



Your guide to understanding Medicare and finding the plan that's best suited to your specific needs.

Hello Boomer 2022

This workbook contains information that Regal Medical Group wants to make sure you understand.

Medicare Made Clear

Medicare eligibility.

✔ You're eligible for Original Medicare (Parts A and B) if:

You're at least 65 years old, or you're under 65 and qualify on the basis of a disability or other special situation.

AND

You're a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 consecutive years.

When can you enroll in a Medicare Advantage or prescription drug plan?

✔ Initial Enrollment Period

Your Initial Enrollment Period (IEP) is 7 months long. It includes your 65th birthday month plus the 3 months before and the 3 months after. It begins and ends 1 month earlier if your birthday is on the first of the month. You may enroll in Part A, Part B or both. You may also choose to join a Medicare Advantage plan (Part C) or a prescription drug plan (Part D). Prescription drug coverage must be creditable or you may be subject to a late-enrollment penalty when you enroll in a plan with Part D benefits.



✔ Annual Enrollment Period, October 15 – December 7

During annual enrollment you can add, drop or switch your Medicare coverage.

✔ Medicare Advantage Open Enrollment Period, January 1 – March 31

If you are already a Medicare Advantage plan member, you may disenroll from your current plan and switch to a different Medicare Advantage plan one time only during this period.

✔ Special Enrollment Period

Depending on certain circumstances, you may be able to enroll in a Medicare plan outside of the initial enrollment or annual enrollment time frames. Some ways you may qualify for a Special Enrollment Period are if you:

- Retire and lose your employer coverage
- Move out of the plan's service area
- Receive assistance from the state
- Have been diagnosed with certain qualifying disabilities or chronic health conditions
- Qualify for Extra Help

Special Needs Plans have other eligibility requirements

Medicare choices.

After you enroll in Original Medicare (Parts A and B), there are two ways to get additional coverage.


STEP


1

Enroll in Original Medicare

Original Medicare

Provided by the federal government

PART A  Helps pay for hospital stays and inpatient care

PART B  Helps pay for doctor visits and outpatient care



STEP

2

Decide if you need additional coverage. You have two ways to get it.

OPTION 1

OR

OPTION 2

Medicare Supplement Insurance (Medigap)

