

FIND THE RIGHT
MEDICARE
COVERAGE
FOR YOU!



REAL TALK
MEDICARE

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THE FOUR PARTS OF MEDICARE

Government programs (Original Medicare)

A

Hospital care

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

B

Medical care

You pay a premium

- Services from doctors and other health care providers
- Outpatient and home health care
- Durable medical equipment
- Some preventive services

Private medical plans

C ^{\$}

Medicare Advantage

- Includes Part A and Part B benefits and services
- Can include Medicare PDP (Part D)
- May add extra benefits and services
- Run by Medicare-approved, private insurance companies

Private drug plans

D ^{\$}

Medicare prescription drug plan (PDP)

- Helps cover the cost of prescription drugs
- Helps protect against higher costs in the future
- Run by Medicare-approved, private insurance companies

\$ Available at additional cost through a private insurer

2020 COST CHANGES - PART A & B



\$ PART A

- Part A premiums for beneficiaries without sufficient work history have increased.
- The Part A deductible is **\$1,408** per coverage period, Part A coinsurance for additional hospital days **over 60 days** has increased.
- Part A coinsurance for additional skilled nursing facility days **over 20 days** has increased.

\$ PART B

- The Part B deductible is **\$198**, up from **\$185** in 2019.
- **20%** Co-Insurance

WHAT DOES MEDICARE NOT COVER?

Here are some things **Original Medicare** does not cover:

- Most chiropractic services
- Routine foot care
- Acupuncture
- Cosmetic surgery
- Long-term care
- Out of country medical care
- Hearing aids and exams for fitting
- Eye exams related to prescribing glasses
- Most dental care
- Diabetes testing
- Routine eye care

Note:

Some Medicare Advantage and/or Medigap plans may cover some of these services.

