

Important Information about Medicare

(12/01/2023)

Medicare is health insurance for people 65 or older. You may be eligible to get Medicare earlier if you have a disability, End-Stage Renal Disease (ESRD), or ALS (also called Lou Gehrig's disease). Some get Medicare automatically; others have to actively sign up. Medicare offers different options for you to get health care coverage. It is important to understand the different parts of Medicare, when you should sign up, and how Medicare works. We recommend reviewing Medicare topics with your agent about six months before you turn age 65. This will let you know what to expect, and your agent will give you information, literature, or content that will give you more details about Medicare planning, review, and enrollment. We recommend reviewing your Medicare coverage options with your agent about three months before turning age 65. You may want a Medicare Advantage plan, or a Medicare Supplement plan and a Medicare Pharmacy Plan.

There are various enrollment periods;

Initial Enrollment Period (IEP) lasts for 7 months, starting 3 months before you turn 65, and ending 3 months after the month you turn 65. You can enroll in Medicare Parts A and B, enroll in a stand-alone Medicare prescription drug plan (Plan D), or enroll in a Medicare Advantage plan (Part C).

Annual Election Period (AEP) Oct 15 – Dec 7 when anyone with Medicare can change their Medicare health plans and prescription drug coverage for the following year.

Special Enrollment Period (SEP) allow you to make changes to your Medicare when certain events happen in your life.

If you don't sign up for Medicare when you're first eligible, you'll have to wait until the General Enrollment Period (January 1-March 31 each year) to sign up, and you may have to pay a late enrollment penalty.

There are various parts of Medicare;

Medicare Part A helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care. This benefit is premium free or most.

Medicare Part B helps cover services from doctors and other health care providers. The standard rate for 2024 is \$174.70, but this rate can be more for those with higher income. Medicare Beneficiaries can pay for their Part B premium with deductions from their Social Security Check or pay directly to Social Security, if not taking Social Security income. Beneficiaries must have A and B to qualify for Medicare Advantage or Supplement plans. Medicare Beneficiaries must continue to pay Medicare Part B premium.

Medicare Part C is a plan offered by Medicare-approved private companies that must follow rules set by Medicare. Some plans have premium and some have no premiums. Most Medicare Advantage Plans include drug coverage (Part D). Plan benefits are subject to change annually. Plans are offered under contracts with CMS which renew annually. Providing name of Primary Care Provider on enrollment application is recommended, and may be required by some carriers. Plans are evaluated yearly by Medicare and Star Ratings are based on a five-star rating system.

Medicare Part D Plans (PDP) are standalone plans from private insurance companies. These plans provide coverage for prescription drugs and medications, and may also cover some vaccines.

Medicare Supplement (MediGap) plans are different than Medicare Advantage. Medicare Supplement plans allow access to Medicare providers, and provide coverage for the gaps in original Medicare covered services. Medicare Supplement plans do not include prescription drug benefits, so purchasing a Medicare Prescription Drug Plan is usually recommended, unless you have other creditable pharmacy coverage. If you are considering a Medicare Supplement policy, review the full list of benefits found in the policy, especially for those services which you routinely see a doctor.

Types of Medicare Plans;

Health Maintenance Organizations (HMO)

HMO/Point of Service plans (HMO/POS)

Preferred Provider Organizations (PPO)

Medicare Supplement (MediGap) plans

Medicare Prescription Drug plans (PDP)

Other information about Medicare;

- If you are replacing a health insurance policy with a new one, make sure your new policy is issued to you before you terminate your current plan.
- A Prescription Drug Plan is recommended for Medicare Beneficiaries who enroll in Medicare Supplement (MediGap) Plans.
- Changing MAPD plans will cancel prior MAPD plan.
- Purchasing a Medicare Advantage Prescription Drug Plan will cancel a stand-alone Medicare Prescription Drug plan.
- Enrolling in a stand-alone Medicare Prescription Drug Plan will terminate current Medicare Advantage Prescription Drug Plan.
- Plans may require members to reside in service area 6 months per calendar year.
- Extra help is available for those with low income.
- Carriers have an appeal and grievance process.
- Some plans require selection of primary care provider and some plans require referrals for specialty care.
- HMO plans may not pay for out of network services unless it is an emergency or urgent situation, or unless the plan approves out of network services.
- Primary Care Provider may not be required, but recommended for PPO members
- Out of network services may cost more on PPO plans.
- Prescription drugs may require prior authorization, step therapy, or deductible.
- Generic Drugs can lower cost for prescriptions compared to brand drugs.
- Documents to review and read - Plan Overview or Benefit Highlights (brief description of coverage), Summary of Benefits (more detailed description of coverage), Evidence of Coverage (more detailed information), Star Rating, and Medicare & You.

Enrollment Process;

Enrolling agent provides support at time of enrollment, during the year, and at each Annual Election Period.

Enrollment process is typically submitted electronically, with applicant providing electronic signature, but paper applications are available.

Payment options include bill pay from members bank, electronic bank draft from carrier, personal check, paying on-line, and Medicare Advantage premiums can be deducted from Social Security Check for those taking Social Security Income

New member materials, evidence of coverage, id card and premium invoices are usually sent by carriers to new members in about 10-15 days. Enrollees receive enrollment confirmation from the plan selected.

Laughlin Insurance agents are licensed in Oregon and Washington. Agents receive an initial commission payment and commission beyond the first year, if the member remains enrolled. Agents do not represent Medicare, social security, or federal or state government

We do not offer every plan available in your area. We represent 8 organizations in 2 states which offer 45 plans (plan availability depends on the zip code in which you reside). Contact Medicare.gov, 1-800-MEDICARE, or your local state health insurance program (SHIP) to get information on all of your options.

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