# Medicare Decision Guide

Making Medicare choices simple



McLaren MEDICARE

# Medicare consists of four main parts

## PART A - Hospital Coverage (Original Medicare)

Offered to nearly everyone eligible for Medicare at no cost

- ✓ Covers hospital and nursing home stays
- ✓ Government-provided, $0 premium
- ✓ You are responsible for deductible + copayments

## PART B - Medical Coverage (Original Medicare)

Part B is available to most individuals for a monthly premium.

- ✓ Covers doctor visits + outpatient care
- ✓ Government provided, you pay a monthly premium
- ✓ You are responsible for deductible + coinsurance

## PART C - Medicare Advantage Plans (Private Insurance)

You still enroll in Part A and Part B, but you receive all your benefits through one plan instead of through Original Medicare. These plans often have additional benefits, such as coverage for prescription drugs (Part D).

- ✓ Covers all Part A + Part B benefits
- ✓ Often includes Part D benefits
- ✓ Most plans offer extra benefits that Original Medicare doesn't cover– like vision, hearing, dental, and more.
- ✓ Private insurance coverage (beneficiary paid premium)

## PART D - Prescription Drug Coverage (Private Insurance)

Medicare prescription drug plans provide coverage for generic and brand-name drugs.

- ✓ Voluntary enrollment
- ✓ For drugs not covered by Original Medicare (Part A + Part B)
- ✓ Private insurance coverage (beneficiary paid premium)

# How do I know if I'm eligible for Medicare?

- **You're 65 or older** and a U.S. citizen (or an alien who has been lawfully admitted for permanent residence and has been residing in the United States for 5 continuous years prior to the month of filing an application for Medicare).

- **You're younger than 65, permanently disabled** and have received Social Security disability payments for at least 24 months – or you need a kidney transplant or dialysis for end-stage renal disease.

- **Most people are automatically enrolled in Part A** on the first day of the month they turn 65. If you don't receive an enrollment notice three months before your 65th birthday, call the Social Security Administration (SSA).

## Did you know?

"Medicare is available to those over 65 or under 65 on disability for at least 24 months. If you have End-Stage Renal Disease or Amyotrophic Lateral Sclerosis, you can immediately qualify for Medicare."

## You can sign up for Part B during your Initial Coverage Election Period (ICEP)

However, if you already have other health insurance (specifically through employer-sponsored coverage due to active employment), you can delay enrollment without a penalty in most cases.

But if you delay your enrollment and don't have other health insurance, the Centers for Medicare & Medicaid Services (CMS) will charge you a penalty once you do sign-up.

If you didn't sign up during your ICEP, you may be eligible to sign up during the General Enrollment Period between January 1-March 31 annually. Coverage starts the month after you sign up.

If you do not qualify for a Special Enrollment Period, a monthly late enrollment penalty fee may apply.



# When can you enroll?

## Initial Coverage Election Period (ICEP)

**Begins three months before you turn 65 and ends three months after you turn 65.**

When you are first eligible for Medicare, you have a 7-month initial enrollment period to sign up for Part A and/or Part B. Once enrolled in Original Medicare, you can also sign up for a Medicare Advantage plan, a Prescription Drug plan, or sign up for a Medicare supplement plan and Part D (prescription drug) plan.

## Medicare Advantage Open Enrollment Period (MA OEP)

**Each year, from Jan. 1 – March 31.**

If you're enrolled in a Medicare Advantage plan, you can switch to a different Medicare Advantage plan or switch to Original Medicare (and a separate Medicare drug plan) during this time.

## Special Enrollment Period (SEP)

**A limited time period throughout the year when you can add or switch coverage.**

The length of your SEP depends on your specific situation. You can make changes to your Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life, like if you move out of your plan's service area or you lose other insurance coverage. Visit Medicare.gov to learn more.