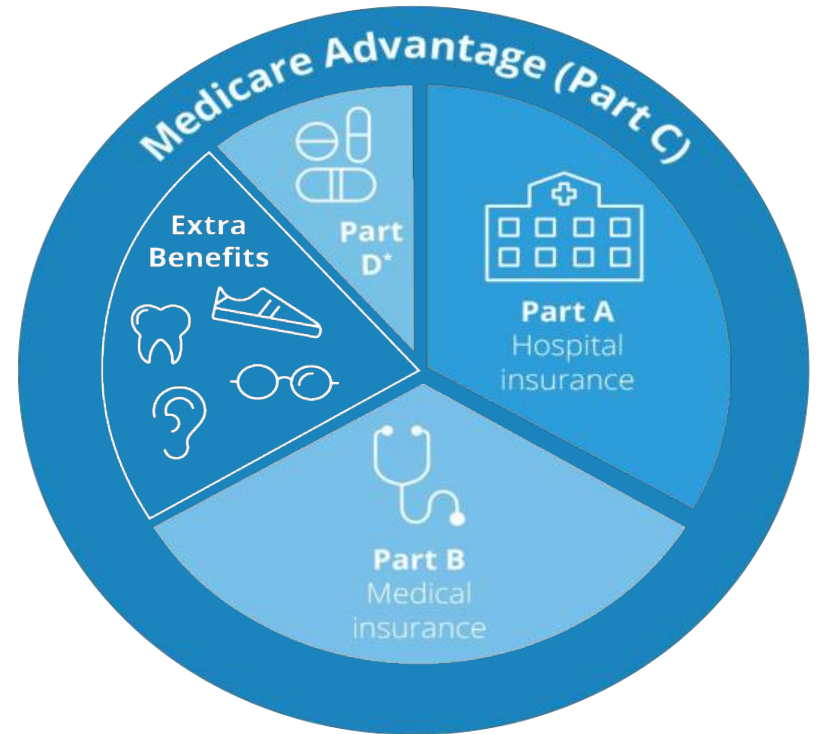


MEDICARE ADVANTAGE PART C

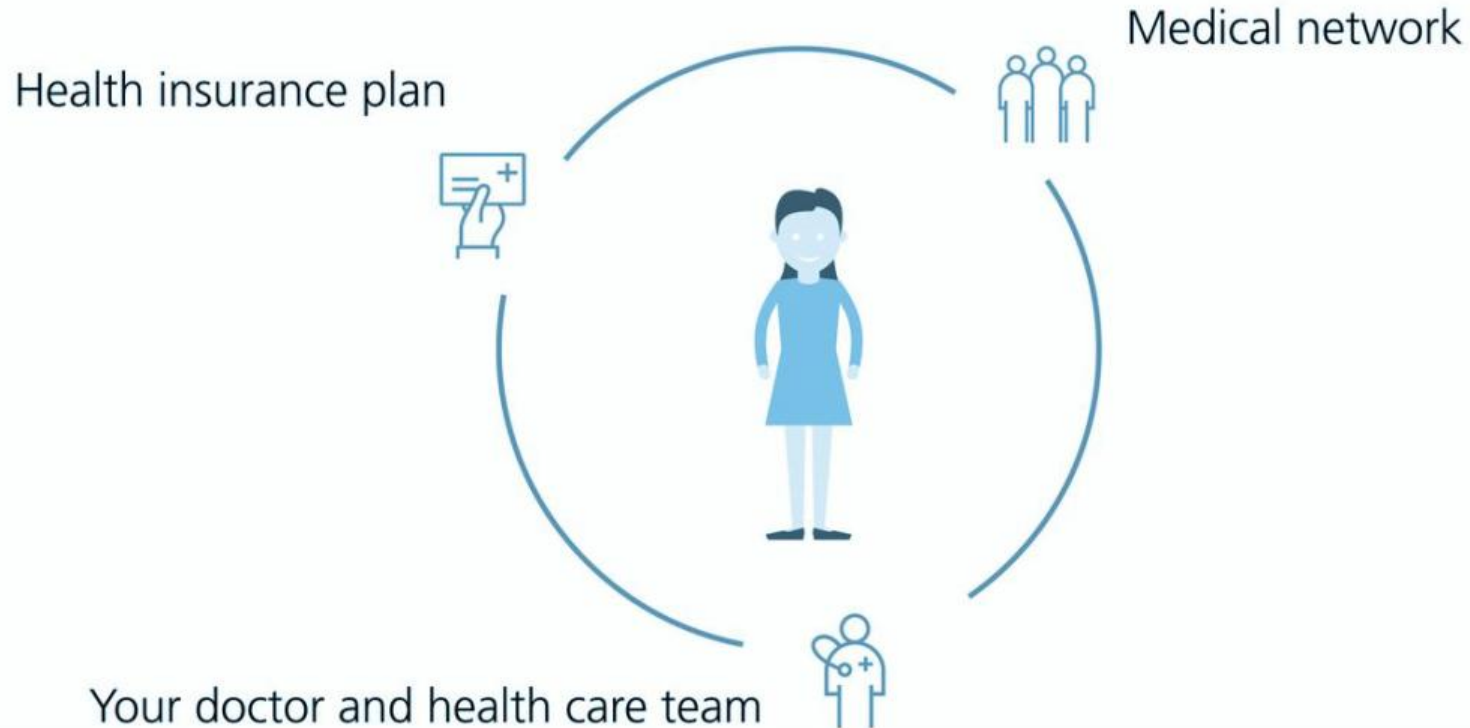
Simple, all-in-one coverage from a private, Medicare-approved company.

Note: Medicare Advantage plans are not Medigap plans (Medicare Supplement plans). Medigap plans fill in the gaps of Original Medicare.

*Many insurance companies combine prescription drug coverage in their plans.



MEDICAL NETWORK



MEDICAL NETWORK



Health insurance plan



Medical network



Your doctor and health care team



EASIER CHOICE

PAYS COST OF MEDICAL CARE



- Doctor bills
- Hospital bills
- Prescription drugs
- And more

HEALTH INSURANCE PLAN



Medical services covered

What the plan pays

What you pay

MEDICAL NETWORK

Health plan



Medical network



COVERS NETWORK CARE ONLY

An exception would be for emergency and urgently needed care outside of your Medical Network

MEDICAL NETWORK



YOUR DOCTOR

Provides and helps
coordinate your care

MEDICAL NETWORK



Doctor



Medical network



Medicare Advantage Plans

Medical network



Medical network



Medical network



It important to note that you will **choose one Medical network.**

Primary care physician will refer your providers in your Medical Network (i.e. Specialists, Hospitals , other providers)

