HealthMarkets'

Guide to Medicare

health markets

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Contents

Are you in the market for Medicare?

Maybe you're looking down the road toward your 65th birthday, and you're pretty sure that after that point, you are entitled to Medicare benefits … but you have some questions.

Or maybe you're disabled, and you've heard that Medicare is one option that will help you pay for your medical bills. In either circumstance, you need to know a little bit more about the program. Is it free? Where and how do you sign up for Medicare, and what kinds of costs will it help you cover?

At HealthMarkets, we realize that the recent government changes and the general complexity associated with health insurance can become overwhelming. That's why we want to provide you with the most recent information on Medicare so that you can make an informed decision about your health coverage.

We hope this guide is a helpful reference for you. But if you encounter more questions, remember: You can speak with a licensed agent at HealthMarkets who understands Medicare, for free, any time you like. If you would like to talk about Medicare and which coverage is best for you, call (800) 827-9990 TTY 711. We're available 24/7 to help.

Medicare: What is it?

Put simply, Medicare is a health insurance program. That's all. But it's a special one, with its own guidelines.

Medicare is funded by a government trust fund. You've paid into it for your entire working life through your Social Security taxes. It is administered by the Centers for Medicare and Medicaid Services (CMS), a private contractor hired by the government. Private insurance companies are also involved, but we'll get to that later.

It is widely known as a program for seniors, because it's available to most individuals age 65 or over who have worked at least 40 quarters, or 10 years. However, some other people qualify for Medicare: certain people with disabilities, those with amyotrophic lateral sclerosis (ALS, or Lou Gehrig's Disease), and those with End-Stage Renal Disease (ESRD).

Medicare is divided into "parts."

There are different "parts" of Medicare that cover different kinds of medical costs. Medicare Parts are each assigned a letter: A, B, C (also known as Medicare Advantage), and D.

- Medicare Part A: Inpatient hospital insurance and skilled nursing facility coverage
- Medicare Part B: Outpatient hospital insurance and doctor visits
- Medicare Part C: Benefits of Parts A, B, and usually D, plus additional coverage that varies by plan
- Medicare Part D: Prescription drug coverage

There are certain healthcare costs that Medicare does not pay. Hearing aids are one example. You can see the Appendix for a list of some of these costs.

How does Medicare work?

First, it's important to know that you're responsible for certain costs with your Medicare plan, just like you would be with any other health insurance plan. Those costs include the following:

Monthly Premiums

The price you pay per month for your healthcare coverage. You do not have to pay premiums for Medicare Part A if you have worked 40 quarters.

Deductibles

The amount you pay each year for your care before Medicare begins paying its share of the coverage. Deductibles vary plan to plan.

Copayments or Coinsurance

The amount of your healthcare bill you're responsible for. Like other insurance plans, Medicare will only pay a certain percentage of your health service bill. You're responsible for the rest.

It also helps to know that Medicare does not always cover the full price for services charged by a doctor or supplier. Instead, it decides on a set price, called a Medicare-approved amount, of which it pays a part. You are responsible for out-of-pocket costs associated with that set amount (your coinsurance, copayments or deductibles), and up to an additional 15% of the Medicare-approved amount.

After that, the Medicare system is actually fairly simple. When you receive Social Security benefits, either because you're turning 65 or because you have a disability, ESRD, or ALS, you're automatically enrolled in Medicare Part A. You do not have to pay premiums for it. If you choose to enroll in Part B coverage, the cost is taken from your Social Security benefits.

Some people who are not eligible for Social Security benefits will not be automatically enrolled in Medicare; if that's the case for you, you can talk to your local Social Security office, or just give HealthMarkets a call. We'll help you figure it out.

You may also choose to enroll in Part C, Part D, or a Medigap policy. Private companies administer these plans, and you'll pay the premiums for them yourself, just like you may have done with your health insurance plan before you became eligible for Medicare.

Diving Into Medicare Parts

So what do all these Parts mean, anyway? Let's break it down.

Original Medicare

Original Medicare is the collective name for Medicare Parts A and B.