## Medicare Annual Enrollment Period (AEP)

**Each year, from Oct. 15–Dec. 7.**

You have the ability to do a number of things during this timeframe that include such things as:

- Make changes to your Medicare Advantage or Medicare prescription drug coverage for the upcoming year.
- Change from Original Medicare (with or without a Medicare drug plan) to a Medicare Advantage Plan.
- Change from a Medicare Advantage Plan back to Original Medicare (with or without a Medicare drug plan).
- Switch from one Medicare Advantage Plan to another Medicare Advantage Plan.
- Switch from a Medicare Advantage Plan that doesn't offer drug coverage to a Medicare Advantage Plan that offers drug coverage.
- Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that doesn't offer drug coverage.
- Join a Medicare drug plan.
- Switch from one Medicare drug plan to another Medicare drug plan.
- Drop your Medicare drug coverage completely.

# What are my Medicare choices?

## Medicare is not one size fits all

There are lots of choices, and important differences among the choices. It is important for you to compare your needs to what's out there and find the best match.

We'll help you get started by giving you some important questions to ask yourself when choosing your Medicare plan.

## What plan is right for me?

You will need to choose Original Medicare (Parts A and B) or a Medicare Advantage Plan (Part C). If you have Original Medicare and you want to have prescription drug coverage, you can choose a separate Medicare drug plan (Part D). With many Medicare Advantage plans, prescription drug coverage is included. Medicare Supplement (Medigap) plans are also available and can help pay some of the remaining health care costs not covered by Original Medicare such as copayments, coinsurance and deductibles.

## What will I need to pay for Medicare coverage?

What you pay will depend on the plan you choose. You may have a premium, deductible, copays or coinsurance.

## Can I keep my current doctors?

With Original Medicare, you can see any provider in the U.S. who has been accepted by Medicare. If you choose a Medicare Advantage plan, you will see providers who are in the plan's network. Staying within a Medicare Advantage plan's network usually results in lower out-of-pocket costs.



## Did you know?

"Medicare only offers individual coverage. Unlike health insurance plans before age 65, there is no family coverage plan with Medicare. That means your spouse or partner won't be covered by your Medicare coverage; they have to enroll on their own when they become eligible for Medicare."

# Medicare Advantage plan benefits may include the following

- Affordable copayments
- No referrals to see a specialist
- Access to hospitals, clinics, providers, and specialists
- Fitness benefits
- Vision and hearing care benefits
- Prescription drug benefits (included in many plans)
- Dental benefits (included in most plans)

## Did you know?

"The list of covered drugs can change every year. Check your plan's formulary each year during the Medicare Annual Enrollment Period (AEP) and make sure your drugs are still there."



