

Understanding Medicare

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Understanding Medicare Day 1

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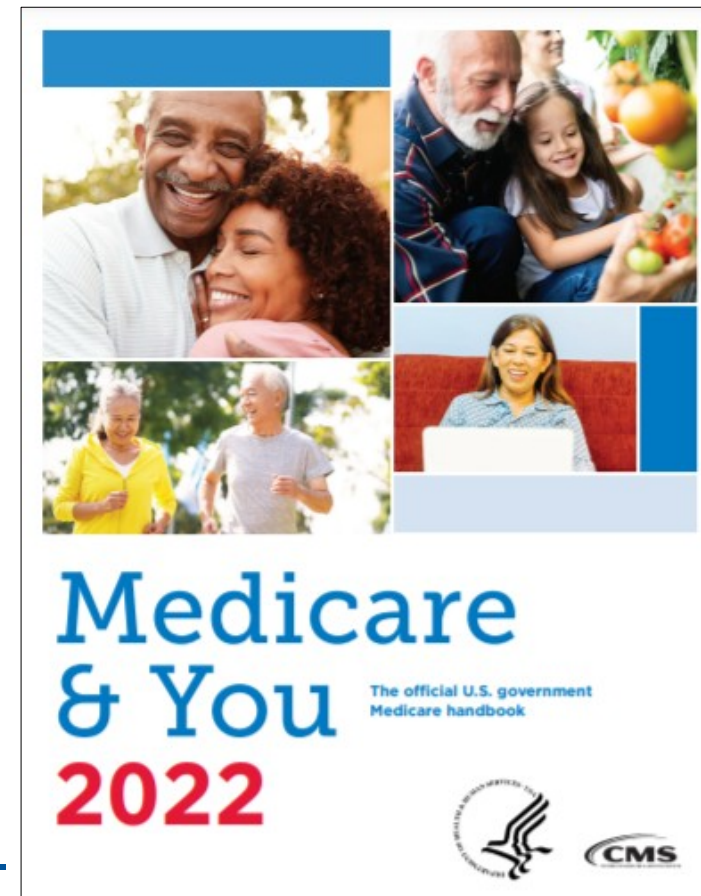


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What is Medicare?

- Health insurance for people
 - 65 and older
 - Under 65 with certain disabilities
 - ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease) without a waiting period
 - Any age with End-Stage Renal Disease (ESRD)

★ **NOTE:** To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.



CMS Product No. 10050

What Agencies Are Responsible for Medicare?

Handle Enrollment, Premiums



Social Security
enrolls most people
in Medicare



**Railroad
Retirement Board
(RRB)** enrolls
railroad retirees in
Medicare

We Handle the Rest



**Centers for Medicare & Medicaid
Services (CMS)** administers the
Medicare Program

What are the Parts of Medicare?



Part A (Hospital Insurance)



Part B (Medical Insurance)



Part D (Drug coverage)

Original Medicare Coverage Part A (Hospital Insurance)



Part A
Hospital Insurance

Part A–Hospital Insurance helps cover medically necessary

✓ Inpatient care in a hospital

- Semi-private room, meals, general nursing, other hospital services and supplies, as well as care in inpatient rehabilitation facilities and inpatient mental health care in a psychiatric hospital (lifetime 190-day limit)

✓ Inpatient Skilled Nursing Facility (SNF) care

- After a related 3-day inpatient hospital stay
 - If you meet all the criteria
- [COVID-19 public health emergency waiver of the 3-day rule](#)

Paying for Medicare Part A



Part A
Hospital Insurance

- Most people don't pay a premium for Part A
 - If you paid Federal Insurance Contributions Act (FICA) taxes for at least 10 years
- If you paid FICA taxes less than 10 years, you can pay a monthly premium to get Part A
- May have a penalty if you don't enroll when first eligible for Part A (if you have to buy it)
 - Your monthly premium may go up 10%
 - You'll have to pay the higher premium for twice the number of years you could've had Part A, but didn't sign up

Part A: What You Pay in Original Medicare

Hospital Inpatient Stay	<ul style="list-style-type: none">▪ The \$1,556.00 deductible and no coinsurance for days 1–60 of each benefit period▪ \$389 per day for days 61–90 each benefit period▪ \$778 per “lifetime reserve day” after day 90 of each benefit period (up to 60 days over your lifetime)▪ All costs for each day after the lifetime reserve days <p>Note: Inpatient mental health care in a psychiatric hospital is limited to 190 days in a lifetime</p>
Skilled Nursing Facility (SNF) Care	<ul style="list-style-type: none">▪ \$0 for the first 20 days of each benefit period▪ \$194.50 per day for days 21–100 of each benefit period▪ All costs for each day after day 100 in a benefit period
Home Health Care Services	<ul style="list-style-type: none">▪ \$0 for home health care services▪ 20% of the Medicare-approved amount for durable medical equipment
Hospice Care	<ul style="list-style-type: none">▪ Nothing for hospice care▪ Up to \$5 per Rx to manage pain and symptoms<ul style="list-style-type: none">• While at home▪ 5% for inpatient respite care
Blood	If hospital gets it from a blood bank at no charge, you have no charge

Benefit Periods in Original Medicare

- Measures use of inpatient hospital and SNF services
 - Begins the day you first get inpatient care in hospital or SNF
 - Ends when not in a hospital/SNF 60 days in a row
- Part A deductible for each benefit period
- No limit to number of benefit periods you can have

Ends 60 days in a row here... ✓



Home

Not here... ✗



Hospital
or SNF

Benefit periods can span across calendar years.

Inpatient or Outpatient: The 2-Midnight Rule

- Your hospital status affects how much you pay out-of-pocket, what is covered by Part A and/or Part B, and whether Medicare will cover subsequent SNF care
- Part A coverage of outpatient (observation stays) up to 3 days prior to formal hospital admission by your doctor
- Medicare Outpatient Observation Notice (MOON) – provided when in observation status longer than 24 hours, but before 36th hour

Inpatient – When you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.

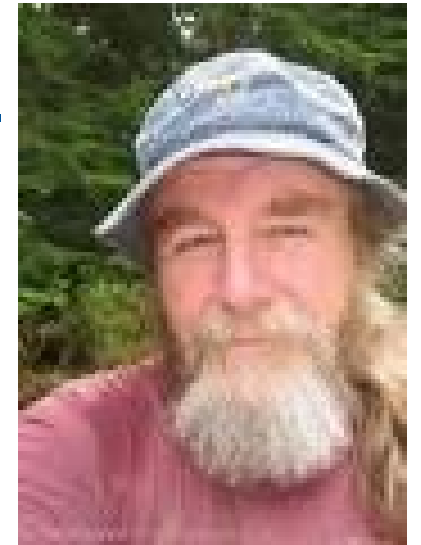
Outpatient – When the doctor hasn't written an order to admit you, even if you spend the night.

Check Your Knowledge: Inpatient/Outpatient

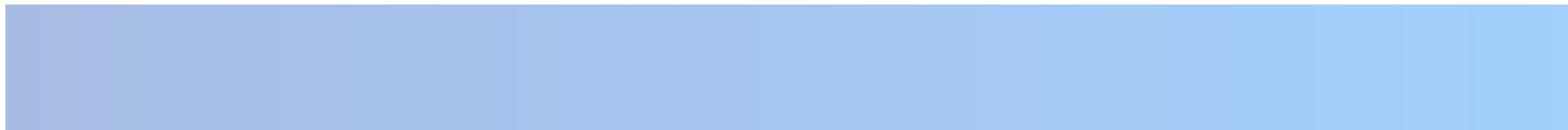
Alex went to the Emergency Department at his local hospital. He was there for 3 days before the doctor wrote an order to admit him as an inpatient. He was in the hospital for 2 more days.

How many days were covered by Part A?

5 days. His Part A coverage would be retroactive up to 3 calendar days.

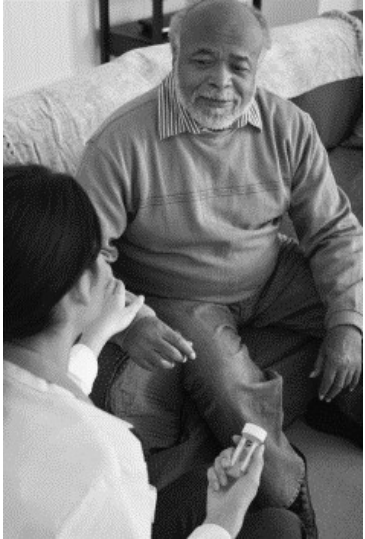


Countdown timer: Answer the question before the bar disappears!



15

Home Health Care Coverage



Usually, a home health care agency coordinates the services your doctor orders for you.

- ✓ Intermittent skilled nursing care
- ✓ Physical therapy
- ✓ Speech-language pathology services
- ✓ Continued occupational services, and more

Original Medicare **doesn't** pay for

- ✗ 24-hour-a-day care at home
- ✗ Meals delivered to your home
- ✗ Homemaker services
- ✗ Personal care

5 Required Conditions for Home Health Care Coverage



Part A
Hospital Insurance

1. Must be homebound
2. Must need skilled care on part-time or intermittent basis
3. Must be under the care of a doctor
 - Receiving services under a plan of care
4. Have face-to-face encounter with doctor
 - Prior to start of care or within 30 days
5. Services must be from a Medicare-approved home health agency

Paying for Home Health Care



Part A
Hospital Insurance

In Original Medicare you pay

- Nothing for covered home health care services
- 20% of the Medicare-approved amount
 - For durable medical equipment (DME)
 - Covered by Part B

Plan of care reviewed every 60 days

- Called episode of care

Scenario: Edgar

Edgar is getting Medicare-covered home health care. On Monday, his daughter took him to a doctor's appointment. On Sunday, she took him to church. On Wednesdays and Fridays he is picked up for Adult Day Care. As long as he meets the other requirements to get home health care, he still qualifies for home health coverage even though he was able to leave his house.

a. True

b. False



Countdown timer: Answer the question before the bar disappears!

