



HORIZON
HEALTH

The **ABCs** of Medicare & Medicare Health Plans

Presented on behalf of
Horizon Health
by Managed Care Partners, Inc.
October 28, 2020

Welcome To



Nothing for Sale!

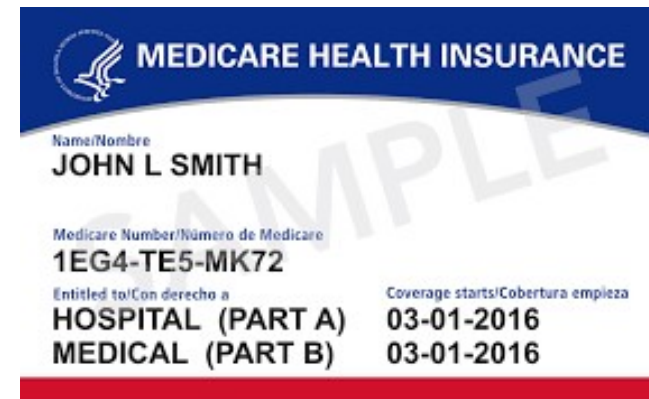


Our Objective: No Surprises!



Today's Topics

- Medicare & How to Access Your Benefits
- Medicare Alphabet: A, B, C & D
- Medicare Advantage - What, Why & How
- Medigap/Medicare Supplement Insurance
- Medicare Part D & Medicare Advantage Rx
- Medicare Advantage Enrollment
- Your Options for Enrollment
- Additional Resources
- Questions



Medicare

- Truman proposed health insurance for all Americans in 1945.
- In '61, Kennedy recommended a national program for those over age 65.
- Signed into law by Johnson on July 30, 1965.
- 19 million joined Medicare in its first year; first Medicare card was issued to former President Truman. Today almost 70 million individuals are eligible to participate in Medicare.
- Balanced Budget Act of 1997 established Part C and called it Medicare + Choice. Medicare Modernization Act of 2003 renamed it Medicare Advantage.
- Part D, also included in the Medicare Modernization Act of '03, went into effect 1/1/2006.

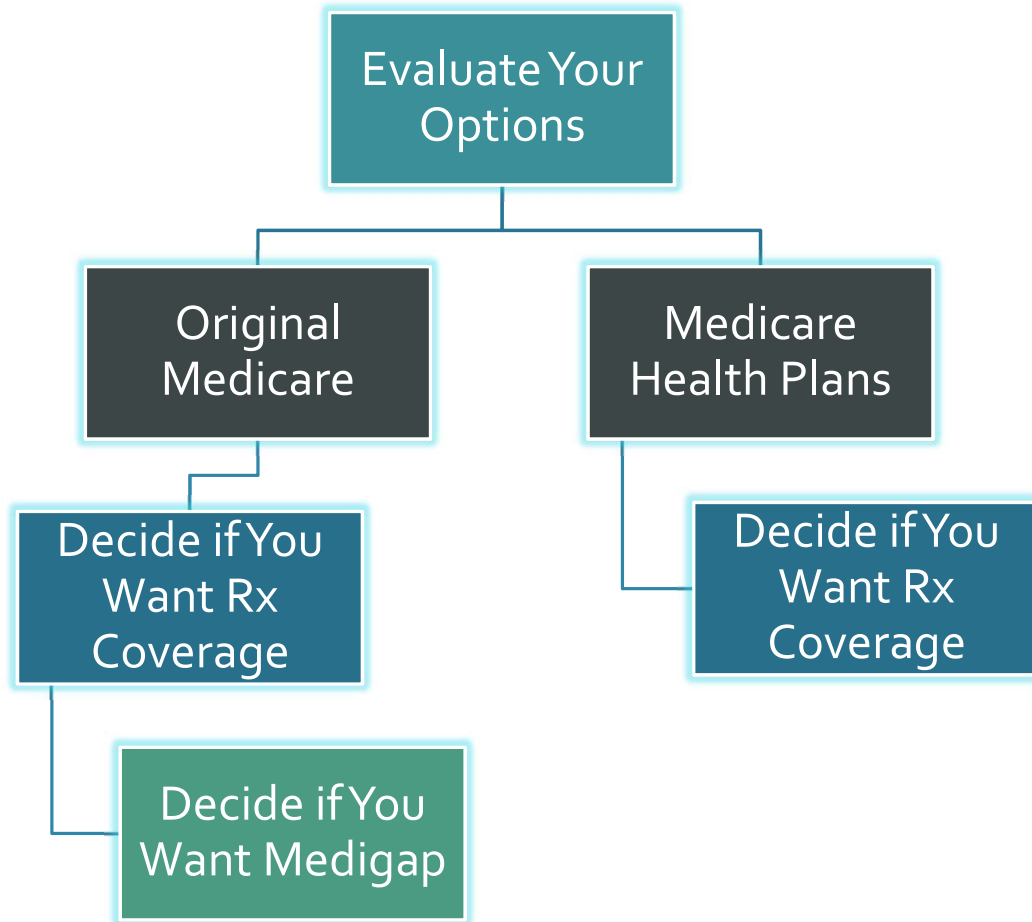


Two Roads to Medicare

- Original Medicare
 - › Medicare provides coverage directly to you
 - › Part A and/or Part B
- Medicare Health Plans including Medicare Advantage
 - › Private insurance companies, employers and unions provide this coverage
 - › Part A and Part B; Part D included in some plans
 - › Costs, coverage and rules may be different than Original Medicare



Two Roads to Medicare





Medicare Alphabet

A

- **Part A Covers:** Inpatient hospital, skilled nursing facilities, home health related to a hospital stay, blood and hospice.
- You pay for Part A while you are working. For most of us (those who paid the Medicare tax for ten years or more, and others), there is no additional monthly cost when we are retired. This is sometimes called “premium-free Part A.”
- You will have to pay some money (deductibles and coinsurance) when using the benefits.



Medicare Alphabet

B

- **Part B Covers:** Physicians, outpatient hospital, ambulatory surgery center, clinical lab, diagnostic tests, therapies, ambulance, medical supplies and equipment, some preventive services, some home health, specified preventive services and screenings, and certain other services not covered by Part A.
- Most people pay a monthly premium, which is normally taken out of your monthly Social Security check.
- There can be a cost (deductibles and coinsurance) each time they use Part B.

