



2024 EDITION

The Medicare Review

OUR ANNUAL GUIDE TO HELP PATIENTS PLAN FOR WHAT'S AHEAD

We know why you opened this guide to Medicare.

Our country's most-used health insurance program for people 65 and older can be really confusing.

But remember, you're not alone.

We hope this booklet can be a helpful source of information along with Medicare.gov, 1-800-MEDICARE and your local State Health Insurance Assistance Program.

Here's to good health for you and your loved ones in 2024.

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Original Medicare: It Starts with A + B

Part A

Part A generally covers care in facilities. It includes:

- Inpatient hospitalizations
- Inpatient rehab
- Short-term nursing facilities
- Home health
- Hospice



Most people should consider enrolling in Part A when they turn 65 – even if they still have insurance through an employer – because there may be little or no monthly premium.

You do have to pay a deductible if admitted to the hospital, which is around \$1,600.

Inpatient stays of more than 60 days (or more than three weeks in a skilled nursing facility) require coinsurance of \$400 a day, increasing to \$800 a day after day 90. After day 150, Part A does not pay any benefits.

Part A can be used with any facility that accepts Medicare, which means basically everywhere.

Your Initial Enrollment Period lasts for 7 months surrounding your 65th birthday. Original Medicare is accepted by virtually every doctor and health system in the U.S.

Part B

Part B pays your doctors.

It covers:

- Doctor's appointments
- Preventive care
- Outpatient hospital visits
- Ambulance rides
- Medications administered in-office
- Medical equipment such as wheelchairs and diabetic supplies



Part B can also be used almost everywhere and requires a monthly premium that's **deducted directly from your Social Security check.**

You pay out-of-pocket until reaching the deductible amount each year – it was \$226 in 2023. Afterward, you pay 20% of all costs, which can add up quickly. This is why you'll want to know about Medicare Supplement Insurance, also called "Medigap" – explained on the next page.

You can decline Part B in writing to save on the monthly premium, and some people do if they still have employer coverage. If you don't have employer coverage, you might pay a penalty if you don't sign up for Part B when you're first eligible for Medicare.

What A + B Don't Cover — the Medigap

Only 10% of Medicare patients lack some kind of supplemental coverage, which can include Medicaid for lower income households.

Medicare Supplement Insurance, or Medigap, is one type of extra insurance you can buy to help pay your out-of-pocket costs in Original Medicare. These supplemental plans are administered by private insurers. Benefits range from reduced co-pays and deductibles to fairly comprehensive benefits that can include dental, vision and hearing coverage. You must have both Medicare Part A and Part B to be eligible for Medigap coverage.

The coverage is helpful because Part B leaves Medicare enrollees with no out-of-pocket protection. The 20% coinsurance obligation can quickly add up, if, for example, you're receiving chemotherapy or you need complex surgery (the anesthesiologist and surgeon are paid under Part B).

Medigap still does not cover prescription drugs. Those will be addressed next in Part D.

Know This



Your one-time Medigap Open Enrollment Period either starts as soon as you turn 65, or, if you delay Part B, the window starts after terminating coverage through an employer.

During this 6-month window an insurance company can't deny you due to pre-existing health problems.

Afterwards, coverage can be more expensive as monthly premiums will be based on your medical conditions.

Skipping Ahead to Part D

PART D IS ALL ABOUT PRESCRIPTION DRUGS.

- After taking effect in 2006, most people now opt for Part D coverage when they sign up for Medicare.
- It's only offered by private insurance companies.
- Monthly premiums vary widely, but millions qualify for subsidized coverage.
- Plans can be tied to an employer or a Medicare Advantage plan.
- If you don't elect Part D initially, you will pay a "late enrollment" penalty that is added to your monthly premium if you decide to eventually add it.

Know This



It's critical to make sure your plan works with your preferred pharmacy. If not, you can be charged as if you have no coverage. And it's worth checking each year as network status can change frequently.

Back to C, Better Known as Medicare Advantage

PART C COMBINES PART A, PART B AND OFTEN PART D INTO A SINGLE PLAN.

- Started in 2007 with roughly 1-in-5 Medicare enrollees.
- As of 2023, more than 50 percent of all enrollees are on Medicare Advantage plans.
- Offered by private insurers who contract with Medicare.
- Can lower out-of-pocket costs and make expenses more predictable.
- Patients are more limited in which doctors and facilities they can use. But both PPO and HMO networks have grown in recent years.
- Most plans feature benefits like dental, vision and hearing.

Know This



If a Medicare Advantage plan isn't right for you, you can switch to Original Medicare and supplemental coverage during the Medicare Advantage Open Enrollment Period from January 1 to March 31.

