SOURCEWISE
COMMUNITY RESOURCE SOLUTIONS

Medicare in 2021

Bay Area Association of Kidney Patients (BAAKP)

Health Insurance Counseling & Advocacy Program (HICAP)

Helping Seniors Age Well at Home

Sourcewise provides **expertise**, **education,** and **quality support services** to Santa Clara County seniors, their families and caregivers.

Sourcewise Direct Services

Information & Awareness

Care Management

Senior Employment

Meals on Wheels

Health Insurance Counseling & Advocacy Program (HICAP)

Health Insurance Counseling & Advocacy Program (HICAP)

- HICAP is determined to provide free, objective, and safe Medicare counseling during the COVID-19 pandemic.
- Call for an appointment (408) 350-3200, option 2

Health Insurance Counseling & Advocacy Program (HICAP)

- Other CA Counties: (800) 434-0222

https://aging.ca.gov/Providers_and_Partners/Health_Insurance_Counseling_and_Advocacy_Program/

- Other states: www.medicare.gov/Contacts/

Sourcewise HICAP Counseling Sites

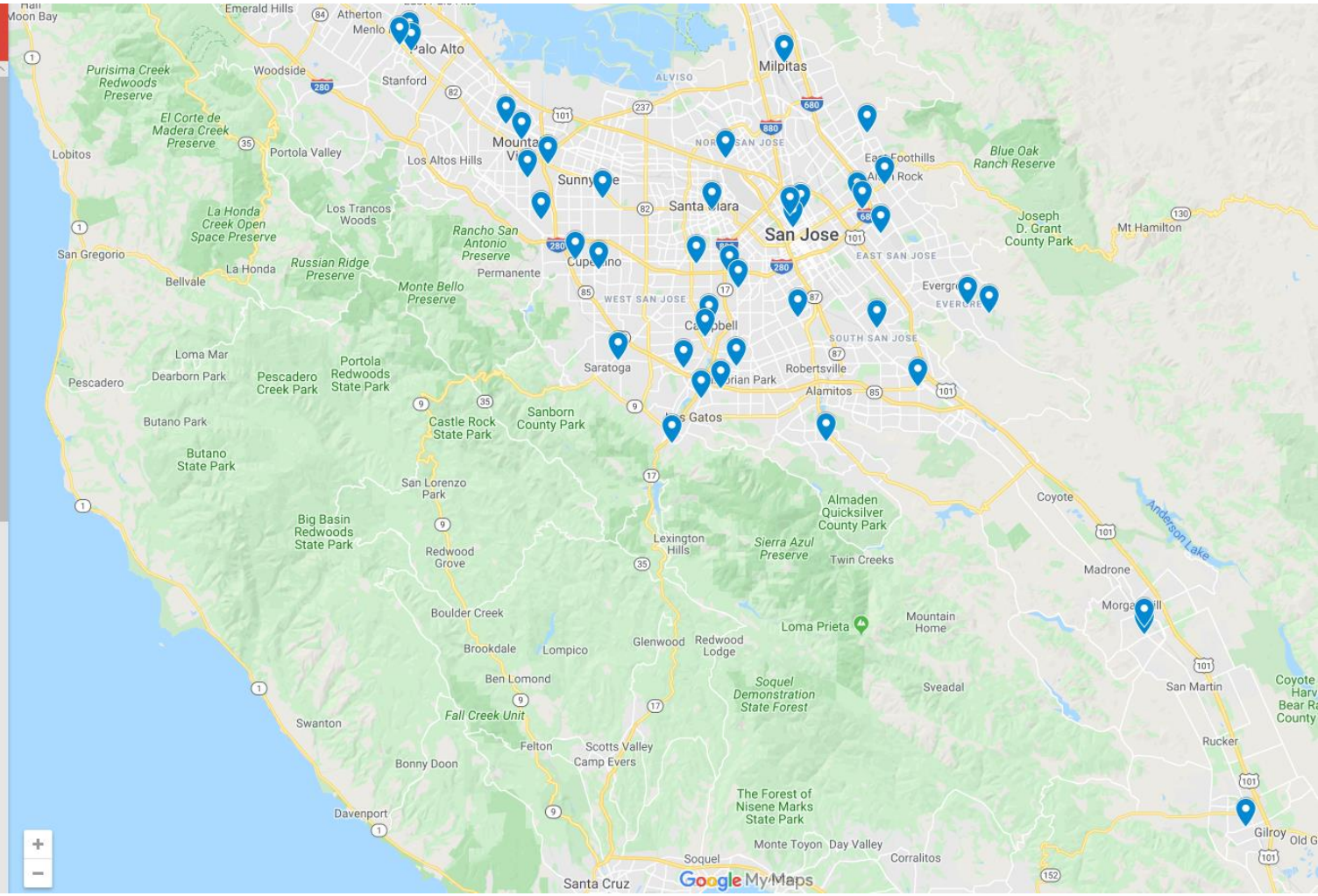
Sourcewise HICAP Med...

