SmartMatch Insurance Agency

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Medicare 101

Finding the Right Coverage for You

FOR EDUCATIONAL PURPOSES ONLY

The SmartMatch Difference

If you're just starting Medicare or looking for better coverage, the right path isn't always clear. The details of Medicare insurance can be daunting for anyone — and without a trusted advisor you might be making important coverage decisions without expert guidance and support.

We believe that Medicare-eligible adults should never have to worry about covering the costs of their health care. Our licensed insurance agents answer the important questions you may not know you have and help you make the right decisions for your needs and budget.

Our mission is to provide clarity about the world of Medicare coverage options, so that our clients can make confident decisions about their health insurance. Powered by a sophisticated data analytics team, we give you up-to-the-minute information on the best rates available across carriers, plans and products nationwide, all at no cost to you.

A decade of experience has taught us that providing the right information empowers good decisions. That is why we created Medicare 101 - Finding the Right Coverage for You.

In this guide, you'll learn about Medicare plans, coverage, eligibility requirements and other important Medicare information. From education and plan selection, through enrollment and ongoing advocacy, our goal is to be your go-to Medicare resource.

We empower SMART decisions and MATCH to the health care benefits they need at a price they can afford.

If you're researching Medicare or feel it's time to evaluate your current plan, this guide will explain all of your options so you can make confident decisions about Medicare insurance coverage. If you're ready to work directly with us, here's an overview of our three-step process:

Connect
First, we get to know you. We'll ask you some questions about your current health insurance needs and ensure you feel confident about the details that could impact your enrollment, costs, and coverage.

SmartMatch
Next, we'll walk you through all the plan and carrier options available to you. While our services are obligation-free, if you find something you like, we can enroll you on the spot.

Support
Finally, we are dedicated to your entire Medicare experience. We're available to answer questions, conduct policy reviews, and even help you work with your carrier when necessary.

Table of Contents

What is Medicare?

Medicare is the government health insurance program for adults 65+. Medicare helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.

Medicare is administered by the Centers for Medicare & Medicaid Services (CMS) which work to create better health outcomes and eliminate instances of abuse within the healthcare system.

Medicare is divided into different plans that cover a variety of healthcare needs, some of which come at a cost to the insured person. While this allows the program to offer more options, it also makes things more complex for anyone looking to enroll.

DID YOU KNOW?

Medicare was signed into law by President Lyndon B. Johnson in 1966.

As of 2020, there are 67.7 million Medicare beneficiaries.

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Do I Qualify?

You automatically qualify for Original Medicare (Parts A and B) when you turn 65 and are receiving Social Security or Railroad Retirement benefits. Enrollment in Social Security automatically enrolls you in Medicare Part A. You cannot collect Social Security without having Part A – the two are linked.

Even if you don't plan to retire at age 65, you can still sign up for Medicare Parts A and B during your Initial Enrollment Period (IEP) and elect to get more coverage after retirement. (Find more information on the Initial Enrollment Period in the next section, **How Do I Enroll?**)

There are also a few ways you can qualify for Medicare if you're under 65:

- Due to a disability. If you've been collecting Social Security Disability Insurance (SSDI) for 24 months, you are eligible for Medicare coverage during the 25th month of collecting SSDI.
- You have end-stage renal disease or amyotrophic lateral sclerosis (ALS — otherwise known as Lou Gehrig's Disease) at any age.

Age 65 or older You're eligible for Medicare if:

- You're a U.S. citizen or a permanent resident who has lived in the U.S. for five years or more.
- You or your spouse have worked long enough to qualify for Social Security benefits or Railroad Retirement benefits, usually 40 credits from roughly ten years of work. You don't have to currently be receiving either of the benefits to qualify for Medicare.
- You or your spouse are government employees or retirees who have not paid into Social Security, but have paid Medicare payroll taxes.

Under 65 You're eligible for Medicare if:

- Due to a disability, you've been collecting Social Security Disability Insurance (SSDI) for 24 months. You become eligible for Medicare coverage during the 25th month of collecting SSDI.
- You have a qualifying disability or special condition.