The switch can usually be made without additional cost so long as you've maintained your "guaranteed issue rights," outlined at [Medicare.gov](https://www.medicare.gov).

The Growth of Medicare Advantage

Medicare Advantage plans have become increasingly competitive about offering enhanced benefits with minimal or no extra costs.

Their physician networks have grown, appealing to patients who feared giving up the near-universal acceptance of Original Medicare.

The plans streamline what is otherwise a compilation of coverage between Original Medicare, Medicare Supplement (Medigap) and Part D.

Know This



Medicare Advantage may not be best for everyone. For example, active beneficiaries who travel frequently or split their time between multiple homes may benefit from the freedom to visit any doctor or hospital that accepts Medicare patients. Those who become Medicare eligible with a serious illness and can afford a supplemental plan may also want to stick with Original Medicare.

Compare Your Medicare Options

PATH ONE 

Original Medicare

PART A

+

PART B

- Cost sharing and benefit limitations apply.
- No prescription coverage.
- You can see any doctor that accepts Medicare with no referral needed.

+

Optional Drug Coverage

PART D

- Cost sharing and benefit limitations apply.
- Does not include dental, vision and hearing.

+

Optional Supplement

MEDIGAP

- Private insurance helps with out-of-pocket costs in Original Medicare.
- May or may not include additional benefits offered by private insurance companies to help with other healthcare needs.

PATH TWO 

Medicare Advantage

OFTEN COMBINES ELEMENTS OF

PART A

PART B

PART D

MEDIGAP

- Most plans include Part D prescription drug coverage.
- Bundles coverage into one plan.
- Limits out-of-pocket expenses much like commercial insurance.
- In exchange for lower premiums, may be required to use in-network doctors and hospitals. Out of network providers may be more costly to use.
- Requires pre-approval for many high-cost services, like chemotherapy or skilled nursing facility stays.
- May come with supplemental benefits — not found in Medicare Part A and Part B — like hearing, dental, and vision.
- All health conditions accepted.

Making a Decision Can Be Tough

For some people, Original Medicare may not be enough coverage. But deciding between Medigap and Part D drug coverage vs. a Medicare Advantage plan can be difficult.

Plans can be configured in so many ways that it's best to have a licensed insurance agent walk you through the options and costs.

Licensed insurance agents must adhere to strict federal rules meant to help you make the best decision for yourself. They're prevented from pushing one product over another, so their guidance is unbiased.

But it helps to first spend some time on your own answering the critical questions on the following pages.

Your Medicare Workbook

Before meeting with a licensed insurance agent, the following questions will help you understand what Medicare coverage is most appropriate for your specific needs.

Don't worry, there are no wrong answers!



WHAT CHRONIC CONDITIONS DO YOU HAVE OR ANTICIPATE?

HOW MUCH DO YOU TRAVEL?

DO YOU SPEND PART OF THE YEAR IN A DIFFERENT STATE OR REGION?

IF YOU HAD TO GO TO THE HOSPITAL TODAY, WHERE WOULD YOU GO?

HOW MUCH HAS YOUR HEALTH CHANGED OVER THE PAST YEAR OR TWO?

WHAT BENEFITS (e.g., VISION, HEARING, DENTAL) DO YOU CONSIDER ABSOLUTELY MANDATORY WITH ANY COVERAGE?

ALL TOLD, HOW MUCH ARE YOU SPENDING EACH MONTH ON YOUR CURRENT HEALTH COVERAGE?

HOW MUCH CAN YOU AFFORD TO SPEND EACH MONTH ON HEALTHCARE?

Enrolling in Medicare: When to Act

There are specific enrollment periods established by Medicare. Failure to follow the guidelines could mean a loss or delay in coverage or even paying penalties.

WHO IS ELIGIBLE?

- Everyone becomes eligible by age 65.
- If under 65, people with certain disabilities.
- Patients with End-Stage Renal Disease — permanent kidney failure requiring dialysis or a transplant.

WHEN CAN I ENROLL?

- What's known as the Initial Enrollment Period starts 3 months before your 65th birthday.
- Your first shot at signing up ends 3 months after your birthday month.
- If you're already receiving Social Security benefits, you'll automatically be enrolled at the first of the month you turn 65.

WHEN CAN I CHANGE COVERAGE AFTER MY INITIAL ENROLLMENT PERIOD?

• **Annual Enrollment Period** *Oct. 15 to Dec. 7*

During these 53 days, you can do it all. Start a new Part D, Medigap or Medicare Advantage plan. Switch plans. Or return to Original Medicare.

• **Medicare Advantage Open Enrollment Period** *Jan. 1 to March 31*

These three months are an additional chance for people on Medicare Advantage to either switch plans or return to Original Medicare.

