MEDICARE & YOU

Understanding Your Medicare Choices

What Agencies Are Responsible for Your Healthcare?



Social Security Enrolls most people in Medicare



Centers for Medicare & Medicaid Services (CMS)

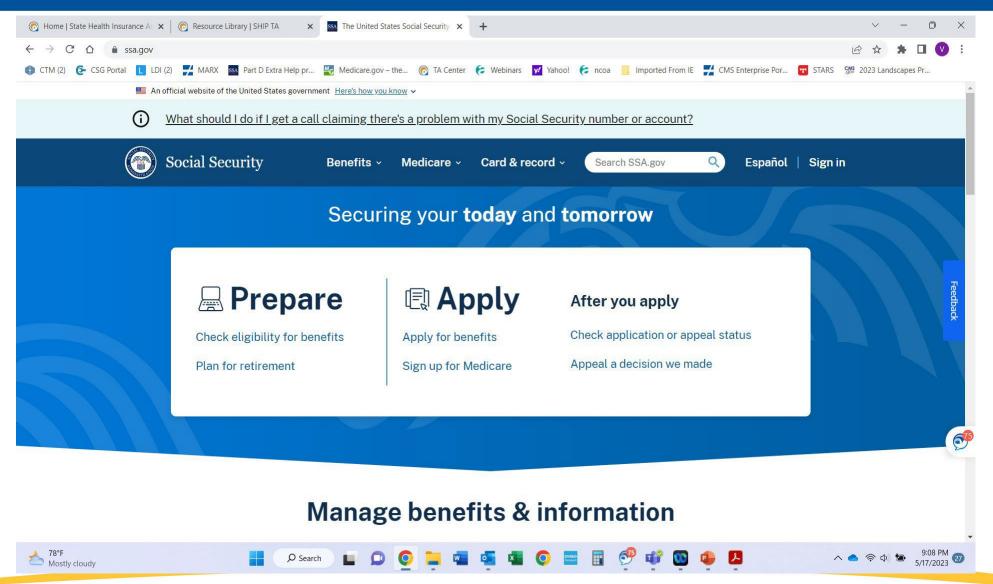
Forms Medicare policy and administers Medicare coverage, benefits, and payments

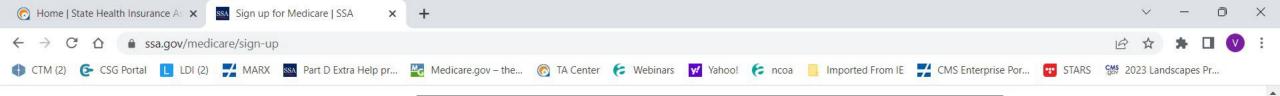


Office of Group Benefits (OGB)

Administers insurance for state employees, retirees, teachers and other designated groups

Social Security Administration





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O Search

Sign up for Medicare

If you're 65 or older, you can enroll online for Parts A and B, or Part A only. You can delay Part B if you're already covered through an employer group health plan.

The application is for retirement benefits and Medicare, or Medicare only.

Apply online



If you've previously declined or never signed up for Part B, you can sign up for Part B only.