How Do I Enroll?

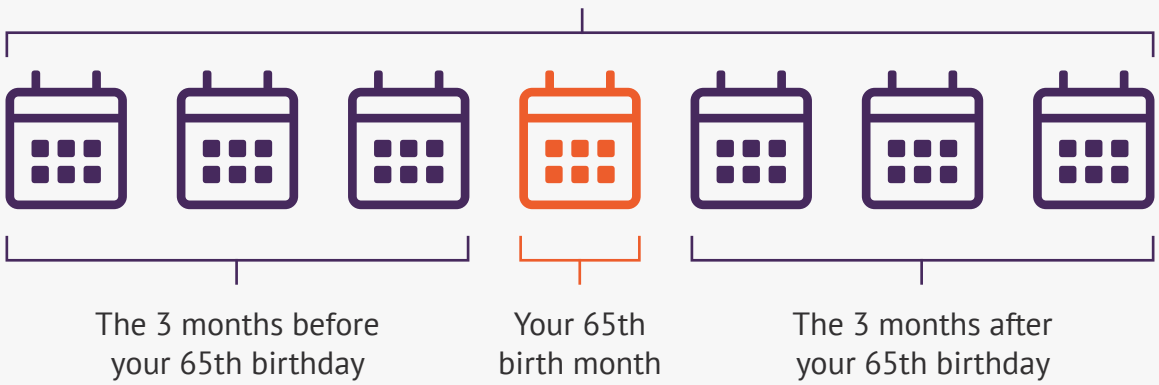
You are automatically enrolled in Medicare when you turn 65 if you receive Social Security retirement or Railroad Retirement benefits.

Note: If you plan to retire later than age 65, you can delay your Part B coverage. You may also want to delay Part B coverage if you're paying for an employer-sponsored insurance plan and want to avoid the Part B premium.

If you are over 65 (or turning 65 in the next 3 months) but are not receiving Social Security benefits, you need to enroll in Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). If you are not receiving Social Security, you won't get Medicare automatically.

See page 17 for more information on Enrollment Periods.

The Initial Enrollment Period



The Initial Enrollment Period (IEP) is the seven-month period of time when you can enroll for the first time in a Medicare plan. It starts on the 1st day of the month that is 3 months before my birth month and ends on the last day of the month that is 3 months past my birth month.

What is Original Medicare?

The term "Original Medicare" specifically refers to Medicare Parts A and B. Sometimes called "Traditional Medicare," Parts A and B made up the entire Medicare program when it was created in 1965. (We'll dive deeper into what each of these parts covers in sections 5 and 6.)

With Original Medicare you do not need a referral to see a specialist for your care to be covered. Any doctor or specialist who accepts Medicare insurance is covered under Original Medicare.

While Original Medicare offers fantastic coverage, it's important to understand that Medicare Parts A and B leave some pretty significant coverage gaps.

Here's a closer look at what *isn't* covered by Original Medicare

- ⊗ Prescription drugs
- ⊗ Routine dental exams
- ⊗ Routine eye exams
- ⊗ Hearing aids or related services
- ⊗ Most care while traveling outside the U.S.
- ⊗ Long-term care
- ⊗ Cosmetic surgery
- ⊗ Most chiropractic services
- ⊗ Acupuncture
- ⊗ Routine foot care

The Four Parts of Medicare

Medicare is divided into four distinct parts, or plans. Each part covers a distinct type of service and has a unique set of costs. We offer an in-depth look at these details in the following sections.

Here's a quick overview of what each part covers and key information about how each part works and the expenses you can expect.

The Four Parts of Medicare

Medicare Part A:
covers inpatient/hospital coverage.

Medicare Part B:
covers outpatient/medical coverage.

Medicare Part C:
offers an alternate way to receive your Medicare benefits via a private insurance company.

Medicare Part D:
covers prescription drug coverage.

