



Atrium Health

Medicare Resource

2023 Medicare Options Guidebook



Table of Contents



This guidebook is designed to help you understand the basics of Medicare and Medicare insurance. No single Medicare plan is right for everyone.

Use this guidebook to help identify your Medicare insurance needs and select the plan most suitable for you.

Glossary of Terminology	.....3
Medicare: Understanding Your Options	.....4
Medicare Basics	.....7
Your Medicare Coverages Choices	..... 8
Part A: What You Pay in Original Medicare	..... 9
Part B: What You Pay in Original Medicare	..... 10
Medigap: Understanding Your Options	.....11
NC: Available Medigap Plan Types	..... 12
SC: Available Medigap Plan Types	..... 13
GA: Available Medigap Plan Types	..... 14
Part D: Prescription Drug Coverage	..... 15
Your Medicare Advantage Options	..... 18
Original Medicare & Medicare Advantage Comparison	.....21
Enrollment Periods	.....23
Signing Up for Medicare	.....24
Initial Enrollment Period	..... 25
Special Enrollment Period	.....26
Making Changes to Your Coverage	.....27
Tips & Resources	.....28

Glossary of Terminology

Common terms used within this booklet

Coinsurance	An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).
Copayment	An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.
Deductible	The amount you must pay for healthcare or prescriptions before Original Medicare, your Medicare Advantage plan, your Medicare drug plan, or your other insurance begins to pay.
Dependent	Any individual, either spouse or child, who is covered by the primary insured customer's plan.
In-Network Provider	A healthcare professional, hospital or pharmacy that is part of a health plan's network of preferred providers. You will generally pay less for services received from in-network providers because they have negotiated a discount for their services.
Medicare Supplement Plans	Plans offered by private insurance companies to help fill the "gaps" in Medicare coverage. Also known as Medigap.
Network	The group of doctors, hospitals and other healthcare providers that insurance companies contract with to provide services at discounted rates. You will generally pay less for services received from providers in your network.
Out-of-Network Provider	A healthcare professional, hospital or pharmacy that is not part of a health plan's network of providers. You will generally pay more for services received from out-of-network providers.
Out-of-Pocket Maximum	The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.
Payer	The health insurance company (also known as a carrier) whose plan pays to help cover the cost of your care.
Premium	The periodic payment to Medicare, an insurance company, or a healthcare plan for health or prescription drug coverage.
Provider	Any person (e.g., doctor, nurse, dentist) or institution (e.g., hospital or clinic) that provides medical care.

Source: "Medicare & You", [medicare.gov/publications/10050-Medicare-and-You.pdf](https://www.medicare.gov/publications/10050-Medicare-and-You.pdf)



Medicare: Understanding Your Options

Classifications of Medicare insurance

This information represents the most common classifications of Medicare insurance:

- Original Medicare
- Medicare Supplement (Medigap)
- Medicare Advantage plan
- Company-Sponsored Medicare
- Medicare/Medicaid

Original Medicare

Original Medicare includes Medicare Part A (hospital insurance) and Medicare Part B (medical insurance). Original Medicare pays for most, but not all, costs for covered health services and supplies. To help pay your out-of-pocket costs in Original Medicare (like your deductible and 20% coinsurance), you can shop for and buy a Medicare Supplement (Medigap) plan. If you want drug coverage, you can shop for and buy a separate Part D plan.

Medicare Supplement (Medigap)

Medicare Supplement policies (or Medigap plans) are sold by private companies and can help pay some of the remaining healthcare costs for covered services and supplies. Medicare Supplements provide coverage that is secondary to Medicare (Part A and Part B), meaning Medicare pays first and the Medicare Supplement pays second. See pages 11-14 for more information on Medicare Supplements.

Medicare Advantage plan

Also referred to as Medicare Part C, a Medicare Advantage plan incorporates your Part A, Part B and often Part D prescription drug coverage into one plan. See pages 18-20 for more information on Medicare Advantage plans.



Medicare: Understanding Your Options (continued)

Classifications of Medicare insurance

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- Company-Sponsored Medicare
- Medicare/Medicaid

Company-Sponsored Medicare Plan

Company-sponsored Medicare plans are available to those who receive some form of Medicare insurance from a current or former employer (or their spouse's employer). This category includes corporate Medicare plans, union member plans, military plans (TRICARE for Life) and Medicare plans offered to federal, state and municipal retirees. This type of insurance may be a plan that works secondarily to Medicare, or it may function as a Medicare Advantage plan. Employer-sponsored Medicare plans often feature premiums that include drug coverage and may be considerably more expensive than comparable individual Medicare plans available to the general Medicare population. If you are considering canceling an employer-sponsored Medicare plan and joining a regular Medicare Supplement (Medigap) or Medicare Advantage plan, be sure to carefully consider your options, as employers often will not allow retirees to return to the plan after canceling coverage.

Medicare/Medicaid

Medicare and Medicaid are available to those who qualify for both Original Medicare and Medicaid benefits simultaneously. Often referred to as being “dual-eligible,” Medicare/Medicaid beneficiaries meet state-specific income requirements for Medicaid eligibility, in addition to being qualified for Original Medicare. In basic terms, these individuals have Medicare as their primary insurance and Medicaid as secondary insurance.



Medicare: Understanding Your Options (continued)

Medicare is a federal government program that offers health insurance to:

- Individuals age 65 and older or those under age 65 who are disabled and on Social Security for 24 months.
- Individuals of any age with end-stage renal disease or ALS (amyotrophic lateral sclerosis).
- U.S. citizens or permanent legal residents age 65 and older who have lived in the U.S. for a minimum of five consecutive years, including the five years prior to applying for Medicare.

