

MEDICARE Open Enrollment is usually October to December. If you are helping to manage your health care needs and/or a loved one's health care, things can get confusing. We have put together this brochure with information to help you to better understand your choices, where to find more help, and find the best plans for your budget and health needs.

Q: WHAT DO THOSE LETTERS MEAN?

Part A: Part of Original Medicare, which covers hospital insurance.

Part B: The other piece of Original Medicare, which covers medical insurance (doctor's visits, preventive care, etc.).

Part C: Also known as Medicare Advantage, these plans include all the coverage of Original Medicare plus additional benefits such as access to a nurse helpline, hearing, dental and/or vision coverage, or a gym membership. All Medicare Advantage plans also have a maximum out-of-pocket limit, so you can better predict how much your loved one may have to pay for health care services each year.

Part D: Prescription drug coverage, which may be included in Medicare Advantage plans but must be purchased separately for those with Original Medicare.

Q. WHAT IS ORIGINAL MEDICARE?

A. It is the health insurance program offered by the federal government, and generally covers 80 percent of medical expenses, with the individual responsible for the other 20 percent.

Q. WHAT IS A MEDIGAP POLICY?

A. Medigap is private insurance that you can purchase to supplement and cover some out-of-pocket costs. You must be enrolled in ORIGINAL Medicare in order to purchase a Medigap Policy. There are 10 types of policies that are standardized by law. Insurance companies charge different premiums so it may benefit you to do your homework and shop around to get the best price.

Q. WHAT IS THE DIFFERENCE BETWEEN ORIGINAL MEDICARE & MEDICARE ADVANTAGE?

A. Advantage plans are NOT supplemental or Medigap plans -- they are considered "REPLACEMENT" Policies for traditional /original Medicare. Advantage plans are PRIVATE HEALTH PLANS that are often HMO's or PPO's. These plans cover the same benefits that traditional Medicare covers but there are many differences, and restrictions, and out of pocket costs.

These are some of the ways they are different from Original Medicare:

- ✓ You will still pay for Medicare
- ✓ There may be different Co-Payments & deductibles
- ✓ You are usually required to go to doctors and health care settings in their service network
- ✓ You may have to choose a new primary care physician (who is in their network) get referrals for specialists and have pre-authorization for certain services
- ✓ You cannot purchase Medigap supplemental insurance to help pay your out of pocket costs
- ✓ Paying out of pocket for doctor visits, emergency room, and hospital stays can add up to a lot of money.

SPECIAL NOTES:

- 1. Original Medicare does NOT cover these services: vision, dental, assisted living facilities or nursing home care.*
- 2. Be very wise when choosing your plans. Consider if you have a lot of health issues, a lot of co-pays, and you may not be able to remain with your established doctors. You may also have to have rehab in a facility that is not your first choice or even in your neighborhood, simply because it is "in Network" with your "Advantage" plan and that is your "choice".*

Q. IS MEDICARE AND A SUPPLEMENT (MEDIGAP POLICY) BETTER THAN AN “ADVANTAGE” (Replacement Policy) PLAN?

A. In most cases YES. You will have better choices of health providers, no pre-authorizations, and little or no co-pays. Be pro-active and look at deductibles, doctor and healthcare facility restrictions, and anticipated plan costs before you have to choose healthcare and hospitalization in a stressful or emergency situation and find out your plan may be “out of network” or the co-pays are more than you can afford.

Q. HOW DOES THIS WORK IF I AM A “SNOWBIRD” OR TRAVELING?

A. It can get very tricky if you have an Advantage plan and you travel. Most of the time you are limited to “In Network” doctors and services, and the plan will only pay for Approved Emergency care. If you have Original Medicare, you will not have to worry -- you will be covered anywhere in the country.

Q. HOW DO I FIND THE BEST PLAN FOR MY NEEDS?

A. Go to Medicare.gov to find out who offers plans in your zip code. There are “Navigators” who will assist you if you call the SHIP program through your county Area Agency on Aging. They can assist with the right choices based on your medical history, finances and other factors.

SHINE (Serving the Health Insurance Needs of Elders), is a free, volunteer-based health insurance counseling program funded by the Florida Department of Elder Affairs and locally operated by the Area Agency on Aging of Pasco-Pinellas. Volunteer counselors offer expertise on Medicare, Medicaid, Prescription Assistance, and Long-Term Care Planning & Insurance. The volunteers educate and empower elders so they can make informed decisions. They can be reached at 1-800-963-5337.

Don't be afraid to ask for help.

Understanding Medicare is only one part of the challenge you face as a caregiver and there are resources available to help you.

FOR FURTHER INFORMATION:

MEDICARE and SHIP

(State Health Insurance Assistance Programs) Find links to state-specific SHIP websites with information about local, personalized counseling and assistance to people with Medicare and their families.

Medicare.gov

1-800-Medicare (1-800-633-4227)

NATIONAL AREA AGENCY ON AGING

(202)872-0888 www.n4A.org

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ANSWERS YOUR IMPORTANT MEDICARE QUESTIONS

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