



Your Guide To Understanding Medicare

Finding The Plan That's Best Suited To Your Specific Needs

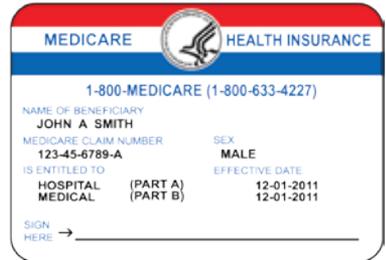
Do You Know When You Are Eligible For Medicare?

You are eligible for Original Medicare (Parts A and B) if:

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

•

You are a U.S. citizen or a legal resident who has lived in the U.S. for at least five consecutive years.



When Can You Enroll?

When you turn 65 or otherwise become eligible for Medicare, you will have your **Initial Enrollment Period (IEP)**. Your IEP begins three months before and ends three months after the month of your birthday (a seven-month window). For those with employer or plan-sponsored coverage when first becoming eligible, you will not need to enroll until you retire or otherwise lose that coverage.

During the **Annual Election Period (AEP)** you can add, drop or switch your Medicare plan coverage. You might also see this called the **Open Enrollment Period (OEP)**.



ANNUAL ELECTION PERIOD (AEP) **SPECIAL ELECTION PERIOD (SEP)**
October 15 - December 7

Some individuals may also qualify for a **Special Election Period (SEP)**. Depending on certain circumstances, you may be able to enroll in a Medicare plan outside of the IEP or AEP enrollment periods—for example, if you move out of the plan’s service area, retire, receive assistance from the state or have been diagnosed with certain qualifying chronic health conditions.

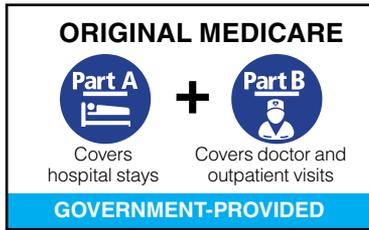
Do You Know How Medicare Works?

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

Medicare choices

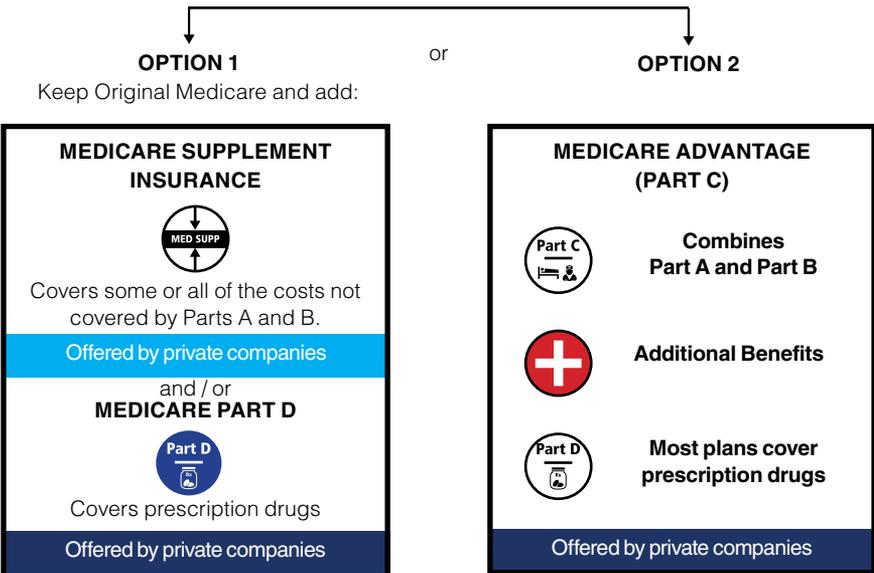
STEP 1

Enroll in original Medicare when you become eligible.



STEP 2

If you need more coverage, you have choices.



Do You Know Prescription Drug Coverage?

PHARMACY NETWORK

Each plan will have its own pharmacy network, which defines the pharmacies plan members can use. Some plans offer mail order services, so you can have drugs mailed to your home.

DRUG FORMULARY

A formulary is a list of drugs that the plan covers. Each plan will have its own formulary. Prior to enrolling, be sure to ask for a copy of the plan's formulary or check the plan's website to review the drugs covered.

LATE-ENROLLMENT PENALTY

Is an amount added to your Part D premium if you go longer than 63 days in a row, after your Initial Enrollment Period is over, without Part D or other creditable prescription drug coverage.

TIERED FORMULARY

Many plans utilize tiered formularies to group covered drugs according to cost. For example, a generic drug may have a lower copay than a brand-name version of the same drug.

Understanding Drug Payment Stages Part D Coverage Gap: What you need to know.



Initial Coverage Stage

During this stage you pay a flat fee (copay) or percentage of a drug's total cost (coinsurance) for each prescription you fill. The plan pays the rest until your total drug costs (paid by you and the plan) reach **\$3,820**.

Coverage Gap Stage

During this stage you pay **25%** of the total cost of brand name drugs and **37%** of the total cost of generic drugs. Once your out-of-pocket cost reach **\$3,820**, you move to catastrophic coverage.

Catastrophic Coverage Stage

Once you've met the out-of-pocket cost reimbursements of the coverage gap (or threshold), you automatically get "catastrophic coverage". With catastrophic coverage, you only pay a reduced coinsurance amount or copayment for covered drugs for the rest of the year.

**Payment stage amounts may differ from select plans.
For more information see the plan's Summary of Benefits.**



Know Your Needs

When choosing a health plan, it's important to select one that meets your needs and your budget. Here are some important questions to think about before choosing a plan.

How's Your Current Health?

Do a cost analysis on all your healthcare needs. Be sure to account for any medical procedures you have planned or any ongoing. Let your agent know if you have any chronic health conditions such as diabetes, heart failure or chronic lung disease.