15

What is Hospice Care?



Part A
Hospital Insurance

- Interdisciplinary team provides services for those with a life expectancy of 6 months or less, and their family, usually at home
- Focus is on comfort and pain relief, not cure
- Sign election statement choosing hospice care instead of routine Medicare-covered benefits to treat your terminal illness
- Doctor must certify each “election period”
 - Two, 90-day periods
 - Then unlimited 60-day periods
 - Face-to-face encounter required
- Hospice provider must be Medicare approved

Covered Hospice Services



Part A
Hospital Insurance

- ✓ Physician and nursing services
- ✓ Physical, occupational, and speech-language therapy
- ✓ Medical equipment and supplies
- ✓ Drugs for symptom control and pain relief
- ✓ Short-term hospital inpatient care for pain and symptom management
- ✓ Respite care in a Medicare-certified facility
 - Up to 5 days each time, no limit to number of times
- ✓ Hospice aide and homemaker services
- ✓ Social worker services
- ✓ Grief, dietary, and other counseling



Paying for Hospice Care



Part A
Hospital Insurance

In Original Medicare you pay

- Nothing for hospice care
- Up to \$5 per Rx to manage pain and symptoms
 - While at home
- 5% for inpatient respite care

Room and board may be covered in certain cases

- Short-term respite care
- For pain/symptom management that can't be managed at home
- If you have Medicaid and live in a nursing facility

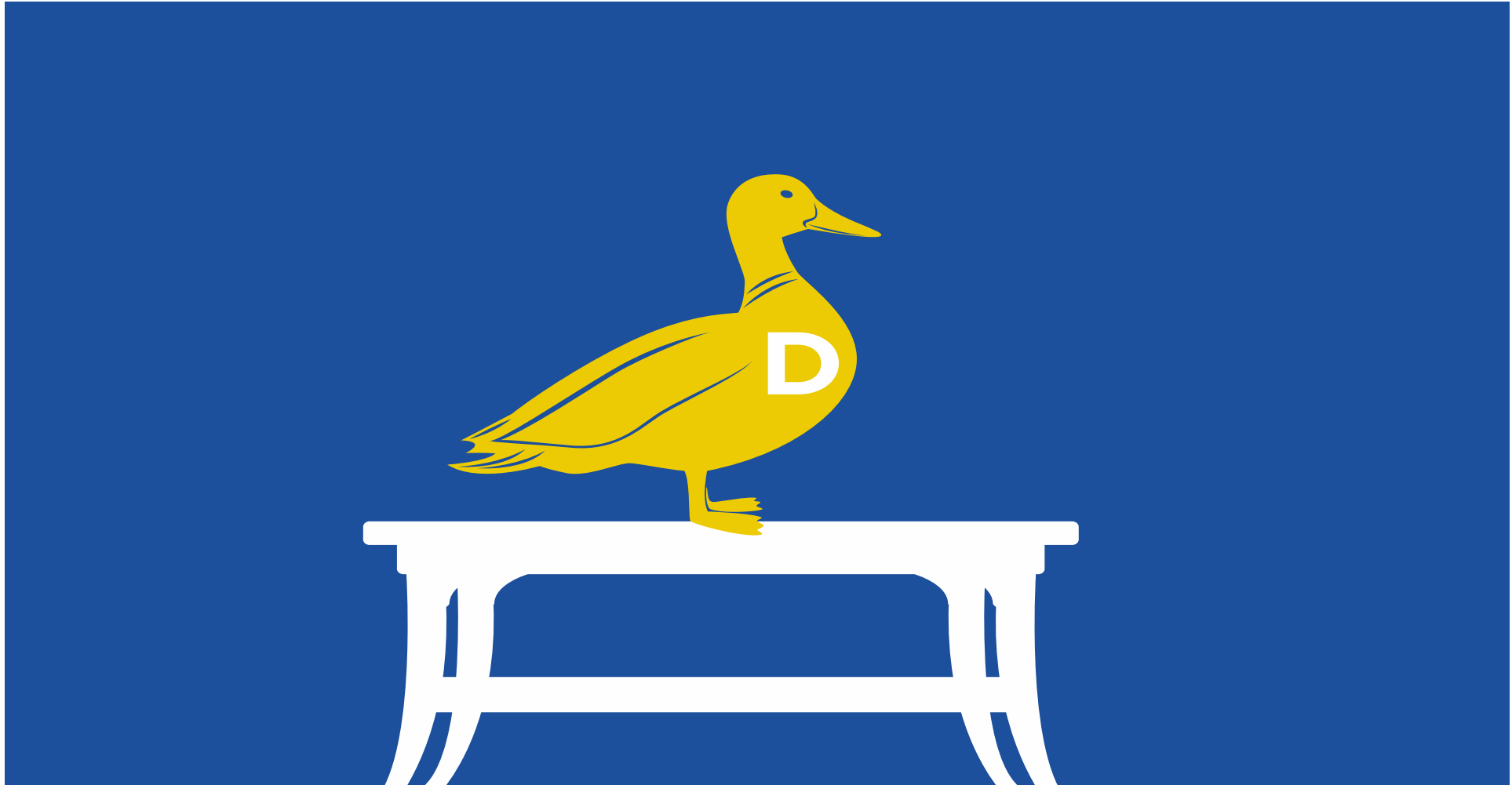
Medicare Word Puzzle

PAT *IN* IENT

Medicare Word Puzzle

BENEFIT.

Medicare Word Puzzle



Original Medicare Part B (Medical Insurance)

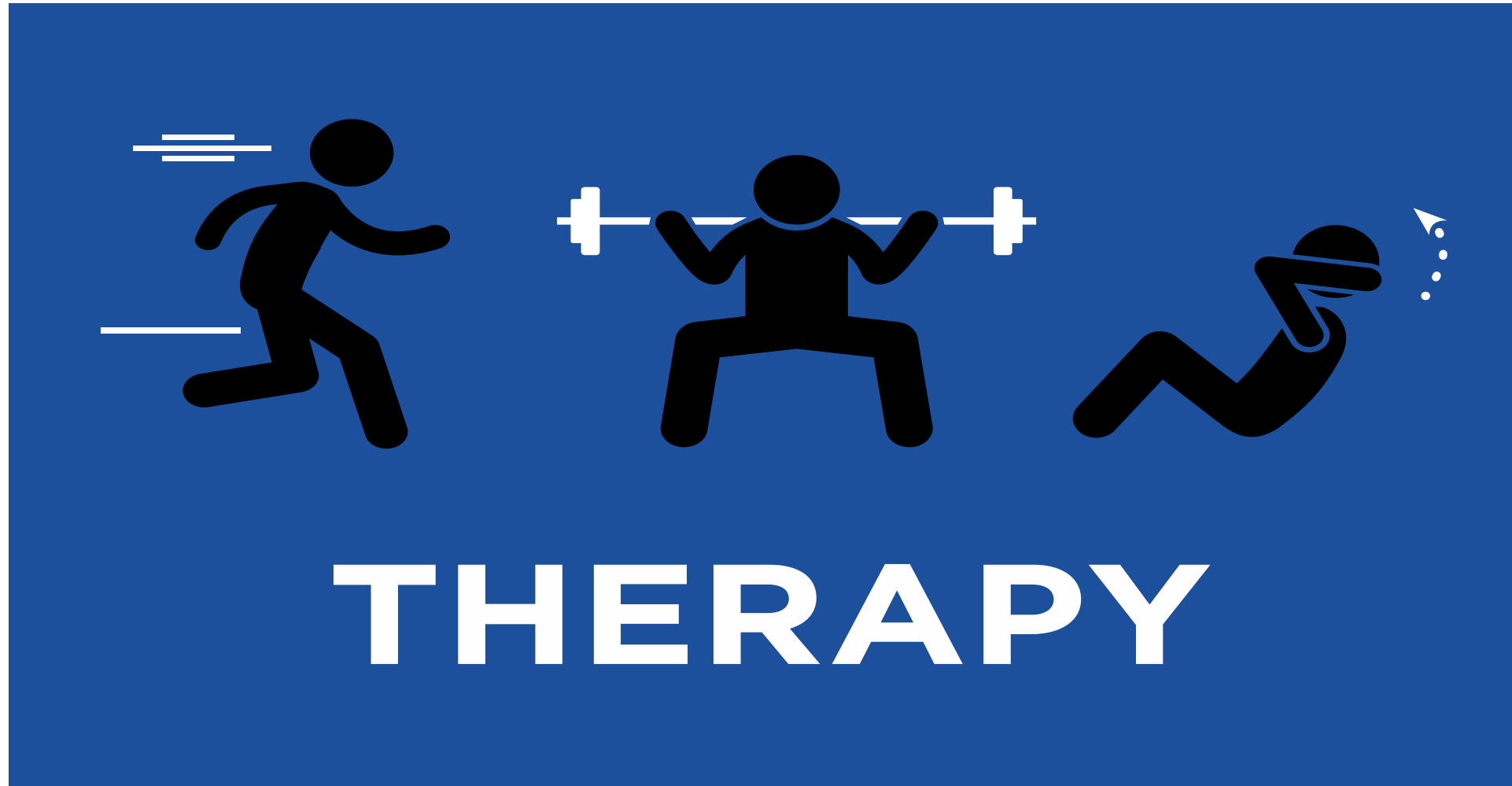
Part B (Medical Insurance) helps cover medically necessary

- ✓ Doctors' services
- ✓ Outpatient medical and surgical services and supplies
- ✓ Clinical lab tests
- ✓ Durable Medical Equipment (DME) (like walkers and wheelchairs)
- ✓ Diabetic testing equipment and supplies
- ✓ Preventive services (like flu shots and a yearly wellness visit)
- ✓ Home health care
- ✓ Medically-necessary outpatient physical and occupational therapy, and speech-language pathology services
- ✓ Outpatient mental health care services



