



LESHER
HEALTH SOLUTIONS

Helping clients become comfortable and confident choosing Medicare options!

MEDICARE Basics 2024

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Medicare & You

The official U.S. government
Medicare handbook

2024



FLORIDA DEPARTMENT OF FINANCIAL SERVICES

DONALD G LESHER

License Number : W207989

Resident Insurance License

•0215 - LIFE INCL VAR ANNUITY & HEALTH

Issue Date

08/15/2014

Please Note: To validate the accuracy of this license you may review the individual or business entity's license record under "Licensee Search" on the Florida Department of Financial Services website at <http://www.MyFloridaCFO.com/Division/Agents>.



Jeff Atwater
Chief Financial Officer
State of Florida

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Piece-meal Legislation

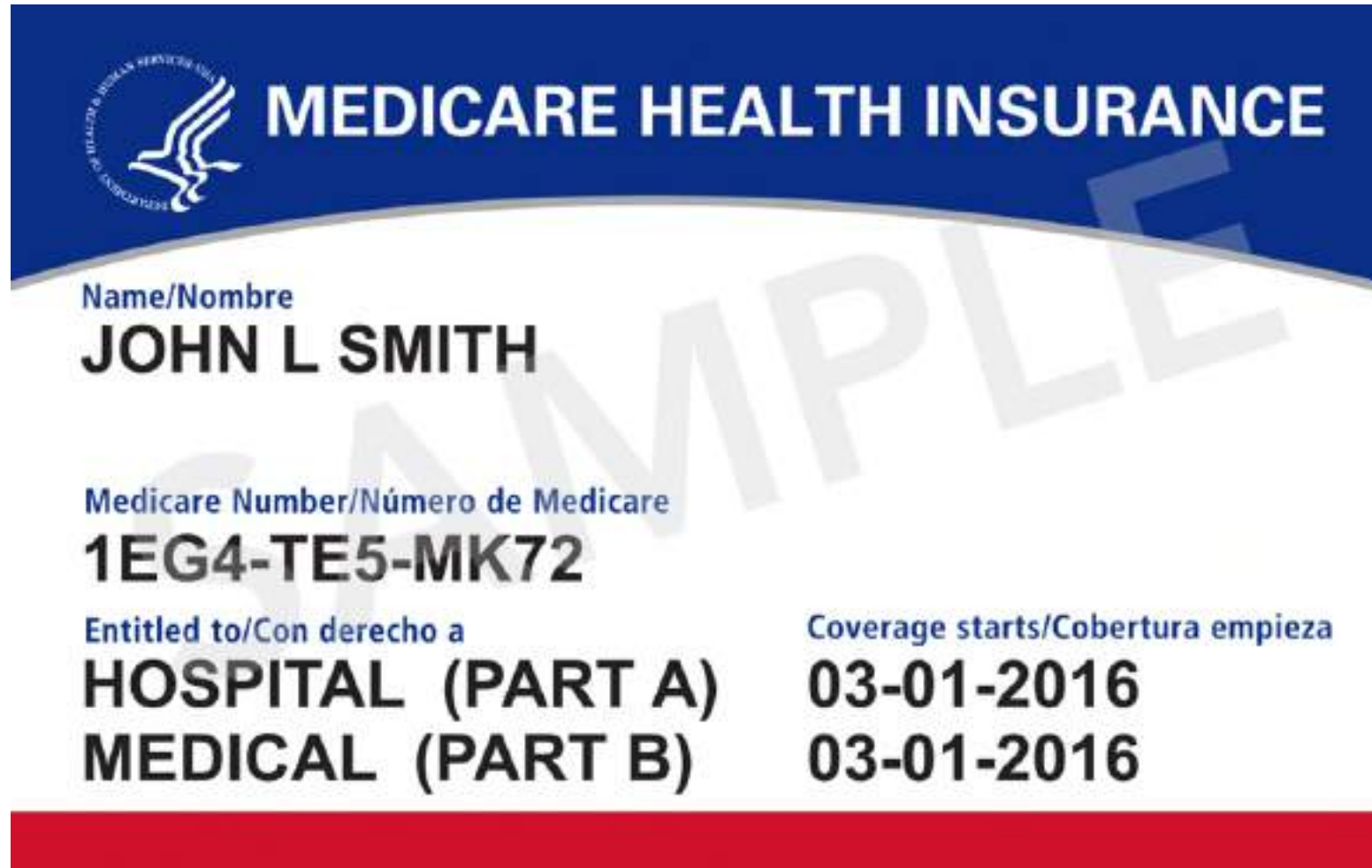
- ▶ 1965 - Congress created Medicare under Title XVIII of the [Social Security Act](#).
 - ▶ Age 65+ eligible regardless of income or health
 - ▶ Part A & B
 - ▶ Medigap Supplements
- ▶ 1980s - Part C [Medicare Advantage Plans]
- ▶ 2006 - Prescription Drug Plan (PDP)
- ▶ 2015 - MACRA Passed - full rollout 2020

Medicare Card!

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The image shows a sample Medicare Health Insurance Card. At the top left is the logo of the Department of Health & Social Services, featuring a stylized eagle. To the right of the logo, the text "MEDICARE HEALTH INSURANCE" is written in white on a dark blue background. Below this, the cardholder's name "JOHN L SMITH" is listed. The Medicare Number is "1EG4-TE5-MK72". The cardholder is entitled to Hospital (Part A) and Medical (Part B) coverage, both of which began on 03-01-2016. A large, light blue "SAMPLE" watermark is overlaid diagonally across the card. A solid red horizontal bar is at the bottom of the card area.

