Medicare Coverages

- Are You Eligible for Medicare?

Generally, you are eligible for Medicare if you or your spouse worked for at least 10 years in Medicare-covered employment and you are 65 years old and a citizen or permanent resident of the United States.

If you are not 65, you might also qualify for coverage if you have a disability or with End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant).

Here are some simple guidelines. You can get Part A at age 65 without having to pay premiums if:

You already get retirement benefits from Social Security or the Railroad Retirement Board.
You are eligible to get Social Security or Railroad benefits but have not yet filed for them.
You or your spouse had Medicare-covered government employment.
If you are under 65, you can get Part A without having to pay premiums if:

You have received Social Security or Railroad Retirement
Board disability benefit for 24 months. You are a kidney dialysis or kidney transplant patient.
While you don't have to pay a premium for Part A if you meet one of those conditions, you must pay for Part B if you want it. It is deducted from your Social Security, Railroad Retirement, or Civil Service Retirement check. If you don't get any of the above payments, Medicare sends you a bill for your Part B premium every 3 months.

- MEDICARE SIMPLIFIED

We believe that the better educated you are about Medicare, the easier it will be for you to make the right decisions about your Medicare health insurance choices. That's why we've created this resource section.

This Medicare information section is here to educate you about your insurance options and provide you with the resources you need to help you select the right plan for your unique needs.

If there's anything you need or if you have any questions, please feel free to contact us. We are here to help.

- Medicare: What You Need to Know

Medicare is a health insurance program for:

people age 65 or older,

people under age 65 with certain disabilities, and
people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
Medicare has:

Part A Hospital Insurance – Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits.

Part B Medical Insurance – Most people pay a monthly premium for Part B. Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

Prescription Drug Coverage – Most people will pay a monthly premium for this coverage. On January 1, 2006, Medicare prescription drug coverage became available to everyone with Medicare. This coverage is to help you lower prescription drug costs and help protect against higher costs in the future. Medicare Prescription Drug Coverage is insurance. Private companies provide the coverage. Beneficiaries choose the drug plan and pay a monthly premium. Like other insurance, if a beneficiary decides not to enroll in a drug plan when they are first eligible, they may pay a penalty if they choose to join later.

This information comes from www.cms.gov

By contacting the phone number on this website you will be directed to a licensed agent.

- Medicare Advantage Plans

Medicare Advantage Plans, sometimes called Part C, are health plan options that are part of the Medicare program. If you join one of these plans, you generally get all your Medicare-covered health care through the Medicare Advantage Plan. This coverage can include prescription drug coverage. Medicare Advantage Plans include:

Medicare Health Maintenance Organization (HMOs)
Preferred Provider Organizations (PPO)
Private Fee-for-Service Plans
Medicare Special Needs Plans
When you join a Medicare Advantage Plan, you use the health insurance card that you get from the plan for your health care. In most of these plans, there generally are extra benefits and

lower co-payments than in the Original Medicare Plan. Most Medicare Advantage Plans are managed care plans, usually a health maintenance organization (HMO) or a preferred provider organization (PPO) and you may have to see doctors that belong to the plan or go to certain hospitals to get services.

To join a Medicare Advantage Plan, you must have Medicare Part A and Part B. You will have to pay your monthly Medicare Part B premium to Medicare. In addition, you may have to pay a monthly premium to your Medicare Advantage Plan for the extra benefits that they offer. In 2023, the standard Part B premium amount is $164.90 (or higher depending on your income). However, some people who get Social Security benefits pay less than this amount.

When can I enroll?

Keep in mind that Medicare limits when you can join, switch, or drop a Medicare Advantage Plan. You can join a plan when you first become eligible for Medicare. This is anytime beginning three months before the month you turn 65 and ends three months after the month you turned 65.

