My Medicare Options Workbook

January 1

2011

This workbook will walk you through the process of deciding what steps you need to take now that you are eligible for Medicare.

My Medicare Options Workbook 2011

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Introduction

We're glad you're reviewing your Medicare options. It's important to make decisions based on your personal situation. This workbook is created to help you understand what Medicare is and the options available to you. Based on **your** needs and **your** financial situation, this workbook will help you make your own choices.

First, we'll help you assess your current situation and your current coverage or what you may qualify for. Then we'll explain Medicare and how it works with other options you may have.

We're here to help you!

Senior Health Insurance Counseling for Kansas (SHICK) is here to help answer your questions. We can provide you with information so you can choose what's best for you.

If you have questions or would like help with this workbook, please call SHICK Hotline at 1-800-860-5260.

A free service of the Kansas Department on Aging, SHICK volunteers counsel and educate consumers about their rights and options. We offer information on private health insurance, public health care programs, prescription drug programs, long-term care options, fraud and abuse, and more.

Where do I start?

Keep in mind that if you already have health care coverage, it may affect your options and choices under Medicare, and any other decisions you might need to make.

Right now I have or think I qualify for:

- ☐ **Health insurance through my current job, or a spouse's or a family member's current job** – go to page 5
- ☐ **Retiree health insurance through a former job** – go to page 9
- ☐ **COBRA** (Consolidated Omnibus Budget Reconciliation Act) – go to page 11
- ☐ **TRICARE/TRICARE for Life** – go to page 12
- ☐ **Veterans Affairs benefits** – go to page 13
- ☐ **Tribal or Indian Health Services health benefits** – see page 14
- ☐ **Medicaid/State Department of Social and Health Services medical coverage** – go to page 15
- ☐ **Other health care coverage** _____ **(name of coverage)**
- ☐ **My coverage is ending or I don't have other coverage besides Medicare** – see page 16
- ☐ **No coverage**
  – go to page 16

Notes: _____

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Coverage through a current job

	Yes	No
I **still work** in a job with health insurance.		
My **spouse still works** in a job that provides my health insurance.		
My health insurance is **something other than COBRA**.		

If you answered "yes" to one of these questions, get more information from both:

- The Social Security Administration (SSA): 1-800-772-1213 or www.ssa.gov
- Your plan administrator or benefits/human resources department (see the back of your plan card)

Note: **If your health insurance is through COBRA, go to page 11.**
If your health insurance is from a job you or your spouse retired from, go to page 9.

If you have coverage through a **current job**, you may want the answers to these questions:

Questions:	Points to think about:
1. What will Medicare Part A cost me? (check one below) ☐ Free ☐ Monthly premium: $_____	• If you don't know, the Social Security Administration (SSA) can tell you. This may be based on your work history, or the work history of your current or former spouse. • Many people join Part A when they first qualify, because it's free. • Can you afford it?

Questions:	Points to think about:
2. Should I wait to join Part A until I retire? (Or if my insurance is through my spouse's job, wait until my spouse retires?) ☐ Yes ☐ No	I will retire or my spouse will retire on _____ (date). Part A pays for hospital services such as inpatient stays. If I'm getting any monetary benefit from SSA, I **must** join Part A. ☐ **If I wait, I will join Part A _____ (date).** ☐ I will join Part A as soon as I qualify.
3. What will Medicare Part B cost me? $_____	If you don't know, the Social Security Administration can tell you. Contact them at: 1-800-772-1213 or at www.ssa.gov.
4. Should I wait to join Part B? ☐ Yes ☐ No	Part B pays for medical services such as outpatient care. Some people wait to join (called "deferring") Part B because they still have adequate coverage through their employer plan. ☐ Ask Social Security what the rules are for starting Part B when you or your spouse retires to avoid any late enrollment penalties and delays in coverage. Often, you have eight months after your retirement date to join. ☐ In some cases, having both an employer plan and Part B has added benefits – for example, some people may have complete coverage with no copayments or coinsurance. ☐ Ask your plan administrator or benefits department how this will work for you. ☐ **If I wait, I will join Part B _____ (date)**

Questions:	Points to think about:
5. I have both an employer plan and Medicare. Which pays primary and which pays secondary?	**Not sure?** Ask your plan administrator or benefits department. The Social Security Administration and Medicare may also be able to provide you with information.
☐ I am age 65 or over, and the company has more than 20 workers → ☐ I am under age 65 with a disability, and the company has more than 100 workers →	Your **health insurance through the job will likely be primary** to Medicare. This means your job insurance pays first, and Medicare pays second. For this reason, you may be able to defer taking Medicare Part B until you retire, or your spouse retires. Confirm this with your plan administrator or benefits department and Social Security.
☐ I am age 65 or over, and the company has 20 or fewer workers → ☐ I am under age 65 with a disability, and the company has fewer than 100 workers →	Your **health insurance through the job will likely be secondary** to Medicare. This means Medicare pays first, and your job insurance pays second. For this reason, you may have to take Medicare Parts A and B coverage as soon as you qualify. Confirm this with your plan administrator or benefits department and the Social Security Administration.
6. If other family members have coverage through this plan, what happens to their coverage if I join Medicare?	**Not sure?** Ask your plan administrator or benefits department.
7. Do the costs and coverage of my current plan meet my needs?	☐ Yes ☐ No

8. Do I need Medicare coverage for prescription drugs?	If your employer plan provides drug coverage as good as or better than Part D, you will **not** need to buy a Part D plan. You should have a letter from your plan stating this. If you buy a Part D plan, you could lose your entire employer plan for yourself and any family members it covers, and be unable to get it back. Ask your plan administrator or benefits department to explain how your plan works in this case.
☐ Yes →	☐ Some employer plans will cancel all health insurance benefits for workers who enroll in Part D. ☐ Ask your plan administrator or benefits department how this will work for you. ☐ For help with costs, see p. 33-36.
☐ No →	☐ Ensure you have written proof your current drug coverage is as good as Part D (letter of "creditable coverage"). ☐ Your employer must send you a new letter every fall. Ask them if you don't get it or need another copy. Store it in a secure place. If your drug coverage changes and is no longer creditable, you may join Part D within 63 days with no penalty. ☐ **If I wait, I will think about Part D again on _____ (date).**
9. What happens when I retire (or my spouse retires) from the job with insurance?	**Not sure?** Ask your plan administrator or benefits department.
☐ I will have retiree coverage through the employer	☐ For guidance, see page 9 about *Retiree Plans*. ☐ If your job insurance has been primary, find out when Medicare becomes primary.
☐ I will **not** have retiree coverage through this employer	☐ If you have other options listed on page 4, read about those. ☐ Otherwise, go to page 16.

Retiree plan

	Yes	No
My former job offers insurance to retirees.		
My spouse's former job offers insurance to retirees and their spouses.		

If you answered "yes" to one of these questions, talk with both:

- The Social Security Administration (SSA): 1-800-772-1213 or www.ssa.gov
- Your plan administrator or benefits/human resources department (see the back of your plan card)

You may also need to find out:

1. Do the costs and coverage of my current plan meet my needs?	Think about your current out-of-pocket costs and whether you expect them to change.
2. Do I need Medicare coverage for prescription drugs?	If your retiree plan provides drug coverage as good as or better than Part D, you will **not** need to buy a Part D plan. You should have a letter from the plan stating this. If you buy a Part D plan, you may lose your entire retiree plan for yourself and any family members it covers, and be unable to get it back. Ask your plan administrator or benefits department to explain how your plan works in this case.
☐ Yes →	☐ Some retiree plans will cancel people with Part D coverage. ☐ Ask your plan administrator or benefits department how this will work for you.
☐ No →	☐ Ensure you have written proof your current drug coverage is as good as Part D (letter of "creditable coverage"). ☐ Your plan must send you a new letter every fall. Ask them if you don't get it or need another copy. Store it in a secure place. If your drug coverage changes and is no longer creditable, you may join Part D within 63 days with no penalty. ☐ **If I wait, I will think about Part D again on: _____ (date).**

You may be able to keep your retiree plan forever – or you may wonder about other options. If you leave this plan for another option, you may lose the right to return to it. If you're not happy with your retiree plan, review all your options, talk with your plan administrator or benefits department and a SHICK volunteer to get all the facts before you make your decision!

