

Guide to Medicare

HELPING YOU NAVIGATE THE MEDICARE MAZE

Provided by:



MEDICARE IS COMPLICATED.

With so many different plan choices, the constant stream of mail and TV ads, and even incorrect information, it's no wonder Medicare seems like a confusing maze.

This guide will help you navigate the different parts of Medicare and understand what is and isn't covered. It explains Medicare Advantage, Medicare Supplement and Part D Prescription Drug plans and also includes two checklists to help you gather everything you need to enroll at age 65 and to review your plan every year after that.

LET'S START WITH THE BASICS.

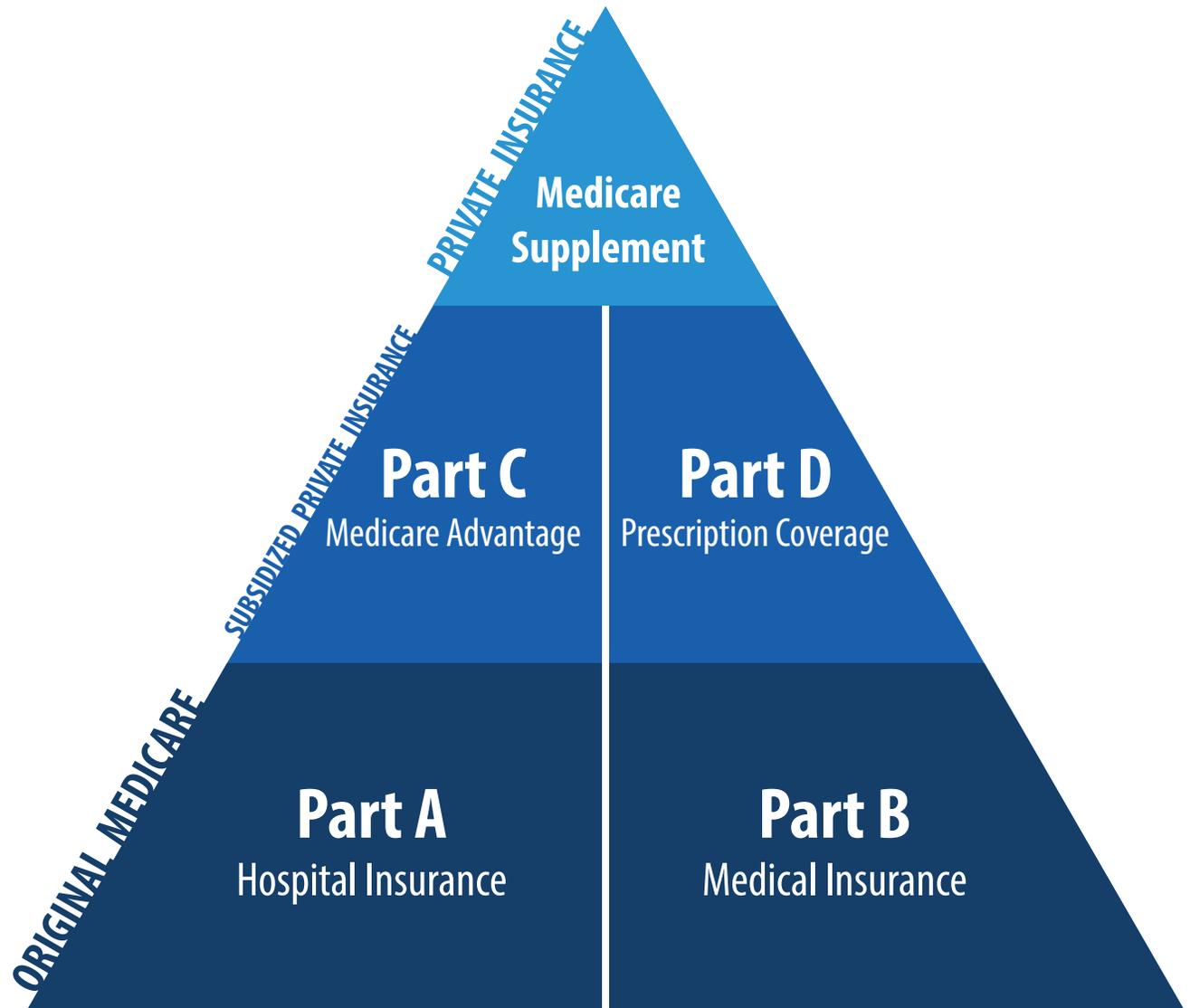
WHAT IS MEDICARE?