Department of Health & Social Services

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Enrolling in Medicare

- Part A - most have paid for it
 - US Citizen or Resident (at least 5 years)
 - Work 40 quarters and reach age 65
 - If not earned you may choose to pay
 - up to **\$506**/mo. in **2024**
 - if paid Qtrs. >30 but less than 39: **\$278**/mo.
- Part B - your choice

Enrolling in Part A* & B

- IEP - Initial Enrollment Period
3 months prior - month turn 65 - 3 months after
 - GEP - General Enrollment Period
January 1st to March 31st
 - SEP - Special Enrollment Period
 - e.g., loss of employer retiree coverage
 - 8 month window after loss of coverage
- * NOW must tell [SSA.gov](https://www.ssa.gov) when to start both A & B

Late Enrollment Penalty

- 10% additional premium for every 12-month time period you don't sign up for Part B when first eligible
- Penalty remains for life or as long as you take Part B
- **Waiver request form** to eliminate penalty -
Give proof of credible coverage
 - VA **is** credible coverage
 - Tricare **is** credible coverage

Enrollment Steps

- ❑ Receive social security income?
 - **YES** - do nothing - Automatically enrolled
 - Unless you want to delay Part B
 - **No** - Go to www.SSA.gov to enroll in Part A and enroll in or delay Part B.
 - To startup Part B after “delay,” fill-out SSA waiver form, [Employer Verification](#)

SSA Offices - Appointments Recommended

To start-up - a delayed Part B

- Find Forms on www.SSA.gov. Scroll to bottom.
- Fill-out SSA form,
 - [CMS-L564](#), Request for Employment Info
 - [CMS-L40B](#), Application for Part B

Mail or fax all requests to your local SSA Office.

Part B SEP: Online Submission

- Fill-out form [CMS-L564](#) [Section A], Request for Employment Info.
- Send your completed form to employer
- Employer returns a completed Section B with signature.
- Place or create a digital copy on your computer desktop.

Go online to: [Apply Online for Medicare Part B Only.](#)

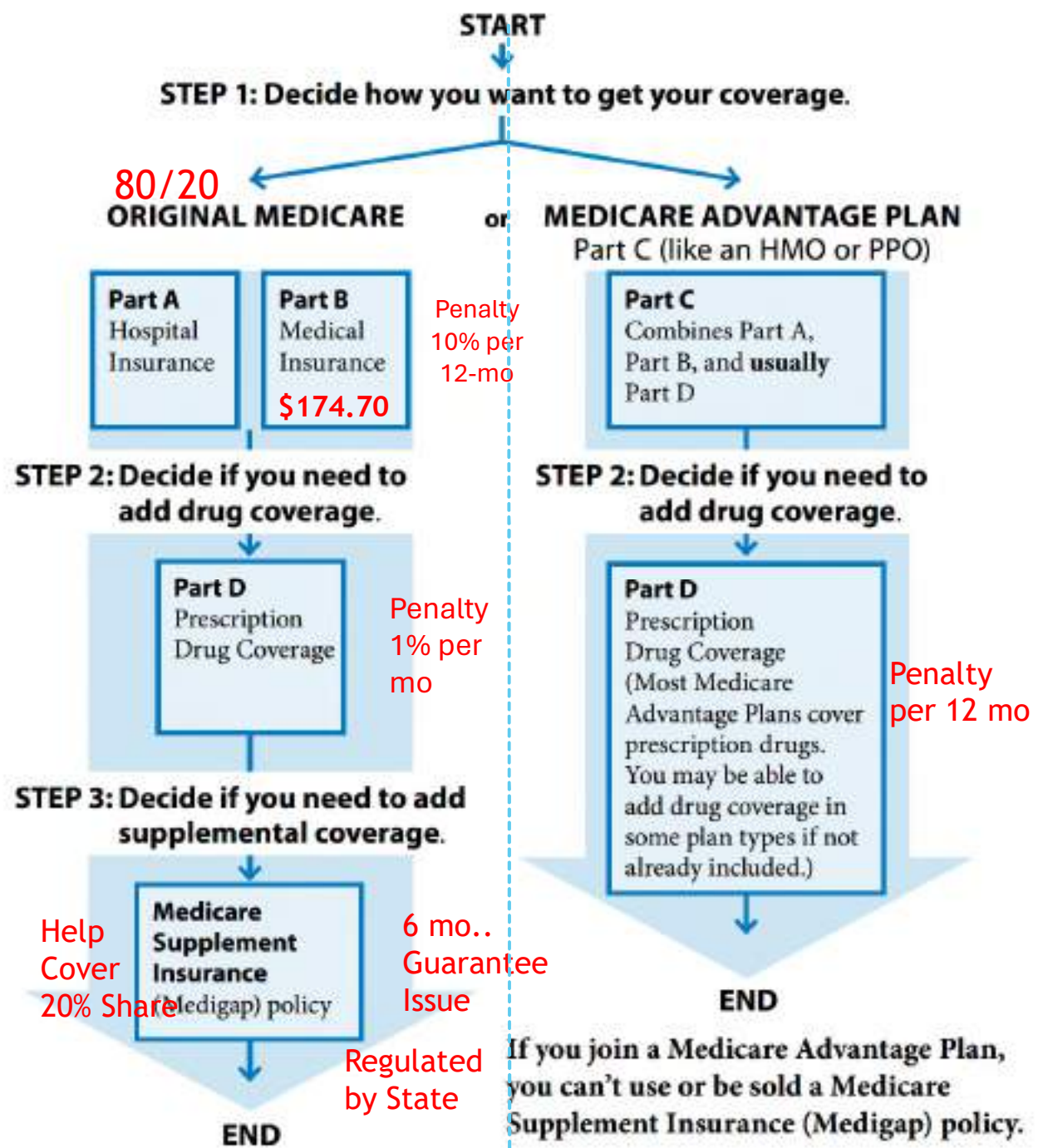
Enrollment Steps: “Other”

- ❑ Other Conditions for Auto Enrollment
 - Disabled with SSDI income (after 24 mo..)
 - ESRD
 - ALS

Different Ways to Get Medicare — Brief Overview

Ways to Get Medicare Coverage ¹				
Coverage Type	Part A and B benefits	Some of the cost sharing for Part A and B Benefits	Part D Benefits	Other Benefits
Original Medicare	X			
Part C (Medicare Advantage)	X	X	May cover depending on plan.	X (most offer additional benefits)
Cost Plans	X	X	May cover depending on plan	X (most offer additional benefits)
Medicare Prescription Drug Plans (PDPs)			X	
Original Medicare with a supplemental plan (Medigap)	X (Original Medicare)	X (Medigap)		Some Medigap Plans cover foreign travel emergencies

¹ Brief overview. As detailed later, some ways can be combined and not all beneficiaries are eligible for all types of coverage.



2024
Part B Deductible
projected \$240

ORIGINAL MEDICARE PART A

- PART A: Hospital Insurance

Skilled Nursing
Hospice
Home Health

- Premium: \$0

You Paid for It !

