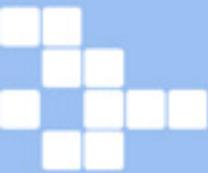


National Training Program

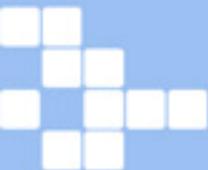
Module 1 Understanding Medicare





Session Objectives

- This session will help you to
 - Recognize the parts of Medicare
 - Compare Medicare coverage options
 - Understand Medicare-covered services and supplies
 - Recognize Medicare rights and appeals
 - Explain programs for people with limited income and resources



Lesson 1 – Program Basics

- What is Medicare?
- Enrolling in Medicare
- Part A and B benefits and costs

What is Medicare?



- Health insurance for three groups of people
 - 65 and older
 - Under 65 with certain disabilities
 - Any age with End-Stage Renal Disease (ESRD)
- Administered by
 - Centers for Medicare & Medicaid Services (CMS)

The Four Parts of Medicare



**Part A
Hospital
Insurance**



**Part B
Medical
Insurance**



**Part C
Medicare
Advantage
Plans (like
HMOs/PPOs)**
Includes Part A,
Part B and
sometimes Part
D coverage



**Part D
Medicare
Prescription
Drug
Coverage**

Automatic Enrollment – Part A and B

- Automatic for those receiving
 - Social Security benefits
 - Railroad Retirement Board benefits
- Initial Enrollment Period package
 - Mailed 3 months before
 - Age 65
 - 25th month of disability benefits
- Others must enroll themselves



Medicare Card

- Keep it and accept Medicare Parts A and B
- Return it to refuse Part B
 - Follow instructions on back of card

Front

MEDICARE  **HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **FEMALE**

IS ENTITLED TO **HOSPITAL (PART A)** EFFECTIVE DATE **07-01-1986**
MEDICAL (PART B) **07-01-1986**

SIGN HERE → Jane Doe

Back

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under Medicare.
3. Your card is good wherever you live in the United States.

WARNING: Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty. If found, drop in nearest U.S. Mail box.


Centers for Medicare & Medicaid Services
Baltimore, MD 21244-1850
Form CMS-1968 (01/2002)

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227); TTY/TDD: 1-877-486-2048 or visit us at www.medicare.gov.

I DO NOT WANT MEDICAL INSURANCE Check Here

Written Signature (or Legal Representative)

SIGN HERE

Signature by Mark (X) Must Be Witnessed

Signature of Witness

Address of Witness

If you DO NOT want Medical Insurance

1. Check the box above (top right), sign your name, and return the entire form in the enclosed envelope. Do NOT tear off the Medicare card. It would be improper to use it since you do not want Medical Insurance. You must return the form BEFORE the Medical Insurance effective date shown on the card.
2. Since you are entitled to Hospital Insurance even though you do not want Medical Insurance, we will send you a new card showing that you have Hospital Insurance only.

When Enrolling is Not Automatic

- Some people need to sign up for Medicare
 - Those not automatically enrolled
 - For example, if not getting SS or RRB benefits
 - Even if you're eligible to get Part A premium-free
- Enroll through Social Security
 - Railroad Retirement Board for railroad retirees
- Apply 3 months before you turn 65
 - Don't have to be retired

If Not Automatically Enrolled

Your 7-Month Initial Enrollment Period (IEP)

No Delay				Delayed Start			
If you enroll in Part B	3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	<i>The month you turn 65</i>	1 month after you turn 65	2 months after you turn 65	3 months after you turn 65

Sign up early to avoid a delay in getting coverage for Part B services. To get Part B coverage the month you turn 65, you must sign up during the first three months before the month you turn 65.

If you wait until the last four months of your Initial Enrollment Period to sign up for Part B, your start date for coverage will be delayed.

General Enrollment Period (GEP)

- January 1 through March 31 each year
- Coverage effective July 1
- Premium penalty
 - 10% for each 12-months eligible but not enrolled
 - Must pay as long as you have Part B
 - Limited exceptions

Enrolling in Part B if You Have Employer or Union Coverage

- May affect your Part B enrollment rights
 - You may want to delay enrolling in Part B if
 - You have employer or union coverage and
 - You or your spouse, or family member if you are disabled, is still working
- See how your insurance works with Medicare
 - Contact your employer/union benefits administrator