• **Special Enrollment Period**

Reserved for qualifying events in your life, like losing coverage or moving.

We Know You Still Have Questions

Here are a few common ones.



WILL I BE AUTOMATICALLY ENROLLED IN MEDICARE?

If you've already started receiving Social Security benefits, you will be auto enrolled. Otherwise, most people have to enroll manually by contacting Social Security online or by phone.

WHAT DO I DO IF I STILL HAVE PRIVATE INSURANCE THROUGH WORK?

You can keep your plan and enroll within two months of your retirement. Even before you retire, you can switch to Medicare Part A and Part B or Medicare Advantage if you can get better benefits or save money.

HOW DO I PAY FOR PART B IF I'M STILL DELAYING SOCIAL SECURITY?

If you are holding off on Social Security, you will get a bill requiring you to make arrangements to pay each month.

CAN I ENROLL IN MEDICARE IF I'M ALREADY IN MEDICAID?

You may be what's known as "dual eligible" for Medicare and Medicaid. Even if you don't qualify for Medicaid in your state, people from low-income households may still qualify for another program to help pay monthly premiums.

WHAT IF I'M ON TRICARE?

If you're on TRICARE, you will automatically transition to TRICARE for Life. You'll receive a Medicare card. That combined with your military ID will be all you need. Providers will first charge Medicare Part A and Part B. TRICARE for Life effectively becomes your supplemental and prescription coverage.

DO I NEED MEDICARE IF I HAVE VA BENEFITS?

The VA encourages patients to sign up for Medicare when they turn 65 so they can get treatment at a non-VA hospital or doctor. Also, if you delay Part B but need it later, you pay a penalty that grows each year.

HOW MUCH WILL I PAY FOR ORIGINAL MEDICARE?

Part A has no cost unless you or your spouse didn't work long enough (usually about 10 years). Part B premiums, which are pulled from your Social Security check, are based on income. Most people pay the standard premium for Part B, which was \$164.90 in 2023.

WITH MEDICARE ADVANTAGE, HOW CONCERNED SHOULD I BE ABOUT A PPO PLAN VS. HMO?

Just like you may have had a choice between an HMO and PPO plan with an employer, you may face the same decision in Medicare Advantage. PPO plans offer more flexibility but with higher premiums. HMO plans require you to get care from an in-network hospital or doctor except for emergency care and a few other situations. HMOs also tend to require a referral to see a specialist while PPOs do not.

DO I REALLY NEED TO TALK TO A LICENSED INSURANCE AGENT?

You can, of course, navigate it all alone. But a licensed agent can be a very helpful resource for you in sorting through the options, particularly as you consider Medicare Advantage. Benefits are added all the time, so every year it's worth reviewing your plan with a licensed insurance agent. During Annual Open Enrollment Period each year (Oct. 15 through Dec. 7), you can make changes to your Medicare coverage that will go into effect on Jan. 1.

Your Medicare Checklist

So, what's next? Here are a few action items for you.

- Schedule your Annual Wellness Visit with your primary care doctor if you haven't yet in 2023. During this visit, make sure you understand all the preventive health screenings you may need.
- Fill out the workbook on page 14.
- Explore other helpful sources including Medicare.gov, 1-800-MEDICARE or your local State Health Insurance Assistance Program.
- Talk to your family and loved ones about your answers and your overall health.
- Consult your licensed insurance agent for their recommendations on what plans and coverage you'll need for 2024.

DON'T HAVE A LICENSED INSURANCE AGENT YET?

Feel free to contact the licensed insurance agency that your primary care doctor has partnered with for Medicare enrollment in 2024. Simply call **+1 866-783-9502** for a complimentary review of coverage available in your area. Live in Georgia? Call: **+1 888-519-1750**

Medicare Shouldn't Be a Guessing Game

We've only scratched the surface here for what you need to know about Medicare. That's why we're calling in reinforcements.

This year, we're connecting you with access to a team of licensed insurance agents who will go over your 2024 Medicare options, make recommendations, and answer any questions you have.

➤ The good news: **This service comes at no cost to you.**

To begin your complimentary review, simply call: +1 866-783-9502

Live in Georgia? Call: +1 888-519-1750

It's Time to Review Your Medicare Coverage Options

Medicare has been around for more than half a century, and it evolves every year. But as the options grow, so does the difficulty in picking the right combination of coverage or sorting through Medicare Advantage plans. Everyone has their own needs and priorities. Only you and your family can decide what's right.

This is a moment when you don't want to pass up help. This guide and workbook can prepare you to meet with a licensed insurance agent and find the right plan for you in 2024.

➤ *To begin your complimentary review, simply call: +1 866-783-9502*
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¿Necesita una versión en español?

Descárguela en: wellvana.com/medicare101

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