In brief, Original Medicare is a term used to refer to both Medicare Parts A and B. You must have both of these parts to be eligible to enroll in either a Medicare Supplement Insurance plan or a Medicare Advantage plan. By law, you cannot have Advantage and Supplement plans at the same time.

Both Medicare C and Part B require monthly premium payments along with deductibles and copayments. Most Medicare eligible adults will never pay a Part A premium. If you are 65 and you or your spouse has paid Medicare taxes for at least 10 years, you don't pay a premium for Part A.

Because Medicare Parts C and D are administered via private companies, your out-of-pocket costs for these plans will vary from one policy to the next.

Medicare Part A: Hospital Insurance

Part A covers inpatient hospital stays, hospice care, nursing home costs, and even limited home health benefits. The types of hospitals covered under Medicare Part A include:

- Acute care hospitals (meaning urgent or immediate need)
- Critical access hospitals
- Long-term care hospitals
- Inpatient rehabilitation centers
- Mental health care facilities
- Some clinical research studies

Medicare Part A will also cover the costs of private and at-home health services as long as they are deemed "medically necessary." In plain terms, Medicare defines a medical necessity as anything a doctor deems necessary to help someone survive or get better. Medically necessary at home services can include:

- Physical therapy
- Part-time skilled nursing services
- Speech and language pathology services
- Part-time home health aide care
- Medical social services
- Occupational therapy
- Durable medical equipment

Additional care covered by Part A

Skilled Nursing Care

If you need skilled nursing care, these services must be provided at a Medicare-certified facility in order to meet coverage requirements. To meet coverage requirements for a nursing home, your doctor must certify that you need daily, skilled nursing services that cannot be given in your home. This can include things like IV medications or physical therapy. Medicare Part A won't cover long-term or personal care.

Hospice Coverage

Hospice care focuses on palliative, not curative, care during which the patient is made as comfortable as possible. For patients in hospice, Part A will sometimes cover the costs of services that aren't typically included in the plan, such as counseling. If a patient must be hospitalized for pain management or a similar treatment, Part A will only cover room and board.

Medicare Part A Snapshot: What's Covered?

Medicare Part B: Medical Insurance

Medicare Part B is medical insurance coverage. It covers any medical supplies and services necessary to treat health problems and medical conditions.

Some of the services covered under Medicare Part B include:

- Outpatient care
- Ambulance services
- Durable medical equipment
- Preventative services

In some instances, Medicare Part B will also cover intermittent or part-time rehab and home health services.

Medicare Part B Snapshot:

Part B is outpatient coverage for medically-necessary services.

Medicare Part D: Prescription Drug Coverage

Because Part D plans are sometimes referred to as "add-on" coverage, these plans can seem like a minor piece of your Medicare insurance. However, prescription coverage is absolutely critical to health care coverage and should not be an afterthought. For many, it's one of the most challenging and potentially costly aspects of Medicare. There's a lot to consider when looking at your options, from the variety of plan choices, plan ratings, and various drug tiers.

The first option is to simply enroll in Part D coverage and add it to an Original Medicare plan. The second option is to combine Medicare Part D into a Medicare Advantage plan.

You can enroll in a stand-alone prescription drug plan if you meet these conditions:

- You're enrolled in either Medicare Part A or Part B.
- You permanently reside in the service area of the plan.

Shopping for prescription drug coverage as a Medicare recipient can be a bit confusing. In many cases, cheaper isn't better. The easiest way to shop for a Medicare Part D plan that's right for you is to compare different plans' coverage options for the medications you're currently taking.

Low-cost plans may not pay for your prescriptions. In that case, you'll be stuck with higher out-of-pocket costs for your medicines. So saving on the monthly premium might not be worth it if it means higher out-of-pocket costs. Another issue to be aware of is the Medicare Part D coverage gap, also commonly known as the "donut hole."

The donut hole is basically a gap in coverage. This gap is the phase of Part D Medicare coverage that occurs after your initial coverage period has ended. This gap occurs once you and your drug plan have spent a certain amount of money for drugs. The coverage gap forces you to pay a much higher percentage of drug costs until you reach the other end of the gap. The Part D coverage gap is considered closed as of January 1, 2020.