Medicare is the government-run health insurance program for people age 65 and older, those under 65 with certain disabilities and those with end-stage renal disease. Care is provided by any doctor or facility that accepts Medicare.

WHO IS ELIGIBLE?

In general, those who are eligible for premium-free Part A (hospital insurance) and Part B (medical insurance) include individuals who are 65 and have worked 10 years in this country or who have a spouse who has, or individuals who are under 65 and have received Social Security disability benefits for 24 months. If you are receiving Social Security, you are likely already enrolled in Part A and Part B when you turn 65.

YOUR MEDICARE COVERAGE CAN CONSIST OF SEVERAL PARTS.



Part A *(Hospital Insurance)*

Part A covers inpatient hospital services (such as lab tests and surgeries) and supplies (such as wheelchairs and walkers) considered medically necessary to treat a disease or condition. Part A coverage includes inpatient hospital room and board, skilled nursing care, hospice and some home health care costs. Read the “What Does Medicare Cost?” section to learn what Part A costs fall to you.

Part B *(Medical Insurance)*

Part B covers medically necessary outpatient doctor visits, outpatient surgery, physical therapy, durable medical equipment (such as crutches and home oxygen supplies), ambulance services, and preventative services (such as flu shots and screenings for diabetes and cancers). Read the “What Does Medicare Cost?” section to learn what Part B costs you pay.

Part C *(Medicare Advantage)*

Part C, also known as Medicare Advantage, is a type of Medicare health plan offered by a private insurance company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage plans must cover all of the services that Original Medicare covers — except hospice care — and may also offer extra coverage. (Original Medicare covers hospice care even if you’re in a Medicare Advantage plan.) In all types of Medicare Advantage plans, you’re always covered for emergency and urgently needed care. Most MA-PD plans include Part D Prescription Drug coverage.

Part D *(Prescription Drug Plans)*

Part D provides outpatient prescription drug coverage. Plans can be purchased on a standalone basis or be included in a Medicare Advantage plan. Plans vary in price, co-pays and the drugs included on their formulary (prescription drug list). While you may not currently be on any prescription medication, the chances of you having to take at least one, if not more, in your lifetime increase as you age.

Medicare Supplement Plans *(Or Medigap Plans)*

Medicare Supplement, or Medigap, plans can help pay some of the health care costs that Original Medicare doesn’t cover. These gaps include items like co-payments, co-insurance and deductibles. Medicare Supplement plans are provided by private insurance companies. If you have Original Medicare and you buy a Medicare Supplement policy, Medicare will pay its share of the Medicare-approved amount for covered health care costs. Then your Medicare Supplement policy pays its share.



MEDICARE DOESN'T COVER EVERYTHING

You could be responsible for paying for certain items and services. Some not covered by Parts A and B include:*

- Long-term care
- Most dental care
- Dentures
- Eye examinations related to prescribing glasses
- Cosmetic surgery
- Hearing aids and exams for fitting them
- Acupuncture
- Routine foot care

*Medicare Supplement plans generally do not cover these costs

How do you pay for the rest?

Call Medicare BackOffice at 1.877.385.8083 to speak with a Licensed Insurance Agent.

We'll help find supplemental health insurance that fits your needs and budget.

ABOUT 80% OF OLDER ADULTS HAVE AT LEAST ONE CHRONIC CONDITION, AND 68% HAVE AT LEAST TWO, ACCORDING TO THE NATIONAL COUNCIL ON AGING.