Medicare Alphabet

~~A&B~~

- Some services not covered by Part A & B:

acupuncture	massage therapy
routine dental care/dentures	orthopedic shoes
concierge care	routine foot care
cosmetic surgery	routine eye care and eyeglasses
custodial care	some screening tests and labs
health care while outside of US	some vaccines
hearing aids and fitting exams	syringes and insulin
long-term care	



Medicare Alphabet

C

- **Part C:** Medicare Advantage Plans. These plans are also called Medicare replacement plans because they fully replace Medicare Parts A & B.
- Medicare Advantage Plans are insurance products such as HMOs and PPOs.
- The companies selling these plans have contracts with Medicare to provide insurance coverage.
- These plans apply premiums, deductibles and co-insurance that can be different from Original Medicare.



Medicare Alphabet



- **Part D:** Prescription Drug Programs (PDPs).
- Beginning January 1, 2006, these plans are available to everyone with Medicare. To get Medicare drug coverage, you must join a Medicare Prescription Drug Plan, a Medicare Advantage plan with prescription benefits or another Medicare Health Plan with prescription benefits.
- Each plan has a different monthly cost, and you will normally pay some money when you pick up your medicine.



Other Medicare Health Plans

- **Medicare Cost Plans**
 - only available in certain areas
 - “out-of-network” benefits covered under Original Medicare
- **PACE Plans** (Programs for All-Inclusive Care for the Elderly)
 - members must need nursing home level of care and be able to live safely in the community with the help of PACE services
- **Medicare-Medicaid Plans** (“Medi-Medi”)
 - Members are eligible for both Medicare and Medicaid (dual eligible)

'20 Original Medicare - Patient Pays:

- \$1,408/hospital stay days 1-60 each benefit period
- \$352/day for hospital days 61-90 each benefit period
- \$704/lifetime reserve day (60 days)
- all costs for hospital days over 150
- \$0/day first 20 days of SNF stay each benefit period
- \$176/day for SNF days 21-100 each benefit period
- all costs for SNF days > 100 each benefit period
- \$144.60 Part B Monthly premium (> \$144.60 if income exceeds certain amounts)
- \$198 per year Medicare Part B deductible
- deductible + 20% of Medicare-approved amount for most doctor services, outpatient therapy, DME
- various copayments for outpatient hospital services including dx tests and x-rays
- \$0 for Medicare-approved home health services
- \$0 for Medicare-approved clinical lab services
- all costs for first three pints of blood (inpatient)
- copayments and coinsurance for other services



NON-INVASIVE CARDIO	3689.00
EEG/EMG	1259.00
RADIOLOGY-GENERAL	340.00
PHARMACY-MAIN	1795.35
EMERGENCY-HOSPITAL	2779.00
PRE HOSPITAL EMS	253.00
C.T. SCANNING	2714.00
MAGNETIC RESONANCE	6963.00
TOTAL CHARGES:	36027.35

USED

RADIOLOGY LAB



Medigap

- **Medicare Supplement Plans or Medigap:** refers to various private supplemental health insurance plans sold to Original Medicare participants.
- This insurance provides coverage for some medical expenses that are partially covered or not covered by Original Medicare.
- The name is derived from the fact that the coverage exists to bridge the “gap” between the expenses reimbursed by Medicare and the out-of-pocket costs incurred by the participant.

Medigap Standard Plans

	Medicare Supplement Insurance – 2021								Medicare First Eligible Before 2020 Only	
Medigap Benefits	A	B	D	G*	K	L	M	N	C***	F*/***
Medicare Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are exhausted	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medicare Part B coinsurance or copayment	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes**	Yes	Yes
First three pints of blood	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes	Yes	Yes
Medicare Part A hospice coinsurance or copayment	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes	Yes	Yes
Skilled Nursing Facility (SNF) coinsurance	No	No	Yes	Yes	50%	75%	Yes	Yes	Yes	Yes
Medicare Part A Deductible	No	Yes	Yes	Yes	50%	75%	50%	Yes	Yes	Yes
Medicare Part B Deductible***	No	No	No	No	No	No	No	No	Yes	Yes
Medicare Part B Excess Charges	No	No	No	Yes	No	No	No	No	No	Yes
Foreign Travel Emergency (Up to Plan Limits)	No	No	80%	80%	No	No	80%	80%	80%	80%
Out-of-Pocket Limit (2020)****	None	None	None	None	\$5,880	\$2,940	None	None	None	None

*Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for all Medicare-covered costs (coinsurance, copayments and deductibles) until you reach the deductible amount of \$2,340 in 2020 before your Medigap plan pays anything. (You can't buy Plans C and F if you were newly eligible for Medicare on or after January 1, 2020.

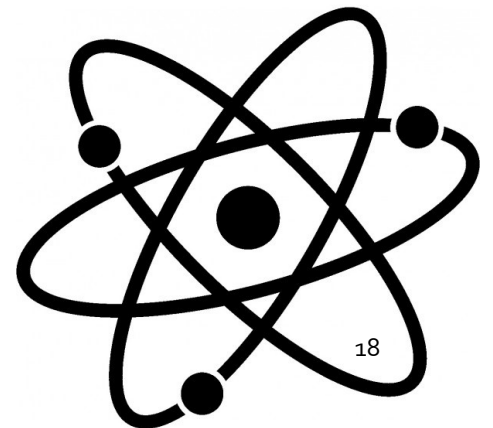
**Plan N pays 100% of the Medicare Part B coinsurance. There are a few exceptions: certain office visits may require a copayment of up to \$20, and emergency room visits that don't result in you being admitted as an inpatient may require a copayment of up to \$50.

***Plans C and F (except for the high deductible version) will not be an option for individuals newly eligible for Medicare on or after January 1, 2020.

****Once you have reached the annual out-of-pocket spending limit and your Medicare Part B deductible under Plans K and L, your Medigap plan pays 100% for Medicare-covered costs for the remainder of the calendar year.