Learning the different benefits of Medicare Part D plans will help you figure out what you'd pay out-of-pocket. It's also a good idea to explore the costs of your prescription drugs before, during, and after the coverage gap. Look at the premium once you calculate those costs. In some cases, a higher premium may be cheaper for you in the long run if you'll pay lower out-of-pocket costs.

Medicare Part C: Medicare Advantage

Medicare Part C is also known as Medicare Advantage and is sometimes abbreviated to simply an MA plan.

Medicare Advantage plans are administered via private health insurance companies who have been approved by the Centers for Medicare & Medicaid Services (CMS). Medicare Advantage required by law to give you benefits as good or better than Original Medicare. They provide the same level of insurance coverage as Original Medicare, however, and some Medicare Advantage plans offer additional coverage, such as hearing, dental, vision, and prescriptions.

The most common types of Medicare Advantage plans include:

- Health Maintenance Organization (HMO) plans
- Private Fee-for-Service (PFFS) plans
- Preferred Provider Organization (PPO) plans
- Special Needs plans (SNP)

Less common types of Medicare Advantage plans include:

- HMO Point-of-Service (HMOPOS) plans
- Medical Savings Account (MSA) plans

Every Medicare Advantage plan is going to charge different out-of-pocket costs. Each plan will also have different coverage rules. For example, you might need a referral before seeing a specialist and receiving coverage from the plan.

Most Medicare Advantage plans include Medicare Part D, prescription drug coverage. The only type of Medicare Advantage plan that does not include prescription coverage is a PFFS plan (and enrollment in this type of plan is rare).

In general you can not enroll in Part C & Part D together, one will cancel the other out automatically. A common misconception is you can add Part D to a MA only plan that doesn't have drug coverage, this is not the case.

Original Medicare can leave a lot of gaps in coverage. For added peace of mind, many Medicare-eligible adults enroll in Medicare Part C to ensure adequate insurance coverage for their medical needs. Medicare Supplement Insurance can also fill in Original Medicare coverage gaps.

Medicare Supplement Insurance

Medicare Supplement Insurance, also known as Medigap or MedSup, is similar to Medicare Parts C and D in that private companies sell these plans. Medicare Supplement Insurance is not a comprehensive insurance plan, but is meant to act as supplemental coverage to Original Medicare. Remember, Original Medicare only covers up to 80% of your medical costs. Medicare Supplement Insurance helps pay for the remaining 20% while also reducing your out-of-pocket costs for certain services.

There are about 10 Medicare Supplement Insurance plans you can choose from. Medicare Supplement Insurance plans are defined by a letter (A, B, C, D, F, G, K, L, M and N) and each plan type offers a different level of coverage. But note: plan type with the same letter must offer the same set of basic benefits regardless of location.

Medicare Supplement Insurance does not cover prescription drugs. But Medicare Supplement Insurance plans can cover some costs associated with deductibles, co-pays and emergency care when you're traveling outside the U.S. Additionally, a Medicare Supplement Insurance plan can cover up to a year of Medicare Part A out-of-pocket costs once you've depleted your Medicare benefits.

While there are several Medicare Supplement Insurance Plans, the benefits are standard across the country. Remember that some Medicare Supplement Insurance plans are offered in one state but not another.

At SmartMatch, we make it easy for you to compare these different plans so you can make an informed decision about your Medicare coverage. Next, we'll explore how Medicare Advantage differs from Medicare Supplement Insurance.

Medicare Supplement Comparison Chart

See disclaimers on next page.

