

ABCs of Medicare

Presented by
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SF HIV FOG
Open Enrollment Boot Camp
October 19, 2022

Agenda

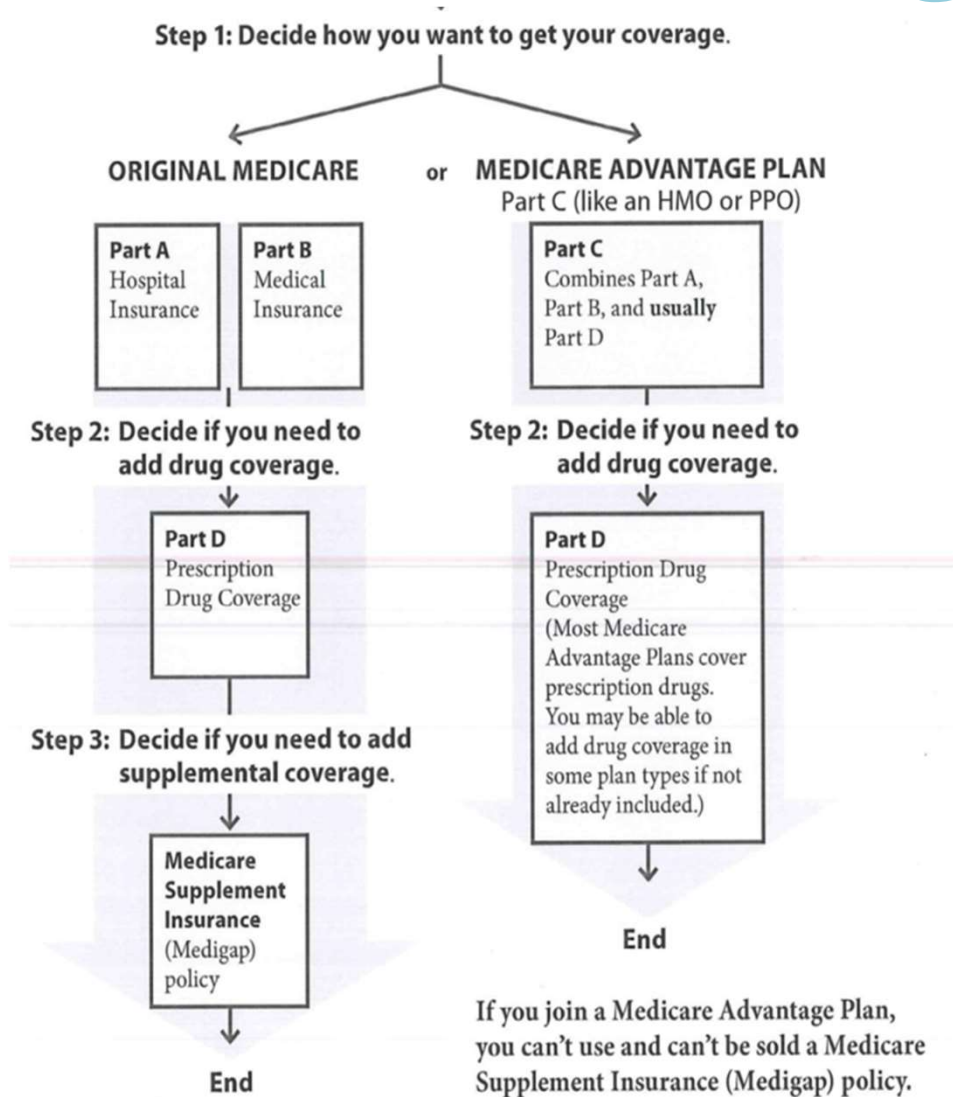
- Medicare Overview
 - Parts A, B and D (Original Medicare)
 - Part C (Medicare Advantage)
- Medicare Supplemental Insurance
- Medicare Assistance Programs

What is Medicare?