Medicare is managed by the Centers for Medicare & Medicaid Services (CMS).

NOTE: Your (or your spouse's) work history affects Medicare premiums, but not eligibility.

A divorced spouse can apply for Medicare benefits on the work record of their former spouse if married a minimum of 10 years. (Certain rules apply.)

- Social Security processes your application for Original Medicare (Part A and Part B) and can give you general information about the Medicare program.
- Other parts of Medicare are run by private insurance companies that follow rules set by Medicare.

Medicare Basics

Original Medicare is composed of **Part A** and **Part B** and is available directly through the federal government.

PART A	HOSPITAL INSURANCE	PART B	MEDICAL INSURANCE	PART C	MEDICARE ADVANTAGE PLAN	PART D	PRESCRIPTION DRUG COVERAGE
<p>Medicare Part A helps pay for:</p> <ul style="list-style-type: none"> • Hospital Care • Skilled Nursing Facility Care • Home Healthcare • Hospice Care <p>In most cases, if you had a Medicare deduction from your paycheck while you were working, you will not have a Medicare Part A premium.</p> <p>You are first eligible for Part A at age 65, or earlier if you have been entitled to Social Security due to disability for 24 months.</p>		<p>Medicare Part B helps pay for:</p> <ul style="list-style-type: none"> • Physician Services • Outpatient Services • Durable Medical Equipment • Other Medical Services <p>You are first eligible for Part B at age 65, or earlier if you have been drawing Social Security due to disability for 24 months.</p>		<p>Part C, or Medicare Advantage plan, is an all-in-one alternative to Original Medicare and often includes Part D prescription drug coverage.</p> <p>For these plans, Medicare pays a private insurance company to provide your healthcare coverage with a Medicare Advantage plan. These plans must, at minimum, provide the same level of coverage as Original Medicare, and may include a monthly plan premium. Medicare Advantage plans often include additional benefits not offered by Original Medicare. You must have Part A and Part B to be eligible to select a Part C plan.</p>		<p>Part D refers to Medicare prescription drug coverage. People with Original Medicare and a Medicare Supplement will need to purchase a Medicare Part D prescription plan separately.</p> <p>For people joining a Medicare Advantage plan, a Medicare prescription plan often is included with the Medicare Advantage coverage.</p> <p>Note: if you decide to enroll late for Part D prescription drug coverage, a penalty may be assessed.</p>	

DON'T FORGET: You must be enrolled in Medicare Part A and Part B to be eligible for a Medicare Supplement or Medicare Advantage plan.

Additional resource: The “Medicare & You” book published annually by the Centers for Medicare & Medicaid Services includes additional information pertaining to Parts A, B, C and D. To request a copy, call 800-MEDICARE (800-633-4227), TTY/TDD 877-486-2048, or download at [medicare.gov/publications/10050-Medicare-and-You.pdf](https://www.medicare.gov/publications/10050-Medicare-and-You.pdf)



