

## MEDICARE EDUCATION

# Your Guide to Medicare



As you or a loved one begin to approach age 65, you may ask yourself, “What do I need to do to prepare for Medicare?” or “When do I need to sign-up by?” Medicare can be confusing, but the Medicare specialists at PrimeTime Health Plan offer this valuable resource to help you learn the basics of Medicare.

**WHO IS ELIGIBLE FOR MEDICARE?**



**A person is eligible for Medicare if he/she:**

- Is a U.S. citizen or legal resident. (living in the U.S. for at least five years in a row)
- Is 65 years or older, or younger with a qualifying disability.
- Having enough work credits through yourself or spouse\*

\*Working less than 40 quarters could result in higher premiums.

**MEDICARE ENROLLMENT**



- If you are receiving benefits from Social Security or the Railroad Retirement Board (RRB) prior to age 65, you will be automatically enrolled in Medicare A & B on the first day of your birthday month. If your birthday is on the first day of the month, your Medicare takes effect the first of the previous month. (Example: If your birthday is on May 1, your Medicare would be effective April 1).
- If you are not receiving benefits from Social Security and want Medicare the month you turn 65, you must enroll by contacting Social Security.
- You may also enroll in Medicare through Social Security after being awarded Disability under age 65 after 24 months.\*

\*Exceptions: Amyotrophic Lateral Sclerosis (ALS), End-stage Renal Disease (ESRD), etc.

**SHOULD I ENROLL IN MEDICARE IF I AM STILL WORKING?**



- If you or your spouse are still working, turning 65 and covered under active employer health coverage, you can **delay** getting Medicare Part B without penalty until you retire. Check with your carrier to see how Medicare will pay claims based on the number of employees in your company.
- If you've elected to delay Part B, it will be important to apply for Medicare (through Social Security) two or three months before you retire. This will prevent any breaks in medical coverage and avoid the Part B penalty. You and your employer need to fill out form CMS L-564 (found at cms.gov) and take it to your local Social Security Administration (SSA) office. This will provide SSA with proof that you had insurance since age 65.
- If you have a Health Savings Account (HSA) through your employer group coverage, you should stop contributing to your HSA at least 6 months before you apply for Medicare A and/or B and Social Security benefits. Speak with your Human Resources Department, Tax Advisor, or the Social Security Office.

**HOW DOES MEDICARE PAY MEDICAL & RX COSTS?**



- Part A (Hospital): Medicare pays 100% after a deductible for each 60 day benefit period.
  - » There are also co-pays for days 61-90 and 91-150.
- Part B (Medical Outpatient): Medicare pays 80% after annual deductible is met.
- **There are no out-of-pocket maximums for Medicare Part A or Part B claims.**
- Part D (Prescription Drugs): Medicare subsidizes private insurance carriers to offset prescription costs in one of two ways: Stand Alone Prescription plans (PDP) or inclusion in a Medicare Advantage Plan.

**HOW CAN I ENHANCE MEDICARE COVERAGE?**



**Your Two Medicare Enhancement Options:**

**OPTION 1:**

**Enhance Original Medicare with a Medigap plan and/or Part D Plan**

Original Medicare: Part A & Part B



Medicare Supplement Insurance (Medigap) Policy



Part D (Prescription Drug Coverage)

**OR**

**OPTION 2:**

**Enhance with a Medicare Advantage Plan**

**Also called: Part C Plans**

This option combines Part A, Part B, and (sometimes) Part D Prescription Drug Coverage

**With either enhancement, you still pay your Part B premium.**

**ENROLLMENT PERIODS**



- **Initial Coverage Election Period (ICEP): Enroll in Original Medicare, MA, Medigap, PDP**
  - » 3 months before; the month of; and 3 months after your 65th birthday month
- **Annual Enrollment Period (AEP): Change annually MA or PDP plans**
  - » October 15 - December 7
- **Medicare Advantage Open Enrollment (MAOE): May switch MA plans one time or switch from a MA plan back to Original Medicare**
  - » January 1 - March 31
- **Special Election Periods (SEP): To enroll in Original Medicare, MA, Medigap, PDP**
  - » You are losing employer coverage
  - » You move in or out of the plan's service area
  - » You qualify for Medicaid or Extra Help