The Sourcewise Health Insurance Counseling & Advocacy Program offers unbiased, individualized Medicare
3,619 views
SHARE

SourceWise HICAP Medicare Counsel...

All items

- AACI-Asian Americans for Communit...
- Almaden Community Center
- Alum Rock Branch Library (Dr. Robert...
- Avenidas
- Barbara Lee Senior Center
- Bascom Branch Library
- Cambrian Center
- Camden Community Center
- Campbell Community Center
- Centennial Recreation Sr. Center
- Corinthian House
- Cupertino Senior Center
- Cypress Community and Senior Center
- Eastside Neighborhood Center
- El Camino Los Gatos Hospital, Healt...
- Evergreen Community Center, Room 2
- Gilroy Senior Center
- Health Library & Resource Center, El ...
- Hillview Branch Library
- Joyce Ellington Branch Library
- Los Altos Senior Center



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Best Practices while in a Zoom Webinar

- Use the Q&A to ask general questions about content.
- Questions will be addressed at the end
- Mute yourself during the Webinar by clicking microphone icon so it has a line through it.

What is Medicare?

- Social Security Act Title XVIII
- A federal health insurance program for citizens or five-year continuous permanent residents:
  - 65 years of age or older
  - under age 65 with a disability per Social Security
  - any age with End-Stage Renal Disease (ESRD)

Medicare is administered by the

Center for Medicare and Medicaid Services (CMS)

Parts of Medicare Law

- Part A Hospital Insurance (1965)
- Part B Medical Insurance (1965)

- Part C Medicare Advantage Plans (1999) Sold by Private Insurance Companies

- Part D Prescription Drug Coverage (2006) Sold by Private Insurance Companies

- October 1972, Section 299I of Public Law 92-603 created the National End Stage Renal Disease (ESRD) Program

Medicare Premiums

- Part A
  - Most pay $0 (fully subsidized)
  - FICA taxed work history of self, spouse or family member determines eligibility and premium

- Part B
  - $148.50 / month
  - Adjusted using 2019 Modified Adjusted Gross Income (MAGI)
    - AGI + Non-Taxable Social Security Benefits + Tax Exempt Interest Income + Excluded Foreign Income
    - Line 37 + (Line 20a-20b) + Line 8b + Lines 45 and 50

2021 Part A Premium

- Medicare due to ESRD **$0/month**
- Medicare due to disability **$0/month**
- Medicare due to age (65 y/o)
  - 40+ Social Security quarter credits* **$0/month**
  - 30-39 credits **$259/month**
  - less than 30 credits **$471/month**

***One quarter credit (QC) = $1,470 in earnings in 2021. Four credit max/year.**

2021 Part B Premium

Modified Adjusted Gross Income in 2019 :		Income-related Monthly Adjustment	You pay CMS*
Individual Tax Return	Joint Tax Return		
$88,000 or less	**$176,000 or less**	**0**	**$148.50**
$88,001-$111,000	**$176,001-$222,000**	**$59.40**	**$207.90**
$111,001-$138,000	**$222,001-$276,000**	**$148.50**	**$297.00**
$138,001-$165,000	**$276,001-$333,000**	**$237.60**	**$386.10**
$165,001-$500,000	**$330,001-$750,000**	**$326.70**	**$475.20**
Above $500,000	**Above $750,000**	**$356.40**	**$504.90**

*Deducted from Social Security Payment

Programs that pay the Part B Premium

- Full/Free Medi-Cal* with no share-of-cost
  - 138% Federal Poverty Level (FPL) income limit
  - Asset test
- Medicare Savings Programs* (QMB, SLMB, QI)
  - 100% - 135% FPL income limit
  - Asset test
  - QMB also pays the Part A Premium

*Automatic Part D Extra Help Program

100% FPL in 2021 is $1,074 and $1,452 per month for an individual and couple respectively

Medicare Eligibility

- Due to Disability (under 54)
  - Starts the 25th month of SSDI benefit payments

- Due to Age 65- eligibility starts
  - Can start no earlier than 1st day of the month of one turns 65 y/o

An individual with ESRD can start with ESRD-only Medicare and later have Medicare also due to a Disability and then Medicare also due to Age.

Eligibility for ESRD Medicare

- Have Stage 5 Chronic Kidney Disease
  - Entitlement based on ESRD and not disability
- Have worked required time under Social Security (see fully or currently insured QC rules), RRB, or as Government Employee, OR
- Already getting or are eligible for Social Security or RRB benefits
- Spouse or dependent of person who meets either of the above
- Can get ESRD Medicare at any age

When Can ESRD Medicare Start?