- Federal Health Insurance Program
 - 65 Years and Older
 - Under 65 and receiving SSDI Benefits for at least 24 months
 - Kidney Failure or End Stage Renal Disease (ESRD)
 - Lou Gehrig's Disease (aka ALS)



Medicare Coverage



Original Medicare



Medicare Parts

- Original Medicare
 - Part A is Hospital Insurance
 - Part B is Medical Insurance
 - Part D is Prescription Drug Plans
- Part C is Medicare Advantage Plans



Medicare Part A

Federal Health Insurance that Covers Medically Necessary & Reasonable:

- Inpatient hospital care
- Psychiatric hospital care
- Skilled nursing facility
- Home health care
- Hospice
- Blood transfusions in hospital



Includes **annual deductible** and **coinsurance** but, generally, no monthly premium

Medicare Part B

Federal Health Insurance that Covers Medically Necessary & Reasonable:

- Outpatient physician services
- Diagnostic tests and procedures
- Outpatient hospital care
- Ambulance and Emergency Room
- Durable medical equipment
- Mental health services
- Outpatient PT, OT, and speech therapy
- Preventative services

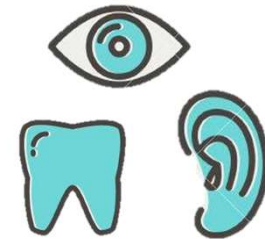


Includes **annual deductible**, **monthly premiums**, and **coinsurance**
Medicare Pays **Only 80%** of **Approved** Charges

Medicare Part B

Medicare Part B Does Not Cover:

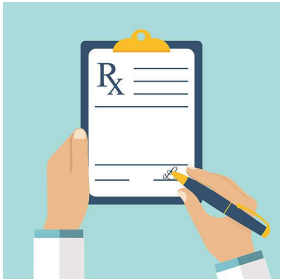
- Routine dental care
- Routine eye exams
- Routine hearing care
- Routine foot care
 - Except some diabetes care
- Acupuncture
- Cosmetic surgery
- Long term/custodial care



Medicare Part D

Private Health Insurance Plans that Cover:

- Prescription drugs listed in plan-specific **formularies**
 - Plans must offer at least two choices in each drug category
 - Plans must offer ‘substantially all’ drugs in the following protected categories:
 - antidepressant, antipsychotic, anticonvulsant, anticancer or antineoplastic, immunosuppressant, and antiretroviral (HIV/AIDS)
 - Drugs are only available through a plan-specific, pharmacy network.
 - Drugs are classified into ‘cost tiers’
 - Such as preferred generics, generics, preferred brands, non-preferred drugs, and specialty drugs
- Includes **annual deductible, monthly premiums, copays** and **coinsurance**.



Medicare Part D

Medicare Part D Does Not Cover:

- Agents used for weight loss or gain
- Agents used for cosmetic purposes (e.g., hair growth)
- Drugs for symptomatic relief of cough/colds (except to treat asthma cough)
- Non-prescription over the counter drugs (e.g., aspirin)
- Prescription vitamins & minerals (some exceptions)
- Agents used to promote fertility
- Agents use to treat sexual or erectile dysfunction

Medicare Advantage



Medicare Part C

Medicare Advantage Plans

- Federally-approved private health insurance plans
- Replaces Original (Parts A and B) Medicare
- Most include prescription drug (Part D) coverage
- Utilizes doctor and hospital networks
 - Usually have to stay within network and get a referral to see specialist. Providers may leave plans at anytime.
- Many cover additional benefits, such as dental, vision and gym memberships
- Lower out-of-pocket costs

Includes annual deductible, monthly Parts B and C premiums, **copays** and **coinsurance**.

Medicare Part C

Medicare Advantage Plans

Eligibility Requirements:

- Enrolled in Original (Parts A and B) Medicare
 - Individuals with kidney failure or End Stage Renal Disease (ESRD) are excluded
- Medicare Special Needs Plans (SNP) also require enrollment in full scope Medi-Cal

Includes **annual deductible, monthly Parts B and C premiums, copays and coinsurance.**

Original Medicare vs. Medicare Advantage

ORIGINAL MEDICARE

- Parts A, B, & D
- Can buy Medigap policy
- Can see any doctor or hospital who accepts Medicare
- No referrals needed for specialists or prior authorization for services
- No Out-Of-Pocket limit
- Deductibles & co-payments (usually 20% of Medicare approved cost for outpatient care) or coinsurance
- No care coordination
- No supplemental benefits

MEDICARE ADVANTAGE

- Pay Part B premium + plan premium
- May be limited to in-network doctors/hospitals
- May need referral for specialist and/or prior authorization for certain services
- Maximum Out-Of-Pocket limit (MOOP)
- Deductibles and/or copay for services usually fixed
- Plan cost-sharing different than Original Medicare but cannot charge more for chemotherapy, renal dialysis or skilled nursing care
- HMO coordinates care
- May offer supplemental benefits (dental, vision, gym...)

