



Medicare 101: The Basics

(insert name and title)

(insert e-mail address - optional)

(insert contact phone number - optional)

SENIORS' HEALTH INSURANCE INFORMATION PROGRAM

NORTH CAROLINA DEPARTMENT OF INSURANCE | MIKE CAUSEY, COMMISSIONER

What is Medicare?

- Federally-funded individual health insurance program that provides coverage for medically-necessary procedures, services, medical supplies and equipment




Who is Eligible?

- Anyone age 65 or older who participates in Social Security or the Railroad Retirement System
- Employees of Federal, State or Local Governments, or those whose spouse has participated
- Individuals who are under age 65 who have been awarded Social Security or Railroad Retirement Disability after 24 months
- Those who are disabled due to ALS (Lou Gehrig's Disease)
- Individuals with End-Stage Renal Disease (ESRD)

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Administration and Enrollment

- Medicare is administered by the Centers for Medicare and Medicaid Services (CMS) 
- CMS is a branch of the Department of Health and Human Services (DHHS) 
- The Social Security Administration (SSA) is responsible for Medicare eligibility and enrollment 

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Do I Need to Enroll into Medicare Part A and Part B (“Original Medicare”)?



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Automatic Enrollment

- **If turning 65** and collecting Social Security or Railroad Retirement Board benefits, prior to turning 65:
Coverage will begin on the first day of your 65th birth month, unless your birthday is the **first day** of the month - in this case, coverage begins the **first day of the preceding month**
- **If under age 65** and collecting Social Security disability for 24 continuous months:
Coverage will begin on the first day of the 25th month
- **If eligible for Medicare due to ALS (Lou Gehrig's Disease):**
Coverage will begin the first day of the month that your disability benefits begin
- Beneficiary will receive Original Medicare (red/white/blue) card in the mail
- Beneficiary has the option to decline Part B coverage by returning the card to Social Security
(**NOTE:** *You may want to contact Social Security, Medicare, or SHIP – before declining Part B – to discuss a possible Part B Late-Enrollment Penalty*)

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Initial Enrollment Period (IEP)

- If turning 65, and not collecting Social Security Retirement benefits (if you are not automatically enrolled)
- Seven-month period to enroll into Original Medicare without penalty: three months before, the month of, and three months after your 65th birth month:

ENROLL three months before your 65 th birthday, and your Medicare WILL BE EFFECTIVE the first day of the month that you turn 65.	ENROLL the month of your 65th birthday, or one to three months after your 65th birth month, and your Medicare WILL BE EFFECTIVE the first day of the month after you enroll.
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- *(NOTE: If your birthday is on the **first day** of the month, your Medicare coverage begins on the **first day of the prior month**)*

General Enrollment Period (GEP)

- For those who do not qualify for Automatic Enrollment, and who do not enroll during their Medicare IEP, there is another opportunity to enroll each year
- Begins January 1st and ends March 31st
- Enrollments during this period will have a delay in coverage, and a Late-Enrollment Penalty (LEP) may apply
 - When you sign up during the General Enrollment Period, your Medicare coverage starts the **first day of the month after you sign up**
 - 10% Part B premium penalty, for one's lifetime, for each 12-month period without Part B coverage

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Special Enrollment Period (SEP)

- If you didn't enroll in Part B (or Part A, if you have to buy it) when you were first eligible **because you had an Employer Group Health Plan (EGHP) based on current employment**, you can sign up for Medicare Part A and/or Part B:

After your Medicare Initial Enrollment Period is over

Any time you're still covered by the EGHP

During the eight-month period that begins the month after the employment ends, or the EGHP ends, whichever happens first

- If you enroll in Medicare Part A and/or Part B, during a Special Enrollment Period, the Part B Late-Enrollment Penalty will not apply (*NOTE: Forms CMS-40B and CMS-L564 will need to be completed and submitted to SSA.*)
- Before making a decision to delay Medicare Part B enrollment, you should speak to your HR Benefits Officer to discuss whether your EGHP, or Medicare, will be primary
- There may be other circumstances (exceptional situations) where you may be able to enroll in Medicare during a Special Enrollment Period

(NOTE: You should enroll in Medicare - before losing your EGHP - to avoid gaps in coverage.)

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How Do I Enroll in Medicare Part A and Part B?