When	Situation
1st day of 4th month (after waiting period)	When getting regular dialysis treatments in a facility
1st day of 1st month	When you participate in a home dialysis training program and meet training/dialysis conditions
1st day of month	When you get a kidney transplant
1st day of month	When admitted to an approved transplant facility if transplant takes place in same month or following two months
2 months before transplant	When transplant is delayed more than 2 months after you're admitted to hospital for transplant or related services

When Does ESRD Medicare End?

- 12 months after the month you no longer require a regular course of dialysis, OR
- 36 months after the month of your kidney transplant

Conditions for ESRD Medicare to Continue Uninterrupted

- You continue with regular dialysis treatments, or
- You start dialysis again within 12 months after regular dialysis stopped, or
- You have a kidney transplant, or
- A regular course of dialysis starts within 36 months after transplant, or
- You receive another kidney transplant with 36 months

Conditions for ESRD Medicare to Resume/Restart

- You start a regular course of dialysis again, or get a kidney transplant more than 12 months after you stopped getting a regular course of dialysis, OR
- You have another kidney transplant more than 36 months later
- You must file a new application with SSA
  - No waiting period is imposed
- You will have a new 30-month coordination period if you have Employer Group Health Plan (EGHP) coverage.

ESRD-only Medicare Considerations

- Medicare Secondary Payer 30-Month Coordination of Benefits Period applies when one has an EGHP
  - EGHP is primary during 30-month period; Medicare becomes primary after 30-month period
  - EGHP includes active employment, COBRA, and retiree coverage. Group size doesn't matter.
  - Coordination Period starts when first eligible for ESRD Medicare, even if not enrolled
- Can enroll in Part A/B any time during COB period
- If you enroll in Part A and defer Part B, you can only later enroll in Part B during GEP.
  - No SEP for ESRD Part B; Part B penalty may apply

ESRD-only Medicare Considerations, cont.

- Rules for Dual Medicare Coverage apply
  - 30-month COB period applies only if Medicare was not primary payer on basis of age or disability at time of ESRD Medicare entitlement
  - Rule applies even if actively employed and have Medicare based on age. Medicare will become primary at end of 30-month COB.
- If you have ESRD Medicare and become 65, you will have continuous coverage
  - ESRD Medicare End rules will no longer apply
  - Automatically enrolled in Part B if you don't have it; any previous Part B penalties will be stopped

ESRD-only Medicare Considerations, cont.

- ESRD Medicare Parts A and B can be made retroactive up to 1 year if requested when both Parts are applied for together
  - Must pay any applicable premiums for retroactive period

ESRD and Dual Coverage Coordination Rules

Situation	Period	Primary	Secondary
ESRD Medicare Only w/ EGHP (active, retiree, or COBRA)	30-month COB Period	EGHP	Medicare
	After 30-month COB Period	Medicare	EGHP
Originally got Medicare due to age or disability and Medicare was primary payer, and now become eligible due to ESRD	Medicare Entitled	Medicare	EGHP (retiree or COBRA) if exists
Originally got Medicare due to age or disability and Medicare is secondary payer and now become eligible due to ESRD	30-month COB Period	EGHP (active)	Medicare
	After 30-month COB Period	Medicare	EGHP (active)

Why You Might Want Medicare During Coordination Period

- EGHP doesn't cover all medical expenses
  - Medicare may pay for some/all EGHP deductibles and coinsurance
  - Need to carefully review EGHP coverage
- You are getting a transplant soon
  - Medicare Part B will cover immunosuppressive drugs, and you can't get Part B without Part A

How to Enroll in ESRD Medicare

- Enroll at SSA Office
- Submit form CMS-2728
  - Portions of form to be completed by physician

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0046

END STAGE RENAL DISEASE MEDICAL EVIDENCE REPORT
MEDICARE ENTITLEMENT AND/OR PATIENT REGISTRATION

A. COMPLETE FOR ALL ESRD PATIENTS *Check one:* ☐ Initial ☐ Re-entitlement ☐ Supplemental

1. Name *(Last, First, Middle Initial)*

2. Medicare Claim Number | 3. Social Security Number | 4. Date of Birth *(mm/dd/yyyy)*

5. Patient Mailing Address *(Include City, State and Zip)* | 6. Phone Number *(including area code)*

7. Sex ☐ Male ☐ Female | 8. Ethnicity ☐ Not Hispanic or Latino ☐ Hispanic or Latino (Complete Item 9) | 9. Country/Area of Origin or Ancestry

10. Race *(Check all that apply)*
☐ White
☐ Black or African American
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander*
*complete Item 9
Print Name of Enrolled/Principal Tribe _____

11. Is patient applying for ESRD Medicare coverage? ☐ Yes ☐ No

12. Current Medical Coverage *(Check all that apply)*
☐ Medicaid ☐ Medicare ☐ Employer Group Health Insurance
☐ DVA ☐ Medicare Advantage ☐ Other ☐ None

