

MEDICARE

WHAT YOU NEED TO KNOW



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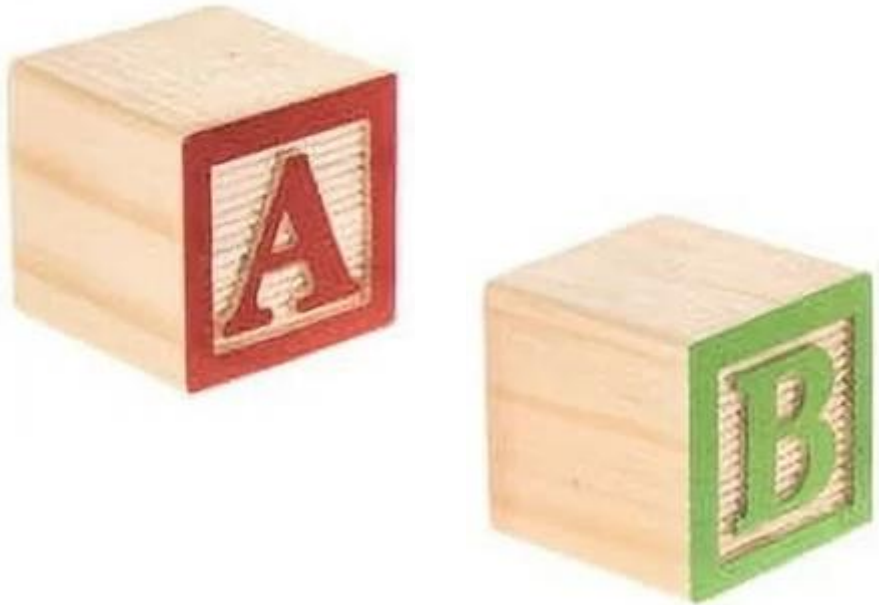
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We do not offer every plan available in your area. Currently we represent _____ organizations which offer _____ products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options.

Please note that “your area” refers to the number of organizations we represent in the state of _____ and the number of products they offer. Our licensed sales agents will be able to review plan options in your zip code.

What's Medicare?

Medicare is health insurance for people 65 or older, certain people who are under 65 with disabilities, and people of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).



Original Medicare has two parts:

- Part A – Hospital Insurance
- Part B – Medical Insurance

The different parts of Medicare

The different parts of Medicare help cover specific services.



Part A (Hospital Insurance)

Helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



Part B (Medical Insurance)

Helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly “Wellness” visits)



Part D (Drug coverage)

Helps cover:

Cost of prescription drugs (including many recommended shots or vaccines)

Plans that offer Medicare drug coverage (Part D) are run by private insurance companies that follow rules set by Medicare.

Medicare Part A Coverage

2024 Inpatient Hospital care costs for original Medicare	Hospital Part A	+	Doctors Part B	+	Excess Charges
1-60 Inpatient Hospital Stay days	\$1,632	+	20%	+	15%
90 Inpatient Hospital stay days (61-90 Days: You Pay \$408 per day, each day)	\$13,464	+	20%	+	15%
Medicare Benefit Period Ends					
150 inpatient Hospital Stay Days (91-150 Days: You pay \$816 per day , each day)	\$61,608	+	20%	+	15%
Medicare Coverage Ends (Until you are out of the hospital 60 consecutive days)	All Cost	+	All Cost	+	15%

UNDERSTANDING YOUR COVERAGE: SKILLED NURSING FACILITY CARE

What is it?

- A type of care that is provided daily in a skilled nursing facility when it is necessary in order to treat, manage, and observe your condition, and evaluate your care.

How to qualify for Medicare coverage?

- Your doctor must certify that you need daily skilled care
- Care must take place in a Medicare approved facility that contracts with hospice
- Long-term care (Custodial care) or non-skilled personal care assistance is not covered.
- Medicare only covers these services after a medically necessary **3-day minimum** in-patient hospital stay for an illness or injury.
- Medicare Advantage beneficiaries may not need a 3-day inpatient hospital stay. Check with the plan to confirm

What do you pay?