## Points to Ponder

<b>Enhancement</b> Choose Medicare Supplement or Medicare Advantage, but not both	<b>Medicare Supplement/Medigap Plans</b> (A, B, C, D, F, High F, G, K, L, M, N)	<b>Medicare Advantage Plan (Part C)</b>
<b>Cost</b>	<ul style="list-style-type: none"> <li>• Pay Part B premium</li> <li>• Higher plan premiums</li> <li>• Little or no out-of-pocket costs when getting medical services</li> </ul>	<ul style="list-style-type: none"> <li>• Pay Part B premium</li> <li>• Lower plan premiums, some at \$0</li> <li>• Member has cost share that tracks toward an out-of-pocket maximum</li> </ul>
<b>Coverage</b>	<ul style="list-style-type: none"> <li>• Pays second to Medicare Parts A and B</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays in place of Medicare Part A and B</li> </ul>
<b>Doctors/Hospitals</b>	<ul style="list-style-type: none"> <li>• Generally any provider that accepts Medicare</li> <li>• (Some supplemental plans are called 'select plans' that require staying in a network)</li> </ul>	<ul style="list-style-type: none"> <li>• Must use plan network of doctors and hospitals</li> <li>• Cost is generally higher if the provider is out-of-network</li> <li>• Some plans will not pay anything if the provider is out-of-network</li> </ul>
<b>Drug Coverage/ Part D</b>	<ul style="list-style-type: none"> <li>• Not included, must purchase a Part D Plan (PDP) separately or have creditable drug coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Most Advantage Plans include drug coverage or Part D</li> <li>• You cannot purchase a Medicare Advantage Plan and a Stand Alone Part D Plan; only one or the other</li> </ul>
<b>How to Purchase</b>	<ul style="list-style-type: none"> <li>• Purchase from agent/insurance company</li> </ul>	<ul style="list-style-type: none"> <li>• Purchase from agent/insurance company or Medicare.gov</li> </ul>
<b>When to Enroll</b>	<ul style="list-style-type: none"> <li>• Any month</li> <li>• Guaranteed issue is the best time to purchase to avoid answering medical questions (more information is available on Medicare.gov)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Initial Coverage Election Period (ICEP):</b> 7 month window surrounding 65th birthday</li> <li>• <b>Annual Enrollment Period (AEP):</b> Oct 15 - Dec 7</li> <li>• <b>Medicare Advantage Open Enrollment Period (MAOEP):</b> Jan 1 - March 31, allows a one-time change if member is already on an Advantage Plan</li> <li>• <b>Special Election Period (SEP):</b> Change in address, income, or leaving employer coverage</li> <li>• <b>5-Star Special Enrollment Period:</b> Switch from your current Medicare Plan to a 5-Star Medicare Plan</li> </ul>
<b>Which is the Best Enhancement for Me?</b>	<ul style="list-style-type: none"> <li>• Important to have access to any provider (generally)</li> <li>• Use numerous health services or have chronic illness</li> <li>• Able to afford premiums</li> </ul>	<ul style="list-style-type: none"> <li>• Willingness to change providers</li> <li>• Looking to potentially save money monthly and prefer to pay copays as needed (pay as you go)</li> <li>• Willingness to review/change plans each year</li> </ul>
<b>Notes of Interest</b>	<ul style="list-style-type: none"> <li>• The letter designation of the Supplement Plans has the same coverage regardless which insurance company offers it</li> <li>• Cannot have Medicare Supplement and Medicare Advantage at the same time</li> <li>• Some Medicare Supplement Plans include fitness programs</li> <li>• Must carry 3 cards: Medicare Card, Supplement Plan Card, Part D Card</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare Advantage Plans have more restrictions such as:               <ul style="list-style-type: none"> <li>» May only change coverage if you have an election</li> <li>» Required to reside in the plan's service area</li> <li>» Cannot have End Stage Renal Disease (ESRD) (To view exceptions, visit Medicare.gov)</li> </ul> </li> <li>• Advantage plans may include dental, vision, hearing aids, and fitness programs</li> <li>• Medicare Part C designates a Medicare Advantage Plan, not to be confused with Medicare Supplement Plan C</li> <li>• Only required to carry Medicare Advantage Card</li> </ul>

## Why Choose a 5-Star Plan?

Each year, you perform checks to make sure everything is operating at a high level of quality. Examples include routine maintenance on your vehicle, checking your smoke detector batteries, and visiting your doctor for an annual check-up.

Are you due for a quality check on your Medicare Advantage Plan?

You deserve a high-quality, top-performing Medicare Advantage Plan that delivers the benefits, programs, and services you need to live a life of well-being.

PrimeTime Health Plan is a 5-Star rated Medicare Advantage (MA) Plan for 2022 by the Centers for Medicare and Medicaid Services (CMS).

### What Does a 5-Star MA Plan Mean?

On a rating scale of 1-5 stars, a 5-star rating is considered excellent. The score includes how well the plan serves its members through access to healthcare and an outstanding customer service experience.

If a MA Plan includes Part D prescription drug coverage, a 5-star rating means members have access to safe drugs at affordable prices.

## Quality and Performance Categories

MA Plans must meet the criteria outlined in quality and performance categories to receive the 5-star honor. Our members gave us this rating and information from providers, billing information, and CMS's plan monitoring. The chart below shows how PrimeTime Health Plan rated out of 5 stars in each of these categories.

Medicare Advantage Plans	Rating	Medicare Advantage Drug Benefits	Rating
Staying healthy; screening tests; vaccines	★★★★★	Customer service	★★★★★
Managing chronic conditions	★★★★☆	Member complaints and changes in the drug plan's performance	★★★★★
Member experience with the health plan	★★★★★	Member experience with the drug plan	★★★★★
Member complaints and changes in the health plan's performance	★★★★★	Drug safety and accuracy of drug pricing	★★★★☆
Customer service	★★★★★		

## IMPORTANT CONTACT INFORMATION



Agency	Phone	TTY	Website
Medicare	1-800-MEDICARE	1-877-486-2048	www.medicare.gov
Social Security	1-800-772-1213	1-800-325-0778	www.socialsecurity.gov
Ohio Department of Insurance (ODI)	1-800-686-1526	1-614-644-3745	www.insurance.ohio.gov
Ohio Senior Health Insurance Information Program (OSHIIP)	1-800-686-1578	711	www.insurance.ohio.gov

**For more information, please contact PrimeTime Health Plan at 330-363-7407 or TTY users can call 711, Monday-Friday from 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week from 8:00 a.m. to 8:00 p.m.)**



**AULTCARE'S**  
**PRIMETIME**  
**HEALTH PLAN**

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