13. Height INCHES ____ OR CENTIMETERS ____

14. Dry Weight POUNDS ____ OR KILOGRAMS ____

15. Primary Cause of Renal Failure *(Use code from back of form)*

16. Employment Status *(6 mos prior and current status)*

Prior	Current	
☐	☐	Unemployed
☐	☐	Employed Full Time
☐	☐	Employed Part Time
☐	☐	Homemaker

17. Co-Morbid Conditions *(Check all that apply currently and/or during last 10 years)* *See instructions

a. ☐ Congestive heart failure
b. ☐ Atherosclerotic heart disease ASHD
c. ☐ Other cardiac disease
d. ☐ Cerebrovascular disease, CVA, TIA*
e. ☐ Peripheral vascular disease*
f. ☐ History of hypertension
g. ☐ Amputation
h. ☐ Diabetes, currently on insulin
n. ☐ Malignant neoplasm, Cancer
o. ☐ Toxic nephropathy
p. ☐ Alcohol dependence
q. ☐ Drug dependence*
r. ☐ Inability to ambulate
s. ☐ Inability to transfer
t. ☐ Needs assistance with daily activities
u. ☐ Institutionalized

Covering Medicare Out of Pocket Costs

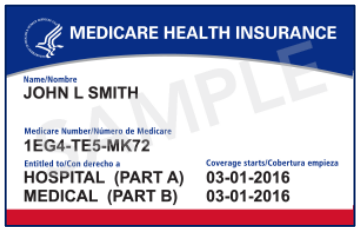
- Employer Group Health Plan (EGHP)
  - EGHP is primary to Medicare during 30-month coordination period
  - EGHP becomes secondary after 30-month coordination period
- Major Risk Medical Insurance Program (MRMIP)
- Medi-Cal (California's Medicaid Program)
- Medigap Plans in California
  - Companies still not required to sell to people under 65 with ESRD
  - 6 month guaranteed issue period at 65 y/o
- New: Medicare Advantage Plans in 2021

Two Ways to Arrange Your Medicare

1. Use Part A,B "Original Medicare"

   -Add a Medigap plan

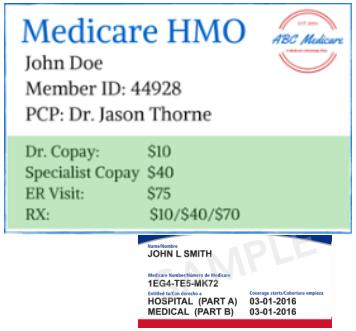
   -Add a Part D drug plan



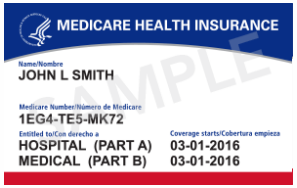
OR

2. Join a Medicare Advantage (MA) Part C plan

   -All but 1 MA Plan include Part D drug coverage



Note: Retiree/Union plans may mimic 1 or 2

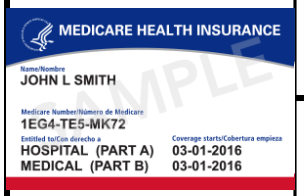


Original Medicare

- May go to any practitioner or use any hospital, nursing facility, home health/hospice agency, etc. that accepts Medicare in the U.S.
- Must be medically necessary and reasonable for your situation.
- This is <u>not</u> an HMO where a network Primary Care Provider (PCP) or Medical Group Assignment is required.

1. “Original Medicare” Fee-for-Service

Part A	❑ Inpatient hospital care ❑ Skilled nursing care ❑ Home health care ❑ Hospice care
Part B	❑ Outpatient care ❑ Physician services ❑ Annual Wellness Visit ❑ Preventive services ❑ Home health care ❑ Diagnostic tests ❑ Some therapies ❑ Durable medical equipment



$ Deductibles
$ Copays

What Does ESRD Medicare Cover

- All services covered by Original Medicare Parts A/B
- Dialysis services (inpatient or facility)
- Home/self dialysis training
- Home dialysis equipment and supplies
- Transplant and transplant preparation coverage
  - Also includes lab tests, blood, Organ Procurement and Transplant Network Registry Fee
- Full cost of donor care
  - No deductibles, coinsurance, or other costs to donor
- Coverage for immunosuppressive drugs
- Medical nutrition therapy

Not Covered by Medicare Part A or B

- Long-term skilled nursing home stay
- Routine dental care
- Dentures
- Routine Vision
- Cosmetic Surgery
- Acupuncture (besides low chronic back pain)
- Hearing aids and exams for fitting hearing aids
- Care outside the U.S.
- Other- check on medicare.gov

What ESRD Medicare Doesn't Cover

- Paid dialysis aides
- Lost wages
- Housing during treatment
- Blood for home dialysis
- Non-treatment related medications
- All the things Original Medicare doesn't cover

Original Medicare Part A Costs in 2021

When admitted into a hospital :

Days admitted	Individual's responsibility
1 – 60	$1484 deductible
61 – 90	$371 per day co-pay
91 – 150*	$742 per day co-pay