Part B
Medical Insurance

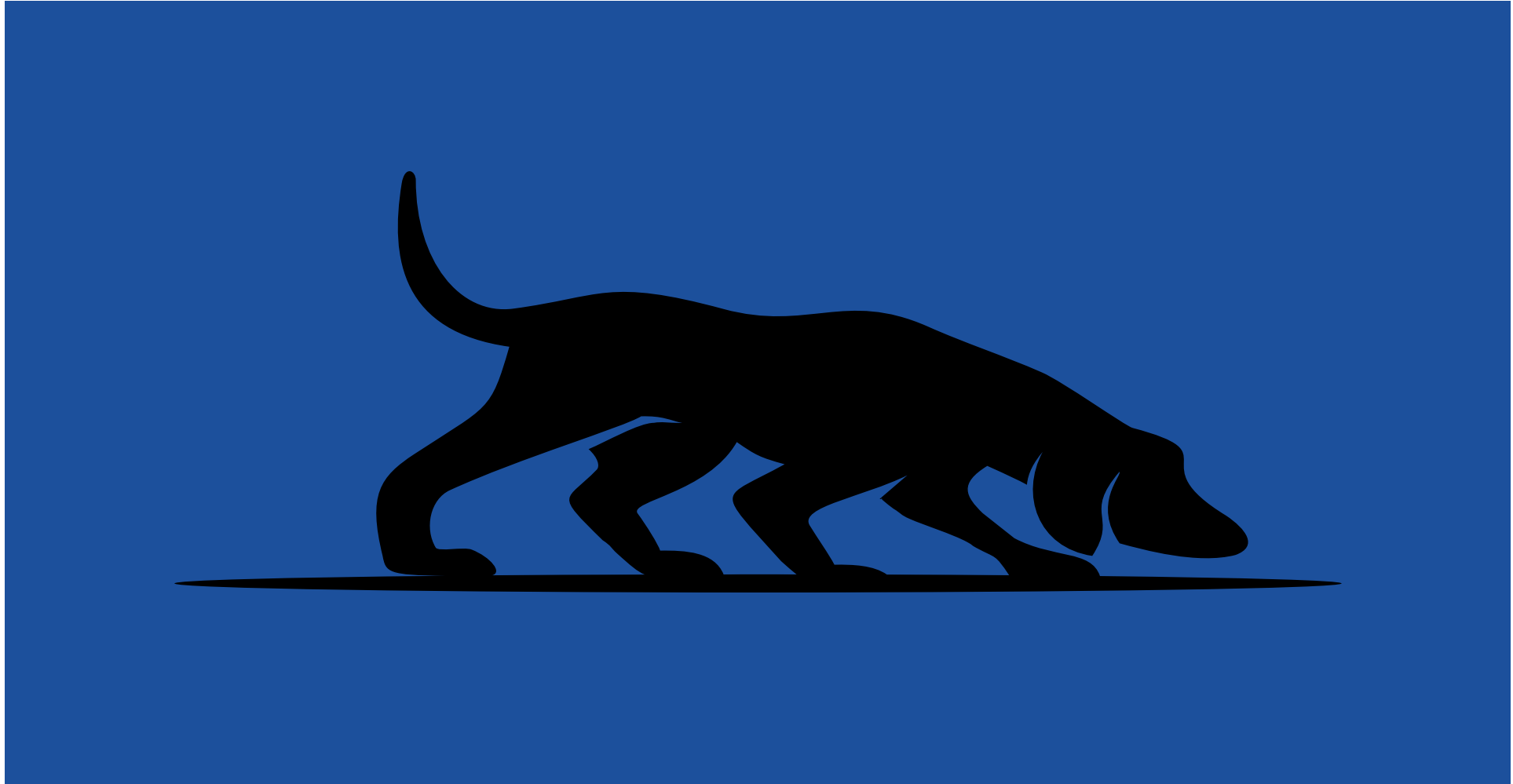
Medicare Word Puzzle



Medicare Word Puzzle

: OSCOPY

Medicare Word Puzzle



What You Pay: Part B Premiums

Monthly Premium

- Standard premium is \$170.10 (may have to pay a higher amount depending on your income; see next slide)
- Fewer “Hold Harmless Provision” in 2022—Some people who get Social Security benefits pay less than the Standard premium amount
 - Most people will pay the Part B premium in 2022 because the increase in their monthly benefit will cover the increase to the Part B premium
 - A small number of people will still qualify as “hold harmless”



Part B
Medical Insurance

Monthly Part B Standard Premium: Income-Related Monthly Adjustment Amount (IRMAA) for 2022

Your Part B premium in 2022 based on your 2020 tax return:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return Cohabitation during taxable year	You pay
\$91,000 or less	\$182,000 or less	\$91,000 or less	\$170.10
Above \$91,000 up to \$114,000	Above \$182,000 up to \$228,000	Not applicable	\$238.10
Above \$114,000 up to \$142,000	Above \$228,000 up to \$284,000	Not applicable	\$340.20
Above \$142,000 up to \$170,000	Above \$284,000 up to \$340,000	Not applicable	\$442.30
Above \$170,000 and less than \$500,000	Above \$340,000 and less than \$750,000	Above \$91,000 and less than \$409,000	\$544.30
\$500,000 or above	\$750,000 and above	\$409,000 and above	\$578.30

Part B: What You Pay in Original Medicare

Yearly Deductible	\$233.00
Coinsurance for Part B Services	<ul style="list-style-type: none">▪ 20% coinsurance for most covered services, like doctor's services and some preventive services, if provider accepts assignment▪ \$0 for most preventive services▪ 20% coinsurance for outpatient mental health services, and copayments for hospital outpatient services

What You Pay: Part B Premium Considerations

- Most people pay a monthly premium
 - Usually deducted from Social Security/Railroad Retirement Board (RRB) benefits
 - Amount depends on income
- It may supplement employer coverage
 - Contact your benefits administrator to understand the impact to your employer plan
 - If you don't have other coverage, declining Part B will mean you don't have full coverage
- Sometimes, you must have Part B (see next slide)



Part B
Medical Insurance

When You Must Have Part B



Part B
Medical Insurance

- If you want to buy a Medigap policy
- If you want to join a Medicare Advantage Plan
- If you're eligible for TRICARE for Life (TFL) or Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
- If your employer coverage requires you have it (less than 20 employees)
 - Talk to your employer or union benefits administrator

★ **NOTE:** Veterans Affairs (VA) benefits are separate from Medicare. With VA benefits, you may choose to not enroll in Part B, but you pay a penalty if you don't sign up for Part B during your Initial Enrollment Period (IEP) and enroll later (visit [VA.gov](https://www.va.gov)). If you have VA coverage, you won't be eligible to enroll in Part B using the Special Enrollment Period (SEP).

Medicare Savings Programs: State Programs for People With Limited Income & Resources

State Programs	Helps Pay These Medicare Costs for People With Limited Income and Resources
Qualified Medicare Beneficiary (QMB)	Part A and/or Part B premiums, deductibles, coinsurance, and copayments Part B premiums only (no balance billing).
Specified Low-Income Medicare Beneficiary (SLMB)	Part B premiums only.
Qualifying Individual (QI)	Part B premiums only. You must apply each year for QI benefits and the applications are granted on a first-come first-served basis.
Qualified Disabled & Working Individuals (QDWI)	Part A premiums only. You may qualify for this program if you have a disability and are working.

Activity: Original Medicare Coverage



Part A
Hospital Insurance

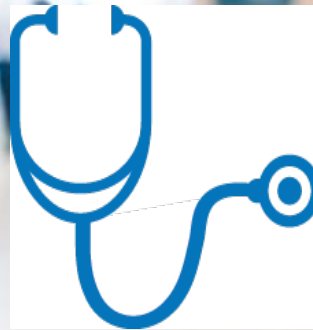


Part B
Medical Insurance

Is it covered by Part A or Part B?

#1: Part A or Part B?

