



Medicare 101

Choose your Medicare coverage with knowledge and confidence



Today we will cover:

- What Medicare is
- Medicare eligibility
- Medicare enrollment periods & important dates
- Your Medicare options
- Making your decision
- Helpful resources



What is Medicare?

- Medicare is the U.S. government's largest health insurance program, serving more than 64 million people¹
- It's run by the Centers for Medicare & Medicaid Services (CMS), part of the U.S. Department of Health and Human Services

Medicare is divided into parts

**Parts A
and B**

**are
Original Medicare**

Part C

**is
Medicare
Advantage**

Part D

**is
Prescription
Drug Coverage**

¹Centers for Medicare & Medicaid Services. Retrieved from www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts. Accessed May 2023.



Medicare Eligibility

- At age 65 you may be eligible for Medicare Parts A and B, even if you still work
- You may be eligible for premium-free Medicare Part A through your spouse, although you still must qualify by age or disability
- You may also be eligible for Medicare Parts A and B if you're under 65 and have a disability or end-stage renal disease (ESRD)

Medicare Enrollment Periods

Initial Enrollment Period

If you're enrolling in Medicare for the first time, you can sign up during the 7-month period that:

- Begins 3 months before the month you turn 65
- Includes the month you turn 65
- Ends 3 months after the month you turn 65

During this time, you may enroll in **Part A**, **Part B**, or both. You may also choose to enroll in a Medicare Advantage plan (**Part C**) or a prescription drug plan (**Part D**).

Important note

You may have to pay a late enrollment penalty if you don't enroll in the following during your Initial Enrollment Period:

- Medicare (Parts A and B)
- Medicare prescription drug coverage (Part D)
 - Stand-alone or as part of a Medicare Advantage plan

If you have other creditable coverage or get Extra Help, you may not have to pay a late enrollment penalty.





Medicare Enrollment Periods

Annual Enrollment Period (AEP): Oct. 15 – Dec. 7

During this time, you can add, drop, or switch your Medicare coverage.

Annual Enrollment Period: Oct. 15 – Dec. 7

Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.
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Special Enrollment Periods

In certain situations, you may qualify for a Special Enrollment Period that allows you to join, switch, or leave a Medicare Advantage plan outside of the Annual Enrollment Period.

Some examples of special enrollment situations are:

- You are enrolling in a plan rated 5 out of 5 stars by Medicare
- You have Medicaid coverage or qualify for Extra Help
- You have a qualifying medical condition such as Diabetes, Emphysema, or heart disease
- You move out of your plan's service area
- You are leaving employer or union coverage
- Your plan is no longer available in your area



Your Medicare Options

To help determine the best fit for you, here is an overview of the Medicare options and what each one covers.

You'll begin by enrolling in Original Medicare – offered by the federal government, Original Medicare covers much but not all of your care and generally has a deductible and coinsurance.

Part A helps cover

- Hospitalization
- Skilled nursing facilities
- Hospice care
- Home health

Part B helps cover

- Doctor appointments
- Outpatient care
- Preventive services
- Occupational/physical therapies
- Home health
- Durable medical equipment (like wheelchairs, walkers, hospital beds, etc.)



Your Medicare Options

After enrolling in Original Medicare, you have additional coverage options offered by private companies.

Option 1 – Enroll in a Medicare Part C (Medicare Advantage plans)

- Covers Medicare Parts A and B
- Can include Part D (prescription drug coverage)
- Some plans include added benefits such as dental, vision, and hearing coverage, as well as wellness programs that are not offered by Original Medicare

OR

Option 2 – Add one or both of the following to your Original Medicare plan

- Medicare Part D stand-alone prescription drug plan
- Medicare Supplement Insurance (Medigap)
 - Helps pay for some of Original Medicare's out-of-pocket costs



Medicare Advantage

Medicare Part C (Medicare Advantage)

- Offers the same coverage as Original Medicare and may feature additional coverage such as dental, vision, and hearing coverage
- Can include medical and prescription drug coverage **all in one plan**, also known as a Medicare Advantage Prescription Drug (MAPD) plan
- May have lower out-of-pocket costs than Original Medicare



Medicare Advantage

Types of Medicare Advantage plans

Health Maintenance Organization (HMO)

This type of plan covers care within an approved network, at a set copay for certain services. In most cases, you must select a primary care physician from the plan's network and obtain referrals to see specialists.

HMO Point-of-Service (HMO-POS)

This type of plan typically allows out-of-network coverage for certain services at a slightly higher copay than in-network care.

Preferred Provider Organization (PPO)

This type of plan lets you choose any healthcare provider that accepts Medicare, but you may pay different amounts for the plan's preferred vs. non-preferred doctors. It is more flexible but may cost more than an HMO.

Private Fee-for-Service (PFFS)

Generally, there is more freedom to choose providers, but a network arrangement may still apply.

Special Needs Plan (SNP)

SNPs are tailored for those who have a qualifying chronic illness, are eligible for Medicare and Medicaid, or are in facilities such as those for long-term care or skilled nursing.