My notes:

COBRA

	Yes	No
I use **COBRA to maintain my health insurance** from a former job (or a spouse's former job).		
I use **COBRA to maintain my health insurance** from my current job, because I'm working reduced hours.		

COBRA (Consolidated Omnibus Budget Reconciliation Act) lets people who lose job-based health insurance continue to pay to keep that insurance for a limited time. If you answered "yes" to one of the above questions, keep the following in mind:

- Your time to enroll in Medicare is spelled out on pages 20-21.
- You do **not** automatically get an option to join Medicare when your COBRA ends!
- If you don't join Medicare when you're first eligible, you may have to wait to join it until January-March of the following year. You also may have a gap in your coverage and a late-enrollment penalty.

You may also need to find out:

1. If my COBRA covers other family members, how will my joining Medicare affect their coverage?	**Not sure?** Ask your plan administrator or benefits department. Also, talk with a SHICK volunteer about other options for covering your family.
2. If I join Medicare, will my COBRA end?	**Not sure?** Ask your plan administrator or benefits department. Also: ☐ If you have other options listed on page 4, read about those. ☐ Otherwise, go to page 16.

My notes:

TRICARE for Life

	Yes	No
I was in the military for 20 years or more.		
My spouse was in the military for 20 years or more.		

If you answered "yes" to one of these questions, you may have or qualify for **TRICARE for Life (TFL)**. TFL is insurance that works with Original Medicare Parts A and B. It provides prescription drug coverage as good as Medicare Part D, and you can see any provider who accepts Medicare. If you have TFL, you should **not** need a supplement or any other type of coverage. Medicare will send your bills to TFL and you will receive an Explanations of Benefits from both.

You may have Medicare Part D as well as TFL. Part D will **not** affect your TFL coverage or benefits.

Note: TFL also may work with Medicare Advantage plans. If you think you want a Medicare Advantage plan, talk to your plan administrator to see how this will affect your TFL benefits.

To see if you qualify for TRICARE for Life, call toll-free 1-800-538-9552 or go to www.tricare.mil. You will need your DD 214 form (U.S. military separation document).

Notes: _____

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Department of Veterans Affairs

	Yes	No
I was in the military for fewer than 20 years.		
My military discharge was honorable, general, or other than honorable, but **not** dishonorable.		

If you answered "yes" to one of these questions, you may qualify for **Veterans Affairs (VA)** services. The VA is **not** insurance, but they have sites nationwide that provide health care to **some** former service members. Not everyone with military service qualifies – VA coverage may be limited. For people who qualify, VA care is available only at VA facilities, and they also may provide you with drug coverage as good as Part D.

You might have penalties if you join Medicare Parts A and B later than when you first qualify. For this reason, Medicare recommends you make a decision during your **Initial Enrollment Period**.

VA coverage is a benefit, not insurance! You have to qualify for VA benefits through an application process. You may keep VA coverage and still have Medicare. But keep in mind, while you might have both, you may have limits on being able to use both at the same time. For example, if you get care outside the VA system, your provider may have to bill Medicare or other coverage. The VA may not be able to help fill the gaps in your Medicare coverage.

To see if you qualify for VA benefits, call 1-360-619-5925 or go to www.va.gov. You will need your DD 214 form (U.S. military separation document).

You might want to think about:

1. Will I need more medical or drug coverage than I get from the VA?	☐ Yes ☐ No
2. Will I need medical or drug coverage outside of the VA system or locations?	☐ Yes ☐ No **If yes:** ☐ Read about other options listed on page 4. ☐ Otherwise, go to page 16.

Tribal/Indian Health Services

	Yes	No
I am enrolled in a Native American tribe.		
My tribe has medical clinics for members.		

If you answered "yes" to one of these questions, you may qualify for **Indian Health Services (IHS)**. This is **not** insurance, but many tribal members can get health care services through their tribal or IHS clinics. Some people also choose to enroll in other health insurance coverage to have access to specialty care and care outside the area.

If you join Medicare Parts A and B later than when you first qualified, you may have penalties -- unless you qualify for the Medicare Savings Programs (see pages 33-36). For this reason, Medicare recommends you make a decision during your **Initial Enrollment Period**. Prescription drug coverage through IHS is as good as Medicare Part D, so you won't have any late-enrollment penalty if you ever join Part D. IHS should send you a letter stating this. Keep this letter in a safe place.

To see if you qualify for tribal/IHS coverage, and what is covered, talk to your local tribal or IHS clinic.

You might want to think about:

1. Will I need more medical or drug coverage than I get from my tribe or IHS clinic?	☐ Yes ☐ No
2. Will I need medical or drug coverage outside of the tribal or IHS clinic system or locations?	☐ Yes ☐ No **If yes:** ☐ Read about other options listed on page 4. ☐ Otherwise, go to page 16.

Some people find that having a Part D plan helps with getting prescriptions IHS does not cover. Starting in 2011, all IHS-paid prescriptions count towards your Part D out-of-pocket costs and may help you meet your deductible sooner.

Now go to page 16.

Medicaid/Kansas State Department of Social and Rehabilitation Services

	Yes	No
I already have full medical coverage through the state Medicaid program (i.e., due to receiving Supplemental Security Income, etc.).		
I received a letter saying I will get full medical coverage through the state Medicaid program after I meet a "spend-down."		

If you answered yes to either question, you may qualify for Medicaid. The state provides full medical coverage under the Medicaid program to some people who are age 65 or over, are blind, or have disabilities. You also must have limited income and assets to qualify.

If you already have Medicaid, and become eligible for Medicare, you must join Medicare Parts A, B, and D. If you don't join on your own, the state and Medicare will enroll you.

Medicaid has many programs, but often people with both Medicare and Medicaid have most medical costs paid for them. You may still have some out-of-pocket costs.

You might want to think about:

1. What out-of-pocket costs will I still have?	Ask your Department of Social and Rehabilitation Services (SRS) caseworker.
2. What Part D plan will best meet my needs?	See pages 25-32 for help figuring this out.

Learn the basics about Medicare

What is Medicare?

Medicare is:

- Health insurance from the federal government
- For Americans age 65 and over, and some people under age 65 with certain disabilities
- **Not** based on your income
- **Partial** coverage for medical costs

Doesn't Medicare cover everything?

No. Medicare covers only part of certain medical costs. (See also the *Medicare Covered Services Parts A/B* chart at www.sedgwick.ksu.edu or call the SHICK Hotline at 1-800-860-5260 for a copy.) For this reason, many people with Medicare choose to get other coverage as well. This workbook will help you figure out your options.

Medicare has four Parts:

- **Part A:** Hospital care
- **Part B:** Medical care

  Together, Parts A and B are sometimes called "Original Medicare" or "Traditional Medicare."

- **Part C (Medicare Advantage** or Medicare Health Plans)**:** **Optional**, privately-run health plans that **substitute** for Original Medicare as long as you have the plan, and sometimes include Part D. These plans must provide the same benefits as Original Medicare, but may provide them in a different way (such as with different copays or coinsurance). If you leave Medicare Advantage, you return to Original Medicare.

- **Part D: Optional**, privately-run prescription drug plans. These may be stand-alone plans covering prescriptions only, or included in a Medicare Advantage plan.

For more details on what each part of Medicare covers, see the current version of *Medicare and You*. For a copy, ask a SHICK volunteer or call 1-800-MEDICARE (1-800-633-4227).

Is Medicare the same as Medicaid?