# What is a Dual-Eligible Special Needs Plan (D-SNP)?

## If you have Medicare and Medicaid, you may qualify for a Medicare plan with more benefits

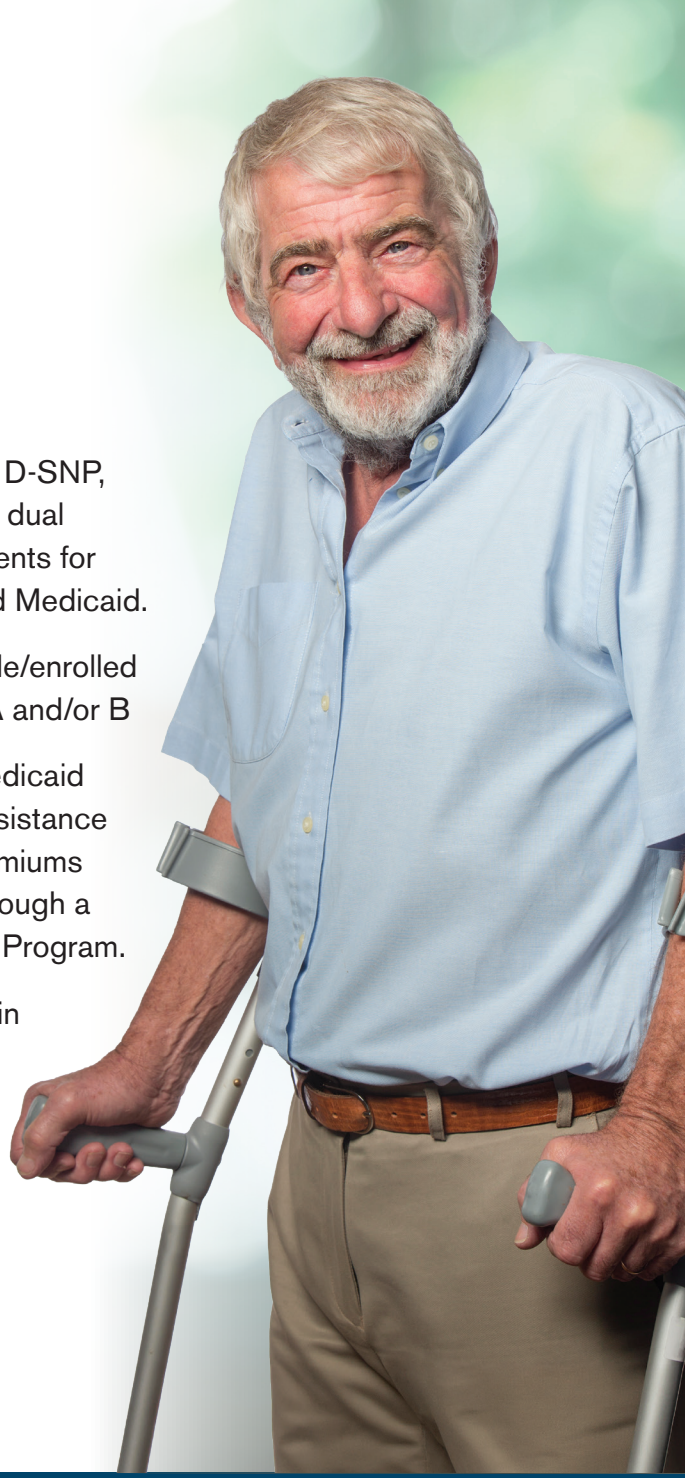
- A Dual-Eligible Special Needs Plan (D-SNP) is a special type of Medicare Advantage plan that provides health benefits for people who are "dual eligible," meaning you qualify for both Medicare and Medicaid.
- If you have complex health care needs, lack of coordination between the Medicare and Medicaid programs makes it difficult for you to navigate these systems of care and adds to the cost of both programs.
- D-SNPs follow existing Medicare Advantage program rules.
- Eligible individuals can enroll during their ICEP, AEP, MA OEP or during a SEP.

## Did you know?

"There are D-SNP options available in Michigan, and all Medicare Special Needs Plans must provide Medicare drug (Part D) coverage."

## Who qualifies for D-SNP?

- To be eligible for a D-SNP, you must meet the dual eligibility requirements for both Medicare and Medicaid.
- You must be eligible/enrolled in Medicare Part A and/or B
- You receive full Medicaid benefits and/or assistance with Medicare premiums or cost sharing through a Medicare Savings Program.
- You must also live in service area of the plan you choose.



# Still have questions? We're here to help

## Call toll-free 1-833-358-2404 (TTY:711)

April 1 - Sept. 30: Mon. - Fri., 8 a.m. to 8 p.m.
Oct. 1 - March 31: Seven days a week 8 a.m. to 8 p.m.
(except Thanksgiving and Christmas days)

## Did you know?

""If you have a chronic condition, you may qualify for an enhanced disease management program. These special educational programs promote a deep understanding of the disease process and provide individual teaching and coaching to help you have a healthier lifestyle."






McLaren Medicare is an HMO with a Medicare contract. Enrollment in McLaren Medicare depends on contract renewal.

McLaren Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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