Offered by private companies



Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan

Offered by private companies



Helps pay for prescription drugs

Medicare Advantage Plan

Offered by private companies



Combines Part A (hospital insurance) and Part B (medical insurance) in one plan



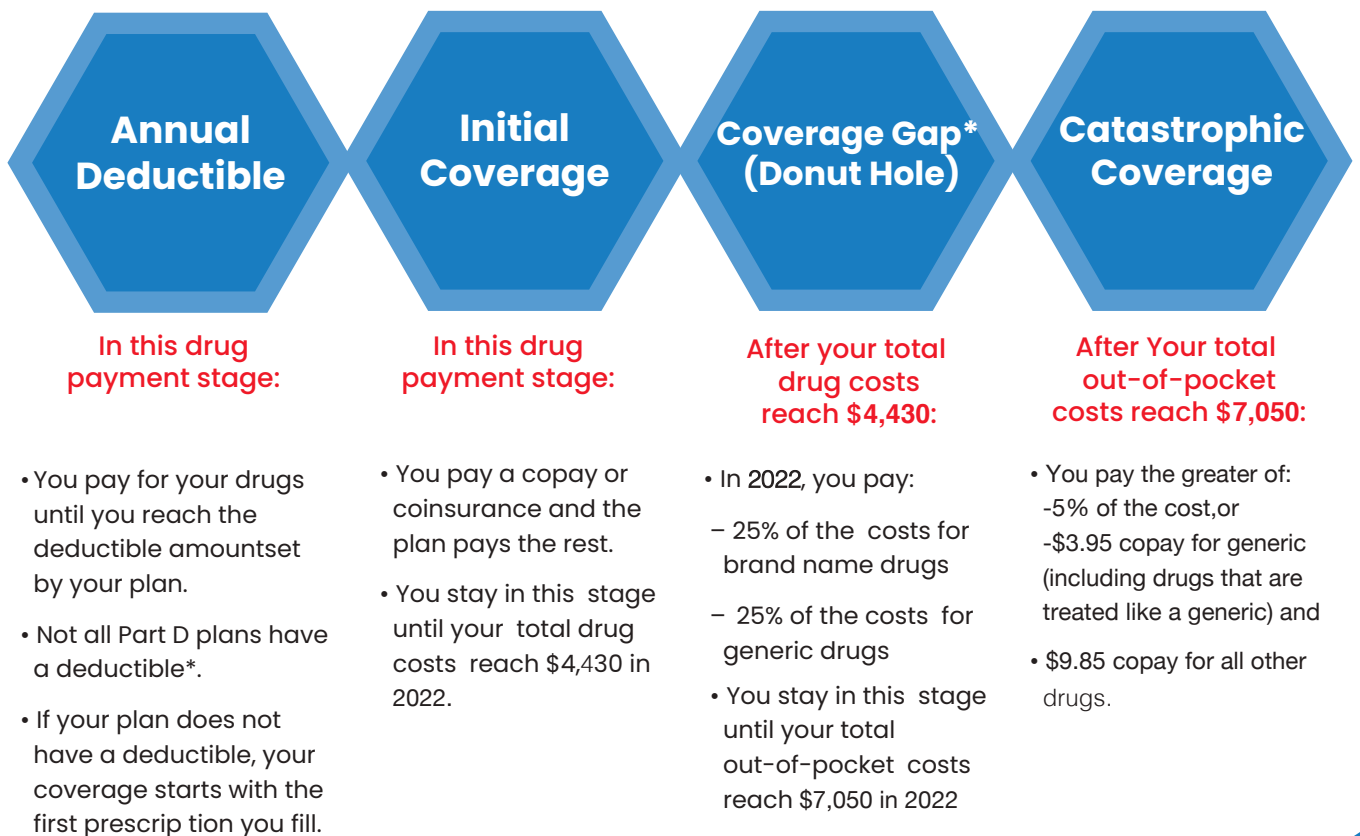
Usually includes prescription drug coverage.



May offer additional benefits not provided by Original Medicare

Prescription Drug Coverage

Understanding Medicare drug payment stages.



* If you get Extra Help from Medicare on your Part D costs, the Part D deductible and coverage gap do not apply to you.

Total drug costs:

The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2021. This does not include premiums.

Out-of-pocket costs:

The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs you fill starting January 2022. The out-of-pocket costs also include the discount paid by the drug manufacturers while in the donut hole. This does not include premiums.

Note: On January 1 of each plan year, the coverage cycle starts over and the dollar limits can change. Amounts listed above reflect the 2022 plan year.

Prescription drug coverage defined

✓ Pharmacy network

To receive benefits, you must use an in-network pharmacy and show your member ID card. You may receive additional discounts on your prescriptions by using a preferred retail pharmacy or by using the mail service pharmacy and having your medications delivered to your mailbox.

Drug list (formulary)

A formulary is a list of the drugs that a plan covers. Each plan has its own drug list

✓ Tiered formulary

Many plans use tiered formularies to group covered drugs according to cost. For example:

- **Tier 1** – Preferred generic drugs
- **Tier 2** – Generic drugs
- **Tier 3** – Preferred brand name drugs
- **Tier 4** – Non-preferred drugs
- **Tier 5** – Specialty drug

✓ Step therapy

One way your plan can help you save money on your prescriptions is by offering lower-cost drugs that can treat the same medical condition as your current brand name drugs. You may be asked to try one or more of these lower-cost drugs before the plan will cover the brand name drug you are currently taking.

✓ Quantity limits

Some drugs have quantity limits, where the plan will cover only a certain amount of a drug for one copay or over a certain number of days. The limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more or thinks the limit is not right for your situation, you and your doctor can ask the plan to cover the additional quantity.

