



MEDICARE 101

MCDOWELL SENIOR CENTER
LOCAL SHIIP COORDINATING SITE

828-659-0821

Your Medicare Coverage Choices at a Glance

When you become eligible for Medicare, you will be able to choose between:

1. Parts A & B (Original Medicare), Part D (Prescription Drug Benefit), and potentially Medicare Supplement Insurance
2. Part C (Medicare Advantage Plan)

Your Medicare Coverage Choices at a Glance

When comparing coverage, it's important to look at the two core options first: Original Medicare and Medicare Advantage. Note that Medicare Advantage plans come in many types (the most common are HMOs and PPOs) and must cover the same benefits as Parts A & B of Original Medicare.*

It's also important to consider the potential to add a Medicare Supplement (or Medigap) policy to your Original Medicare to help cover all or some of the costs of Parts A & B. Remember, you cannot have *both* a Medicare Supplement policy *and* a Medicare Advantage Plan. If you need help comparing Original Medicare and Medicare Advantage Plans, use these steps to help you decide

Your Medicare Coverage Choices at a Glance

- **If you enroll in Part C, you are still in the Medicare program and are responsible for payment of Part B premiums.**
- **You must have enrolled in both Medicare Part A and Part B with SSA to sign up for Medicare Advantage (Part C).**
- **Most Medicare Advantage Plans cover prescriptions drugs. You may be able to add drug coverage in some plan types if not already included.**

2017 Medicare Part A: Hospital Insurance – Covered Services Per Benefit Period

A **benefit period** begins on the first day you receive services as an **inpatient** in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 consecutive days.

2017 Medicare Part A: Hospital Insurance – Covered Services Per Benefit Period

Medicare Part A Covers INPATIENT HOSPITALIZATION (admitted)

- Semi-private room and board, general
- nursing and miscellaneous hospital
- services and supplies.

Medicare Part A Covers POST-HOSPITAL SKILLED NURSING FACILITY CARE

- You must have been an inpatient in
- a hospital for at least 3 days, enter a
- Medicare-approved facility generally
- within 30 days after hospital discharge,
- and meet other program requirements

2017 Medicare Part A: Hospital Insurance – Covered Services Per Benefit Period

HOME HEALTH CARE

- Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay for visits 1-100.

HOSPICE CARE

- Full scope of pain relief and support services available to the terminally ill.

2017 Medicare Part A Hospital Insurance – Covered Services Per Benefit Period

A **benefit period** begins on the first day you receive services as an **inpatient** in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 consecutive days.

Services	Benefit	Medicare Pays ⁽¹⁾	You Pay ⁽¹⁾
INPATIENT HOSPITALIZATION (admitted) Semi-private room and board, general nursing and miscellaneous hospital services and supplies.	First 60 days	All but \$1,316 deductible	\$1,316 deductible
	61st to 90th day	All but \$329 per day	\$329 per day
	91st to 150th day ⁽²⁾	All but \$658 per day	\$658 per day
	Beyond 150 days	Nothing	All costs
POST-HOSPITAL SKILLED NURSING FACILITY CARE You must have been an inpatient in a hospital for at least 3 days, enter a Medicare-approved facility generally within 30 days after hospital discharge, and meet other program requirements. ⁽³⁾	First 20 days	100% of approved amount	Nothing
	21st to 100th day	All but \$164.50 per day	Up to \$164.50 per day
	Beyond 100 days	Nothing	All costs
HOME HEALTH CARE (also see Part B) Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay for visits 1-100.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits.	100% of approved amount; 80% of approved amount for Durable Medical Equipment.	Nothing for services; 20% of approved amount for Durable Medical Equipment.
HOSPICE CARE Full scope of pain relief and support services available to the terminally ill.	As long as doctor certifies need.	All but limited costs for outpatient prescription medications and inpatient respite care.	Limited cost sharing for outpatient prescription medications and inpatient respite care.

PLEASE NOTE:

1. These figures are for 2017 and are subject to change each year.
2. Lifetime reserve days may be used only once.
3. Neither Medicare nor Medicare Supplement (Medigap) insurance will pay for most nursing home care.
4. To the extent the blood deductible is met under one part of Medicare during the calendar year it does not have to be met under the other part.

NOTE: The Medicare Part A premium is **\$0** for eligible beneficiaries. For those who are ineligible, the Medicare Part A premium is **\$413** per month for those who worked fewer than 30 quarters, or **\$227** per month for those who worked between 30 and 40 quarters.

2017 Medicare Part B: Medical Insurance – Covered Services Per Calendar Year

MEDICAL EXPENSE

- Physicians' services
- outpatient medical and surgical services and supplies
- physical and speech therapy
- diagnostic tests
- durable medical equipment
- Ambulance services
- outpatient mental health services, etc.

