - ✓Usually require you to choose a PCP and get referrals to specialists; no non-emergent care outside network
- **PPO plans**
  - ✓Usually do not require you to choose a PCP or get a referral to see a specialist. Your lowest cost will be for providers in PPO network
- **POS (“Point of Service”) plans**
  - ✓Similar to HMO, but may have some out-of-network benefits at higher cost
- **PFFS (“Private Fee-for-Service”) plans**
  - ✓You can go to any Medicare-approved provider that has “agreed to the terms of the PFFS plan”
- **MSA (“Medical Savings Account”) plans**
  - ✓Resemble high-deductible health plans from employers. No Rx coverage

Number of Medicare Beneficiaries with Access to a Medicare Advantage Plan from These Companies in 2019

Most common plans are UnitedHealthcare and Humana.



Total Medicare Advantage Enrollment, 2019 = 22 Million

When can I apply for a Medicare Advantage Plan (Part C)?

When you first become eligible for Medicare or when you turn 65, during your 7-month Initial Enrollment Period (IEP).

- During Medicare's Open Enrollment Period: October 15 – December 7
  - ✓ Coverage becomes effective January 1
- During the General Enrollment Period (GEP): January 1 – March 31
  - ✓ You can sign up for Medicare A and B
  - ✓ Starting April 1 through June 30, you can sign up for an Advantage Plan
  - ✓ Coverage becomes effective July 1
- Under certain circumstances you may qualify for a Special Enrollment Period (SEP), such as:
  - ✓ You move out of the service area
  - ✓ You're eligible for Medicaid
  - ✓ You qualify for Extra Help with Medicare prescription drug costs
  - ✓ You're getting care in an institution, like a skilled nursing facility

Note: You must have Medicare A and B to enroll in a Medicare Advantage Plan

Medicare Part D

Part D

- Individuals are eligible for prescription drug coverage under a Part D plan if they are entitled to benefits under Part A and/or enrolled in Part B.
  - ✓ Must live in the plan's service area
  - ✓ Cannot live outside of the U.S.
  - ✓ Must actively enroll to join
    - No automatic enrollment
- Benefits provided by private companies
  - ✓ Approved contracts with Medicare
- There are two ways to get coverage:
  - ✓ Standalone prescription drug plans ("PDP")
  - ✓ Medicare Advantage Plans ("MA-PD")

Part D (continued)

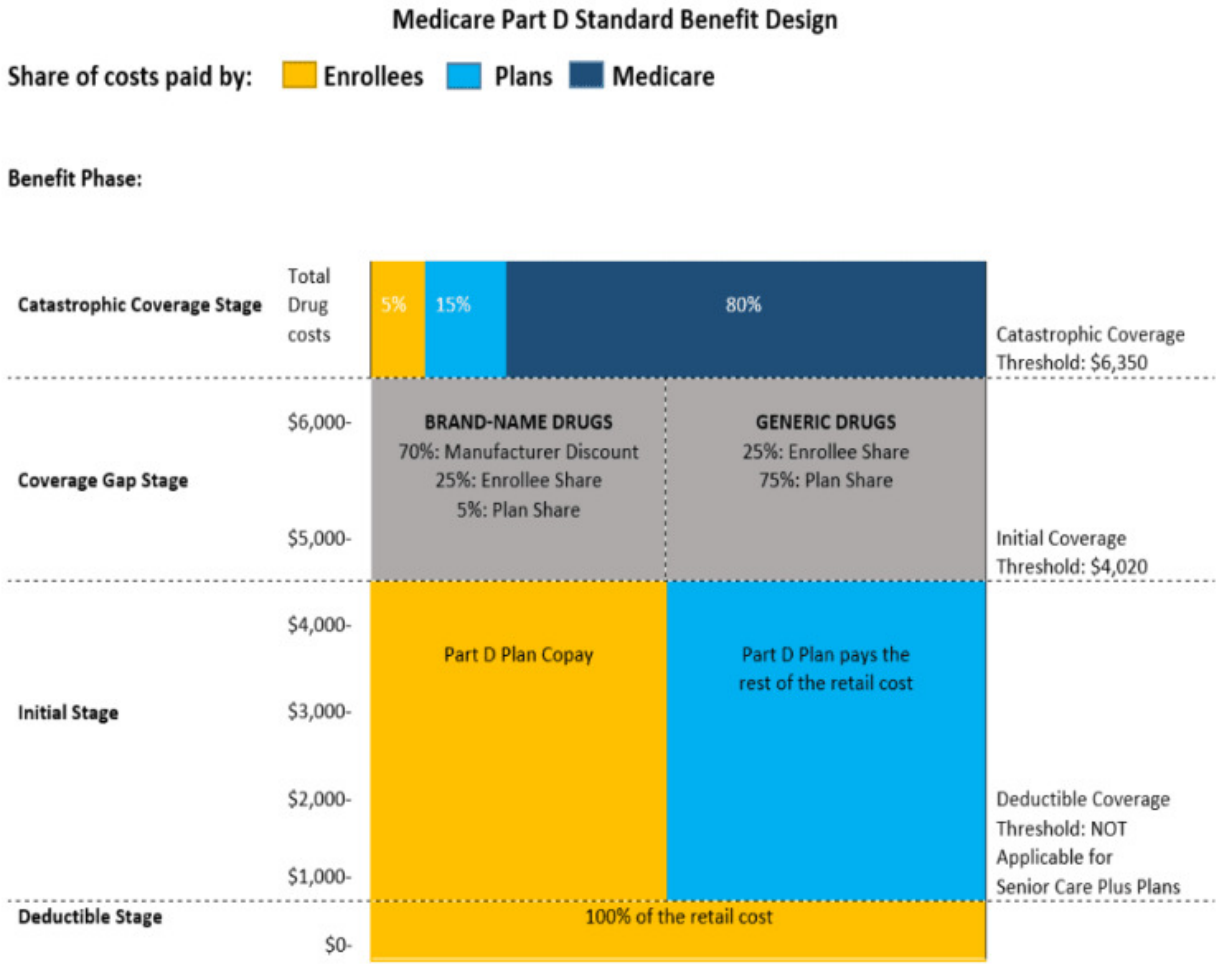
- Plans must offer at least the Medicare standard level of coverage
- Plans vary in cost and drugs covered
  - ✓ Different tier, copayment and coinsurance levels
- Benefits and cost may change each year
- Some Medicare members receive drug coverage through an employer-sponsored retiree plan, spouse's coverage, or the VA
  - ✓ Enrollment in Part D may not be needed