Accountable Care Organizations

- In an ACO, Hospitals, physicians and other providers group together and work to deliver more effective, coordinated care.
- Hospitals and physicians may be rewarded or penalized by Medicare if costs for attributed beneficiaries are below or above targets set by Medicare.
- You will be notified if your doctor has decided to participate in an ACO. Your Medicare benefits will not change.
- You will be told if your health information will be shared with your doctors and other providers. You may opt out.
- If you are in a Medicare Advantage plan, you will not be in an ACO.
- PCH participates in the Illinois Rural Community Care Organization ACO.



Which Road?

- A
- A + B (Original Medicare)
- A + B + Supplement (Medigap A - N)
- A + B + D (Rx Coverage)
- A + B + D + Supplement
- C (Medicare Advantage)
- C including D
- C + ~~Stand Alone D~~*
- C + ~~Supplement~~

*MSA + Stand Alone D is permitted

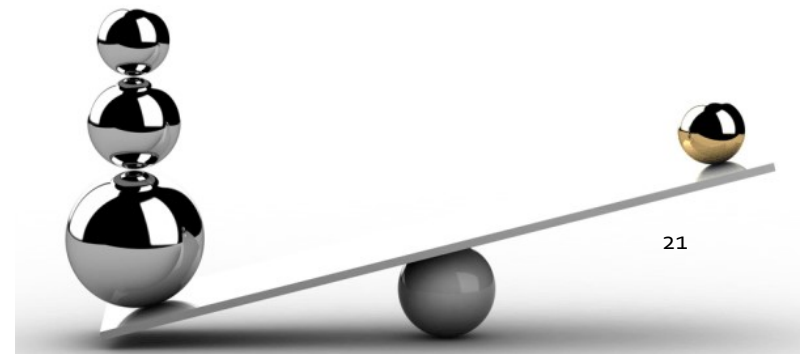
Medicare Advantage Plans

- Replace Original Medicare in full.
 $A + B \neq C$
- Cover all of the services that Original Medicare covers except hospice, some new Medicare benefits and some costs for clinical research studies.
- May offer extra coverage, such as vision, hearing, dental and/or health and wellness programs.
- May or may not include prescription drug coverage.



Medicare Advantage Plans continued...

- May or may not have benefits similar to Medigap policies.
- May or may not cost less than Medigap insurance.
- Are not required to have the same deductibles and copayments as Original Medicare.
- **Do not** coordinate with Medigap coverage.





Types of Medicare Advantage Plans

Health
Maintenance
Organization

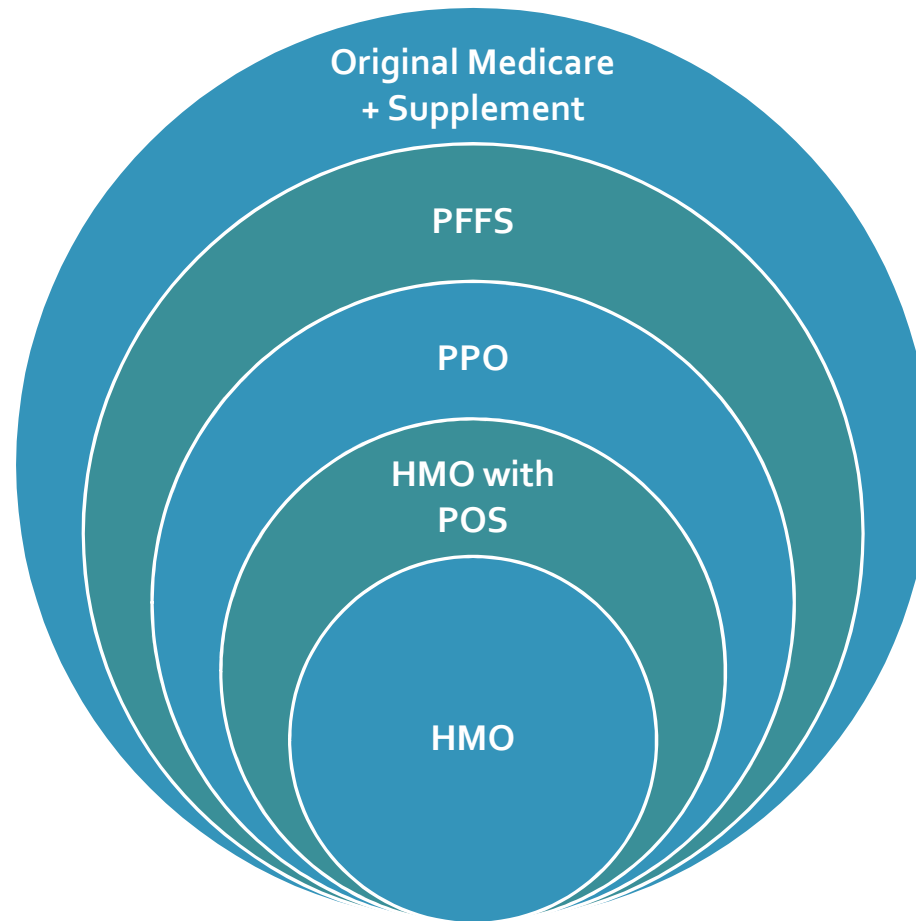
Preferred
Provider
Organization

Special Needs

Private
Fee-for-Service

Medical
Savings
Account

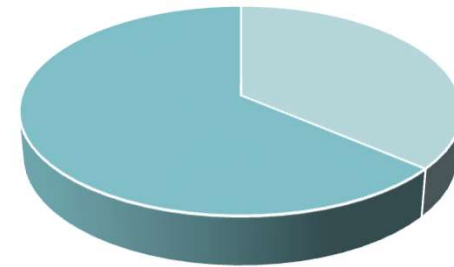
Provider Networks



Medicare Advantage Enrollment - National

Medicare Advantage Enrollment, 2020 = 25.3 Million
(36.2% of all eligible Medicare beneficiaries)⁽¹⁾