ORIGINAL MEDICARE COVERED 64% OF THE COST OF HEALTH CARE SERVICES FOR MEDICARE BENEFICIARIES AGES 65 AND OLDER IN 2016, THE MOST RECENT YEAR AVAILABLE.*

*"Savings Medicare Beneficiaries Need for Health Expenses in 2019: Some Couples Could Need as Much as \$363,000," Employee Benefit Research Institute, May 16, 2019, No. 481.

WHAT IS THE DIFFERENCE BETWEEN MEDICARE ADVANTAGE (PART C) AND MEDICARE SUPPLEMENT PLANS?

Medicare Advantage plans **are an alternative** to Medicare Parts A and B and usually include Part D Prescription Drug coverage, while Medicare Supplement plans **supplement** Medicare Part A and Part B, by covering the co-payments, co-insurance and deductibles that Original Medicare doesn't pay. You are not required to enroll in a Medicare Advantage or Medicare Supplement plan, but if you do choose to enroll in one, you cannot be enrolled in the other.

When you buy a Medicare Supplement plan, you are still enrolled in Original Medicare.

When you enroll in a Medicare Advantage plan, you move completely into a private health insurance plan. That means your insurance company can help cover your health care bills. Medicare Advantage plans must provide the same level of coverage as Original Medicare with the exception of hospice care.

How do you decide?

Call Medicare BackOffice at 1.877.385.8083 to speak with a Licensed Insurance Agent.

We can clearly explain the differences between Medicare Advantage and Medicare Supplement and help you find a plan that works for you.

**TAKE A LOOK AT THE CHART
ON THE NEXT PAGE TO SEE THE DIFFERENCES!**

MEDICARE SUPPLEMENT

Fills the gaps in Original Medicare

No Rx coverage — can be paired with Medicare Part D Prescription Drug coverage

Enrollment is year-round

Typically accepted by any provider that accepts Medicare

Monthly premiums typically range from \$85 to \$150, but vary by plan and geography

Premiums can be affected by age and gender

Health questions may be asked to determine eligibility

Benefits are the same regardless of which company offers them

MEDICARE ADVANTAGE

Replaces Original Medicare

Often includes Medicare Part D Prescription Drug coverage

Enrollments are limited to initial enrollment periods, annual election periods and open enrollment periods as well as special circumstances throughout the year called Special Enrollment Periods

Coverage is usually network-based, like an HMO or PPO

Premiums can be as low as \$0 per month, but you are still responsible for the Part B premium

Premiums are not impacted by age or gender, but do vary by county

Guaranteed acceptance, except for those with end-stage renal disease (ESRD)

Benefits vary by company

Out-of-pocket costs are capped

HOW DO I COMPARE MEDIGAP POLICIES?

The chart below shows basic information about the different benefits that Medigap policies cover. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you're responsible for the rest.

Medicare Supplement Insurance (Medigap) plans										
Benefits	A	B	C ¹	D	F ^{1,2}	G ²	K	L	M	N
Medicare Part A co-insurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B co-insurance or co-payment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ³
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care co-insurance or co-payment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care co-insurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2020			
							\$5,880	\$2,940		

¹ Plans C and F are only available for Medicare beneficiaries who became eligible for Medicare prior to Jan. 1, 2020.

² Plans F and G also offer a high-deductible plan in some states. If you choose this option, this means you must pay for Medicare-covered costs (co-insurance, co-payments and deductibles) up to the deductible amount of \$2,340 in 2020 before your policy pays anything.

³ Plan N pays 100% of the Part B co-insurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that don't result in an inpatient admission.

WHAT DOES MEDICARE COST?

Costs for Medicare vary from year to year.

Most people don't pay a monthly premium for Part A, because they have paid into the system during their working years. But generally, you will need to pay a Part A deductible, a Part B deductible and a monthly Part B premium. If you enroll in a Part D Prescription Drug plan, you also may pay a monthly premium. Use this page to get a rough idea of Medicare costs in 2020.