✓ Prior authorization

Before the plan will cover certain drugs, it may need more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. You may be required to try a different drug before the plan will cover the prescribed drug.

✓ Asking for an exception

If you need a drug that's not currently covered by your plan, you may:

Ask the plan to cover your drug even if it is not on the drug list.

This is known as a formulary exception.

Ask to waive coverage restrictions or limits on your drug. This is known as a utilization exception.

Coverage decisions

If your doctor has submitted an exception request on your behalf, generally the plan will make a decision within 72 hours. You can request an expedited, or fast, decision if you or your doctor believes your health requires it.

10 important things to know about Medicare Advantage.

- ▶ 1 You must continue to pay your Medicare Part B premium.**

Medicare then gives your premium to your Medicare Advantage plan to help pay for your additional coverage.
- ▶ 2 Joining a Medicare Advantage plan may affect your current coverage.**

If you have existing coverage or employer-provided health insurance and plan to work past 65, check to see how joining a Medicare Advantage plan could affect or cancel your current coverage
- ▶ 3 It's best to use network providers.**

Use of network health care and pharmacy providers is typically required. Using providers outside of the network may cost you more. In an emergency, you can use any provider.
- ▶ 4 You may qualify for financial assistance.**

Depending on your financial situation, you may qualify for help paying your plan premiums or Part D medications through a low income subsidy or Extra Help.
- ▶ 5 If you enroll in Part D late, you may pay a penalty.**

This is an additional amount charged by Medicare that will be added to your Part D premium if you go without Part D coverage for longer than 63 days in a row after your Initial Enrollment Period. Medicare Advantage plans that include Part D coverage meet Medicare coverage requirements.
- ▶ 6 A Medicare supplement insurance plan (Medigap policy) is not a Medicare Advantage plan.**

Medicare supplement plans are health insurance policies and are secondary to Original Medicare. Medicare Advantage plans combine Original Medicare Parts A and B, and sometimes Part D, into a single plan.
- ▶ 7 Keep your member ID card handy.**

Members must present their member ID card, not their Original Medicare card, when receiving services.
- ▶ 8 Medicare Advantage offers the same protections as Original Medicare.**

Even though Medicare Advantage plans are privately administered, you still have the same rights and protections as with Original Medicare.
- ▶ 9 Medicare Advantage has you covered.**

Medicare Advantage plans must cover all the services that Original Medicare covers and may offer additional benefits. Important: Hospice care is still covered under Original Medicare. You may also receive more benefits if you have TRICARE for Life or VA coverage.
- ▶ 10 You have a built-in financial safety net.**

Your plan's annual out-of-pocket maximum is your safety net that ensures you'll never pay more than a certain amount out of pocket in a given plan year for covered medical services.

Things to Consider Before You Enroll

What is your current Medicare status and eligibility?

Your current life situation, such as your age and employment status, will affect your Medicare needs and choices. Find which of the descriptions below best fits you:

1 Currently enrolled in Medicare

- Make sure to review your coverage and budget needs at least once every year.
- Review the Medicare plan choices in your area.

2 Eligible for Medicare and working

- If you have employer-provided health insurance, consult with your benefits administrator to see how Medicare might work with your current coverage.
- If you don't have employer-provided insurance, review the Medicare plan choices in your area.

3 Eligible for Medicare and not working

- If you have benefits through your previous employer, check with them before making any changes.
- Talk to your sales representative to determine when you can enroll in a Medicare plan.
- Review the Medicare plan choices in your area.

4 Eligible for Medicare and retiring soon or losing coverage

- If you will have retiree benefits through your employer, talk to your benefits administrator to understand how Medicare might work with your retiree benefits.
- If you're losing your employer-provided coverage or if retiree coverage isn't available to you, review the Medicare plan choices in your area.
- If your family or dependents are currently on your employer- or plan-sponsored coverage and not yet eligible for Medicare, advise them to consider COBRA or the individual plans in your area.