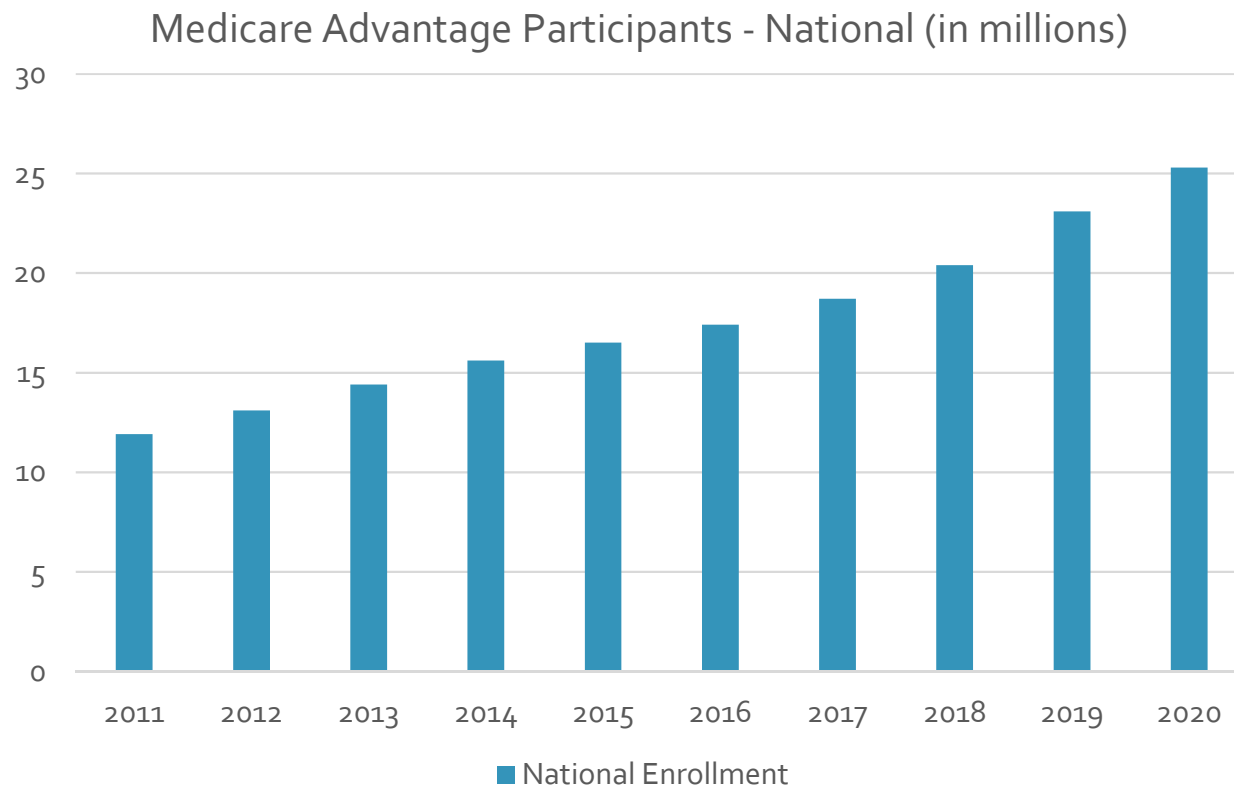
- HMO - 15.2 million
- Local & Regional PPOs - 9.3 million
- PFFS - 77,743
- MSA - 6,801
- PACE - 48,696
- Cost - 254,882



Source: Centers for Medicare & Medicaid Services MA State/County Penetration Report 2020-09
Centers for Medicare & Medicaid Services MA State/County/Plan Type Report 2020-09

(1) 23.1 million (34.7%) in September 2019

Growth in Medicare Advantage




Source: Centers for Medicare & Medicaid Services MA State/County Plan Type Reports



Medicare Advantage Enrollment - Local

County	Eligible	Enrolled	%
Edgar	4252	894	21.03
Champaign	30,440	15,086	49.56
Clark	3,993	891	22.31
Coles	9,818	2,324	23.67

Source: Centers for Medicare & Medicaid Services MA State County Penetration & State County Contract Reports 2020-10



Medicare Advantage & Medicare Rx



Medicare Part D

2021



- The baseline plan from Medicare requires you to have a \$445 deductible (\$435 in 2020). This is an up front cost.
- After the deductible the plan pays 75% of the cost of the drug, and you pay 25% until the total drug costs reach \$4,130 including the \$445 deductible (\$4,020 in 2020).

Part D continued...

- Once you and the plan reach \$4,130 in total costs, you are in the gap or “donut hole.”
- While in the donut hole you pay 25% of generic drug costs and 25% of the negotiated price on brand name drugs.
- Drug manufacturers and your plan discount brand name drugs by 75% while you are in the donut hole.



Part D continued...



- To get out of the donut hole, you must have incurred a total of \$6,550 in drug costs (\$6,350 in 2020)*.

\$445 deductible

+ \$921 (your 25% of costs in the Initial Coverage Period)

+ \$5,184 in donut hole expenses & discounts

= \$6,550

*Drug company discounts for brand name drugs are credited toward your \$6,550 in out-of-pocket costs. Plan's portion of the payments for generics is not.

Part D continued...



- When the donut hole is filled, the coverage gap ends and you are eligible for Catastrophic Coverage.
- At this level you are responsible for the greater of 5% or \$3.70 copay for each generic drug and \$9.20 copay or 5% of the total cost, whichever is higher, for other drugs (\$3.60 and \$8.95, respectively, in 2020).



Medicare Drug Coverage (Part D)

Late Enrollment Penalty

3 ways to avoid paying a penalty:

- Enroll in Medicare drug coverage when you are first eligible.
- Enroll in Medicare drug coverage if you lose other creditable coverage.
- Keep records showing when you had other creditable drug coverage, and tell your plan when they ask about it.



Medicare Drug Coverage (Part D)

Late Enrollment Penalty

How much more will I pay for a late enrollment penalty?

- The cost of the late enrollment penalty depends on how long you didn't have creditable prescription drug coverage.
- Currently, the late enrollment penalty is calculated by multiplying 1% of the "national base beneficiary premium" (\$32.74 in 2020) by the number of full, uncovered months that you were eligible but didn't enroll in Medicare drug coverage and went without creditable prescription drug coverage.