Mostly paid by 2.9% payroll tax

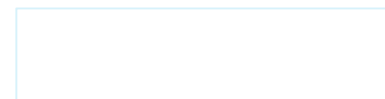
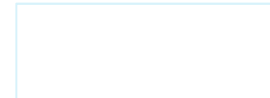
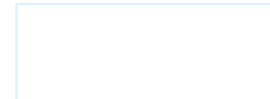
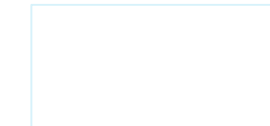
Otherwise up to
\$506 per month
in 2024

2024 MEDICARE PART A

Part A is Hospital Insurance for confinement in a hospital or skilled nursing facility per benefit period.

*A benefit period begins on the first day you receive service as an inpatient and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

WHEN YOU ARE HOSPITALIZED* FOR:	MEDICARE COVERS	YOU PAY
1-60 DAYS	Most confinement costs <u>after</u> the required Medicare deductible	\$1,632 DEDUCTIBLE
61-90 DAYS	All eligible expenses <u>after</u> patient pays a per-day coinsurance	\$408 A DAY COINSURANCE as much as: \$12,240
91-150 DAYS	All eligible expenses <u>after</u> patient pays a per-day coinsurance (These are Lifetime Reserve Days that may never be used again)	\$816 A DAY COINSURANCE as much as: \$48,960
151 DAYS OR MORE	NOTHING	YOU PAY ALL COSTS
*SKILLED NURSING CONFINEMENT: Following an inpatient hospital stay of at least 3 days and enter a Medicare-approved skilled nursing facility within 30 days after hospital discharge and receive skilled nursing care	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100 <u>after</u> patient pays a per-day coinsurance	After 20 days \$204 A DAY COINSURANCE as much as: \$16,320
HOSPICE CARE: Must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment for outpatient drugs and inpatient respite care	Medicare CO-PAYMENT
BLOOD	100% of approved amount <u>after</u> first 3 pints of blood.	First 3 pints



190 lifetime days for inpatient **psychiatric care**

ORIGINAL MEDICARE PART B 2024

PART B: Medical Insurance

- Physicians, Labs, X-Rays, Physical Therapy . . . Etc.
- Premium: **\$174.70**
- Annual Deductible: **\$240**
- Part B funds come from both premiums and general fund revenue.

IRMA-Income Related Monthly Adjustment

- A surtax is added to the Part B & Part D premiums for higher-income seniors [IRMA].
- IRMA Income Adjustment Form: [SSA-44](#) for life changing events (like retirement) - *don't wait for the rolling 2 years if your income abruptly changes*

2024 Medicare Part B Premium

Find out if you'll pay a higher Part B premium in 2024:

If your yearly income in 2022 (for what you pay in 2024) was			You pay each month (in 2024)
File individual tax return	File joint tax return	File married & separate tax return	
\$103,000 or less	\$206,000 or less	\$103,000 or less	\$174.70
above \$103,000 up to \$129,000	above \$206,000 up to \$258,000	Not applicable	\$244.60
above \$129,000 up to \$161,000	above \$258,000 up to \$322,000	Not applicable	\$349.40
above \$161,000 up to \$193,000	above \$322,000 up to \$386,000	Not applicable	\$454.20
above \$193,000 and less than \$500,000	above \$386,000 and less than \$750,000	above \$103,000 and less than \$397,000	\$559.00
\$500,000 or above	\$750,000 or above	\$397,000 or above	\$594.00

2024 MEDICARE PART B

Part B is Medical Insurance and covers physician services, outpatient care, tests, and supplies — per calendar year.

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
ANNUAL DEDUCTIBLE	Incurred Expenses after the required Medicare deductible	\$240 ANNUAL DEDUCTIBLE
MEDICAL EXPENSES Physicians' services for inpatient and outpatient medical/surgical services; physical/speech therapy; and diagnostic tests	80% of approved amount	20% of approved amount*
EXCESS DOCTOR CHARGES** <i>(Above Medicare Approved Amounts)</i>	0% above approved amount	ALL COSTS
CLINICAL LABORATORY SERVICES	Generally 100% of approved amount	Nothing for services
HOME HEALTHCARE	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount* for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT	Medicare payment to hospital, based on outpatient procedure payment rates	Coinsurance based on outpatient payment rates
BLOOD	80% of approved amount <u>after</u> first 3 pints of blood.	First 3 pints plus 20% of approved amount for additional pints

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Provider Costs

“accepting assignment” & “excess charges”

- **Accepting Assignment** =
 - **contracted** with Medicare
 - Provider Accepts Medicare-approved charges
 - Agrees not to charge patients “extra” beyond assigned fees
 - 96-98% of providers who can bill Medicare are contracted
- **Assignment** =
 - \$\$ Monies allocated for a medical treatment
- **Excess Charges** by the non-contracted providers
 - Extra Patient Charges Limited to 15% of **assignment**
 - NOT by doctor Total Charge