For example, if you turn 65 on May 5, your eligibility period starts on February 1 and ends on August 31.
If you are disabled and have Social Security Disability Insurance, you can join an advantage plan three months before to three months after month 25 of your disability.
You can switch or drop your Medicare Advantage during an enrollment period between October 15 and December 7 of each year.
This information obtained from www.medicare.gov

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- Different Types of Medicare Advantage Plans

Medicare Advantage is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits.

Medicare Advantage Plans include the following:
Health Maintenance Organization (HMO) Plan

In most HMO Plans, you can only go to doctors, other health care providers, or hospitals on the plan's list except in an emergency. You may also need to get a referral from your primary care doctor to see other doctors or specialists. Find and compare HMO Plans in your area.

Preferred Provider Organization (PPO) Plans

A Medicare PPO Plan is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. In a PPO Plan, you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. You pay more if you use doctors, hospitals, and providers outside of the network.

Private Fee-for-Service (PFFS) Plans

A Medicare PFFS Plan is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. PFFS plans aren't the same as Original Medicare or Medigap. The plan determines how much it will pay doctors, other health care providers, and hospitals, and how much you must pay when you get care.

Medicare Special Needs (SNP) Plans

Medicare SNPs are a type of Medicare Advantage Plan (like an HMO or PPO). Medicare SNPs limit membership to people with specific diseases or characteristics, and tailor their benefits, provider choices, and drug formularies to best meet the specific needs of the groups they serve.
Find out who can join a Medicare SNP

These definitions are directly from www.medicare.gov

By contacting the phone number on this website you will be directed to a licensed agent.

Medicare Coverage
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Medicare Advantage Plans
What is Medicare Supplement (Medigap) Insurance?
Part D Prescription Drug Plans
Are You Eligible for Medicare?
Different Types of Medicare Advantage Plans
Compare Medicare Supplement plans side

- Part D Prescription Drug Plans

You can sign up for Part D Prescription Drug Plans, which helps cover prescription drug costs, along with other components of Medicare starting three months before your 65th birthday.

It's important to do this on time because there's a permanent premium surcharge for enrolling more than three months after your 65th birthday if you don't have equivalent drug coverage from another source, such as a retiree plan.

Let us help you with your enrollment

If you are already enrolled in a Part D "standalone" plan or a Medicare Advantage plan that incorporates drug coverage, you can switch plans during the open-enrollment period, which runs from Oct. 15 to Dec. 7 every year.

Making Part D work

In 2023, you are facing higher out-of-pocket drug costs before you can qualify for catastrophic coverage. The out-of-pocket spending threshold will increase by $350, from $7,050 to $7,400 in 2023.

You will also face higher out-of-pocket costs in 2022 for the deductible and in the initial coverage phase before reaching the catastrophic coverage. The standard deductible is increasing from $480 in 2022 to $505 in 2023, while the initial coverage limit is increasing from $4,430 in 2022 to $4,660 in 2023.

For costs in the coverage gap phase, beneficiaries will pay 25% for both brand-name and generic drugs. Manufacturers provide a 70% discount on brands and plans pay the remaining 5% of costs for brand name drugs. Plans pay the remaining 75% of generic drug costs. For total drug costs above the catastrophic threshold, Medicare pays 80%, plans pay 15%, and enrollees pay either 5% of total drug costs or $4.15/$10.35 for each generic and brand-name drug, respectively.

Choosing a plan

It pays to review your Part D coverage every year, especially if you have started taking new drugs.

Start at Medicare.gov, where you can find the basics about the benefit and Part D plans. There's a link to the Medicare Part D Plan Finder, which allows you to compare offerings and coverage options in your area and includes a helpful formulary finder that allows you to compare plans based on their coverage of your personalized list of drugs. It will even show you your monthly out-of-pocket drug cost for the year

Call us to help you understand your options.

Getting financial help

Individuals with annual incomes of less than $20,385 and financial resources of up to $15,510, or married couples with incomes of less than $27,465, might qualify for Extra Help from Medicare to pay their Part D premiums and out-of-pocket drug costs.

Download Medicare's instructions on applying for the Extra Help program.