* After 150 days, the individual is responsible for all hospital costs

Skilled nursing facility after a three-day inpatient hospital stay:

Days in a Skilled Nursing Facility	Individual's responsibility
1 – 20	$0
21 – 100	$185.50 per day co-pay
101 +	All costs paid by patient

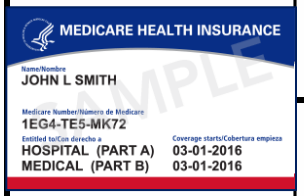
- Must meet skilled and daily requirements under a doctor's plan of care in a Medicare approved facility or Medicare will not pay
- Does NOT cover personal care alone

Original Medicare Part B Costs in 2021

- $203 annual deductible . . . then you pay . . .
- 20% coinsurance for most services
  - Physician costs
  - Hospital care as an “out-patient” (not admitted)
  - Durable medical equipment
  - Limited drugs
  - Ambulance
  - Some therapy
  - Go to medicare.gov for additional services

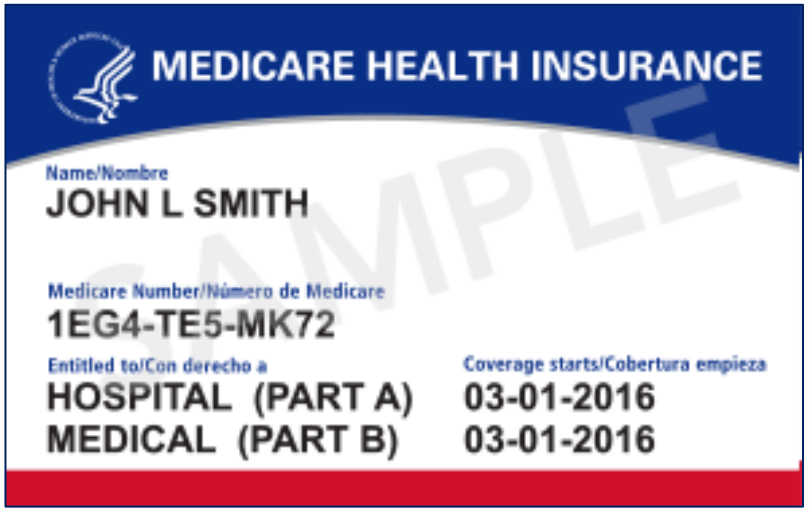
1. “Original Medicare” Fee-for-Service

Part A	❑ Inpatient hospital care ❑ Skilled nursing care ❑ Home health care ❑ Hospice care
Part B	❑ Outpatient care ❑ Doctor’s services ❑ Annual Wellness Visit ❑ Preventive services ❑ Home health care ❑ Diagnostic tests ❑ Some therapies ❑ Durable medical equipment
Medigap	❑ Plans pay A/B out-of-pocket $$
Part D	❑ Outpatient prescription drugs



$ Deductibles
$ Copays

Medigap



"Medicare Supplement Insurance"

Medigap Plan

What is a Medigap (Medicare Supplement Insurance)?

- Insurance policy sold by private companies
  - Might use health screening
- Pays Medicare A & B out-of-pocket deductibles and co-pays i.e. "Gaps"
- Ten standardized Medigap plans

  A, B, D, G (regular and high deductible) K, L , M, N

  C, F (regular and high deductible) – Pre 2020 Medicare Eligible
- Must have Part A <u>and</u> Part B at time of coverage

ESRD and Medigap

- Medigap generally not available to anyone under 65 y/o with ESRD in California
  - CA is not one of the states that require insurance companies to sell Medigap plans to customers with ESRD under age 65
- BUT . . . when you age into Medicare at 65 y/o, you have an Open Enrollment with guaranteed acceptance to purchase a Medigap even if you have ESRD.

Medigap Plan Matrix

Benefits for 2021	Plans Available to All Participants								Medicare first eligible before 2020 only	
	A	B	D	G [3]	K	L	M	N	C	F [1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	•	•	•	•	•	•	•	•	•	•
Medicare Part B coinsurance or Copayment	•	•	•	•	50%	75%	•	copays apply [3]	•	•
Blood (first three pints)	•	•	•	•	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				•						•
Foreign travel emergency (up to plan limits)			•	•			•	•	•	•
Out-of-pocket limit in (2021) [2]					$6,220 [3]	$3,110 [3]				

Medigap Sample Rates

California Department of Insurance

RICARDO LARA
Insurance Commissioner

insurance.ca.gov

Search

Need help with insurance? Call us.
Call 800-927-4357 (HELP)
Se Habla Español

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Consumer Resources

Consumer Resources

The Consumer Resources page is designed to provide you with useful information on insurance related issues. This section includes information to assist you in making informed decisions when dealing with insurance. You can also file a complaint or simply ask a question. If you do not find the information you need, we invite you to call our Consumer Hotline for assistance. Our dedicated insurance experts are available to assist you.

