

Medicare Basics

Sponsored by UCare



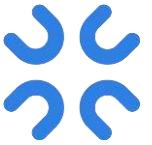


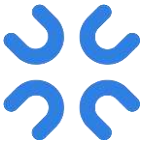
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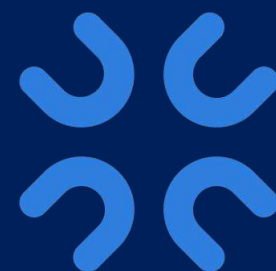
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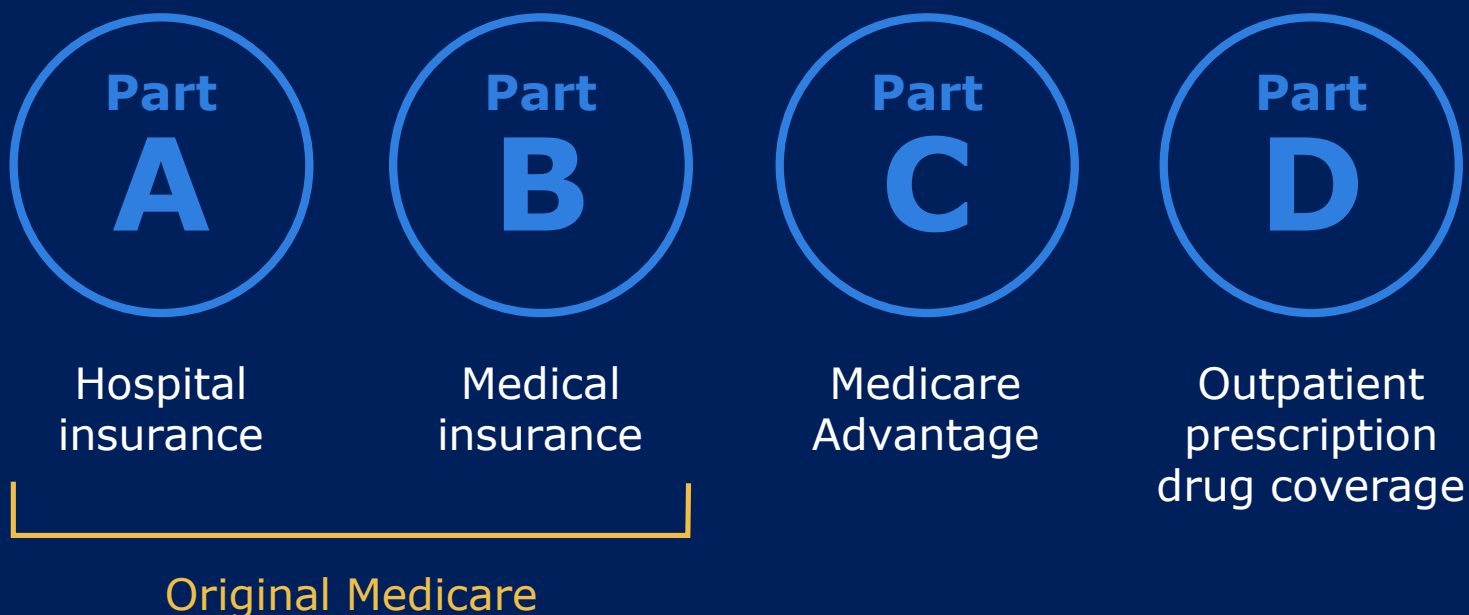
Your rights

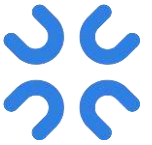
- You have the right to make a complaint if you have concerns related to this event. You may make a complaint by contacting Medicare at 1-800-Medicare (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, seven days a week, or by visiting <http://www.medicare.gov>.
- UCare and EssentiaCare members have the right to make a complaint if they have concerns or problems related to their coverage or care. Exceptions, appeals and grievances are the three types of complaints members can make.
- We also want you to know that we respect your privacy – please see **Notice of Privacy Practices** at the Privacy Notice link on the bottom of each page at **ucare.org**.

UCare Minnesota and UCare Health, Inc. are HMO-POS plans with Medicare contracts. Enrollment in UCare Minnesota and UCare Health depends on contract renewal. EssentiaCare is a PPO plan with a Medicare contract. Enrollment in EssentiaCare depends on contract renewal.