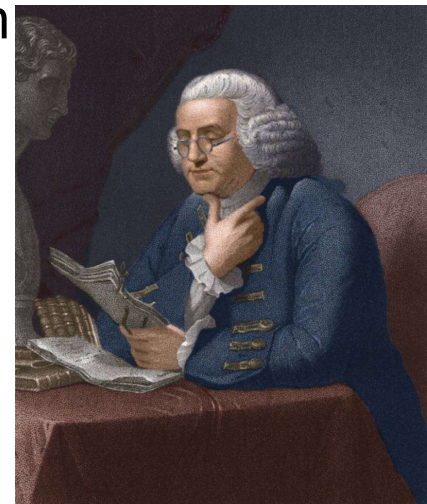
Medicare Drug Coverage (Part D) Late Enrollment Penalty

Here's the math (2020).

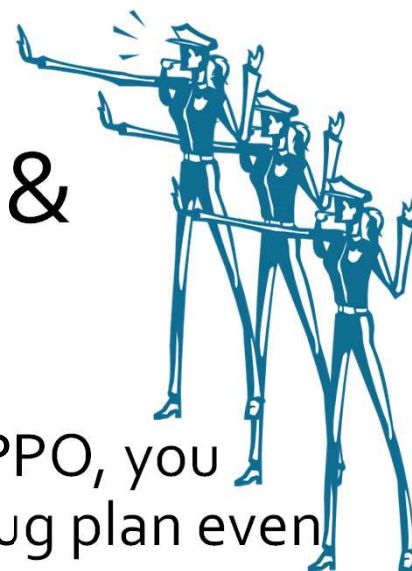
- **Example: 31 months without creditable drug coverage before joining Medicare Rx plan**
- **31 months X 1% = .31 (31% penalty)**
- **.31 (31% penalty) × \$32.74 (2020 base beneficiary premium) = \$10.15**
- **\$10.15 rounded to the nearest \$0.10 = \$10.20 (monthly late enrollment penalty for 2020)**
- **\$32.74 + \$10.20 = \$42.94 (premium and late enrollment penalty for 2020)**

Medicare Advantage & Rx

- Many Medicare Advantage plans include some type of prescription drug coverage.
- Some Medicare Advantage plans do not include prescription drug coverage.
- If a Medicare Advantage plan does include prescription drug coverage, it must be at least actuarially equivalent to the basic Medicare prescription drug plan
- ***Read all plans carefully. Know what the coverage is, what drugs are in the formulary and what your options are.***



Medicare Advantage & Medicare Rx



- If you have a Medicare Advantage HMO or PPO, you **may not** have a stand-alone prescription drug plan even if your HMO or PPO does not include Rx coverage.
- Members in a Medicare Advantage private-fee-for-service plan may purchase a stand-alone Rx plan if their PFFS plan does not include Rx.
- If you have a Medicare Advantage HMO or PPO and you enroll in a stand-alone prescription drug plan, your Medicare Advantage plan **will automatically be terminated!**

Medicare Advantage & Medicare Rx

- Medicare supplement policies that have Rx coverage may be continued.
- Medicare says that the Rx coverage in Medigap policies may not be as good as the coverage in Part D plans.
- Since 2006, no new Medigap policies have Rx coverage.
- If you join a Part D plan you must tell your Medigap insurer to delete their Rx coverage.



Medicare Advantage/Medigap

***Medicare Parts A & B and
Medigap***



***Medigap and
Medicare Advantage***





Medicare Advantage & Medigap

“If you have Medigap and join a Medicare Advantage Plan, you may want to drop Medigap. You can’t use Medigap to pay your Medicare Advantage Plan copayments, deductibles and premiums. In most cases, if you drop your Medigap policy to join a Medicare Advantage Plan, you won’t be able to get it back.”

“If you have a Medicare Advantage Plan, it’s illegal for anyone to sell you a Medigap policy unless you’re switching back to Original Medicare.”

- Medicare & You 2021

Note: First-time participants in a Medicare Advantage plan have some protections that may give them the right to get their old Medigap policy back or purchase another Medicare supplement policy.

Participation in Medicare Advantage



- You are not required to join a Medicare Advantage plan and may stay on Original Medicare.
- There is no penalty if you do not join a Medicare Advantage plan for 2021.
- You can decide to join an Advantage plan in the future.
- To join a Medicare Advantage plan you must have Medicare Part A and Part B, live in the plan's service area and, except for Special Needs Plans, not have ESRD (End Stage Renal Disease).

Medicare Advantage Participation continued...

- If you participate in Original Medicare and make no changes during the October 15 - December 7, 2020 open enrollment period, you will stay in Original Medicare in 2021.
- If you participate in a Medicare Advantage program and make no changes during the open enrollment period, you will stay in your current Medicare Advantage plan, assuming that plan is still offered.

Remember, if you do not make changes in your coverage, then nothing will change. The choice to change is yours.



Medicare Advantage Participation continued...



