



# **DEC Connection Medicare Webinar**

**23 June 2020 11 AM EDT**

**with Host, Nancy Kilty and**  
**Medicare Speaker, Jerry Shusterman**



## Two Options for Supplementing Medicare

### REQUIRED WITH BOTH OPTIONS

#### Medicare

Medicare Part A & Part B

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#### OPTION #1

##### Medigap Policy

- Covers "gaps" in Medicare
- 3 different types of Medigap plans
  - Core**  
\$104.10/month\* - covers some gaps
  - Supplement 1A**  
\$177.97/month\* - covers all gaps except Part B deductible
  - Supplement 1**  
\$197.00/month\* - covers all gaps  
Only available to those who were Medicare eligible on or before 1/1/20
- Free to choose any doctor or hospital that accepts Medicare
- No referrals needed to see specialists
- Does NOT include drug coverage
- When changing Medigap plans, need to call plan to disenroll

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#### OPTIONAL PART D

##### Stand Alone Prescription Drug Plan

- 25 plans to choose from
- Automatic disenrollment from Prescription Drug Plan when changing Part D plans

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#### OPTION #2

##### Medicare Advantage Plan (Part C)

- Optional "Replacement"
- Must maintain Part A & Part B and must pay Part B premium
- 4 types of MA plans
  - HMO** (Health Maintenance Organization) - May use network providers only
  - HMO-POS** (HMO with Point Of Service)-HMO with limited out of network coverage
  - PPO** (Preferred Provider Organization)- Can go out of network for extra \$\$
  - SNP** (Special Needs Plans)  
HMOs for institutionalized individuals or dual eligible
- Cannot live outside service area for more than 6 consecutive months
- Covers some extra benefits
- Usually need referrals to see specialists
- Frequently has co-pays and deductibles
- Plans can include prescription drug coverage
- Automatic disenrollment when changing Medicare Advantage plans

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### OPTIONAL FOR THOSE WHO QUALIFY

#### Prescription Advantage

- Optional state pharmacy program
- Covers Part D coverage gap "Donut Hole"
- Supplements the Part D plan
- FREE to Massachusetts beneficiaries with moderate incomes

\*Premium for least expensive Medigap programs in 2020.

See Medigap Charts for other companies and premiums



## Quick Reference Counselor Tips: Pro's of Medicare Advantage & Medigap Plans

### MEDIGAP

Medigap plans tend to be bought by people with a high utilization of medical services such as doctors and hospital services. These plans are also popular amongst individuals who travel in foreign countries and who like to be able to choose which doctor they see without a referral. Medigap plans DO NOT include prescription drug coverage.

#### Pro's:

- Can see any provider that accepts Medicare (no networks)
- No referrals or PCP is needed
- Continuous open enrollment periods
- Low to no co-pays or deductibles
- Many plans offer travel coverage
- All plans are standard and with only 3 types of plans available, choosing a plan is easier
- End Stage Renal Disease 65+ can join a Medigap plan

### MEDICARE ADVANTAGE

Medicare Advantage plans tend to attract people who are not high utilizers of medical services. They also attract people who want a lower premium plan.

#### Pro's:

- Convenience of having only one plan (drug plan can be included)
- More choices available (HMO's, PPO's...)
- Lower premiums than Medigap plans
- Potential for better coordination of care (HMO's provide this)
- Additional benefits such as hearing, dental, vision and annual exams
- No hospital stay required for SNF coverage benefit



## Part D Medicare Prescription Drug Coverage

- Two ways to get Part D prescription coverage:
  - 1) Medicare Prescription Drug Plans (PDPs); also known as stand-alone plans
  - 2) Medicare Advantage (Part C) Plans with drug coverage (MA-PDs)
- Premiums, deductibles, co-pays, retail costs, and the drugs covered vary by plan