- File a Complaint
- Types of Insurance

Automobile	Health	Homeowner/Residential
Life & Annuity	Long-Term Care	Medicare Supplement
Pet	Specialty/Niche	TNC Ride-hailing
Workers' Compensation	Information Guides	Bail Bonds

Translate this page with GoogleTranslate

- Consumers
  - File a Complaint
  - Check License Status
  - Types of Insurance
  - Health Insurance Information
  - Company and Agent/Broker Information
  - Laws & Regulations
  - Virtual Viewing Room
  - Dealing with Catastrophes
  - Administrative Hearings and Public Programs
  - Cannabis and Insurance
  - Bail Bonds
  - Climate Change
  - Information Guides
  - Wildfire Response and Readiness

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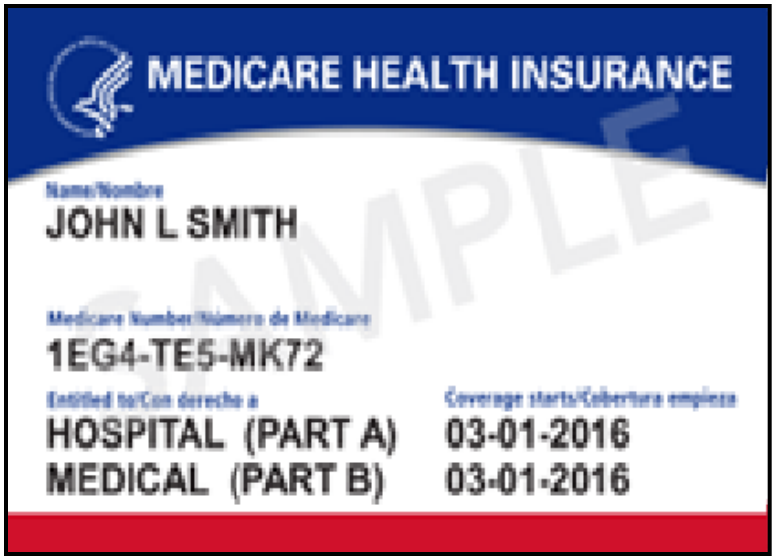
Part D



Part D Card

"Rx"

Prescription Drug Coverage - Part D

- 32 Stand-alone Prescription Drug Plans "PDPs" added to Original Medicare
  - Eligible if you have Part A, Part B or both
- All but 1 out of 55 Santa Clara County Medicare Advantage plans include Prescription Drugs – "MA-PD"
  - Must have both Part A and Part B
- Not needed if you have other creditable coverage
  - Example) most employer plans; VA drug coverage

Part D Premium 2021

- Premium: Varies by plan
  - Lowest: $7.20
  - Highest: $130.40
- National Average Base Premium: $33.06
  - Used to calculate late penalty
- Deductibles range from $0 - $445

2021 Part D Adjustment Amount

Modified Adjusted Gross Income in 2019 :		You Pay (in addition to the Part D Premium)
Individual Tax Return	Joint Tax Return	
$88,000 or less	**$176,000 or less**	**$0.00**
$88,001-$111,000	**$176,001-$222,000**	**$12.30**
$111,001-$138,000	**$222,001-$276,000**	**$31.80**
$138,001-$165,000	**$276,001-$333,000**	**$51.20**
$165,001-$500,000	**$330,001-$750,000**	**$70.70**
Above $500,000	**Above $750,000**	**$77.10**

Prescription Drug Coverage - Part D

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Medicare.gov

The Official U.S. Government Site for Medicare

Search Medicare | Search

Sign Up / Change Plans | Your Medicare Costs | What Medicare Covers | Drug Coverage (Part D) | Supplements & Other Insurance | Claims & Appeals | Manage Your Health | Forms, Help, & Resources

Need to change plans?

Find Health & Drug Plans | Log in/Create Account

See how Medicare is responding to Coronavirus | Learn More

2021 Medicare costs
See basic Medicare costs

Get started
Learn about Medicare

Find care
Search all providers & facilities

Want a new plan now?
See if you can join

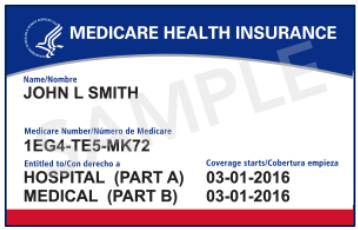
2021 Low Income Subsidy "Extra Help"

- Lower Part D Premium
- Lower cost at the pharmacy
- Eligibility
  - Income limit
    - $1,595/mo. ($19,140 per year) individual
    - $2,155/mo. ($25,860 per year) couple
  - Asset limit*
    - $13,110 (individual)
    - $26,160 (couple)