Medically-necessary doctor's care

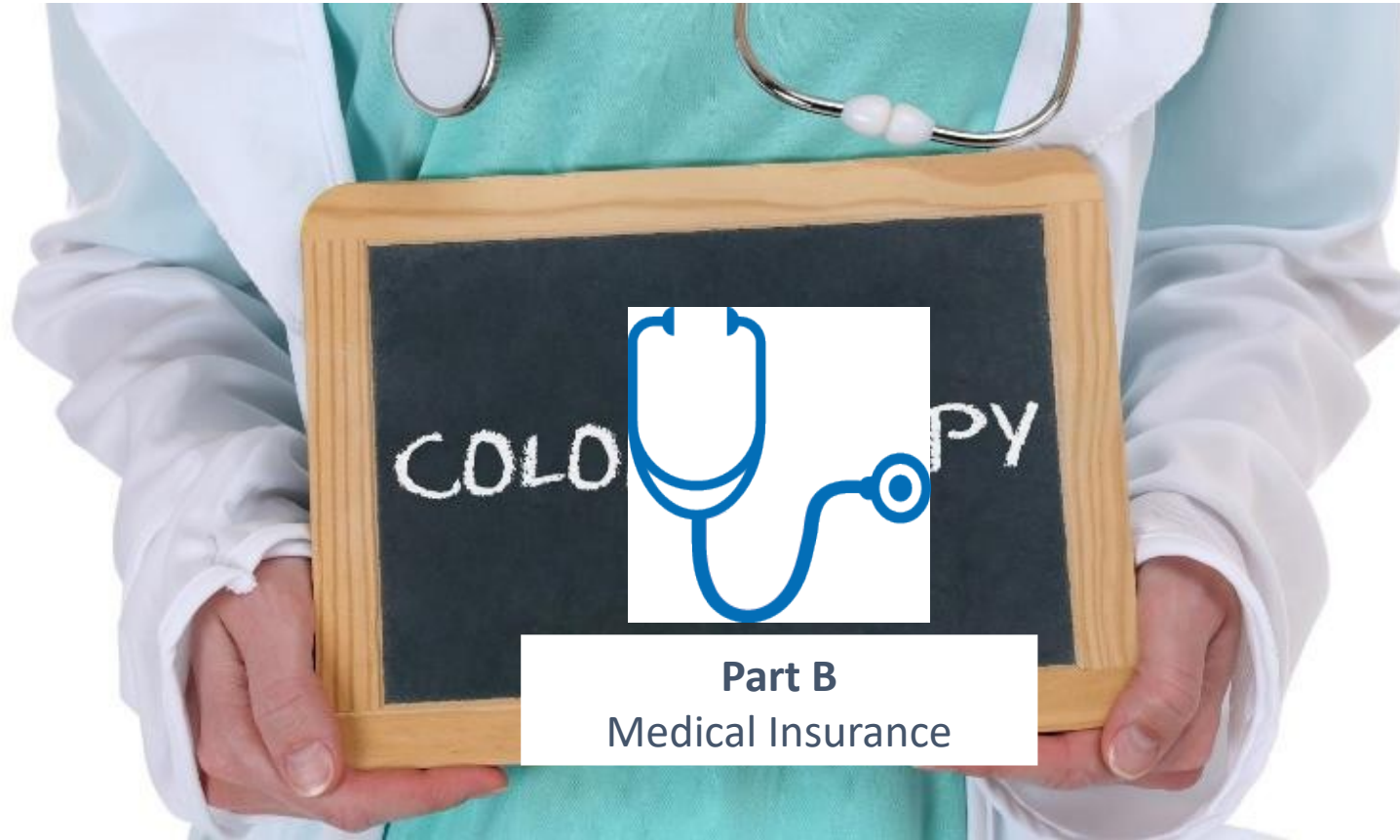


Part B
Medical Insurance

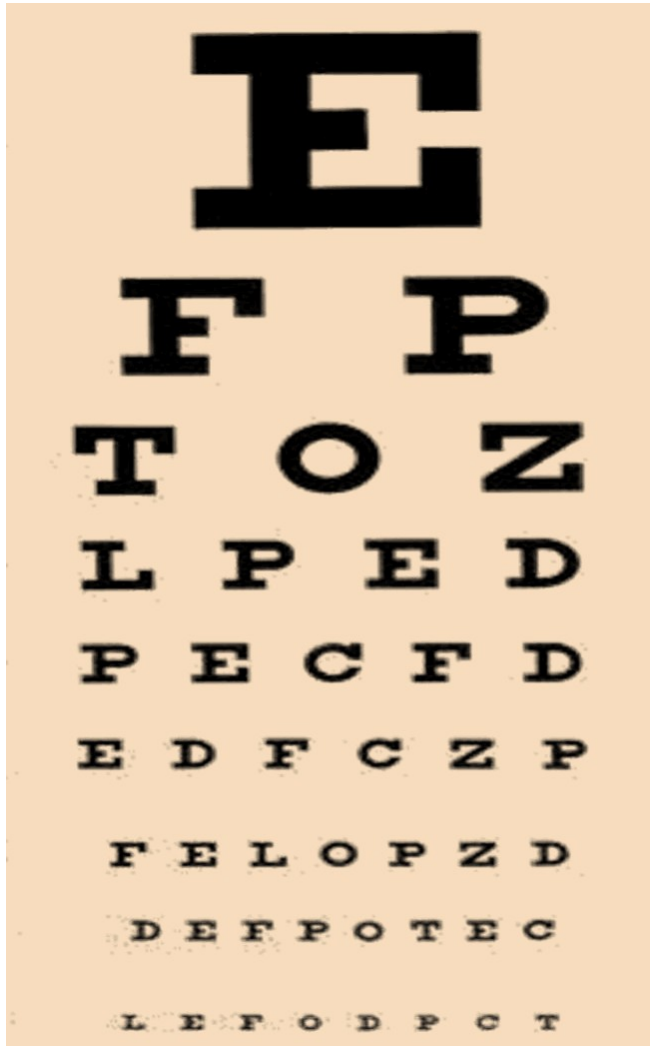
#2: Part A or Part B?



#3: Part A or Part B?



#4: Part A or Part B?



Routine Eye Exam

**Not Covered by
Original Medicare**

#5: Part A or Part B?

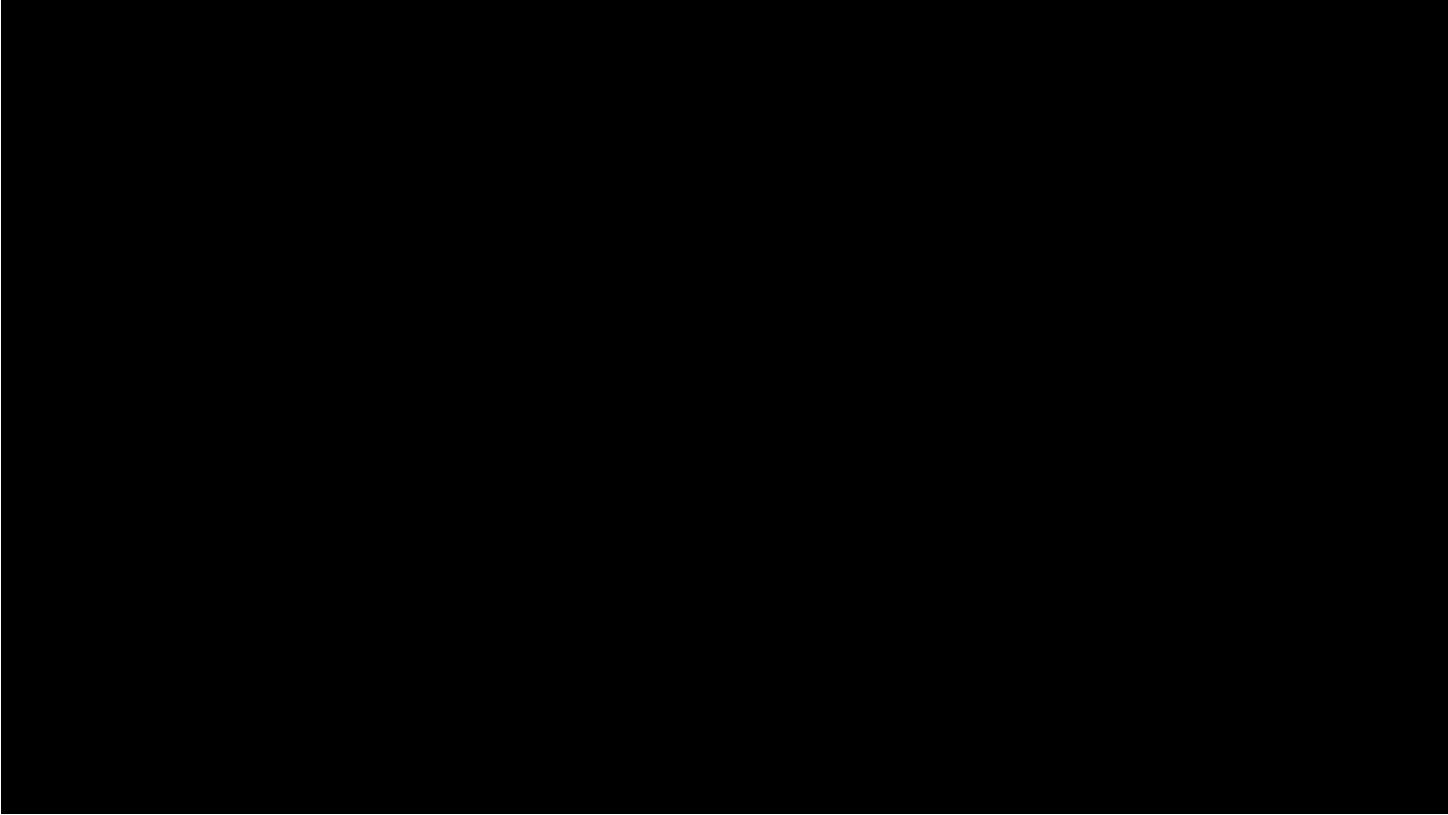
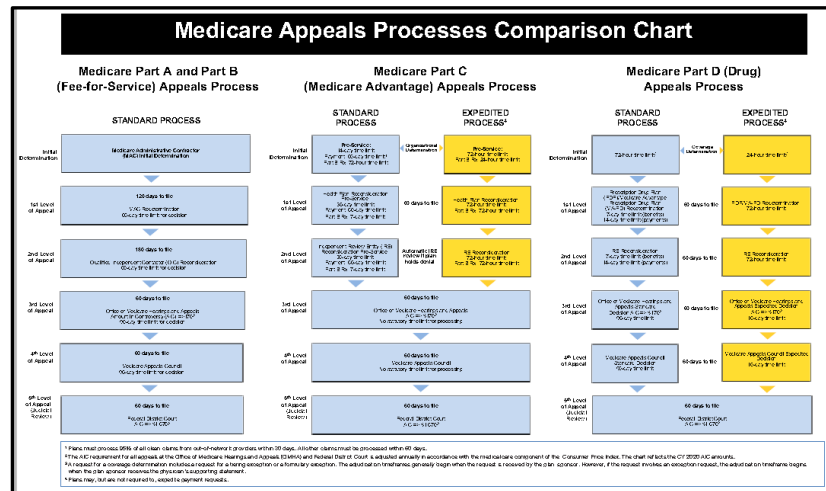


Home Health Care

**Can be Part A and/
or Part B**

When Can You Appeal?

