

MEDICARE OVERVIEW AND YOUR OPTIONS



Presented by: Charito Aquino

HICAP Program Manager

HICAP = Health Insurance Counseling & Advocacy Program

AGENDA

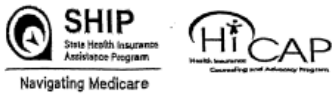
- Introduction to HICAP and Services
- Principles of Medicare
- Medicare:
 - Part A (Hospital)
 - Part B (Medical)
 - Part D (Prescription Drug Coverage)
- Part C (Medicare Advantage)
- Medi-Cal / Medicaid
- Ways to Supplement Medicare
- Resources

Health Insurance Counseling and Advocacy Program - HICAP

- Provide unbiased information about Medicare, related health care coverage, rights and options
- Help seniors and adults with disabilities, make informed decisions about their healthcare coverage

HICAP Services:

- Free 1 on 1 Medicare counseling services
 - i.e., Navigating plan options on Medicare Part D OR Medicare Advantage Plans
- Community education presentations about Medicare and related health care insurance
 - i.e., Medicare benefits, ways to supplement Medicare, etc.
- Assistance with billing and claims (case-by-case)
- General application assistance for the Medicare Savings Programs
- Help clients lower their share of cost / spend down (Medi-Cal)



San Francisco HICAP—Part D

601 Jackson Street, 2nd Floor, San Francisco, CA 94109

415-677-7520 (Phone)/415-391-3760(Fax)

HICAP Disclosure Statement

Thank you for contacting the Health Insurance Counseling and Advocacy Program (HICAP). HICAP services are intended to help you understand Medicare, health insurance and other options for financing health and long-term care services in an objective manner that support your independent decisions. The HICAP Counselor assumes no responsibility for decisions made or actions taken by you as a result of our counseling.

HICAP counseling services are provided by counselors registered by the California Department of Aging who are acting in good faith to provide information about health insurance policies and benefits to you, our client. **Any information provided by a Counselor cannot be construed to be legal advice** and the Counselor is not generally liable for acts and omissions in providing to recipients of this advice.

Name: _____ Birth Date : _____

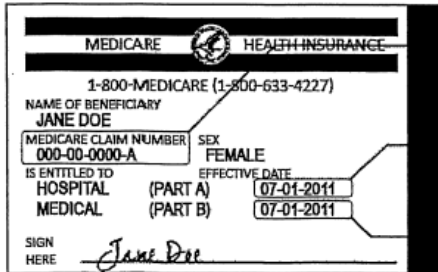
(Name as it appears on your Medicare card)

Address: _____ Zip Code : _____

(Address and Zip Code you have on file with Medicare)

Phone: _____ Gender: F / M Race : _____

Married Never Married Separated Divorced Widowed Declined to state



Medicare # : _____

Part A effective date: _____

Part B effective date: _____

You may qualify for Extra Help on prescription drugs coverage. Please ask your Counselor.

- Monthly income: \$1,854 or below; and Assets : \$14,790 or below for a single in 2022
- Monthly income: \$2,633 or below; and Assets: \$30,950 or below for a couple in 2022

Current Medicare Coverage (Please check all those applicable to you)

- Original Medicare Medi-Cal COBRA
- Medigap Medi-Cal with Share of Cost Veterans Benefits
- Part D Medicare Advantage Plan (HMO/ PPO) Other: _____

Pharmacy (Name & Address)

Please enter your prescription drugs below or provide a drug list print-out from your pharmacy.

For HICAP use only.

