

Medicare Made *Simple!*

Your Medicare Guide from Martin's Point Health Care

Everything
YOU NEED TO KNOW
TO ENROLL
IN MEDICARE

INSIDE

- ▶ Medicare Options
- ▶ Eligibility and Enrollment
- ▶ How to Choose the Right Plan
- ▶ Medicare and Employment
- ▶ Plus Additional Information!



MARTIN'S POINT[®]
MEDICARE ADVANTAGE PLANS



What Is Original Medicare?

Original Medicare (often just called “Medicare”) is a federal program that provides health insurance for people 65 and older and other people with certain disabilities. Original Medicare is made up of Part A (hospital insurance) and Part B (medical insurance covering doctor visits and treatment).

Medicare Part A



What’s covered?

- ▶ Inpatient services received in hospitals
- ▶ Some inpatient care in skilled nursing facilities
- ▶ Hospice and some home health care services

What are the costs?

- ▶ No monthly premiums for most people
- ▶ Hospital admission deductible (per benefit period, which is 60 consecutive days between admissions)
- ▶ Copays and coinsurance
- ▶ No yearly limit on your out-of-pocket costs

Medicare Part B



What’s covered?

- ▶ Doctor visits
- ▶ Outpatient care, like preventive services
- ▶ Some services not covered by Part A, like physical or occupational therapy
- ▶ Some home health care services

What are the costs?

- ▶ Monthly premiums
- ▶ Annual deductible
- ▶ Copays and coinsurance (often you will pay 20% of cost of covered services)
- ▶ No yearly limit on your out-of-pocket costs

Under Original Medicare, you can receive your services from any qualified health care provider in the US who accepts Medicare.

Original Medicare (Parts A and B) Does Not Pay for Everything

Original Medicare does not pay 100% of the cost of services it covers. There are also things Original Medicare does not cover at all, including prescription drugs; routine eye, dental, and hearing care; long-term care; most care outside the US; and more. Many people enroll in additional Medicare plans to help cover some of these costs. (See ADDITIONAL COVERAGE OPTIONS on page 4.)

Eligibility and Enrollment in Original Medicare

When Am I Eligible To Enroll?

There are specific times when you can sign up for plans, or make changes to coverage you already have. Each year you'll have a chance to review your coverage and change plans.

When you first get Medicare (Initial Enrollment Period)

Most people are first eligible to enroll in Original Medicare when they turn 65. Your seven-month-long "Initial Enrollment Period" begins three months before the month you turn 65 and ends three months after. You must be a US citizen or legal resident who has lived in the US for at least five years in a row.

During certain times each year (Annual Enrollment Periods)

Annual Enrollment Period for Medicare Advantage and Medicare prescription drug coverage

Every year after your Initial Enrollment Period, Medicare offers an "Annual Enrollment Period," from October 15–December 7, when you can add, drop, or switch your enrollment for the following plan year.

Medicare Advantage Open Enrollment Period

Medicare offers a "Medicare Advantage Open Enrollment Period" from January 1–March 31 each year. During this period, if you're already in a Medicare Advantage plan, you can switch to another Medicare Advantage plan. You can also disenroll from your Medicare Advantage plan and return to Original Medicare and join a Medicare Prescription Drug plan (if you choose to do so).

Special circumstances (Special Enrollment Periods)

Medicare also offers "Special Enrollment Periods" when you can make enrollment changes if certain circumstances change (for example, if you lose employer coverage, move to a new service area, or would like to switch to a plan that has earned a 5-Star quality rating from Medicare.)

How Do I Enroll?

When you become eligible, begin the enrollment process with the Social Security Administration:

- ▶ If you start collecting Social Security benefits before you turn 65, Social Security should enroll you in Original Medicare (Parts A and B) automatically. They will mail your Medicare card to you three months before your 65th birthday.
- ▶ If you don't receive your Social Security card or you haven't enrolled in Social Security, visit or call your local Social Security office or go to the [SocialSecurity.gov](https://www.SocialSecurity.gov) website.

Financial Help Is Available

There are several state and federal programs that provide assistance with Medicare costs for Part A, Part B, and Part D coverage. Eligibility is determined by your income and assets and varies by state. You can contact the Social Security office by going online, calling 1-800-772-1213 (TTY/TDD: 1-800-325-0778) or visiting your local Social Security office to see if you are eligible.

