

2021 MEDICARE PART A

Part A is hospital insurance and covers costs associated with confinement in a hospital or Skilled-Nursing facility - PREMIUM could be \$259.00

When you're hospitalized for:

| | | |
|--|--|---|
| 1 – 60 days | Semi-private room, meals, general nursing, drugs (as part of inpatient treatment) | \$1,484 DEDUCTIBLE |
| 61 – 90 days | All eligible expenses, after the patient pays a per-day copayment | \$371/day COPAYMENT |
| 91 – 150 days | All eligible expenses, after the patient pays a per-day copayment (<i>these are lifetime reserve days which may never be used again</i>) | \$704/day COPAYMENT |
| 151 days or more | NOTHING | YOU PAY ALL COSTS |
| SKILLED NURSING CONFINEMENT – If hospital at least 3 days w/ related injury or illness, and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge | All eligible expenses for the first <u>20 days</u> ; then, all eligible expenses for days 21-100, after patient pays a per-day copayment | After 20 days \$185.50/day COPAYMENT |
| Psychological Visits | 190 days Lifetime | |
| Home Health Care | Medically necessary part-time or intermittent skilled nursing care, or physical therapy, speech-language pathology, or a continuing need for occupational therapy | |
| Hospice Care | Terminal illness. Doctor must certify that you're expected to live 6 months or less. Coverage includes drugs for pain relief and symptom management; medical, nursing, social services | |

2021 MEDICARE PART B

Part B is Medical Insurance and covers physician services, outpatient care, tests, and supplies
 PREMIUM is normally \$148.50/month

| On expenses incurred for: | MEDICARE COVERS | You pay \$203 Annual Deductible PLUS |
|--|--|--|
| Preventative Services | 100% of approved amount (may have office co-pay) | 0% |
| Medical Expenses Physician's services for inpatient and outpatient medical/surgical services; physical/speech therapy, diagnostic tests (MRI, X-ray, etc.) | 80 % of approved amount | 20% of approved amount |
| Clinical Laboratory Services Blood tests, urinalysis | Generally 100% of approved amount | Nothing for services |
| Home Health Care | 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 Hospital services for the diagnosis or treatment of an illness or injury | Medicare payment of hospital, based on outpatient procedure payment rates | Coinsurance based on outpatient payment rates |
| Blood | After first 3 pints of blood, 80% of approved amount | First 3 pints plus 20% of approved amounts for additional pints |
| Drugs | 100% of approved amount (normally drugs administered by doctor or hospital) | 0% of approved amount |

On all Medicare-covered expenses, a doctor or other health care provider may agree to accept Medicare "assignment." This means the patient will not be required to pay any expenses in excess of Medicare's "approved" charge. The patient pays only 20% of the "approved" charge not paid by Medicare. Physicians who do not accept assignment of a Medicare claim are limited as to the amount they can charge for covered services.

2021 MEDICARE PART C

Part C is a Medicare Replacement Plan offered by private insurance companies contracted with Medicare. It's more commonly referred to as **MEDICARE ADVANTAGE**. It covers most Part A, B and D Items

| | <u>PROS</u> | <u>CONS</u> |
|---|---|---|
| Premium | Little to \$0 monthly premium | Network, either HMO, PPO, MSA or PFFS |
| Part D Drugs | Part D drugs are included in most plans with no extra added cost or deductible | Must take whatever drug plan comes with Part C |
| Wellness/Preventative visits | Preventative screenings, wellness visits, and special programs are free | Co-pays associated with all doctor, hospital, outpatient procedures |
| Gym Membership | SilverSneakers - Free with most plans | |
| Dental, Vision and Hearing | Included to some degree with all plans | Benefits are generally limited and include annual maximums |
| Cancer treatment, kidney dialysis & DME | | <u>Only</u> pays the same as original Medicare - 20% co-pay |
| Annual Out of Pocket Limit | | \$7550 is maximum, can be lower with some plans |
| OTC items | Monthly or quarterly allotment to be used towards Vitamins, headache pills etc. | |



2021 MEDICARE PART D

Part D is Rx coverage that may be obtained either through a ***stand-alone plan*** or ***part of a MA plan***.
Must be entitled to Part A or enrolled in Part B.

| | MEDICARE | YOU PAY Cost of plan |
|---------------------------|---|---|
| Premium | May allow for deduction from SS check – Medicare pays 0% | |
| Deductible | Maximum permitted by Medicare \$445 | \$0 - \$445 depending upon plan |
| Co-Payments | 0% unless enrolled in PACE Plan | Generic, preferred brand, non-preferred brand co-pays apply |
| Coverage Gap (Donut Hole) | \$4,130 - \$6,550 OOP | 25% Brand name 25% Generic <i>(some part D plans have coverage)</i> |
| Catastrophic Coverage | Medicare payment of hospital based on outpatient procedure payment rates | Coinsurance based on outpatient payment rates |
| Late Enrollment | 1% of the national base premium (\$33.19 in 2019) per month penalty for each month w/o credible coverage | 1% per month added to regular premium |

In 2019, IRMAA clients will pay (in addition to their Part D premium) the following based on their annual income:

| File Individual tax return | File joint tax return | File married & separate tax return | You pay (in addition to your Part D premium) |
|----------------------------|-----------------------|------------------------------------|--|
| | | | |



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|--|--|--|----------------|
| \$85,000 or less | \$170,000 or less | \$85,000 or less | \$0.00 |
| above \$85,000 up to \$107,000 | above \$170,000 up to \$214,000 | - | \$12.40 |
| above \$107,000 up to \$133,500 | above \$214,000 up to \$267,000 | - | \$31.90 |
| above \$133,500 up to \$160,000 | above \$267,000 up to \$320,000 | - | \$51.40 |
| above \$160,000 up to \$500,000 | above \$320,000 up to \$750,000 | Income between \$85,000 - \$415,000 | \$70.90 |
| above \$500,000 | above \$750,000 | Income greater than \$415,000 | \$77.40 |