Drug ID # _____

Password _____

Name of Drug (as shown on your prescription)	Dosage (e.g. 30 mg)	Daily Dosage (e.g. twice daily)	Quantity per month (e.g. 60 / month)

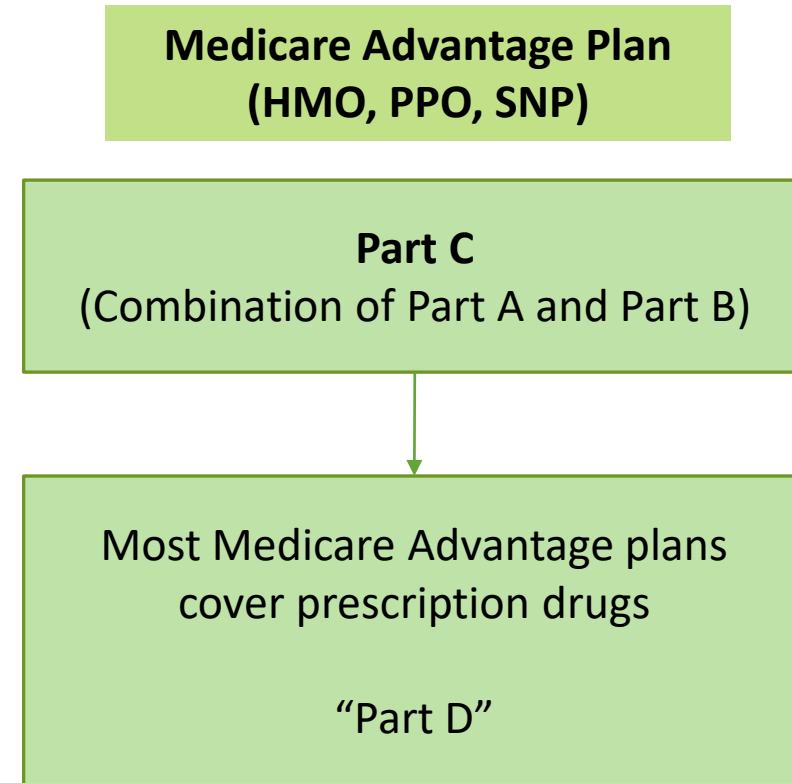
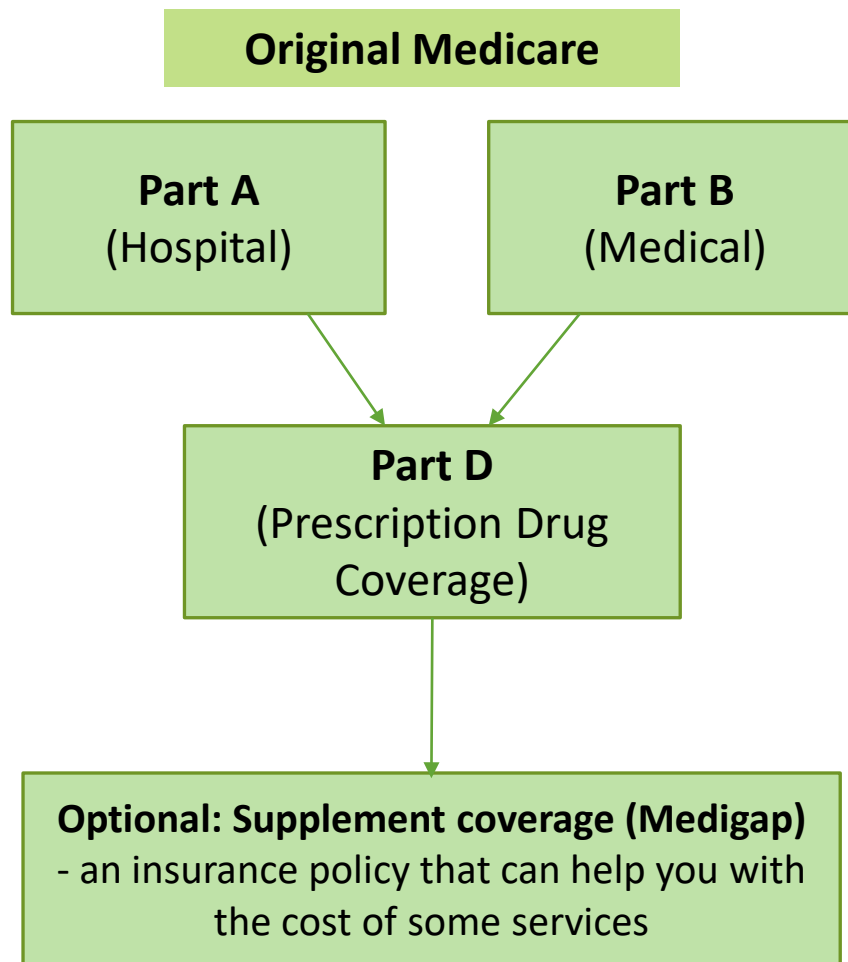
All information is Confidential

