



Presented by
Managed Care
Partners Inc.
on behalf of
Hamilton Memorial
Hospital District

The ABCs of Medicare & Medicare Advantage



Today's Topics



- Decisions, Decisions, Decisions!
- Medicare Enrollment Period
- Four Parts of Medicare A, B, C & D
- Medicare Advantage – Replacement of Medicare
- Comparison of Original Medicare with Medigap Plan & Medicare Advantage
- Medicare Part D & Medicare Advantage Rx
- Different ID cards, what is important?

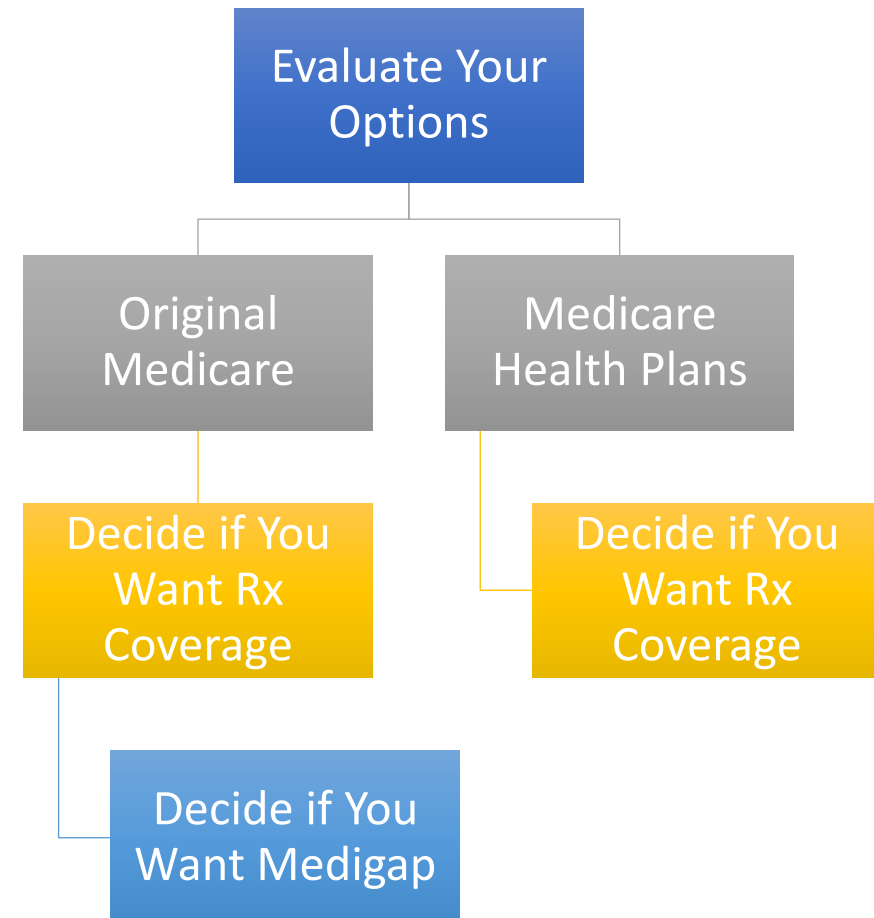
Decision Calendar



September 15, 2025	Plan Annual Notice of Change – (ANOC) The ANOC includes any changes in coverage, costs, and more that will be effective in January.
October 1, 2025	Start comparing your current coverage with other options.
October 15 to December 7, 2025 Annual Enrollment Period (AEP)	If it makes sense, change your Medicare health and prescription drug coverage. This includes returning to Original Medicare or joining a Medicare Advantage plan.
January 1, 2026 Effective Date	New coverage begins if you made a change. If you kept your current plan, cost and benefit changes, if any, are also effective January 1.
January 1 to March 31, 2026 Open Enrollment Period (OEP)	Only if you are in a Medicare Advantage plan, you can make one change to a different plan or return to Original Medicare and join a stand-alone Rx plan. Changes will be effective on the first of the month after the plan receives your request.