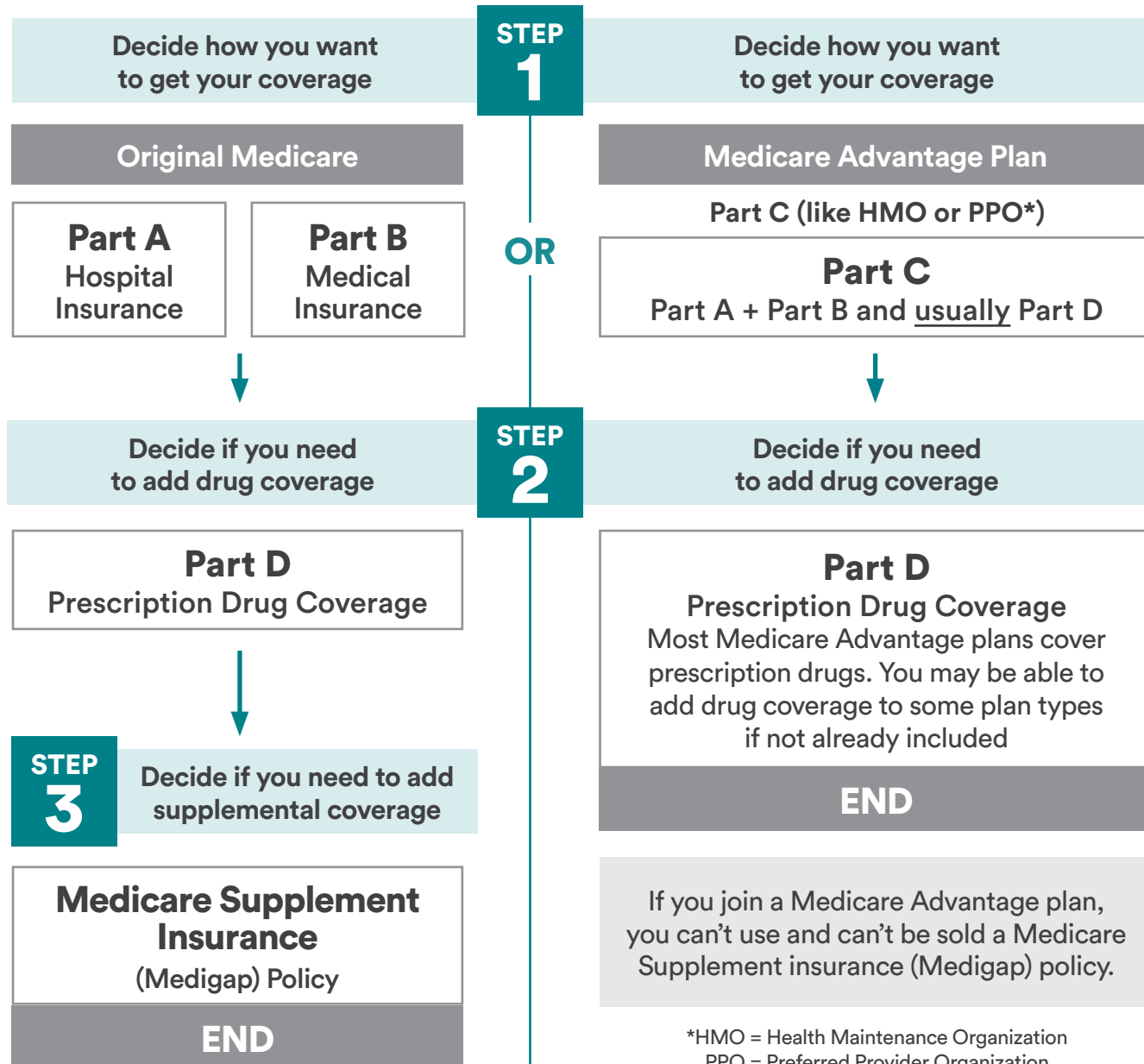
Your Medicare Coverage Choices

There are 2 main ways to get your Medicare coverage:

1. Part A + Part B with the option of adding Part D and Medicare Supplement insurance
2. A Medicare Advantage plan

You must be enrolled in Part A and Part B to sign up for a Medicare Advantage plan.

Use these steps to help you understand your coverage choices.



*HMO = Health Maintenance Organization
PPO = Preferred Provider Organization

**PART
A**

Part A: What You Pay in Original Medicare

HOSPITAL INPATIENT STAY

- **\$1,556** deductible for days 1-60 of each benefit period*
- **\$389** per day for days 61-90 of each benefit period
- **\$778** per day for days 91-150 of each benefit period (lifetime reserve days**)
- All costs for each day after the lifetime reserve days**
- Inpatient mental healthcare in a psychiatric hospital limited to 190 days in a lifetime

SKILLED NURSING FACILITY CARE

- **\$0** for the first 20 days of each benefit period (after 3-day hospital stay)
- **\$194.50** per day for days 21-100 of each benefit period
- All costs for each day after 100 in each benefit period

HOME HEALTHCARE SERVICES

- **\$0** for covered home health services
- **20%** of the Medicare-approved amount for durable medical equipment

*Benefit period begins on your first inpatient day and ends when you have not gone 60 consecutive days without receiving inpatient care. It is not tied to the calendar year.

**Lifetime reserve days are additional days that Medicare Part A will pay for when a beneficiary is in a hospital for more than 90 days during a benefit period. Beneficiaries are limited to a total of 60 reserve days over the course of their lives.

All prices and numbers noted here are as of 9/21/2022. [medicare.gov/basics/costs/medicare-costs](https://www.medicare.gov/basics/costs/medicare-costs)

**PART
B**

Part B: What You Pay in Original Medicare

2023 MONTHLY PREMIUM

- **\$170.10** (new enrollees) or higher,* depending on your income
- Social Security will tell you the exact amount

YEARLY DEDUCTIBLE

\$233

COINSURANCE FOR PART B SERVICES

- **20%** coinsurance for most covered services, if provider accepts assignment
- **\$0** for some preventive services
- **20%** coinsurance for outpatient mental health services and 20% for copayments for hospital outpatient services

*Income-related monthly adjustment amount (IRMAA). For more information, go to [medicare.gov/basics/costs/medicare-costs](https://www.medicare.gov/basics/costs/medicare-costs)

You must have Part B if...

- You want to purchase a Medigap policy
- You want to join a Medicare Advantage plan
- Your employer coverage requires you to have it (companies with fewer than 20 employees)

Part B and active employment

If you have group health plan coverage through active employment:

- There is no penalty if you enroll in Part B within eight months of losing coverage or while you have creditable health coverage.
- You may want to delay Part B if you continue with your employer creditable health coverage past age 65.

If you **do not** have coverage from active employment, delaying Part B may mean:

- Late-enrollment penalties
- Paying for your healthcare out of pocket
- Waiting until next general enrollment period to enroll (Jan. 1 - March 31), and coverage to start July 1



Medigap: Understanding Your Options

Medicare Supplement Insurance, also referred to as a Medigap plan, always functions secondarily to Medicare. This means Medicare will pay its portion of the healthcare claim first, and the Medicare supplement will pay second.

Useful facts about Medicare Supplement Insurance (Medigap)

The federal government has authorized 10 different standardized Medicare Supplement plan designs, named with letters from A to N for all states except WI, MN and MA, which are considered waiver states. Every policy must follow federal and state laws designed to protect you. Note: These letters have no relationship to the Medicare Part A, B, C and D designations.

All Medicare Supplement (Medigap) policies with the same letter offer the same benefits, regardless of the insurance company selling the policy. Some policies offer additional benefits, so select the plan that best suits your needs.

Medicare Supplements are sold by private insurance companies, are not part of Medicare, and do not include Part D prescription drug coverage.

Premiums for Medicare Supplements can vary greatly by company and plan. Medicare Supplement plans provide coverage nationwide.

Medicare Supplements may require the prospective policyholder to answer a series of health-related questions to qualify for coverage if purchased outside the guaranteed-issue period. This is called medical underwriting.

Medigap open enrollment period (OEP) for guaranteed issue is a one-time, 6-month window after a person first enrolls in Part B.