2020 Costs at a Glance

Part A *Premium:* most people don't pay a monthly premium because they already have paid Medicare taxes while working; however, if you do have to pay a premium, it will be \$458 each month or less, depending on how many quarters you worked in your lifetime

Hospital inpatient deductible:

- \$1,408 deductible for each benefit period
- Days 1-60: \$0 co-insurance for each benefit period
- Days 61-90: \$352 co-insurance per day of each benefit period
- Days 91 and beyond: \$704 co-insurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)
- Beyond lifetime reserve days: all costs

Part B *Premium:*

- The standard monthly premium is \$144.60 each month. However, some beneficiaries may pay less than the full monthly premium due to something called the hold harmless provision, and some beneficiaries pay higher because of their income. If you have additional questions regarding what your premium would be, please contact Medicare directly.

Deductible: \$198 per year. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment

Part C *Premium:* most Part C (Medicare Advantage) plans have low or zero premiums. Premiums vary by plan type and geography, and often include prescription drug coverage at no extra cost, but you are still responsible for your Part B premium

Deductibles, co-pays and co-insurance: vary by plan

Part D *Premium:* varies by plan (higher-income earners may pay more)

Deductibles, co-pays and co-insurance: vary by plan

For estimated charges, visit:

<http://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-a-glance.html>

If you choose additional coverage:

Medicare Supplement plans also have monthly premiums. These costs also vary.

CAN I QUALIFY FOR EXTRA HELP?

People with limited income and resources may qualify for Extra Help programs that pay the Part B Original Medicare premium and/or lower the costs of Medicare prescription drug coverage. You can get more information about assistance by going to a Social Security office, calling 1.800.772.1213, visiting www.ssa.gov or talking with your Licensed Insurance Agent.

WHAT IF I STILL HAVE EMPLOYER COVERAGE AVAILABLE?

If you are 65 or over, eligible for Medicare, and have insurance through your or your spouse's current job, in most cases you should at least take Part A (hospital insurance). (For most people, Part A is free.)

To decide whether to take Part B (medical insurance), for which everyone pays a monthly premium, you should ask your benefits manager or human resources department how your employer insurance works with Medicare and confirm this information with the Social Security Administration (SSA) and Medicare. Be aware that when you qualify for Medicare, your employer insurance may start to work differently for you. You will need to figure out whether paying for both types of coverage will be useful in offsetting your health care costs.

How do you decide?

**Call Medicare BackOffice
at 1.877.385.8083 to speak with
a Licensed Insurance Agent.**

We can walk you through the decision-making process so you are comfortable with the plan you ultimately pick.

KNOW THESE DATES!

OCT. 15 - DEC. 7

Open Enrollment (Also known as Annual Election Period)

This election period is open to anyone in the Medicare program.

This is when you can:

- change to a Medicare Advantage (MA) plan or a Medicare Advantage plus Part D (MA-PD) plan from Original Medicare
- change from an MA or MA-PD plan to Original Medicare
- change one MA plan or MA-PD plan to another MA or MA-PD plan
- enroll in a Part D plan
- change from one Part D plan to another

JAN. 1 - MARCH 31

Open Enrollment for MA or MA-PD

This enrollment period is available only to existing Medicare Advantage and/or MA-PD members. If you're currently in a Medicare Advantage plan, you can switch from one Medicare Advantage plan to another, or you can disenroll from Medicare Advantage and go back to Original Medicare with the option of adding a stand-alone Part D plan. You can make one change during OEP.

General Enrollment Period

If you miss your Initial Enrollment Period for Medicare Part A and/or Part B, you get another chance to enroll during this time. However, you may have to pay a late enrollment penalty. Your monthly premium increases 10% for each 12-month period you were eligible for, but did not enroll in, Medicare Part B.

JAN. 1 - DEC. 31

Medicare Supplement plans can be purchased year-round but may require health questions to be answered to determine eligibility.

TURNING 65? FIND YOUR BIRTH MONTH TO FIND YOUR INITIAL ENROLLMENT PERIOD

If, like most people, you become eligible for Medicare at age 65, this seven-month window will surround your 65th birthday. This one-time enrollment period is your first opportunity to sign up for Medicare Part A and/or Part B. This is also your first chance to enroll in a Medicare Advantage plan (Part C) or Part D Prescription Drug plan.