Two Roads to Medicare

Which works best for you?



Enrolling in Medicare



<https://www.ssa.gov/medicare/sign-up>



Sign up for Medicare

If you're 65 or older, you can enroll online for Parts A and B, or Part A only. You can delay Part B if you're already covered through an employer group health plan.

The application is for retirement benefits and Medicare, or Medicare only.

[Apply online](#)



Sign up for Part B only

If you already have Part A and previously declined or never signed up for Part B, you can sign up for Part B only.

[Get started](#)

Enrolling in Medicare



<https://www.medicare.gov>

Welcome to Medicare

Get Started with Medicare

Create an account

Your secure Medicare account lets you access your information anytime.

- ✓ Get a summary of your current coverage
- ✓ Add your drugs & pharmacies
- ✓ Use your saved drugs & pharmacies to compare plan costs
- ✓ Access your "Medicare & You" handbook and more online

Create Account

Four Parts of Medicare Coverage



Three Parts to Original Medicare
A , B, and D

**Part A = Inpatient
hospital services**

**Part B = Outpatient
services**

**Part D = Retail
Prescription Drug**

**Part C = Medicare
Advantage plans**

- Replaces Original Medicare A, B and usually D, you cannot use a Medigap or retiree plan

Medigap Plan Options



Filling the GAPS or Supplement Original Medicare Coverage

- ❖ Ten Standardized Medigap Plans: A, B, C, D, F**, G*, K, L, M, N
- **Plan F only available if your 65th birthday occurred before **1/1/2020**
- ❖ You can use an employer or government retiree program as a “gap” plan
- ❖ Price and customer service is the difference

Medigap Plan Options



Benefits	Medigap standardized plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood benefit (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%

Medigap Plan Options



Additional Plan Details

*Plans F and G also offer a high-deductible plan in some states. You must pay Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of **\$2,870 in 2025** before policy pays anything.

You cannot buy Plans C and F if you were new to Medicare on or after January 1, 2020.

Visit <https://www.medicare.gov> for latest amounts.

Medigap Plan Options



Additional Plan Details

Out of Pocket Limit in 2025** Plan K **\$7,220**. Plan L **\$3,610**

** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (**\$288**) in 2026, the Medigap plan pays 100% of Covered services for the rest of the calendar year.


***Plan N pays 100% of the Part B coinsurance. You must pay a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

Visit <https://www.medicare.gov> for latest amounts.

Part C Medicare Advantage



Medicare Advantage Plans



Another way to get your Medicare Part A and Part B coverage. Offered by Private companies that must follow rules set by Medicare.



Part C = Medicare Advantage plans

- Replaces Original Medicare A, B and usually D, you cannot use a Medigap or retiree plan

Four Parts of Medicare Coverage



Medicare Advantage Plans

- Medicare Advantage + ~~Stand Alone Part D~~
- Medicare Advantage + ~~a Medigap Plan~~
- Medicare Advantage Plans may offer extra benefits that Original Medicare doesn't include.
 - Dental, Vision, Hearing. But...read fine print!

Part C Medicare Advantage Annual Notice / Evidence of Coverage



Important! Read the information you get from your plan

- If you're in a [Medicare Advantage Plan](#) or a [Part D Prescription Drug Plan \(PDP\)](#), review the "Annual Notice of Change" and "Evidence of Coverage" provided by your plan each year.
- **Annual Notice of Change:** Includes any changes in coverage, costs, and more that will be effective in January. Your plan will send you a printed copy by September 30.
- **Evidence of Coverage:** Gives you details about what the plan covers, how much you pay, and more in the next year. Your plan will send you a notice (or printed copy) by October 15. It will include information on how to get it electronically or by mail.
- **If you don't get these important documents, contact your plan.**

Part C Medicare Advantage



What are the different types of Medicare Advantage Plans?