CLINICAL LABORATORY SERVICES

HOME HEALTH CARE (also see Part A)

- Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay beginning with visit 101 or beginning day one if there is no previous hospital stay.

2017 Medicare Part B: Medical Insurance – Covered Services Per Calendar Year

OUTPATIENT HOSPITAL TREATMENT

BLOOD

- Reasonable and necessary services for the diagnosis or treatment of an illness or injury. (for inpatient see Part A)

2017 Medicare Part B: Medical Insurance – Covered Services Per Calendar Year

Services	Benefit	Medicare Pays	You Pay ⁽⁵⁾
MEDICAL EXPENSE Physicians' services, outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, ambulance services, outpatient mental health services, etc.	Medicare pays for medical services in or out of the hospital.	80% of approved amount (after \$183 deductible)	\$183 deductible ⁽⁶⁾ 20% of approved amount and charges above approved amount ⁽⁷⁾
CLINICAL LABORATORY SERVICES	Blood tests, biopsies, urinalysis, etc.	Generally 100% of approved amount.	Nothing
HOME HEALTH CARE (also see Part A) Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay beginning with visit 101 or beginning day one if there is no previous hospital stay.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits.	100% of approved amount	Nothing
		80% of approved amount for Durable Medical Equipment	\$183 deductible ⁽⁶⁾ 20% of approved amount for Durable Medical Equipment
OUTPATIENT HOSPITAL TREATMENT Reasonable and necessary services for the diagnosis or treatment of an illness or injury. (for inpatient see Part A)	Unlimited if medically necessary	80% of approved amount (after \$183 deductible)	\$183 deductible ⁽⁶⁾ 20% of approved amount
BLOOD	Blood	80% of approved amount (after \$183 deductible and starting with the 4th pint)	\$183 deductible ⁽⁶⁾ First 3 pints plus 20% of approved amount for additional pints ⁽⁸⁾

PLEASE NOTE:

5. These figures are for 2017 and are subject to change each year.
6. Once you have paid **\$183** for covered services, the Part B deductible does not apply to any other covered service(s) you receive for the rest of the calendar year.
7. The amount by which a physician's charge can exceed the Medicare approved amount is limited by law.
8. To the extent the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.

The monthly Part B premium for 2017 is \$134.

(Premiums will be higher for individuals with annual incomes of **\$85,000** or more and married couples with annual incomes of **\$170,000** or more.)

Standardized Medicare Supplement Plan Comparison Chart

Benefits	Supplement Plans									
	A	B	C	D	F*	G	K	L	M	N
Part A Coinsurance and Hospital Costs**	ü	ü	ü	ü	ü	ü	ü	ü	ü	ü
Part B Coinsurance or Copayment	ü	ü	ü	ü	ü	ü	50%	75%	ü	ü ₁
Parts A/B Blood Deductibles (first 3 pints)	ü	ü	ü	ü	ü	ü	50%	75%	ü	ü
Part A Hospice Care Coinsurance or Copayment	ü	ü	ü	ü	ü	ü	50%	75%	ü	ü
Skilled Nursing Facility Coinsurance			ü	ü	ü	ü	50%	75%	ü	ü
Part A Deductible		ü	ü	ü	ü	ü	50%	75%	50%	ü
Part B Deductible			ü		ü					
Part B Excess ²					ü	ü				
Foreign Travel Emergency			ü	ü	ü	ü			ü	ü
Out-of-Pocket Limit***	N/A	N/A	N/A	N/A	N/A	N/A	\$4,969	\$2,560	N/A	N/A

* Plan F also offers a high-deductible plan (F Prime) with the same benefits, but it does not pay until you have met the annual deductible of **\$2,200**.

** Part A Hospital coinsurance costs after Medicare benefits are used up. Days 61-90: **\$329** per day of each benefit period. Days 91-150: **\$658** per “lifetime reserve day” for each benefit period (up to 60 days throughout your lifetime). Beyond 150 days: 100% up to 365 days.

*** After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the plan pays 100% of covered services for the rest of the calendar year.

1 Plan N pays 100% of the Part B coinsurance except for a copayment of up to \$20 for some office visits and a copayment of up to \$50 for emergency room visits that don’t result in inpatient admission.

2 If you have Original Medicare and the amount a provider is legally permitted to charge is higher than the Medicare approved amount, the difference is called Excess Charge.



Part A Deductible for 2017 is \$1,316

**Skilled Nursing Coinsurance (days 21-100) is
\$164.50/day**

Part B Deductible for 2017 is \$183

Medicare Part C: Medicare Advantage Plans

Medicare Advantage Plans are health care options provided under Medicare Part C of the Medicare program. These plans are approved by Medicare but sold and serviced by private companies. There are several plan options available under Medicare Advantage such as managed care plans that involve a provider network (HMOs and PPOs) to those that are specially designed for people with certain chronic diseases and other specialized health needs (SNPs) and some that may or may not have a provider network (PFFS) requirement. Some Medicare Advantage plans include Medicare prescription drug coverage.