Most Medicare Supplement plans will allow the policyholder to receive care from any Medicare-certified healthcare provider that accepts Original Medicare. The exception to this rule is Medicare Select Supplement plans, which may require the use of a contracted network of providers. Most plans cover a limited dollar amount for foreign travel emergencies.

North Carolina: Available Medigap Plan Types

These Medicare Supplement (Medigap) plans in North Carolina are consistent with Medicare Supplement plans nationwide. Due to their low out-of-pocket costs and comprehensive coverage, popular Medigap plans include:

MEDICARE SUPPLEMENT PLAN F

Plan F is the most comprehensive plan, but not all Medicare beneficiaries are eligible.

If you received Original Medicare after Jan. 1, 2020, you are eligible for Medigap Plan F. New Medicare beneficiaries do not qualify for Plan F, so they will not have the opportunity to enroll in this coverage.

You are responsible only for your monthly premium when you have Medigap Plan F. All out-of-pocket costs receive 100% coverage from day one with Medigap Plan F.

MEDICARE SUPPLEMENT PLAN G

If you are not eligible for Plan F, but still want comprehensive coverage, Medicare Supplement Plan G is the second-most comprehensive policy. It is available to all Medicare beneficiaries, regardless of when they become eligible for Original Medicare coverage.

Additionally, due to Plan G's low monthly premiums, it is quickly growing in popularity among those eligible for Plan F. The only cost Plan G does not cover is the Medicare Part B deductible. So, once the deductible is met, you are covered at 100%.

MEDICARE SUPPLEMENT PLAN N

Plan N is popular for its low rate increases and low premium.

You may have to make occasional \$20-\$50 copays to the doctor or hospital and also cover excess charges. Excess charges are not allowed in every state, but there may be an additional cost when seeing a doctor who does not accept Medicare.

North Carolina allows excess charges, so you will need to speak with your doctor about Medicare assignment before receiving treatment. If you receive coverage in a state that does not allow excess charges, you will not pay any additional costs. However, these costs are very rare even in the states that do allow them.

Example of Medicare Supplement plan cost in North Carolina	65-Year-Old Female, Non-Smoking		65-Year-Old Male, Non-Smoking	
	Plan	Monthly Premium	Plan	Monthly Premium
	Medicare Supplement Plan F	\$108 - \$308	Medicare Supplement Plan F	\$120 - \$348
	Medicare Supplement Plan G	\$87 - \$290	Medicare Supplement Plan G	\$98 - \$328
	Medicare Supplement Plan N	\$68 - \$274	Medicare Supplement Plan N	\$77 - \$310

All numbers as of 9/15/2022.

South Carolina: Available Medigap Plan Types

It is almost impossible to gauge the best Medicare Supplement (Medigap) plan for individuals without understanding their needs. However, when reviewed as a whole, the most popular Medicare Supplement plans in South Carolina are consistently:

MEDICARE SUPPLEMENT PLAN F

Medicare Supplement Plan F is the most comprehensive plan of the three. Medigap Plan F leaves the beneficiary with no out-of-pocket costs. However, not every Medicare beneficiary is eligible for this plan.

If you received Medicare after Jan. 1, 2020, you are not eligible for Medicare Supplement Plan F. This ineligibility is due to a law that was passed to eliminate first-dollar coverage. First-dollar coverage refers to Medicare Supplement plans that cover you at 100% from the first dollar.

MEDICARE SUPPLEMENT PLAN G

If you are ineligible for Medicare Supplement Plan F, the next-best option for comprehensive coverage may be Medicare Supplement Plan G. Medigap Plan G covers all the same benefits as Plan F, except Plan G has a Medicare Part B deductible.

Additionally, Medicare Supplement Plan G has a lower premium and rate increase history than Plan F. Thus, Medigap Plan G is quickly becoming one of the most popular Medicare Supplement plans in South Carolina.

MEDICARE SUPPLEMENT PLAN N

Medicare Supplement Plan N is the lowest level of coverage among the three plans.

When you enroll in Medigap Plan N, you are responsible for the Medicare Part B deductible, \$20 copays at the doctor, \$50 copays at the emergency room if you are not admitted (the copay is waived if you are admitted), and excess charges if applicable in the state where you receive care.

South Carolina is one of the majority of states that allow excess charges. However, excess charges are not typical, and if you receive care in a state that does not allow them, you will not have to pay them, regardless of your South Carolina residence.

Example of Medicare Supplement plan cost in South Carolina

	65-Year-Old Female, Non-Smoking		65-Year-Old Male, Non-Smoking	
	Plan	Monthly Premium	Plan	Monthly Premium
Medicare Supplement Plan F		\$114 - \$411	Medicare Supplement Plan F	\$119 - \$464
Medicare Supplement Plan G		\$90 - \$386	Medicare Supplement Plan G	\$102 - \$435
Medicare Supplement Plan N		\$67 - \$364	Medicare Supplement Plan N	\$76 - \$411

All numbers as of 9/15/2022.