- Medicare entitlement, eligibility and enrollment is handled by the Social Security Administration(SSA)
 - Can be completed online at www.ssa.gov
(You must create a socialsecurity.gov account – Username and Password)
 - Call 1-800-772-1213 (Monday through Friday, 7AM to 7PM)
 - Appointments can also be made for local offices through the toll-free number listed above

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Four Parts of Medicare



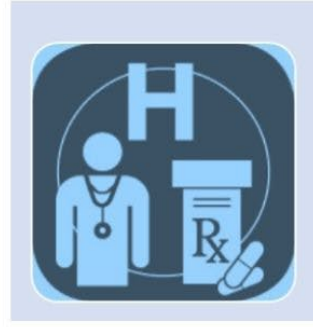
Part A

(Inpatient/Hospital coverage)



Part B

(Outpatient/Medical coverage)



Part C Medicare Advantage

(HMOs, PPOs, SNPs, MSAs)

Includes Inpatient and Outpatient, and sometimes Prescription Drug coverage



Part D

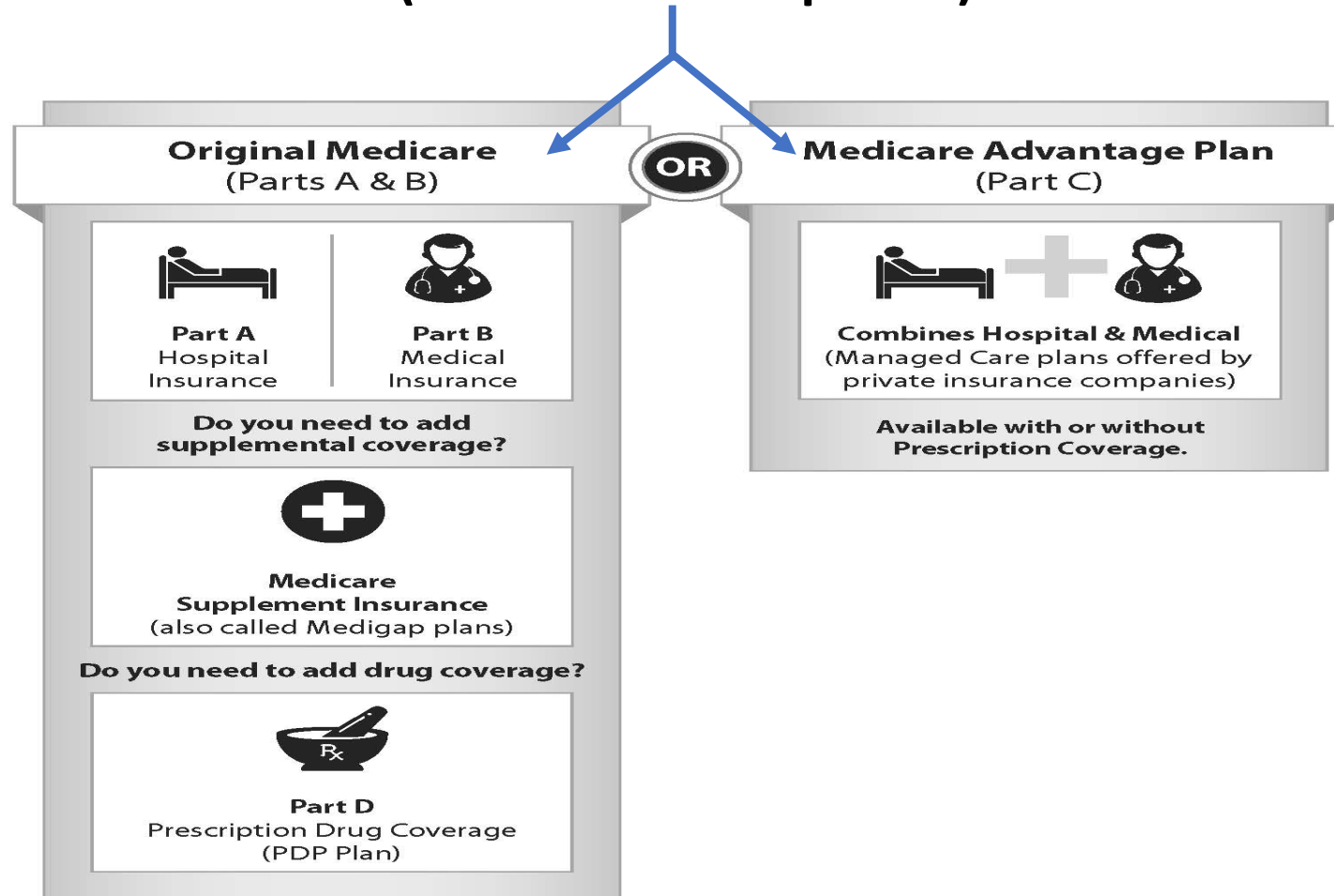
(Outpatient Prescription Drug coverage)

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Your Medicare Coverage Choices

(there are two options)