Medicare Supplemental Insurance



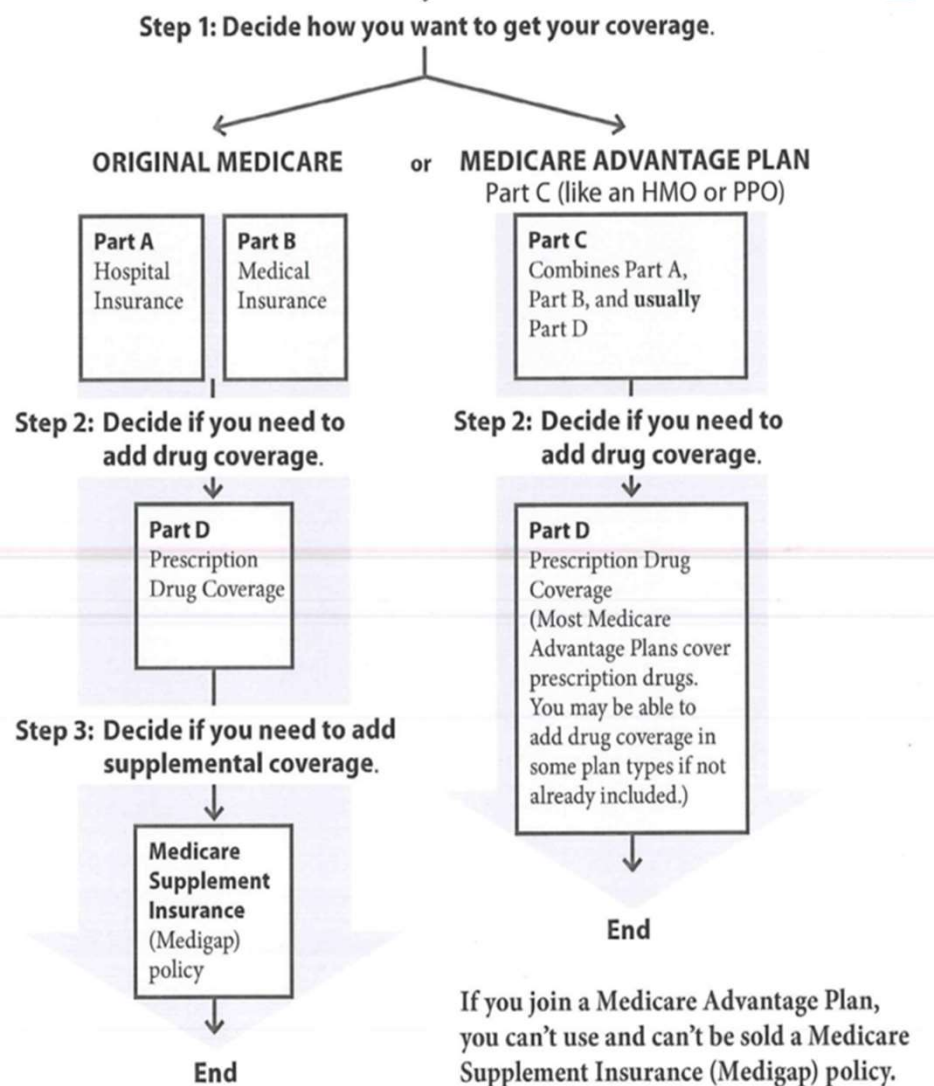
Medicare Supplemental Insurance (Medigap)

- Federally-approved private health insurance plans
 - 11 standardized plans (A, B, C, D, F*, G, K, L, M, N)
- Supplements Medicare coverage by paying after Medicare pays
 - Fills the 'gaps', for example, co-insurance and deductibles
- Guaranteed Issue Right
 - Insurers cannot deny enrollment or charge higher premiums during Open Enrollment Period
 - 6-month period beginning on 1st day of month that you are 65 or older *and* enrolled in Medicare Part B

Medicare Supplemental Insurance (Medigap)

