Medicare Quick Guide

This guide offers you basic information about health insurance terms and costs. It’s designed to help you understand Medicare insurance, select a plan, and know when and how you can make changes to your coverage.

Medicare is a health insurance program that’s administered by the federal government. Medicare will typically cover about 80 percent of your medical bills. To be eligible for Medicare, you generally must be age 65 or older, or under age 65 and receiving Social Security Disability Insurance (SSDI).

What are the different parts of Medicare?

Your Medicare coverage is divided into parts:

<table>
<thead>
<tr>
<th>Medicare Part A</th>
<th>is hospital insurance. This covers necessary hospital, skilled nursing facility, home health and hospice care.</th>
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<tr>
<td>Medicare Part B</td>
<td>is medical insurance. This covers necessary visits to your health care provider, preventive care, durable medical equipment, laboratory tests and X-rays. Some examples of expenses covered by Part B include visits to your dermatologist or rheumatologist and phototherapy appointments. You pay a monthly premium for Part B coverage. The federal government offers Part A and Part B (together called Original Medicare or Traditional Medicare).</td>
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<tr>
<td>Medicare Part C</td>
<td>is also called Medicare Advantage. It is an alternate way to receive the Medicare benefits covered by Original Medicare (Parts A and B). Private insurance companies offer Medicare Advantage. If you choose to enroll in Medicare Advantage, it will replace Original Medicare and any supplemental insurance. Medicare Advantage may offer benefits such as vision, dental or prescription drug coverage. If you have a Medicare Advantage plan, you may be required to use in-network health care providers or hospitals. You pay a monthly premium for Medicare Advantage.</td>
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<tr>
<td>Medicare Part D</td>
<td>provides prescription drug coverage. This covers self-administered prescription drugs, like most biologic treatments and topical treatments. Private insurance companies that have contracts with the federal government offer Medicare Part D plans. You pay a monthly premium for Medicare Part D.</td>
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<tr>
<td>Medigap</td>
<td>plans help with costs that are not covered by Original Medicare, costs such as copays, deductibles and premiums. All Medigap plans are standardized and are labeled by a letter (A through N). Private insurance companies offer Medigap plans. You must have Medicare Part A and Part B in order to purchase a Medigap Plan. You cannot have a Medigap Plan if you have Medicare Part C. You pay a monthly premium for a Medigap plan.</td>
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You have several coverage options when it comes to selecting your Medicare plan(s). Keep in mind that you will not have each of the Medicare parts listed above, but instead you’ll pick one or more compatible Medicare parts to get the coverage that best fits your health needs.
What are some of the costs associated with Medicare?

<table>
<thead>
<tr>
<th>Premium</th>
<th>This is the dollar amount you pay each month to maintain your health insurance. Depending on your plan, you might pay this monthly, quarterly or yearly.</th>
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<tr>
<td>Deductible</td>
<td>This is the amount you must pay on your own before your insurance company will start to pay for covered health care services.</td>
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<tr>
<td>Copayment (or copay)</td>
<td>This is a set dollar amount you pay each time you have an appointment with your provider or fill your prescription medicine.</td>
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<tr>
<td>Coinsurance</td>
<td>Some plans have coinsurance. This means you pay a percentage of the cost of your health care and covered prescription medicines, and your insurance plan will pay the rest.</td>
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</tbody>
</table>
| Annual Out-of-Pocket Maximum | This is a limit on how much you may have to spend on health care each year.  
   - This is a total of your deductible, copays and coinsurance  
   - This does not include your premiums  
   Once you reach this limit, your insurance plan will pay for all covered health care costs for the rest of the year. |

When can I first enroll in Medicare?

An Initial Enrollment Period is the first opportunity you have to select your Medicare coverage. You have an Initial Enrollment Period when you turn 65 – this includes the three months before you turn 65, the month of your birthday and the three months after you turn 65.

You may have to pay higher premiums if you do not enroll in Medicare when you first become eligible. If you are already receiving Social Security Disability, you will automatically be enrolled for Medicare after two years of receiving disability benefits.

The General Enrollment Period is the period when you can enroll in Part A or Part B if you did not enroll during your Initial Enrollment Period. The General Enrollment Period for Medicare is January 1 through March 31 of each year. Your coverage starts on July 1.

What is Open Enrollment?

Open Enrollment is the period of time when you can make changes to your current Medicare health insurance plan. During this time, you can:

- Enroll in, switch or un-enroll in a Medicare Prescription Drug Plan (Medicare Part D)
- Switch from Original Medicare (Medicare Parts A and B) to Medicare Advantage (Medicare Part C), or vice versa
- Switch Medicare Advantage plans
Open Enrollment for 2019 Medicare plans is Oct. 15 to Dec. 7, 2018. Sometime during the late summer or fall, you should have received a letter in the mail from your current plan that tells you:

- If there are any changes to your plan for 2019
- If your plan is not being offered in 2019
- Information on Open Enrollment and how to review any changes or shop for a new plan

**How do I pick a plan?**

To shop for plans, visit [medicare.gov](http://medicare.gov). Then select the “Find health & drug plans” button on the Medicare homepage. This tool allows you to personalize your search with your prescriptions and pharmacy to help you learn about your annual costs for each plan option.

**Determine your insurance plan needs**

- What was your deductible last year? Did you spend at least that amount?
- How many doctor’s visits, hospital visits and prescriptions did you have last year? Do you anticipate needing more or less care and services in the upcoming year?

**Decide which part(s) of Medicare you want for your health coverage**

- If you choose Original Medicare, you can add on a Part D plan and a Medigap plan
- If you choose a Medicare Advantage plan, it may include additional coverage like vision or dental
- What is the out-of-pocket maximum?
- What is the rating of this insurance company or plan?

**Look closely at plan options to make your selection**

- Does this plan cover my prescriptions and services?
- Can I afford the monthly premium? Remember that if you miss a premium payment, you may lose your coverage and not be eligible to get coverage again until the next Open Enrollment.
- Will I need a referral to see specialists?
- Are my doctors in-network?
- What is the deductible?

**Where can I get help enrolling in a plan?**

You can get in-person help enrolling in a plan through your local State Health Insurance Assistance Program (SHIP). SHIP provides free health benefit counseling services to Medicare beneficiaries. Go to [shiptacenter.org](http://shiptacenter.org) to find the SHIP center nearest you. Your local SHIP center will be able to provide you with more information about specific Medicare plans in your region. You can also contact 1-800-MEDICARE for help selecting a plan.

**Contact your Patient Navigator to learn more about Medicare**

Any question, big or small, we’re here for you.

**Phone:** 1-800-723-9166 (option 1)  **Email:** education@psoriasis.org  **Text:** 503-410-7766

Learn more about the Patient Navigation Center: [psoriasis.org/navigationcenter](http://psoriasis.org/navigationcenter).

Navigation Center services are always free and open to everyone.

Patient Navigators can provide more information and resources to help you with your Medicare plan.