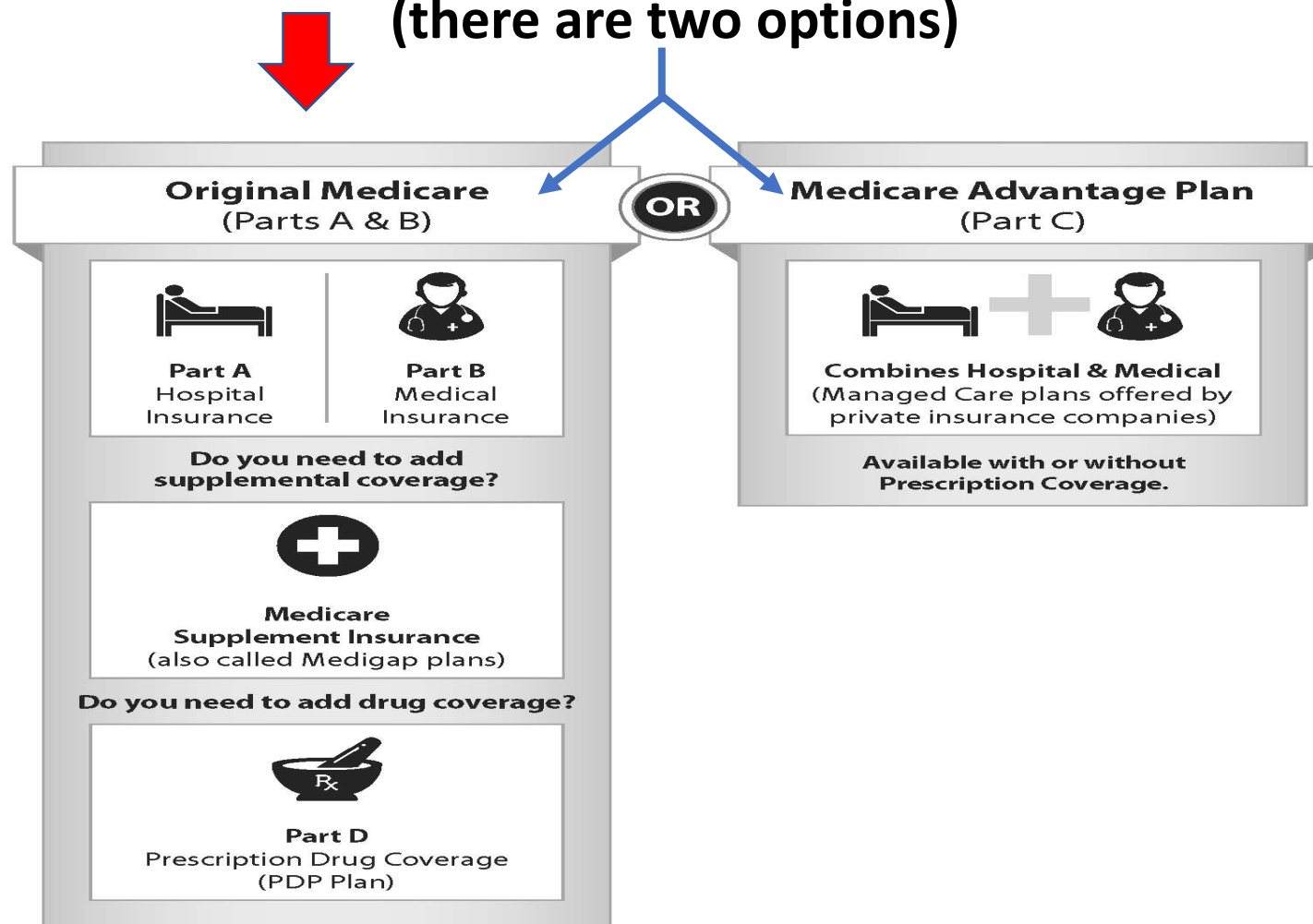


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Your Medicare Coverage Choices

(there are two options)



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What Does Original Medicare Cover?

• Medicare Part A

- Inpatient Hospital Coverage
- Skilled Nursing Care in a facility (requires a minimum three-day prior hospitalization)
- Home Health Care
- Hospice
- Blood

• Medicare Part B

- Outpatient Hospital Coverage
- Physician Services
- Outpatient Surgery and Services
- Durable Medical Equipment (DME), prosthetics, orthotics and supplies
- Home Health Care
- Preventative Services
- Blood

Medicare benefits are administered by the Centers for Medicare and Medicaid Services (CMS)