JANUARY	FEBRUARY	MARCH	APRIL
<i>the October before your birthday – the April after your birthday</i>	<i>the November before your birthday – the May after your birthday</i>	<i>the December before your birthday – the June after your birthday</i>	<i>the January before your birthday – the July after your birthday</i>
MAY	JUNE	JULY	AUGUST
<i>the February before your birthday – the August after your birthday</i>	<i>the March before your birthday – the September after your birthday</i>	<i>the April before your birthday – the October after your birthday</i>	<i>the May before your birthday – the November after your birthday</i>
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
<i>the June before your birthday – the December after your birthday</i>	<i>the July before your birthday – the January after your birthday</i>	<i>the August before your birthday – the February after your birthday</i>	<i>the September before your birthday – the March after your birthday</i>

TURNING 65 CHECKLIST:

What you need to know and do to sign up for Medicare and supplemental health insurance

When you're first eligible for Medicare, you have a seven-month initial enrollment period to sign up for Part A and/or Part B. Your enrollment period starts three months before the month you turn 65, includes your birth month and concludes three months after the month you turn 65. If you do not enroll during your initial enrollment period or do not provide proof of insurance under another eligible plan, you will pay a substantial penalty each month.

ALREADY 65 CHECKLIST:

What you need to review and manage your plan each year

Once you are enrolled in Medicare, you do not need to sign up each year, but you can make changes on an annual basis to your Medicare Advantage or Medicare Prescription Drug coverage for the following year. These changes can be made during two enrollment periods each year:

1. Medicare Open Enrollment Period (Also known as Annual Election Period)

Oct. 15 – Dec. 7

2. Open Enrollment Period (OEP) for MA or MA-PD

Jan. 1 – March 31

You also may want to review your Medicare Supplement health insurance plan each year, because premiums can change from year to year. While you can switch Medicare Supplement plans at any time throughout the year, you may be subject to underwriting. Even though you don't have to review your Medicare Supplement plan along with your prescription drug plan, it may be convenient to do so at that time.

Do You Qualify for a Special Enrollment Period?

Certain special circumstances, or life events, may qualify you for what's called a Special Enrollment Period. Learn more at [MedicareBackOffice.com](https://www.MedicareBackOffice.com).

Turning 65 Checklist: About 9 Months Before Your 65th Birthday



Determine whether you're eligible for Medicare benefits

How? Pick one of three ways:

- Call Social Security at 1.800.772.1213. If you are deaf or hard of hearing, call 1.800.325.0778. (Medicare is managed by the Centers for Medicare and Medicaid Services. Social Security works with CMS by enrolling people in Medicare.)
- Visit your local Social Security office. Use the Social Security Office locator at <https://secure.ssa.gov/ICON/main.jsp> or call 1.800.772.1213.
- Go online to the Medicare.gov website's Eligibility & Premium Calculator: <http://medicare.gov/eligibilitypremiumcalc/#eligibility>.

Why? This will help you determine if you will be automatically enrolled for Part A and/or Part B (and if so, to expect your Medicare card in the mail) or if you'll need to sign up. It also will estimate your premium amounts and provide information so you can decide whether you want Part B and whether you want to supplement Original Medicare.

Note: If you don't sign up for Part B when you're first eligible, 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.

Review your current health insurance plan

Why? Enrolling in Medicare can impact your existing coverage. For example, if you're on your employer's plan, your employer can change your premiums, benefits or even cancel coverage once you're enrolled in Medicare.

Explore your options for purchasing supplemental health insurance

Why? Medicare doesn't cover everything. You may want to consider enrolling in a Medicare Advantage plan; or supplementing Original Medicare (Parts A and B) with a Medicare Supplement plan; and you may need Medicare Part D Prescription Drug coverage.