- You pay nothing for the first **20 days** of each benefit period.
- You pay a coinsurance amount of **\$204 per day for days 21-100** of the benefit period.
- You pay **all cost beyond the 100-day** benefit period.

Medicare and Home Health Care Coverage

Medicare will NOT Cover

- ❌ 24-hour-a-daycare
- ❌ Help with activities of daily living like bathing, dressing, and using the bathroom (if that's all your client needs)
- ❌ Homemaker services like shopping, cleaning, and laundry
- ❌ Meals delivered to the home

Medicare WILL cover, IF

- ✓ Your client is under the care of a doctor and has a plan of care that's reviewed regularly
- ✓ Your client needs intermittent skilled nursing care, physical therapy, pathology services, or continued occupational therapy
- ✓ The home health agency is approved by Medicare
- ✓ Your client is homebound
- ✓ A doctor documents faced-to-face encounters within a required timeframe

Medicare Part B Coverage

Part B deductible for 2024 is \$240 (2023 \$226)

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 Coverage

Examples of Services and Supplies Usually Covered

Doctor Services

Services received:

- In the hospital
- In the doctor's office
- From your doctor's office
- In any Medicare-approved medical or nursing facility
- At home

- Assistant surgeon fees
- Diagnostic test and treatments
- Administered Drugs
- Anesthetist fees

Outpatient Hospital Services

- Emergency room
- Hospital clinic services
- Physical therapy
- Administered drugs
- Lab test
- X-rays
- Radiology medical supplies.

Medical Services and Supplies

- Independent lab test
- Ambulance
- Surgical dressing
- Cast and splints
- Pacemakers, artificial limbs, braces, wheelchairs, and other necessary equipment
- Corrective lenses after a cataract operation

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

* Medicare Part D covers [most vaccines and immunizations](#). However, there are certain vaccinations that are always covered by Part B: [Influenza \(flu\) shots](#), including both the seasonal flu vaccine and the H1NI (swine flu) vaccine [Pneumococcal \(pneumonia\) shots](#), [Hepatitis B shots](#) [COVID-19 vaccine](#)

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 2024 Part B total premiums for high income beneficiaries are shown in the following table:

2024 PART B PREMIUMS

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Income-related monthly adjustment amount	Total monthly Part B premium amount
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0.00	\$174.70
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$69.90	\$244.60
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$174.70	\$349.40
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$279.50	\$454.20
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$384.30	\$559.00
\$500,000 and above	\$750,000 and above	\$419.30	\$594.00

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

OVERVIEW OF MEDICARE OPTIONS

	Original Medicare	Medicare Advantage
Coverage	<ul style="list-style-type: none"> Part A (Hospital Insurance) Part B (Medical Insurance) <p>*Medicare drug coverage (Part D) and supplemental coverage (Medigap) can be added separately</p>	<ul style="list-style-type: none"> Part A (Hospital Insurance) Part B (Medical insurance) Usually Part D (Drug Coverage) Usually has extra benefits like hearing, vision, and dental
Cost	<ul style="list-style-type: none"> Covers 20% of the Medicare Approved amount out-of-pocket Part B monthly premium based on income No limit on out-of-pocket cost 	<ul style="list-style-type: none"> Out-of-pocket cost vary Pay a monthly premium in some cases Yearly limit for out-of-pocket costs
Provider Choice	<ul style="list-style-type: none"> Covers any doctors or hospitals that accept Medicare patients, and usually do not need a referral to see a specialist 	<ul style="list-style-type: none"> May only cover doctors and hospitals within the plan's network and may need a referral to see a specialist

Your Medicare coverage options

When you first sign up for Medicare, and during certain times of the year, you can choose how you get your Medicare coverage. There are 2 main ways to get Medicare.