### The Standard Levels of Coverage for Part D Plans are as follows:

Deductible	You pay full cost of drugs
Initial Coverage	Plan pays 75%, you pay 25% (varies by plan)
Coverage Gap ("donut hole")	You pay 25% for brand-name drugs and generic drugs
Catastrophic Coverage	Plan pays 95%, you pay 5% or small co-pay, whichever is larger

### Selecting a Plan

- Plan selection should be done by entering the beneficiary's drug list using the Medicare Plan Finder on [www.medicare.gov](http://www.medicare.gov) and comparing options. *In some cases, the Plan Finder may pre-populate medications previously taken by the beneficiary.* In either case, be sure to review and confirm that the correct drug, strength, quantity and frequency is entered and that the drug list is current and accurate before proceeding.
- To access personalized information and save the drug list, must log in with beneficiary's MyMedicare.gov account username and password.
- For MA-PDs (HMO, PPO or SNP), verify drugs are covered since can't take stand-alone PDP.
- For PDPs, choose lowest cost plan that covers all drugs with fewest restrictions:
  - *Prior Authorization:* Before the plan will cover a certain drug, the prescriber must first contact the plan with more information.
  - *Step Therapy:* Beneficiary must first try certain less expensive drugs before they can move up a "step" to a more expensive drug.
  - *Quantity Limits:* Plans may limit the amount of prescription drugs they cover over a certain period of time.
- Enrolling in a Part D or MA-PD plan on the Plan Finder will automatically dis-enroll the beneficiary from his/her previous plan

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Medigap 1A	Costs For Beneficiary With Supplement 1
<b>Medicare Part A</b>				
<b>Inpatient Hospital Care</b> Days 1-60 Days 61-90 Days 91-150 (Lifetime Reserve)  All Additional Days	\$1,408 \$352/Day \$704/Day  Full Cost	\$1,408 \$0 \$0  \$0 For An Additional 365 Lifetime Hospital Days	\$0 \$0 \$0  \$0 For an Additional 365 Lifetime Hospital Days	\$0 \$0 \$0  \$0 For An Additional 365 Lifetime Hospital Days
<b>Inpatient Days in Mental Health Hospital</b>	190 Lifetime Days	An Additional 60 Days Per Year	An Additional 120 Days Per Benefit Period	An Additional 120 Days Per Benefit Period
<b>Skilled Nursing Facility Care</b> Days 1-20 Days 21-100 All additional Days	\$0 \$176/Day Full Cost	\$0 \$176/Day Full Cost	\$0 \$0 Full Cost	\$0 \$0 Full Cost
<b>Blood - First 3 Pints</b>	Full Cost	\$0	\$0	\$0
<b>Medicare Part B</b>				
<b>Annual Deductible</b>  <b>Coinsurance for Part B after deductible</b>	\$198  20%	\$198  \$0	\$198  \$0	\$0  \$0
<b>Medicare-covered services needed while traveling abroad</b>	Full Cost	Full Cost* (BC/BS, HP, HNE, Tufts Core plans cover foreign travel)	\$0	\$0