Additional Coverage Options

Once you enroll in Original Medicare, you can choose to add plan(s) from private insurance companies to help fill some of the coverage gaps and reduce your out-of-pocket costs. These plans include **Medicare Supplement** plans, **Prescription Drug (Medicare Part D)** plans, and **Medicare Advantage (Medicare Part C)** plans. **IMPORTANT NOTE:** *With all of these plans, you must continue to pay any Part A or Part B monthly premiums.*

Medicare Supplement Plans

Medicare Supplement plans (also called “Medigap” plans) help pay some of the health care costs that Original Medicare doesn’t cover, like copayments, coinsurance, and deductibles. Some also cover services Original Medicare doesn’t, like care outside the US.

Supplement plans cannot cover prescription drug costs, so you can also buy a Part D Prescription Drug plan (see below). Monthly premiums for Supplement plans are typically higher than those charged by Medicare Advantage plans.

Medicare Prescription Drug Plans (Medicare Part D)

Original Medicare does not offer prescription drug coverage. If you want prescription drug coverage, you either have to buy a stand-alone Part D plan from an insurance company contracted with Medicare, or you can enroll in a Medicare Advantage plan that also offers Part D benefits. You pay a monthly premium, deductibles, and copayments or coinsurance with stand-alone plans and with some Medicare Advantage plans.

Medicare Advantage Plans (Medicare Part C)

With Medicare Advantage plans (also called “Medicare Part C”) you can receive coverage for your Part A inpatient hospital stays, Part B doctor visits, and Part D prescription drugs **all in one plan**. Medicare Advantage plans cover everything that Original Medicare covers and more.

Many include Part D drug coverage and other benefits like

- ▶ Dental
- ▶ Routine vision and hearing exams
- ▶ Fitness/wellness benefits
- ▶ Over-the-counter items

Many also cover emergency services abroad.

Medicare Advantage plans often charge lower copayments and coinsurance than Original Medicare and include caps on your yearly out-of-pocket costs. Monthly premiums for these plans are also typically lower than those charged for Medicare Supplement plans.

There is a wide range of Medicare Advantage plans—including HMO, HMO-POS, and PPO plans—so costs, benefits, and your choice of health care provider can vary.

To learn about Martin’s Point Generations Advantage plans—

Medicare Advantage plans offered by Martin’s Point Health Care—call TODAY at

1-877-930-7050 (TTY: 711).

How Do I Enroll in Additional Plans?

There are **two paths** you can take to get additional coverage.
Both begin with enrolling in Original Medicare.

Step
1

Enroll in
Original
Medicare when
you become
eligible.

Enroll in Original Medicare



Part A

covers hospital
stays



Part B

covers doctor and
outpatient visits

Step
2

Choose from
these two paths
if you need
more coverage.

Then choose:



Medicare Supplement Plans

Original Medicare
(Parts A and B)



Medicare
Supplement Plan



Separate Part D
Prescription Drug Plan

OR

Medicare Advantage Plans (Part C)



MARTIN'S POINT[®]
MEDICARE ADVANTAGE PLANS

Medicare Parts A
and B, plus more.
Part D Prescription
Drug plan **included**
with most Medicare
Advantage plans.

If you join a Medicare Advantage or Medicare Supplement plan,
you must continue to pay your Medicare Part B premium.

Learn More about Choosing a Medicare Plan That's Right for You

When considering coverage, look at the options offered in your area, then decide how much coverage you need and how much you want to pay. **Remember—you can switch your coverage every year during the Annual Enrollment Period (October 15 to December 7).**

- ▶ **Call Generations Advantage at 1-877-930-7050 (TTY: 711)** or visit MartinsPoint.org/MedicareMadeSimple to get more information about our Medicare Advantage plans.
- ▶ **Compare plans by visiting the Medicare.gov website**, where you can get details about every Medicare plan offered, including quality of care and service.
- ▶ **Contact your local Area Agency on Aging** and meet with a Medicare counselor, who will guide you toward a plan that meets your needs.
Maine: 1-877-353-3771,
(<https://www.maine.gov/dhhs/oads/get-support/older-adults-disabilities/area-agencies-on-aging>)
New Hampshire: 1-866-634-9412,
(<https://www.servicelink.nh.gov/medicare/index.htm>)

Turning 65—Medicare and Employment

Plan to continue working after 65?

