Medicare Basics

ITU Training

Medicare

Medicare provided health insurance for people:

- 65 and older
- Under 65 with certain disabilities, like ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease) without a waiting period
- Any age with End-Stage Renal Disease (ESRD)

NOTE: To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.

Your Medicare Options

Original Medicare

☑ Part A

☑ Part B

You can add:

☐ Part D

You can also add:

☐ Supplemental coverage

This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

Medicare Advantage (also known as Part C)

☑ Part A

☑ Part B

Most plans include:

☑ Part D

☑ Some extra benefits

Some plans also include:

☐ Lower out-of-pocket costs

Automatic Enrollment: Medicare Part A & Part B

Enrollment is automatic for people who get:

- Social Security Benefits
- RRB Benefits

Look for your "Get Ready for Medicare Package"

- Mailed 3 months before:
  - You turn 65
  - 25th month of disability benefits
- Includes your Medicare card

Some People Must Take Action to Enroll in Medicare

To apply for Medicare 3 months before you turn 65, contact Social Security at ssa.gov or 1-800-772-1213; TTY: 1-800-325-0778

If you retired from a railroad, contact your local Railroad Retirement Board at 1-877-772-5772; TTY: 1-312-751-4701

NOTE: The age for full Social Security retirement benefits is increasing. Medicare eligibility age is still 65.

When to Sign Up or Make Changes to Your Medicare Coverage

If you don't already have Medicare:

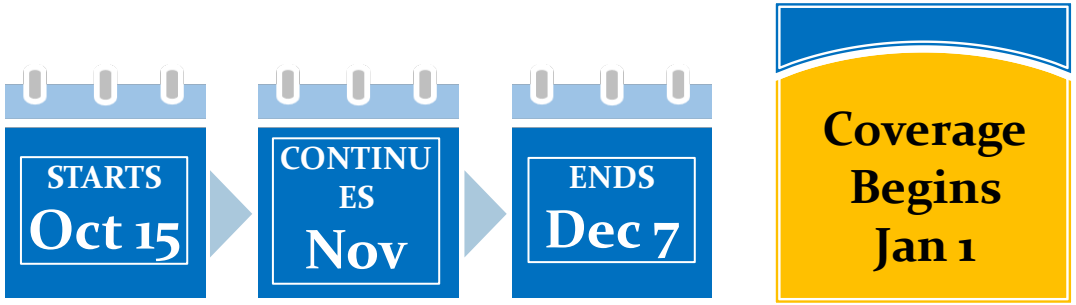
- Initial Enrollment Period (IEP)
- Special Enrollment Period (SEP) (in certain circumstances)
- General Enrollment Period (GEP)

If you already have Medicare and want to change how you get your coverage:

- Open Enrollment Period (OEP)
- Medicare Advantage OEP
- 5-Star Enrollment Period
- Special Enrollment Period (SEP) (in certain circumstances)

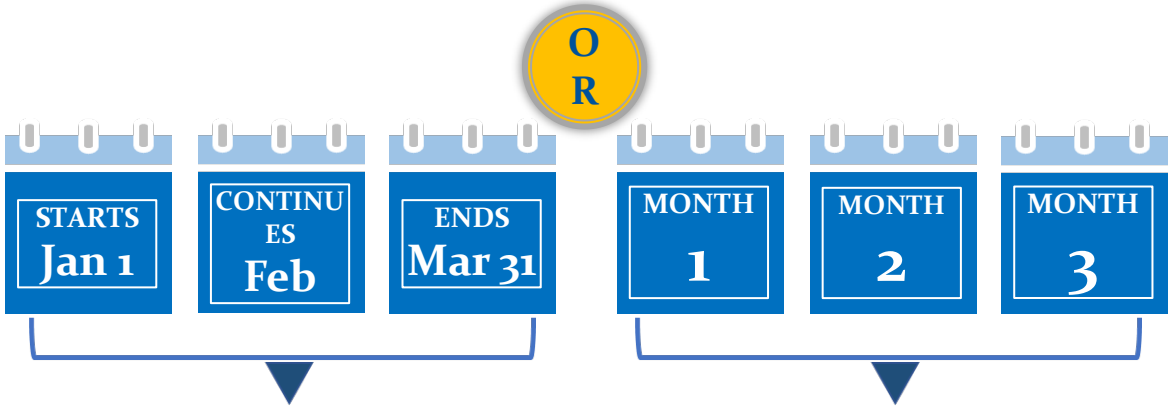
Yearly Open Enrollment Period (OEP) for People with Medicare