When Employer or Union Coverage Ends

- When your employment ends
 - You may get a chance to elect COBRA
 - You may get a Special Enrollment Period
 - Sign up for Part B without a penalty
- Medigap Open Enrollment Period
 - Starts when you are both 65 and sign up for Part B
 - Once started cannot be delayed or repeated
 - 6 month period



Part A and Part B Benefits and Costs

- Medicare Part A (Hospital Insurance)
 - What's covered
 - Part A costs
- Medicare Part B (Medical Insurance)
 - What's covered
 - Part B costs

Medicare Part A-Covered Services

Inpatient Hospital Stays	Semi-private room, meals, general nursing, and other hospital services and supplies. Includes care in critical access hospitals and inpatient rehabilitation facilities. Inpatient mental health care in psychiatric hospital (lifetime 190-day limit). Generally covers all drugs provided during an inpatient stay received as part of your treatment.
Skilled Nursing Facility (SNF) Care	Semi-private room, meals, skilled nursing and rehabilitation services, and other services and supplies.
Home Health Care Services	Part-time or intermittent skilled nursing care, and/or physical therapy, speech-language pathology services, and/or services for people with a continuing need for occupational therapy, some home health aide services, medical social services, and medical supplies.
Hospice Care	For terminally ill and includes drugs for pain relief and symptom management, medical care, and support services from a Medicare-approved hospice.
Blood	In most cases, if you need blood as an inpatient, you won't have to pay for it or replace it.

Paying for Medicare Part A

- Most people receive Part A premium free
 - If you paid FICA taxes at least 10 years
- If you paid FICA less than 10 years
 - Can pay a premium to get Part A
 - May have penalty
 - If not bought when first eligible

What are Medicare Part B-Covered Services?

Doctors' Services

Services that are medically necessary (includes outpatient and some doctor services you get when you're a hospital inpatient) or covered preventive services.

You pay 20% of the Medicare-approved amount (if the doctor accepts assignment) and the Part B deductible applies.

You pay nothing for most preventive services (if the doctor accepts assignment).

Outpatient Medical and Surgical Services and Supplies

For approved procedures, like X-rays, casts, or stitches.

You pay the doctor 20% of the Medicare-approved amount for the doctor's services if the doctor accepts assignment. You also pay the hospital a copayment for each service. The Part B deductible applies.

Medicare Part B-Covered Services (continued)

Durable Medical Equipment (DME)

Items such as oxygen equipment and supplies, wheelchairs, walkers, and hospital beds for use in the home. Some items must be rented.

Medicare is phasing in a program called “**competitive bidding**” which means that in some areas, if you need certain items, you must use specific suppliers, or Medicare won’t pay for the item and you’ll likely pay full price.

Visit www.medicare.gov/supplier to find Medicare-approved suppliers in your area.

You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

More Medicare Part B-Covered Services

Home Health Care Services

Medically-necessary part-time or intermittent skilled nursing care, and/or physical therapy, speech-language pathology services, and/or services for people with a continuing need for occupational therapy, some home health aide services, medical social services, and medical supplies. You pay nothing for covered services.

Other (including but not limited to)

Medically necessary medical services and supplies, such as clinical laboratory services, diabetes supplies, kidney dialysis services and supplies, mental health care, limited outpatient prescription drugs, diagnostic X-rays, MRIs, CT scans, and EKGs, transplants and other services are covered. Costs vary.

Part B-Covered Preventive Services

- “Welcome to Medicare” preventive visit
- Annual “Wellness” visit
- Abdominal aortic aneurysm screening*
- Alcohol misuse screening and counseling
- Behavioral therapy for cardiovascular disease
- Bone mass measurement
- Cardiovascular disease screenings
- Colorectal cancer screenings
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma tests
- Hepatitis B shots
- HIV screening
- Mammograms (screening)
- Obesity screening and counseling
- Pap test, pelvic exam, and clinical breast exam
- Pneumococcal pneumonia shot
- Prostate cancer screening
- Sexually transmitted infection screening (STIs) and high-intensity behavioral counseling to prevent STIs
- Smoking cessation

*When referred during Welcome to Medicare preventive visit

NOT Covered by Part A and Part B

- Long-term care
- Routine dental care
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting hearing aids
- Other – check on www.medicare.gov

Paying for Part B Services



- In Original Medicare you pay
 - Yearly deductible of \$147 in 2014
 - 20% coinsurance for most services
- Some programs may help pay these costs

Monthly Part B Premium

If Your Yearly Income in 2012 was		In 2014 You Pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$104.90
\$85,000.01 – \$107,000	\$170,000.01 – \$214,000	\$146.90
\$107,000.01 – \$160,000	\$214,000.01 – \$320,000	\$209.80
\$160,000.01 – \$214,000	\$320,000.01 – \$428,000	\$272.70
Above \$214,000	Above \$428,000	\$335.70
*per month		