Current Doctor: _____

Current medical group: _____

Do You Take Any Prescriptions?

Each plan will have its own drug formulary and pharmacy network.

My current prescriptions and current co-pay tiers:

Did you reach the Part D Coverage Gap (Donut hole)? Yes No
Do you need help with your prescription drug coverage, Low Income Subsidy (L.I.S.)? Yes No

Are Benefits Like Vision, Hearing, Dental and Transportation Important To You?

Yes No Current Benefit Allowance: _____

Be A Smart Shopper.

Always review potential plan's "Summary of Benefits".

Compare plans from a variety of companies or use a service that can help make that comparison for you. Give us a call today and you will soon see how you could cut cost, save time and feel confident about the quality of your Medicare Advantage health plan.

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 \$5,100 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 **\$14,100** for an individual or **\$28,150** for a married couple living together. Resources include such things as bank accounts, stocks and bonds, it does not include your home, car or any life insurance policy as resources.
- Your annual income must be limited to **\$18,210** for an individual or **\$24,690** 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:
 1. Support other family members who live with you
 2. Have earnings from work
 3. 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.

What Is Medicare Advantage?

1

Medicare Advantage Is Still Medicare

Even though Medicare Advantage plans are privately administered, you still have the same rights and protections as Original Medicare.

2

Medicare Advantage Has You Covered

Medicare Advantage plans must cover all of the services that Original Medicare covers, except the hospice care. But Original Medicare will cover hospice care even if you are in a Medicare Advantage plan.

3

A Built-In Financial Safety Net

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

4

The “Extra Advantage”

Medicare Advantage plans may offer extra coverage, such as vision, hearing or dental services, and health or wellness programs.

5

More Benefits, Not More Cost

Many Medicare Advantage plans have low or \$0 monthly plan premiums and deductibles. You just continue to pay your Part B premium.

6

The Scoop In Drug Coverage

You can choose to either enroll in a Medicare Advantage plan that includes drug coverage or enroll in a stand-alone Medicare Part D plan to go with your Original Medicare coverage.

7

Location, Location, Location

Medicare Advantage plans vary based on where you live. To find the plans available in your area, talk to your local agent or visit www.Medicare.gov.

8

Review Your Choices Once A Year

You can change plans each year during the Annual Election Period (sometimes called the Open Enrollment Period). But if you are happy with your plan, do nothing and you will automatically be re-enrolled.

9

Not All Networks Are Created Equal

Each Medicare Advantage plan has its own specific network of providers, clinics and hospitals.

10

No Underwriting Exams

You can join even if you have a pre-existing condition, except for end-stage renal diseases (ESRD).

Additional Resources

Medicare

Medicare Helpline

For questions about Medicare and detailed information about plans and policies available in your area, call **1-800-MEDICARE (1-800-633-4227)**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week. Or go to **www.Medicare.gov**.

Medicare & You

Official Medicare handbook for Medicare programs, updated each year. You can download a copy at the Medicare website 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 policies, go to **www.Medicare.gov**.

Social Security

Social Security Administration

For help with questions about eligibility for and enrolling in Medicare or Social Security retirement benefits and disability benefits, and for questions about eligibility for help, with costs of Medicare coverage, call:

1-800-772-1213

TTY 1-800-325-0778

between 7 a.m. and 7 p.m.,
Monday through Friday.

Administration On Aging Eldercare Locator

For help in finding local, state and community-based organizations that serve older adults and their care givers in your area, call **1-800-677-1116** between 9 a.m. and 8 p.m. ET, Monday through Friday. Or go to **www.ElderCare.gov**.

State Resources

Your State's Medical Assistance or Medicaid Office

To learn whether you are 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.

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



Do You Know PIH Health?

PIH Health is a regional nonprofit healthcare delivery network that serves more than 2.1 million residents in Los Angeles and Orange Counties as well as the San Gabriel Valley region.



PIH Health Hospital - Whittier

The fully integrated network, comprised of PIH Health Hospital - Whittier and PIH Health Hospital - Downey, features multiple outpatient medical offices, a multi-specialty medical group, home health and hospice care as well as heart, cancer, stroke, women's health and emergency services.

PIH Health has been recognized by Truven Health Analytics as one of the nation's top hospital networks and by Hospitals and Health Networks for quality, cutting-edge advancements and technology.

To learn more about PIH Health, contact us at **1.888.365.4450** or visit **[PIHHealth.org/Medicare](https://www.PIHHealth.org/Medicare)**.

Health Plan #1**Health Plan #2****Health Plan Name**

Monthly Plan Premium

Maximum Out of Pocket

Inpatient Hospital

Primary Care Office Visits

Skilled Nursing Facility

Outpatient Hospital / Surgical Center

Ambulance

Emergency Services

Urgently Needed Services

Diabetes Monitoring & Supplies

Lab Services & X Rays

Diagnostic / Complex Radiology

Therapeutic Radiology

Transportation

Dental

Routine Eye Exam

Eye Wear

Hearing Exam

Hearing Aids

Fitness Benefit

Acupuncture / Chiropractic

Drugs / Medications**30 Retail / 90 Mail Order****30 Retail / 90 Mail Order**

Preferred Generic (Tier 1)

Generic - Non Preferred (Tier 2)

Preferred Brand (Tier 3)

Brand - Non Preferred (Tier 4)

Specialty Drugs (Tier 5)

Select Care Drugs (Tier 6)

Initial Coverage Limit (Annual Limit)

Coverage in the Gap (Donut hole)

For a list of Medicare presentations and community events,
call PIH Health at **1-888-365-4450**,
Monday through Friday from 8 am to 5 pm.