7-Week Period



- 7-week period each year where you can enroll in, disenroll, or switch Medicare Advantage Plans or Medicare drug plans
- This is a time to review health and drug plan choices

Medicare Advantage Open Enrollment Period



Annual
Medicare Advantage OEP
January 1—March 31

Newly Eligible
Medicare Advantage OEP
1st 3 months of entitlement to Medicare Part A and Part B

You can:

- Switch to another Medicare Advantage Plan, with or without drug coverage
- Drop your Medicare Advantage Plan and return to Original Medicare. If you do:
  - You can enroll in a Medicare drug plan
  - Coverage begins the 1st of the month after you enroll in the plan

NOTE: You need to be in a Medicare Advantage Plan to use this enrollment period.

Other Medicare Special Enrollment Periods (SEPs)

You may have an SEP if you:

- Move out of your plan's service area
- Enter, live at, or leave a long-term care facility (like a nursing home)
- Are in a plan that leaves Medicare or reduces its service area
- Have Medicaid and Medicare or qualify for a low-income subsidy
- Get, lose, or have a change in dual/LIS-eligibility status
- Leave or lose employer or union coverage
- Are sent a retroactive notice of Medicare entitlement

Part A (Hospital Insurance) Covers

- **Inpatient care in a hospital, including:**
  - Semi-private room
  - Meals
  - General nursing
  - Drugs (including methadone to treat an opioid use disorder)
  - Other hospital services and supplies
- **Inpatient care in a skilled nursing facility (SNF)** after a related 3-day inpatient hospital stay

Part A
Hospital Insurance

Part A (Hospital Insurance) Covers (continued)

Part A helps cover:

- Blood (inpatient)
- Hospice care
- Home health care
- Inpatient care in a religious nonmedical health care institution (RNHCI)

Part A
Hospital Insurance

Paying for Part A 2023

Most people don’t pay a premium for Part A, but:

- If you or your spouse paid FICA taxes for at least 10 years, you get Part A without paying a **premium**
- You may have a **penalty** if you don’t enroll when first eligible for Part A (if you have to buy it)
  - Your monthly premium may go up 10%
  - You'll have to pay the higher premium for twice the number of years you could’ve had Part A, but didn’t sign up

Medicare Part B (Medical Insurance) Covers

- Doctors' services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health care
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services

What's Not Covered by Part A & Part B?

Some of the items and services that Part A and Part B don't cover include:

- Most dental care
- Vision (for prescription glasses)
- Dentures
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting them
- Long-term care
- Concierge care
- Covered items or services you get from an opt out doctor or other provider

They may be covered if you have other coverage, like Medicaid or a Medicare Advantage Plan that covers these services.

What You Pay in 2024: Part B Monthly Premiums

Standard premium is $174.70

Some people who get Social Security benefits pay less due to the statutory hold harmless provision

Your premium may be higher if you didn't choose Part B when you first became eligible or if your income exceeds a certain threshold

What You Pay in Original Medicare in 2024: Part B

Yearly Deductible	$240 in 2024
Coinsurance for Part B Services	▪ 20% for most covered services, like doctor's services and some preventive services, if provider accepts assignment ▪ $0 for most preventive services ▪ 20% for outpatient mental health services, and copayments for hospital outpatient services

NOTE: If you can't afford to pay these costs, there are programs that may help. These programs are discussed later in the presentation.

Decision: Should I Keep/Sign Up for Part B?

Consider:

- Most people pay a monthly premium
  - Usually deducted from Social Security/RRB benefits
  - Amount depends on income
- Part B may supplement employer coverage
  - Contact your benefits administrator to understand the impact to your employer plan
  - If you don't have other coverage, declining Part B will mean you don't have full coverage
- Sometimes, you must have Part B

How Part D Works

- It's optional
  - You can choose a plan and join
  - May pay a lifetime penalty if you join late

If you join late, you may have a lifetime penalty.