Georgia: Available Medigap Plan Types

Every standardized type of Medigap plan is offered in Georgia, but Plan F and Plan G offer the most comprehensive coverage and are the most popular. Plan F and Plan G also come in high-deductible versions. Here are some highlights and differences among a few plans:

MEDICARE SUPPLEMENT PLAN F

Most comprehensive
Covers the Part B deductible
Available only to people who were eligible for Medicare before Jan. 2020

MEDICARE SUPPLEMENT PLAN G

Most comprehensive for newer beneficiaries
Pays for excess Part B charges, so you can see any Medicare provider even if it charges more than the Medicare-approved amount

MEDICARE SUPPLEMENT PLAN K

One of two plans that have an out-of-pocket limit
After you reach the limit and pay your Part B deductible, your plan pays 100%

MEDICARE SUPPLEMENT PLAN L

Similar to Plan K, but has a lower out-of-pocket limit, and monthly premiums are higher

MEDICARE SUPPLEMENT PLAN M

Pays only 50% of Part A deductible, so it could cost more if you need inpatient hospitalization

TT PLAN N

Growing in popularity, Plan N has lower premiums but charges a copay for doctor and emergency room visits

**PART
D**

Part D: Medicare Prescription Drug Coverage

MEDICARE PRESCRIPTION DRUG COVERAGE

- Medicare prescription drug coverage is an optional benefit available to everyone with Medicare
- These plans are offered by Medicare-approved private insurance companies
- You must have Part A and/or Part B to enroll in Part D

COVERAGE

- Coverage is available through:
 - Stand-alone Medicare prescription drug plans
 - Most Medicare Advantage plans
- Make sure your prescription drugs are covered before you enroll in a plan
 - The list of covered prescription drugs can change each year
 - Every plan has a tiered drug formulary (a list of prescription drugs covered by a plan)
 - Medicare sets standards for the types of prescription drugs Part D plans must cover

COSTS

- You may join a Medicare-approved Part D plan, which may include deductibles and copayments. Prescription drugs covered vary from plan to plan
- The prescription Part D monthly plan premium varies by plan and may be higher, depending on your income*
- Prescription drug assistance programs are available for Medicare-eligible individuals who meet certain requirements. Please see resources on Page 29 for further information

ENROLLMENT

- Coverage is not automatic; you must enroll in a Part D plan during the appropriate enrollment period
- You must live in the service area of the Part D drug plan you want to join
- Penalties may apply if you enroll late

*For more information, visit [medicare.gov/your-medicare-costs/medicare-costs-at-a-glance](https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance)

**PART
D**

Part D: Medicare Prescription Drug Coverage (continued)

DO YOU HAVE CREDITABLE DRUG COVERAGE?

Is your current coverage as good as Medicare's?

- For example, you may have coverage through an employer group plan, when you are still employed
- No penalty if you have creditable drug coverage and delay enrolling in a Medicare drug plan

Compare current drug costs on your current creditable plan vs. premium and drug costs of Medicare Part D plans.

WITHOUT CREDITABLE COVERAGE

You may pay a late-enrollment penalty if you do not sign up when first eligible or if you go without drug coverage for more than 63 consecutive days.

Insulin savings through the Part D Senior Savings Model

As of 2021, you may be able to get Medicare drug coverage that offers broad access to many types of insulin for no more than \$35 for a 30-day supply. You can get this savings on insulin if you join a Medicare drug plan or Medicare Advantage plan with drug coverage that participates in the insulin savings model. This model lets you choose among drug plans that offer insulin at a predictable and affordable cost.

To search for participating plans in your area, go to [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)

You can filter and compare participating plans to help you find the one that's right for you.

For frequently asked questions on this program, visit <https://www.medicare.gov/coverage/insulin>

**PART
D**

The Stages of Part D Coverage



	STAGE 1: YEARLY DEDUCTIBLE	STAGE 2: INITIAL COVERAGE	STAGE 3: COVERAGE GAP (DOUGHNUT HOLE)	STAGE 4: CATASTROPHIC COVERAGE
Begins	With your first prescription of the plan year.	Immediately if your plan has no deductible. OR When your prescription payments equal your plan's deductible.	When you and your plan collectively have spent \$4,430 on your covered drugs.	When your out-of-pocket costs reach \$7,050 on covered drugs.
Costs	\$480 Maximum you pay	\$480 - \$4,430	\$4,430 - \$7,050	> \$7,050
Note	Many plans have no deductible, and you start in the next stage.	Plan pays for a portion of each prescription drug, as long as that medication is covered under the plan's formulary.	You pay 25% of all covered drugs up to a set limit. Some plans have gap coverage.	You pay about 5% of costs for the balance of the year.

Understanding Medicare Part D prescription drugs

All drug plans have a tiered drug list that the insurance plan covers, also called a formulary. Generally, the lower the tier, the lower your copay.

Some plan formularies have a Tier 6. Please see plan coverage details for further information.

FORMULARY TIERS

TIERS

Preferred generic drugs

Tier 1 (\$)

Generic drugs

Tier 2 (\$\$)

Preferred brand-name drugs

Tier 3 (\$\$\$)

Non-preferred brand-name drugs

Tier 4 (\$\$\$\$)

Specialty drugs

Tier 5 (\$\$\$\$\$)



Understanding Your Medicare Advantage Options

Medicare Advantage facts

- Medicare Advantage/Medicare Part C plans work quite differently than Original Medicare. They are an alternate way to receive your medical and hospital benefits from a private health insurance company contracted with Medicare.
- Most Medicare Advantage plans can require members to use an in-network healthcare provider, such as a provider in an HMO or PPO network, to obtain the full benefit of the Medicare Advantage plan. You may have higher out-of-pocket costs if you use out-of-network providers. Contact the plan for further details.
- Medicare Advantage plans usually include member coinsurance and copayments (pay as you go).
- A Medicare Advantage plan summary of benefits, the official document outlining member cost-sharing requirements, should be carefully reviewed prior to applying for Medicare Advantage coverage. It is available on most insurance company websites.
- Some Medicare Advantage plans charge a monthly premium, which varies considerably by insurer, plan and market. Medicare Advantage plans cannot adjust plan premiums based on the member's age, health or claims experience.
- Medicare Advantage requires Part A and Part B of Medicare to be in effect, and you must continue to pay your Part B monthly premium. You also must reside within the county (plan service area) in which the Medicare plan is offered.