Medigap Benefits Chart	Plan A	Plan B	Plan C	Plan D	* Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Medicare Part A Coinsurance & Hospital Costs (Up to an additional 365 days after Medicare benefits are used) are used up	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B Coinsurance or Copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	*** 100%
Blood (First 3 Pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A Hospice Care Coinsurance or Copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled Nursing Facility Coinsurance	×	×	100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A Deductible	×	100%	100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part B Deductible	×	×	100%	×	100%	×	×	×	×	×
Medicare Part B Excess Charges	×	×	×	×	100%	100%	×	×	×	×
Foreign Travel Emergency (up to plan limits)	×	×	80%	80%	80%	80%	×	×	80%	80%
** Out of Pocket Limit							\$5,560	\$2,780		

Medicare Coverage



Medicare Enrollment Periods

- Parts A, B, C and D Initial Enrollment Period (IEP)
 - 7-Month Period from 3 months before, to 3 months after, the month of eligibility
 - Late Enrollment Penalty (LEP) is a permanent increase in monthly A, B and/or D premiums if enrolled after the IEP
- Medicare Open Enrollment Periods (OEP)
 - Parts A and B: 1/1 through 3/31, eff. 7/1
 - Parts C and D: 10/15 through 12/7, eff. 1/1
 - Part C Enrollees: 1/1 through 3/31, eff. following month
- Special Enrollment Periods (SEP) occur after certain Qualifying Life Events
 - Such as when an employer's insurance coverage ends

Medicare Assistance Programs



Medicare Assistance Programs

Federally-funded programs with eligibility based on income and/or assets

- Medicare Savings Programs (MSP)
 - Parts A and B
- Extra Help or Low Income Subsidy (LIS)
 - Part D
- ADAP
 - MOOP, Part D and/or Medigap

Medicare Savings Programs

Medicare Savings Programs and What Each Provides

Program	Gross Income Limits for 2022* (These Amounts Change Annually)		Benefit
Qualified Medicare Beneficiary (Must Be Entitled to Medicare Part A)	Individual Monthly - \$1,153 Annually - \$13,836	Individual and Spouse Monthly - \$1,546 Annually - \$18,552	Payment of Medicare Part A and Part B Premium, Deductibles and Copayments
Specified Low-Income Beneficiary (Must Have Medicare Part A)	Individual Monthly - \$1,379 Annually - \$16,548	Individual and Spouse Monthly - \$1,851 Annually - \$22,212	Payment of Medicare Part B Premium
Qualifying Individual (Must Have Medicare Part A and cannot also receive Medi-Cal)	Individual Monthly - \$1,549 Annually - \$18,588	Individual and Spouse Monthly - \$2,080 Annually - \$24,960	Payment of Medicare Part B Premium
Qualified Disabled and Working Individual (Lost Medicare Part A Because You Returned to Work and cannot also receive Medi-Cal)	Individual Monthly - \$4,615 Annually - \$55,380	Individual and Spouse Monthly - \$6,189 Annually - \$74,268	Payment of Medicare Part A premiums

Low Income Subsidy (LIS)

Extra Help

Federal program that pays all, or part of, prescription drug premiums, deductibles, & copays

- Individuals on full scope Medi-Cal are automatically eligible for LIS
- Pays for costs in the “donut hole”
- Can change plans at any time



AIDS Drug Assistance Program

- ADAP pays deductibles, copays and coinsurance for drugs on the ADAP formulary
- ADAP's Medicare Part D Premium Payment Program (MDPP) can pay:
 - Part D monthly premiums
 - Medigap monthly premiums
 - Medical, outpatient, out-of-pocket costs (MOOP)

OA-HIPP / EB-HIPP

Office of AIDS Health Insurance Premium Payment (OA-HIPP) program for eligible CA residents with an HIV/AIDS diagnosis.

Covers private insurance & employer based plans.

Eligibility

- Enrolled in ADAP
- Not enrolled in Medicare or Full-Scope (free) Medi-Cal
- Have (or plan to get) a comprehensive health insurance plan with prescription drug benefits
- Employer must agree to participate in EB-HIPP

Medicare Resources

- 1-800-MEDICARE www.medicare.gov
 - Plan finder tool to find Part C and D plans
- SSA 1-800-772-1213 www.ssa.gov
- PRC Equal Access to Healthcare Program (EAHP) 415-777-0333
- HICAP 415-677-7520 <http://www.hicap.org>
- California Health Advocates 916-231-5110
www.cahealthadvocates.org