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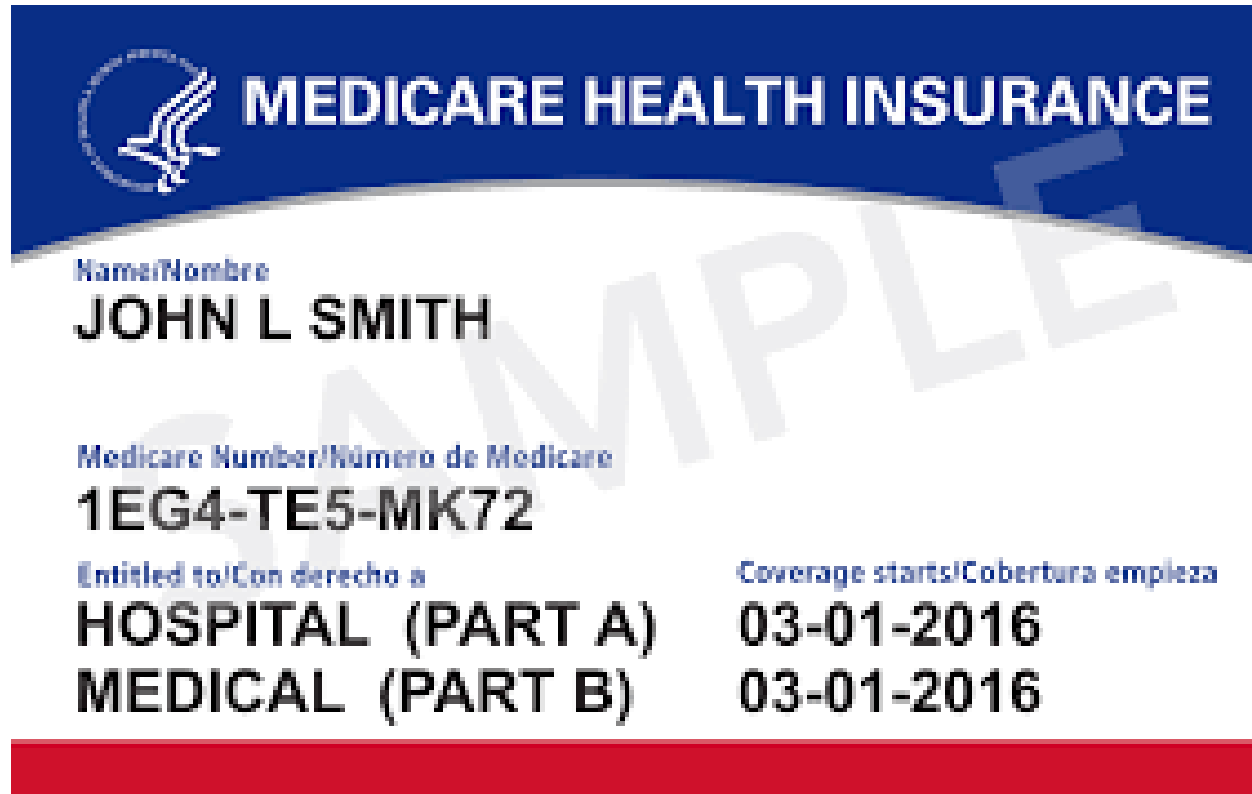
What Is NOT Covered by Original Medicare?

- Outpatient Prescription Medications
- Routine Dental Care
- Routine Vision Care and Eyeglasses
- Hearing Aids
- Foreign Travel
- Cosmetic Procedures and Treatments
- Long Term Care

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Medicare Part A and Part B



The image shows a Medicare Health Insurance card for John L. Smith. The card has a blue header with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name is listed as "JOHN L SMITH". The Medicare number is "1EG4-TE5-MK72". The card indicates that the insured is entitled to Hospital (Part A) and Medical (Part B) coverage, both of which start on 03-01-2016. A large, light-colored "SAMPLE" watermark is overlaid diagonally across the card. A red horizontal bar is located at the bottom of the card's content area.

MEDICARE HEALTH INSURANCE	
Name/Nombre JOHN L SMITH	
Medicare Number/Número de Medicare 1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

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MEDICARE PART A (HOSPITAL INSURANCE) – COVERED SERVICES PER BENEFIT PERIOD**2024**

*A **benefit period** begins on the first day you receive services as an **inpatient** in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 consecutive days.

Services	Benefit	Medicare Pays ⁽¹⁾	You Pay ⁽¹⁾
INPATIENT HOSPITALIZATION (admitted) Semi-private room and board, general nursing and miscellaneous hospital services and supplies.	First 60 days	All but \$1,632 deductible	\$1,632 deductible
	61st to 90th day	All but \$408 per day	\$408 per day
	91st to 150th day ⁽²⁾	All but \$816 per day	\$816 per day
	Beyond 150 days	Nothing	All costs
POST-HOSPITAL SKILLED NURSING FACILITY CARE You must have been an inpatient in a hospital for at least 3 days, enter a Medicare-approved facility generally within 30 days after hospital discharge, and meet other program requirements. ⁽³⁾	First 20 days	100% of approved amount	Nothing
	21st to 100th day	All but \$204 per day	Up to \$204 per day
	Beyond 100 days	Nothing	All costs
HOME HEALTH CARE (also see Part B) Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay for visits 1-100.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits.	100% of approved amount; 80% of approved amount for Durable Medical Equipment.	Nothing for services. 20% of approved amount for Durable Medical Equipment.
HOSPICE CARE Full scope of pain relief and support services available to the terminally ill.	If doctor certifies need.	All but limited costs for outpatient prescription medications and inpatient respite care.	Limited cost sharing for outpatient prescription medications and inpatient respite care.
BLOOD	Blood	All but first three pints per calendar year	For first three pints ⁽⁴⁾

¹ These figures are for **2024** and are subject to change each year.

