

1. WHO IS ELIGIBLE FOR MEDICARE?

People age 65 or older, people under age 65 with certain disabilities, and individuals with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant).

2. WHAT IS ORIGINAL MEDICARE (PARTS A & B)?

Original Medicare, Part A and Part B, is what you get from the government.



MEDICARE PART A

Hospital insurance that helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



MEDICARE PART B

Medical insurance that helps cover:

- Doctor and specialist costs
- Outpatient care
- Home health care
- Durable medical equipment
- Many preventive services

3. HOW MUCH DOES ORIGINAL MEDICARE COST?

MEDICARE PART A

There is typically no monthly premium for Medicare Part A because an individual or their spouse have paid for it through payroll taxes while working. The costs for care usually include:

INPATIENT HOSPITAL	SKILLED NURSING CARE	HOSPICE
<ul style="list-style-type: none"> ▪ First 60 days you pay \$1,364 max ▪ Days 61-90 you pay \$341/day ▪ Days 91+ you pay \$682/day (expires after 60 Lifetime reserve days are used) <p><i>Please note, exceptions may apply.</i></p>	<ul style="list-style-type: none"> ▪ Days 1-20 Medicare pays 100% ▪ Days 21-100 you pay \$170.50/day ▪ Days 101+ no coverage 	<ul style="list-style-type: none"> ▪ Hospice approved services and amounts are covered by Medicare ▪ May include some medications

MEDICARE PART B

Most people pay a monthly premium for Part B, which is based on your household income.

Part B Premiums

If your yearly income in 2017 (for what you pay in 2019) was:

FILE INDIVIDUAL TAX RETURN	FILE JOINT TAX RETURN	FILE MARRIED & SEPARATE TAX RETURN	YOU PAY EACH MONTH (IN 2019)
\$85,000 or less	\$170,000 or less	\$85,000 or less	\$135.50
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	Not applicable	\$189.60
above \$107,000 up to \$133,500	above \$214,000 up to \$267,000	Not applicable	\$270.90
above \$133,500 up to \$160,000	above \$267,000 up to \$320,000	Not applicable	\$352.20
above \$160,000 up to \$500,000	above \$320,000 up to \$750,000	above \$85,000 up to \$415,000	\$433.40
\$500,000 or above	\$750,000 and above	\$415,000 and above	\$460.50

For most Part B services, a deductible will apply, which is \$185 in 2019. After the deductible is met, Medicare pays 80% of the approved amount.

4. WHAT OTHER TYPES OF COVERAGE ARE AVAILABLE?

If you need additional coverage beyond Medicare Part A and Part B, there are plans offered by private companies.

MEDICARE PART C

Medicare Part C, also known as Medicare Advantage, is a type of Medicare health plan:

- Offered by private insurance carriers approved by Medicare
- That includes all of your Medicare Part A and Part B benefits
- May include Medicare prescription drug benefits
- May include benefits not available through Medicare Part A or Part B (e.g., dental and vision)

Cost: You must continue to pay your Part B premium and may have to pay an additional monthly premium and a copayment or coinsurance for certain covered services.

MEDICARE PART D

Medicare Part D provides prescription drug benefits and is a type of Medicare health plan:

- Offered by private insurance carriers approved by Medicare
- That helps cover the cost of prescription drugs
- That varies in cost and the specific drugs that are covered

Cost: You pay an additional monthly premium and you may have to pay a copayment or coinsurance for certain covered medications. Some states may offer premium assistance if you qualify.

Below are estimated Part D premiums based on income.

If your filing status and yearly income in 2017 was:

FILE INDIVIDUAL TAX RETURN	FILE JOINT TAX RETURN	FILE MARRIED & SEPARATE TAX RETURN	YOU PAY EACH MONTH (IN 2019)
\$85,000 or less	\$170,000 or less	\$85,000 or less	your plan premium
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	Not applicable	\$12.40 + your plan premium
above \$107,000 up to \$133,500	above \$214,000 up to \$267,000	Not applicable	\$31.90 + your plan premium
above \$133,500 up to \$160,000	above \$267,000 up to \$320,000	Not applicable	\$51.40 + your plan premium
above \$160,000 and less than 500,000	above \$320,000 and less than \$750,000	above \$85,000 and less than \$415,000	\$70.90 + your plan premium
\$500,000 or above	\$750,000 and above	\$415,000 and above	\$77.40 + your plan premium

MEDICARE SUPPLEMENT PLANS (MEDIGAP)

These supplemental health insurance plans offered by private companies can help pay some health care costs that Original Medicare does not cover, such as copayments, coinsurance and deductibles.

- You receive your benefits from a private insurance carrier
- You can see any doctor or hospital that accepts Medicare
- Plans are standardized — the benefits from plan to plan are the same from every insurance carrier
- Plans do not include prescription drug benefits

Cost: You pay an additional monthly premium—the costs vary between insurance companies. Out-of-pocket costs can also vary between plans.

5. WHAT IS THE MEDICARE PART D COVERAGE GAP (DONUT HOLE)?

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This coverage gap begins after you and your drug plan together have spent a certain amount for covered drugs.

