

MEDICARE



HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

# MEDICARE

WHAT YOU NEED TO KNOW

# CMS DISCLAIMER

*We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](https://www.Medicare.gov) or 1-800-MEDICARE to get information on all of your options*



# Original Medicare

Coverages available

- ✓ Part A – hospital insurance
- ✓ Part B – medical insurance

Gaps exist in coverage



# Medicare Part A Coverage

Medicare Part A is the hospital insurance portion of your plan. It pays benefits for:

- ✓ Inpatient hospital care
- ✓ Hospice care
- ✓ Some skilled nursing care
- ✓ Home health care



# Medicare Part A Coverage

For hospital stays in 2023, your cost for each benefit period are:

Day 1-60	\$1,600 Part A deductible
Days 61-90	\$400 per day co-payment
Days 91-150	\$800 per day Lifetime Reserve Days co-payment. When your hospital stay exceeds 90 days during the benefit period, a feature referred to as “Lifetime Reserve Days” takes effect. When you use a reserve day, Medicare permanently subtracts it from your 60-day lifetime limit.
Days 151 and after	All cost after your Lifetime Reserve Days run out. But, if you don't have the full 60 reserve days left, you pay all Part A expenses before the 151 <sup>st</sup> day of the benefit period.

# Medicare Part A Coverage

For skilled nursing care in 2023, your costs for each benefit period are:

Days 1-20	Nothing
Days 21-100	Up to a \$200 per day co-payment
Days 101 and after	All cost

# Skilled Nursing Facility Care Coverage

Medicare pays benefits for skilled nursing facility care only if:

- ✓ Your doctor prescribes the skilled nursing care.
- ✓ You need skilled nursing care every day, not just 5 or 6 days a week.
- ✓ You were in the hospital for the last 3 consecutive days before entering the skilled nursing facility.



# Skilled Nursing Facility Care Coverage

- ✓ Medicare covers only short-term skilled nursing home care, with no payments after 100 days.
- ✓ It does not cover ‘custodial’ or ‘intermediate’ care, the most common kinds of care.
- ✓ In total, Medicare pays only about 10% of all long-term care cost. (Source: Department of Health & Human Services)



# Home Health Care Coverage

**Medicare pays benefits for the home health care only if:**

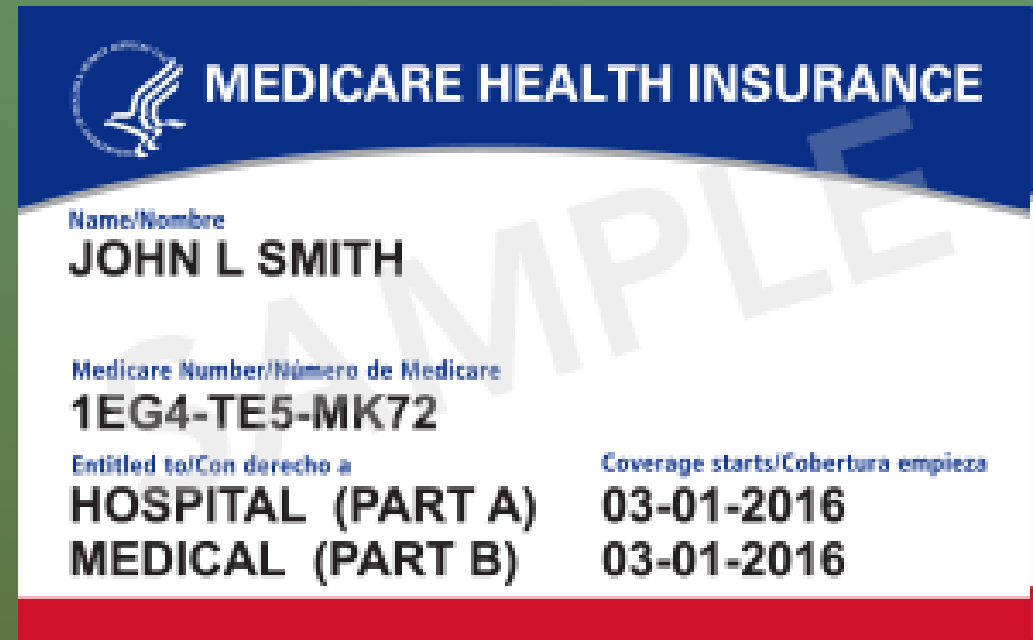
- ✓ You need part-time skilled nursing care, physical therapy or speech therapy
- ✓ You're confined to your home
- ✓ Your doctor prescribes home health care and sets up a care program
- ✓ Your home health agency is Medicare-approved