There are 5 levels of appeal, and a different process for Part A and Part B, Part C, and Part D.



Link to NTP Job Aid:

[CMSnationaltrainingprogram.cms.gov/2022MedicareAppealsProcessesjobaid.pdf](https://cmsnationaltrainingprogram.cms.gov/2022MedicareAppealsProcessesjobaid.pdf)

Medicare Enrollment

How and When You Can Enroll in Medicare

Medicare enrollment rules and decisions vary depending on



If you get

- Social Security Disability Insurance (SSDI)
- Social Security retirement benefits, or
- Railroad Retirement Board (RRB) benefits

65
↓

Your age



Your other coverage, like from an employer



Why Enrolling on Time is Important



If people with Medicare don't enroll on time...

- Costs could be higher (late enrollment penalties) or they could pay more for a Medicare Supplement Insurance (Medigap) policy

- **Premium Part A** late enrollment penalty lasts 2X the number of years a person with Medicare could have had Part A but didn't
- **Part B** and **Part D** late enrollment penalties last a lifetime



- Coverage might be affected, like having a gap in coverage or a waiting period for a pre-existing condition (Medigap)
- They might not be able to buy a Medigap policy or may have to pay more

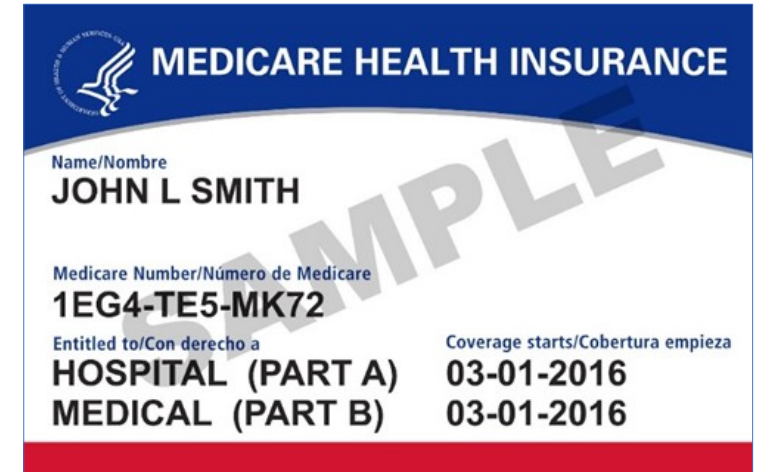
Automatic Enrollment: Part A & Part B

- **Automatic enrollment for people who get**
 - Social Security benefits
 - RRB benefits
- **Welcome to Medicare Package**
 - Mailed 3 months before
 - 65 or
 - 25th month of disability benefits
 - Includes your Medicare card



Your Medicare Card

- Keep it to accept Part B
- To refuse Part B, follow instructions in the “Welcome to Medicare” package
- Carry your card when you’re away from home
 - Let your doctor, hospital, or other health care provider see your card when you need health care
 - Need a replacement card?
 - Visit [Medicare.gov/account/login](https://www.Medicare.gov/account/login) to log into your secure Medicare account and print an official copy
 - Call 1-800-MEDICARE (1-800-633-4227); TTY 1-877-486-2048



Some People Must Take Action to Enroll in Medicare

If you aren't automatically enrolled in Part A and Part B

- You need to enroll with Social Security
 - Visit [socialsecurity.gov](https://www.socialsecurity.gov), or
 - Call 1-800-772-1213; TTY: 1-800-325-0778
- If retired from a railroad, enroll with the RRB
 - Call your local RRB office at 1-877-772-5772; TTY: 1-312-751-4701

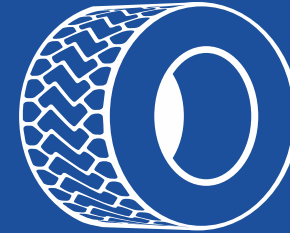


★ **NOTE:** The age for full Social Security retirement benefits is increasing. Medicare eligibility age is still 65.

Medicare Word Puzzle

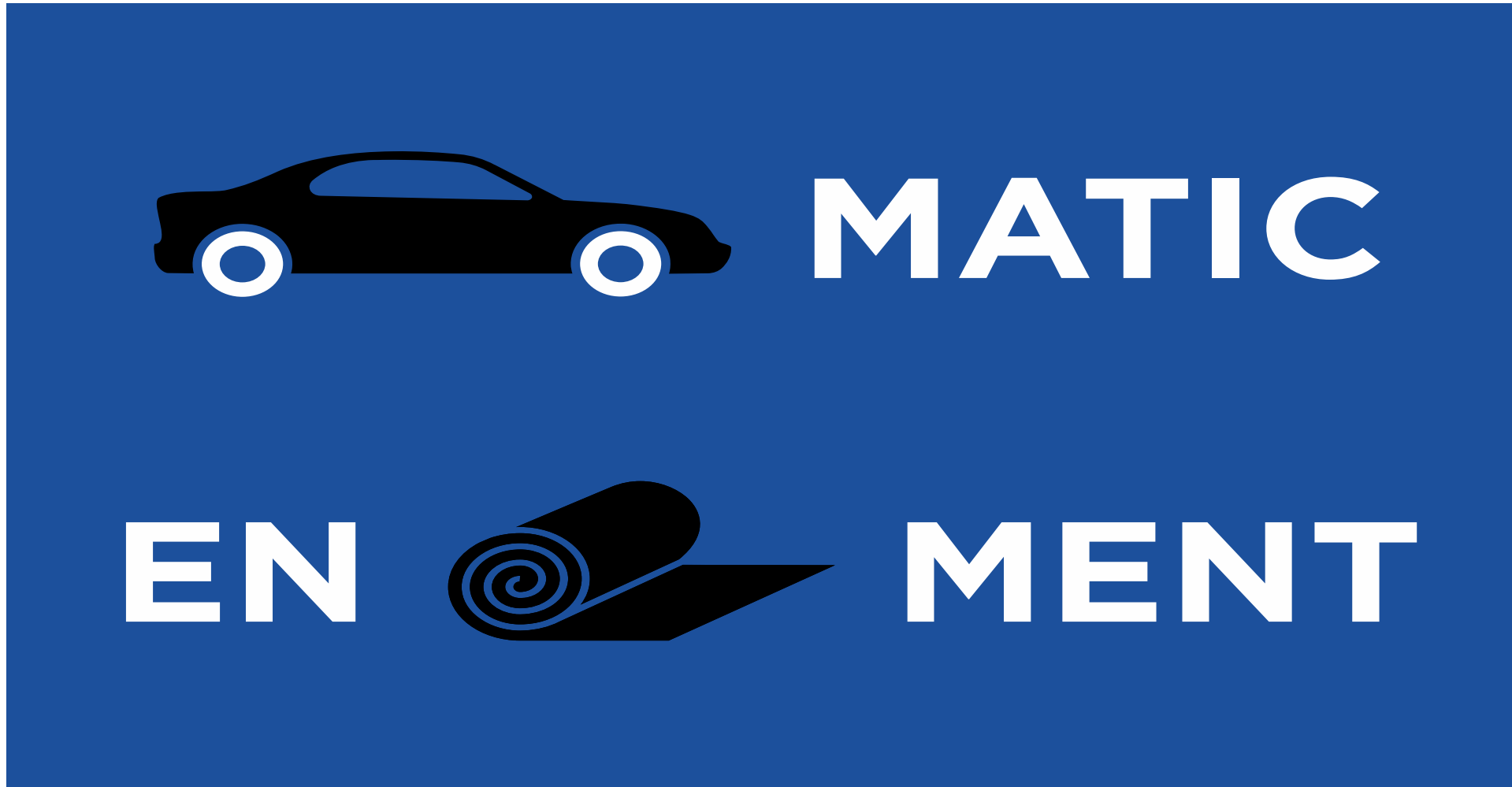


RE



BOARD

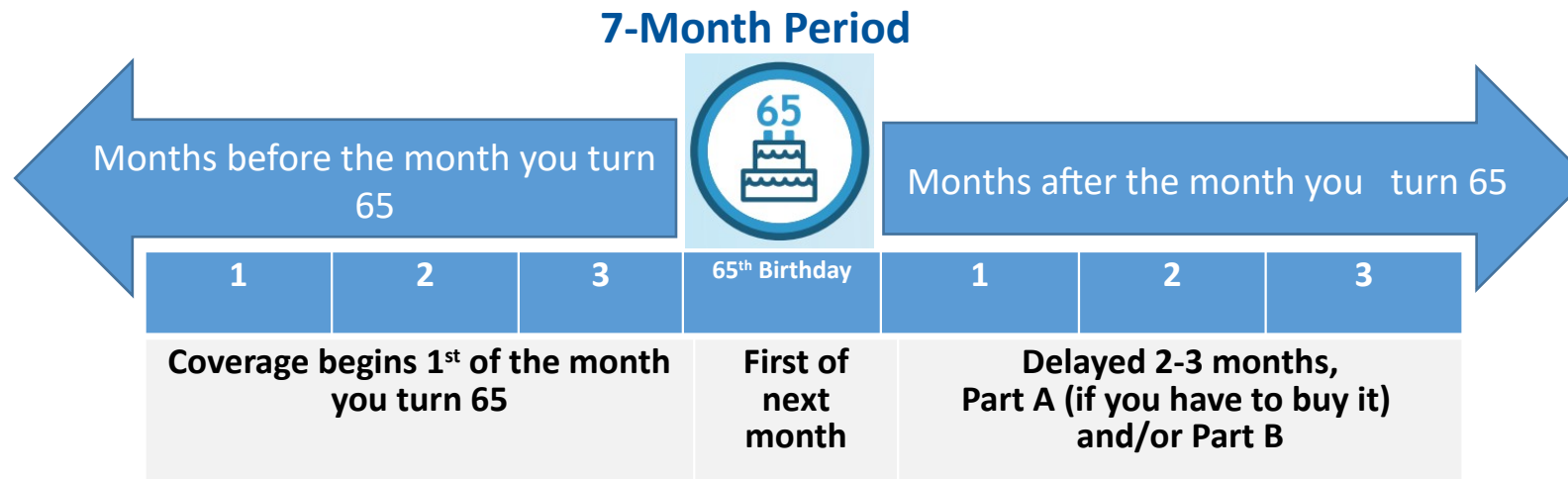
Medicare Word Puzzle



When You May Enroll in Medicare

- If you don't already have Medicare
 - Initial Enrollment Period (IEP)
 - General Enrollment Period (GEP)
 - Special Enrollment Period (SEP) (If you qualify)
- If you already have Medicare (to make changes to your coverage)
 - Yearly Open Enrollment Period (OEP)
 - Medicare Advantage OEP
 - 5-star Enrollment Period
 - SEP (if you qualify)