*includes $1500 burial exclusion

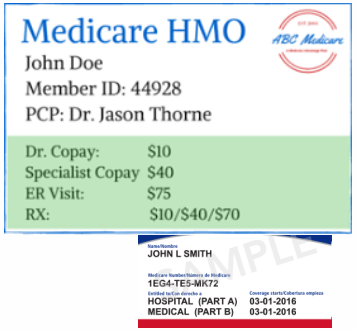
Two Ways to Arrange Your Medicare

1. Use Part A,B "Original Medicare"
   - -Add a Medigap plan
   - -Add a Part D drug plan



OR

2. Join a Medicare Advantage Part C plan
   - -All but 1 MA Plan include Part D drug coverage



Note: Retiree/Union plans may mimic 1 or 2

Medicare Advantage - Part C

Medicare Advantage Card

Medicare Advantage (Capitation)

Part C

55 MAPD Plans in Santa Clara

All but 1 MA plan include

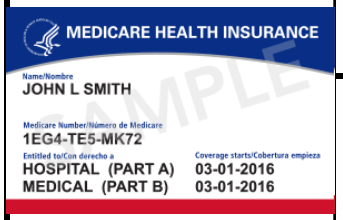
Part D

1. Original Medicare Fee-for-Service

2. Medicare Advantage Capitation

Part A

- Inpatient hospital care
- Skilled nursing care
- Home health care
- Hospice care



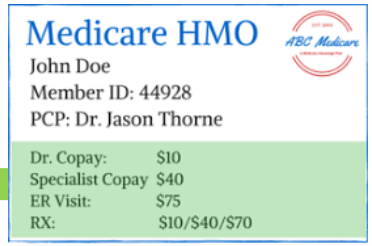
Part B

- Doctors services and outpatient care
- Home health care
- Diagnostic tests
- Some therapies
- Equipment, supplies, orthotics…
- Annual Wellness Visit
- Preventive services

A

OR

B



Part C

55 MAPD Plans in Santa Clara County

Medigap

- Plans pay A/B out-of-pocket $$

Part D

- Outpatient prescription drugs

All but 1 MA plan include

Part D

Medicare Advantage

- Plans offered by insurance company
  - Beginning 2021 beneficiaries with End Stage Renal Disease (ESRD) are now allowed to enroll in an MA plan
  - Must live in the plan service area (all or some zip codes in a county)
  - Part A and Part B benefits are assigned to the MA plan
- Hospice benefits can also be offered in an MA plan
  - Must use MA network for Hospice services
- Part B Medications – Step Therapy allowed

- Annual Enrollment Period (Open Enrollment) is October 15-December 7 each year. Plans take effect January 1st.
- Special Enrollment Periods (SEP), e.g. loss of EGHP, relocation, etc.

Medicare Advantage

- Obtain care and services from HMO contracted medical group
  - Must select and see primary care doctor first
  - Double check that your doctors/providers are all in your assigned medical group, otherwise you will have to change doctors or facilities.
- Deductibles and copayments are set by the plan
  - Pay in full for care outside plan's network (unless PPO)
  - **Maximum Out-of-Pocket Limit for Hospital/Medical costs**
  - Medigap cannot be used for Part C costs
- Extra benefits included

Fee-for-Service Medicare vs. Managed Medicare

	ORIGINAL MEDICARE with a Supplement (Medigap, Retiree/Union Plan)	MEDICARE ADVANTAGE (Part C)
Access to physicians, providers, facilities, suppliers, hospice and home health agencies	Wider – can see any one or any organization that is part of the Medicare program anywhere in the U.S.	Narrower – limited to your primary physician's medical group and it's/plans providers, facilities, etc. typically, county specific.
Prior Authorization (PA)	Less –(i) Blepharoplasty. (ii) Botulinum toxin injections. (iii) Panniculectomy. (iv) Rhinoplasty. (v) Vein ablation. High fraud items like Power Mobility Devices.	More- 4 in 5 are in a plan that requires PA for durable medical equipment, Part B drugs, skilled nursing facility stays, and inpatient hospital stays
Plan premiums (not including Part A or B)	Generally more for greater coverage: ex) $145 F plan @ 65 y/o. May increase with age. Retiree plans vary per person as well.	Typically less: $0-$101/month.
Annual Out-of-pocket copays, coinsurance, deductibles	$0 with a Plan F. $204 with a Plan G. More with other Medigaps.	Copays set by plan but up to Out-of-Pocket Maximum ($1,999 - $6700).