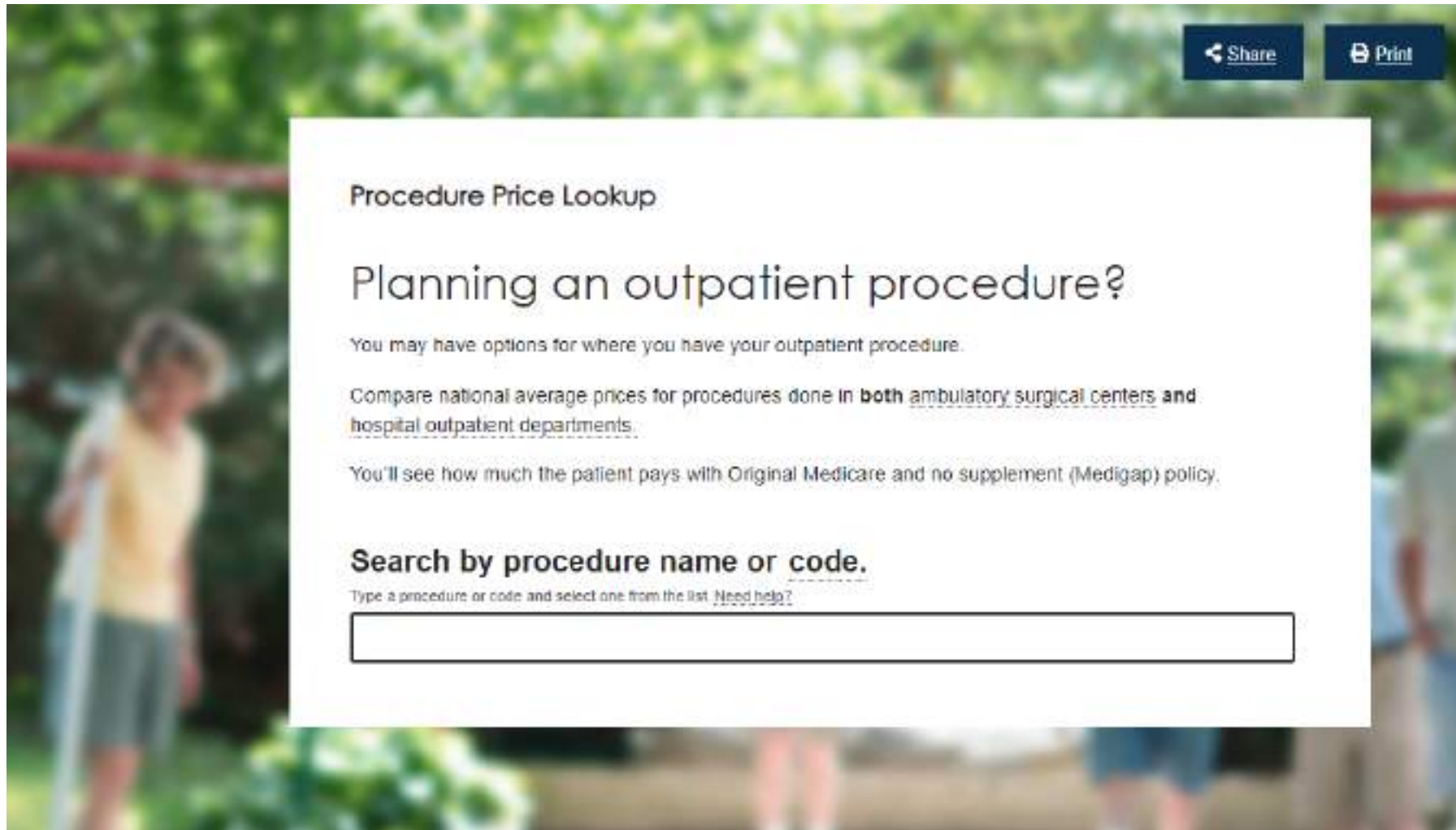
Procedure Price Lookup

<https://www.medicare.gov/procedure-price-lookup/>

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The screenshot shows the Medicare Procedure Price Lookup website. At the top right, there are two dark blue buttons: 'Share' with a left-pointing arrow and 'Print' with a printer icon. The main content area is white and contains the following text:

Procedure Price Lookup

Planning an outpatient procedure?

You may have options for where you have your outpatient procedure.

Compare national average prices for procedures done in **both ambulatory surgical centers and hospital outpatient departments**.

You'll see how much the patient pays with Original Medicare and no supplement (Medigap) policy.

Search by procedure name or code.

Type a procedure or code and select one from the list. [Need help?](#)

Deciding Medicare Solution

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Costs

VS.

Choice

- ▶ It's about **Math**; Compare cost by how you use medical services
- ▶ Sum potential costs based on your personal and family history
 - ▶ Write down how and which medical services you use; play what/if with potential health risks
 - ▶ Estimate how often you use those services annually
 - ▶ Add Drug Costs before deciding
 - ▶ Make a table or use Don's spreadsheet.
- ▶ **Credits** to offset Part B **Premiums** ?

- ▶ Must you use a **network**?
- ▶ **Quality** of that network?
- ▶ Can you choose your own doctors?
- ▶ Elective Procedures: can it be scheduled?
 - ▶ Getting medical procedures approved?
 - ▶ Prior steps? Before you get Procedure?
 - ▶ How long for each step?
- ▶ Do / will you **travel**? **Where**?
 - ▶ A few PPO's will be in **most states**, but even those are NOT in every county of every state

Supplements

MEDICARE ALONE - DICEY?

- ▶ Original Medicare is **80/20** Insurance
- ▶ No MAX -- No \$\$ amount limit
- ▶ That 20% can -> Grow and **GROW** and **GROW**
 - ▶ So... How do we cover the 20% ?
 - ▶ Hip Surgery, Stroke or Open-Heart Surgery
 - ▶ Multiple Days in Hospital
 - ▶ Rehab At Long Term Skilled Nursing
 - ▶ And.. On and on..

MEDICARE SUPPLEMENT (MEDIGAP)

- “Medigap” is the nick-name - it helps to cover the “20% gap” or remaining expenses after Medicare pays.

****** If Medicare pays - supplement pays ******

- There are many types (“Plans”) of Medigap policies
- Someone eligible for Part A before 1/1/2020 may purchase Medigap Plans C or F
- All Carriers **must conform** to the following chart. It is the “Evidence of Coverage” document.
- Plans regulated by each state

Chart & Notes taken directly from: Medicare.gov

2024	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%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%			100%				
Part B excess charge						100%	100%			
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%

2024

\$240 Part B deductible



Must be **eligible** for Medicare Part A
* prior to January 1, 2020 *

* **\$2,800 HDF/HDG** deductible

Out-of-pocket limit in 2024 **
\$7,060 | \$3,530

*** **Copays**
\$20 Dr visit;
\$50 ER visit

\$250 Int'l Travel deductible
Lifetime limit \$50,000

[2023: Choosing a Medigap Policy: \(medicare.gov\)](https://www.medicare.gov)

CENTERS FOR MEDICARE & MEDICAID SERVICES

2023

Choosing a Medigap Policy:

A Guide to Health Insurance for People with Medicare

MEDICARE SUPPLEMENT (MEDIGAP) Rate Structures

“Entry Age” or referred as “Issue Age”

- Your rate (for policy life) will always be calculated from your age when your policy started.

Attained Age

- Rate based on your current age and changes when a new rate block of the “age ranges” is attained.

Community Pricing

- Pricing is based on the claim history in a given set of zip codes or county. It is also gender neutral.

MEDICARE SUPPLEMENT (MEDIGAP) Rate Variables

Age

- Initial and/or future rates increase due to age

Gender: M/F

- Women's rates are generally less than males. Some carriers are gender neutral.