The four parts of Medicare and what they cover





Part A: Hospital insurance



What it covers

Hospitalization

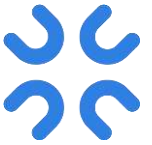
- <First 60 days: \$1,484 deductible
- Days 61–90: \$371 per day
- Days 91–150: \$742 per day
(lifetime reserve days)>

Skilled nursing facility care (after a 3-day qualifying hospital stay)

- <Days 1–20: Paid in full
- Days 21–100: \$188.50 per day>

Home health care

Hospice care



Part B: Medical insurance



Cost details

<\$148.50> per month premium
(for most people)

You will pay more if your income is more than <\$88,000> as a single person or <\$176,000> as a couple

<\$203> annual deductible

<20%> coinsurance

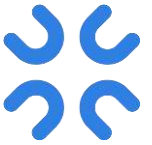
What it covers

Doctor visits

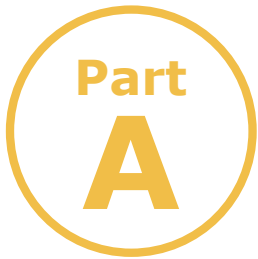
Outpatient surgery and procedures
(including therapies)

Ambulance

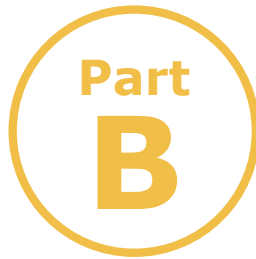
Medical equipment and supplies



Original Medicare



Hospital
insurance



Medical
insurance

Does not cover

Preventive dental and most other dental services

Routine eye exams and eyewear

Routine hearing exams and hearing aids

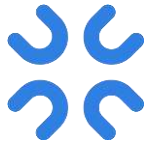
Routine physical exams

Fitness club memberships

Care in a skilled nursing facility without a 3-day
qualifying stay

Outpatient prescription drugs

Most care received when traveling outside
the U.S.



Part C: Medicare Advantage

Private health plans that contract with Medicare to administer Medicare Part A and Part B benefits



Plans include all Medicare Part A and Part B benefits



Most offer extras

Coverage for dental, vision, hearing, fitness, a routine physical and eye exam, and Part D prescription drug coverage

The “advantages” of Medicare Advantage:

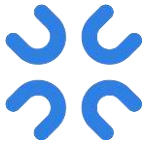
Convenience — all-in-one coverage

Many affordable choices

Maximum on out-of-pocket costs



Part D: Outpatient prescription drug coverage



There are two ways to get Part D

- Medicare Advantage plan
- Stand-alone prescription drug plan

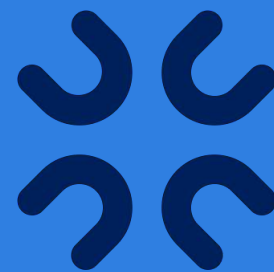
Stages of coverage

- Deductible
- Initial coverage phase
- Coverage gap
- Catastrophic coverage

Costs

Monthly premiums, deductibles, copays and formularies differ by plan

Extra help is available for people with limited income and resources



Enrolling in Medicare



Enrolling at age 65



Eligibility

If you or your spouse worked more than 10 years (earned 40 Social Security credits), you are eligible for Medicare starting the first day of the month of your 65th birthday (exception for those whose birthday falls on the 1st)

How to enroll

If you already receive Social Security benefits, you will automatically enroll. Your Medicare card will automatically arrive about 3 months prior to your birthday month.

If you currently do not receive Social Security benefits, you must sign up if you want Medicare to start at age 65. Go to ssa.gov, or by phone 1-800-772-1213 to enroll.



Delaying enrollment



You can wait to enroll in Medicare if:

- You or your spouse are actively employed; and
- You have employer group coverage with that employer
- You are not collecting Social Security (SS)

Notes

1. If you or your spouse plan to work for three or fewer months beyond age 65, work closely with SS to ensure that your Part B can take effect on the desired date

2. If you are contributing to an HSA, be sure to talk with your financial consultant before enrolling in Medicare and retiring

3. If the company you work for has fewer than 20 employees, check with your employer to see how their coverage works with Medicare



When employment ends or you lose group coverage

Notify Social Security

Part A

Your Medicare Part A will start six months prior to the date of notification

Part B

You may enroll in Medicare Part B to start any future month without penalty within an eight-month window

- You need to complete an Application for Enrollment in Medicare Part B and have you/your spouse's employer complete a Request for Employment Information form

Part D

For Part D, you only have a two-month window to enroll without penalty



If you delay enrollment in Part B without employer group coverage, you may only apply during the General Enrollment Period (January 1 through March 31) and coverage will not begin until July 1. You may also have to pay a late enrollment penalty.