PRINCIPLES OF MEDICARE

Who is Eligible?

- Individuals who are 65 years of age or older, entitled to social security or railroad retirement benefits
- A lawful permanent resident who has lived in the United States for at least 5 years
 - *If client is 65 but has not yet reached their 5 years, it is dependent on the permanent resident status, not age
- People who are under the age of 65 who have received Social Security Disability Insurance (SSDI) for 24 months
- People of all ages with End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS) may be eligible

Original Medicare vs. Medicare Advantage Plans



** If you enroll in a Medicare Advantage Plan, you can't be sold a supplement coverage (Medigap) policy.

Medicare Part A Helps Pay

- Inpatient Care
- Laboratory tests when you are hospitalized
- Surgeries
- Care in a skilled nursing facility
- Home Health Care
- Hospice Care



Medicare Part B Helps Pay

- Medical services and other health care providers
- Diagnostic tests and X-rays
- Some home health care
 - Physical, occupational, and speech pathology therapy
- Durable Medical Equipment (DME)
- Limited Ambulances Services
- Preventative services
 - Exams, immunizations, and annual “wellness” visits



Original Medicare Costs

- Part A hospital deductible
- Monthly Part b premium
- Part B deductible
- 20% coinsurance for most Part b services
- Hospital and skilled nursing facility daily copayments
- *No limit on out-of-pocket costs
- *Can have a Medigap policy or Medi-Cal to supplement the costs.

Jennifer Washington THIS IS NOT A BILL | Page 3 of 4

Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

Definitions of Columns

Service Approved? This column tells you if Medicare covered this service.

Amount Provider Charged: This is your provider's fee for this service.

Medicare-Approved Amount: This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Amount Medicare Paid: This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

Maximum You May Be Billed: This is the total amount the provider is allowed to bill you, and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medigap policy) or other insurance, it may pay all or part of this amount.

January 21, 2013
Craig I. Secosan, M.D., (555) 555-1234
 Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	\$143.00	\$107.97	\$86.38	\$21.59	
Destruction of skin growth (17000)	NO	68.56	0.00	0.00	68.56	A
Total for Claim #02-10195-592-390		\$211.56	\$107.97	\$86.38	\$90.15	B

Notes for Claims Above

A This service was denied. The information provided does not support the need for this service or item.

B Your claim was sent to your Medicare Supplement Insurance (Medigap policy), Wellmark BlueCross BlueShield of N. Carolina. Send any questions regarding your benefits to them.

*Medicare Summary Notice (MSN): a report that shows how much Medicare covered for received services