Smoking

- Smoker rates are higher.

Patient residence location

- Patient must live within plan territory

2024 Monthly Cost of Original Medicare w/supplement Tampa Bay

- ▶ PART A ▶ \$0
- ▶ PART B ▶ \$174.70 (Depending on Income)
- ▶ Supplement - Plan G ▶ \$177 - \$212 (Turning 65 Female) OR \$46 (HDG)
- ▶ Part D (lowest plan) ▶ \$0.00 (in Tampa Bay 2024)
\$55.50 (Projected 2024 Nat'l Avg)
- ▶ TOTAL AVG COST PER MONTH ▶ **\$351.70** or **\$220.70**

Advantage Plans

Medicare Advantage Plans

*** Managed ***

HMO - In Network Only

- ▶ A) Specialist **Referral** Required
- ▶ B) A few plans allow choice for your specialist w/in network
- ▶ Must receive services **within** HMO **territory** and by network Drs only
- ▶ Travel coverage - **medical emergency*** only - **no “electives”**
- ▶ Credit Plan - up to \$165.00 (2024)
- ▶ Doctor contracts & patient outcomes
- ▶ Capitated Contracts (per head)

Carrier



Provider

PPO / PFFS - In or out of Network

- ▶ Larger network than HMO; no referral
- ▶ Choose your own specialist
- ▶ Larger territory than HMO; allows **out of network** use - higher copays.
- ▶ Tend to be with larger companies
- ▶ Less cost In-Network; More cost Out of Network
- ▶ Several large carriers have **cross-territory** or Nat'l coverage
- ▶ Varied structure between carriers
- ▶ Patient must live within plan territory

*** Medical emergency - must be done NOW - or else . . .**

Medicare Advantage Plans

HMO network types

Tightly Managed

- ▶ PCP acts as a Capt. with a small number of specialists for referrals; one specialist per major medical category (cardiology, hematology, etc.)
- ▶ Some specialists contracted in same medical practice (some PCP's only refer these Drs.)
- ▶ Referrals required for all specialists
- ▶ Same Record management system for entire team
- ▶ Capitated contracts as primary business model
- ▶ PCP's take on risk of patient care

Loosely Managed

- ▶ Referrals for any specialist in carrier network
- ▶ Specialist paid as in a "Fee for service" model
- ▶ Some plans allow patients to select their own specialists within network

Implications

- ▶ Tight strong communication between doctors
- ▶ PCP reviews all procedures from all specialists and prevents negative interactions among drugs
- ▶ Physician focused on prevention and patient outcomes
- ▶ Physicians can see a smaller number of patients yet increase and stabilize income.
- ▶ Medical group pays for all patient procedures, surgeries and hospital stays in total risk capitated contracts.
- ▶ PCPs want to see patients more than 6 times per year
- ▶ Specialists can focus on mastership of their craft
- ▶ Can have same shared network for HMOs and PPOs
- ▶ Patients have access to more specialists

Medicare Advantage Plans

Why Select?

HMOs

- ▶ **Lowest Costs:**
 - ▶ Premium = 0 or “give-back” (up to \$165)
 - ▶ MOOP = \$1500 to \$3500 vs. Medigap \$2550 to \$3250 (G, 65, F-M)
- ▶ Usually, some coverage beyond Medicare
- ▶ MOST extra benefits
- ▶ Drugs may have the lowest cost coverage

PPOs

- ▶ More benefits than Medigap Plans for DHV (focus on preventative)
- ▶ More “freedom of choice” than HMOs (no referrals needed & out-of-network access)
- ▶ Management of Care - Fee for Service (less restrictive than HMO)

General Reasons

- ▶ Management of **chronic conditions** is more built-in
- ▶ Do not pay for what you do not use - Pay as you go
- ▶ Physician pay-focus on prevention and patient outcomes
- ▶ Drugs may be covered in **formulary** and mostly no premium for drug portion
- ▶ Non-Medicare benefits: DHVs, OTC, Food [Remember you do not get something for nothing]
- ▶ **You qualify for LIS or the Medicare Savings Program**

2024 Medicare Advantage Cost Sharing

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Pay attention to the Maximum Out-of-Pocket numbers

- ▶ **This is your financial risk – not the expected costs**
- ▶ **Maximum HMO OOP limit is \$8,850**
although most plans have lower limits
- ▶ **PPOs aggregate MOOP limit - \$13,300**
for network and non-network providers.
- ▶ **5 Weak Coverage areas (varies by plan):**
 - ▶ Hospital stays – copays vary by plan
 - ▶ Nursing Care – days 21 to 100 typically have daily copays
 - ▶ Home Health Care
 - ▶ Part B drugs / chemo
 - ▶ Physical Therapy

2024 Medicare Advantage w/Drugs

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Drug Plans that come inside an Advantage Plan [MAPD]

- ▶ **The Medical portion of Plan and the Drug portion are separate**
 - ▶ **No** Deductible for Medical portion – Drug portion typically has a deductible
[check the plan Summary of Benefits or Evidence of Coverage]
 - ▶ Medical portion has no stages – Drug portion has 4 stages
 - ▶ Each side will have copays and/or share of cost for specific items
 - ▶ Different rules apply to each portion

Why Select a MA plan?

- ▶ Medicare Advantage plans may also cover extra benefits not covered by Original Medicare, such as:
 - ▶ ○ Additional days of hospitalization
 - ▶ ○ Skilled nursing and rehabilitative services without a prior 3-day inpatient hospital stay
 - ▶ ○ Vision Services, including glasses
 - ▶ ○ Hearing Aids
 - ▶ ○ Routine Dental Services
 - ▶ ○ Fitness (such as gym membership or Silver Sneakers)
 - ▶ ○ Meals related to a medical condition or after a hospitalization
 - ▶ ○ Non-emergency transportation