Part A

Part A is one of the two parts that make up Original Medicare, and it covers hospital costs. Part A is available, at no additional cost, to everyone who qualifies for the Medicare program. Why? Because you've already paid for it! Anyone who has paid Social Security taxes in the United States pays into the Medicare program, and the costs of Part A come out of that money. If you or your spouse has worked for at least 40 quarters in the U.S., you're eligible for Medicare Part A.

In general, Part A covers the following:

- In-patient hospital care
- Skilled nursing facility care
- Nursing home care (as long as custodial care isn't the only care you need)
- Hospice
- Home health services

Part B

Medicare Part B, the other part of Original Medicare, covers services needed to diagnose or treat a medical condition, illness, or disease. It's easiest to think about it as the part that covers your doctor visits, although Part B covers services far beyond simple checkups, such as research, testing, and certain medical equipment. Medicare Part B also takes care of preventive services that help you avoid illness or detect it at an early stage when treatment will work the best.

In general, Part B covers the following:

- Doctor visits and lab tests
- Ambulance services
- Durable medical equipment (DME)
- Mental health: inpatient, outpatient, and partial hospitalization
- Surgery and second opinions before surgery
- Limited outpatient prescription drugs

Medicare Part B only covers "medically necessary" services that have been approved by CMS. Certain tests, items, or services are covered in all cases; others vary by your circumstances (see the Appendix). If you need care that is not considered "medically necessary," you may be able to appeal your case to Medicare, so you should talk to your doctor about further steps.

Part C

Also known as Medicare Advantage, Medicare Part C is offered by private insurance companies that are approved by Medicare. It offers the same coverage as original Medicare, but adds coverage for other services. These vary widely plan by plan, but they can include:

- Vision
- Hearing
- Dental
- Health and wellness programs
- Prescription drugs

If you're interested in an all-in-one Medicare Advantage plan, it's a good idea to talk to one of our licensed agents about your options. They will include some or all of these kinds of plans.

Health Maintenance Organization (HMO) Plans

HMOs limit your healthcare options to in-network providers. Except in an emergency, you can only go to doctors, other healthcare providers, or hospitals in the plan's network. If you need some particular tests or care from specialists, you may also need to get a referral from your primary care provider.

Preferred Provider Organization (PPO) Plans

A PPO also limits your provider options, but not as much as an HMO. You pay less, sometimes significantly less, if you use in-network doctors, hospitals, labs, and other providers. For instance, in-network you may be responsible for a small copay, while out-of-network you may need to pay coinsurance, a percentage of your bill that's often more than a copay.

Private Fee-for-Service (PFFS) Plans

PFFS plans offer wider options. As in Original Medicare, you can likely go to any provider who agrees to treat you. However, the amount of the provider's fee for which you're responsible may vary plan to plan.

Special Needs Plans (SNPs)

SNPs are for special groups of people, such as those who have both Medicare and Medicaid, live in a nursing home, or have certain chronic medical conditions.

HMO Point-of-Service (HMOPOS) Plans

These plans are still HMO plans, but they offer broader options than most. They may allow you to get some services out of network for a higher copayment or coinsurance.

Medical Savings Account (MSA) Plans

MSAs have two components: high-deductible health plans, and savings accounts like those you'd have at your bank. Medicare gives you a certain amount of money to put in the account, and you can then use that money to pay for yearly services. The amount is usually less than your deductible. MSAs don't offer drug coverage, so if you choose this option, you may want to look into a prescription drug plan (Medicare Part D).

Part D

Medicare Part D is known as the Medicare prescription drug benefit. It helps eligible individuals subsidize the cost of their prescriptions. Part D is available through private insurance companies, and can be a standalone plan or included in your Medicare Advantage Plan. You will need to pay a monthly premium when you enroll in this plan, and pay out of pocket for deductible, copayment, and coinsurance costs.

Part D coverage costs will vary based on the following:

- Type of medicine
- The plan you purchase
- Whether your pharmacy is in or out of your plan's network
- Whether the medicine purchased is on your plan's formulary (an official list of the medicines your plan approves)
- Whether you are on a Medicare Savings Program or receiving Extra Help to help pay your Part D costs

Medicare Supplement Insurance:
Medigap

A Medigap policy is a private health insurance policy that you purchase to fill in the "gaps" that Medicare doesn't cover. Depending on the care you need, the gap between your bills and what Medicare will pay could be large.