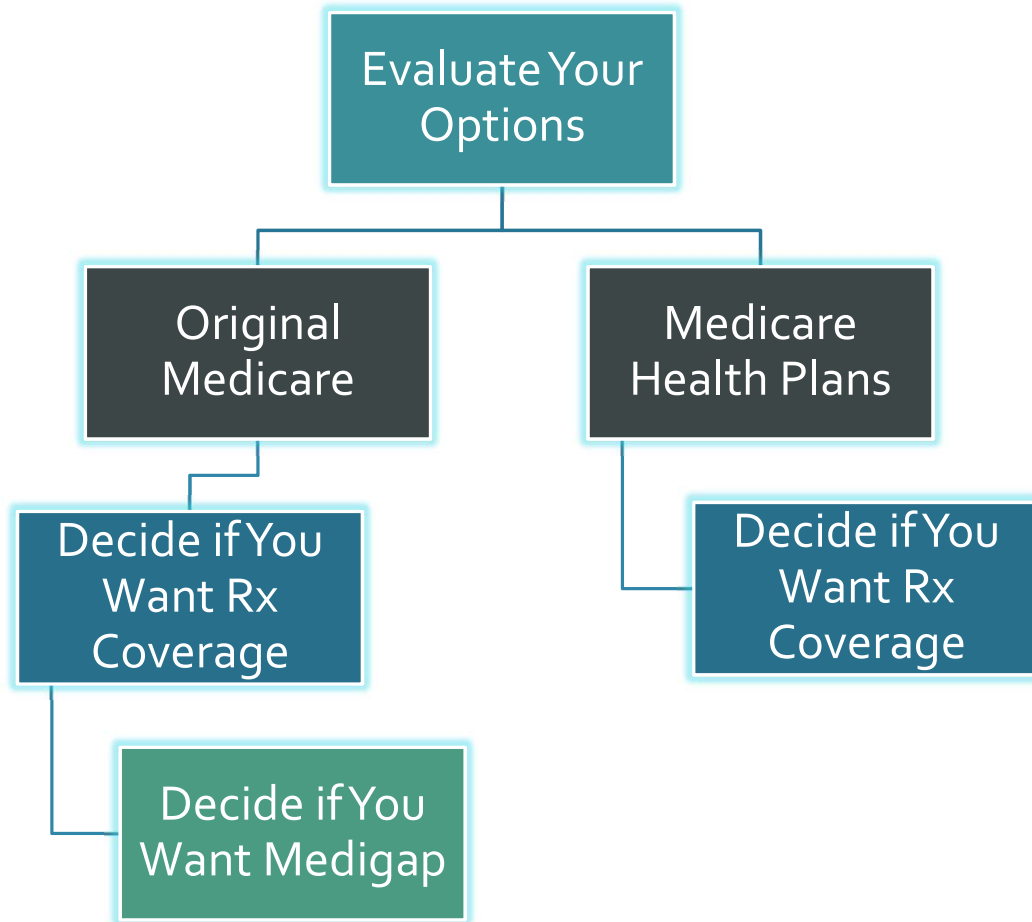
- You may join a Medicare Advantage plan:
 - › when you first become eligible for Medicare
 - › three months before or after your 25th month of Medicare-eligible disability
 - › during the annual open enrollment period from October 15th to December 7th.

If You Want to Bail Out...

- There are distinct rules and guidelines as to when you can leave or switch to a different Medicare Advantage plan.
- Special rules on joining or switching apply if:
 - › you move out of the plan's service area
 - › you have both Medicare and Medicaid
 - › you qualify for Extra Help
 - › you live in a skilled nursing facility
 - › you disenroll from an employer group health plan
 - › you switch to a 5-Star Medicare Advantage plan
- After January 1, you may move back to Original Medicare or switch to a different Medicare Advantage plan if you do so before by March 31st.
- **Beginning April 1st, you are "locked-into" a plan until the end of the year, except for the situations listed above.**



Two Roads to Medicare





Decision Calendar

October 1, 2020	Start comparing your current coverage with other options.
October 15 to December 7, 2020	If it makes sense, change your Medicare health and prescription drug coverage. This includes returning to Original Medicare or joining a Medicare Advantage plan.
January 1, 2021	New coverage begins if you made a change. If you kept your current plan, cost and benefit changes, if any, are also effective January 1.
January 1 to March 31, 2021	Only if you are in a Medicare Advantage plan, you can make one change to a different plan or return to Original Medicare and join a stand alone Rx plan. Changes will be effective on the first of the month after the plan receives your request.



2021 Senior Options – Edgar and Champaign Counties

- Original Medicare
- Medicare Supplement (Medigap) Insurance
 - 10 basic plans plus high deductible and Select options (8 if newly enrolled in Medicare on or after January 1, 2020)
 - 40+ insurers
- Employer & Union Plans
- Federal Employee Benefits Program
- TriCare & Veterans
- Indian Health Services
- 17 Medicare Advantage Plans in Edgar County, 22 in Champaign, 17 in Clark and 12 in Coles County.
- 31 Stand-Alone Rx plans (these are not available if you join a Medicare Advantage HMO or PPO even if that plan does not provide Rx coverage).

2021 Medicare Advantage HMO Options

<u>Plan Name</u>	<u>Type</u>	<u>Premium</u>	<u>Rx</u>	<u>Edgar</u>	<u>Champaign</u>	<u>Clark</u>	<u>Coles</u>
Simplete 1 Health Alliance	HMO	\$0.00	yes		x		
Simplete 2 Health Alliance H1463-024	HMO	\$28.00	yes		x		
Simplete 3 Health Alliance H1463-025	HMO-POS	\$48.00	yes		x		
Health Alliance Medicare HMO Basic H1463-008	HMO	\$0.00	no	x	x	x	x
Health Alliance Medicare POS Basic H1463-014	HMO-POS	\$23.00	no	x	x	x	x
Health Alliance Medicare HMO Basic RX H1463-009	HMO	\$32.00	yes	x	x	x	x
Health Alliance Medicare POS Basic RX H1463-015	HMO-POS	\$51.00	yes	x	x	x	x
Health Alliance Medicare HMO 40 Rx H1463-010	HMO	\$73.00	yes	x	x	x	x
Health Alliance Medicare POS 30 Rx H1463-017	HMO-POS	\$105.00	yes	x	x	x	x
Health Alliance Medicare HMO 20 Rx H1463-003	HMO-POS	\$125.00	yes	x	x	x	x
Health Alliance Medicare POS 10 Rx H1463-019	HMO-POS	\$165.00	yes	x	x	x	x
WellCare Value H1416-009	HMO-POS	\$0.00	yes		x		
WellCare Patriot H1416-053	HMO-POS	\$0.00	no		x		
WellCare Compass H1416-023	HMO	\$12.60	yes		x		
WellCare Plus H1416-048	HMO	\$16.60	yes		x		
WellCare Edge H5779-006	HMO	\$27.40	yes		x		

2021 Medicare Advantage PPO Options

<u>Plan Name</u>	<u>Type</u>	<u>Premium</u>	<u>Rx</u>	<u>Edgar</u>	<u>Champaign</u>	<u>Clark</u>	<u>Coles</u>
Aetna Medicare Value Advantra H7301-007	PPO	\$0.00	no	x	x	x	
Aetna Medicare Premier Advantra H7301-009	PPO	\$25.00	yes	x	x	x	
Humana Choice R5361-001 Regional PPO	PPO	\$0.00	no	x	x	x	x
Humana Choice H5216-013	PPO	\$88.00	yes	x		x	
Humana Choice R5361-002 Regional PPO	PPO	\$120.00	yes	x	x	x	x