LET'S REVIEW

Health insurance plan



Doctor



Medical network

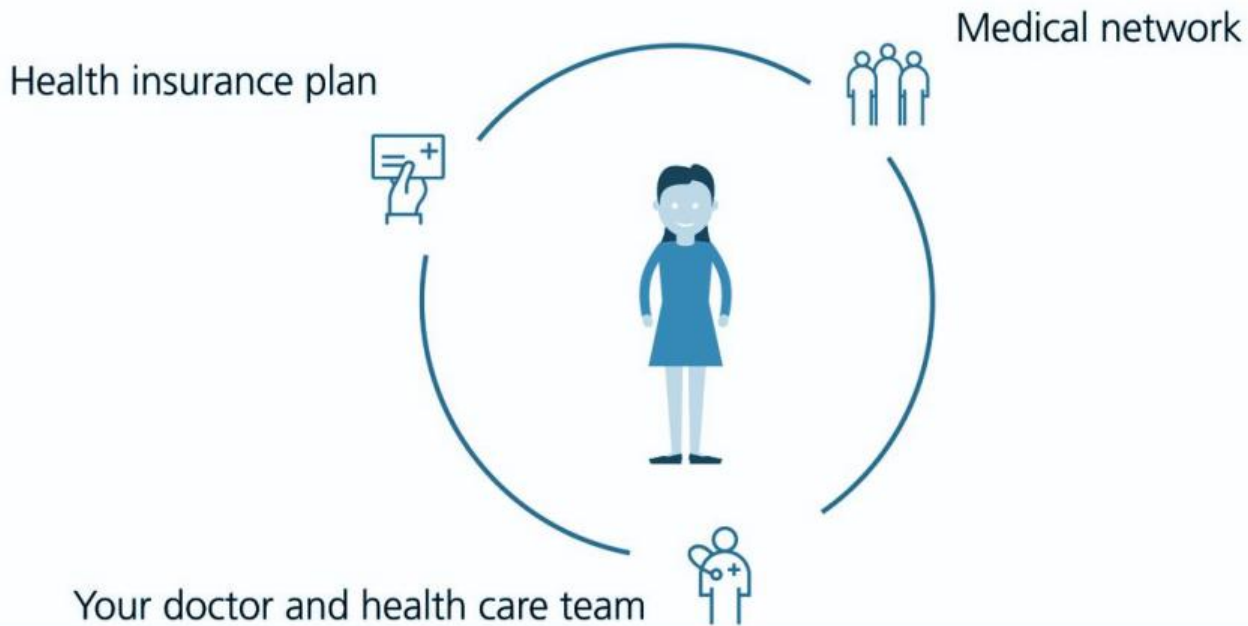


- When choosing a Medicare Advantage (Part C) plan you will also choose your primary care physician and Medical Network.
- In most cases your health plans will only pay for care you receive from doctors and other providers that are in YOUR medical network.

**Emergent and urgently needed care are covered both in and out of network in most cases.*

MEDICAL NETWORK

Understanding the role your Doctor, Medicare Network and Health Insurance plans will help you stay healthy and meet your meet your health goals.



Health insurance plan



Doctor



Medical network



When researching your physicians in the Health insurance Plans Provider Directory

- Make sure your primary care physician and specialists are part of the SAME Medical Network.
- In most cases your health plans will only pay for care you receive from doctors and other providers that are in YOUR medical network. Health care providers that are part of the same Health Insurance plan but in different Medical Networks typically “out of network”.
- Need help with this? [Make Medicare Work - CTA](#)

ADDITIONAL MEDICARE PLAN OPTIONS

Medicare Supplement Insurance

MED SUPPLEMENT PLANS

- Help cover costs & services not covered by Original Medicare
- Out-of-Pocket costs can include co-pays, deductibles & coinsurance
- Most common plan types are G, N, F
(F is only available to people who turned 65 prior to Jan 1, 2020)

ADDITIONAL DETAILS

- Sold by private insurance companies
- Premiums vary by state and plan
- Can require underwriting
- Often paired with Original Medicare and Prescription Drug Plans
- Must be enrolled in both Medicare Part A & B to be eligible

TYPES OF MEDICARE ADVANTAGE (MA) PLANS

There are several types of Medicare Advantage plans. Here are three types of
The most common plans offered

HMO

A health maintenance organization

- You'll use doctors in the network.
- You might need a referral to see a specialist.

HMO-POS

A health maintenance organization with a point of service

- You'll use doctors in the network.
- You may also go out of the network, but often for a higher copay or coinsurance, and may require a referral.

PPO

A preferred provider organization

- You can use doctors and hospitals out of the network, but often for a higher copay.