For instance, you must pay deductibles under both Medicare Parts A and B, and these could be high if you experience long hospital stays. Some basic medical devices, such as hearing aids, aren't covered either. Also, Original Medicare has limited service areas (places in which you can get coverage). For instance, it generally doesn't cover treatment while you're traveling outside the United States. Medigap plans can expand service areas, allowing active people to access medical care while they're traveling. The freedom of choice afforded by Medigap plans is often sought after by those with middle to upper income levels.

If you have Medicare Part C, you don't need a Medigap plan; they can't be used together. Medigap is only designed to supplement Original Medicare coverage, and you have to have Medicare Part B in order to get a Medigap plan.

Medigap plans are all named by letter, just like Medicare parts, so watch out. Medicare Part A and Medigap Plan A are not the same thing!

Medigap Plans

HealthMarkets offers a variety of Medigap plans that could serve your needs, and we're always happy to

talk to you about them. If you feel you need one, don't hesitate to call. It helps to have a licensed agent as you explore your options. For instance, not all Medigap plans are sold in all states; we'll be able to help you figure out which ones are available in your area.

See the chart below for a comprehensive list of Medigap plans and what services they cover.

Medigap Plan Comparison[1]

BENEFITS	A	B	C	D	F[2]	G	K[3]	L[3]	M	N[4]
Part A coinsurance hospital costs (up to an additional 365 days after Medicare benefits are used)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Blood transfusion (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible			✓		✓					
Part B excess charges					✓	✓				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%

NOT COVERED 50% 75% 80% ✓100%

1. *Based on 2019 costs*
2. *Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of $2,300 in 2019 before your Medigap plan pays anything.*
3. *For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($185 in 2019), the Medigap plan pays 100% of covered services for the rest of the calendar year. The Plan K out-of-pocket yearly limit is $5,560. The Plan L out-of-pocket yearly limit is $2,780.*
4. *Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in inpatient admission.*

Beginning Jan. 1, 2020, Medigap plans sold to newly eligible Medicare enrollees are prohibited from covering the Part B deductible. As a result, Plans C and F will not be available to new Medicare enrollees. However, anyone enrolled in Plans C or F before Jan. 1, 2020, will be able to keep their plan.

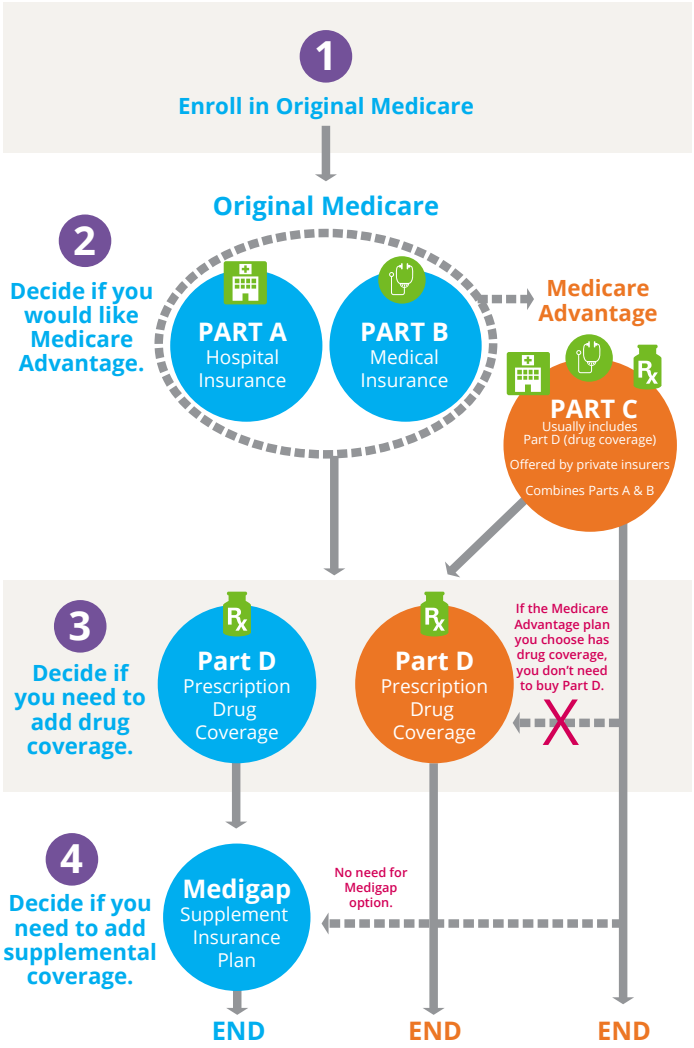
How to Pick a Medicare Policy

When you're picking a Medicare policy, it helps to start by making a list.