Medigap Plans	A	B	C *	D	F * [1]	G	K	L	M	N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Part B coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes [3]
Blood (first 3 pints)	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A hospice care coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Skilled nursing facility care coinsurance			Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A deductible		Yes	Yes	Yes	Yes	Yes	50%	75%	50%	Yes
Part B deductible			Yes		Yes					
Part B excess charge					Yes	Yes				
Foreign travel exchange (up to plan limits)			80%	80%	80%	80%			80%	80%
Out of pocket limit [2]							$5,880	$2,940		

Medicare Supplement Chart Disclaimers

Some plans may include additional benefits and are much more comprehensive. The Medigap plan comparison chart provides a convenient, compact way to compare plans in order to find the best option.

Note: In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized differently.

***** As of Jan. 1, 2020 Medicare Supplement plan types C and F will no longer be made available to beneficiaries who become Medicare-eligible after Dec. 31, 2019. For those who became Medicare-eligible prior to Jan. 1, 2020, Medicare Supplement plan types C and F will remain active and available for future enrollment.

[1] Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of $2,300 in 2019 ($2,340 in 2020) before your Medigap plan pays anything.

[2] After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

[3] Plan N pays 100% of the Part B coinsurance, except for 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 inpatient admission.

Nearly two-thirds of Medigap policy holders traditionally enroll in Plan F because of its benefits and coverage. Unfortunately Plan F and Plan C are only available for those who became Medicare eligible prior to Jan. 1, 2020. The closest replacement for these plans would be Plan G or Plan N.

Those who became Medicare-eligible prior to 2020 may keep an existing Plan F or C and may also apply for a new Plan F or C, even from a different insurance company.

Choosing your Medigap coverage level can be a difficult process. Each plan is unique and to find which plan best fits your needs, it's highly recommended that you speak to a professional.

Medicare Supplement vs. Advantage

Medicare Supplement Insurance and Medicare Advantage plans may seem similar, but the only thing they have in common is both are offered by private companies.

While both Medicare Advantage and Medicare Supplement Insurance can be used to fill in the gaps Original Medicare leaves, Medicare Advantage plans are alternatives to Original Medicare and replace it. Medicare Supplement Insurance is not meant to be a stand-alone plan like Medicare Advantage. The plans differ significantly in costs, benefits, and the ways they operate. Let's recap:

- Medicare Advantage is also known as Medicare Part C, replacing Original Medicare (Parts A and B), and often covering Part D (prescription drug coverage).
- Medicare Supplement Insurance works alongside Original Medicare (Parts A and B).
- Medicare Supplement Insurance is used to pay for the 20% of medical costs that Original Medicare doesn't cover.

Note: You cannot enroll in a Medicare Advantage plan and also carry Medicare Supplement Insurance.

When can you enroll in a Medicare plan?

Each plan has specific enrollment periods you'll need to be aware of whether you choose Original Medicare, Medicare Supplement Insurance or a Medicare Advantage plan.

Medicare Enrollment Periods

There are several different enrollment periods for Medicare and some of the Medicare plans have their own unique enrollment periods:

Initial Enrollment Period (IEP) — The IEP is a seven-month period when you can enroll in Medicare for the first time. You can enroll in Medicare Parts A, B, C and D in the seven months surrounding your 65th birthday. The IEP includes the three months preceding and following your birthday month, as well as your birthday month itself, for seven total months.

Special Enrollment Period (SEP) — The SEP is for those enrolling in Medicare Parts B, C, and D after turning 65 and once their IEP ends. After your employer or union group coverage ends, you'll have eight months to sign up for Part B without incurring a penalty, and 63 days to join a Part C or D plan without penalty.

General Enrollment Period — The General Enrollment Period is January 1 through March 31. This period is for those who miss their IEP and aren't eligible for the SEP. During this time, you can join Part A, Part B, or both (Original Medicare). Your coverage will start July 1 in the same year you enroll.

Medicare Supplement Insurance Open Enrollment — This refers to a six-month period that begins on your Medicare Part B start date.

Medicare Annual Enrollment Period (AEP) — The Medicare Annual Enrollment period occurs from October 15 to December 7 each year. During this period you can change, join or leave a Part D or Medicare Advantage plan.