Initial Enrollment Period (IEP)



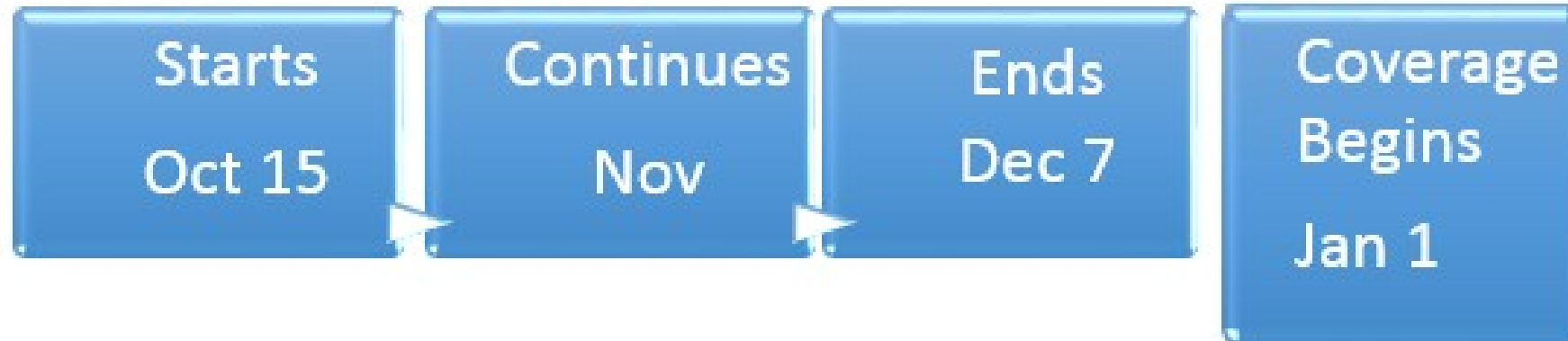
During your IEP you can enroll/join

- ✓ Part A
- ✓ Part B
- ✓ Medicare Advantage (if you have Part A and Part B)
- ✓ Part D (if you have Part A and/or Part B)

No late enrollment penalties

You can buy a Medigap policy (must have Part A and Part B). Medigap Open Enrollment Period (OEP) lasts 6 months from when you're **both** 65 and have Part B

Yearly Open Enrollment Period (OEP) for People with Medicare



Period each year during which you can join, switch, or drop your

- ✓ Medicare Advantage Plan
- ✓ Part D plan, or
- ✓ Return to Original Medicare

No new late enrollment penalties because you must already be enrolled in Medicare

This is a time to review health and drug plan choices.

General Enrollment Period (GEP)



3-Month period each year during which you can enroll/join

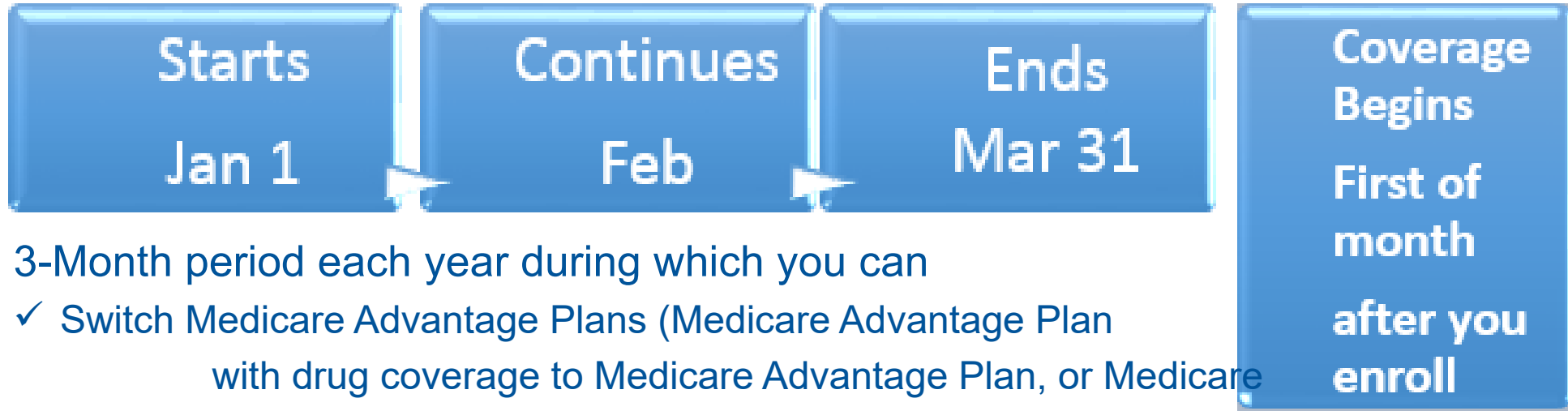
- ✓ Part A (if you have to buy it)
- ✓ Part B

May have late enrollment penalties

If you enroll in Medicare during the GEP (dates above), from April 1-June 30, you can then sign up for

- ✓ Medicare Advantage (if you have Part A and Part B)
- ✓ Part D (if you have Part A and/or Part B)

Medicare Advantage Open Enrollment Period (OEP)



3-Month period each year during which you can

- ✓ Switch Medicare Advantage Plans (Medicare Advantage Plan with drug coverage to Medicare Advantage Plan, or Medicare Advantage Plan to Medicare Advantage Plan with drug coverage)
- ✓ Drop Medicare Advantage Plan and return to Original Medicare
 - If you do, you can enroll in a Part D plan
 - You won't have a Guaranteed Issue Right for a Medigap Policy

You must already be in an Medicare Advantage Plan on January 1 to use this enrollment period

Doesn't apply to Medicare Savings Accounts (MSAs) or Cost Plans

Medicare Special Enrollment Period (SEP): Group Health Plan (GHP) Coverage Ends



8-Month period when you can enroll in

- ✓ Part A
- ✓ Part B

Usually no late
enrollment
penalties

If you enroll during SEP, you can enroll in

- ✓ Medicare Advantage (must have Part A and Part B)
- ✓ Part D (Part A and/or Part B)

You have 6 months from the Part B effective date to buy a Medigap policy

Circumstances for Other Medicare Special Enrollment Periods (SEPs)

- You move out of your plan's service area
- You have Medicaid and Medicare
 - Once per calendar quarter during first 9 months each year
- Your plan leaves the Medicare Program or reduces its service area
- You leave or lose employer or union coverage
- You enter, live at, or leave a long-term care facility (like a nursing home)
- You lose your Extra Help status
- You're sent a retroactive notice of Medicare entitlement
- Other exceptional circumstances

Check Your Knowledge: Enrollment Periods

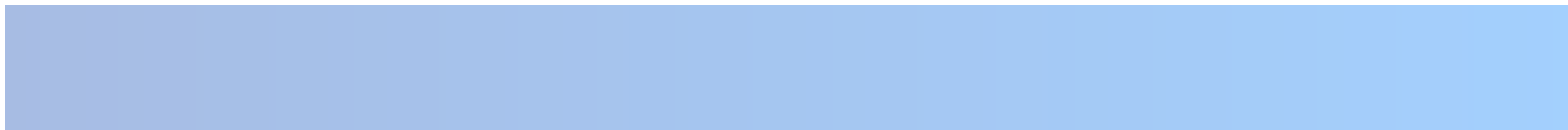
Your friend tells you he's looking forward to the yearly Open Enrollment Period so he can sign up for Part B since he missed his Initial Enrollment Period. What do you say?

1. You'll need to wait until the next General Enrollment Period.

2. That's a great plan.



Countdown timer: Answer the question before the bar disappears!



15

Automatic Enrollment Based on Disability

You're enrolled automatically if you're

65
↓

Under 65 and disabled

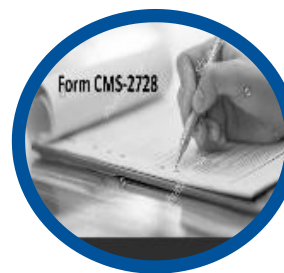
and



Have been entitled to Social Security Disability Insurance (SSDI) benefits for **24 months**. If you have Amyotrophic Lateral Sclerosis (ALS), also call Lou Gehrig's disease, Medicare begins the first month you're entitled to SSDI.