No.
Medicaid is:

- A jointly-run federal and state program (run in our state by the Department of Social and Rehabilitation Services or SRS)
- For people who meet income and asset limits, and are age 65 or over, blind, or have a disability
- Made up of several programs that cover some or most medical costs

Can someone have both Medicare and Medicaid? Yes, some people with lower income qualify for both.

Need help paying for it all? Go to pages 33-36.

Did you know, there are two main ways to have Medicare?

This section of the workbook will explain Original Medicare, and how it works with other options you may have, including job-based plans, retiree plans, VA or tribal benefits, Medicare Supplement (Medigap) plans, and Medicare Part D. We'll also explain Medicare Advantage and how it works with other coverage. Here's an overview of the two main ways to have Medicare:

Two main ways to have Medicare

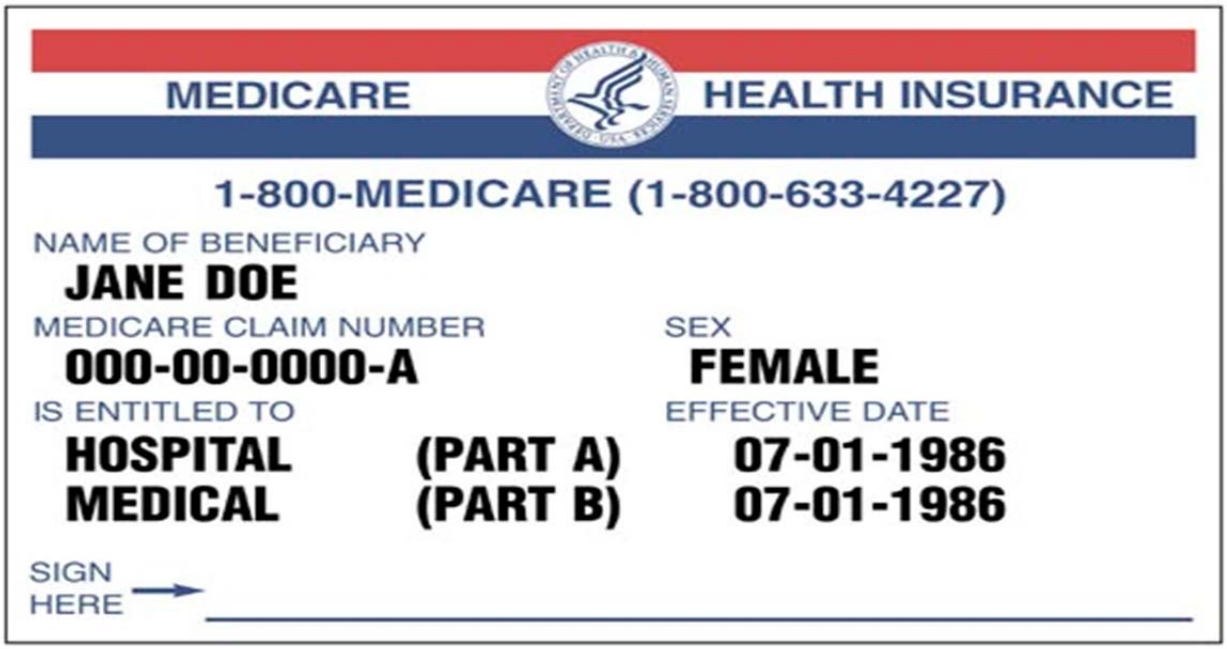
	Original Medicare (run by the federal government)	**Medicare Advantage plans** (run by private insurance companies)
What does it include?	**Original Medicare** has two parts. You may have one or both: • **Part A** - Hospital insurance: Covers care you receive in inpatient hospital settings • **Part B** - Medical insurance: Covers your doctor visits, lab work, durable medical equipment, etc.	**Medicare Advantage** (MA) plans are **optional** private insurance plans that **substitute** for Original Medicare. • You still have Medicare, but are **not** in Original Medicare. If you leave the MA plan, you return to Original Medicare. • You **must** have Medicare Parts A and B to join an MA. • MA plans must provide all Medicare-covered services to you. You use the MA plan's card, not your Medicare card, when getting medical care. • MA plans may have different rules and different out-of-pocket costs than Original Medicare does.
Does it include coverage for prescription drugs?	**No**. If you have Original Medicare and want drug coverage, you may want to think about joining an **optional** stand-alone Part D plan. This is a private insurance plan that covers prescription drugs only.	**Maybe**. Check with the plan. Some Medicare Advantage plans include Part D. For more details on these plans, see the publication *Medicare and You*.

Notes: _____

Original Medicare

Can I have only Medicare and no other health care coverage? Yes. If you do, keep in mind Medicare does **not** cover everything! If you have only Medicare, you may want to plan for how to pay the out-of-pocket costs.

What does the Medicare card look like?



Protect yourself from fraud! Your Medicare Claim (or ID) Number includes your Social Security number! Protect this card like you would a credit card, bank statement or other private information!

What does Original Medicare cost?

Original Medicare has a monthly premium. This is a cost you pay every month to have Medicare coverage.

Part A (hospital coverage)	Is **free for most people**. Some people may have to pay a premium if they (or their spouse) earned fewer than 40 credits (often worked fewer than 10 years) in jobs that paid into Medicare. For current premium rates, visit the Online S Shoppers Guide at www.ksinsurance.org.
Part B (medical coverage)	This has a **standard monthly premium for most people**. Some people with higher incomes may have higher premiums. For current premium rates, see the Medicare & Your Handbook.

Original Medicare has deductibles. These are costs you must pay first, before Medicare starts to pay. For current deductible amounts, see the *Medicare Covered Services Parts A/B* chart. Medicare has deductibles for:

- Inpatient hospital stays up to 60 days
- Medical coverage
- The first three pints of blood

Original Medicare has coinsurance. This is the percentage of the cost you must pay at the time you receive a medical service.

Preventive Benefits
Starting in 2011, Original Medicare has no out-of-pocket costs for many preventive services and screenings. For details, see the current *Medicare and You* publication.

For medically necessary care, Medicare often pays 80 percent of the Medicare-approved amount. This is the amount Medicare says is a reasonable reimbursement for that service (and may be lower than what the provider bills). Your coinsurance is usually 20 percent of the Medicare-approved amount.

Example: Office visit to your primary care doctor:

Your doctor bills Medicare:	$150
Medicare's approved amount for this service:	$100
Provider must write off:	$ 50
Medicare pays 80% of $100:	$ 80
You pay (your copay – 20% of $100):	$ 20

Original Medicare allows excess charges. Some providers who treat patients with Medicare do **not "accept assignment."** This means they may bill patients an additional 15 percent above the Medicare-approved amount.

Example: Office visit to a doctor who does <u>not</u> accept assignment:

Your doctor bills Medicare:	$150
Medicare's approved amount for this service:	$100
Medicare pays 80% of $100:	$ 80
Your copay (20% of $100):	$ 20
Provider bills you excess charge (15% of $100)	$ 15
Your total bill (your copay plus excess charge)	$ 35
Provider must write off:	$ 35

Original Medicare has non-covered services. Original Medicare (Parts A and B) does **not** pay for prescription drugs, long-term care, routine dental services, routine vision care, and other services. For more information, see the current version of *Medicare and You*

When and how do I join Original Medicare (Parts A & B)?

- **If you started getting Social Security retirement or disability benefits before age 65:** The Social Security Administration automatically enrolls you in Medicare Parts A and B. Medicare will let you know the effective date, and will also give you the option to defer Part B.

- **If you haven't yet applied for Social Security benefits:** You will need to enroll in the parts of Medicare that fit your situation. This will **not** happen automatically. You may join Medicare Parts A and B during your **Initial Enrollment Period** - the seven month window surrounding the month of your 65th birthday. This includes the three months before your birthday month, the month of your birthday, and the three months after your birthday month.