2021 Medicare Advantage PFFS Options

<u>Plan Name</u>	<u>Type</u>	<u>Premium</u>	<u>Rx</u>	<u>Edgar</u>	<u>Champaign</u>	<u>Clark</u>	<u>Coles</u>
Humana Gold Choice H8145-121	PFFS	\$52.00	no	x		x	
Humana Gold Choice H8145-008	PFFS	\$145.00	yes	x		x	



2021 Medicare Advantage MSA Options

<u>Plan Name</u>	<u>Type</u>	<u>Premium</u>	<u>Rx</u>	<u>Edgar</u>	<u>Champaign</u>	<u>Clark</u>	<u>Coles</u>
Lasso Healthcare Growth -H1924- 001	MSA	\$0.00	no	x	x	x	x
Lasso Healthcare- Growth Plus H1924- 004	MSA	\$0.00	no	x	x	x	x

Medicare.gov

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





Preview 2021 Medicare plans

You can preview 2021 **drug plans (Part D)** and **Medicare Advantage Plans**.

Starting October 15, you can enroll in 2021 plans.

[Log in or Create Account](#)

[Continue without logging in](#)

New to Medicare?

Learn about your options & enroll in a plan.

[Learn more about options](#)

Qualify for a Special Enrollment Period?

Log in or create account to change your 2020 coverage.

[Log in or Create Account](#)

[Continue without logging in](#)

Answer a few quick questions

What type of 2021 coverage are you looking for?

We'll show you 2021 plans. If you want a plan that starts before January 1, [view 2020 plans](#).

☒ Medicare Advantage Plan

Bundles all Medicare health benefits (with or without drug coverage) plus extra services - like vision, hearing, dental, and more.

- ☐ Drug plan (Part D)
- ☐ Drug plan (Part D) + Medigap policy
- ☐ Medigap policy only
- ☐ I want to learn more about Medicare options before I see plans

ENTER YOUR ZIP CODE

61356

Continue



Do you get help with your costs from one of these programs?

- ☐ Medicaid
- ☐ Supplemental Security Income
- ☐ Medicare Savings Program
- ☐ Extra Help from Social Security
- ☐ I'm not sure
- ☐ I don't get help from any of these programs

Tell us your search preferences

Do you want to see your drug costs when you compare plans?

☒ Yes

Great!

To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

☐ No

How do you normally fill your prescriptions?

☐ Retail pharmacy

☐ Mail order pharmacy

☒ Both

You'll need to tell us the pharmacies you use most to get accurate drug costs.

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

Add Drug

[Clear search](#)

[Browse drugs A-Z](#)

[Can't find your drug?](#)

See Plans Without Drug Costs

Done Adding Drugs

27 Medicare Advantage Plans available

Bureau, IL [Change location](#)

[Edit your drugs & pharmacies](#)



Filter Plans

No filters selected

Showing 10 of 27 Medicare Advantage Plans

SORT PLANS BY Lowest drug + premium cost

[Add Special Needs Plans](#)

Aetna Medicare Value Advantra (PPO)

Aetna Medicare | Plan ID: H7301-006-0

Star rating: ★★★★★

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$144.60 Standard Part B premium

YEARLY DRUG & PREMIUM COST

\$0.00 Only includes premiums for the whole year when you don't enter any drugs

OTHER COSTS

\$0 [Health deductible](#)

\$0.00 [Drug deductible](#)

\$8,500 [In and Out-of-network](#)

\$5,900 [In-network](#) [Maximum you pay for health services](#)

PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#)

COPAYS/COINSURANCE

Primary doctor: **\$0 copay**

Specialist: **\$35 copay per visit**

DRUGS

[Add your prescription drugs](#)

Enter drugs you take regularly (if any) to see your estimated drug + premium cost

Open Enrollment starts October 15

Plan Details

☐ Add to compare

Aetna Medicare Value Advantra (PPO)

Plan type: Medicare Advantage with drug coverage

Plan ID:H7301-006-0

Overview ▾

Benefits & costs ▾

Extra benefits ▾

Drug coverage & costs ▾

Star ratings ▾

Contact information ▾

Overview

PREMIUM

Total monthly premium \$0.00

Health plan premium \$0.00

Drug plan premium \$0.00

Standard Part B premium \$144.60

Part B premium reduction No

DEDUCTIBLE ▾

Health deductible \$0

Drug plan deductible \$0.00

ESTIMATED YEARLY COSTS

Estimated total yearly costs for care ▾ \$3,175.00

MAXIMUM YOU PAY FOR HEALTH SERVICES

Maximum you pay for health services ▾
\$8,500 In and Out-of-network
\$5,900 In-network

Star ratings

OVERALL STAR RATING ^		★★★★☆
Overall rating is based on the categories below.		
- Health plan star ratings		
		View how this plan compares to Original Medicare
Summary rating of health plan quality		★★★★☆
+ Staying healthy: screenings, tests, & vaccines		★★★★☆☆
+ Managing chronic (long term) conditions		★★★★☆
+ Member experience with health plan		★★★★★
+ Member complaints & changes in the health plan's performance		★★★★☆
+ Health plan customer service		★★★★★

Out-of-Pocket Expense\$

- Out-of-pocket expenses can be big.
- They can be unexpected.
- They are not the same with every plan.