Enrolling in Medicare Based on End-Stage Renal Disease

To enroll in
Part A and Part B
because you have
ESRD



Get doctor/dialysis
center to **complete**
Form CMS-2728



Then, enroll at
local Social
Security office

Medicare Coverage Choices for People with Disabilities

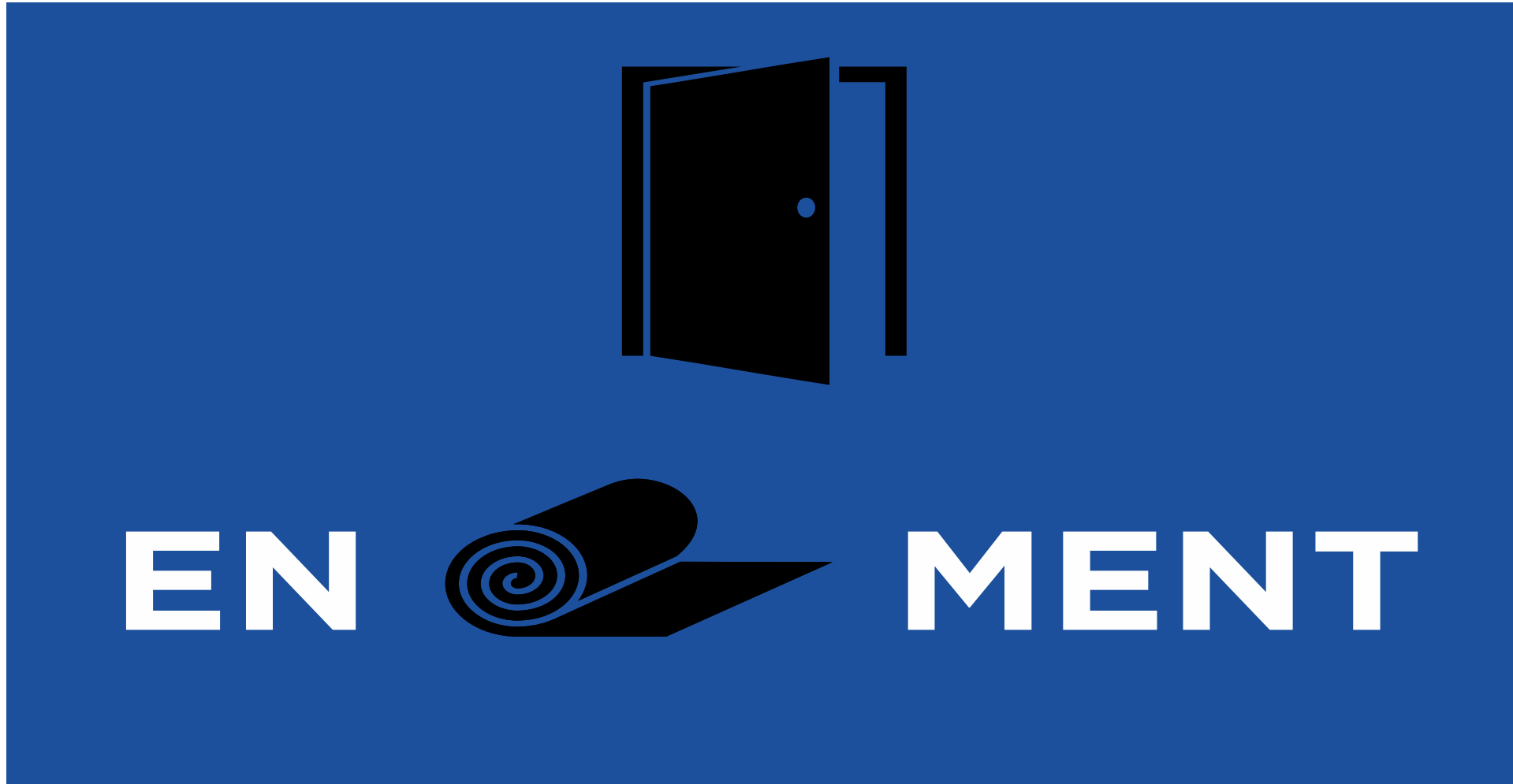
- All Medicare plans in your area are available
 - Original Medicare
 - Medicare Advantage Plans
 - Other Medicare health plans
 - Medicare drug coverage
 - Add to Original Medicare
 - Join a Medicare Advantage Plan with drug coverage
- If you have End-Stage Renal Disease (ESRD), you can now enroll in a Medicare Advantage Plan or a Medicare Advantage Plan with drug coverage
 - Medicare Advantage Plans must cover all the services that Original Medicare covers
 - Your costs, rights, protections, and/or choices of where you get your care may be different
 - You may be able to get extra benefits, like vision, hearing, and dental

When Medicare Coverage Starts Based on End-Stage Renal Disease (ESRD)

Your Coverage Starts	Under the Following Circumstances
1 st day of the 4th month	You get a regular course of dialysis in a facility
First month	You participate in a home dialysis training program during the first 3 months of your regular course of dialysis (with expectation of completion)
1 st day of the month	You get a kidney transplant
Same month	You're admitted to a Medicare-certified hospital for a kidney transplant (or for health care services that you need before your transplant) if your transplant takes place in the same month or within the next 2 months
2 months before the month of your transplant	Your transplant is delayed more than 2 months after you're admitted to the hospital for the transplant or for health care services you need before the transplant

★ **NOTE:** If you're eligible for Medicare based on ESRD and don't enroll right away, you may be eligible for up to 12 months of retroactive coverage, once you're enrolled in Medicare.

Medicare Word Puzzle



Medicare Word Puzzle

ENROLLMENT .

Medicare Word Puzzle



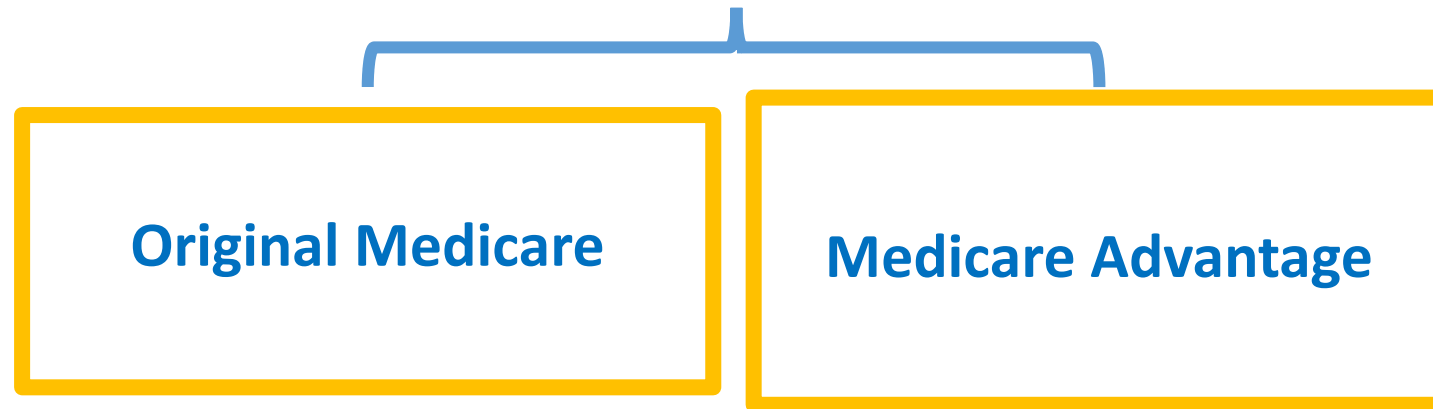
Medicare Coverage Choices: Medigap

- Original Medicare (Part A and Part B)
 - Medicare Supplement Insurance (Medigap) Coverage
 - Medicare drug coverage (Part D)
- Medicare Advantage Plans

Your 2 Main Medicare Coverage Choices

When you first enroll in Medicare, and during certain times of the year, you can choose how you get your Medicare coverage

There are 2 main ways to get Medicare



★ **NOTE:** Medicare Supplement Insurance (Medigap) policies only work with Original Medicare.

Your Medicare Options: Original Medicare

- Includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)
- If you want drug coverage, you'll need to join a separate Part D plan
- You may also need to buy supplemental coverage to help pay your out-of-pocket costs (like your deductible and 20% coinsurance). Some examples include coverage from a former employer or union, or Medicare Supplement Insurance (Medigap) policies.



Part A



Part B



You can add:



Part D



You can also add:



Supplemental coverage



Medigap Policies

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

- Sold by private insurance companies
- Fills gaps in Original Medicare coverage
 - Deductibles, coinsurance, copayments
- Each standardized Medigap plan under the same plan letter:
 - Must offer the same basic benefits, no matter who sells it
 - May vary in costs
- Plans are different in Minnesota, Massachusetts, and Wisconsin

Medigap Plans Basic Benefits



Medigap
Medicare
Supplement
Insurance

Medicare Part A
coinsurance and
hospital costs (up to an
additional 365 days
after Medicare benefits
are used)