Option 1

Original Medicare

- Includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

Option 2

Medicare Advantage (also known as Part C)

- A Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These "bundled" plans include Part A, Part B, and usually Part D.
- In most cases, you can only use doctors who are in the plan's network.
- In many cases, you may need to get approval from your plan before it covers certain drugs or services.
- Plans may have lower out-of-pocket costs than Original Medicare.
- Plans may offer some extra benefits that Original Medicare doesn't cover - like vision, hearing, and dental services.

Part A



Part B



Most plans include:

Part D



Some extra benefits

Some plans also include:

Lower out-of-pocket-costs

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 ¹	K	L	M	N	C	F ¹
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%	✓	✓ copays apply ³	✓	✓
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 2024 ²					\$7,060²	\$3,530²				

¹ Plans F and G also have a high deductible option, which require first paying a plan deductible of **\$2,800** 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.

² 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.

³ 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.

Medicare Supplement: Plan G Details

Part A

Services	Medicare Pays	This Plan Pays	You Pay
Hospitalization			
First 60 Days	All But \$1632	\$1632 (Part A Deductible)	\$0
61st Through 90th Day	All But \$408 a Day	\$408 a Day	\$0
91st Day and After (60 Reserve Days)	All But \$816 a Day	\$816 a Day	\$0
After Reserve (Additional 365 Days)	\$0	100% of Eligible Expenses	\$0
Beyond the Additional 365 Days	\$0	\$0	All Costs
Skilled Nursing Facility Care			
First 20 Days	All Approved Amounts	\$0	\$0
21st Through 100th Day	All But \$204 a Day	Up to \$204 a Day	\$0
101st Day and After	\$0	\$0	All Costs
Blood			
First Three Pints	\$0	100%	\$0
Additional Amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$0

Part B

Services	Medicare Pays	This Plan Pays	You Pay
Medical Expenses			
1st \$240 of Approved Amounts	\$0	\$0	\$240 (Part B Deductible)
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charge	\$0	100%	\$0
Blood			
First Three Pints	\$0	100%	\$0
Next \$240 of Approved Amounts	\$0	\$0	\$240 (Part B Deductible)
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0

Parts A & B

Services	Medicare Pays	This Plan Pays	You Pay
Home Health Care			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
1st \$240 of Medicare approved amounts	\$0	\$0	\$240 (Part B deductible)
Remainder of medicare approved amounts	80%	20%	\$0

Other Benefits

Services	Medicare Pays	This Plan Pays	You Pay
Foreign Travel			
First \$250 each calendar year	\$0	\$0	\$250

Recent Changes to Medicare

Lower costs for prescription drugs

Beginning in 2024, if you have Medicare drug coverage (Part D) and your drug costs are high enough to reach the catastrophic coverage phase, you don't have to pay a copayment or coinsurance.

Lower costs for insulin and vaccines

Your Medicare drug plan can't charge you more than \$35 for a one-month supply of each insulin product Part D covers, and you don't have to pay a deductible for it. Check the Medicare & You 2024 Handbook to learn more.

Changes to telehealth coverage

Until the end of 2024, you can get telehealth services at any location in the U.S., including your home.

Managing and treating chronic pain

If you've been living with chronic pain for more than three months, Medicare will cover monthly services to treat it.

Better mental health care

Starting in 2024, Medicare will cover intensive outpatient program services provided by hospitals, community mental health centers, and more if you need mental health care.

COVID-19 care

Medicare continues to cover the COVID-19 vaccine, as well as tests and treatments.

Check out the [Medicare & You 2024 Handbook](#) for more information.

Here are a few questions to consider:

- Do you have a history of cancer in your family?
- Have you had a family member use home health care or go into a nursing home?
How did they pay for it?
How would you pay for it?
- Are you currently carrying any life insurance, and are you still paying premiums on it?
Do you have life insurance? What is the death benefit?
What is the premium? What is the cash value?
- Have you made any arrangements to take care of your final expenses?
- Are you satisfied with the present rate of return on your investments?
- Do you have a company retirement plan that you may need to review?