² Lifetime reserve days may be used only once.

³ Neither Medicare nor Medicare Supplement (Medigap) insurance will pay for most nursing home care.

⁴ To the extent the blood deductible is met under one part of Medicare during the calendar year it does not have to be met under the other part.

NOTE: The Medicare Part A premium is **\$0** for eligible beneficiaries. For those who are ineligible, the Medicare Part A premium is **\$505** per month for those who worked fewer than 30 quarters, or **\$278** per month for those who worked between 30 and 40 quarters.

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MEDICARE PART B (MEDICAL INSURANCE) – COVERED SERVICES PER CALENDAR YEAR
2024

Services	Benefit	Medicare Pays	You Pay ⁽⁵⁾
MEDICAL EXPENSE Physicians' services, outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, ambulance services, outpatient mental health services, etc.	Medicare pays for medical services in or out of the hospital.	80% of approved amount (after \$240 deductible)	\$240 deductible ⁽⁶⁾ 20% of approved amount and charges above approved amount ⁽⁷⁾
CLINICAL LABORATORY SERVICES	Blood tests, biopsies, urinalysis, etc.	Generally, 100% of approved amount.	Nothing
PREVENTIVE BENEFITS	Preventive services & screenings	100% for most; or 80% of approved amount (after \$240 deductible), depending on test	Nothing for most; or \$240 deductible 20% of approved amount, depending on test
HOME HEALTH CARE (also see Part A) Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay beginning with visit 101 or beginning day one if there is no previous hospital stay.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits.	100% of approved amount	Nothing
		80% of approved amount for Durable Medical Equipment	\$240 deductible ⁽⁶⁾ 20% of approved amount for Durable Medical Equipment
OUTPATIENT HOSPITAL TREATMENT Reasonable and necessary services for the diagnosis or treatment of an illness or injury. (for inpatient see Part A)	Unlimited if medically necessary	80% of approved amount (After \$240 deductible)	\$240 deductible ⁽⁶⁾ 20% of approved amount
BLOOD	Blood	80% of approved amount (after \$240 deductible and starting with the 4th pint)	\$240 deductible ⁽⁶⁾ First 3 pints plus 20% of approved amount for additional pints ⁽⁸⁾

The monthly Part B premium for 2024 is **\$174.70** (Premiums will be higher for individuals with annual incomes of **\$103,000** or more and married couples with annual incomes of **\$206,000** or more.)

⁵ These figures are for **2024** and are subject to change each year.

⁶ Once you have paid **\$240** for covered services, the Part B deductible does not apply to any other covered service(s) you receive for the rest of the calendar year.

⁷ The amount by which a physician's charge can exceed the Medicare approved amount is limited by law.

⁸ To the extent the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.

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Part B Immunosuppressive Drug Coverage Only

- Certain Medicare enrollees who are 36 months post kidney transplant, and therefore are no longer eligible for full Medicare coverage, can elect to continue Part B coverage of immunosuppressive drugs by paying a premium.
- For 2024, the immunosuppressive drug premium is \$103.00 per month.

Medicare Supplement (Medigap Plans)

- Nationally standardized insurance plans designed to fill the “gaps” in Original Medicare coverage (deductibles, copayments, coinsurance, etc.)
- Plans are designated by letters (A, B, C, D, F, G, K, L, M, and N).
 - Plans C, F, and F-Prime are only available to individuals who were eligible for Medicare prior to January 1, 2020
- All plans cover a basic group of benefits, with each plan covering a different group of benefits
- Plan coverage is the same, from company to company, but premiums do vary
- This presentation does not address how Medicare works with other insurance coverage, such as EGHPs (active and retiree), COBRA, TriCare or VA benefits

Standardized Medicare Supplement Plan Comparison Chart

The chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F. (✓= 100% of benefit is paid)

BENEFITS	PLANS AVAILABLE TO ALL APPLICANTS								MEDICARE FIRST ELIGIBLE BEFORE 2020 ONLY	
	A	B	D	G ¹	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%	✓	✓ ³	✓	✓
Blood (first 3 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)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit in 2024 ²					\$7,060 ²	\$3,530 ²				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of [\$2,800] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

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Medicare Prescription Drug Coverage – Part D

- Anyone covered by Medicare Part A and/or Part B is eligible to purchase a Medicare Prescription Drug Plan (PDP)
- PDPs are sold by private insurance companies that are contracted with CMS, and many require payment of monthly premiums
- Each PDP covers a group of prescription medications (formulary)
 - Annual deductible may need to be satisfied
 - Copayments may apply to prescription medications
- Plans/coverage, pharmacy networks and formularies may change annually, effective January 1st
 - Compare your Medicare PDP each year - during the Medicare Open Enrollment Period (OEP), which is October 15th through December 7th

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When Can I Enroll into a Part D Plan?