# Medicare Part B Coverage

**Part B deductible for 2023 is \$226 (2022 \$233)**

Medicare part B is the medical insurance portion of your plan. It pays benefits for:

- ✓ Doctors' services
- ✓ Outpatient hospital services
- ✓ Medical services and supplies



# Medicare Part B Premium

Since 2007, a beneficiary's Part B monthly premium is based on his or her income. These income-related monthly adjustment amounts (IRMAA) affect roughly 7 percent of people with Medicare Part B. The 2023 Part B total premiums for high income beneficiaries are shown in the following table:

<b>Full Part B Coverage</b>			
<b>Beneficiaries who file individual tax returns with modified adjusted gross income:</b>	<b>Beneficiaries who file joint tax returns with modified adjusted gross income:</b>	<b>Income-Related Monthly Adjustment Amount</b>	<b>Total Monthly Premium Amount</b>
Less than or equal to \$97,000	Less than or equal to \$194,000	\$0.00	\$164.90
Greater than \$97,000 and less than or equal to \$123,000	Greater than \$194,000 and less than or equal to \$246,000	\$65.90	\$230.80
Greater than \$123,000 and less than or equal to \$153,000	Greater than \$246,000 and less than or equal to \$306,000	\$164.80	\$329.70
Greater than \$153,000 and less than or equal to \$183,000	Greater than \$306,000 and less than or equal to \$366,000	\$263.70	\$428.60
Greater than \$183,000 and less than \$500,000	Greater than \$366,000 and less than \$750,000	\$362.60	\$527.50
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$395.60	\$560.50

# Medicare Part B Coverage

## Examples of Services and Supplies Usually Covered

Doctor Services	Outpatient Hospital Services	Medical Services and Supplies
<ul style="list-style-type: none"><li>✓ Services received:<ul style="list-style-type: none"><li>• In the hospital</li><li>• In the doctor's office</li><li>• From you doctor's office</li><li>• In any Medicare-approved medical or nursing facility</li><li>• At home</li></ul></li><li>✓ Assistant surgeon fees</li><li>✓ Diagnostic test and treatments</li><li>✓ Administered Drugs</li><li>✓ Anesthetist fees</li></ul>	<ul style="list-style-type: none"><li>✓ Emergency room</li><li>✓ Hospital clinic services</li><li>✓ Physical therapy</li><li>✓ Administered drugs</li><li>✓ Lab test</li><li>✓ X-rays</li><li>✓ Radiology medical supplies.</li></ul>	<ul style="list-style-type: none"><li>✓ Independent lab test</li><li>✓ Ambulance</li><li>✓ Surgical dressing</li><li>✓ Cast and splints</li><li>✓ Pacemakers, artificial limbs, braces, wheelchairs, and other necessary equipment</li><li>✓ Corrective lenses after a cataract operation</li></ul>

# Medicare part B Coverage

Examples of Services and Supplies **NOT** Usually Covered

Doctor Services	Outpatient Hospital Services	Medical Services and Supplies
<ul style="list-style-type: none"><li>✓ Dental care</li><li>✓ Routine physical examinations</li><li>✓ Oral surgery</li><li>✓ Routine foot care, eye or ear examinations</li><li>✓ Immunizations</li><li>✓ Chiropractic services except for manual manipulation of the spine</li></ul>	<ul style="list-style-type: none"><li>✓ Cosmetic procedures not medically necessary</li><li>✓ Lab test not medically necessary</li></ul>	<ul style="list-style-type: none"><li>✓ Dental plates</li><li>✓ Orthopedic shoes</li><li>✓ First aid supplies</li><li>✓ Self-administered drugs, even with a doctor's prescription</li><li>✓ Eyeglasses</li><li>✓ Hearing aids</li></ul>

# Original Medicare Gaps

- ✓ Medicare Supplement plans can cover most of these gaps
- ✓ Choice of plans determined gaps covered
- ✓ Prescription drug coverage can assist with the gaps for the outpatient drug cost through a Medicare Part D plan

# Medical Coverage

Let's look at what plans are available for you and which plan meets your needs!

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2022 <sup>2</sup>					\$6,620 <sup>2</sup>	\$3,310 <sup>2</sup>	2023 Coming Soon!			

<sup>1</sup> Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,490 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>2</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup> 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 do not result in an inpatient admission.