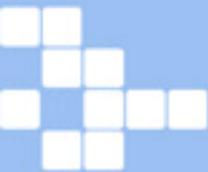
Note: Premiums are usually deducted from your Social Security benefit payment

Paying the Part B Premium

- Deducted monthly from
 - Social Security benefit payments
 - Railroad retirement benefit payments
 - Federal retirement benefit payments
- If not deducted
 - Billed every 3 months
 - Medicare Easy Pay to deduct from bank account
- Contact SSA, RRB or OPM about premiums

Part B Late Enrollment Penalty

- Penalty for not signing up when first eligible
 - 10% more for each full 12-month period
 - May have penalty as long as you have Part B
- Sign up during a Special Enrollment Period
 - Usually no penalty



Lesson 2 – Your Medicare Coverage Choices

- Original Medicare (Part A and Part B)
 - Medigap Policies
- Medicare Advantage Plans (Part C)
- Other Medicare Health Plans
- Medicare Prescription Drug Coverage (Part D)

What is Original Medicare?

- Health care option run by the Federal government
- Provides your Part A and/or Part B coverage
- See any doctor or hospital that accepts Medicare
- You pay
 - Part B premium (Part A is usually premium free)
 - Deductibles, coinsurance or copayments
- Get Medicare Summary Notice (MSN)
- Can join a Part D plan to add drug coverage

Medigap Policies

- Medigap (Medicare Supplement Insurance) policies
 - Private health insurance for individuals
 - Sold by private insurance companies
 - Supplement Original Medicare coverage
 - Follow Federal/state laws that protect you
- Medigap Open Enrollment Period
 - Starts when you are both 65 and signed up for Part B
 - Once started cannot be delayed or repeated

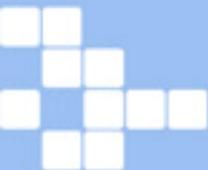
Medigap



- You pay a monthly premium
- Costs vary by plan, company, and location
- Medigap insurance companies can only sell a “standardized” Medigap policy
 - Identified in most states by letters
 - MA, MN, and WI standardize their plans differently
- Doesn't work with Medicare Advantage
- No networks except with a Medicare SELECT policy

Medigap Plan Types

	Medicare Supplement Insurance (Medigap) Plans									
Benefits	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%
Medicare Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Medicare Part B deductible			100%		100%					
Medicare Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			100%	100%	100%	100%			100%	100%
*Plan F also offers a high-deductible plan in some states.							Out-of-pocket limit in 2014			
							\$4,940	\$2,470		



Medicare Advantage Plans (Part C)

- What they are
- How the plans work
- Medicare Advantage Plan costs
- Who can join
- When to join and switch plans
- Other Medicare plans

Medicare Advantage (MA) Plans

- Health plan options approved by Medicare
 - Another way to get Medicare coverage
 - Still part of the Medicare program
 - Run by private companies
- Also called Part C
- Medicare pays amount for each member's care
- May have to use network doctors or hospitals
- Types of plans available may vary

How Medicare Advantage Plans Work



- Still in Medicare with all rights and protections
- Still get Part A and Part B services
- May include prescription drug coverage (Part D)
- May include extra benefits
 - Like vision or dental
- Benefits and cost-sharing may be different

Types of Medicare Advantage Plans

- Medicare Advantage Plans include
 - Health Maintenance Organization (HMO) Plans
 - HMO Point-of-Service (HMOPOS) Plans
 - Preferred Provider Organization (PPO) Plans
 - Private Fee-for-Service (PFFS) Plans
 - Special Needs Plans (SNP)
 - Medicare Medical Savings Account (MSA) Plans
- Not all types of plans are available in all areas

Medicare Advantage Plan Costs



- Must still pay Part B premium
 - Some plans may pay all or part for you
 - Some people may be eligible for state assistance
- You may also pay monthly premium to plan
- You pay deductibles/coinsurance/copayments
 - Different from Original Medicare
 - Varies from plan to plan
 - Costs may be higher if out-of-network

Medicare Advantage Eligibility Requirements



- You must live in plan's service area
- You must have Medicare Part A **and** Part B
- You must not have ESRD when you enroll
 - Some exceptions
- You must provide necessary information
- You must follow plan's rules
- You can only belong to one plan at a time