- During your seven-month Medicare Initial Enrollment Period (IEP)
- During the annual Medicare Open Enrollment Period (OEP)
 - October 15th through December 7th each year
 - Coverage begins on January 1st
- May be able to join at other times
 - Annual Medicare Advantage Open Enrollment Period (MAOEP)
 - January 1st through March 31st each year
 - Special Enrollment Period (SEP)
 - You must qualify for an SEP (i.e., qualifying for Extra Help, move outside of the Plan's service area, etc.)

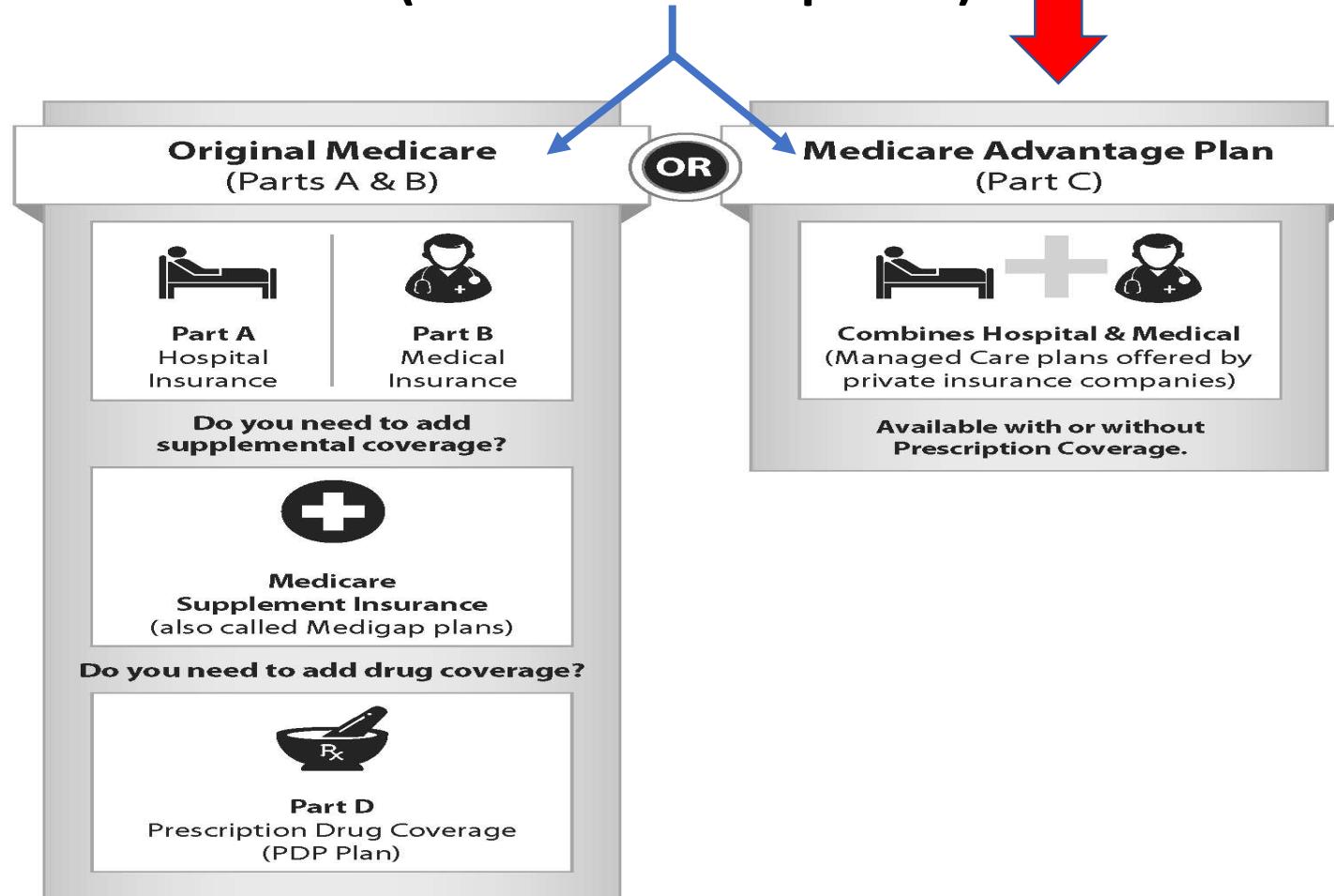
Part D Extra Help Program

- Assistance is available for people with limited income and resources/assets (Those who qualify for and receive full Medicaid, or a Medicare Savings Program, automatically qualify for Extra Help.)
- SHIP representatives are qualified to submit Extra Help applications on behalf of the client
- Eligibility is determined by the Social Security Administration
- Can reduce or eliminate Drug Plan premium and deductible, reduce prescription drug copayments, and provide a quarterly Special Enrollment Period (SEP) to make a Part C or Part D Plan change
- Quarterly SEP changes – due to Extra Help eligibility - are available only during the first three quarters of the calendar year:
 - January 1st through March 31st
 - April 1st through June 30th
 - July 1st through September 30th

(NOTE: Plan change will be effective the first day of the month following the new enrollment.)