Additionally, read about the six ways to lower your drug costs on Medicare.gov.

This information was obtained from www.medicare.gov

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- What is Medicare Supplement Insurance?

Medicare Supplement (Medigap) insurance, sold by private companies, can help pay some of the health care costs that Original Medicare doesn't cover, like co-payments, coinsurance, and deductibles.

If you have Original Medicare and you buy a Medigap policy, Medicare will pay its share of the Medicare-approved amount for covered health care costs. Your Medigap policy pays its share.

A Medigap policy is different from a Medicare Advantage Plan. Those plans are ways to get Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits.

What you need to know about Medicare Supplement policies

You must have Medicare Part A and Part B.
If you have a Medicare Advantage Plan, you can switch to a Medicare Supplement insurance policy, but make sure you can leave the Medicare Advantage Plan before your Medicare Supplement insurance policy begins.
You pay the private insurance company a monthly premium for your Medicare Supplement insurance policy in addition to the monthly Part B premium that you pay to Medicare.
A Medigap policy only covers one person. If you and your spouse both want Medigap coverage, you'll each have to buy separate policies.
You can buy a Medicare Supplement insurance policy from any insurance company that's licensed in your state to sell one.
Any standardized Medicare Supplement insurance policy is guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medicare Supplement insurance policy as long as you pay the premium.
Medicare Supplement insurance policies sold after January 1, 2006 aren't allowed to include prescription drug coverage. If you want prescription drug coverage, you can join a Medicare Prescription Drug Plan (Part D).
It's illegal for anyone to sell you a Medigap policy if you have a Medicare Advantage Plan, unless you're switching back to Original Medicare.
Information obtained from www.medicare.gov

By contacting the phone number on this website you will be directed to a licensed agent.

- Compare Medicare Supplement Plans Side by Side

Medicare Supplement policies (also known as Medigap policies) are standardized and must follow federal and state laws designed to protect you. Insurance companies can only sell you a "standardized" policy identified in most states by letters (see the chart below).

All policies offer the same basic benefits but some offer additional benefits, so you can choose which one meets your needs. As you can see in the comparison chart there are many options from which to choose. As licensed insurance agents we can help you understand the differences between the plans so that you can decide on the right plan for you.

In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in a different way.

Did you know that each insurance company decides which Medigap policies it wants to sell, although state laws might affect which ones they offer? Insurance companies that sell Medigap policies:

Don't have to offer every Medigap plan
Must offer Medigap Plan A if they offer any Medigap policy
Must also offer Plan C or Plan F if they offer any plan
Keep in mind that the Medicare Supplement policy covers co-insurance after you've paid the deductible (unless the Medigap policy also pays the deductible).

- Compare Medicare Supplement plans side-by-side

1.Plan A
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part B coinsurance or copayment
Out-of-pocket limit**: N/A

2.Plan B
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part B coinsurance or copayment
Blood (first 3 pints)
Part A hospice care coinsurance or copayment
Part A deductible

Out-of-pocket limit**: N/A

3.Plan C
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part B coinsurance or copayment
Blood (first 3 pints)
Part A hospice care coinsurance or copayment
Skilled nursing facility care coinsurance
Part A deductible
Part B deductible
Foreign travel exchange (up to plan limits): 80%
Out-of-pocket limit**: N/A

4.Plan D
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part B coinsurance or copayment
Blood (first 3 pints)
Part A hospice care coinsurance or copayment
Skilled nursing facility care coinsurance
Part A deductible
Foreign travel exchange (up to plan limits): 80%
Out-of-pocket limit**: N/A

5.Plan F*
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part B coinsurance or copayment
Blood (first 3 pints)
Part A hospice care coinsurance or copayment
Skilled nursing facility care coinsurance
Part A deductible
Part B deductible
Part B Excess charge
Foreign travel exchange (up to plan limits): 80%
Out-of-pocket limit**: N/A