Enrollment Periods-Brief Summary

Enrollment Period	MA Options	PDP Options
MA Initial Coverage Election Period (ICEP) / Part D Initial Enrollment Period (IEP)	Enroll	Enroll
Annual Election Period (AEP) (Oct. 15-Dec. 7)	Enroll, Disenroll, Change Plans	Enroll, Disenroll, Change Plans
MA Open Enrollment Period (OEP) (Jan. 1 – March 31 and for individuals choosing an MA plan during their ICEP, the month of entitlement to Part A and Part B through the last day of the 3rd month of entitlement)	Disenroll from an MA or MA-PD plan and return to Original Medicare, Change MA Plans, change Part D option under MA plan (change from MA to MA-PD or MA-PD to MA)	After disenrolling from an MA or MA-PD plan, may enroll in a PDP
Special Election Period (SEP)	Under most SEPs beneficiaries can enroll, disenroll or change plans, however under some SEPs beneficiary options are limited.	Under most SEPs beneficiaries can enroll, disenroll or change plans, however under some SEPs Beneficiary options are limited.
Open Enrollment Period for Institutionalized Individuals (OEPI)	Enroll, Disenroll, Change Plans	Enroll in a PDP, disenroll from a PDP and enroll in another PDP or MAPD

Enrollment Periods - SEPs

Some (but not all) situations resulting in an SEP include:

- 01 Change in residence
- 02 Involuntary loss of creditable drug coverage
- 03 Gaining or losing Medicaid eligibility
- 04 Dropping a Medigap policy after enrolling for the first time in an MA plan, if an individual is still in a “trial period” and has guaranteed enrollment
- 05 Losing employer coverage
- 06 Gaining or losing the Part D low-income subsidy
- 07 Having a severe or disabling chronic condition that would make an individual eligible to enroll in a SNP designed to serve individuals with that condition.

Post-Enrollment: When Does Coverage Begin?

Election Period	Enrollment Effective Date
Initial Coverage Election Period (ICEP) and Initial Enrollment Period for Part D (IEP)	First day of the month of entitlement to Medicare Part A and Part B or the first of the month following the month the enrollment request was made if after entitlement has occurred.
Annual Election Period	January 1 of the following year.
Open Enrollment Period for Institutionalized Individuals (OEPI)	First day of the month after the month the MA organization receives an enrollment request.
Medicare Advantage Open Enrollment Period (MA OEP)	First day of the month after the month the MA organization receives an enrollment request.
Special Election Period	Generally, the first day of the month after the month the MA organization receives an enrollment request. However, exceptions apply for certain SEPs.

Voluntary Disenrollment

From: MA, MAPD, PDP

- ▶ Enroll in another plan
 - ▶ At time of AEP, OEP or SEP
- ▶ Or - send letter or written notice to Plan by
 - ▶ Mail
 - ▶ Fax
 - ... And return to Original Medicare
- ▶ Or - Plan webpage if available
- ▶ Calling 1-800-MEDICARE

From MSA or Cost Plan

- ▶ Must write the Plan
- ▶ Cannot Call Medicare

From PFFS

- ▶ Should write the Plan or call 800-MEDICARE
- ▶ If from a PDP attached to PFFS or MSA
 - ▶ Write Plan for assurance

From Employer Plan

- ▶ Employer Group Plan will have their own method

Savings Programs & Extra Help



Florida Family Primary Care Centers of Tampa, LLC

FLORIDA DEPARTMENT OF CHILDREN & FAMILIES

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One on One Assistance with applications for:

- Medicaid
- Food Stamps
- Cash Assistance
- Medicare Savings Program
- Social Security
- US Citizenship for Seniors
- Subsidized Housing
- VPK / School Readiness
- Free Cell Phone
- And Referral to WIC- Women, Infants and Children

Now with DCF State Employees on site!

Quick turnaround time with complete documentation on application.

Open Monday to Friday from 8:00 am to 5:00 pm

No appointment needed, and our services are FREE!

Office locations:

Plant City 1302 S Collins St, Plant City, FL 33563 - (813) 848-0228 / (813) 538-4689

Riverview 7444 Palm River Rd, Tampa, FL 33619 - (813) 906-7500 / (813) 538-4689

Town & Country 6704 Hanley Road, Tampa, FL 33634 - (813) 418-6600 / (813) 538-4689

Temple Terrace 11531 N 56th Street #103, Temple Terrace, FL 33617 - (813) 999-4963 / (813) 538-4689

Pinellas Park 6245 66th Street, Pinellas Park, FL 33781 - (727) 314-6966 / (813) 538-4689

Hudson 7463 State Road 52, Hudson, FL 34667 - (727) 203-4070 / (813) 538-4689

Tampa 2702 W Tampa Bay Blvd, Tampa FL 33604 - (813) 538-4689

<https://www.myflfamilies.com/services/public-assistance> information
line: 866.762.2237

Medicare Savings Program - April 2023

Florida Monthly Financial Eligibility Standards

[Appendix A-9 \(Scroll down to find Appendix A-9\)](#)

	Monthly Income	Savings
**QMB Individual (100% FPL)	\$ 1,215	\$ 9,090
**QMB Couple	\$ 1,643	\$ 13,630
**SLMB Individual (120% FPL)	\$ 1,458	\$ 9,090
**SLMB Couple	\$ 1,972	\$ 13,630
**QI1 Individual (135% FPL)	\$ 1,640	\$ 9,090
**QI1 Couple	\$ 2,219	\$ 13,630
**Working Disabled Individual (200% FPL)	\$ 2,430	\$ 5,000
**Working Disabled Couple	\$ 3,287	\$ 6,000
**Low Income Subsidy (LIS)- Individual (150% FPL)	\$ 1,823	\$ 16,660*
**Low Income Subsidy (LIS)- Couple	\$ 2,465	\$ 33,240*

- ▶ Apply through the **Florida Department of Children & Families**
- ▶ New Eligibility standards are published quarterly

Part D Discounts - LIS Program

www.socialsecurity.gov/prescriptionhelp

FEDERAL PROGRAM - 2024

Income may not exceed:

	<u>Year</u>	<u>Month</u>
▶ Individual	\$22,590	or \$1,883
Couple	\$30,660	or \$2,555

Maximum Resource Limit:

▶ Individual	\$17,220
Couple	\$34,360

Other FL State Programs

- ▶ You May qualify for Medicaid
- ▶ The Florida Comprehensive Health Association has been closed to new enrollees since 1991.
- ▶ Supplemental Security Income (SSI).