When You Can Join or Switch MA Plans

Initial Enrollment Period (IEP)

- 7 month period begins 3 months before the month you turn 65

Medicare's Open Enrollment Period (OEP)

- October 15 – December 7
- Coverage begins January 1

Special Enrollment Period (SEP)

- Move from the plan service area
 - And cannot stay in the plan
- Plan leaves Medicare program
- Other special situations

When You Can Join or Switch MA Plans (5-star SEP)

5-Star Special Enrollment Period (SEP)

- Can enroll in 5-Star Medicare Advantage (MA), Prescription Drug Plan (PDP), MA-PD, or Cost Plan
- Enroll at any point during the year
 - Once per year
- New plan starts first day of month after enrolled
- Star ratings given once a year
 - Ratings assigned in October of the past year
 - Use Medicare Plan Finder to see star ratings
 - Look at Overall Plan Rating to find eligible plans

When You Can Leave an MA Plan

January 1 –
February 14

- You can leave an MA Plan
- Go back to Original Medicare
 - Coverage begins the first of the month after you leave MA plan
- If you make this change, you also may join a Part D Plan to add drug coverage
 - Drug coverage begins first of the month after the plan gets enrollment form
- Cannot join another MA Plan during this period

Other Types of Medicare Health Plans

- Other types of Medicare health plans
 - Not Medicare Advantage Plans
 - Medicare Cost Plans
 - Demonstrations and Pilot Programs
 - Programs of All-inclusive Care for the Elderly (PACE)
- Only available in certain areas



Medicare Prescription Drug Coverage

- What is Part D?
- Part D benefits and costs
- Who can join
- When to join and switch plans
- Part D covered drugs
 - Drugs not covered
- Access to covered drugs

Medicare Prescription Drug Coverage

- Also called Medicare Part D
- Prescription drug plans approved by Medicare
- Run by private companies
- Available to everyone with Medicare
- Must be enrolled in a plan to get coverage
- Two sources of coverage
 - Medicare Prescription Drug Plans (PDPs)
 - Medicare Advantage Plans with Rx coverage (MA-PDs)
 - And other Medicare health plans with Rx coverage

Medicare Drug Plan Costs



- Costs vary by plan
- In 2014, most people will pay
 - A monthly premium
 - A yearly deductible
 - Copayments or coinsurance
 - 47.5% for covered brand-name drugs in coverage gap
 - 72% for covered generic drugs in coverage gap
 - Very little after spending \$4,550 out-of-pocket

Standard Structure in 2014

Example: Ms. Smith joins the ABC Prescription Drug Plan. Her coverage begins on January 1, 2014. She doesn't get Extra Help and uses her Medicare drug plan membership card when she buys prescriptions.

Monthly Premium – Ms. Smith pays a monthly premium throughout the year.

1. Yearly deductible	2. Copayment or coinsurance (what you pay at the pharmacy)	3. Coverage gap	4. Catastrophic coverage
<p>Ms. Smith pays the first \$310 of her drug costs before her plan starts to pay its share.</p>	<p>Ms. Smith pays a copayment, and her plan pays its share for each covered drug until their combined amount (plus the deductible) reaches \$2,850.</p>	<p>Once Ms. Smith and her plan have spent \$2,850 for covered drugs, she's in the coverage gap. In 2014, she pays 47.5% of the plan's cost for her covered brand-name prescription drugs and 72% of the plan's cost for covered generic drugs. What she pays (and the discount paid by the drug company) counts as out-of-pocket spending, and helps her get out of the coverage gap.</p>	<p>Once Ms. Smith has spent \$4,550 out-of-pocket for the year, her coverage gap ends. Now she only pays a small coinsurance or copayment for each covered drug until the end of the year.</p>

Improved Coverage in the Coverage Gap

Year	What You Pay for Brand-Name Drugs in the Coverage Gap	What You Pay for Generic Drugs in the Coverage Gap
2014	47.5%	72%
2015	45%	65%
2016	45%	58%
2017	40%	51%
2018	35%	44%
2019	30%	37%
2020	25%	25%

Medicare Prescription Drug Coverage Premium (IRMAA)

- A small group may pay a higher premium
 - Based on income above a certain limit
 - Fewer than 5% of all people with Medicare
 - Uses same thresholds used to compute income-related adjustments to Part B premium
 - As reported on your IRS tax return from 2 years ago
- Required to pay if you have Part D coverage

Part D Income-Related Monthly Adjustment Amount (IRMAA)