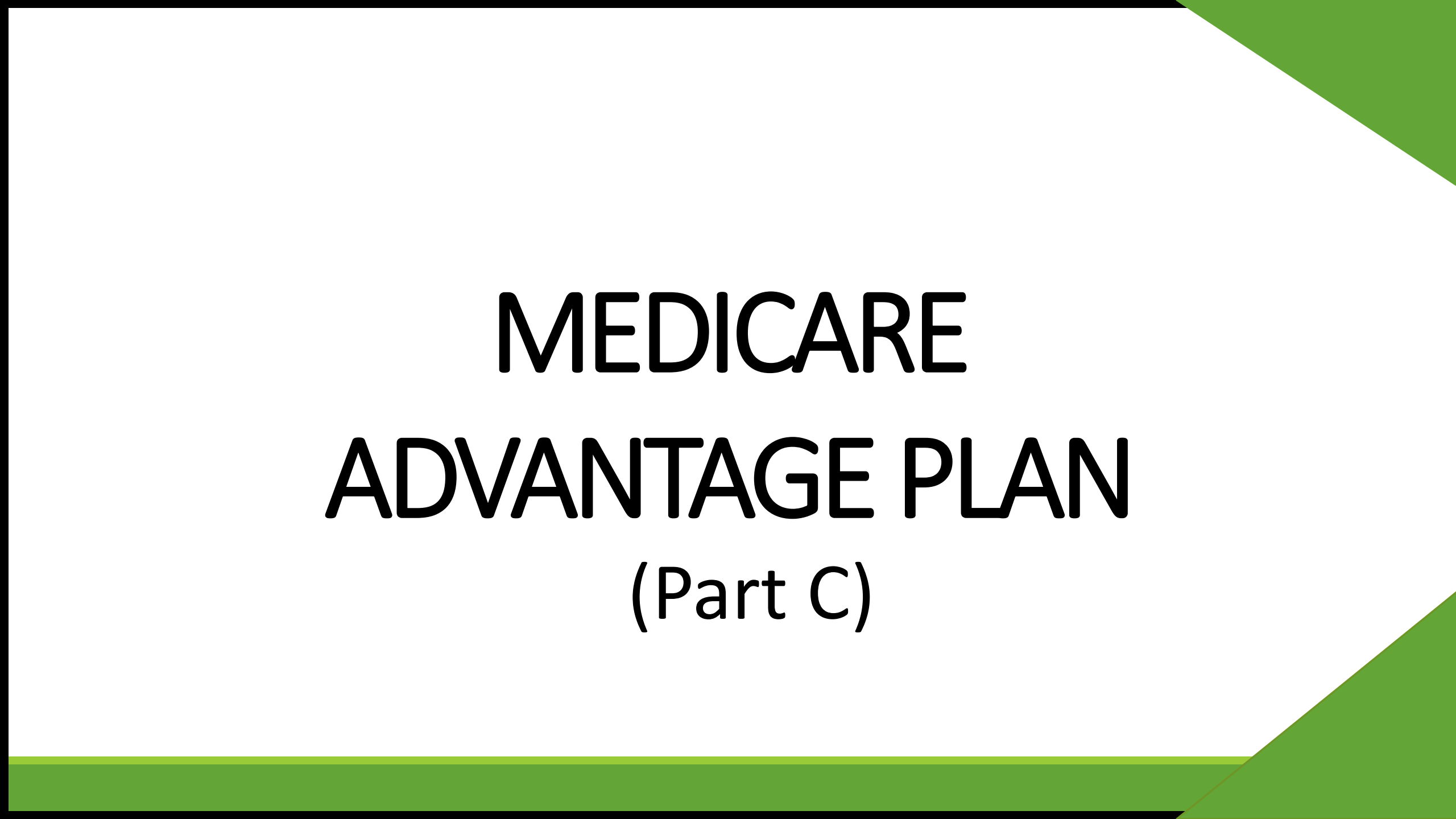
What Part D Covers

- Outpatient prescription drugs
 - Drugs covered under Part D plan's formulary
 - **Formulary**: list of drugs covered by the plan
 - Most vaccines to prevent Flu, Pneumonia, and Hepatitis B
 - ** Vaccine if exposed to a dangerous virus / disease (Ex. Rabies)
 - **Does not cover:**
 - Drugs that must be administered by a healthcare professional or needed for use with DME (usually covered by Part B)
- *Anyone with Medicare is eligible for Medicare Part D
- *Beneficiaries can change plans once a year (2025 monthly if they have Extra Help)