Are you part of the Railroad Retirement Board (RRB)?

If yes, contact the RRB. They will help you enroll in Medicare! Call 1-877-772-5772.

Example: This person with a July 17 birthday may join Medicare Parts A and B from April to October:

						Birthday **July 17**					
Enrollment Period											
Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
If you join during:			Three months before			Month of	Three months after				
Medicare starts:			July 1			August 1	Oct. 1	Dec. 1	Jan. 1		

If you are joining Medicare because you are turning age 65, **circle** your birthday month in the chart below. Then **circle the three months before and the three months after**.

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.

These are the seven months **you** can join Medicare! We suggest you make your decisions **early** and enroll in Medicare Parts A and B soon as possible, so your benefits can start without any delays.

How do I join Medicare Parts A and B? Most people enroll through the Social Security Administration (SSA). Use one of the following options:

- **Call** the SSA at 1-800-772-1213
- **Go online** to www.socialsecurity.gov
- **Visit your local SSA office**. In my community, this is at (address):

  _____.

  Not sure where the local SSA office is?

  - Look in the federal government section of your phone book
  - Call the SSA at 1-800-772-1213, or
  - Go to www.socialsecurity.gov

What else do I need to do?

- **If you have other coverage that meets your needs and is affordable** (such as a job-based or retiree plan, TRICARE for Life, Veterans Affairs benefits, Indian Health Services or tribal benefits) review any additional points to consider on pages 4-15.
- **If you have no other coverage, or your current coverage doesn't meet your needs,** continue to page 22.

Outside the seven months around your birthday?

You may still join Medicare during these times:

- If you have been insured through a current job (or a spouse's current job), during the eight months after the job with insurance ended. This is a Special Enrollment Period for people who've been covered by insurance through a current job.
- Every year from Jan. 1 – March 31, the General Enrollment Period occurs. Your coverage will start July 1, and you may have to pay a late-enrollment penalty.

Looking for a way to fill Medicare's gaps?

If you don't have any of the types of coverage on pages 4-15, or if you have them, but they don't cover what you need, you still have options!

Private insurance companies sell plans specifically for people with Medicare. Those private insurance plans are all **optional** and include:

- Medicare Supplement (Medigap) Plans
- Medicare Part D plans
- Medicare Advantage plans

What are Medicare Supplement (Medigap) plans?

These plans are an **optional** way for people with Original Medicare to cover some or all out-of-pocket costs, such as deductibles and copays or coinsurance.

What do Medigap plans cover? Each Medigap plan has a Plan letter (A-N), which is different than the Parts of Medicare (A-D). These plans are **standardized**, meaning the federal government sets the benefits each Plan letter (A-N) must cover. Plans with the same letter cover the same benefits. For example, a Plan F from one insurer covers the same benefits as a Plan F from a different insurer, despite any differences in cost. See what each plan letter covers at *www.ksinsurance.org*. Based on the plan you buy, you will have either lower or no out-of-pocket costs when you receive Medicare-covered services at a participating provider or hospital.

Medigap plans do **not** cover prescription drugs. If you choose one, you might also want to think about buying a Part D plan. See information about Part D starting on page 25.

Beware!

Medigap plans do not fill gaps in Medicare Advantage plans. People with Medicare looking for other private insurance choose between Medigap and Medicare Advantage plans, but don't have both. For more information on Medicare Advantage, see page 37.

If you buy a Medigap plan, the benefits under that plan will never change and the plan may **not** drop you as long as you pay your premiums. This is called **Guaranteed Renewable**.

Can I buy a Medigap plan?

You can, if you have both Medicare Parts A and B. You also must be able to pass or be exempt from taking a **written** health screening.

You can buy a Medigap plan without taking a health screening **during your first six months with Medicare Part B**. This is sometimes called the Medigap **Open Enrollment** period or **Guaranteed Issue**. **There is <u>no yearly Medigap Open Enrollment</u> to change plans.**

If you miss your Medigap Open Enrollment, Medigaps do **not** have to sell to you. They can require you to pass a written health screening and deny you based on your health.

Beneficiaries with disabilities. Disabled beneficiaries under the age of 65 have equal access to all Medicare supplement policies sold in Kansas.
Upon enrolling in Medicare Part B, a disabled beneficiary has a 6-month enrollment period to buy supplemental coverage. That period begins the day Part B coverage becomes effective. Supplemental policies must be sold at the same rate as for seniors who turn 65 and are eligible for Medicare.
Disabled Medicare beneficiaries cannot be turned down for any Medicare supplemental plan being sold in Kansas during the initial 6-month open-enrollment period.
Coverage will be guarantee issue, but the same pre-existing condition limitation as applies to age 65 beneficiaries may apply. A second open-enrollment period will apply when the disabled Medicare beneficiary turns 65.

Are you leaving a Medigap plan?

If you change from a Medigap to a Medicare Advantage plan or other replacement plan, it's up to you to cancel your Medigap coverage.

If you paid a yearly premium for your Medigap plan, the law doesn't require the plan to refund you any portion of that premium.

Remember not to cancel your old plan until you verify you are active in your new coverage.

When can I buy a Medigap plan? Unlike other private insurance that works with Medicare, there is no yearly open enrollment to join a Medigap plan. You can apply to the insurance company directly to buy a Medigap plan at any time, but the insurer could also require you to pass a health screening before it will sell to you. There are certain times when you may be exempt from taking the health screening, including if you:

- Are in your first six months with Medicare Part B.
- You have Original Medicare and are enrolled under an employer group health plan (as an employee, retiree or dependent) and you stop receiving coverage under the group plan.
- You are in a Medicare Advantage Plan (or PACE plan) and your plan is leaving Medicare, stops giving care in your area, you move out of the plan's service area, or the plan violates an important rule outlined in your policy.
- You are in a Medicare Select Plan (or PACE plan) and you lose coverage because your plan is leaving Medicare, stops giving care in your area, you move out of the plan's service area, or the plan violates an important rule outlined in your policy.
- Your Medicare supplement insurance company goes bankrupt and you lose coverage, or your Medicare supplement coverage otherwise ends through no fault of your own.
- Left a Medigap plan for Medicare Advantage, and want to return to your Medigap plan within 12 months. Joined Medicare Advantage when you first joined Medicare, and want to leave that for a Medigap plan within 12 months. In these cases, you may still be limited to Medigap plans available to people in your age group.
- You lose eligibility for Medicaid.

For details about whether you are exempt from the health screening, call the SHICK Hotline at 1-800-860-5260 and ask to speak with a SHICK Counselor.

What do Medigaps cost? See Kansas Supplemental Insurance shoppers guide available at www.ksinsurance.org for a list of available plans and monthly premiums.

If a Medigap plan denies you coverage based on your health, you have these options:

- Ask the Kansas Insurance Department to talk to them
- Apply for a Medigap plan with a different company
- Apply for a Medicare Advantage plan (see pages 37-40)

If you get a Medigap plan, in addition to the premium for that plan, you still pay your monthly premiums for Medicare Part B (and Part A, if any).

Also, some Medigap plans have a wait period to cover pre-existing conditions. This wait period may last up to six months, even if you're in your Medigap Open Enrollment.

You might be able to have the plan waive this wait period if you are replacing other creditable coverage within 63 days.

What are Medicare Part D (prescription drug) plans?

These plans are an **optional** way for people with Medicare to have prescription drug coverage. Most people must enroll to have Part D – it's usually **not** automatic. The plan may be a stand-alone plan, or included as part of a Medicare Advantage plan. For more information on Medicare Advantage plans, see page 37.

What do Part D plans cover? Prescription drug costs only. Each plan has a **formulary**, or list of drugs it covers. It may have rules about how it covers specific drugs. For example, for certain medications, the plan may have quantity limits, or requirements that you try other drugs first.