- Plans have formularies (lists of covered drugs), which:
  - Must include range of drugs in each category
  - Are subject to change—you'll be notified
- Your out-of-pocket costs may be less if you use a preferred pharmacy
- If you have limited income and resources, you may get Extra Help

Medicare Drug Plan Costs: What You Pay in 2024

Most people will pay:

- A monthly **premium** (varies by plan and income)
- A yearly **deductible** (if applicable)
- **Copayments or coinsurance**
- **Out-of-pocket** costs
  - A **percentage** of the cost while in the coverage gap, which begins at $3300-$3800 for out-of-pocket spending for 2024
  - **Very little** after spending $8,000 out-of-pocket in 2024--will automatically get catastrophic coverage

Insulin Products & Medicare Coverage

If you have **Medicare** and take insulin, we have some great news for you. Now you'll pay $35 per month (or less) for each covered insulin drug you take, and you don't have to pay a deductible.

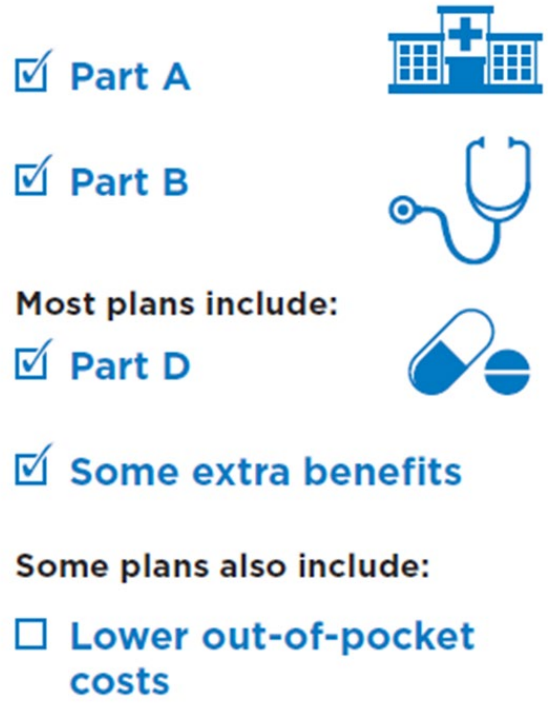
That means for a 90-day supply, no more than $105. This applies to everyone who takes insulin, even if you get Extra Help. Medicare covers insulin in 2 ways: Part D (drug coverage) Part D covers insulin you get from your Medicare drug plan. (Note: If your Part D plan covers disposable insulin patch pumps, the pump is considered an insulin supply, and might cost more than $35.)

Part C (Medicare Advantage) if you use an insulin pump that's covered under Medicare Part B's durable medical equipment benefit, or you get your covered insulin through a Medicare Advantage Plan, your insulin costs will be capped at $35 for a one-month supply.

The Part B deductible won't apply. If you have Medicare Supplement Insurance (Medigap) that pays your Part B coinsurance, plan should cover the $35 (or less) cost for insulin you get under Part B. To learn more: • Visit Medicare.gov/coverage/insulin

Visit Medicare.gov/about-us/inflation-reduction-act or Call 1-800-MEDICARE.

Medicare Advantage Plans (Part C)



- Another way to get your Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) **coverage**
- Offered by Medicare-approved **private companies** that must follow rules set by Medicare
- Most Medicare Advantage Plans include drug coverage (Part D)
- In most cases, you'll need to use health care providers who participate in the **plan's network** (some plans offer out-of-network coverage)

Marketing & Communications Oversight Improvements for Plan Year 2024

MA Organizations can't:

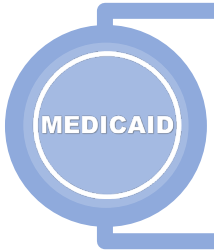
- Advertise benefits that aren't available to beneficiaries in the service area(s) where the marketing appears
- Market any products or plans, benefits, or costs, unless the MA organization or marketing name(s) as listed in HPMS of the entities offering the referenced products or plans, benefits, or costs are identified in the marketing material
- Advertise about savings available that are based on a comparison of typical expenses for uninsured individuals, unpaid costs of dually eligible beneficiaries, or other unrealized costs of person with Medicare