Costs for Medicare Drug Coverage

- Drug Costs may vary depending on:
 - Your prescriptions and whether they are covered by your plan (formulary)
 - What “tier” the drug is in
 - Which drug benefit phase you are in
 - Ex. Met your deductible, catastrophic coverage phase
 - Which pharmacy you use
 - Preferred or standard cost sharing
 - In-network, out-of-network, or mail-order
 - Whether you get Extra Help



MEDICARE ADVANTAGE PLAN (Part C)

Medicare Advantage (Part C)

Privately insured Medicare health plans that have contracts with Medicare


- Offers all the benefits of Part A and Part B
- Most plans offer prescription drug coverage
- Offers extra services like dental, vision etc...

Medicare Advantage Eligibility

- Have both Medicare Part A and Part B
- Live in the plan's geographic service area
- Check if provider participate in plan's network (*some offer out-of-network coverage)

Other Information to know

- General Hospital and Public Clinics do not accept MAP coverage
- These plans have an annual maximum out-of-pocket (MOOP) limit
- You must use your MA plan's membership card to get Medicare-covered services
 - **Keep your Medicare card in a safe place



Medicare Advantage

Health Plan (99999): **999-99999-99**
Member ID: 999999999-00 Group Number: XXXXX

Member:
MEMBER SAMPLE [UHC Dental Benefits]

Payer ID: XXXXX

PCP Name: SAMPLE, M.D., PROVIDER
PCP Phone: (999) 999-9999

Copay: PCP \$XX ER \$XX
Spec \$XX

H9999-999-999

MedicareRx Prescription Drug Coverage	
RxBIN:	610097
RxPCN:	9999
RxGrp:	COS

Medicare Advantage (HMO)
Medicare limiting charges apply.

Types of Medicare Advantage Plans

Health Maintenance Organizations (HMOs)

- Offer a network of health-care providers that have contracts with the health plans
- You will choose a primary care physician that will manage your care.
 - Primary physician will refer you to in-network specialists.

Preferred Provider Organizations (PPOs)

- Offer a network of providers OR option to consult out-of-network providers for a higher cost
- Not required to have primary care physician
- Premiums will be higher in this plan but you will have more freedom

Types of Medicare Advantage Plans (cont.)

Special Needs Plan (SNP)

- *Have Medicare and be eligible for Medi-Cal/Medicaid to enroll
- Offer additional benefits such as dental, vision, hearing, and much more
- All plans provide Medicare drug coverage (Part D)

Dual Special Needs Plans (D-SNP):

People who have both
Medicare + Medi-Cal (Medicaid)

Chronic Special Needs Plans (C-SNPs):

Severe or disabling long-term
health problems

ENROLLMENT

Times to Enroll into Medicare

- **Initial Enrollment Period (IEP):** 7 month period
 - 3 months before birth month → birth month → 3 months after you turn 65
 - Ex. If your Birthdate is in April, you have from January to July to enroll
- **General Registration Period:** January 1 to March 31
- **Open Enrollment Period:** October 15 to December 7 (PDP and MAP)
- **Medicare Advantage Open Enrollment Period:** January 1 to March 31
 - Can change their Medicare Advantage plan OR return to Original Medicare (and enroll in part D)

Times to **Enroll** into Medicare

- **Special Enrollment Period**

- Dependent on life change event (natural disaster, employer group health plan, other)

- **5-Star Special Registration Period**

- No current 5-star plan in San Francisco

**Note: If you are receiving monetary benefits from Social Security Administration, you are automatically enrolled into Part A and B and will be sent a Medicare card in the mail.