Understanding Your Medicare Advantage Options (continued)

Medicare Advantage facts (continued)

- Medicare Advantage Prescription Drug plans (MAPD) include Part D prescription drug coverage. Medicare Advantage plans must offer emergency and urgent care coverage outside of the plan's service area (but not outside the U.S.). Contact your plan for more information on coverage while out of your plan's service area.
- Some Medicare Advantage plans feature additional plan benefits, such as dental care, vision care, telehealth visits, annual hearing exam, gym membership, transportation for healthcare services and more, that are not included with Original Medicare.
- People who already have a Medicare Advantage plan should receive an Annual Notice of Change (ANOC) letter from their Medicare Advantage plan no later than Sept. 30. The ANOC letter indicates how their Medicare Advantage benefits will change for the upcoming plan year. Medicare Advantage members are strongly encouraged to carefully review their ANOC letter.
- All Medicare Advantage plans are required to set maximum out-of-pocket costs for health-related services each year. The 2023 maximum out-of-pocket limit for eligible covered Medicare Part A and Part B expenses is \$7,550 for in-network services and \$11,300 for out-of-network services. Many Medicare Advantage plans have lower maximum out-of-pocket limits. Contact your Medicare Advantage plan provider for more information on coverage limits. If you have a Medicare Advantage plan, you cannot use or be sold a Medicare Supplement (Medigap) plan.

Out-of-pocket costs as of 09/21/2022.

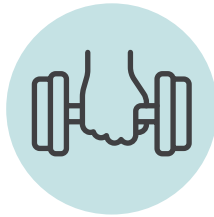
Understanding Your Medicare Advantage Options (continued)

Medicare Advantage extra benefits

Many Medicare Advantage plans have some of the following extra benefits included. Review plans, in the county in which you reside, for specific benefit details.



Telehealth



Fitness



Dental



**Eye Exams
and Glasses**



Hearing Aids



**Over-the-Counter
Prescriptions**



Meals



Transportation



**Bathroom
Safety**



**Home Healthcare &
Caregiver Support**

Source: Kaiser Family Foundation analysis of CMS Medicare Advantage Enrollment and Benefits Files, 2021

Original Medicare & Medicare Advantage Comparison Summary

ORIGINAL MEDICARE	PART C: MEDICARE ADVANTAGE PLAN
You pay your Part B premium	You pay your Part B premium
Medicare covers Part A and Part B benefits	There may be an additional Part C premium
You may choose and pay a monthly premium for an individual Part D plan	The plan covers Part A and Part B benefits. It may include additional benefits (such as vision, dental, hearing exams, fitness membership, etc.) and Part D
Medicare (federal government insurance) provides primary Part A and Part B coverage directly	Plans are offered by private insurance companies approved by Medicare and are the primary payer of services
You have your choice of doctors and hospitals that participate in Medicare and accept new Medicare patients	Most plans have a network of doctors, and it may cost more to see providers outside the network
Generally, you or your Medigap plan pays the deductibles and coinsurance. You may choose and pay a monthly premium for a supplement to fill the gaps that Part A and Part B do not cover	You may pay copays or coinsurance as services are rendered (pay as you go), with low to no monthly plan premium spend

Original Medicare & Medicare Advantage Comparison at a Glance

	ORIGINAL MEDICARE (PART A AND PART B)	ORIGINAL MEDICARE + MEDIGAP	MEDICARE ADVANTAGE HMO (Part C)	MEDICARE ADVANTAGE PPO (Part C)
What do I pay?	Part B premium, deductibles, coinsurance.	Medigap premium, Part B premium, Part B annual deductible, generally no copay.	Part B premium, plan premium if there is one. Your plan sets its own deductible and copay.	Part B premium, plan premium if there is one. Your plan sets its own deductible and copay.
Can I go to any doctor?	Yes, if they accept Medicare.	Yes, if they accept Medicare.	Use of in-network providers and selection of a primary care provider is required unless emergency or urgent care is needed, which is considered in-network.	Yes, PPOs have provider networks, but you may go out of network for a higher copay.
Where can I get routine, non-emergency care?	Anywhere in the country.	Anywhere in the country.	For most plans, in your local area, but some plans may have in-network benefits outside of service area. Check plan for details.	For most plans, in your local area, but some plans may have in-network benefits outside of service area. Check plan for details.
Where can I get emergency or urgent care?	Anywhere in the country.	Anywhere in the country.	Anywhere in the country.	Anywhere in the country.
How do I get prescription coverage?	Enroll in a Part D stand-alone plan.	Enroll in a Part D stand-alone plan.	Join a plan that includes drug coverage (called MA-PD) and use preferred in-network pharmacies for best price.	Join a plan that includes drug coverage (called MA-PD) and use preferred in-network pharmacies for best price.
Do I need a referral to see a specialist?	No	No	Usually	No, but you may pay more out of pocket if you go to a provider who is out of network.
Is there a limit to my out-of-pocket spending?	No	Maybe, based on which Medigap plan you select.	Yes	Yes
Will it pay for extra benefits like vision, dental, hearing services, gym memberships?	No	A few Medigap plans may include added benefits.	Most plans include extra benefits but vary from plan to plan.	Most plans include extra benefits but may vary from plan to plan.