Medigap Carriers	Supplement Core Monthly Premium	NEW Medigap 1A Monthly Premium	Medigap 1 Monthly Premium <b>Only available if Eligible for Medicare Prior to 1/1/2020 *</b>
<b>Blue Cross &amp; Blue Shield of MA (Medex)</b> 1-800-678-2265 (sales) 1-800-258-2226 (member services) <a href="http://www.bluecrossma.com/medicare">http://www.bluecrossma.com/medicare</a>	\$104.10 *\$106.55 *Vision & Hearing	\$177.97 *\$180.42 *Vision & Hearing	\$209.21 *\$211.66 *Vision & Hearing
<b>Fallon Community Health Plan</b> 1-866-330-6380 (sales) 1-800-868-5200 (member services) <a href="http://www.fchp.org/medicare-choices">http://www.fchp.org/medicare-choices</a>	\$126.00	\$215.00	\$229.00
<b>Harvard Pilgrim Health Care</b> 1-800-782-0334 (sales) 1-877-907-4742 (member services) <a href="http://www.harvardpilgrim.org">http://www.harvardpilgrim.org</a>	\$129.00	\$185.00	\$229.00
<b>Health New England</b> 1-877-443-3314 <a href="http://www.healthnewengland.com">http://www.healthnewengland.com</a>	\$112.00	\$180.00	\$197.00
<b>Humana</b> 1-800-872-7294 (sales) 1-800-866-0581 (member services) <a href="http://www.humana-medicare.com">http://www.humana-medicare.com</a>	\$169.91 *\$183.26 *Dental & Hearing	\$282.20 *\$295.55 *Dental & Hearing	\$270.85 *\$284.20 *Dental & Hearing
<b>Tufts Health Plan</b> 1-800-714-3000 (sales) 1-800-701-9000 (member services) <a href="http://www.tuftsmedicarepreferred.org">http://www.tuftsmedicarepreferred.org</a>	\$124.00	\$201.00	\$218.00
<b>United HealthCare</b> 1-800-523-5800 <a href="http://www.aarphealthcare.com">http://www.aarphealthcare.com</a> Only for members of AARP	\$130.50 (6/1/19)	\$195.25	\$234.50 (6/1/19)

\* Moving from Supplement 1 to Supplement 1A may be subject to restrictions

**Note: Medex Choice™ will no longer be sold after December 1, 2019 but existing members may remain enrolled: \$154.81/month in 2020**  
In compliance with Medicare regulations, Medicare Medigap 2 cannot be sold after December 31, 2005 but existing members may remain enrolled.  
Medex Gold premium is \$930.97/month in 2020.

**DECISIONMAKING: KEEPING CURRENT PLAN OR CHOOSING A NEW ONE**

**HP RETIREE PLAN**

**CORPORATE PLAN**

**SUPPLEMENT**

See Any Doctor  
Drug Coverage?

**ADVANTAGE**

Doctors in Network?  
Drug Coverage?

ARE PREMIUMS & COPAYS HIGH COMPARED TO  
YOUR BUDGET & HEALTHCARE NEEDS

**AON EXCHANGE PLANS**

SUBSIDY REASONABLY COVER PREMIUMS & COPAYS?

**SUPPLEMENT**

See any doctor  
  
Check outside plans for  
lower premiums &  
tradeoff in fees vrs  
subsidy  
Choice of Drug Plans?

**ADVANTAGE**

Doctors in Network?  
Ever receive an unexpected  
doctor's bill?  
Drug Coverage?  
No reason to go to same  
Plan outside of AON  
Exchange

**STANDARD MEDICARE PLAN**

**SUPPLEMENT**

See any doctor  
  
Choice of 25 Drug Plans\*  
  
\*MA allows changing to 5 star  
Blue Cross/Blue Shield drug  
Plan once per year  
  
Foreign Travel Coverage

**ADVANTAGE**

Doctors in Network?  
  
Drug Coverage?

IMPORTANT POINTS TO KEEP IN MIND WHEN MAKING A DECISION ON WHETHER OR NOT TO KEEP OR LEAVE THE CURRENT MEDICARE SUPPLEMENT, DRUG OR MEDICARE ADVANCE PLAN YOU ARE CURRENTLY ENROLLED IN:

1. IF STILL ON A HP RETIREE PLAN DOES THE CURRENT MEDICARE SUPPLEMENT OR ADVANTAGE PLAN YOU ARE ENROLLED IN MEET YOUR NEEDS INCLUDING WHETHER OR NOT ALL DOCTORS YOU SEE OR PLAN TO SEE ARE PART OF THE NETWORK (IF A MEDICARE ADVANTAGE PLAN) AS WELL AS DOES THE DRUG PLAN FORMULARY COVER ALL THE DRUGS YOU ARE CURRENTLY TAKING?
2. IN ADDITION, IF STILL ON A RETIREE PLAN DOES THE PREMIUM AND COPAYS YOU ARE INCURRING SEEMS EXCESSIVELY HIGH COMPARED TO YOUR BUDGET AND HEALTH REQUIREMENTS?
3. IF YOU ARE CURRENTLY ON A PLAN THAT YOU ENROLLED IN VIA THE AON EXCHANGE DOES IT STILL MEET YOUR NEEDS SUCH AS:
  - A: DOES THE CURRENT REIMBURSEMENT AMOUNT YOU ARE RECEIVING REASONABLY COVER THE PREMIUM AND COPAY COSTS YOU ARE INCURRING?
  - B: AS WITH THE RETIREE MEDICARE ADVANTAGE PLANS, ARE ALL THE DOCTORS YOU SEE PART OF THE NETWORK?
  - C: AGAIN, IF ON A MEDICARE ADVANTAGE PLAN HAVE YOU EVER HAD A SITUATION WHERE YOU EITHER HAD A MEDICAL PROCEDURE OR AN ER VISIT WHERE YOU RECEIVED A BILL BECAUSE ONE OR MORE OF THE TREATING PHYSICIANS WERE NOT PART OF THE NETWORK?

IT APPEARS THAT IF YOU ARE ON A MEDICARE ADVANTAGE PLAN YOU ENROLLED IN VIA THE AON EXCHANGE THERE IS NO CURRENT REASON TO CHANGE TO THE SAME PLAN AVAILABLE THROUGH THE REGULAR MEDICARE MARKETPLACE GIVEN THAT YOU ARE RECEIVING A SUBSIDY.

IF YOU ARE CURRENTLY ON A MEDICARE SUPPLEMENT PLAN THE YOU ENROLLED IN VIA THE AON EXCHANGE YOU MAY HAVE SOME OPTIONS YOU WANT TO CONSIDER. THESE INCLUDE:

1. SINCE ALL MEDICARE SUPPLEMENT PLANS ALLOW YOU TO SEE ANY DOCTOR WHO TAKES MEDICARE YOU MAY FIND ONE OF THE OTHER SUPPLEMENT PLANS THAT HAVE A LOWER PREMIUM.
2. YOU STILL HAVE SOME COPAYS AND DRUG FORMULARIES THAT YOU WOULD NOT INCUR IF YOU LEFT YOUR CURRENT PLAN TO ENROLL IN A STANDARD MEDICARE SUPPLEMENT PLAN AND A SEPARATE DRUG PLAN BUT YOU WOULD LOSE THE SUBSIDY.
3. IF YOU ARE HAVING ISSUES WITH NOT ALL OF YOUR DRUGS BEING COVERED BY YOUR CURRENT PLAN THIS MOST LIKELY WOULD NOT BE THE CASE IF YOU ENROLLED IN A STANDARD PART D DRUG PLAN AS THERE ABOUT 25 SEPARATE ONES TO CHOSE FROM IN MASSACHUSETTS BUT AGAIN YOU WOULD HAVE TO BALANCE THAT AGAINST LOSING THE SUBSIDY.



4. DOES YOUR CURRENT MEDICARE SUPPLEMENT PLAN ALLOW FOR FOREIGN TRAVEL? IN THE STANDARD MARKETPLACE THE BLUE CROSS/BLUE SHIELD PLAN (CURRENTLY NOT AVAILABLE TO YOU) ALONG WITH THE HARVARD PILGRIM, TUFTS AND HEALTH NEW ENGLAND PLANS ALLOW FOR FOREIGN TRAVEL COVERAGE. THIS MEANS IF YOU GET SICK OUTSIDE THE U.S. OR ON A CRUISE SHIP YOU ARE FULLY REIMBURSED FOR YOUR MEDICAL EXPENSES.
5. IN MASSACHUSETTS IF YOU ARE ON A STANDARD MEDICARE SUPPLEMENT PLAN YOU CAN CHANGE PLAN TIERS ANYTIME DURING THE YEAR WITH SOME MINOR EXCEPTIONS.
6. IN MASSACHUSETTS AND ON A STANDARD MEDICARE PART D DRUG PLAN YOU CAN CHANGE TO ONE OF THE 5 STAR STANDARD BLUE CROSS/BLUE SHIELD DRUG PLANS IF YOUR CURRENT DRUG PLAN'S FORMULARY NO LONGER MEETS YOUR NEEDS. YOU CAN DO THIS ANYTIME DURING THE YEAR.