RESPOND to mail notices
- you may not be automatically renewed

Part D Discounts - LIS Program

2024 Copay Cost Limits

Deductible	\$0			
LIS Copay Category	1	2	3	4
Generic Drug Copay	\$4.50	\$1.55	\$0	\$4.50
Brand-Name Drug Copay	\$11.20	\$4.60	\$0	\$11.20

LEVEL 4 Partial Help

- ▶ Over 135% FPL and up to 150% FPL

PARTIAL HELP LEVEL	MEMBER PAYS
1	25% of the plan's premium
2	50% of the plan's premium
3	75% of the plan's premium
4	\$0 for the plan premium

Part D Discounts - LIS Program

2024 Copay Cost Limits

LIS Copay Category	1	2	3	4
Generic Drug Copay	\$4.50	\$4.50	\$1.55	15%
Brand-Name Drug Copay	\$11.20	\$11.20	\$4.60	15%

LEVEL 4 ONLY

- ▶ Over 135% FPL and up to 150% FPL
 - ▶ \$104 Partial Deductible
 - ▶ 15% of cost share
 - ▶ **No cost sharing after out-of-pocket threshold**

Drug Plans: Stand Alone **PDP** & inside **MAPD** plans

2024 Medicare Part D Premium

If your filing status and yearly income in 2022 was:

File individual tax return	File joint tax return	File married & separate tax return	You pay each month (in 2024)
\$103,000 or less	\$206,000 or less	\$103,000 or less	your plan premium
above \$103,000 up to \$129,000	above \$206,000 up to \$258,000	not applicable	\$12.90 + your plan premium
above \$129,000 up to \$161,000	above \$258,000 up to \$322,000	not applicable	\$33.30 + your plan premium
above \$161,000 up to \$193,000	above \$322,000 up to \$386,000	not applicable	\$53.80 + your plan premium
above \$193,000 and less than \$500,000	above \$386,000 and less than \$750,000	above \$103,000 and less than \$397,000	\$74.20 + your plan premium
\$500,000 or above	\$750,000 or above	\$397,000 or above	\$81.00 + your plan premium

Part D Penalty

Penalty Amount

- ▶ Go 63 days without a Part D
- ▶ Penalty is 1% for each month without Part D
- ▶ Calculation:
National Base Beneficiary Premium (NBBP), **\$34.70** (2024)
NBBP x 1% x Total Months =
Penalty amount
- ▶ Each year lookup the NBBP and calculate penalty for each year. Sum all years.

Credible Coverage

- ▶ **Definition:**
Drug Plan Coverage on par with Medicare Part D
- ▶ **Waivers from Penalty:**
 - ▶ Provide proof of credible insurance
 - ▶ Enrollment in LIS

How to find the lowest cost Drug Plan!

Total Out of Pocket Cost = premium + drug cost (P+D)
Calculator sorts P+D **together**, **separately & monthly**

Look up Premium

- ▶ Login / create Profile
- ▶ Select Plan Finder
- ▶ Add / review your prescription list
- ▶ Select plan type
- ▶ Sort by “drug cost+premium”

Your cost per drug changes:

- ▶ By each of the 4 stages in Part D
- ▶ By each plan for each carrier
- ▶ By Pharmacy
 - ▶ For each **match** between carrier and pharmacy
 - ▶ In/Out of network for each insurer carrier
- ▶ In general . . .
 - ▶ Higher premium = lower drug cost
 - ▶ Generics & Tiers 1/2 cost less



Remember to protect your Medicare card

Protect Yourself/Learn How Log In/Create Account

See how Medicare is responding to Coronavirus [Learn More](#)



Find plans
Find health & drug plans

Get started
Learn about Medicare

Find care providers
Compare hospitals, nursing homes & more

Want a new plan now?
See if you can join

Resources

- [Apply for Medicare](#)
- [Get Medicare costs](#)
- [Find local help](#)
- [Medicare card issues](#)
- [Mail you get about Medicare](#)

Get important news & updates

ENTER YOUR EMAIL ADDRESS *

name@example.com

By checking this box, you consent to our [data privacy policy](#) *

Go

Plan Finder

The Standard Benefit Plan for 2024 (Illustrated)

Catastrophic Coverage Enrollee pays \$0
\$8000 (out-of-pocket threshold)
Coverage "Gap" * Enrollee pays 25% of prescription drug costs for generic and 25% of undiscounted cost for brand name
\$5030 total drug costs (Initial coverage limit)
Initial Coverage Enrollee Pays 25% of prescription drug costs
\$545 (deductible)
Deductible Enrollee pays 100%

* In the coverage gap, as previously noted, drug manufacturers pay 70 percent of the cost of brand name drugs through a discount. Although not paid by the enrollee, the discounted amount for brand name drugs counts toward the enrollee's annual out-of-pocket threshold. But the enrollee cost-sharing for brand name drugs is based on the undiscounted cost.

Medicare PDP Plan

Carrier Drug Management Tools

MAPD Part D Formulary Drug Tier Structure

In 2026 Tier Structure – Select Care Drugs

Tier	Tier Name	Tier Description
1	Preferred Generic	Brand and generic drugs that are available at the lowest cost-share for this plan.
2	Generic	Brand and generic drugs offered at a higher cost than preferred generics on Tier 1.
3	Preferred Brand	Brand and generic drugs offered at a lower cost than non-preferred drugs on Tier 4.
4	Non-Preferred Drug	Brand and generic drugs offered at a higher cost than preferred brands on Tier 3.
5	Specialty Tier	Some injectables and other high-cost brand and generic drugs. Specialty drugs are available for up to a 30-day supply only.
6	Select Care Drugs	Select brand and generic drugs commonly used to treat specific chronic conditions or to prevent disease.

NOTE:

Every carrier develops its own tier structure; typically, 4-6 tiers.

Each carrier places a drug into a tier which can vary by plan.

Part D Monthly Payment out-of-pocket costs

Inflation Reduction Act

- ▶ Effective 2025
- ▶ Drug pick-up costs at pharmacy
- ▶ Monthly payment plan
- ▶ Calculation:
Will project costs through all 4 stages of Part D coverage. Annual Total is divided by 12

Optional

- ▶ **Opt-in:**
Members must opt-in to join
- ▶ **Pharmacies and Plans:**
 - Provide proof of credible insurance
 - Enrollment in LIS

MEDICARE Advantage PDP Management Tools (cont.)

