

Medicare Basics 101

presented by

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Neither A.S. Health Insurance nor Archana Sunil is connected with the Federal Medicare Program

- You are 65 or qualify due to disability
- You are a US citizen or legal resident for 5 years
- It does not matter if you are or are not collecting Social Security
- It does not matter what age your spouse is
- If you do not enroll when eligible you may pay a penalty



- Initial Enrollment at age 65 or after age 65 when coming off of group coverage
- After 24 months with qualifying disability at any age
- General Enrollment Period Jan 1st to March 31st
- Special Enrollment Periods moving into a new area, discontinuation of a plan, skilled nursing care, low income/Medicaid



Provides help with the cost of a hospital stay, skilled nursing services after a hospital stay plus some other skilled care, i.e. hospice

- Most people don't pay a premium (\$506/\$278)
- \$1,600 deductible for each benefit period
- Days 1-60: \$0 coinsurance for each benefit period
- Days 61-90: \$400 coinsurance per day for each benefit period
- Days 91 and beyond: \$800 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)
- Beyond lifetime reserve days: all costs

Part A

•Provides help with the cost of doctor visits and other medical services that do not require an inpatient hospital stay

- Premium is \$164.90 month for most, if you have a higher income you may pay more
- Annual deductible of \$226
- You usually pay 20% of the medical cost, there is no cap on your total spending



Part B Income Related Monthly Adjustment Amounts 2023 - Full Part B IRMAA

Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-Related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$97,000	Less than or equal to \$194,000	\$0.00	\$164.90
Greater than \$97,000 and less than or equal to \$123,000	Greater than \$194,000 and less than or equal to \$246,000	\$65.90	\$230.80
Greater than \$123,000 and less than or equal to \$153,000	Greater than \$246,000 and less than or equal to \$306,000	\$164.80	\$329.70
Greater than \$153,000 and less than or equal to \$183,000	Greater than \$306,000 and less than or equal to \$366,000	\$263.70	\$428.60
Greater than \$183,000 and less than \$500,000	Greater than \$366,000 and less than \$750,000	\$362.60	\$527.50
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$395.60	\$560.50

•Provides help with the cost of prescription drugs through private insurance companies

- •Medicare provides guidelines about the types of drugs to be covered
- •Each plan has its own formulary, network and tiers
- •Costs can vary significantly from plan to plan



Part D - Income Related Monthly Adjustment Amounts 2023 IRMAA

Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-related monthly adjustment amount
Less than or equal to \$97,000	Less than or equal to \$194,000	\$0.00
Greater than \$97,000 and less than or equal to \$123,000	Greater than \$194,000 and less than or equal to \$246,000	12.20
Greater than \$123,000 and less than or equal to \$153,000	Greater than \$246,000 and less than or equal to \$306,000	31.50
Greater than \$153,000 and less than or equal to \$183,000	Greater than \$306,000 and less than or equal to \$366,000	50.70
Greater than \$183,000 and less than \$500,000	Greater than \$366,000 and less than \$750,000	70.00
Greater than or equal to \$500,000	Greater than or equal to \$750,000	76.40

	2022	2023
Deductible Limit	\$480	\$505
Initial Coverage Limit	\$4430	\$4660
Donut Hole/Coverage Gap	Generic: 25% Brand : 25%	Generic: 25% Brand: 25%
Catastrophic Limit	\$7050	\$7400
Drug Copays in Catastrophic Phase	Generic:\$3.95 (or 5% of retail costs, whichever is higher) Others: \$9.85	Generic: \$4.15 (or 5% of retail costs, whichever is higher) Others: \$10.35

Part D Cost Sharing



<u>How</u> <u>Coverage</u> <u>Gap Works</u>





•Private insurance that helps pay your part of cost sharing in traditional Medicare Parts A & B

- 10 standardized plans A through N
- Must have Part A and Part B
- Premium costs can vary significantly from company to company and state to state
- Predictable monthly premiums versus unknown medical expenses
- No provider network

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- Enroll with guaranteed issue within 6 months of turning 65 and enrolled in Part B
- Does not cover LTC, Dental, vision, hearing aids, private-duty nursing

Medicare Supplement Insurance

Medicare Advantage Plans – Part C

•A single plan offered by private insurance companies

•Must cover all services provided by Original Medicare

•Provides cap on total out of pocket medical expenses

•May offer additional benefits and options - ??

Medicare Part C HMO type plans

- Network of doctors and hospitals
 - Care outside of network is not covered
 - Specialist referrals

Medicare Part C PPO type plans

• In network or out of network

 Higher co-insurance or co-pays for out of network care Medicare
1-800-MEDICARE (1-800-633-4227)
TTY 1-877-487-2049
24 hours/day, 7 days/week
<u>www.medicare.gov</u>

Social Security Administration
1-800-772-1213
TTY 1-800-325-0778
<u>www.ssa.gov</u>



•Provides help with your share of prescription drug costs

- Low Income Subsidy (Federal)
- State Programs
- Patient assistance programs
- Glic Rx

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Part D Extra Help

Contact Me Archana Sunil (425)615-1268 archana@archanasunil.us www.archanasunil.us A.S. HEALTH INSURANCE How Can I Serve You Today?