If Your Yearly Income in 2012 was		In 2014 You Pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	Your Plan Premium (YPP)
\$85,000.01 – \$107,000	\$170,000.01 – \$214,000	YPP + \$12.10*
\$107,000.01 – \$160,000	\$214,000.01 – \$320,000	YPP + \$31.10*
\$160,000.01 – \$214,000	\$320,000.01 – \$428,000	YPP + \$50.20*
Above \$214,000	Above \$428,000	YPP + \$69.30*
*per month		

Part D Eligibility Requirements

- To be eligible to join a Prescription Drug Plan
 - You must have Medicare Part A and/or Part B
- To be eligible to join an MA Plan with drug coverage
 - You must have Part A and Part B
- You must live in plan's service area
 - You can't be incarcerated
 - You can't live outside the United States
- You must be enrolled in a plan to get drug coverage

When You Can Join or Switch Medicare Prescription Drug Plans

Initial Enrollment Period (IEP)

- 7 month period
- Starts 3 months before month of eligibility

Medicare's Open Enrollment Period

- October 15 – December 7 each year
- Coverage begins January 1

January 1 – February 14

During this period, you can leave an MA plan and switch to Original Medicare. If you make this change, you may also join a Part D plan to add drug coverage. Coverage begins the first of the month after the plan gets the enrollment form.

When You Can Join or Switch Plans

Special Enrollment Periods (SEP)

- You permanently move out of your plan's service area
- You lose other creditable prescription coverage
- You weren't adequately told that your other coverage wasn't creditable or your other coverage was reduced and is no longer creditable
- You enter, live at, or leave a long-term care facility
- You have a continuous SEP if you qualify for Extra Help
- You belong to a State Pharmaceutical Assistance Program (SPAP)
- You join or switch to a plan that has a 5-star rating
- Or in other exceptional circumstances

Late Enrollment Penalty

- Higher premium if you wait to enroll
 - Additional 1% of base beneficiary premium
 - For each month eligible and not enrolled
 - For as long as you have Medicare drug coverage
 - National base beneficiary premium
 - \$32.42 in 2014
 - May change each year
 - Except if you had creditable drug coverage or get Extra Help

Access to Covered Drugs



- Plans must cover range of drugs in each category
- Coverage and rules vary by plan
- Plans can manage access to drug coverage through
 - Formularies (list of covered drugs)
 - Prior authorization (doctor requests before service)
 - Step therapy (type of prior authorization)
 - Quantity limits (limits quantity over period of time)



Lesson 3 – Rights and the Appeals Process

- Patient rights
- Appeals process
 - Part A and B (Original Medicare)
 - Medigap Rights
 - Part C (Medicare Advantage)
 - Part D (Medicare Prescription Drug Coverage)

Guaranteed Rights Under Medicare



- You have guaranteed rights in
 - Original Medicare
 - Medicare Advantage and other Medicare health plans
 - Medicare Prescription Drug Plans
- These rights help to
 - Protect you when you get health care
 - Ensure you get medically necessary, Medicare-covered health care services
 - Protect you against unethical practices
 - Protect your privacy

Right to File a Complaint or Appeal

- Complaint (sometimes called a grievance)
 - Quality of services
 - Care that is received
- Appeal a coverage or payment decision
- For information contact
 - Your plan
 - State Health Insurance Assistance Program (SHIP)
 - 1-800-MEDICARE (1-800-633-4227)
 - TTY users should call 1-877-486-2048

Appeals in Original Medicare



- Medicare Summary Notice explains
 - Why Medicare didn't pay
 - How to appeal
 - Where to file your appeal
 - How long you have to appeal
- Ask provider for information to help your case
- Keep copies of appeal documents

You Have the Right to



- Request a coverage determination
- Ask for an exception
- Appeal your plan's decision



Lesson 4 – Programs for People with Limited Income and Resources

- Extra Help
- Medicaid
- Medicare Savings Programs
- Help available for people in the U.S. territories

What Is Extra Help?

- Program to help people pay for Medicare prescription drug costs
 - Also called the Low-Income Subsidy (LIS)
- If you have lowest income and resources
 - Pay no premiums or deductible, and small or no copayments
- If you have slightly higher income and resources
 - Pay reduced deductible and a little more out-of-pocket
- No coverage gap or late enrollment penalty if you qualify for Extra Help

Qualifying for Extra Help

- You automatically qualify for Extra Help if you get
 - Full Medicaid coverage
 - Supplemental Security Income (SSI)
 - Help from Medicaid paying your Medicare premiums
- All others must apply
 - Online at www.benefitscheckup.org/alaska
 - Call SSA at 1-800-772-1213 (TTY 1-800-325-0778)
 - Ask for “Application for Help with Medicare Prescription Drug Plan Costs” (SSA-1020)
 - Contact your state Medicaid agency

What is Medicaid?