Medicare Advantage

Special Needs Plans (SNPs)

Medicare SNPs generally focus more on specialized coverage and offer drug lists designed to meet specific needs.

- **Chronic Conditions Special Needs Plans (C-SNP):**
For those with a chronic illness, like diabetes, a heart condition, or Emphysema
- **Dual-Eligible Special Needs Plans (D-SNP):**
For those who are eligible for Medicare and Medicaid
- **Institutional Special Needs Plans (I-SNP):**
For those who require institutional level care and reside in eligible facilities such as those for skilled nursing or long-term care

SNPs include all Medicare Part A and Part B benefits, plus the Part C and Part D benefits of the plan you choose.



Prescription Drug Coverage

Medicare Part D (Prescription Drug Coverage)

- Part D coverage is available only from private companies contracted by the federal government
- Each Part D plan has its own list of covered drugs; choose the one that includes medicines you take regularly

You usually choose Part D in one of two ways:

1. A stand-alone prescription drug plan (PDP) you buy to help cover medicines. You must also have Original Medicare.
2. As part of a Medicare Advantage (Part C) plan that includes Part D coverage.

If you enroll in a Medicare Advantage plan with prescription drug coverage, you don't need to sign up for a stand-alone prescription drug plan.



Prescription Drug Coverage

Coverage Stages

Stage 1: Deductible

You pay all costs until the plan deductible is met. Depending on your plan, you may not have a deductible.

Stage 2: Initial coverage limit

You share costs with CarePlus based on your plan's copay for each drug tier. The maximum you pay during this stage is \$2,000.

Stage 3: Catastrophic coverage

CarePlus pays the full cost of all Part D medications. You pay nothing during this stage.

Deductible

**Initial
coverage
limit**

**Catastrophic
coverage**



Medicare Supplement Insurance (Medigap)

Medicare Supplement Insurance plans

- Works to supplement Original Medicare and help pay some of the deductible, copays, coinsurance, and excess charges that are not covered by Original Medicare
- Not limited to a provider network
- No Part D prescription drug coverage



Making Your Decision

Choosing what's right for you and your health

Pick the coverage that's right for you. Keep these things in mind while researching your options.

Network:

- Do your doctors, hospital, pharmacies, and other providers accept the plan?


















Costs:

- How much will you pay for premiums, deductibles, and copayments?
- What is the most you will have to pay out of your own pocket for covered services and drugs? (This is called your "maximum out-of-pocket" cost)

Extras:

- Does the plan give you any extras like...
 - Dental, vision, and hearing coverage
 - Fitness program
 - Over-the-counter allowance

Making Your Decision

Medicare options overview	Original Medicare	Prescription Drug Plans	Medicare Supplement Insurance Plans	Medicare Advantage Plans Coverage below may vary depending on the plan
Hospital Insurance (Part A)				
Medical Insurance (Part B)				
Preventive Services				
Prescription Drugs (Part D)				
Dental Services				
Vision Services				
Hearing Services				
Fitness Program				
Over-the-Counter Allowance				
Transportation				



Available on all Medicare Advantage plans



Available on most Medicare Advantage plans



Helpful Resources

Available at Medicare.gov

- The “Medicare & You” handbook, published by the Centers for Medicare & Medicaid Services, released each fall
- “Choosing a Medigap Policy: A guide to health insurance for people with Medicare,” a publication developed jointly by CMS and National Association of Insurance Commissioners

Visit www.ShipHelp.org to view your State Health Insurance Program (SHIP)

You may be able to get Extra Help to pay for your prescription drug premiums and costs or qualify for other financial assistance.

To see if you qualify, contact:

- Your state Medicaid office
- The Social Security Administration
- An approved Department of Children and Families ACCESS partner such as CarePlus’ Social Services Department: 1-855-392-3900 (TTY: 711). Our hours of operation are Monday through Friday, from 8 a.m. to 5 p.m.



Additional Resources

Centers for Medicare and Medicaid Services (CMS)

Medicare Service Center: 1-800-MEDICARE (800-633-4227)

Medicare Service Center TTY: 1-877-486-2048

Open 24 hours a day, 7 days a week, except some federal holidays

www.CMS.gov

Florida Medicaid Office

1-877-711-3662

TDD: 1-866-467-4970

Open Monday – Thursday, 8 a.m. to 8 p.m., Friday 8 a.m. to 7 p.m.

www.FLMedicaidManagedCare.com

The Social Security Administration (SSA)

1-800-772-1213

TTY: 1-800-325-0778

Open Monday – Friday, 8 a.m. to 7 p.m.

www.SSA.gov

State Health Insurance Assistance Program (SHINE)

1-800-963-5337; TDD/TTY: 1-800-955-8770

Open Monday – Friday, 8 a.m. to 5 p.m.

www.FloridaShine.org



**Thank you for your time
and attention today.**

We hope this helps you as you consider
your Medicare coverage choices.

CarePlus
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