Health Maintenance Organization (**HMO**) Plan



HMO Point-of-Service (**HMO POS**) Plan



Medical Savings Account (**MSA**) Plan



Preferred Provider Organization (**PPO**) Plan



Private Fee-for-Service (**PFFS**) Plan



Special Needs Plan (**SNP**)

Part C Medicare Advantage



Special Needs Plan (SNP) Medicare Advantage

Plans available for people who qualify based on their health or care requirements.

- ❖ **Chronic Condition SNP (C-SNP)** Specific severe or disabling Chronic Conditions
- ❖ **Dual Eligible SNP (D-SNP)** beneficiaries eligible for both Medicare and Medicaid
- ❖ **Institutional SNP (I- SNP)** People who live in long term care facilities or live in a community but require a high level of nursing home care at home.

Original Medicare

- Majority of Hospitals and Providers participate with Medicare
<https://www.medicare.gov/care-compare>
- Out of state coverage as long as Medicare participation
- In most cases you don't need a referral to see a specialist
- Emergency care is the same across all states

Medicare Advantage

- Many hospitals and Providers do not participate with Medicare Advantage Plans
- Must confirm provider participation through insurance company websites
- HMO plans exclude coverage for out of network providers and hospitals except for Emergency care
- You may need to get a referral to see a specialist
- Limited Travel or out of state coverage except for Emergency care

“Pay me now or Pay me later.”



Original Medicare

- Part B Premium **\$206.50** for most beneficiaries
- Monthly cost for medigap plan chosen
- Part A deductible paid by medigap plan
- Part B deductible of **\$288** paid annually
- Part D deductible **\$615** plus 25% coinsurance to maximum out of pocket of **\$2,100**.
- Maximum out of pocket; paid premium, plus Part B deductible. Except High Deductible Plan G **\$3,538**, Plan K \$7,220, Plan L \$3,610

Medicare Advantage

- Part B Premium **\$206.50** for most beneficiaries
- Potential zero premium plans
- No deductibles
- Copays generally range from \$0 to \$250
- Maximum out of pocket (MOOP) is **\$9,250**. but may be lower for some plans. PPO plans must cap MOOP at **\$10,600** combined for in or out of network services.

What is the actual cost of care?



Original Medicare

Part A – Most Medi-gap plans pay 100% of care along with Medicare.

- Part B –covered services, you usually pay 20% of Medicare-approved amount after you meet the deductible.

Medicare Advantage

- Part A - is subject to daily copays up to a maximum number of days (5-7) admitted; depending on plan purchased.
- Part B - Out-of-pocket costs vary – plans may have lower or higher out-of-pocket costs for certain services.

Membership in Medicare Advantage



You are **not** required to join a Medicare Advantage plan & may stay on Original Medicare.

There is **no** penalty if you do not join a Medicare Advantage plan.



You decide & control if or when you join.



To join a Medicare Advantage plan, you must have Medicare Part A and Part B, live in the plan's service area & except for Special Needs Plans, not have ESRD (End Stage Renal Disease).

Medicare Part D – Prescription Drugs



Medicare Part D Retail Pharmacy Coverage



Medicare **Part D** 2026



- **Annual Deductible:** The standard Part D deductible will be **\$615**, an increase of \$25 from 2025.
- **Out-of-Pocket (OOP) Spending Cap:** The maximum amount you'll pay for prescription drugs out-of-pocket in a year will be **\$2,100 in 2026**.
- **Catastrophic Coverage:** When the **\$2,100** out-of-pocket limit is reached, all covered Part D drugs are provided at no cost to the beneficiary for the rest of the plan year.

Medicare Part D 2026



- **Copayments or coinsurance:**

These are the amounts you pay for covered drugs after you meet the plan's **deductible**, (if the plan has one). You pay your share, and your plan pays its share for covered drugs. If you pay coinsurance, these amounts may vary because drug plans and manufacturers can change what they charge at any time throughout the year.

- **Insulin Cost-Sharing:**

The cost-sharing amount for covered insulin products will remain low, at **\$35 or 25%** of the maximum fair price.