Medicare Advantage Open Enrollment Period (OEP) — From January 1 to March 31, you can change your plan if you're already enrolled in a Medicare Advantage plan. You can switch to a different Medicare Advantage plan or join Original Medicare.

Exploring the different Medicare plans and remaining aware of the enrollment periods helps you make the right choice for your medical needs.

Additional Coverage Options

There are several additional health services that can be a part of your Medicare plan. Enrolling in well-rounded plans is critical for ensuring adequate coverage as a Medicare recipient.

Hospital Indemnity Plan (HIP)

Hospital Indemnity insurance, or HIP, is a supplemental plan that helps cover some of the out-of-pocket expenses you would incur during an inpatient hospital stay. The average person over 65 will incur an inpatient hospital cost of $14,500, on average, for a five-night stay. Medicare plans won't cover the entire cost.

The maximum out-of-pocket cost you'd pay for a hospital stay at this price would be $6,700. That's a princely sum for many on a retirement income. A HIP is meant to cover a portion of this out-of-pocket cost for a hospital stay.

Critical Illness

Critical Illness insurance is meant to help offset the costs associated with cancer, heart attack and stroke treatments. Remember, Medicare will only cover certain medical expenses associated with critical illness care. But what about the rest?

Things like lodging, travel expenses, meals, loss of income and experimental medication costs often associated with a critical illness aren't covered under a Medicare plan. But Critical Illness insurance can cover some of these expenses and reduce what you'd have to pay for treatment.

Dental, Hearing, and Vision Plans

Everyone needs dental care, and for many of us, hearing and vision care are also important.

Medicare doesn't cover routine dental, hearing, or vision exams nor the co-pays related to treatment. It's important to look for a plan that can fill in these gaps so your teeth, ears, and eyes stay healthy and well-cared-for.

Final Expense Insurance

Final Expense insurance is a type of life insurance policy that pays out a guaranteed benefit to a designated beneficiary. The proceeds of the policy can be used to pay for funerals, outstanding medical or credit card bills, or other end-of-life expenses.

In most cases, people between the ages of 50 and 85 can purchase a final expense policy, though age limits can vary from one insurance company to the next. You can purchase either term or permanent coverage. The benefits usually range from $5,000 to $50,000.

Have Questions?

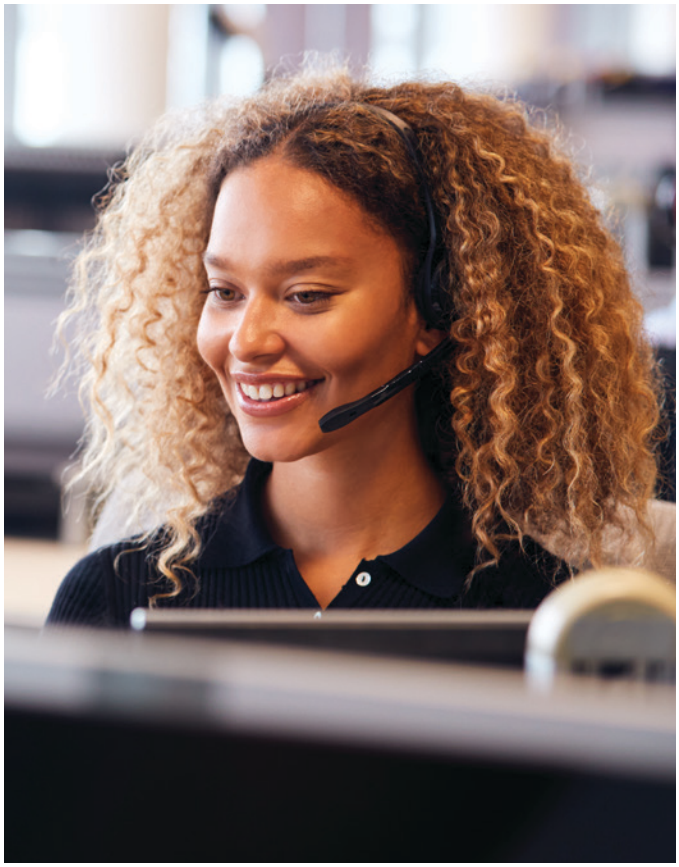
Weighing the pros and cons of different Medicare plans and identifying the best type of coverage for your unique medical needs are essential. There are many different plans to choose from in addition to supplemental insurance policies that protect you and your beneficiaries from incurring major medical expenses.