If you are covered on your employer's health plan: Speak with your benefits administrator to see how your employer's plan works with Medicare. You may be required to enroll in Original Medicare Parts A and B when you turn 65. Many people only enroll in Part A (hospital coverage with no premium) and delay enrollment in Part B until they lose employer coverage. Contact your Social Security office to make sure your enrollment decisions are followed.

Keep records of any prescription drug coverage you receive from your employer after you turn 65. You may need proof of this when you eventually enroll in Medicare to avoid penalties.

If you are on an individual health plan: You could save money if you switch to a Medicare plan with additional coverage.

Plan to retire at 65?

You can enroll in Original Medicare and additional coverage within two months after your employer coverage ends. Consider applying to enroll in Original Medicare and additional coverage as soon as you are eligible so your coverage is effective at the beginning of your birthday month.

Want to enroll in Medicare at 65, but not take Social Security yet?

Contact Social Security to sign up for Original Medicare and pay your Part B monthly premium directly. Once you start receiving your Social Security benefits, the Part B premium will be automatically deducted from your monthly Social Security payment.

Common Insurance Terms

COINSURANCE: When you and your insurance plan share the cost of care **based on a percentage.** For example, a plan might pay 80% of the cost for a service and you pay the remaining 20%. Percentages vary by plan and service.

COPAY/COPAYMENTS: When you and your insurance plan share costs **based on a flat dollar amount** that you pay. For example, at an office visit or a pharmacy, you may be asked to pay a \$10 or \$20 “copay” or other flat fee.

DEDUCTIBLE: The amount you must pay each year for health care or prescriptions before your insurance begins to share costs with you.

FORMULARY: A list of prescription drugs covered by a health plan.

NETWORK: A set of health care providers who are contracted to provide health care services to patients with a particular health insurance plan.

OUT-OF-POCKET MAXIMUM: The total amount that you will have to pay “out-of-pocket” each year for copays and coinsurance before your insurance will start paying 100% of these costs for covered services. **NOTE:** *Monthly premiums and prescription drug costs are not included when figuring out-of-pocket costs. Deductibles may or may not be included depending on health plan.*

PREMIUM: The amount you pay to the government or to an insurance company each month/quarter in order to have health or prescription drug coverage.

Medicare Advantage Plan Types

Health Maintenance Organization

(HMO): An insurance plan that **requires** you to use a network of providers. *The Generations Advantage Alliance and Value Plus plans are HMO plans.*

Health Maintenance Organization with a Point of Service option (HMO-POS):

an HMO plan with **flexibility** to see out-of-network providers for some covered services. You may pay more if you use out-of-network providers, except in emergency or urgent care situations. *The Generations Advantage Prime Plan is an HMO-POS plan.*

Preferred Provider Organization (PPO):

a type of plan that gives the **most flexibility** in provider choice. You may use out-of-network providers if they accept our payment. You may pay more if you use out-of-network providers, except in emergency or urgent care situations. *The Generations Advantage Flex and Select Plans are PPO plans.*

Health Maintenance Organization-Special

Needs Plan (HMO SNP): An HMO with benefits designed to meet the health care needs of individuals with specific chronic conditions (for example, diabetes). *The Generations Advantage Focus DC plan is an HMO SNP plan.*



Important Medicare Contacts

Social Security:

1-800-772-1213
(TTY/TDD: 1-800-325-0778)

Medicare:

1-800-MEDICARE
(1-800-633-4227)
(TTY/TDD: 1-877-486-2048)
24 hours a day, 7 days a week

We're Here to Help!

We know that you have choices when it comes to your Medicare coverage, and sorting it all out can feel overwhelming. We're here to help you understand your options so you can have the complete coverage you need and the quality you deserve—all at a price you can afford.

Call us at 1-877-930-7050 (TTY: 711), 8 am–8 pm, seven days a week from October 1 to March 31; and Monday through Friday the rest of the year. You can:

- ▶ Ask any questions you have
- ▶ Request an information kit
- ▶ RSVP for a free educational seminar
- ▶ Schedule a one-on-one consultation with a Martin's Point representative

Visit us online at MartinsPoint.org/MedicareMadeSimple

A representative will be present at seminars with information and applications. For accommodation of persons with special needs at seminars, please call 1-888-630-2788 (TTY: 711). Martin's Point Generations Advantage is a health plan with a Medicare contract offering HMO, HMO-POS, HMO SNP, Local and Regional PPO products. Enrollment in a Martin's Point Generations Advantage plan depends on contract renewal. Martin's Point Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.