- Write out your current and expected healthcare needs.
- Write out your habits. For instance, do you travel? Are you particularly active? Do you smoke?
- Write out your income, and your potential budget for out-of-pocket expenses.
- Consider your location. Which hospitals and doctors are most convenient to you?
- Ask your current healthcare providers what type of coverage they accept. Do you want to keep your current providers?

As you begin to make your choices, take each of these factors into account. Then, list in hand, call a licensed agent at HealthMarkets. We have a lot of experience in guiding you through the things you need to think about in order to select the kind of policy that works for you.

Picking a Medicare policy may seem complicated, but it's easier than it sounds. Check out our infographic to the right to see the steps to take when deciding on a Medicare policy.



Choosing the Right Medicare Plan

Choosing the right coverage is an important and personal decision. You must determine what matters most to you and what meets your needs.

Enrolling in Medicare

So now that you've figured out a little bit about how Medicare works, how do you sign up?

Enrolling in Medicare means signing up to receive benefits. You enroll during designated times called enrollment periods. Enrollment period dates, and even their names, vary by plan and by your circumstances.

When can I enroll in Medicare?

Enrollment periods can sometimes feel like alphabet soup. Don't worry. We'll break them down for you.

Enrolling in Original Medicare

Medicare Parts A and B Initial Enrollment Period (IEP)

The Initial Enrollment Period (IEP) for Parts A and B happens when you first become eligible for Medicare. It is a period of seven months, starting three months before the month of your Medicare eligibility and ending three months after the month of eligibility. The month of eligibility is the month of your 65th birthday. Or, if you become eligible due to a disability, your month of eligibility is the 25th month of receiving disability benefits.

Medicare Parts A and B General Enrollment Period (GEP)

From January 1 - March 31, people who did not enroll in Part A or B during their IEP (and do not have creditable group coverage), or ended their Part A or Part B benefits and want to re-enroll, may enroll in either or both Parts during the GEP. If you enroll during the GEP, your benefits will begin the following July 1. If you enroll in Part B during the GEP, you may have to pay a late enrollment penalty for Part B.

Enrolling in Medicare Advantage, Medicare Part D, and Medicare Supplement Insurance

Medicare Advantage and Part D Annual Election Period (AEP)

From October 15 - December 7, during the AEP, people can join, change, or drop an Advantage (Part C) or Part D plan. The effective date for coverage will always be January 1.

Medicare Advantage (Part C) and Part D Special Enrollment Period (SEP)

In certain cases, you may qualify for an SEP with a Medicare Advantage or Medicare Part D plan, allowing you to enroll outside of your AEP. For instance, if you move and change service areas (places where your plan is offered), you have an SEP to change your plan. If your employer coverage ends, you have a two-month SEP. You also might qualify for an SEP if you are eligible or receiving Extra Help (the Low Income Subsidy—see Section 6) with your prescription drugs. Always check the specifics of your plan and go over them with your agent to make sure you know your SEP rights.

Medicare Advantage (Part C) Disenrollment Period (MADP)

Between January 1 and February 14 of each year, you may disenroll from your Medicare Advantage plan and return to Original Medicare during the MADP. You may only return to Original Medicare during this time; if you want to switch between Advantage plans, you need to wait until the AEP.

Medicare Supplement (Medigap) Enrollment Periods

Most people choose to enroll in Medigap during their Initial Enrollment Period (IEP). During your IEP, you can enroll without answering any health questions. But if you are healthy and can meet eligibility requirements, you can enroll any time. If you didn't enroll during your IEP and believe you might have trouble answering health questions, there are special enrollment periods (SEPs) that will provide you with guaranteed-issue coverage. For example, you will qualify for an SEP if you lose employer group coverage.