MEDICARE BENEFITS CHART

Medigap Benefit Chart	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Medicare Part A Coinsurance & Hospital	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B Coinsurance or Copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Blood (First 3 Pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A Hospice Care Coinsurance or Copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled Nursing Facility Coinsurance	X	X	100%	100%	100%	100%	50%	75%	100%	100%
Medicare Part A Deductible	X	100%	100%	100%	100%	100%	50%	75%	100%	X
Medicare Part B Deductible	X	X	100%	X	100%	X	X	X	X	X
Medicare Part B Excess Charges	X	X	X	X	100%	100%	X	X	X	X
Foreign Travel Emergency	X	X	80%	80%	80%	80%	X	X	80%	80%

**WHEN CAN I
CHANGE MY
COVERAGE?**



OPEN ENROLLMENT PERIOD

October 15 – December 7

MEDICARE ADVANTAGE OPEN ENROLLMENT PERIOD

January 1 – March 31

SPECIAL ENROLLMENT PERIOD

Whenever you have a change to your life situation

Course six : Preparing for Annual Enrollment



THINGS TO CONSIDER BEFORE ENROLLING



Maintaining access to care from the doctors, hospitals and pharmacies you know and trust



The coverage you need to care for your dental, vision and hearing health



Wellness benefits



Maintain financial wellness.

CAN I CHANGE COVERAGE ONCE I ENROLL?

Yes, you can make changes to your coverage during the Medicare Annual Enrollment Period (OEP) which is **October 15th - December 7th annually**. Make sure you review your coverage thoroughly so you can find the plan that suits you best.

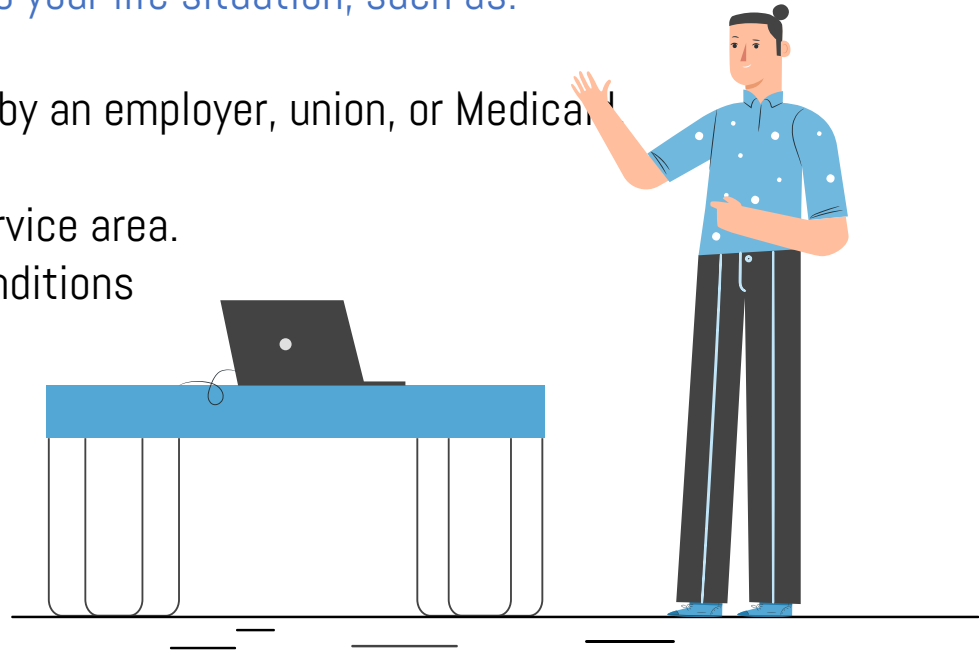
Medicare Advantage

The Medicare Advantage open enrollment period runs from **January 1 to March 31** each year. During this period, you can switch from one Medicare Advantage plan to another Medicare Advantage plan or leave your Medicare Advantage plan and return to Original Medicare.

SPECIAL ENROLLMENT PERIODS

In some cases you can enroll or switch plans outside of the IEP, GEP, and OEP. These special enrollment periods include changes to your life situation, such as:

- You lose the insurance coverage provided by an employer, union, or Medicaid
- You become eligible for Extra Help.
- You move out of your healthcare plan's service area.
- Diagnosed with certain Chronic Health conditions



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