Enrollment Periods at a Glance

	PART A AND PART B	PART C	PART D	MEDIGAP
Medicare: initial enrollment period	7-month window surrounding month of entitlement to Medicare when eligible individuals can sign up.	7-month window surrounding month of entitlement to Medicare when eligible individuals can sign up.	7-month window surrounding month of entitlement to Medicare when eligible individuals can sign up.	Guaranteed-issue one-time 6-month window after a person first enrolls in Part B.
Medicare: general enrollment period	3-month window from Jan. 1 - March 31 annually when you can enroll in Medicare Part A and Part B for the first time if you missed signing up when you were first eligible and you are not eligible for a special enrollment period. Coverage begins the following July 1. You may be subject to late penalties.	Can sign up for Part C, April 1 - June 30 (effective July 1)	Can sign up for Part D, April 1 - June 30 (effective July 1) upon initial Medicare enrollment	N/A
Medicare: annual enrollment period	N/A	Oct. 15-Dec. 7	Oct. 15-Dec. 7	N/A
Medicare Advantage: open enrollment period	N/A	One-time change between Jan. 1 - March 31. Must already be enrolled in a Medicare Advantage plan on Jan. 1. Can switch to a different MA plan, with or without drug coverage. Can return to Original Medicare and enroll in Part D. Cannot switch from one prescription drug plan to another. No guaranteed-issue right for Medigap.	N/A	N/A
Medicare: special enrollment period	Granted by Medicare in certain situations.	Granted by Medicare in certain situations.	Granted by Medicare in certain situations.	May have special rights and guaranteed-issue rules.



Signing Up for Medicare

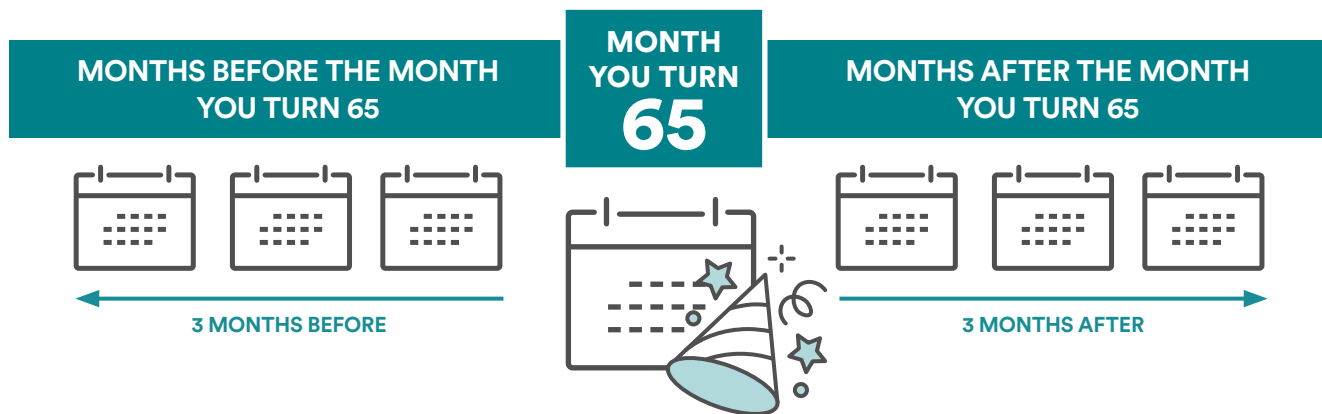
Just turning 65?

Understand the Medicare initial enrollment period and Medicare Supplement open enrollment period.

The Medicare initial enrollment period is a 7-month window that begins three months before you turn 65, continues the month you turn 65, and ends the third month after your 65th birthday. To sign up for Medicare Part A and Part B benefits, contact Social Security Administration or visit ssa.gov/benefits/medicare

If you sign up for Medicare Part B during the initial enrollment period, there is no late-enrollment penalty. However, for Part B coverage to start by your 65th birthday, you must sign up during the three months prior to your birthday. Note: If you become eligible for Medicare due to a disability, your eligibility begins on the 25th month of receiving Social Security Disability Insurance.

When you sign up for Medicare Part B, you automatically begin your Medicare Supplement (Medigap) open enrollment period. This period lasts for six months after you are enrolled in Medicare Part B. During this time, an insurance company cannot deny you any Medicare Supplement policy it sells, make you wait for coverage to start, or deny coverage because of a pre-existing condition.



If you enroll in this month of your initial enrollment period	Your Medicare benefit will begin
1-3 months before you reach 65	The month you reach 65
The month you reach 65	1 month after you reach 65
1 month after you reach 65	2 months after the month of enrollment
2 or 3 months after you reach 65	3 months after the month of enrollment

Initial Enrollment Period

You are automatically enrolled if:

- You are collecting Social Security prior to age 65
 - Medicare Part A and Part B card mailed 2-3 months prior
 - Coverage automatically begins the first day of your 65th birthday month
- You are under age 65 and disabled
 - Benefits should begin the 25th month after receiving disability benefits
- If you do not want to be enrolled in Medicare Part B, follow instructions on the back of the card and return to delay enrollment in Part B

You are not automatically enrolled if:

- Not collecting Social Security before age 65
- You are still working and have creditable employer health insurance
- You have coverage through the health insurance marketplace
- You can enroll with Social Security
 - Visit your local office, go to [ssa.gov](https://www.ssa.gov) or call 800-772-1213 (TTY 800-325-0778)
 - If retired from the railroad, enroll with the Railroad Retirement Board; call your local Railroad Retirement Board office or 877-772-5772 (TTY 312-751-4701)

You do not have to be retired to receive your Medicare benefits.

Medicare Enrollment Facts

You can sign up for your Medicare benefit at age 65 but delay drawing on your Social Security benefits until later.

You can delay Part B (medical) and Part D (prescription drug) if you or your spouse is currently employed with creditable health insurance and the employer has 20 or more employees. Check with your employer for more information.



Special Enrollment Period

What if you're working past 65?

