

### MEDICARE A AND B

Also Called Original Medicare

MEDICARE A- Hospital and anything that is done inside the hospital, skilled nursing facility, hospice

MEDICARE B- Doctors, physical therapy, outpatient x-ray, lab, MRI, CT, durable medical equipment, outpatient surgery, anything outside of the hospital

### MEDICARE A & B DOES NOT PAY FOR:

Prescriptions, dental, vision, hearing

### **MEDICARE PAYS FOR:**

80% coverage and you pay 20%, deductibles and any service not covered by Medicare like long term care, assisted living etc.

## SUPPLIMENTAL INSURANCE COMPANIES

aetna























# MEDICARE PART D Prescription Coverage

- ▶ There is a penalty if you do not have a Medicare RX plan from day 1
- You can buy a stand alone plan (paired with Medigap)
- You can get an RX plan included with a Medicare Advantage Plan
- Quoting and enrollment through your agent/advisor (Me!)
- Provided by insurance carriers overseen by Medicare

## SECONDARY INSURANCE FLOW CHART

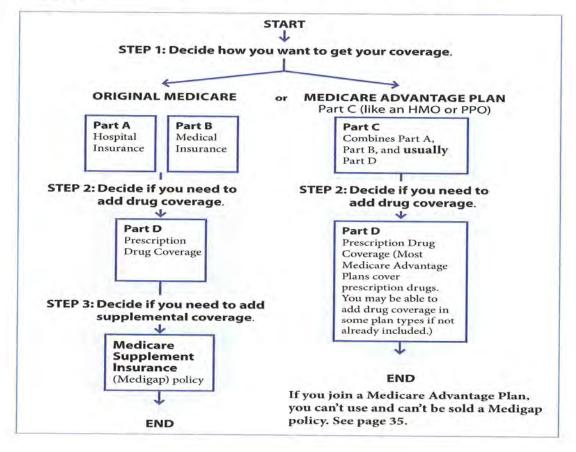
Here are the two ways to choose your secondary insurance to go with Medicare

Section 1: Medicare Basics

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### Your Medicare coverage choices at a glance

There are 2 main ways to get your Medicare coverage — Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage. See page 35 for information about Medicare Advantage Plans and Medigap policies.



Section 1: Medicare Basics

## SECONDARY INSURANCE FLOW CHART

## CHOICE 1 Original Medicare

Includes:

Part A - Hospital

Part B - Medical

+

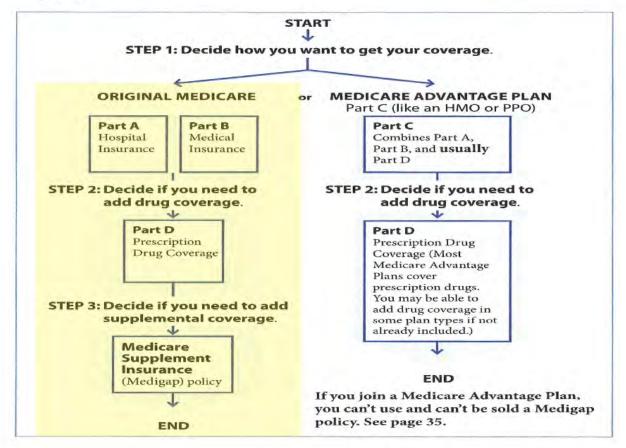
Part D - Drug

+

Medigap - Supplemental

### Your Medicare coverage choices at a glance

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Section 1: Medicare Basics

## SECONDARY INSURANCE FLOW CHART

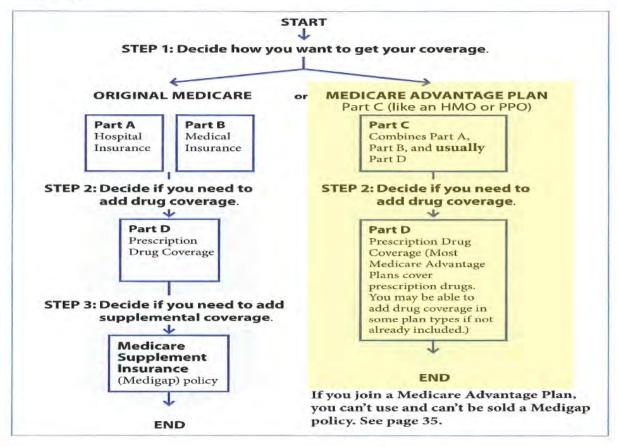
CHOICE 2
Medicare Advantage
Plan

Includes:
Part C – Hospital & Medical

Part D - Drug

### Your Medicare coverage choices at a glance

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## Part C Medicare Advantage Plan

- ▶ HMO and PPO
- Can have deductibles
- Must stay in network of doctors, facilities, and hospitals
- Will have a copay for every medical service
- Includes medical coverage, prescriptions, dental, vision, hearing, over the counter allowances, silver sneakers (gym membership),
- ▶ Low or \$0 premium

## MEDICARE SUPPLEMENT MEDIGAP

## MULTIPLE PLANS AVAILABLE

Plans Vary in Coverage

Most Include: no copays no deductibles Outline of Coverage | UnitedHealthcare Insurance Company

### Overview of Available Plans

Medicare Supplement Plans A, B, C, D, F, G, K, L and N are currently being offered by UnitedHealthcare Insurance Company.

#### Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants' first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

| Note: A / m | eans 100% | of this b | penefit is | paid. |
|-------------|-----------|-----------|------------|-------|
|-------------|-----------|-----------|------------|-------|

| Benefits  |   | Plans Available to All Applicants |   |     |         |         |     |                              |  |
|---|---|-----------------------------------|---|-----|---------|---------|-----|------------------------------|--|
|   |   | В                                 | D | G 1 | К       | L       | M   | N                            |  |
| Medicare Part A coinsurance<br>and hospital coverage (up to<br>an additional 365 days after<br>Medicare benefits are used up) | - | ~                                 | ~ | ~   | ~       | -       | -   | -                            |  |
| Medicare Part B coinsurance<br>or Copayment   | - | -                                 | - | -   | 50%     | 75%     | ~   | copays<br>apply <sup>3</sup> |  |
| Blood (first three pints)   | ~ | ~                                 | ~ | ~   | 50%     | 75%     | ~   | ~                            |  |
| Part A hospice care coinsurance or copayment  | ~ | ~                                 | ~ | ~   | 50%     | 75%     | ~   | -                            |  |
| Skilled nursing facility coinsurance  |   |                                   | V | ~   | 50%     | 75%     | ~   | -                            |  |
| Medicare Part A deductible  |   | ~                                 | ~ | ~   | 50%     | 75%     | 50% | ~                            |  |
| Medicare Part B deductible  |   |                                   |   |     |         |         |     |                              |  |
| Medicare Part B excess charges  |   |                                   |   | ~   |         |         |     |                              |  |
| Foreign travel emergency (up to plan limits)  |   |                                   | ~ | ~   |         |         | ~   | ~                            |  |
| Out-of-pocket limit in 2019 <sup>2</sup>  |   |                                   |   |     | \$55602 | \$27802 |     |                              |  |

| Medi-<br>first el<br>before<br>on | igible |
|-----------------------------------|--------|
| on                                | F1     |
| ~                                 | -      |
| ~                                 | ~      |
| V                                 | V      |
| ~                                 | ~      |
| ~                                 | ~      |
| V                                 | ~      |
| ~                                 | ~      |
|                                   | ~      |
| ~                                 | V      |

<sup>&</sup>lt;sup>1</sup>Plans F and G also have a high deductible option which require first paying a plan deductible of \$2300 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>&</sup>lt;sup>2</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of- pocket yearly limit.

<sup>&</sup>lt;sup>3</sup> Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

## MEDICARE SUPPLEMENT MEDIGAP

## **MULTIPLE PLANS AVAILABLE**

NO LONGER AVAILABLE as of this year

Outline of Coverage | UnitedHealthcare Insurance Company

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This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants' first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A reans 100% of this benefit is paid.

| Benefits  | Plans Available to All Applicants |   |   |     |                     |         |     |                           |
|---|-----------------------------------|---|---|-----|---------------------|---------|-----|---------------------------|
|   | A                                 | В | D | G 1 | к                   | L       | M   | N                         |
| Medicare Part A coinsurance<br>and hospital coverage (up to<br>an additional 365 days after<br>Medicare benefits are used up) | -                                 | 1 | - | -   | ~                   | -       | -   | ~                         |
| Medicare Part B coinsurance<br>or Copayment   | -                                 | ~ | ~ | -   | 50%                 | 75%     | ~   | copays apply <sup>3</sup> |
| Blood (first three pints)   | V                                 | ~ | ~ | V   | 50%                 | 75%     | ~   | ~                         |
| Part A hospice care coinsurance or copayment  | ~                                 | ~ | ~ | ~   | 50%                 | 75%     | ~   | ~                         |
| Skilled nursing facility coinsurance  |                                   |   | ~ | ~   | 50%                 | 75%     | ~   | ~                         |
| Medicare Part A deductible  |                                   | ~ | ~ | ~   | 50%                 | 75%     | 50% | ~                         |
| Medicare Part B deductible  |                                   |   |   |     |                     |         |     |                           |
| Medicare Part B excess charges  | П                                 |   |   | V   |                     |         |     |                           |
| Foreign travel emergency (up to plan limits)  |                                   |   | ~ | ~   |                     |         | ~   | ~                         |
| Out-of-pocket limit in 2019 <sup>2</sup>  |                                   |   |   |     | \$5560 <sup>2</sup> | \$27802 |     |                           |



<sup>1</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of \$2300 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

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## CONTACT ME

- ▶ sbloedelhealthbenefits@gmail.com
- ▶ 586-484-8946 call or text
- MY SERVICES ARE FREE
- How do I get paid??
  The carrier you choose pays me for helping you