6.Plan G
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part B coinsurance or copayment
Blood (first 3 pints)
Part A hospice care coinsurance or copayment

Skilled nursing facility care coinsurance
Part A deductible
Part B deductible
Part B Excess charge
Foreign travel exchange (up to plan limits): 80%
Out-of-pocket limit**: N/A

7.Plan K
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part B coinsurance or copayment: 50%
Blood (first 3 pints): 50%
Part A hospice care coinsurance or copayment: 50%
Skilled nursing facility care coinsurance: 50%
Part A deductible: 50%
Part B deductible
Part B Excess charge
Foreign travel exchange (up to plan limits)
Out-of-pocket limit**: $6,940 in 2023

8.Plan L
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part B coinsurance or copayment: 75%
Blood (first 3 pints): 75%
Part A hospice care coinsurance or copayment: 75%
Skilled nursing facility care coinsurance: 75%
Part A deductible: 75%
Part B deductible
Part B Excess charge
Foreign travel exchange (up to plan limits)
Out-of-pocket limit**: $3,470 in 2023

9.Plan M
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part B coinsurance or copayment
Blood (first 3 pints)
Part A hospice care coinsurance or copayment
Skilled nursing facility care coinsurance
Part A deductible: 50%
Part B deductible
Part B Excess charge
Foreign travel exchange (up to plan limits): 80%

Out-of-pocket limit**: N/A

10.Plan N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part B coinsurance or copayment
Blood (first 3 pints)
Part A hospice care coinsurance or copayment ***
Skilled nursing facility care coinsurance
Part A deductible
Part B deductible
Part B Excess charge
Foreign travel exchange (up to plan limits): 80%
Out-of-pocket limit**: N/A

Supplemental Plans

- Indemnity Plans: A Great Way to Address Gap Costs

Chances are your health insurance plan leaves you with out-of-pocket expenses. Are you covered by a Medicare Advantage with inpatient hospital co-pays? Whether you are covered by individual health insurance, group medical insurance or Medicare, co-pays and deductibles are a reality.

Hospital Indemnity Insurance can provide gap coverage to help offset these expenses. This type of insurance can pay you a daily benefit. The money can be used to help with hospital co-pays or it can be used to help with incidental expenses not covered by your medical insurance.

Some policies may pay you additional benefits beyond inpatient hospital stays. Ambulance trips, skilled nursing facility visits, outpatient surgery and durable medical equipment are just a few of the ancillary benefits available with Hospital Indemnity Policies.

Please call or contact me today for more information.

This [agent, website, agency whatever] is not affiliated with nor endorsed by any government agency. Not associated with the Federal Medicare program.
By contacting me, you may be offered insurance policies to purchase.

Footnote: This is a brief overview of the coverage that can be included in an Indemnity Insurance policy. You should read a policy thoroughly before purchasing any insurance policy.

- Why Consider Cancer Insurance?

The total financial impact of cancer includes direct and indirect costs. Many persons diagnosed with cancer uses all or most of their savings because of the financial cost of dealing with cancer*. The problems are significantly worse for those without insurance.

No one wants to experience a cancer diagnosis, but the fact is that the risk of getting cancer is great. In the United States, men have slightly less than a one in two lifetime risk of developing cancer; for women, the risk is a little more than one in three. (American Cancer Society, Cancer Facts & Figures 2013, page 1) A cancer/specified-disease insurance policy is designed to provide you with cash benefits during covered cancer treatments.

Cancer can occur at any time regardless of lifestyle, yet too many people lack cancer insurance coverage to help pay for additional costs associated with treatment.

With a Cancer Benefit Insurance

The money comes directly to you, all at one time in one lump sum payment, unless you assign it to a health care provider.
You know exactly how much money may be paid for a covered claim — there are no surprises.
It is guaranteed renewable for life, subject to the company's right to increase premium on a class basis.
Coverage is available for individual, single parent, or family.
* American Cancer Society Cancer Action Network The Costs of Cancer page 20