Late Enrollment Penalties

- **Part A** (*if you do not have free Part A)
 - Your monthly premium may go up 10% if you enroll late.
 - You pay the penalty for twice the number of years you went without
- **Part B**
 - Permanent late enrollment penalty (10% for each full 12-month period that you could have signed up), plus the standard Part B monthly premium (\$174.70)
 - *Unless you have SEP (lose employer coverage – 8 months, lose Medi-Cal)

***If you have Medi-Cal or in an MSP, premiums may be waived**

***If you have Medicare due to disabilities, once you turn 65, no more penalties**

Late Enrollment Penalties

- **Part D**
 - Pay an extra 1% per month for as long as you did not have drug coverage
- **No penalty if:**
 - You have credible coverage (i.e., Employer coverage)
 - Enroll into Part D within 2 months / 63 days of losing coverage
 - Eligible for Extra Help
- **Example:** (Late 14 months)
 - $\$34.70$ (2024 National base Beneficiary premium) $\times 0.14 = \$4.86$ (Round to tenth)
 - Beneficiary's penalty will be $\$4.90$ for 2024

MEDI-CAL (MEDICAID)

Original Medicare and Medi-Cal (Medicaid)

- Having both allows the beneficiary better coverage / lower costs for themselves
- Original Medicare pays first, then Medi-Cal pays second
- Medi-Cal covers certain services or prescription drugs that Medicare does not (i.e., dental, hearing aids, and other orthopedic devices)
- Medi-Cal also pays Medicare's deductibles, coinsurance, and monthly Part B premiums if qualified for full Medi-Cal (with no share of cost)

**If you qualify for Supplemental Security Income (SSI), then you automatically qualify for full Medi-Cal coverage.

Original Medicare and Medi-Cal (Medicaid)

- In San Francisco County, there are three plans that are offered to receive Medi-Cal (Medicaid) managed care

- Anthem Blue Cross



- San Francisco Health Plan

- New managed care plan for 2024.

- Kaiser Permanente



- Beneficiaries can stay in their current plan or potentially change over if they meet the criteria
- Some beneficiaries have been automatically enrolled. They would've received a letter from Medi-Cal

WAYS TO SUPPLEMENT MEDICARE

Medicare Savings Programs (MSP)

- **Medicare Savings Program (MSP):** A program administered by the Medi-Cal / Medicaid office, available to people with Medicare with limited income
- If eligible, these programs can help pay for Medicare monthly premiums
 - QMB pays for Part A, Medi-Cal pays for Part B
- Automatically eligible for the low-income subsidy (LIS / Extra help) for prescription drugs



Extra Help Program

- Also known as **Medicare Part D Low Income Subsidy (LIS)**:
 - Helps pay a portion of your Part D prescription drug plan costs, such as Part D premiums, deductibles, and copayments
- If you qualify for Medi-Cal / Medicaid or enrolled in a Medicare Savings Program, you are automatically enrolled in a Part D plan with the Extra Help
- If not automatically qualified, you can apply for Extra Help (LIS) through the Social Security Administration or by applying online
- Income and assets are factored to determine eligibility

California 250% Working Disabled (CWD) Program

- Helps Californians who are working and disabled
- Those who qualify may be able to get full Medi-Cal without paying any monthly premium
- **Requirements:**
 - Meet the medical requirements of Social Security's definition of disability
 - Be working and earning income. Can be informal part-time work
 - Countable income less than 250% of FPL

Disability income does **not count towards income limit (i.e., SSDI, worker's compensation, disability insurance, other disability benefits)

RESOURCES

2025 Medicare Updates

- 2025 Part B premium has increased: From \$174.70 (2024) → \$185 approximately (2025)
- 2025 has two benchmark plans:
- Wellcare Classic and Cigna Assurance Rx(Cigna Secure Rx)
 - Cigna Secure RX and WellCare Classic (2024)
- Medi-Cal Update:
 - As of January 1, 2024, there are no Medi-Cal asset test/limit