5 Not eligible for Medicare and retiring soon or losing coverage

- Explore COBRA. Under COBRA, workers at companies with 20 or more employees can keep their employer-sponsored coverage for at least 18 months after leaving their jobs.
- The employee must pay the full cost of the policy.
- Review the individual plan choices in your area.

Verify that your doctors and prescriptions are covered.

Although this section is optional, we encourage you to jot down the doctors you see and the prescriptions you take so your sales representative can verify that they are covered by the plan.

First Name: _____

Doctors

Name and City	Specialty	In Network (Yes/No) (Completed by Sales Rep)
<i>(e.g., Dr. Jones, Greenville)</i>	<i>(e.g., Primary Care Doctor)</i>	<i>Yes/No</i>

Prescriptions

Name	Dosage	How Often	Tier/Cost (Completed by Sales Rep.)
<i>(e.g., Lisinopril)</i>	<i>XXmg</i>	<i>X tablet(s) per day</i>	<i>Tier 1/\$XX</i>

Do you know what Extra Help is with Medicare prescription drug plan costs?

Anyone who has Medicare can get Medicare prescription drug coverage. Some people with limited resources and income **may also be able to get Extra Help** to pay for the costs—monthly premiums, annual deductibles and prescription co-payments—related to a Medicare prescription drug plan. The Extra Help is estimated to be worth about \$4,000 per year. Many people qualify for these important savings and don't even know it.

To qualify for Extra Help:

- You must reside in one of the 50 states or the District of Columbia;
- Your resources must be limited to **\$14,790** for an individual or **\$29,520** for a married couple living together. Resources include such things as bank accounts, stocks and bonds. We **do not** count your home, car or any life insurance policy as resources **and**
- Your annual income must be limited to **\$19,320** for an individual or **\$26,130** for a married couple living together. Even if your annual income is higher, you still may be able to get some help. Some examples where you may have higher income and still qualify for Extra Help include if you or your spouse:
 - Support other family members who live with you,
 - Have earnings from work, or
 - Live in Alaska or Hawaii.

How do I apply?

Applying for Extra Help is easy. Just complete Social Security's Application for Extra Help with Medicare Prescription Drug Plan Costs (SSA-1020). Here's how:

- Apply online at: **www.socialsecurity.gov/extrahelp**
- Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) to apply over the phone or to request an application; or
- Apply at your local Social Security office.

In addition to your sales representative, there are other useful resources available to you.

Medicare

Medicare Helpline

For questions about Medicare and detailed information about plans and policies available in your area, visit [Medicare.gov](https://www.Medicare.gov) or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

Medicare & You

Official Medicare handbook for Medicare programs, updated each year. You can download a copy at [Medicare.gov](https://www.Medicare.gov) or call the Medicare Helpline to request a copy.

Online Plan Finders

For online tools to find and compare drug plans, Medicare Advantage plans and Medicare supplement plans, go to [Medicare.gov](https://www.Medicare.gov).

Social Security

Social Security Administration

Get answers to questions about Medicare eligibility and enrollment, Social Security retirement benefits or disability benefits. You can also ask about your eligibility for financial help. Call 1-800-772-1213, TTY 1-800-325-0778, 7 a.m. – 7 p.m., Monday–Friday. Or go to [SSA.gov](https://www.SSA.gov).

State Resources

Your State's Medical Assistance or Medicaid office

To learn whether you're eligible for financial help with the costs of Medicare, call your state's Medical Assistance or Medicaid office. They can answer questions about programs like PACE (Program of All-Inclusive Care for the Elderly) and the Medicare Savings Program. Doctor can ask the plan to cover the additional quantity.

You can also call the Medicare Helpline and ask the operator for the telephone number for your state's Medical Assistance or Medicaid office.

Administration on Aging

Eldercare locator

For help in finding local, state and community-based organizations that serve older adults and their caregivers in your area, call 1-800-677-1116, TTY 711, 9 a.m. – 8 p.m. ET, Monday–Friday. Or go to [Eldercare.gov](https://www.Eldercare.gov).