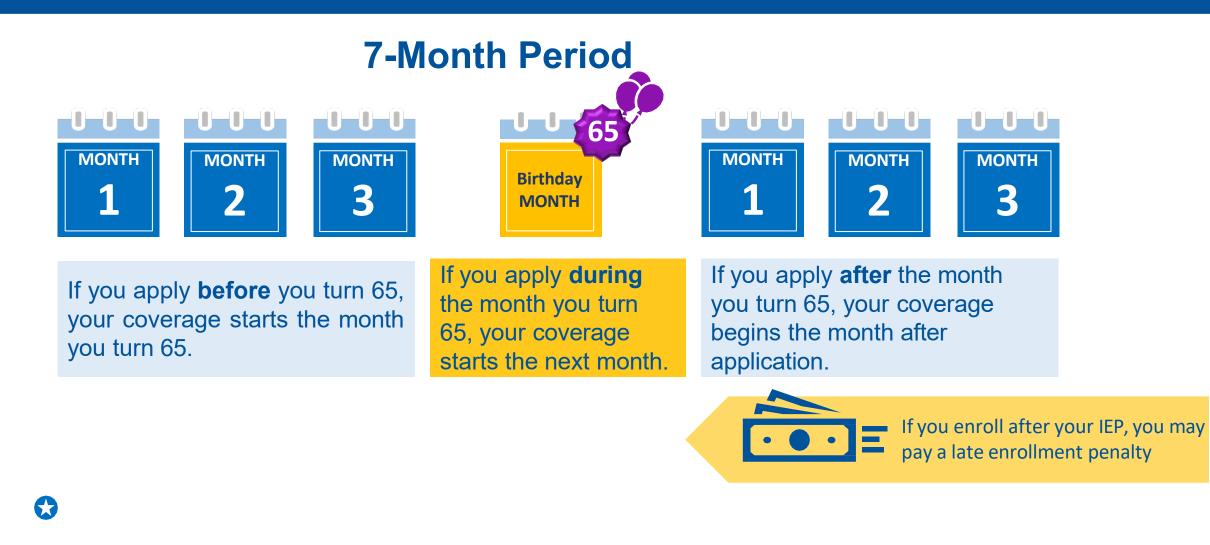
Get started

Sign up for other parts of Medicare



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Initial Enrollment Period (IEP)



Special Enrollment Period (SEP)

Starts after Medicare IEP and having GHP coverage based on current employment

Continues for 8 Months after GHP Coverage Based on Current Employment Ends



You can sign up for Part A (if you have to pay for it) and/or Part B:

- Anytime you're still covered by the GHP
- Ouring the 8-month period that begins the month after the employment ends or the coverage ends

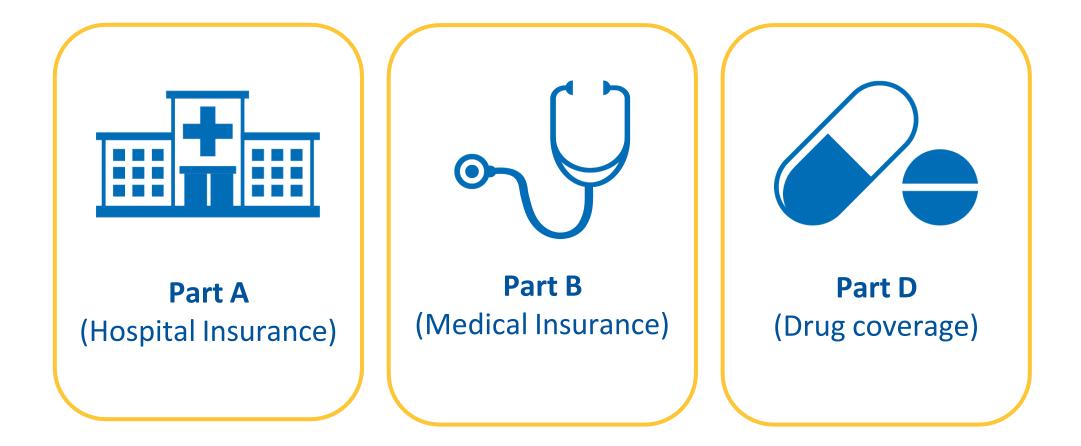
Usually no late enrollment penalties



Solution NOTE: You have 6 months from the Part B effective date to buy a Medigap policy (must have Part A and Part B).

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What Are the Parts of Medicare?



Part A (Hospital Insurance) Covers

Inpatient care in a hospital, including:

- Semi-private room
- Meals
- General nursing
- Drugs (including methadone to treat an opioid use disorder)



Part A Hospital Insurance

- Other hospital services and supplies
- Inpatient care in a skilled nursing facility (SNF) after a related 3-day inpatient hospital stay

Medicare Part B (Medical Insurance) Covers

- Doctors' services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health services
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services
- Limited number of outpatient prescription drugs under certain conditions



Part B Medical Insurance

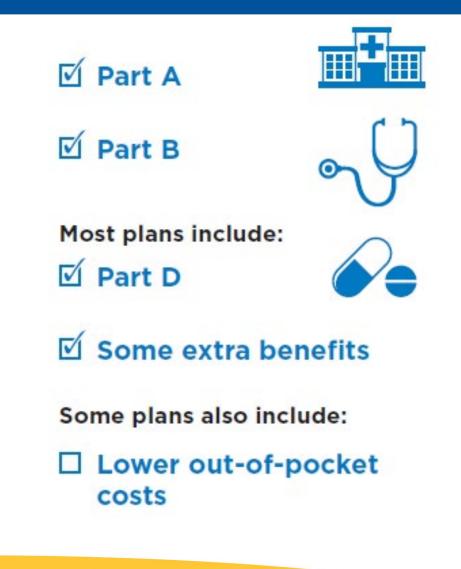
Part B Monthly Premium	\$174.70
Yearly Deductible	\$240
Coinsurance for Part B Services	 20% for most covered services, like doctor's services and some preventive services, if provider accepts assignment \$0 for most preventive services 20% for outpatient mental health services, and copayments for
	hospital outpatient services