Your Medicare initial enrollment depends on your 65th birthday.

3 MONTHS BEFORE BIRTHDAY

For best results, enroll during the three months prior to your 65th birthday. Your coverage will start on the first day of your birthday month.

2 MONTHS BEFORE BIRTHDAY

1 MONTH BEFORE BIRTHDAY

BIRTHDAY MONTH

If you enroll during your birthday month, coverage starts the first day of the next month.

1 MONTH AFTER BIRTHDAY

If you enroll during the month after your birthday month, coverage starts two months later.

2 MONTHS AFTER BIRTHDAY

If you enroll two or three months after your birthday month, coverage starts three months later.

3 MONTHS AFTER BIRTHDAY

Initial Enrollment Period (IEP)
When: Three months before your birthday month, your birthday month, and three months after your birthday month. Enroll during this period for Medicare Parts A and B. The sooner you enroll, the sooner your coverage starts.

What about Medigap?

The Open Enrollment Period for Medigap starts the month you are 65 and enrolled in Medicare Part B and continues for five more months. For example, if you turn 65 on Sept. 15, your window to enroll in Medigap is Sept. 1 – Feb. 28. Enroll during this period to avoid underwriting and guarantee your eligibility.

Other Medicare enrollment dates are fixed. They do not depend on your birthday.

OCTOBER

NOVEMBER

Annual Election Period (AEP)
When: Oct. 15 - Dec. 7

- Change part D prescription drug plans.
- Change Medicare Advantage plans.
- Enroll in a Medicare Advantage plan for the first time.

Changes take effect Jan. 1.

DECEMBER

JANUARY

Medicare Advantage Disenrollment Period (MDAP)
When: Jan. 1 - Feb. 14

- Disenroll from a Medicare Advantage plan and return to Original Medicare.
- Enroll in a standalone prescription drug Part D plan.

Changes start the first day of the following month.

FEBRUARY

General Enrollment Period (GEP)
When: Jan. 1 - March 31

- Enroll in Medicare Parts A and B if you did not do so during your IEP.
- Disenroll in Medicare Part B if you did not already do so during the IEP.
- You may be assessed a 10% late penalty on your Part B premium for late enrollment.

Coverage will begin July 1.

MARCH

APRIL

The Exception to the Rules

Depending on the employment situation for you or your spouse, you may be able to enroll in Medicare Parts A and B any time without penalty, as part of a Special Enrollment Period (SEP). Other SEPs exist for Part C and D.

How do I enroll in Medicare?

Automatic Enrollment

Depending on your circumstances, it may be as easy as waiting for the daily mail. If you are turning 65 and are receiving Social Security benefits, you're automatically enrolled in Medicare Parts A and B. It's the same if you have a disability and have been receiving Social Security Disability Insurance (SSDI) or railroad disability annuity checks for 24 months. This is also true if you are under 65 and have ALS.

In these circumstances, you don't need to contact anyone. You'll simply receive a package in the mail three months before your 65th birthday or before the 25th month of disability benefits. This package will include some additional paperwork to complete and return. Your new Medicare card and a letter informing you that you will begin receiving benefits from Medicare will follow shortly thereafter.

If you are receiving SSDI, your package will come from Social Security. The Railroad Retirement Board (RRB) will send your package if you receive railroad disability annuity checks. If you already have Part A and do not wish to receive Part B, follow the instructions included in your information package.

Enrolling Yourself

Under certain circumstances, you may need to enroll yourself in Medicare. You need to sign up for Part A and Part B if you aren't getting Social Security or RRB benefits (for example, because you're still working or have not worked long enough for Social Security benefits). You also need to enroll yourself if you have End-Stage Renal Disease (ESRD).

To enroll yourself in Medicare, you have a few options. You can visit your Social Security office and have someone help you through the process. It's also easy to sign up online on the Social Security website.

We know this process is confusing, so if you still have questions, let HealthMarkets help.

Special Programs

Certain programs help people with lower incomes to afford their Medicare coverage. You may be eligible for one of these programs if you meet certain federal income requirements. To find out more about whether you're eligible for any of these programs, you can contact your local Social Security office or give us a call. We'll be happy to help you out—and our service is free!

Extra Help (Low Income Subsidy or LIS)

What is Extra Help?