Medicare **Part D** 2026



- **Covered drugs:** All plans must cover a wide range of prescription drugs that people with Medicare take, including most drugs in certain “protected classes,” like drugs to treat cancer, HIV/AIDS, depression, psychosis, seizures, or to prevent organ transplant rejection.
- **Formulary:** Information about a plan’s list of **covered drugs** (called a “formulary”). Follows Medicare guidelines.

Before joining a plan, be sure to review its formulary.

Medicare **Part D** 2026



- **Drug Tiers** The cost-sharing levels with a Part D plan formulary.
- **Tier 1:** Preferred Generic Drugs
- **Tier 2:** Non-preferred generic and some low-cost brand-name drugs
- **Tier 3:** Preferred brand-name drugs
- **Tier 4:** Non-preferred brand-name drugs
- **Tier 5:** High-Cost drugs or “specialty Drugs”

Medicare Prescription Payment Plan



The Medicare Prescription Payment Plan This payment option works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January–December). This payment option might help you manage your expenses, but it **doesn't save you money or lower your drug costs**



If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). All plans offer this payment option, participation is voluntary, and there's no cost to participate in the Medicare Prescription Payment Plan.



Beginning in **2026**, participating plans will **automatically re-enroll individuals unless they specifically opt out**. If you change to a different Medicare plan, you will need to opt-in to the payment plan again with your new insurer to continue.

Extra Help – Low Income Subsidy (LIS)



Low Income Subsidy (LIS) helps people with Medicare pay for prescription drugs and lowers the costs of Medicare Prescription drug coverage.

Who qualifies? People who have limited income and resources may still qualify for Extra Help, but they must apply to find out.

Apply online for Medicare Part D Extra Help program

<https://www.ssa.gov/medicare/part-d-extra-help>

This program is more advantageous than the new **Medicare Prescription Payment Plan**.

Medicare Drug Coverage (Part D) *Late Enrollment Penalty*



3 ways to avoid paying a penalty:

- Enroll in Medicare drug coverage when you are first eligible.
- Enroll in Medicare drug coverage if you lose other creditable coverage.
- Keep records showing when you had other creditable drug coverage and tell your plan when they ask about it.

Medicare Advantage & Medicare Part D



- If you have a Medicare Advantage HMO or PPO, you **may not** have a stand-alone prescription drug plan even if your HMO or PPO does not include Rx coverage.
- If you have a Medicare Advantage HMO or PPO and you enroll in a stand-alone prescription drug plan, your Medicare Advantage plan **will automatically be terminated.**

If You Want to Bail Out ... Special Enrollment Periods

Special rules on joining or switching apply if:

- ❖ You move out of the plan's service area
- ❖ You have both Medicare and Medicaid
- ❖ You qualify for Extra Help
- ❖ You move into, live, or move out of a skilled nursing facility
- ❖ You disenroll from an employer group health plan
- ❖ You switch to a 5-Star Medicare Advantage plan



If You Want to Bail Out ... Special Enrollment Periods

Medicare Advantage Open Enrollment Period

- **If you are enrolled in a Medicare Advantage Plan**, after **January 1**, you may move back to Original Medicare or switch to a different Medicare Advantage plan if you do so before **March 31st**.
- Beginning **April 1st**, you are “locked-into” a plan until the next Annual Enrollment Period.



Medicare Advantage ID Cards



UCard

Member A Sample
Member ID 123456789-00
Sample Plan Name
With Dental Name XX
Group Number: 12345-XXX H0000-000-000 Payer ID: 12345

RxBIN RxPCN RxGRP
123456 1234 LNM

PCP: Provider
PCP: 999-999-999 Referral Required
PCP \$XX Specialist \$XX

front

Benefit Award Card #: 9999 9999 9999 9999 CSN: XXX Exp: XX/XX
Printed: XX-XX-XXXX
For Members: myuhcmedicare.com
1-888-888-8888, TTY 711

Earned rewards exp. 1 month after plan terminates
Providers: uhcprovider.com 1-888-888-8888
Dental Providers: uhdental.com 1-888-888-8888

