MEDICARE MADE SIMPLE

SUMMARY OF BENEFITS & MORE

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THE BASICS OF A SUMMARY OF BENEFITS

MEDICARE PART A SERVICES

- INPATIENT CARE IN THE HOSPITAL
- SKILLED NURSING FACILITY CARE
- NURSING HOME CARE (inpatient care in a skilled nursing facility that's not custodial or long-term care)
- HOSPICE
- HOME HEALTH CARE

NOTES:

MEDICARE PART B SERVICES

- OUTPATIENT SURGERIES - AMBULATORY AND OUTPATIENT HOSPITAL
- DOCTORS VISITS
- PREVENTATIVE CARE SERVICES
- EMERGENCY CARE
- URGENTLY NEEDED CARE
- DIAGNOSTIC SERVICES, LABS AND IMAGING
- MENTAL HEATLH SERVICES
- REHABILITATION SERVICES - CARDIAC, PULMONARY, OCCUPATIONAL, PHYSICAL, SPEECH, LANGUAGE, PHYSICAL THERAPY, TELEHEALTH SERVICES
- AMBULANCE
- PART B DRUGS
- FOOT CARE - PODIATRY
- MEDICAL EQUIPMENT & SUPPLIES
- DME, PROTHETIC DEVICES, AND DIABETIC SUPPLIES
- HOME HEALTH
- OUTPATIENT SUBSTANCE ABUSE
- OPIOID TREATMENT SERVICES
- TELEHEALTH SERVICES
- ACUPUNCTURE SERVICES

NOTES:

SO LET'S LOOK AT A SUMMARY OF BENEFITS WITH A COUPLE OF CARRIERS TO GIVE YOU A BIGGER PICTURE.

CIGNA

UHC

WELLCARE

THE BASICS OF A SUMMARY OF BENEFITS

PART A HOSPITAL

_____ Medicare Advantage Plans must cover _____ part A services.

STANDARD MEDICARE SERVICES

All standard services that fall under Medicare part A are:

-
-
-
-
-

RULES SET BY MEDICARE

Medicare Advantage Plans are offered by _____ companies that must follow rules set by Medicare.

KEEP YOUR CARD

Make sure your clients keep their red, white and blue Medicare card in a safe place because they need it if they ever switch plans or back to original Medicare.

NOTES:

THE BASICS OF A SUMMARY OF BENEFITS

PART B MEDICAL SERVICES

_____ Medicare Advantage Plans must cover _____ part B services.

STANDARD MEDICARE SERVICES

5 standard services that fall under Medicare part B are:

-
-
-
-
-

RULES SET BY MEDICARE

Medicare Advantage Plans are offered by _____ companies that must follow rules set by Medicare.

KEEP YOUR CARD

Make sure your clients keep their red, white and blue Medicare card in a safe place because they need it if they ever switch plans or back to original Medicare.

NOTES:

DO PLANS HAVE THE SAME COVERED BENEFITS?

PART A AND PART B SERVICES

All plans must cover items that fall under Part A and Part B of Medicare.

All plan couldn't just decide to not cover inpatient hospital admittance and care.

WHAT ABOUT THE EXTRA BENEFITS ON PLANS

Dental Benefits

Plans may or may not have dental. The dental benefits may be driven by a network or just be an allowance.

Hearing Benefits

Plans may have a set copay the member must pay, a hearing aid allowance, or other hearing benefit allowance. Make sure they understand if they are subject to any network restrictions.

Vision Allowances and Benefits

Most plans will provide an allowance that allows a person to have some or all of their eye wear covered. This benefit is usually a network driven benefit.

OTC Benefit

Plans can provide a monthly or quarterly allowance to purchase over the counter items by mail, phone, or a debit card. Each plan covers different items and have a network of stores that are part of their OTC benefits. Make sure the client understands how to use this benefit.

Transportation Benefit

This benefit allows the client to access transportation for Medical needs only. One trip is used going to the doctor and one trip is used coming home. The benefit is coordinated with certain transportation carriers.

More

Plans can add additional benefits and may choose to do so based on the needs of demographics they are serving.

WHAT ABOUT ESRD (END STAGE RENAL DISEASE?

As of January 1, 2021 any person with ESRD can now enroll into a Medicare Advantage plan. Prior to this date a person couldn't enroll into a plan if they already had ESRD.

NOTES:

4 PARTS OF A DRUG PLAN

DEDUCTIBLE

Some plans will have a deductible and some will not. The deductible can apply to all tiers of a specific plan or it may only apply to the name brands, and others. The specific plans submit and have this approved each year.

INITIAL COVERAGE STAGE

So this amount changes each year. But it is comprised of: The deductible, What you pay (copays or coinsurance), and what the health plan is paying.

COVERAGE GAP OR DONUT HOLE

So If the total cost of your medication reach the specific amount for the year.a person goes into the Donut hole. That person will then pay 25% for the cost of their medication. To come out of the donut hole TROOP applies. The total cost a person has spent, and the plan has spent has to then reach a dollar amount. Then that person goes into the 4th and final stage.

CATASTROPHIC STAGE

During this stage a person will only pay the yearly designated amount (.) or 5% cost of the medicines until the calendar year ends.

Then it's ground hog day and everything starts over each year on JANUARY 1.

WHAT IF I HAVE OTHER COVERAGE?

Have your client talk to their employer, union, or other benefits administrator about their rules before you a enroll them into a Medicare Advantage plan.

Joining a Medicare Advantage plan may cause them to:

- Loose their employer coverage
- Loose Union benefits for them and their family
- Loose Spousal coverage
- Loose coverage for children

Plus they may not be able to get their coverage back

TWO BASICS EMPLOYER PLAN TYPES

Voluntary Plans

You have the ability to disenroll and then go back on that employer plan in the future.

Involuntary Plans

You won't be able to reenroll into this type of plan.

NOTES:

MOST COMMON QUESTIONS ASK BY CLIENTS?

WHAT DO I PAY?

All plans must cover items that fall under Part A and Part B of Medicare.

All plans couldn't just decide to not cover inpatient hospital admittance and care.

WHAT IS THE OUT OF POCKET MAXIMUM?

$6700 or less

What you pay out of your pocket will not exceed the OUT OF POCKET MAXIMUM each year.

WHAT ARE PRIOR AUTHORIZATIONS?

Certain Medicare services may require a prior authorization from the plan prior to the procedure. Some procedures can be authorized by the doctor.

What about referrals on Medicare Advantage Plans?

Some Medicare Advantage Plans require referrals for certain services. Historically it has been based from HMO models. Please pay close attention to the plan Summary to determine if referrals are needed.

WHAT ARE APPEALS?

When a person on a plan calls in and questions a cost or bill that has been issued they can appeal the bill. This allows the plan to review the issue and address the appeal. There are different steps to the appeal process.

WHAT ARE GRIEVANCES?

This is best summed up by saying that a grievance is a complaint against something regarding the plan: the agent, a bill, customer service, and even the level of care received by their doctor.

More

Plans can add additional benefits and may choose to do so based on the needs of demographics they are serving.

IMPORTANT

- If you already have a Medigap and join a Medicare Advantage Plan, you will need to drop the Medigap. Keep in mind that if you drop the Medigap policy you may not be able to get it back.
- A person can not be on a Medigap/Medicare Supplement and a Medicare Advantage Plan at the same time.

NOTES:

TAKE ADVANTAGE OF OTHER TRAININGS MADE AVAILABLE ON OUR MEDICAREHUB ONLINE UNIVERSITY.