NOTE: If your annual income exceeds \$100,000 (single); \$200,000 couple, you will be subject to higher Part B premium due to Income Related Monthly Adjustment Amount (IRMAA)

Medicare Advantage Plans (Part C)

Offered by Medicare-approved private companies that must follow rules set by Medicare.

- In many cases, you can only use doctors who are in the plan's network.
- In many cases, you may need to get approval from your plan before it covers certain drugs or services.
- Plans may have lower or higher out-of-pocket costs than Original Medicare. You may also have an additional premium.
- Plans may offer some extra benefits that Original Medicare doesn't cover—like certain vision, hearing, and dental services.



Medicare Drug Coverage (Part D)

- An optional benefit available to all people with Medicare
- Run by private companies that contract with Medicare
- Provided through:
 - Medicare drug plans (also known as PDPs) (work with Original Medicare)
 - Medicare Advantage Plans with drug coverage (also known as MA-PDs)
 - Some other Medicare health plans

Employer Group Health Plans (GHPs)

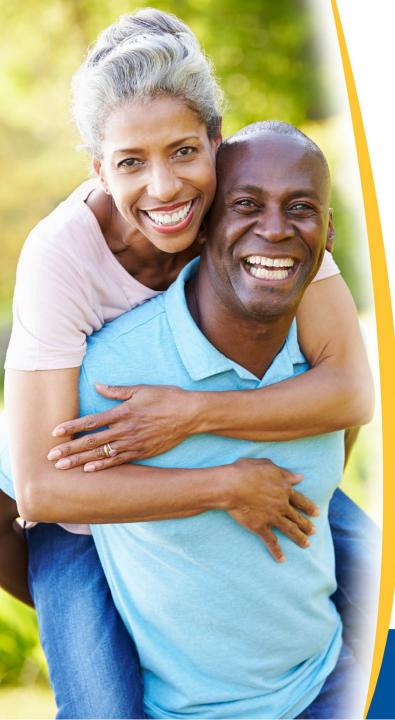
Coverage offered by many employers and unions to current employees and their families, and/or retirees

- Plan Types: Fee-for-service, managed care
- Employee Decision: Employees usually can choose to keep or reject
- Businesses with 50 or fewer employees: Can offer Small Business Health Options Program (SHOP) plans from the Marketplace

OGB Retirees

Do you know the significances of July 1, 2005

- If you are eligible for premium free Medicare Part A (hospitalization), you MUST also enroll in Medicare Part B
- This also applies to your spouse if covered by OGB
- Failure to enroll results in failure to pay claims
- If NOT eligible for premium free Part A, you MUST provide verification from Social Security.



OGB Medicare Advantage

2024 OGB endorsed advantage plans during annual enrollment:

- Blue Advantage HMO
- Humana HMO
- Peoples Health HMO-POS

The plan pay primary. They replace Medicare while enrolled.

These companies also offer plans to non-OGB members.



8/5/2024

OGB Secondary Plans



Retirees can also select from five OGB benefit options during annual enrollment:

- Pelican HRA1000
- Magnolia Local Plus
- Magnolia Open Access
- Magnolia Local

These benefit options will be secondary to Medicare.



Prescription Drug Coverage – Non-Medicare & Medicare



OGB's pharmacy vendor for active members and their dependents and retirees and their dependents who are not eligible for Medicare who are enrolled in the following plans:

Pelican HRA1000 * Magnolia Local * Magnolia Local Plus * Magnolia Open Access

SilverScript[®]

Medicare Prescription Drug Plan (Part D)

OGB's prescription drug plan for retirees and their dependents who are eligible for Medicare and enrolled in the following plans:

Pelican HRA1000 * Magnolia Local * Magnolia Local Plus * Magnolia Open Access

SilverScript is a Medicare Part D prescription drug plan with additional coverage provided by the Office of Group Benefits. The plan is provided by SilverScript Insurance Company[®] which is affiliated with CVS Caremark



Questions??





Thank You

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