You may be eligible for a special enrollment period

If you or your spouse already has or is eligible for current employer health insurance or union coverage, check with your benefits administrator or insurer and ask how your current plan works with Medicare.

You may be able to apply for Medicare right away during your initial enrollment period or wait on some parts. Note: If you decline your employer's plan, all family members covered by it, including your spouse and children, would also lose their group benefits and would need to find a new plan.

If you choose to wait to enroll in Medicare after age 65 while you continue to work, you will get a special enrollment period to sign up when you retire.

You may enroll (for Part A and/or Part B)

- Anytime while still covered after your 65th birthday
- Within eight months (within two months for Parts C and D) of loss of coverage or current employment, whichever happens first

Note: Retiree and COBRA coverage are not considered active-employment plans.

Additional Resources

Medicare: [medicare.gov](https://www.medicare.gov) or 800-MEDICARE (800-633-4227); TTY/TDD 877-486-204



Making Changes to Your Coverage

Medicare annual enrollment period (AEP): Oct. 15-Dec. 7 every year

- You may join, switch or drop a Medicare Advantage or a Part D prescription drug plan
- You may return to Original Medicare
- Any changes made or changes in plan's cost go into effect Jan. 1 of the following year

Medicare Advantage open enrollment period (OEP)

Runs from Jan. 1 - March 31 every year. If you're enrolled in a Medicare Advantage plan, you will have a one-time opportunity to:

- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and return to Original Medicare and sign up for a stand-alone Medicare Part D prescription drug plan

Special enrollment period (SEP)

Granted by Medicare in certain situations. You may have special rights and guaranteed-issue rules. If you have employer group health plan coverage based on your (or your spouse's) active current employment, you may enroll (in Part A and/or B) anytime while still covered or within eight months (within two months for Parts C and D) of loss of coverage or current employment, whichever happens first.

To sign up for Part B in a special enrollment period, go to ssa.gov/forms and download two forms: **CMS 40-B** and **CMS L-564**

Special enrollment period trial rights

For those who have joined a Medicare Advantage plan for the first time, you can drop your Medicare Advantage plan and switch to Original Medicare anytime within the first 12 months of plan coverage. You also may have a guaranteed-issue opportunity to purchase a Medigap plan.



Tips & Resources

Determine which Medicare plans are accepted by your physicians, hospital and other healthcare providers

Limiting your search to Medicare plans accepted by your healthcare providers will help ensure you have no problems when receiving care and are faced with the requirement of changing a healthcare provider to use your Medicare plan. Local resources are available to assist you at no cost.

Reflect on your recent health history

Do you have any special healthcare needs, such as receiving outpatient services on a regular basis or a history of frequent hospitalizations? By making a list of healthcare services you've required in the recent past, you will be able to verify that the Medicare plans you're considering will include these important insurance benefits.

Understand the maximum out-of-pocket benefit

Maximum out-of-pocket benefits are included in Medicare Advantage plans; however, the maximum amount will vary by plan. Original Medicare typically covers 80% and has no maximum out-of-pocket benefit. Choosing an optional Medicare Supplement (Medigap) plan would help offset this cost.

Consider your prescription medication needs

Compare your medication list against the plan formulary of any Medicare Part D prescription plan of interest, and make sure your prescription medications are covered.

Added benefits may be important

Many Medicare Advantage plans include added benefits such as dental, vision, hearing, telehealth, alternative healthcare, wellness membership and more. Original Medicare and Medicare Supplements may not offer these added benefits.

Tips & Resources



<p style="writing-mode: vertical-rl; transform: rotate(180deg);">NATIONAL</p>	<p>CMS – Centers for Medicare & Medicaid Services: cms.gov or 800-MEDICARE (800-633-4227), TTY/TDD 877-486-2048</p> <p>Extra Help Prescription Drug Assistance Program (available for those with limited income and resources): 800-772-1213 or socialsecurity.gov/i1020</p> <p>Medicare: medicare.gov or 800-MEDICARE (800-633-4227), TTY/TDD 877-486-2048</p> <p>Medicare Benefits Coordination and Recovery Center: 855-798-2627, TTY/TDD 855-797-2627</p> <p>Medicare Fraud: 800-633-4227, TTY/TDD 877-486-2048. If you are in a Medicare Advantage plan or Medicare drug plan, call the Medicare Drug Integrity Contractor (MEDIC) at 877-772-3379.</p> <p>Social Security Administration: ssa.gov or 800-772-1213, TTY/TDD 800-325-0778</p> <p>National SHIP (State Health Insurance Assistance Program) information: shiphelp.org or 877-839-2675</p>
<p>For North Carolina, South Carolina and Georgia, Atrium Health Medicare Information: atriumhealth.org/medicare</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">NORTH CAROLINA</p>	<p>North Carolina Seniors’ Health Insurance Information Program (SHIIP): ncshiip.com or 855-408-1212</p> <p>North Carolina Department of Aging and Adult Services: ncdhhs.gov/divisions/aging-and-adult-services or 919-855-3400</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">SOUTH CAROLINA</p>	<p>South Carolina State Health Insurance Assistance Program (SHIP): aging.sc.gov or 800-868-9095</p> <p>South Carolina Department of Aging: getcaresc.com or 800-868-9095</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">GEORGIA</p>	<p>Georgia State Health Insurance Assistance Program (SHIP): aging.georgia.gov/georgia-ship or 866-552-4464 (Option 4 to apply via phone)</p> <p>Georgia Division of Aging: aging.georgia.gov or 404-657-5258 or 866-552-4464</p>



Atrium Health

For more information, visit us online at
[AtriumHealth.org/Medicare](https://www.AtriumHealth.org/Medicare)