For Pharmacists: 1-888-888-8888
Med Claims: P.O. BOX 99999, CITY NAME, STATE, 99999-9999
Rx Claims: OPTUMRX, P.O. BOX 99999, CITY, ST 99999-9999

Medicare
National
Network

back

Blue Cross Medicare Advantage (PPO)

Name: SAMPLECARD
ID: X0D123456789
Plan (80840): 9101000211

Office Visit: \$
Specialist: \$
Emergency Room: \$

RxBIN: RNBIN
RxPCN: RXPCN
RxGrp: RNGROUP
RxID: RXID

Plan: Blue Cross Medicare Advantage Flex (PPO)

H8634 014

2024

<Plan Name>
<Plan Type>

Name <Customer Full Name> <Contract/PBP[/segment]>
ID <Customer ID>
Health Plan <(80840)>
Effective Date <Effective Date>
~~PCP~~ <PCP Name>
~~PCP Phone~~ <Phone Number>
[Dental Plan] <Dental Benefit>

MedicareRx
Prescription Drug Coverage

[No Referral Required] **COPAYS** **RxBIN** <XXXXXXX>
PCP <\$xx> Specialist <\$xx> RxPCN <XXXXXXX>
Emergency <\$xx> Urgent Care <\$xx> RxGRP <XXXXXXX>



2025

<Plan Name>
<Plan Type>

Name <Customer Full Name> <Contract/PBP[/segment]>
ID <Customer ID>
Health Plan <(80840)>
Effective Date <Effective Date>
[Dental Plan] <Dental Benefit>

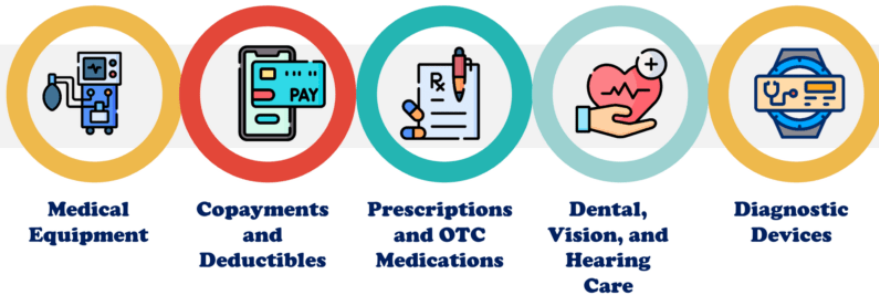
MedicareRx
Prescription Drug Coverage

[No Referral Required] **COPAYS** **RxBIN** <XXXXXXX>
PCP <\$xx> Specialist <\$xx> RxPCN <XXXXXXX>
Emergency <\$xx> Urgent Care <\$xx> RxGRP <XXXXXXX>

Spend Account Cards



Medicare Flex Card Uses



Identity Theft and Fraud



Medicare.gov



Identity Theft and Fraud



Important!

- Medical identity theft is when someone steals or uses your personal information (like your name, Social Security Number, or Medicare Number) to submit fraudulent claims to Medicare and other health insurance companies without your permission. When you get health care services, record the dates on a calendar and save the receipts and statements you get from providers to check for mistakes.
- **If you've contacted the provider and you suspect that Medicare is being charged for a service or supply that you didn't get, or you don't know the provider on the claim, call 1-800-MEDICARE.**

Identity Theft and Fraud



Important!

- **Call 1-800-MEDICARE to report any plans or agents that:**
- Ask for your personal information over the phone or email
- Call to enroll you in a plan
- Visit you unexpectedly
- Use false information to mislead you
- You can also call the Medicare Drug Integrity Contractor (MEDIC) at 1-877-7SAFERX (1-877-772-3379). The MEDIC fights fraud, waste, and abuse in Medicare Advantage Plans and

Helpful Links:



<https://hmhospital.org/>

<https://www.medicare.gov>

<https://www.ssa.gov>

<https://ilaging.illinois.gov/ship.html> (Illinois)

Thank You