Cost Comparison – Selected Items

Monthly Premium ¹	Health Plan Deductible	Inpatient	PCP Visit	Outpatient Hospital	Out-of-Pocket Max	Rx Deductible
Original Medicare (2020 Costs)						
\$0	\$198 Part B (2020)	\$1,408/stay + 60 days	deductible then 20%	various	no max	n/a
Plan 1 HMO						
\$44.00	\$0	\$275/day, days 1 – 5 in-net; 100% out	\$5 in-net, 100% out	\$0-\$165/visit in-net, 100% out	\$2,900 in-net, no max out	\$0
Plan 2 PPO						
\$19.00	\$1,000	\$325/day, days 1 – 6 in-net; 40% out	\$0 in-net, \$50 out	\$350/visit in-net, 40% out	\$6,700 in-net, \$10,000 in and out	\$90
Plan 3 Private Fee-for-Service						
\$80.00	\$0 in-net, \$0 out	\$295/day, days 1 – 5 in-net; 30% out	\$15 in-net, 30% out	\$45 or 25%/visit in-net, 30% out	\$6,700 in and out	\$195
Plan 4 Medical Savings Account						
\$0.00	\$9,400	\$0 after deductible	\$0 after deductible	\$0 after deductible	n/a	No Rx
Medigap Plan G						
\$170+/-	\$198 Part B (2020)	\$0 after Part B deductible	\$0 after Part B deductible	\$0 after Part B deductible	n/a	n/a

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1. Monthly Premium is in addition to Part B premium

Medicare Advantage Considerations

Items to think about if considering a Medicare Advantage plan:

- Insurance coverage from current or former employer, union, military or other source.
- Medicare and Medicaid savings programs.
- Availability of your hospital and physicians in Medicare Advantage plan's network.
- Plan's premium in addition to the Part B premium.
- Plan's benefits, what and how are things covered.
- Your ability to pay the plan's out-of-pocket costs.
 - › Those costs may be considerably higher than a Medigap policy.

Your expected use of hospitals and doctors.



Medicare Advantage Final Thoughts



- You do not have to enroll in a Medicare Advantage plan.
- Medicare Advantage is not right for everyone.
- Take your time and consider all of your options.

Identity Theft



- Medicare Advantage plans can't ask you for financial information, including credit card or bank account numbers, over the phone or via e-mail unless you are already a member of that plan.
- Medicare Advantage plans can't enroll you into a plan over the phone unless you call them and ask to enroll or you've given them permission to contact you.
- Call 1-800-MEDICARE to report any plans that ask you for personal information over the phone, call to enroll you in a plan or use false information to mislead you.

Use your new Medicare card.



Good Advice From Medicare

“Medicare health plans and prescription drug plans can make changes each year - things like cost, coverage and which providers and pharmacies are in their networks. Plans also can change their provider networks throughout the year. Always review the materials your plan sends you and make sure your plan will still meet your needs for the following year. If you’re satisfied that your current plan will meet your needs and it’s still being offered, you don’t need to do anything.”

- *Medicare & You 2018*

For additional information, please visit:

- 1-800-MEDICARE (1-800-633-4227)
- www.Medicare.gov
- **Illinois SHIP** (Senior Health Insurance Program)
1-800-252-8966;
www.Illinois.gov/aging/ship/Pages/default.aspx





For even more information, contact:

- **TRICARE for Life** 1-866-773-0404; www.tricare.mil/tfl; tricare4u.com
- **Dept. of Veterans Affairs** 1-800-827-1000; www.va.gov; www.vets.gov; www.eBenefits.va.gov
- **Federal Employee Health Benefits Program** 1-888-767-6738; www.opm.gov/healthcare-insurance
- **Railroad Retirement Board** 1-877-772-5772; www.rrb.gov
- **AARP's Medicare Resource Center**
www.aarp.org/health/medicare-insurance



Social Media

- **Videos:** visit [YouTube.com/cmshhsgov](https://www.youtube.com/cmshhsgov) to see videos covering different health care topics on Medicare's YouTube channel
- **Facebook:** facebook.com/Medicare
- **Tweets:** follow official Medicare information at twitter.com/MedicareGov
- **Blogs:** visit [medicare.gov/blog](https://www.medicare.gov/blog) for up-to-date information on important topics



Thank you!

- *Any Questions?*



HORIZON
HEALTH



Appendix

- HMO
- Preferred Provider Organization
- Private Fee-for-Service
- Special Needs Plan
- Medical Savings Account



H M O

- In a **Health Maintenance Organization**, aka, a coordinated care plan, the plan will pay only if you go to doctors or hospitals (“providers”) in the plan’s network, except in an emergency.
- You may have to choose a primary care physician (PCP) and obtain a referral to see a specialist or be admitted to a hospital for elective procedures.
- Some HMOs offer a point-of-service (POS) option that allows you to be treated by doctors and hospitals who are not part of the HMO’s network. You will pay more out-of-pocket when you use this option.



- There may be no, or very limited, coverage if you do not utilize an HMO provider.
- It is essential that, before receiving services, you verify with your health care provider and the HMO plan that the provider you want to use is a part of the HMO's network.





P P O

- A **Preferred Provider Organization** plan, also known as a coordinated care plan, is a type of product that allows you to opt in and out of the plan's network. The plan pays according to your decision to use an in-network or out-of-network provider.
- To ensure that you receive the highest level of benefits the PPO offers, you should verify with your health care provider and the plan that your provider is an **in-network** provider.
- Additional out of pocket costs will be incurred with the use of out-of-network providers.



P F F S

- Some **Private Fee For Service** plans allow you to receive services from any Medicare approved doctor or hospital that accepts the plan's payment. Other PFFS plans pay a higher benefit when you use an in-network provider.
- Before treatment, verify with the provider that they will accept patients from your PFFS plan.
- If permitted by the PFFS plan, you may be balance billed by physicians in PFFS plans up to 15% of the Medicare payment amount for office visits. Most physicians do not charge this additional amount.



SNP

- A **Special Needs Plan** is a plan that provides additional focused and guided case management for some patients, such as those with End-Stage Renal Disease (ESRD), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Dementia or Congestive Heart Failure.
- SNPs may also be available to those who reside in a nursing home, require nursing care at home or who receive both Medicare and Medicaid benefits. Most Special Needs Plans are HMOs and require you to select a primary care physician and get a referral to see a specialist.



MSA

- A **Medical Savings Account** plan combines a high deductible (e.g., \$7,400) Medicare Advantage plan and a bank account. The plan makes a deposit (e.g., \$1,500) to your account, which you then use to pay your medical expenses within your deductible. MSA plans do not include drug coverage.
- If the plan's deposit is not sufficient to cover your deductible, you make up the difference.
- Any funds left in the account at the end of the year are rolled into the new plan year.
- In 2020 the maximum MSA plan deductible will be \$13,400.

All IRS restrictions apply.