How? Call Medicare BackOffice at 1.877.385.8083 to speak with a Licensed Insurance Agent. We can explain your options, give you a price quote, answer your questions and help you enroll.

Turning 65 Checklist: About 6 Months Before Your 65th Birthday



Contact your doctors to see if they accept Medicare

Why? Whether your doctors accept Medicare assignment and participate in Medicare Advantage networks can help you decide whether you want to enroll in Medicare Supplement or Medicare Advantage.

How? Call your doctors directly, or see if they're listed on the Medicare.gov directory: <http://www.medicare.gov/forms-help-and-resources/find-doctors-hospitals-and-facilities/quality-care-finder.html>.

Note: If you don't sign up for Part B when you're first eligible, 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.

Consider and/or decide whether to purchase Medicare Supplement or Medicare Advantage health insurance

Why? If you choose, you may enroll in a Medicare Supplement plan up to six months prior to your 65th birthday. You cannot, however, enroll in Original Medicare or Medicare Advantage until three months before your 65th birthday. (See the next checklist, "Turning 65 Checklist: About 3 Months Before Your 65th Birthday.")

How? Call Medicare BackOffice at 1.877.385.8083 to speak with a Licensed Insurance Agent. We can explain your options, give you a price quote, answer your questions and help you enroll.

Turning 65 Checklist: About 3 Months Before Your 65th Birthday



- Sign up for Medicare, if you have not received your automatic enrollment information in the mail, and if you're not already getting retirement or disability benefits. (You can sign up for Medicare even if you don't plan to retire at age 65.)**

How? Pick one of three ways:

- Call Social Security at 1.800.772.1213. If you are deaf or hard of hearing, call 1.800.325.0778. (Medicare is managed by the Centers for Medicare and Medicaid Services. Social Security works with CMS by enrolling people in Medicare.)
- Visit your local Social Security office. Use the Social Security Office locator at <https://secure.ssa.gov/ICON/main.jsp> or call 1.800.772.1213.
- Fill out a form online (if applying for Medicare only and not Social Security benefits) at <https://secure.ssa.gov/iClaim/rib>. Before you start, gather information on this checklist: <http://www.ssa.gov/hlp/isba/10/isba-checklist.pdf>.

- Research and enroll in a Medicare Part D Prescription Drug plan, a Medicare Advantage-Part D plan or a Medicare Supplement plan**

Note: If you decide not to join a Medicare Prescription Drug plan when you're first eligible, and you don't have other creditable prescription drug coverage, or you don't get extra help, you'll likely pay a late enrollment penalty.

How? Call Medicare BackOffice at 1.877.385.8083 to speak with a Licensed Insurance Agent. We can explain your options, give you a price quote, answer your questions and help you enroll.

HOW MEDICARE BACKOFFICE WORKS

Medicare BackOffice can help you navigate the Medicare maze to find a plan that is right for you. Your financial advisor or agent referred you to Medicare BackOffice because of our trusted Medicare expertise. Our dedicated insurance agents are licensed, contracted and certified in all 50 states to provide Medicare advice and products. We'd be happy to help you find an "A"-rated or better insurance carrier at a competitive rate.

Here is how our process works and what you can expect.

1. You call Medicare BackOffice at 1.877.385.8083 to speak to a Licensed Insurance Agent, or visit Medicare BackOffice online and request a call.

2. You provide the name of your financial advisor or agent to Medicare BackOffice.

3. You discuss with Medicare BackOffice:

- Your existing insurance coverage
- The four parts of Original Medicare and how it works
- Types of coverage including Medigap, Medicare Advantage and prescription drug coverage
- Which of those plans might work the best for you

4. You enroll, either by:

a. having Medicare BackOffice help you enroll immediately

OR

b. having Medicare BackOffice email or mail the policy materials for you to review and enrolling at a later date.

5. You receive your new insurance policy ID card in the mail.



We understand that deciding on a Medicare health plan is one of the most important decisions you'll make in retirement. We're here to help.

**To speak with a Licensed Insurance Agent, call
1.877.385.8083.**



www.MedicareBackOffice.com