

### "Part C"

OR

"MediGap"

All in One Replaces Medicare A&B Card al la carte Secondary to Medicare A&B Card

## Must pay Part B premium

# MEDICARE ADVANTAGE

MEDICARE SUPPLEMENT







# **Comparing Differences:**

Medical **Premium & Access to Care Extras Underwriting** Benefits **Dental, Vision, Lower Premiums 1st Eligible Networks** Advantage Medicare Hearing, RX & Extras No medical questions (\$0-\$150/month) PPO, HMO, PFFS Gym Memberships, Meal Programs, OTC Benefits **Higher Out of Pocket Managed Care Annual Enrollment** (up to \$9,350/year in **Prior Authorizations** Change any year between May be included network) **Service Limits** 10/15 and 12/7

# Medicare Supplements

Dental, Vision, Hearing, RX & Extras

Not typically included

Separate Plans or discount programs may be available

#### **Higher Premiums**

(\$100-\$250/month)

Lower Out of Pocket (around \$257/year)

#### **No Networks**

Use any Doctor that
accepts Medicare
(99% of all non pediatric doctors
participate with Medicare in 2020)

#### No Managed Care

You and your doctor choose most appropriate care

#### **1st Eligible**

No medical questions

#### 6 months after Part B

Medical underwriting required to change (some states have certain exceptions)

## **How does MA Work?**

Medical coverage 3

Hospital Inpatient Stay®

**Medicare Advantage** 

Copays for all covered services until you hit plan maximum out of pocket.

Rx costs do not count toward maximum out of pocket

\*Chemotherapy & Other Infusion Therapy 20% Copay

### **Approximate Monthly Premiums**

\$0 \$45 \$0

Medical Coverage		<b>T</b>	7-
Medical Deductible	\$0.00	\$0.00	\$0.00
Medical out of pocket maximum?	\$6,900.00	\$7,550.00	\$7,550.00
Doctor Office Visit	In-Network: \$0 copay per visit	In-Network: \$0 copay per visit	\$15
Specialist Office Visit	In-Network: \$30 copay per visit	In-Network: \$35 copay per visit	\$45
Emergency Room	In-Network: \$95 copay per visit	In-Network: \$95 copay per visit	\$95 If you are admitted to the hospital within 24 hours your cost share may be waived, for more information see the

day for days 8-90.

In-Network: \$225 copay per day for days 1-7, \$0 copay per day for days 1-7

\$195 per day, days 1-7; \$0 per day, days 8-90

**Evidence of Coverage** 

## **EXTRAS** advertised on TV

# Medicare Advantage Plans may include:



#### **Dental**

If offered, typically \$250-\$4,000/year in benefits





## **Gym Memberships**

If offered, typically **free memberships** at participating gyms



If offered, typically **\$25-\$200/quarter** website or prepaid debit card





#### **Grocery Allowance**

If offered, typically has restrictions for **certain diagnosis** 

## **Money Toward Part B Premiums**

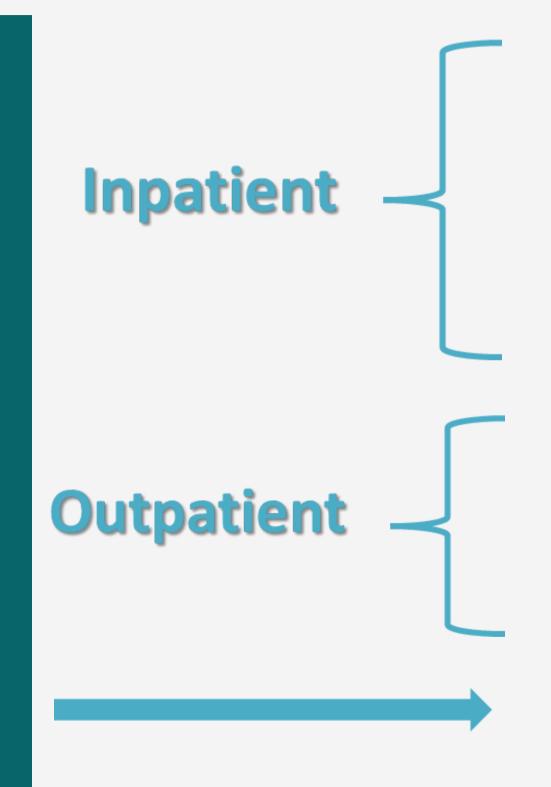
If offered, typically \$2-\$90/month in benefits