Who can buy Part D plans? Anyone with Medicare Part A, Part B, or both, of any health status. You also must live in the plan's service area. **You can only have one Part D plan at a time.**

What do Part D plans cost? Costs vary widely. Part D plans have a monthly premium, and also can have deductibles and copays or coinsurance. Starting in 2011, people with incomes above $85,000 (singles) and $170,000 (couples) will pay higher premiums.

Penalties for deferring Part D

While Part D is optional, some people who join Part D later than when they first qualify may have to pay a late-enrollment penalty. For more information about whether you will have a penalty if you defer Part D, see "Do I really need Part D?" on page 27.

Some plans may include a coverage gap (sometimes called the "donut hole"), which is like a second deductible you might have to meet after the plan has paid out a certain amount of benefits. However, Medicare is phasing out the donut hole by 2020. You still pay your premiums for Medicare Part B (and Part A, if any).

Your costs for Part D also can vary widely based on the:

- Plan you select
- Medications you take
- Pharmacies you use to get prescriptions filled

If you have a late-enrollment penalty for Part D, the plan will add this to your premium. For the most current estimate of your out-of-pocket costs, go to www.medicare.gov, or ask a SHICK volunteer for help.

Once I choose a Part D plan, do I have to keep it forever? No. You can change plans every fall. Your new plan will start Jan. 1. Some people also get more chances to change, or special enrollment periods for other events (such as moving, qualifying for help with costs, etc.). To switch plans, just enroll in the new plan (your new plan will notify your old plan).

Need help paying for it all? Go to pages 33-36.

Do I really need Part D?

To help you make this decision, think about these questions, and check the answers that apply to you.

1. Do I already have drug coverage?

☐ No: I might want to think about getting Part D as a way to cover any prescription needs I have. If I don't currently take prescription drugs, I also might want to think about whether it's worth it to me to buy into Part D now, to avoid any late-enrollment penalty if I decide I need Part D in the future.

☐ Yes, go to Question 2.

Remember: Keep any "creditable coverage" letters you receive!

2. Is my drug coverage from TRICARE for Life, Department of Veterans Affairs, a tribe, or Indian Health Services?

☐ No, go to Question 3.

☐ Yes, my coverage is **as good as or better than ("creditable to") Part D**. This means I can keep this coverage and defer joining Part D with **no** penalty. My plan or benefits administrator may send me a written statement about this. If I don't have a written statement, I can call my plan or benefits administrator and request one.

3. Is my drug coverage as good as or better than Part D?

☐ No, I might want to think about getting Part D to ensure I have coverage and avoid any late-enrollment penalty. I'll ask my plan or benefits administrator if getting Part D will affect my medical coverage, or any family members on my coverage.

☐ Yes, I can keep my coverage and defer joining Part D with **no** penalty. My plan or benefits administrator will send me a letter every fall saying

whether my drug coverage is still as good as Part D. If I don't receive a written statement, I'll call them and request one. If my coverage changes in the future and is no longer as good as Part D, I can join a Part D plan within 63 days with no penalty.

☐ I don't know. I need to call my plan administrator or benefits department and request a written statement to clarify this.

Do your homework before you change plans!

Some people think about joining Part D if their current drug coverage is too costly or doesn't cover what they need. Be careful! Before you do this, talk with your plan or benefits administrator to find out how joining Part D will affect your current plan, and any family members covered by your current plan.

Questions to ask about any Part D plan

Look at cost, coverage, and convenience. The best way to find answers to these questions is to look up the plan at www.medicare.gov, and then to call the insurance company selling the plan to verify the information you found. Before joining any plan, make sure you have answers to the questions below. If you want help with your research:

- Make an appointment with a SHICK volunteer by calling the SHICK at 1-800-860-5260!
- Call 1-800-MEDICARE (1-800-633-4227) and ask a customer service representative to help you search plans.

Answering these questions may help you with your choice as you review Part D plans:

• Are all my medications on the formulary? • Do any of my medications have limitations, such as requiring prior approval, use of tiers, or quantity limits?	☐ Yes ☐ No ☐ Yes ☐ No
• What pharmacies can I go to with this plan? • Will I have different costs depending on which ones I go to?	☐ Yes ☐ No
• What is the total yearly cost for the plan?	$ _____
• What is the monthly premium for the plan?	$ _____
• Do I have to meet a deductible before the plan starts to provide coverage? • If yes, how much is it? • How long does it look like it will take me to reach that amount?	☐ Yes ☐ No $ _____ _____
• What will I have to pay each month for my medications? • Will there be any variation month to month, such as when I reach	$ _____

the coverage gap (donut hole)? Note: Medicare is phasing out the donut hole, so by 2020 after you meet your deductible you will no longer have to pay 100 percent of your plan-covered drug costs.	
• If I get medications by mail order, will this save me money?	☐ Yes ☐ No
• Can I get my medications in 90-day supplies? • Will this save me money?	☐ Yes ☐ No ☐ Yes ☐ No

Other things to know

What if I am prescribed a new medication that is not on the formulary? In general, no matter what plan you join, you have several options:

- Ask the plan for an exception.
- Ask your doctor if there is another medication that will meet your needs which is on your plan formulary.
- Find other ways to help with costs, such as getting samples from your doctor, asking your doctor if you can get a higher dose and then cut pills in half, apply for help from a pharmaceutical company or drug discount card, etc.
- Pay for that medication out-of-pocket.

When can I change plans if I find my plan is not working for me? In general, most people can change yearly during the fall Open Enrollment Period. Changes take effect Jan. 1. People who have Part D Extra Help, Medicare Savings Programs, or Medicaid medical coverage can change every month if they wish. For more details on these programs, see pages 32-35. For specifics on whether you can change sooner than once a year, call the SHICK Hotline at 1-800-860-5260 or call 1-800-MEDICARE (1-800-633-4227).

When may I join a Part D plan?

If you are turning age 65, you can join Part D in your **Initial Enrollment Period**, the seven months around your birthday month. See pages 20-21 for details.

If you already have Medicare, you can join Part D every fall. The plan starts Jan. 1. If you've never had Part D drug coverage, or you've had drug coverage not as good as Part D, you may have to pay a late-enrollment penalty.

Under age 65 and starting Medicare for disability? If yes, you can join Part D plans during the seven months around your Medicare **effective** month.

Deferring Medicare Part B due to a current job-based plan? If yes, refer to pages 27-28 to decide whether it makes sense to join or defer Part D, based on your situation.

You also may have special enrollment periods to join Part D at other times in the year, such as if you lose creditable coverage, or if you receive Extra Help, Medicare Savings Programs or Medicaid. See pages 33-36.

Be careful! Before joining Part D:

- Review pages 27-28 to think about all of your options first. You might already have the drug coverage you need through another source.
- Use www.medicare.gov to compare Part D plans based on your current prescription needs. If you need help, call the SHICK Hotline at 1-800-860-5260 and ask to speak with a SHICK volunteer in your area!
- Call the plan directly and confirm the information you received from the www.medicare.gov website.

How do I join a Part D plan?

- With the help of a local SHICK volunteer: _____(phone)
- By phone with Medicare at 1-800-MEDICARE (1-800-633-4227)
- By calling the plan directly
- Online at www.medicare.gov

Come to an enrollment event!

Some SHICK groups offer Part D walk-in events during open enrollment. Call your local SHICK group to find out when events take place in your area.

Call our SHICK Hotline at 1-800-860-5260 and ask for the SHICK group in your local area.

Do I qualify for help paying for Medicare?

I'm not sure I can afford Medicare. Is there help with costs? Yes! You might qualify for help depending on your income and assets. If your income and assets are under certain amounts, you may qualify for help with costs.

For more information call the SHICK Hotline at: 1-800-860-5260

What else do I need to know about programs that help with costs?