## MEDICARE RESOURCES

DEC Connection Seminar, 23 June 2020

1. **Medicare.gov** – this is the US Medicare official site. They provide the guidebook “Medicare and You” each year.
2. For information about state plans, google “SHIP Program for New Hampshire (enter your state)” SHIP means State Health Insurance Program
3. <https://www.medicarerights.org> – this is the only alternative website that is independent. It’s a great resource for free information. See 2 pages below for an example... you can send a question to Dear Marci, or check the website for info. At end of our presentation you’ll find a question “What are the parts of Medicare?” as an example.
4. [info@DECconnection.org](mailto:info@DECconnection.org) Please email your additional questions to us and we will forward them to our expert speaker, Jerry Shusterman. He will follow up on all questions submitted that are not addressed during the presentation.





I will turn 65 soon and need to enroll in Medicare. I've heard that there are different parts of Medicare. ***What are the parts of Medicare?***

-Aurelio (Cleveland, OH)

Dear Aurelio,

There are four parts of Medicare: Part A, Part B, Part C, and Part D.

- Part A provides coverage for inpatient hospitalization, skilled nursing facility stays, home health care, and hospice care.
- Part B provides outpatient coverage, including for physician services, diagnostic tests, durable medical equipment, and outpatient hospital services.
- Part C is an alternate way to receive your Medicare benefits; provides Part A inpatient/hospital and Part B outpatient/medical coverage and supplemental benefits not covered by Original Medicare (see below for more information).
- Part D provides prescription drug coverage.

Most beneficiaries choose to receive their Parts A and B benefits through Original Medicare, the traditional fee-for-service program offered directly through the federal government. It is sometimes called Traditional Medicare or Fee-for-Service (FFS) Medicare. Under Original Medicare, the government pays directly for the health care services you receive. You can see any doctor and hospital that takes Medicare (and most do) anywhere in the country.

In Original Medicare:

- You go directly to the doctor or hospital when you need care. You do not need to get prior permission/authorization from Medicare or your primary care doctor.

- You are responsible for a monthly premium for Part B. Some also pay a premium for Part A.
- You typically owe a coinsurance for each service you receive.
- There are limits on the amounts that doctors and hospitals can charge for your care.

If you want prescription drug coverage with Original Medicare, in most cases you will need to actively choose and join a stand-alone Medicare private drug plan (PDP).

Note: There are a [number of government programs](#) that help reduce your health care and prescription drug costs if you meet the eligibility requirements.

Unless you choose otherwise, you will have Original Medicare when you enroll in Medicare. Instead of Original Medicare, in most areas you have the option of getting your Medicare benefits from a Medicare Advantage Plan, also called Part C or Medicare private health plan. This means that you must still pay your monthly Part B premium (and your Part A premium, if you have one). Medicare Advantage Plans must offer, at minimum, the same benefits as Original Medicare (those covered under Parts A and B) but can do so with different costs and coverage restrictions. You also typically get Part D as part of your Medicare Advantage benefits package (MAPD). Many plans also cover supplemental benefits that are not covered by Original Medicare, like dental care, vision care, and gym memberships. Many different kinds of Medicare Advantage Plans are available. You may pay a monthly premium for this coverage, in addition to your Part B premium.