Marketing & Communications Oversight Improvements for Plan Year 2024 (continued)

- Ads will be prohibited if they don't mention a specific plan name
- The TPMO disclaimer must add
  - SHIPs as an option for beneficiaries to get additional help
  - Include the number of organizations/plans represented
- MA organizations can't use
  - Superlatives unless a source of documentation/data support language
  - Data older than the prior contract year (must be specifically identified)
  - Use the Medicare name, CMS logo, and products or information issued by the Federal Government, including the Medicare card, in a misleading way.
    - Use of the Medicare card image is permitted only with authorization from CMS

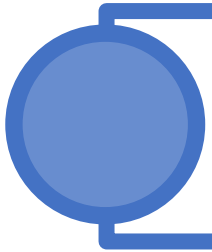
Help for People with Limited Income & Resources

Medicare Savings Programs



Medicaid

Extra Help



CHIP

Minimum Federal Eligibility Requirements for Medicare Savings Programs

Medicare Savings Programs	Individual Monthly Income Limits	Married Couple Income Limits	Helps Pay Your
Qualified Medicare Beneficiary (QMB)	$1,275	$1,724	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary (SLMB)	$1,526	$2,064	Part B premiums only
Qualifying Individual (QI)	$1,715	$2,320	Part B premiums only
Qualifying Disabled & Working Individuals (QDWI)	$5,105	$6,899	Part A premiums only

What's Extra Help?

- Program to help people pay for Medicare drug costs (Part D) (also called the low-income subsidy (LIS))
- If you have the lowest income and resources, you pay no premiums or deductible, and small or no copayments
- If you have slightly higher income and resources, you pay reduced deductible and a little more out of pocket
- No coverage gap or late enrollment penalty if you qualify for Extra Help

NOTE: A Special Enrollment Period (SEP) allows you to change your Medicare drug plan (also known as a PDP) once per quarter in the first 3 quarters of the year

Qualifying for Extra Help

You automatically qualify for Extra Help if you get:

- Full Medicaid coverage
- Supplemental Security Income (SSI)
- Help from Medicaid paying your Medicare premiums (Medicare Savings Programs; sometimes called “partial dual”)

If you don’t automatically qualify you must:

- Apply online at ssa.gov/benefits/medicare/prescriptionhelp.html
- Call Social Security at 1-800-772-1213; TTY: 1-800-325-0778, and ask for the “Application for Help with Medicare Prescription Drug Plan Costs” (SSA-1020)

Temporary Medicare Telehealth Changes

Through December 31, 2024 (Consolidated Appropriations Act, 2023)

- Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) can serve as a distant site provider for non-behavioral/mental telehealth services
- Generally, any provider who can bill Medicare can bill for telehealth through December 31, 2024
- There are no geographic restrictions for originating site for non-behavioral/mental telehealth services
- Some non-behavioral/mental telehealth services can be delivered using phones (audio only)
- You don't need an in-person visit within 6 months of the first behavioral/mental telehealth service, and yearly thereafter
- Telehealth services can be given by a variety of providers (physical therapist, occupational therapist, speech language pathologist, or audiologist)

Permanent Medicare Telehealth Policy Changes

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as a distant site provider for behavioral/mental telehealth services
- Medicare patients can get telehealth services for behavioral/mental health care in their home
- There are no geographic restrictions for originating site for behavioral/mental telehealth services
- Behavioral/mental telehealth services can be delivered using phones (audio only)
- Rural hospital emergency departments can be an originating site

Helpful Websites

01	Medicare	Medicare.gov
02	Medicaid	Medicaid.gov
03	Social Security	ssa.gov
04	Health Insurance Marketplace®	HealthCare.gov
05	Children's Health Insurance Program	InsureKidsNow.gov
06	CMS National Training Program	CMSnationaltrainingprogram.cms.gov
07	State Health Insurance Program (SHIP)	shiphelp.org