✓ This option would not be available if you are enrolling in the Personal Choice 65 Medicare Advantage Plan

Part D Covered Drugs

- Prescription brand name and generic drugs
  - ✓ Approved by the FDA
  - ✓ Used for medically accepted reasons
  - ✓ Used and sold in the United States
- Includes drugs, biological products and insulin
  - ✓ Supplies associated with injection of insulin
- Plans must cover a range of drugs
- Coverage and rules can vary by plan

Standard Medicare Prescription Drug Benefit, 2020



National Council on Aging at https://www.seniorcareplus.com/prescription-drug-coverage/.

When can I apply for Medicare Part D?

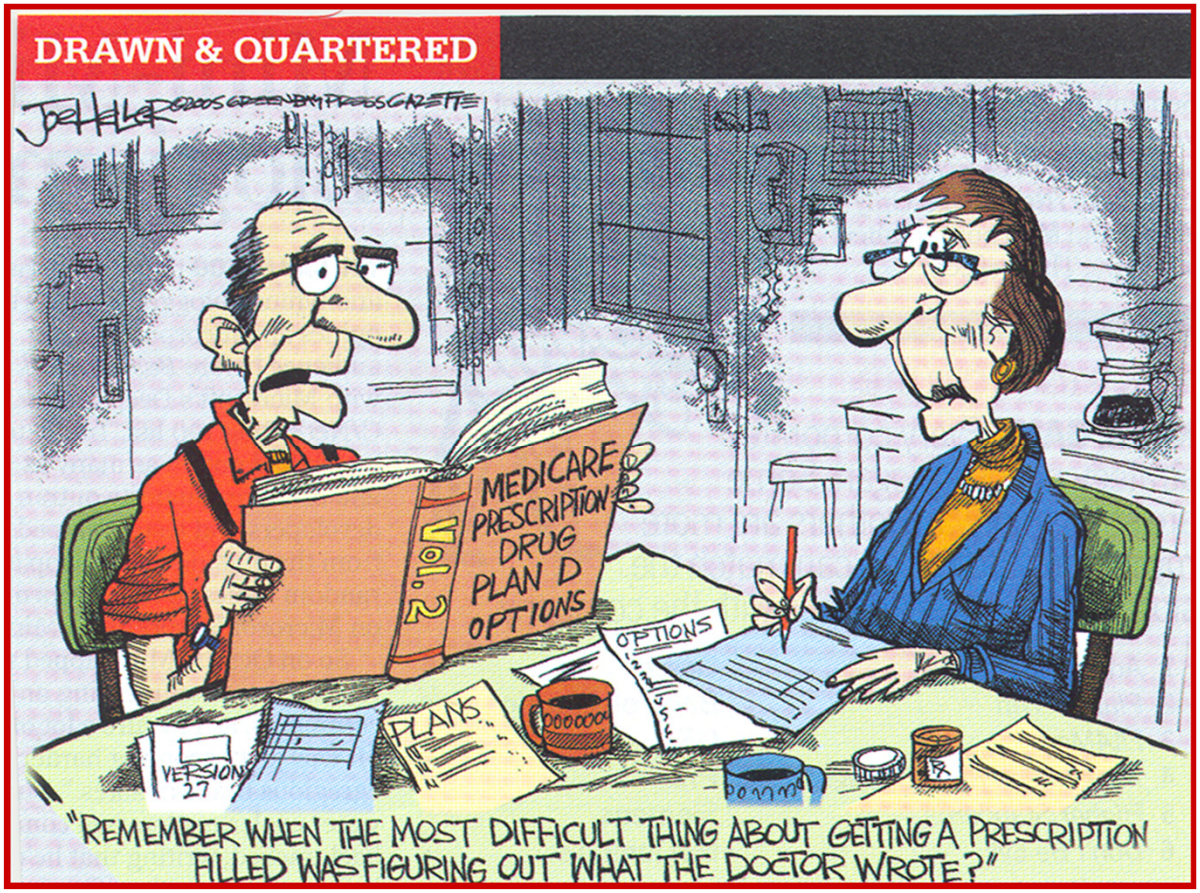
You can apply for Part D:

- If you are enrolled in Medicare Part A and/or Part B and live in your plan's service area, you can enroll in the Medicare drug benefit (Part D) **during your 7-month Initial Enrollment Period (IEP)**
- During your Special Enrollment Period (many situations, but most common are moving to new service area or gaining or losing employer coverage)
- If you do not join a Medicare private drug plan during your Initial Enrollment Period, you may not be able to enroll until the next **Open Enrollment (10/15-12/7)**
- Remember, if you want Medicare Part D for drug coverage, you must actively enroll yourself

What happens if I don't sign up for Part D during my IEP or SEP and I don't have other "creditable coverage" at least as good as Part D?

- A premium penalty of 1% of "national premium" for every month you delay enrollment is added to your plan's monthly premium — for as long as you have Part D

Medicare Part D



Business Week, Nov. 7, 2005

Comparing Original Medicare vs. Medicare Advantage Plans

Side-by-Side Comparison of Original Medicare and Medicare Advantage Plans

Original Medicare Pros:

- Your benefits will cover you anywhere in the United States
- There is no provider network
- Limited advance approval for medical services

Medicare Advantage (MA) Plans Pros:

- MA Plans may include dental and vision benefits
- MA Plans may have wellness programs or disease management programs
- With MA Plan, Medigap is not needed
- Out-of-pocket maximum

Side-by-Side Comparison of Original Medicare and Medicare Advantage Plans (continued)

Original Medicare Cons:

- No coverage for dental and vision – (Reminder: Health Advocate can help find plans)
- No wellness or disease management programs
- May not have wellness, gym and fitness programs
- No out-of-pocket maximum

Medicare Advantage Plans Cons:

- May have a limited provider network – providers must be in-network
- May require pre-approvals for medical services
- May be difficult to use if outside of your home service area
- Plans are not standardized and have coverage gaps

Sample – Side-by-Side Premium Comparison of Original Medicare, Medigap, Medicare Part D to a Medicare Advantage Plan For 2020

Medicare Part D & Medigap (G) plan
Philadelphia, PA area

Original Medicare
(Part A + Premium for Part B)
Premium: $144.60

Express Scripts Medicare Value (PDP)
Premium: $35.70

AARP Medigap G Plan
Premium: $145.48

Total Monthly Premium per person: $325.78

Medicare Advantage Plan (PPO)
Philadelphia, PA area

Original Medicare
(Part A + Premium for Part B)
Premium: $144.60

Humana Choice Plan (PPO) with Rx Coverage
Premium: $71.00

Total Monthly Premium per person: $215.60

Medicare and the Marketplace

What People with Medicare Need to Know about Health Insurance Marketplaces (Exchanges)

- If you already have Medicare, your coverage will NOT change as a result of the health insurance exchanges. Someone who knows you have Medicare cannot sell you a health plan through the Marketplace.
- Medicare Advantage Plans, Medigap plans, Part D drug plans and standard Medicare plans are NOT sold through the Marketplaces/Exchanges

Summary

- Medicare is not simple—you as the consumer need to maintain an active role in decisions about health plans, drug plans, and treatment
- The timing of your decisions is key to avoid penalties
- There are many good information sources
- Health Advocate Medicare Specialists can help



Your Personal Health Advocate Can Help…

- **Find providers** in your health plan's network who participate with Medicare
- **Schedule appointments**, including with specialists
- **Facilitate** transportation to medical appointments
- **Identify** lower-cost generic medications, where possible
- **Help resolve** billing and claims issues

...and much more!







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Thank You

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