- Federal-state health insurance program
 - For people with limited income/resources
 - Covers most health care costs
 - If you have both Medicare and Medicaid
- Eligibility determined by state
- Application processes and benefits vary
- State office names vary
 - Apply if you MIGHT qualify

Medicare Savings Programs



- Help from Medicaid paying Medicare costs
 - For people with limited income and resources
- Often higher income and resources than full Medicaid
- Programs include
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low-income Medicare Beneficiary (SLMB)
 - Qualifying Individual (QI)
 - Qualified Disabled & Working Individuals (QDWI)

Introduction to Medicare Resource Guide

Resources

Centers for Medicare & Medicaid Services (CMS)

1-800-MEDICARE
(1-800-633-4227)
(TTY 1-877-486-2048)

www.medicare.gov

www.CMS.gov

Social Security

1-800-772-1213
TTY 1-800-325-0778

<http://www.socialsecurity.gov/>

Railroad Retirement Board

1-877-772-5772
<http://www.rrb.gov/>

State Health Insurance Assistance Programs (SHIPs)

For telephone numbers call CMS
1-800-MEDICARE (1-800-633-4227)
1-877-486-2048 for TTY users

<http://www.medicare.gov/caregivers/>

<http://www.HealthCare.gov>

<http://www.Benefits.gov>

<http://www.Insurekidsnow.gov>

Affordable Care Act

www.healthcare.gov/law/full/index.html

Medicare Products

Medicare & You Handbook

CMS Product No. 10050

Your Medicare Benefits

CMS Product No. 10116

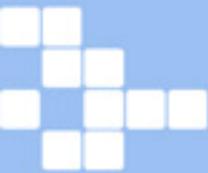
Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare

CMS Product No. 02110

To access these products

View and order single copies at
www.medicare.gov

Order multiple copies (partners only) at productordering.cms.hhs.gov. You must register your organization.



This training module is provided by the
CMS National Training Program

For questions about training products, e-mail
Training@cms.hhs.gov

To view all available training materials
or to subscribe to our listserv, visit
[http://cms.gov/Outreach-and-Education/
Training/CMSNationalTrainingProgram/index.html](http://cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html)

Appendix A: 2013 Standard Drug Benefit

Benefit Parameters	2013	2014
Deductible	\$325	\$310
Initial Coverage Limit	\$2,970.00	\$2,850.00
Out-of-Pocket Threshold	\$4,750.00	\$4,550.00
Total Covered Drug Spending at OOP Threshold	\$6,954.52	\$6,690.77
Minimum Cost-Sharing in Catastrophic Coverage	\$2.65/\$6.60	\$2.55/\$6.35
Extra Help Copayments	2013	2014
Institutionalized	\$0	\$0
Receiving Home and Community-Based Services	\$0	\$0
Up to or at 100% Federal Poverty Level (FPL)	\$1.15/\$3.50	\$1.20/\$3.60
Full Extra Help	\$2.65/\$6.60	\$2.55/\$6.35
Partial Extra Help (Deductible/Cost-Sharing)	\$66/15%	\$63/15%

Appendix C: 2014 Extra Help Income and Resource Limits - Alaska

■ Income

- Below 150% of the Federal poverty level (FPL)
 - \$1,823 per month for an individual*, or
 - \$2,458 per month for a married couple*
 - Based on family size

■ Resources

- Up to \$13,440 for an individual, or
- Up to \$26,860 for a married couple
 - Includes \$1,500/person for funeral or burial expenses
 - Counts savings and investments
 - Doesn't count home you live in

*Higher amounts for Alaska and Hawaii

Appendix D: 2014 Medicare Savings Program (MSP) Income/Resource Limits - Alaska

Medicare Savings Program	Individual Monthly Income Limit*	Married Couple Monthly Income Limit*	Helps Pay Your
Qualified Medicare Beneficiary (QMB) *This is Full Medicaid in Alaska*	\$1,215	\$1,639	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary (SLMB) "SLMB Base"	\$1,458	\$1,966	Part B premiums only
Qualifying Individual (QI) "SLMB Plus"	\$1,641	\$2,212	Part B premiums only
Qualified Disabled & Working Individuals (QDWI)	\$4,945	\$6,639	Part A premiums only