Formulary

- List of Drugs covered by plan

Formulary Exception Requests - Step Therapy

- Minimum of 2 drugs per diagnostic category
- Try these first; then request formulary exception

Prescription Limits:

Pain and Narcotic drugs have pill-dispense limits

MEDICARE Advantage PDP Home Delivery (example)

Member Payment for a Three-Month Supply:

- ▶ Tier 1: \$0 copay
- ▶ Tier 2: \$0 copay
- ▶ Tier 3: 2 X 30-day preferred retail copay
- ▶ Tier 4: 2 X 30-day preferred retail copay (when applicable)
- ▶ Tier 5: Coinsurance applies, limited to 30-day supplies
- ▶ Tier 6: \$0 copay

NOTE: Tier 6 has a 2 X 30-day preferred retail copay for some C-SNP plans

Medicare Budgeting & Constraints

Medicare Budget Constraints

<https://www.youtube.com/watch?v=pmOF-nJaxuA>

Hospital Observation

vs

In-Patient Admittance

- ▶ Receives Out-Patient Status
- ▶ Rehab not covered - not considered skilled nursing care required

- ▶ Rehab covered with 3 midnights in-patient care with skilled nursing

<https://www.youtube.com/watch?v=pmOF-nJaxuA>

Medicare 101 Presentation by Don Leshner

Slide 61 3/14/2024



(Medicare Advantage Plans may waive the prior three-day hospital stay requirement.)

2024 Monthly Cost

(Tampa Bay low-cost projection)

- ▶ Medicare PART A ▶ \$0
- ▶ Medicare PART B ▶ \$174.70
(Depending on Income)
- ▶ Supplement - Plan G ▶ \$177 - 212 (Turning 65
Female) or 46.00 (HDG)
- ▶ Part D (lowest plan) ▶ \$ 0.00 (Tampa Bay 2024)
\$ 34.70 (Projected 2024 Nat'l Avg)
- ▶ TOTAL AVG COST PER MONTH ▶ **\$351.70** or **\$220.70**

2024 Monthly Cost of Credit Advantage Plans

- ▶ PART B
 - ▶ Advantage Premium
 - ▶ Part D
 - ▶ TOTAL AVG **Premium** COST PER MONTH
- ▶ \$174.70 (Depending on Income)
 - ▶ \$0.00 or - \$160.00 (e.g., Credit)
 - ▶ \$0.00
 - ▶ **\$174.70** or \$ 4.90

Plus “pay as you go”

copays, co-share (20% for chemo, infusion shots, and daily rate for Nursing care over 20 days) **up to MOOP**

Compare Supplements vs. Advantage Plans

MEDICARE CHOICES

ORIGINAL MEDICARE **or** PRIVATIZED MEDICARE

- ▶ Part A Hospital Insurance
 - Cost \$0
- ▶ Part B - Medical Insurance
 - Cost \$174.70/Month
- ▶ Part D - Prescription Drug
 - Cost: \$0 to \$90
- ▶ Medicare Supplement
 - \$185+ per month (female - lowest premium Plan G)
- ▶ Part C Combines:
 - ▶ Part A, Part B & Part D
 - ▶ Part B Cost: \$174.70
 - ▶ Premium Cost Low to \$0 and/or **credit** give-back (\$50-\$165)
 - ▶ Part D included in most plans
 - ▶ Dental, Vision, Hearing
 - ▶ **MOOP, Copays & Co-shares**

MEDICARE CHOICES

Supplement

- ▶ Fully Insured
- ▶ Guaranteed Renewable
(As long as you pay premium)
- ▶ Annual Rate Changes
- carrier specific, few decrease
- ▶ Any provider who bills Medicare
- ▶ Unrestricted Enrollment
(with underwriting)
- ▶ Underwriting
- ▶ Separate Part D (PDP)
- ▶ State Regulated

Advantage Plan

- ▶ Pay as you Go - MOOP
- ▶ Annual Contract & network
(Changes: ANOC and EOC, doctors)
- ▶ Low to NO Premium but has copays and 20% co-shares →
- ▶ Negotiated provider contracts
- ▶ Election Periods
(with guaranteed issue)
- ▶ No Underwriting
- ▶ Includes PDP
- ▶ Part D Plans are Advantage Plans
- ▶ CMS Regulated

- Chemo
- Part B Drugs
- Nursing Care

Benefit Comparison

Supplement

- ▶ Any Medicare Doctor - within USA
- ▶ Only you and doctor decide on procedures
- ▶ Lifetime plans
- ▶ National with Emergency International coverage
- ▶ No Dental, Vision or Hearing

Advantage Plan

- ▶ Network - Docs in/out at any time
- ▶ Many tight HMO's w/Plan enabled VBP - more rules
- ▶ Annual plan renewals with coverage changes
- ▶ Many PPOs have Drs in almost every state; not every county; Int'l Emer. Coverage
- ▶ More Benefits

Medicare responds to Grievances

Grievances

- ▶ How to file a complaint (grievance) | Medicare
 - ▶ <https://www.medicare.gov/claims-appeals/how-to-file-a-complaint-grievance>
 - ▶ <https://www.medicare.gov/MedicareComplaintForm/home.aspx>

- ▶ You can file a complaint about:
 - A doctor, hospital, or provider
 - Your health or drug plan
 - Quality of your care
 - Your insurance agent
 - Durable medical equipment

Marketing and Communication Prohibitions- Unsolicited Contacts

Medicare 101 Presentation by Don Leshner

Slide 70 3/14/2024

Marketing representatives are prohibited from making unsolicited contact with beneficiaries, including through:

- **Door-to-door solicitation**, including leaving leaflets, flyers, or door hangers at a residence or on someone's car
- Approaching beneficiaries **in common areas** such as parking lots, hallways, lobbies, or sidewalks
- **Telephone calls**
- Text messages and other forms of **electronic direct messaging** (e.g., through social media platforms, like Facebook instant messaging)
- **The prohibition on making unsolicited contact does not extend to e-mail, conventional mail, and other print media such as advertisements**



Explosion of Phone Calls

- ▶ Major increase in unsolicited communication

NEW RULE For Agents

- ▶ All Sales Calls **must** be recorded
 - ▶ Must inform recipient
 - ▶ Ask for permission
 - ▶ IF recipient DECLINES recording
 - ▶ MUST END CALL

NOT Every PLAN Offered?

- ▶ Medicare agents must say following disclaimer:
- ▶ “We do not offer every plan available in your area. We offer plans from xx number of organizations and xx number of plans in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.”
- ▶ In every form of communication