Your Medicare Coverage Choices

(there are two options)



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Medicare Advantage (MA) Plans - Part C

- Health Plan options approved by Medicare
 - Another way to get your Medicare coverage
 - Provides medical benefits and, usually, a prescription drug benefit
 - When you enroll in an MA Plan, you are still in the Medicare Program, you are just no longer in Original Medicare
 - Offered by private companies who are contracted with CMS
- Medicare pays the Plan an amount for each member's care
- May have to use network healthcare providers (doctors, hospitals etc.) ALWAYS check with your healthcare providers regarding "Plan contracting"
- Plans' availability varies from county to county
- There is an additional opportunity to change Medicare Advantage Plans each year
 - January 1st through March 31st (MAOEP)

(NOTE: If you join a Medicare Advantage Plan, you cannot use, and you cannot be sold, a Medigap policy.)

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When and How Can You Enroll into a Medicare Advantage Plan?

- During your Medicare Initial Enrollment Period (IEP)
For persons who are age 65 and over, and who are disabled, under 65
Coverage effective date will depend on the month that you enroll
- During the annual Medicare Open Enrollment Period (OEP)
October 15th through December 7th each year
Coverage will begin on January 1st of the following year
- During the Medicare Advantage Open Enrollment Period (MAOEP)
January 1st through March 31st each year
Coverage will begin the first day of the month following the month the Plan receives the request to enroll
- Based on a Special Enrollment Period (SEP), but you must qualify
(For example, moving to a different county or state, or qualifying for Extra Help, etc.)

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Original Medicare vs. Medicare Advantage Plans

Decision Comparison Summary: How They Work

Original Medicare	Medicare Advantage Plan (Part C)
<ul style="list-style-type: none">▪ Covers Part A and Part B benefits▪ Medicare provides this coverage directly▪ You have your choice of doctors and hospitals that are enrolled in Medicare and accepting new Medicare patients▪ Generally, you or your supplemental coverage pay deductibles and coinsurance▪ You usually pay a monthly premium for Part B	<ul style="list-style-type: none">▪ Covers Part A and Part B benefits and may cover additional benefits (like vision or dental)▪ Coverage provided by private insurance companies approved by Medicare▪ In most plans, you need to use plan doctors, hospitals, or other providers or you pay more or all of the costs▪ You may pay a monthly premium (in addition to your Part B premium) and a copayment or coinsurance for covered services

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Differences between Medigap Plans and Medicare Advantage Plans

	Medigap Policies	MA Plans
Offered by	Private companies	Private companies
Government oversight	State, but must also follow federal laws	Federal (plans must be approved by Medicare)
Works with	Original Medicare	N/A
Covers	Gaps in Original Medicare coverage, like deductibles, coinsurance, and copayments for Medicare-covered services.	All Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)-covered services and supplies. May also cover things not covered by Original Medicare, like vision and dental coverage. Most MA Plans include Medicare drug coverage.
You must have	Part A and Part B	Part A and Part B
Do you pay a premium	Yes. You pay a premium for the policy and you pay the Part B premium.	Yes. In most cases, you pay a premium for the plan and you pay the Part B premium.

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Medicaid and Medicare Savings Programs

- Assistance is available for people with limited incomes and resources/assets
- Eligibility is determined by the county Department of Social Services (DSS) in which the person resides
- In addition to full Medicaid, there are three Medicare Savings Programs (MSPs) with different levels of assistance - for those who are eligible for Medicare, who do not meet the full Medicaid income and resources/assets requirements (QMB, SLMB, and QI-1)

For the Medicare Savings Programs, income determines the level of assistance

Assets/resource limits are the same for all three levels

Can reduce or eliminate monthly Part A and Part B premiums, deductibles, and coinsurance amounts