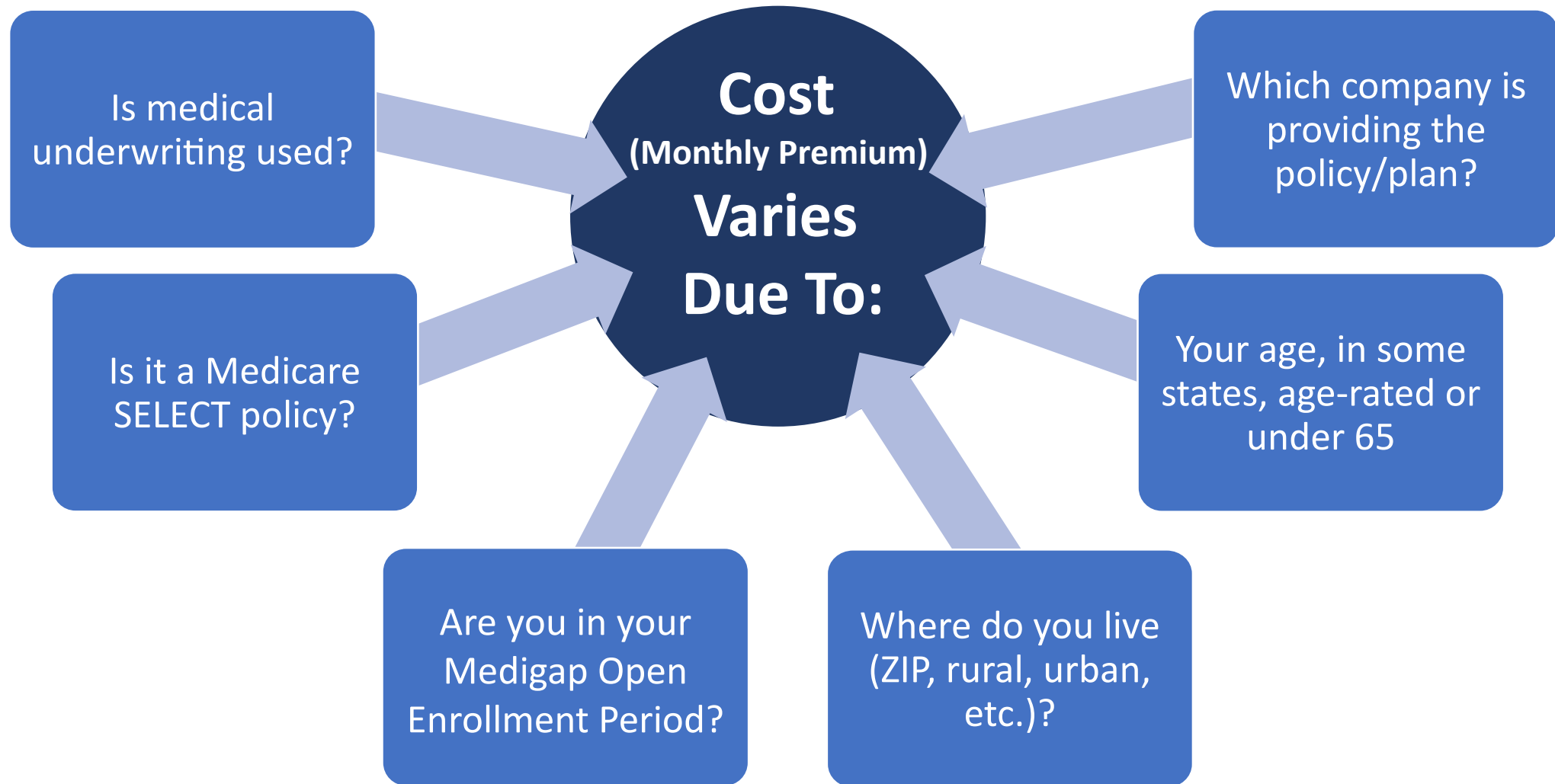
The Part A hospice care
coinsurance or
copayment

**All Medigap Plans
Cover**

Blood (first 3 pints)

Medicare Part B
coinsurance or
copayment

Medigap Costs



Medigap Plan Coverage

Benefits	Medicare Supplement Insurance (Medigap) 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 (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%
							Out-of-pocket limit in 2022**			
							\$6,620	\$3,310		

*Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,490 in 2022 before your policy pays anything. (You can't buy Plans C and F if you were new to Medicare on or after January 1, 2020.)

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$233 in 2022), the Medigap plan pays 100% of covered services for the rest of the calendar year.

***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 an inpatient admission.

Video Placeholder: Medigap Open Enrollment Period



Medigap Open
Enrollment Period
Video

When Is the Best Time to Buy a Medigap Policy?



Medigap
Medicare
Supplement
Insurance

- Your Medigap Open Enrollment Period (OEP) begins the month you're 65 or older AND enrolled in Part B (must also have Part A)
 - Lasts 6 months minimum, may be longer in your state
 - You have protections
- During your Medigap OEP, companies can't:
 - Refuse to sell you any Medigap policy they offer
 - Make you wait for coverage (there can be a waiting period for pre-existing conditions if you don't have creditable coverage before the OEP)
 - Charge more because of a past/present health problem
- You can also buy a Medigap policy whenever a company agrees to sell you one
 - If later, there may be restrictions unless you have a guaranteed issue right

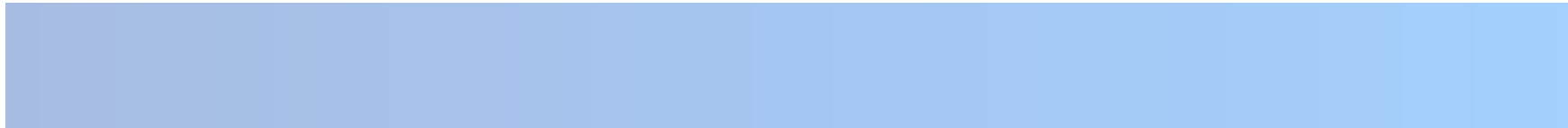
Check Your Knowledge: Medigap Policies

The friendly representative on the phone tells you that you can't buy a Medigap policy from her company to supplement Original Medicare because you have Medicare due to a disability and aren't yet 65. Is she right?

1. No. Medigap is available to anyone with Medicare.
2. It depends on which state you live in.



Countdown timer: Answer the question before the bar disappears!



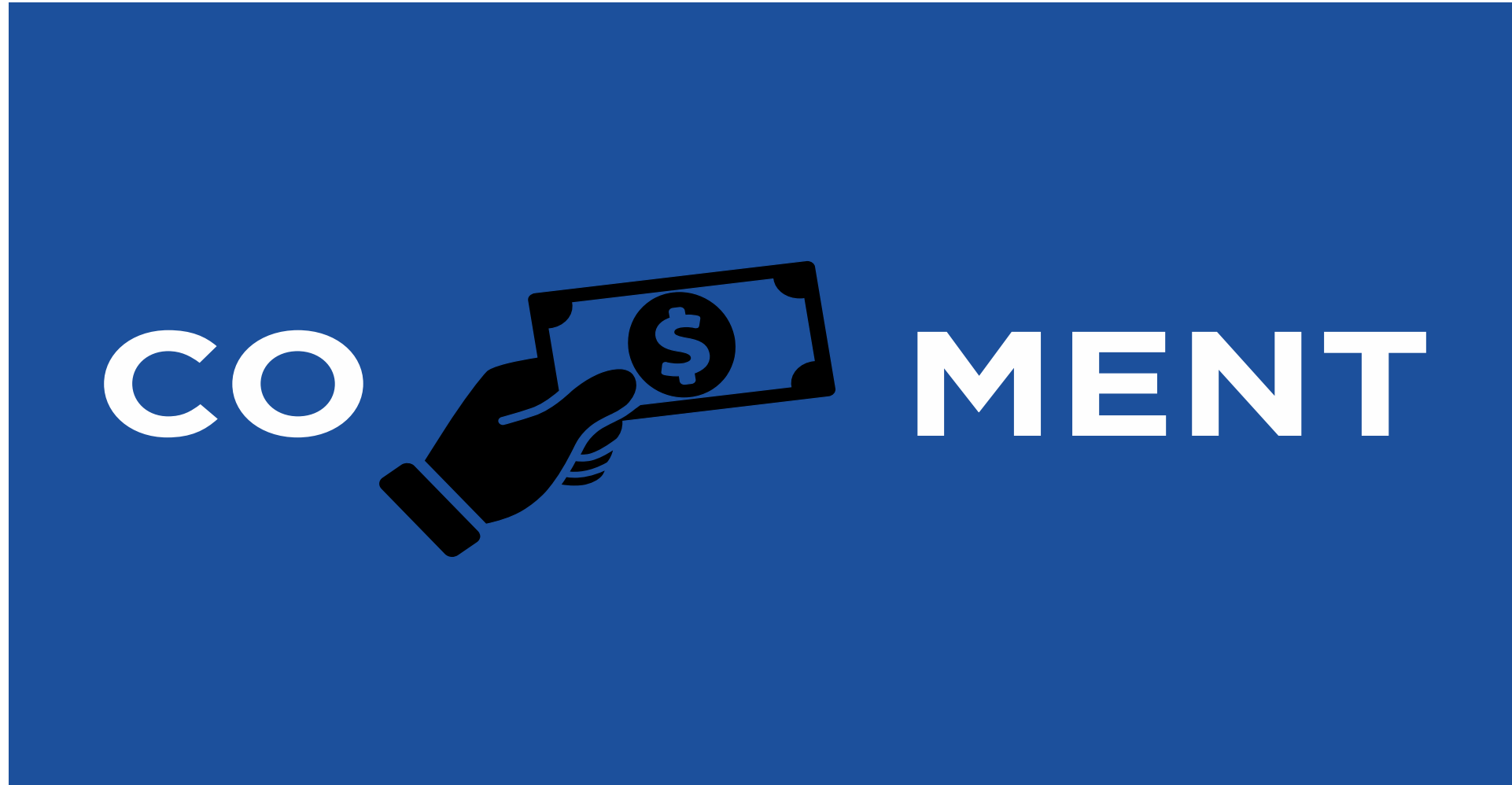
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Medicare Word Puzzle

MEDI



Medicare Word Puzzle



Acronyms

ALS Amyotrophic Lateral Sclerosis
(Lou Gehrig's disease)

CHIP Children's Health Insurance Program

CMS Centers for Medicare & Medicaid Services

COBRA Consolidated Omnibus Budget
Reconciliation Act

CAH Critical Access Hospital

ESRD End-Stage Renal Disease

FPL Federal Poverty Level

GEP General Enrollment Period

GHP Group Health Plan

HMO Health Maintenance Organization

HMOPOS HMO Point-of-Service

IEP Initial Enrollment Period

IRMAA Income-Related Monthly Adjustment
Amount

IRS Internal Revenue Service

LEP Late Enrollment Penalty

LIS Low-Income Subsidy

MA-PD Medicare Advantage Prescription Drug

MOON Medicare Outpatient Observation Notice

MSA Medical Savings Account

MSP Medicare Secondary Payer

NTP National Training Program

Slides downloaded from:
SeniorSavingsNetwork.org
(Independent Medicare Insurance Brokerage)