- Keep copies of your applications.
- If you talk with someone about applying or ask questions, write down that person's name, title, phone number, the date you speak, and the information you receive.
- If you already have creditable drug coverage under an employer or retiree plan, talk to your plan administrator about whether Part D Extra Help will impact your coverage.
- Do **not** accept a verbal denial, as you have no appeal rights with these! If anyone tells you that you don't qualify, let them know you want **a written decision with appeal rights**.
- If you qualify for coverage through these programs:
  - You may have to choose from certain plans to get the lowest cost. For example, for Medicare Part D, **benchmark** plans are plans with no monthly premium for most people with Extra Help. But each case is different, and some people with Extra Help save more money on a non-benchmark plan, based on their medications. Review all your options before you join.
  - These programs may affect any coverage you already have, especially employer/retiree plans. See also pages 4-15, and talk with your plan administrator or benefits office.
- If you apply for and receive the Part D Extra Help, within a few months SSA will:
  - Alert the Kansas Department of Social and Rehabilitation (SRS) offices that you may also qualify for Medicare Savings Plans (MSPs).
  - Enroll you in a Part D plan, if you have not joined one yourself.
- We suggest you review options on pages 4-15 first to see if there is other help or coverage you qualify for.
- You'll need to make some decisions on how you receive your Medicare benefits:
  - You could keep Original Medicare, which means you'll have Medicare Parts A and B through the federal government. If you have only Extra Help, or an MSP that pays only your Part B premium, you could still look into other options to fill Medicare's gaps.

- You could buy a Medicare Advantage (MA) plan (see page 37), which will replace Original Medicare as long as you are enrolled in the MA plan. The MA plan may provide extra benefits. You might have premiums, deductibles, and copays for this plan type – before you join ask the plan for details about what it will charge you. The MA plan, not Medicare, decides what you pay. Also, ask your providers if they take this plan. If you leave the MA plan, you return to Original Medicare.

- If you qualify for Medicaid, check on the following:
  - Some people with **full** Medicaid don't need other coverage –Medicaid fills all Medicare gaps just like a supplement plan.
    - To find out about your situation, call SRS at 1-888-369-4777 and ask for their Coordination of Benefits Unit.

- Find out whether your providers will take Medicare and Medicaid coverage. In some communities with few providers who take this coverage, people with both Medicare and Medicaid look into joining a Medicare Advantage plan with a provider network to ensure they have adequate provider coverage.

Are there programs to help me pay for Medicare?

Part D Extra Help

If your income and assets are under the amounts listed in the *Need Extra Help paying for your prescription drugs?* brochure, you may qualify for **Part D Extra Help**. Extra Help pays for some of your Part D premiums, deductibles, and copays.

Want to apply?

Get help:

- In person from a volunteer at the local SHICK office:
  _____ (location/phone)
- At the local Social Security Office:
  _____ (location/phone)
- By phone at 1-800-772-1213 (Immediate Claims-Taking Unit) or online at www.socialsecurity.gov

Medicare Savings Programs

If your income and assets are under the certain amounts listed you may qualify for Medicare Savings Programs (MSPs). MSPs may pay your Part B premium, and in some cases your Parts A and B deductibles and copays. The state Department of Social and Rehabilitation Services (SRS) decides eligibility for MSPs in this state. For information on how to apply, see the Medicaid section below. For more information contact your local SRS office.

Medicaid

If you meet income and asset limits, you might qualify for **full** Medicaid coverage through the Kansas Department of Social and Rehabilitation Services (SRS), in addition to your Medicare. If you are close to the limits, you may qualify with a spend-down, where Medicaid picks up medical costs after you incur some of the costs yourself. In some cases, Medicaid may cover almost all medical costs not covered by Medicare.

Want to apply?

Get help:

- For MSPs, in person from a volunteer at the local SHICK office:
  _____ (location/phone)

For MSPs and all other Medicaid/SRS programs:

- At the local Social and Rehabilitation Services Office (SRS):
  _____ (location/phone)
- Request a paper application from your local SRS Office
  _____ (phone)

- Call 1-888-369-4777
- Online at www.srs.ks.gov

What are Medicare Advantage (Medicare Part C or Medicare Health) plans?

These plans are **optional** private insurance coverage for people with Medicare. These plans **substitute** for Original Medicare as long as you're in the Medicare Advantage (MA) plan. Do **not** throw away your Original Medicare card, as Medicare is **not** going away! If you leave the MA plan, you will return to Original Medicare. Store your Medicare card in a safe place!

New changes affecting Medicare

When you see changes in the law affecting Medicare coverage, often the law applies to Original Medicare only. If you have a Medicare Advantage plan, ask your plan for details about whether any changes to the law affect you.

What do Medicare Advantage plans cover?
The private insurance company that sells you the plan must provide you all Medicare-covered services, and may offer other coverage as well, such as dental, vision, or Part D prescription drug coverage. The plan can create and follow its own rules about how it provides you these services. For example, it may charge you different deductibles and copays or coinsurance than under Original Medicare. It also may have rules about which providers you may see for your care, that are different than the Medicare rules.

Coverage also depends on the plan's structure. Most Medicare Advantage plans have one of the following structures. Make sure you understand how the plan works and any limits on providers you can see before you join!

1. **Health Maintenance Organizations (HMOs):** The plan covers care only with providers within the plan's network. You must have a primary care doctor in the network, and get referrals from that doctor to see specialists.
2. **Preferred Provider Organization (PPO):** The plan covers more if you go to providers within the plan's network, but still covers some costs if you see providers outside the plan's network.
3. **Private Fee-For-Service (PFFS):** CMS does not require providers, including physicians, home health agencies, and equipment suppliers to accept the terms of a PFFS plan. It is critical to know that any provider may choose to accept or not accept the terms of the PFFS plan each time a

Preventive care

Wonder if a Medicare Advantage plan has out-of-pocket costs for preventive care and screenings? Contact the plan directly for details.

patient visits the provider. Enrollees cannot trust that their preferred doctors and hospitals will remain PFFS providers even if they received covered services through these providers previously.

What do Medicare Advantage plans cost? Costs vary widely. These plans generally have a monthly premium, and may also have deductibles and copays or coinsurance. In many cases, plans with lower monthly premiums have higher deductibles, copays and coinsurance.

If the plan includes Part D coverage, the premium could be higher, and you may have separate deductibles, copays, coinsurance, and a coverage gap (or "donut hole") for your drug coverage. *Note: Medicare is phasing out the donut hole by 2020.*

You still pay your premiums for Medicare Part B (and Part A, if any).
Your costs for Medicare Advantage plans will also vary based on the plan you select, your health status, whether Part D is included, and the other plan benefits. If you have a late-enrollment penalty for Part D, this will affect your costs as well. For the most current estimate of your out-of-pocket costs, go to www.medicare.gov.

Can I buy a Medicare Advantage plan? Yes, if you have both Medicare Parts A and B, and do **not** have End Stage Renal Disease (ESRD). You also need to live in the plan's service area. There is no health screening.

When can I buy a Medicare Advantage plan? You can join Medicare Advantage during your initial enrollment period, which is the same seven months around your birthday month (see pages 20-21). **Also, you can join, switch or leave plans every fall,** with the new plan starting Jan. 1.

Be careful! Before you join:

- Review pages 4-15 and 22-31 to think about **all** of your options first. You might already have the coverage you need (or have access to coverage) through another source.
- Use www.medicare.gov to compare plans based on your current needs. If you need help, call our Insurance Consumer Hotline at 1-800-860-5260 and ask to speak with a SHICK volunteer in your area!

Under age 65 and starting Medicare for disability?

If yes, you may join Medicare Advantage during the seven months around your Medicare effective month. Medicare Advantage plans may decline to cover you if you have End Stage Renal Disease (ESRD). All your other rights for these plans are the same as for people who get Medicare at age 65.

- Call the plan directly and confirm the information you received from www.medicare.gov.