#### Medicare Plan **How does MS Work?** A & B Plan Plan Plan HDG/F Only **Medicare Supplement** High Deductible G Ν Part A Deductible \$1,676 \$0 \$0 \$0 \$1,676 Per benefit period-similar to per admittance Part A Hospital Copay \$419 \$419 Days 61-90 (per day) \$0 \$0 \$0 \$838 \$838 Inpatient Days 91+ (60 Reserve Days) 100% 100% 365 Lifetime Days Skilled Nursing Facility Copay \$0 **S**0 \$0 \$0 \$0 Days 0-20 (per day) \$0 \$0 \$209.50 \$209.50 Days 21-100 (per day) \$0 Part B Deductible \$257 \$257 \$257 \$257 Per calendar year \$20 Doc & **Outpatient** 20% \$0 \$0 Part B Coinsurance 20% \$50 ER No Cap on Out of Pocket Risk copay Part B Excess Charges 0% 0% 15% 15% 15% No Cap on Out of Pocket Risk \$0 Out of Pocket Maximum \$257 \$2,870 no cap no cap \$250 then \$250 then \$250 then \$250 Foreign travel emergency 100% then 20% 20% 20% 20% Plan pays up to \$50,000

**How does MS Work?** 

**Medicare Supplement** 



	Medicare			Plan	
	A & B	Plan	Plan	HDG/F	Plan
	Only	F	G	High Deductible	N
Part A Deductible	\$1,676		\$0	\$1,676	\$0
Per benefit period-similar to per admittar		NOT		<del>+-,</del>	Ψ-
Part A Hospital Copay					
Days 61-90 (per day)	\$419	AVAILABLE	\$0	\$419	\$0
Days 91+ (60 Reserve Days)	\$838		ŞU	\$838	٥٦٥
365 Lifetime Days	100%	ТО		100%	
Skilled Nursing Facility Copay		ANYONE			
Days 0-20 (per day)	\$0		\$0	\$0	\$0
Days 21-100 (per day)	\$209.50	WHO	\$0	\$209.50	\$0
Part B Deductible	\$257	TURNED	\$257	\$257	\$257
Per calendar year	-	65			¢20 Dos 9
Part B Coinsurance	20%	00	\$0	20%	\$20 Doc & \$50 ER
No Cap on Out of Pocket Risk	20%	AFTER	ŞU	20%	copay
Part B Excess Charges	15%	1/1/2020	0%	15%	15%
No Cap on Out of Pocket Risk	13/0		070	15/0	13/0
	$\overline{}$			4	
Out of Pocket Maximum	no cap		\$257	\$2,870	no cap

## Medicare Advantage Plans Versus Medicare Supplement Plans

## If your Insurance Preferences are:

- Lower premiums/ higher out of pocket costs
- Ooctor networks
- Managed Care
- Additional benefits included with plan (drugs, dental, vision,OTC, groceries etc.)
- Can change annually with no medical questions; Medical Underwriting to switch to MS later
- Different plan designs/options
- All-in-one plan / one card

Medicare Advantage Plans might be appropriate for you

- Higher premiums/ Lower out-of-pocket costs
- No Doctor networks/Nationwide Coverage
- No Managed Care
- Purchase Additional benefits separately (drugs, dental, vision)
- Change plans with passing Medical Underwriting
- Standardized, easy to understand plans opt
- Multiple ID cards (Medicare, Supplement, Drugs)
- Annual rate increases

Medicare Supplement Plans might be appropriate for you