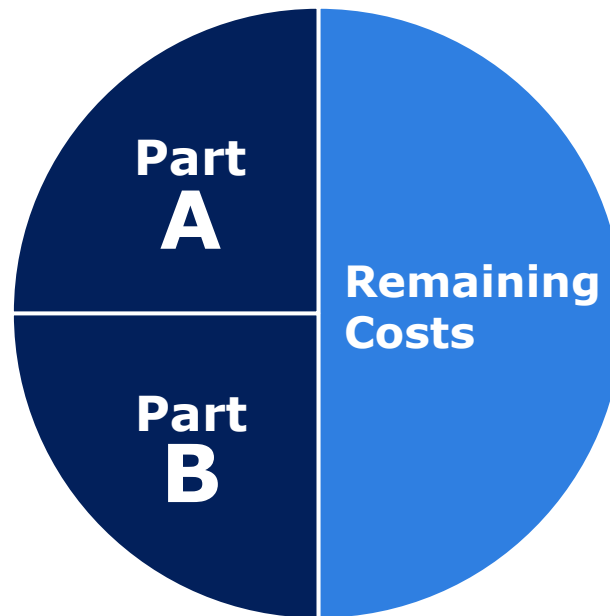
Things to consider
as you compare



What are my health plan options?

Overall health care costs

Original Medicare
covers about 50% of
your overall health
care costs



To help cover the remaining costs, you can enroll in a:

- Medicare Advantage plan
- Medicare Supplement (Medigap) plan

If you are a veteran:

- Contact the local Veteran Service Office to determine eligibility for benefits
- VA benefits do not coordinate with Medicare. Note: the VA cannot bill Medicare for services



How to find Medicare plans to help pay costs Original Medicare doesn't cover



Review advertising

you receive in the mail and read in newspapers



Ask relatives and friends

about their Medicare plans



Compare plans

using the MN Board on Aging's
Health Care Choices for Minnesotans on Medicare



Go to [medicare.gov](https://www.medicare.gov)



How do I get information about plans?



Call plans

directly and ask them to mail information to you



Attend a meeting

sponsored by the plan to learn about the plans they offer



Visit the plan's website

Check the list of covered drugs (formulary) and the plan network to make sure your drugs are covered, and your doctors are in the network



Does the plan cover the benefits I need and the extras I want?



Make a list

of the benefits you need to meet your health needs



Compare core benefits plan to plan

Primary care, specialists, X-rays (MRIs) and hospital visits



Does the plan include extras?

Dental, fitness memberships, over-the-counter items, eyewear and hearing aids



Consider other factors

Waiver of 3-day hospital stay for skilled nursing stays and out-of-pocket maximums



Can I go to the doctors and clinics I want?



Make a list of doctors

clinics and health professionals that are important to you



Find out if they are in the plan's network



Ask how services you receive out-of-network will be covered



Does the plan cover the prescription drugs I take and how are they covered?



Medicare Part D

Find out if the plan includes outpatient prescription drug coverage (called Part D) or if you need to purchase it separately



Review the list of covered drugs (formulary)



Review deductibles and copays



Does the plan have preferred pharmacies?



When can I join,
change or leave
Medicare health plans?



When can I make changes with Medicare Advantage and Part D plans?

Initial Coverage Election Period (ICEP)

If you are new to both Medicare Part A and Part B, you may enroll during the three months before, month of, and the three months after you are eligible for Medicare.

Ex: if a person's birthday was June 4

MAR	APR	MAY	JUN	JUL	AUG	SEP
-----	-----	-----	-----	-----	-----	-----

3 months before

3 months after



When can I make changes with Medicare Advantage and Part D plans?



Annual Election Period

- From October 15 to December 7 of each year for a January 1 effective date
- Call Plans ahead of time and ask them to mail you information when it becomes available on October 1



Medicare Advantage Open Enrollment Period

January 1 through March 31



Special Election Periods (20+ exceptions)

- For those leaving employer coverage
- For those who qualify for Extra Help for Part D



With Medicare Supplement (Medigap) plans and some select plans, you can enroll in and change plans at any time, but health screening may be required if you've had Part B for more than six months.

Thank you for attending

Questions?

If you have additional questions, contact us at:

<**612-676-3500** or **1-877-523-1518**>

<8 am – 8 pm, seven days a week (Oct. 1 – March 31)>

<8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)>

<***(TTY users 1-800-688-2534 toll free)***>