How do I join a Medicare Advantage plan? Sign up first for Original Medicare with Social Security. Then join Medicare Advantage:

- By phone with Medicare at 1-800-MEDICARE (1-800-633-4227)
- By phone with the plan directly
- Online at www.medicare.gov

Already on Medicare?
You may join, switch or leave Medicare Advantage plans every fall!

If I choose a Medicare Advantage plan, do I have to keep it forever? No. You can change plans every fall. Your new plan starts Jan. 1. You also can leave the plan for Original Medicare every year from Jan. 1 - Feb. 14. Some people get more chances to change, or special enrollment periods for other events (such as moving, qualifying for help with costs, etc.). To switch plans, just enroll in the new plan (do **not** disenroll from the old plan first). Medicare will disenroll you from the old plan when your new plan starts. See the current version of *Medicare and You*.

If you choose a Medicare Advantage plan when you first get Medicare and then decide within 12 months it is not right for you, you may have rights to buy a Medigap plan instead. If you do this, you return to Original Medicare. Also, if you left a Medigap plan for a Medicare Advantage plan, you might be able to return to that Medigap plan within 12 months. Keep in mind your premium could be different than when you left. See page 23 for more information.

I'm choosing between Medigaps and Medicare Advantage. How can I compare the two? Many people with no other insurance besides Medicare make choices between Medigaps and Medicare Advantage. For help evaluating which is best for you, read the information starting on page 40.

Why would I join Medicare Advantage instead of staying in Original Medicare? This is a very personal decision and people may make it for a variety of reasons. Some reasons we've heard from clients include:

- For greater provider access in some areas of the state. Some counties have few providers willing to take new Medicare patients, or patients with both Medicare and Medicaid. In some cases, people find they have better provider access with a Medicare Advantage plan that has a network of providers.
- No health screening. Some people, especially those with disabilities who are under age 65, may not qualify for a Medigap plan (supplement to Original Medicare only)

due to their health. Unless people have End Stage Renal Disease, they can join Medicare Advantage regardless of health.

Why would I stay in Original Medicare with a Medigap instead of joining Medicare Advantage? Again, this is a very personal decision. Some reasons we've heard from clients include:

- Peace of mind – paying a flat rate for a premium to have lower or no out-of-pocket costs and balances when you get care.
- Ability to travel in the U.S. without worrying if you're in a plan's service area.
- Freedom to choose providers – no referrals required.
- Protection of an Advance Beneficiary Notice (ABN), for services your provider thinks Medicare may not cover. See *Medicare and* You for more information.

Questions to ask of any private insurance plan

Whether you get a Medigap or Medicare Advantage, first find the answers to these questions (ask your providers and the plan):

Does my doctor take this plan?	☐ Yes ☐ No
If I qualify for the Low Income Subsidy or Extra Help from Social Security, how will this change my options and costs?	
If I qualify for a Medicare Savings Program through Medicaid, how will this change my options and costs?	
Will I be able to go to any provider or hospital I choose?	☐ Yes ☐ No
Does my out-of-pocket cost grow if I use the plan more?	☐ Yes ☐ No
Is there an out-of-pocket limit per year? (This is a maximum amount I would have to pay out of pocket before the plan covers all care.)	☐ Yes ☐ No
Will I have coverage if I travel outside my immediate area?	☐ Yes ☐ No
Are there any protections (such as guaranteed renewability, etc.) for me in this plan? What are they?	☐ Yes ☐ No
Are there any extra benefits provided to me in this plan? What are they?	☐ Yes ☐ No
What is **not** covered?	

Will I need to consider buying a Part D plan?	☐ Yes ☐ No

Other questions or notes:

Comparing Medigaps and Medicare Advantage

Medicare Supplements (Medigaps) and Medicare Advantage are both **optional private insurance plans** for people with Medicare. If you're shopping for private insurance, which plan type works best for you? Use this chart to identify your preferences.

Criteria:	What works best for me? (Mark below)		Don't care
Plan structure	☐ Having Original Medicare (Parts A & B) run by federal government ☐ Buying insurance that fills gaps in Original Medicare	☐ Having insurance that substitutes for Original Medicare (Parts A & B) run by a private insurance company	☐
If I have problems/ need help	☐ Working first with the plan and then with the State of Kansas Insurance Department	☐ Working first with the plan and then the federal Centers for Medicare and Medicaid Services	☐
Coverage	☐ Having coverage for Medicare's deductibles, copays and coinsurance ☐ Having no extra services outside Medicare (some plans may include foreign travel coverage)	☐ Having Medicare-covered services, but at different out-of-pocket costs than Original Medicare ☐ Based on the plan I choose, maybe having extra services outside Medicare, such as dental, vision, and gym membership	☐
Changes in coverage	☐ Knowing my coverage won't change once I buy the plan, as long as I pay my premiums on time	☐ Reviewing my coverage yearly to keep track of changes and ensure it still meets my needs	☐
Drug coverage	☐ Thinking about buying a stand-alone Part D plan	☐ Checking if the plan's drug coverage meets my needs	☐

(Continued on next page)

Criteria:	What works best for me? (*continued*)		Don't care
Provider access	☐ Asking my current doctors if they see Medicare patients ☐ Finding and keeping my own doctors ☐ Deciding when I want or need to see specialists	☐ See providers who are contracted with the plan ☐ Possibly getting referrals from my primary care doctor for specialty care	☐
Out-of-pocket costs	☐ Paying a premium for a plan to cover most or all Medicare deductibles, copays and coinsurance	☐ Choosing among a range of plan premiums, knowing low-premium plans may have higher deductibles, copayments, and coinsurance	☐
Service area	☐ Having a plan that works nationwide, so long as I see providers who treat Medicare patients	☐ Having a plan that may be limited to a certain county or region, except for emergency care.	☐
Coverage denials based on health	☐ Buying the plan in my first six months with Part B after turning age 65, or else passing a health screening before I can buy coverage	☐ Buying coverage during enrollment regardless of health, if I don't have End Stage Renal Disease (ESRD)	☐
Wait periods for pre-existing conditions	☐ Unless I'm leaving other creditable coverage, I might have to wait up to 90 days for the plan to cover my pre-existing conditions	☐ Having no wait period for the plan to cover my pre-existing conditions	☐
	If you marked more items in this column, think about **Medicare Supplement (Medigap) plans**	If you marked more items in this column, think about **Medicare Advantage plans**	

Comparing Medigaps and Medicare Advantage plan costs

If you are deciding between Original Medicare with a Medicare Supplement (Medigap) and a Medicare Advantage plan, go also to www.medicare.gov. You can use this website to pull up details about the plans you are considering, including projected costs. Not sure how to use www.medicare.gov? Ask a SHICK volunteer to help you! Or, call 1-800-MEDICARE (1-800-633-4227) and get help from a Medicare customer service representative.

Use this worksheet to figure out your costs.

Medicare costs:

Do I have Medicare Savings Programs? ☐ Yes ☐ No

Do I have **full** Medicaid? ☐ Yes ☐ No

If you answered yes to either question, skip the section on Medicare premiums, as you will not have those, unless you lose your eligibility for Medicaid programs.

Do I have full Medicaid? ☐ Yes ☐ No If yes, keep the following in mind:

- You might not need more insurance (either Medigap or Medicare Advantage). Ask your DSHS caseworker what your out-of-pocket costs will be for your care.
- If you decide to join Medicare Advantage (such as to have more provider access), ask your DSHS coworker what your out-of-pocket costs will be, and whether DSHS will pay the Medicare Advantage and Part D premiums, deductibles, copays and coinsurance.
- If you decide to buy a Medigap, ask your SRS coworker if DSHS will pay the premiums for that plan.