Useful Resources

- **HICAP (Health Insurance Counseling and Advocacy Program):** 1(800)434-0222
 - Main: (415)677-7520 | Chinese: (415)677-7522 | Tagalog (415)677-7524
- **Medicare:** 1(800)633-4227 | www.medicare.gov
- **Senior Medicare Patrol:** 1(877)808-2468 | smpresource.org
- **Social Security Administration:** 1(800)772-1213 | www.ssa.gov
- **Railroad Retirement Board (RRB):** 1(877)772-5772 | www.rrb.gov
- **Department of Veterans Affairs (VA):** 1(800)827-1000 | www.va.gov
- **Medi-Cal/Medicaid:** 1(855)355-5757 | www.sfhsa.org
- **Medicare and You (CMS Information Manual):** Updated yearly

Medicare Open Enrollment is Here!



Tips to Make the Most of Your Choices & Prevent Marketing & Enrollment Scams

Medicare's Open Enrollment runs **October 15 through December 7** each year. It is the time when you can make certain changes to your Medicare coverage, including joining a new Medicare Advantage Plan or Part D prescription drug plan, switching from Original Medicare to a Medicare Advantage Plan, and switching from a Medicare Advantage Plan to Original Medicare. Any changes you make are effective January 1.

Note that if you are switching to Original Medicare, you will still need a Part D plan and may need a Medigap policy to help with your out-of-pocket costs. Contact your local [Health Insurance Counseling and Advocacy Program \(HICAP\)](#) at 800-434-0222 to discuss your [rights to a Medigap policy](#). See our website: cahealthadvocates.org/medigap/your-rights-to-buy-a-medigap-policy/.

Review Your Options for Next Year

Medicare Advantage plans and Part D prescription drug plans can change their premiums, deductibles, cost-sharing, provider groups, and more on an annual basis, or discontinue their coverage altogether. Therefore it's important to be aware of how your plan may change, and prepare accordingly.

One place to start, **if you're in a Medicare Advantage and/or Part D plan, is to review your plan's [Annual Notice of Change \(ANOC\)](#) that explains its changes for next year.** Your plan should have sent this to you by September 30. For example, the ANOC would include information on your premium and copayment, any changes in plan's provider network, and a list of drugs (called a formulary) that will be covered. Even if you like your current plan, review your plan's changes for next year and compare other options to determine which plans or whether Original Medicare and Medigap have the coverage that best meets your needs.

Here are some tips to make the most of Medicare's Open Enrollment:

- Be ready with a list of all your health care conditions, prescription needs, and desired/necessary providers when you review your options.
- Note of any changes to income that might help you qualify for extra help with drug costs or co-pays.
- Watch your email and mail for important notices from Medicare, Social Security, and your current insurance plans. Read them carefully to be sure they are legitimate notices, and not private plan marketing junk mail.
- Review the [Medicare & You handbook](#) on Medicare.gov. The handbook is available online in English, Spanish, Chinese, Korean and Vietnamese. It's also available in large print, braille, audio format and as an e-book. You can also order a hardcopy paper handbook by calling 1-800-MEDICARE (1-800-633-4227).
- If you are considering private plans for your coverage, rather than the universally accepted traditional Medicare program, be sure to review plan options on [Medicare's website](#) at Medicare.gov.

Finally, your **State Health Insurance Assistance Program (SHIP)** is here to help. California's SHIP is **HICAP – the Health Insurance Counseling and Advocacy Program**. You can contact the HICAP in your county at (800) 434-0222. See cahealthadvocates.org/hicap/ for a list of HICAPs by county.



Become a HICAP Volunteer!

Learn how to help others navigate the puzzling world of Medicare



HICAP Volunteers undergo extensive training in order to help clients understand Medicare and assist with:

- Medicare Coverage options
- Claim Denial Appeals
- Drug and Health Plan Comparisons
- Preventing Medicare Fraud
- And much more..

Bilingual Individuals Needed !!

For more information or to apply, contact:

**San Francisco HICAP
(415)677-7520**