The Low-Income Subsidy (LIS), also called Extra Help, helps people with Medicare prescription drug costs. It may be available to you if you have drug coverage through Part C or D.

Extra Help contributes around $4,000 per year. You can apply it to your deductibles, copayments, and monthly premiums.

Who is eligible for Extra Help?

To qualify for Extra Help, you must meet the following conditions:

- Be receiving Medicare
- Have limited resources and income
- Live in one of the 50 states or the District of Columbia

Also, you automatically qualify for Extra Help if you're receiving some of the Medicare Savings Programs we talk about below.

How do I know if I'm eligible for Extra Help?

Many people qualify for a prescription drug subsidy and don't even know it. It all has to do with your resources and your income. Your resources are everything you own that has monetary value, such as your savings, investments, and real estate. (In this case, real estate excludes your primary residence.) If your combined resources are low in value and you are in a low-income household, you may be eligible for Extra Help. When you call HealthMarkets Insurance Agency, one of our 3,000 licensed agents can talk to you about your circumstances, your possible options for Extra Help and how to apply for them—all for free.

Medicare Savings Programs and Medicaid

Some people with low incomes and limited resources can get help with their medical bills from a joint federal and state program called Medicaid. Most people have heard of Medicaid, but many seniors don't know that there are also Medicare Savings Programs that can do the same thing.

Medicare Savings Programs pay for different things. Some help you with Medicare premiums, while some also pay Medicare Part A and B deductibles, coinsurance, and copayments. Each Medicare Savings Program has its own income restrictions.

Do you qualify for a Medicare Savings Program? If you think one of these programs is for you, give HealthMarkets a call, and we'll help you figure it out.

There are four Medicare Savings Programs.

Qualified Medicare Beneficiary (QMB) Program

This plan helps pay for Parts A and B premiums, deductibles, coinsurance, and copayments.

Specified Low-Income Medicare Beneficiary (SLMB) Program

This program helps pay for Part B premiums only.

Qualifying Individual (QI) Program

This program helps pay for Part B premiums only, and is not available to folks receiving Medicaid.

Qualified Disabled and Working Individuals (QDWI) Program

This program helps pay for Part A premiums only. It is designed for the following groups.

- Working disabled people under age 65
- People who have gone back to work and lost their premium-free Part A Medicare

To qualify for QDWI, you can't be receiving other forms of medical help from your state, like Medicaid. And you must meet the income and resource limits required by your state.

Remember Extra Help, the program we mentioned earlier? Well, if you qualify for a QMB, SLMB, or QI program, you automatically qualify for Extra Help. That way you'll have support with your premiums or out-of-pocket expenses and your drug costs at the same time.

Medicare: The HealthMarkets Way

At HealthMarkets, we operate by our 3Cs: Convenience, Choice, and Counsel. We're committed to being the most convenient way for people to find affordable healthcare choices that help them live long, healthy lives, and we offer personalized counsel on how to do it.

As we've explained in this guide, you have many choices to make about your Medicare coverage. HealthMarkets not only helps you through the decision process, we also offer many Medicare options, including Medicare Advantage, Part D and Medigap policies that will give you the care you need at the prices you can afford.

We know there's a lot involved in these decisions. Medicare Advantage, or Medigap? A stand-alone drug plan, or not? It's a lot to think about. That's why we have more than 3,000 licensed agents who are ready to talk to you about Medicare. Call us at any time, day or night, at (800) 827-9990. You can also contact us online or meet with one of our local agents to talk about your options in person.

Make sure you're getting the most out of your golden years. Know your Medicare options, learn how to take advantage of them, and get the best healthcare out there. HealthMarkets can help.

Appendix

SOME TESTS/ITEMS/SERVICES NOT COVERED BY MEDICARE

Long-term care (also called custodial care)

Most dental care

Eye examinations related to prescribing glasses

Dentures

Cosmetic surgery

Acupuncture

Hearing aids and exams for fitting them

Routine foot care

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HealthMarkets Insurance Agency can help you understand the many insurance options available to you, so you can make the best choice. Let us help you apply for the plan that is right for you and get the Medicare coverage you need. HealthMarkets is the smarter way to find good Medicare options. Best of all, our service is free!

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