Medicare premiums: (For dollar amounts, see your Medicare & Your Handbook)

Monthly Medicare Part A premium (if any – free for most people):	
Monthly Medicare Part B premium:	
Total monthly premium cost:	
Total yearly premium cost (monthly cost X 12):	

Compare costs of Medigap to Medicare Advantage:

For costs, see www.medicare.gov or ask the plan. For Medigaps, see alsoThe Supplemental Inusrance Shopper's Guide *Ksinusrance.org*	**Medigap** Plan Name: _____	**Medicare Advantage** Plan Name: _____
Yearly plan premium (monthly plan premium X 12)	$_____	$_____
Yearly deductibles for hospital stays (how many inpatient hospital stays you think you will have in a year)	In Original Medicare, you will have a new deductible for every hospital stay 60 or more days after the last stay. For Medigap Plans B, C, D, F, G, and N this number is $0. $_____	These plans may or may not have a deductible specific to hospital stays. $_____
Yearly cost for hospital stay (multiply copay or coinsurance amount by how many days you think you will stay in the hospital in a year)	For all Medigap plans, this is $0. $ _____	If costs are by days (i.e. Day 1-3, etc.), the count of days starts over for each hospital stay 60 or more days after the last stay. $ _____
Total costs this page:	$ _____	$ _____

Compare costs of Medigap to Medicare Advantage:

For specific costs on both plan types, see www.medicare.gov or ask the plan. For Medigaps, see also *The Supplemental Insurance Shopper's Guide*	**Medigap** Plan Name: _____ *(continued)*	**Medicare Advantage** Plan Name: _____ *(continued)*
Yearly Medicare Part B deductible	For Medigap Plans C and F, this number is $0. $ _____	For all Medicare Advantage plans, this is $0. $ _____
Yearly estimated copays/coinsurance for doctor visits (multiply copay/coinsurance by number of visits you think you will have in a year).	For Medigap Plans A, B, C, D, F, G, and M, this number is $0. $ _____	$ _____
Yearly estimated copays/coinsurance for specialist visits (multiply copay/coinsurance by number of visits you think you will have in a year).	For Medigap Plans A, B, C, D, F, G, and M, this number is $0. $ _____	$ _____
Total costs this page:	$ _____	$ _____

Now add and compare the cost of drug coverage to each plan type:

For specific costs on both plan types, see www.medicare.gov or ask the plan.	**Medigap** Plan Name: _____ (*continued*)	**Medicare Advantage** Plan Name: _____ (*continued*)
Will I get drug coverage under Part D? ☐ Yes ☐ No	If yes, name of the stand-alone Part D plan: _____	If yes, is Part D included in this plan? ☐ Yes ☐ No If no, and I want Part D, do I have to buy it from this same company? ☐ Yes ☐ No If I get a stand-alone plan, the plan name: _____
Do I take any drugs not on the plan formulary? If yes, what will I pay out of pocket for those drugs in a year?	☐ Yes ☐ No $ _____	☐ Yes ☐ No $ _____
Yearly estimated plan cost (including my premiums, deductible, and copays or coinsurance – find on www.medicare.gov or ask a SHICK volunteer to help	$ _____	If Part D coverage is included in the Medicare Advantage plan, what's the premium for the Part D coverage only? $_____
Total costs this page:	$ _____	$ _____

Compare other costs of Medigap to Medicare Advantage:

For specific costs on both plan types, see www.medicare.gov or ask the plan. For Medigaps, see also *The Supplemental Insurance Shopper's Guide*	**Medigap** Plan Name: _____ (*continued*)	**Medicare Advantage** Plan Name: _____ (*continued*)
Other costs I anticipate having in a year (i.e. durable medical equipment, blood, skilled nursing facility care, excess charges, foreign travel, dental, vision, etc.)	$ _____	$ _____
Total costs this page:	$ _____	$ _____

Compare total costs of Original Medicare + Medigap to Medicare Advantage:

Now, add your total anticipated plan costs from pages 44-48. Be sure to include:	**Original Medicare + Medigap** Plan Name: _____ (*continued*)	**Medicare Advantage** Plan Name: _____ (*continued*)
Medicare Part A and B premium costs from page 44 (Note: dollar amounts should be the same for both options)	$ _____	$ _____
Plan premium and hospital costs from page 45	$ _____	$ _____
Medical costs from page 46	$ _____	$ _____
Prescription costs from page 47	$ _____	$ _____
Other anticipated medical costs from page 48:	$ _____	$ _____
My estimated yearly total out-of-pocket costs under each plan	$ _____	$ _____

Sum it up!

If you have made your Medicare decisions, log them here to keep track of what you have!

Original Medicare:

I have Original Medicare Part A - Effective Date _____

I have Original Medicare Part B - Effective Date _____ or planned date of enrollment _____

Filling Medicare's gaps:

I have (check one):

- ☐ Employer plan through current job
- ☐ Retiree health plan
- ☐ COBRA (Note: we recommend you join Medicare when first eligible!)
- ☐ TRICARE or TRICARE for Life
- ☐ Veterans Affairs medical benefits
- ☐ Indian Health Services/tribal medical benefits
- ☐ Medicaid/Kansas Department of Social and Rehabilitation Services

I have my "creditable coverage" letter dated _____ (date) from _____ (current plan name) saying my current drug coverage (circle one) (is/is not) as good as Medicare Part D.

I need prescription drug coverage at this time (check one): ☐ Yes ☐ No

Notes:

_____

_____

_____

_____

Buying other coverage (check the ones that apply to you):

☐ I have chosen a Medigap Supplement Plan _____ (A, B, C, D, F, G, K, L, M or N) from _____ (insurance company name) to work with my Original Medicare.

☐ I have chosen a Part D Plan, it is: _____.

☐ I have chosen a Medicare Advantage plan _____ (plan name) from _____ (insurance company name). This plan is a (check one):

☐ **Health Maintenance Organization:** I understand I have to use their doctors for the plan to pay for services.

☐ **Preferred Provider Organization:** I understand I can get more coverage from the plan if I go to their doctors, but I can still get some coverage if I go to other doctors.

☐ **Private Fee-For-Service:** I understand that as of 2011, my plan must provide me with a list of network providers.

My Medicare Advantage Plan includes Part D. ☐ Yes ☐ No

If no, I am buying a stand-alone Part D plan (check one):
☐ Yes called _____ (plan name)
☐ No

Things I know about my plan

- I pay $_____ a month for my Part B Premium.
- I pay $ _____ per month for my (check one):

  ☐ Job-based plan
  ☐ Retiree plan
  ☐ Medigap
  ☐ Stand-alone Part D plan
  ☐ Medicare Advantage plan

- I have a copay of $_____ when I see a doctor.
- I have a copay of $_____ when I see a specialist.
- I will pay $_____ per day for the first _____ (number) days if I am hospitalized.
- I will receive $_____ per year in vision benefits.
- I will receive $_____ per year in dental benefits.
- My out-of-pocket limit per year of this plan is $_____. If I spend this much out of pocket, the plan will cover all my other costs for the rest of the calendar year.

Optional Checklist

☐ I have read the exclusions pages of my policy book and *Medicare and You*.

☐ If I'm in Original Medicare, I understand the protection of an Advanced Beneficiary Notice (ABN). (For more information on what this is, see *Medicare and You*.)

☐ I understand how to follow the rules of the plan I have chosen.

☐ I understand how to change plans if and when I need to.

☐ I understand that I should review my Medicare coverage, especially about prescriptions, yearly.

☐ I understand I have the right to appeal any decisions made by Medicare or any private plan I belong to, and that written decisions from the plan or Medicare will spell out my appeal rights. I have found the appeal process pages of my policy book and *Medicare and You*.

Next steps

What other steps do I need to take now? List them here:

Thank you for letting SHICK help you with these crucial decisions! We hope you found this workbook and our volunteers helpful.

We’re always looking for volunteers in every community across the state. If you would like to learn more about Medicare and health insurance, and help others understand their options, call the SHICK Hotline at 1-800-860-5260 or visit us at http://www.agingkansas.org/SHICK/shick_index.html.