In 2019, once you and your plan have spent \$3,820 you will be considered in the coverage gap—from this point, you will have to pay for your prescription costs based on the 2019 changes outlined below. Once you have spent the yearly limit (\$5,100 in 2019), your gap ends, and your plan will help pay for covered prescriptions again.

CHANGES TO THE 2019 MEDICARE PART D DONUT HOLE:

- Brand name drugs will be covered at 75%.
- Generic drugs will be covered at 63%.
- Standard initial deductibles are up to \$415 a month.
- Your initial coverage limit is \$3,820.
- The donut hole TrOOP is \$5,100.
- After you reach the \$5,100, you become eligible for catastrophic coverage. At that point, both your generic and brand drug purchases will be covered at 95%.

6. SHOULD I ENROLL IN PART A AND PART B?

In most cases, if you are receiving benefits from Social Security, you will automatically get Part A and Part B when you turn 65. If you will not automatically be enrolled, you should sign up for Part A when you're first eligible even if you have existing coverage through an employer—this is because Medicare Part A is free for most people.*

**If you or your spouse has worked enough calendar quarters [at least 40 quarters (10years)]*

YOU OR YOUR SPOUSE IS NOT CURRENTLY WORKING AND YOU DO NOT HAVE COVERAGE THROUGH AN EMPLOYER	YOU OR YOUR SPOUSE IS CURRENTLY WORKING AND YOU HAVE COVERAGE THROUGH AN EMPLOYER
<ul style="list-style-type: none">▪ In most cases, you should enroll in Part A and Part B when you're first eligible.	<ul style="list-style-type: none">▪ If the employer has fewer than 20 employees, you should sign up for Part A and Part B when you're first eligible.▪ If the employer has 20 or more employees, you may be able to delay Part A and Part B.

7. IF I'M NEW TO MEDICARE, WHEN SHOULD I ENROLL?

INITIAL ENROLLMENT PERIOD (IEP)

The first time you can enroll in Medicare is the 7-month period that begins 3 months before your 65th birthday month and ends 3 months after your birthday month. If you wait until the month you turn 65 or the 3 months after, your Part B coverage could be delayed. Additionally, unless you choose to delay your enrollment because you or your spouse is working, if you do not enroll during this time, you may have to pay a penalty for late enrollment in addition to the regular monthly premium for the duration of your enrollment in Part B.

GENERAL ENROLLMENT PERIOD: JANUARY 1 - MARCH 31

If you didn't sign up for Medicare when you were first eligible and you aren't eligible for a Special Enrollment Period, you can sign up during the General Enrollment Period between January 1 and March 31 each year. You may only enroll in Original Medicare at this time.

Please note: You may have to pay a higher premium for late enrollment in Part A and/or a higher premium for late enrollment in Part B.

SPECIAL ENROLLMENT PERIOD (SEP)

If you didn't sign up for Part B (or Part A if you have to buy it) when you were first eligible because you're covered under a group health plan, based on current employment (your own, a spouse's, or if you're disabled, a family member's), you can sign up for Part A and/or Part B:

- Anytime you're still covered by the group health plan
- During the 8-month period that begins the month after the employment ends or the coverage ends, whichever happens first.

MEDICARE SUPPLEMENT (MEDIGAP)

Your Open Enrollment Period is a 6-month window that begins on the first day of the month in which you're 65 or older and enrolled in Part B. (Some states have additional Open Enrollment Periods.)

8. IF I'M ALREADY ENROLLED IN MEDICARE, WHEN CAN I MAKE CHANGES TO MY COVERAGE?

ANNUAL ENROLLMENT PERIOD (AEP): OCTOBER 15 - DECEMBER 7

This is the time when you can make changes to your Medicare health plan and prescription drug coverage for the following year. Outside of this period, you cannot make changes to your Medicare coverage, unless you qualify for a Special Enrollment Period.

Please note: If you are already enrolled in a Medicare Supplement plan (Medigap policy), you can make changes at any time during the year.

SPECIAL ENROLLMENT PERIOD (SEP)

In certain situations, you may qualify for an SEP where you can join, switch, or drop a Medicare Advantage plan or Medicare prescription drug plan. These situations include:

- Changing where you live
- Losing your current coverage
- If your plan changes its contract with Medicare
- If you're eligible for both Medicare and Medicaid

OPEN ENROLLMENT PERIOD (OEP): JANUARY 1 - MARCH 31

During this period, if you're enrolled in a Medicare Advantage plan, you'll have a one-time opportunity to:

- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and return to Original Medicare, Part A and Part B
- Sign up for a stand-alone Medicare Part D Prescription Drug Plan (if you return to Original Medicare).
Most Medicare Advantage plans include prescription drug coverage already. Usually you can't enroll in a stand-alone Medicare Prescription Drug plan if you already have a Medicare Advantage plan, but there are some situations where you can.
- Drop your stand-alone Medicare Part D Prescription Drug Plan

9. HOW CAN I ENROLL?

If you're enrolling in Medicare for the first time or are looking to make changes to your Medicare plan this year, contact our team. We provide complimentary step-by-step guidance.

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