Medicare Part C: Medicare Advantage Plans

To enroll in any Medicare Advantage plan option you must have both Medicare Part A and Medicare Part B. Once you enroll into a Medicare Advantage plan, you will not use your Original Medicare (red, white and blue) card as your Medicare Advantage plan will replace Original Medicare. Instead the Medicare Advantage plan will provide you with a member ID card to use when visiting your medical provider. Please note, you will continue to pay the Medicare Part B premium, and you might also have to pay an additional monthly premium charged by the Medicare Advantage plan.

It is important to remember to check with your healthcare providers before making any change to your Medicare coverage to make sure they will accept the Medicare Advantage plan you are considering.

Medicare Part D: Prescription Drug Plans Benefit

The Medicare Prescription Drug Plans, also called PDPs, are provided by private companies that sell plans approved by Medicare. You can identify an approved plan by the MedicareRx logo. All people who are new to Medicare have a seven month window to enroll in a Medicare Part D drug plan – three months before, the month of, and three months after their Medicare becomes effective. Remember, the month you enroll will affect the month your PDP is effective.

All people with Medicare are eligible to enroll in a PDP, regardless of income or assets; however, unless they are new to Medicare or are entitled to a Special Enrollment Period, they must enroll during the Open Enrollment Period (OEP) which is October 15 through December 7 each year. For assistance in understanding and enrolling in a Medicare PDP, you may visit the Medicare Web site at www.medicare.gov or contact SHIP at **1-855-408-1212** . You may also contact the local SHIP Coordinating Site the McDowell Senior Center **1-828-659-0821**



Medicare Part D: Prescription Drug Plans Benefit

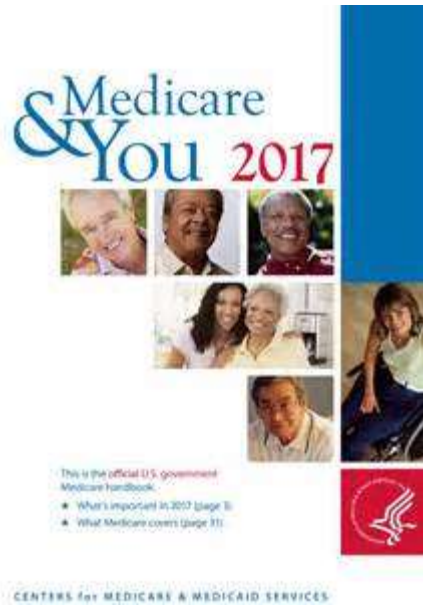
NOTE: If you do not enroll in a Medicare PDP when you first become eligible, and you do not have creditable drug coverage in place, in most cases you will pay a penalty for life when you do enroll in a PDP during the OEP.

There is assistance available for people with Medicare who have limited incomes and resources. If they qualify, they can receive assistance with **premiums, deductibles and co-payments** for their prescriptions. If someone has a monthly income below **\$1,508** as an individual or **\$2,030** as a married couple living together and assets lower than **\$13,820** as an individual or **\$27,600** as a married couple living together (includes \$1,500/person funeral or burial expense), they can visit their local Social Security office, call Social Security toll free at **1-800-772-1213**, visit **www.socialsecurity.gov** or request an extra help assistance application by contacting SHIP. People who qualify for any level of Medicaid automatically qualify for LIS and do not need to apply.

NOTE: If you applied for Extra Help and have a letter stating that you do not qualify for assistance, you are still eligible to enroll in a PDP during your 7 month Initial Enrollment Period or during the annual Open Enrollment Period (Oct. 15 –Dec. 7) and will be responsible for paying the premiums, deductibles and co-payments.

Medicare Preventive Benefits

(Refer to your Medicare & You Handbook for a complete list of Preventive Benefits)



<https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>



McDowell County SHIIP is the local coordinating site for NC SHIIP. If you have any questions please feel free to contact them @ 828-659-0821. Trained counselors will be happy to assist you. If you need face to face counseling an appointment must be made.

Also check out McDowell County SHIIPs Facebook Page for Medicare updates and information. <https://www.facebook.com/mcdowellshipp/>

Other Resources

- NC SHIIP- 1-855-408-1212
<http://www.ncdoi.com/SHIIP/Default.aspx>

- Medicare <https://www.medicare.gov/>

- Social Security 1-800-772-1213

Asheville Office 1-866-572-8361 <https://www.ssa.gov/>

- Veterans Services 1-800-932-6408

Local Veterans Service Officer 1-828-659-0833

<https://www.asheville.va.gov/>

- McDowell County DSS 1-828-652-3355
<http://www.mcdowellcountyncdss.org/>