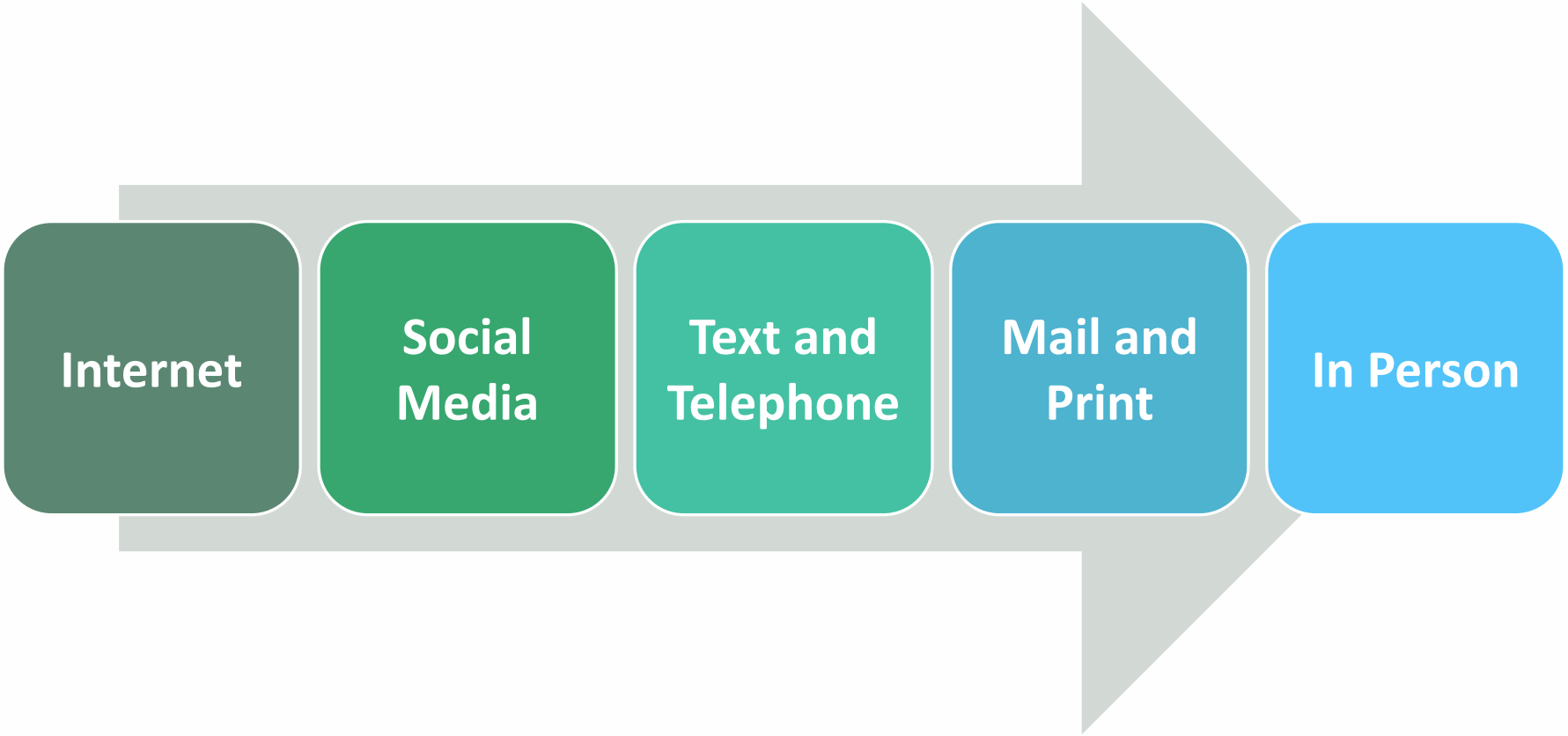
Fee-for-Service Medicare vs. Managed Medicare

	ORIGINAL MEDICARE with a Supplement (Medigap, Retiree/Union Plan)	MEDICARE ADVANTAGE (Part C)
Underwriting and rejection of application.	Yes, unless applying in a Medigap Open Enrollment period or guaranteed right period.	No, anyone with Part A and B may enroll.
Extra Benefits	Only what Part A and B provide, but Supplements may offer more, e.g. additional 365 hospital days. Some Medigaps offer dental, vision, and fitness.	Most include Part D. Some may offer preventive dental, routine vision, routine hearing, non-emergency medical transportation, meals after hospital stays, care coordination, over the counter,
Emergency and Urgent Care out of the U.S.	Included in some Medigap plans (D, G, F, N).	Included in almost all plans.

Prevent Fraud and Abuse

- Guard Your Medicare Card and your #
- “Free” genetic testing
- $200 Medicare card (None exist *yet*)
- COVID 19 testing & vaccine scams
- Phone Frauds
- Check your statements for accuracy
- Contact HICAP’s Senior Medicare Patrol (SMP) at (408) 350-3200 option 2

Methods of Contact Used by Scammers



ship state health insurance assistance programs NATIONAL NETWORK

LOCAL HELP FOR PEOPLE WITH MEDICARE

Health Insurance Counseling & Advocacy Program (HICAP)

- Call for an appointment!! (408) 350-3200

  Press 1 for English and 2 for HICAP

  Oprima 2 para Español y 2 para HICAP
- Visit mysourcewise.com
- Other Counties call (800) 434-0222

SOURCEWISE
COMMUNITY RESOURCE SOLUTIONS

Thank You!

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HICAP / Senior Medicare Patrol SMP COVID-19 Scams