- Automatic eligibility for Extra Help for any level of Medicaid or MSP

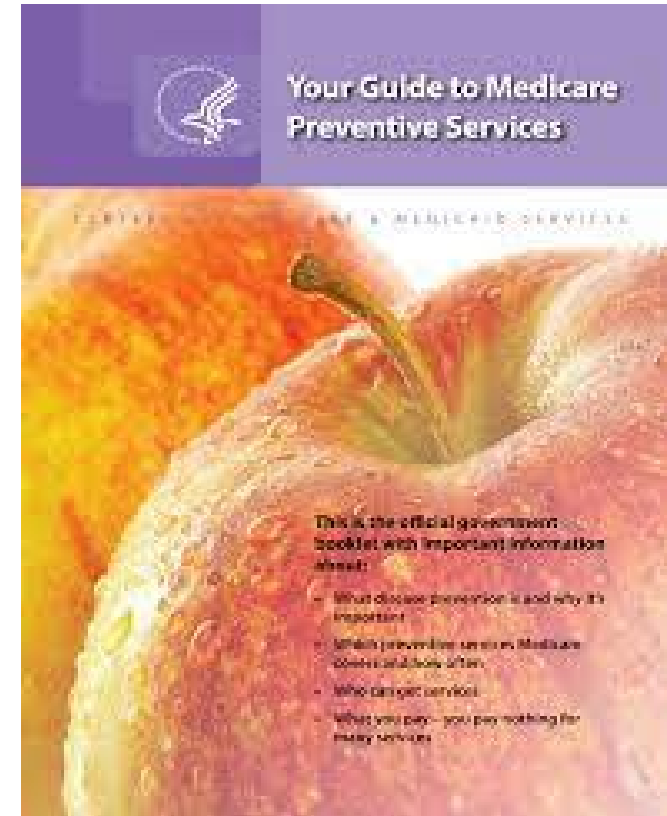
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Does Medicare Cover Preventive Care?



**Medicare
& You**
The official U.S. government
Medicare handbook
2024



Your Guide to Medicare
Preventive Services

This is the official government
booklet with important information
about:

- What disease prevention is and why it's important
- Which preventive services Medicare covers and how often
- Who can get services
- What you pay - you pay nothing for many services

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Inflation Reduction Act (IRA) and Medicare

Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act



These provisions will be phased in over a seven-year period, beginning in 2023, and will be fully phased in in 2029

NC Senior Medicare Patrol (NCSMP) Program



The goal of the NCSMP program is to empower all Medicare beneficiaries to prevent health care fraud, waste and abuse through education and outreach. NCSMP Counselors are comprised of retired professionals, senior citizens and partnering human service agencies staff. Their mission is to provide education about Medicare error(s), fraud, waste and abuse.

All SHIIP Counselors are cross trained to be NCSMP Counselors. Their goal is to educate beneficiaries within their communities to **PROTECT**, **DETECT** and **REPORT** Medicare fraud, waste and abuse.

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NC Senior Medicare Patrol (NCSMP) Program



\$68 billion is lost each year to Medicare fraud nationally

PROTECT yourself against Medicare fraud

DETECT potential Medicare fraud, errors and abuse


REPORT suspected Medicare fraud, errors and abuse
to NCSMP at 855-408-1212

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Medicare.gov

When you visit Medicare.gov, you will be able to:

- Find information about Medicare health and drug Plans in your area, including what they cost and the services they provide
- Find Medicare-participating doctors and/or other healthcare providers and suppliers
- See the benefits and services covered by Medicare, including preventive services 
- Find Medicare Appeals information and forms
- Find information about the quality of care provided by Plans, nursing homes, hospitals, doctors, home health agencies, dialysis facilities, hospice providers, inpatient rehabilitation facilities and long-term care hospitals
- Find additional resources, including important and helpful websites and phone numbers

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Medicare.gov Account

If you create a Medicare.gov account, you will be able to:

- Add prescriptions and pharmacies to help you better compare health and drug Plans in your area
- Sign up to go paperless – receive your yearly “Medicare and You” handbook and Medicare Summary Notices (MSNs) electronically
- View your Original Medicare (Part A and Part B) claims as soon as they are processed
- Print a copy of your Original Medicare card
- See a calendar of preventive services that you are eligible to receive under Original Medicare (Part B)
- Learn about your Medicare premiums and pay them online if you receive a statement

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Interested in Becoming a SHIIP Volunteer?

We would **LOVE** to have you as a member of our SHIIP Crew!



Contact your county's SHIIP Coordinating Site

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Where Can You Get Help?

- **Seniors' Health Insurance Information Program (SHIIP) and North Carolina Senior Medicare Patrol (NCSMP)**
855-408-1212 (toll free) Monday through Friday, 8 AM until 5 PM
www.ncshiip.com
- **Medicare**
800-633-4227 (nationwide, toll free) 24 hours/day, 7 days/week
www.medicare.gov
- **Social Security Administration**
800-772-1213 (nationwide, toll free) Monday through Friday, 8 AM until 7 PM
www.ssa.gov

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Where Can You Get Help?



**Medicare
& You** The official U.S. government
Medicare handbook
2024



“Medicare and You” Handbook

Remember, this is the owner’s manual for people who are on Medicare!

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Questions?

Contact SHIIP and NCSMP

855-408-1212

(Monday through Friday, 8:00 AM to 5:00 PM)

www.ncshiip.com

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