At SmartMatch, we offer Medicare eligible adults an easy way to identify the right coverage at an affordable price. Most insurance agencies only offer a single product. At SmartMatch, we give you a clear picture of the different types of insurance plans offered in your area, including:

- Medicare Supplement Insurance
- Medicare Advantage
- Prescription plans
- Hospital Indemnity Plan (HIP)
- Critical Illness
- Dental, Hearing, and Vision plans
- Final Expense

Give one of our licensed insurance agents a call today at 1-888-411-7647, TTY 711, Monday through Friday from 8 am to 5 pm CST.

Disclaimer: *SmartMatch is not connected with or endorsed by the U.S. government or Federal Medicare program. The plans we represent do not discriminate on the basis of race, color, national origin, age, disability, or sex.*



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Glossary

Annual Enrollment Period (AEP): From October 15 through December 7, Medicare-eligible people can enroll in, withdraw from or change a Medicare Advantage or Medicare prescription drug plan for the following year.

Coinsurance: A percentage of your medical and drug costs that you pay out-of-pocket. Some plans may require that you pay a deductible first.

Co-payment: The fixed dollar amount some plans require you to pay when you receive medical services or have a prescription filled.

Deductible: The amount you pay for medical services or prescriptions before your plan pays for your benefits.

Formulary: Also called a drug list, the formulary lists the drugs your plan covers. It's often divided into tiers based on how much your plan pays for drugs in each tier.

Health maintenance organization (HMO): A type of health plan. Generally, a primary care provider in the plan's provider network administers your healthcare.

Initial Enrollment Period (IEP): When you're eligible to sign up for Medicare Parts A or B when turning 65.

Mail-delivery pharmacy: These pharmacies allow you to order and have your medicines and supplies (like diabetes test strips) mailed to you. Many mail-delivery pharmacies will fill maintenance medications for up to a 90-day supply and provide regular refill reminders.

Medically necessary: Medicare defines this as services or supplies needed for the diagnosis or treatment of a medical condition. These services and supplies must meet local standards of good medical practice and cannot be mainly for the convenience of you or your doctor.

Medicare: Health insurance for people 65 or over, those under 65 with certain disabilities and people any age with end-stage renal disease.

Network: A group of healthcare providers who have agreed to provide care based on a plan's terms and conditions, including doctors, hospitals and other healthcare professionals and facilities.

Original Medicare (Parts A and B): Original Medicare is the federal government's traditional fee-for-service program that pays directly for your healthcare. You can see any doctor who takes Medicare anywhere in the country.

Glossary (Continued)

Out-of-pocket costs: Anything you are required to pay for medical care, prescriptions and other healthcare services. These include coinsurance, copayments and deductibles.

Preferred Provider Organization (PPO): With this type of plan, you choose your own doctors and hospitals. Your out-of-pocket costs may be lower if you choose network providers.

Premium: What you pay Medicare or a health plan for healthcare coverage, usually on a monthly basis.

Private-Fee-for-Service (PFFS) Plan: A PFFS plan is a type of Medicare Advantage Plan, not Medicare Supplement Insurance. These plans require you to find healthcare providers who accept Medicare and the plan's terms. Some have a provider network. You can see out-of-network providers who accept the plan but you might pay more.. Non-contracted providers are not required to see plan members except in an emergency.

Special Needs Plan (SNP): Plans that may offer benefits, providers and drug lists designed to meet specific needs. People with chronic conditions, like diabetes, or who have both Medicare and Medicaid, may benefit from these plans.

HAVE QUESTIONS?

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The plans we represent do not discriminate on the basis of race, color, national origin, age, disability, or sex.