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Over 20 years



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Medicare

Health insurance for:

- People 65 or older
- Certain people who are under 65 with disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

NOTE: To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.



Medicare & You 2025

The official U.S. government Medicare handbook

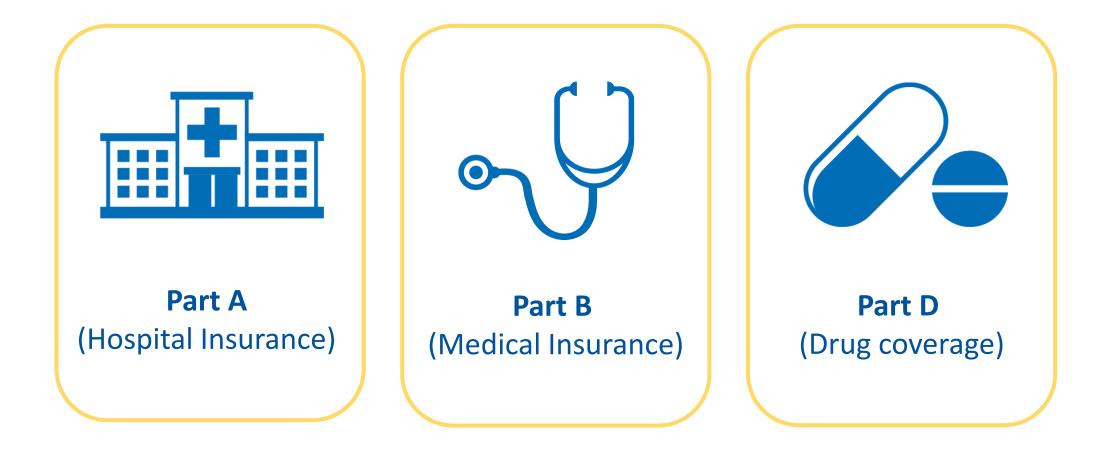


Medicare

CMS Product No. 10050

November 2024

What Are the Parts of Medicare?



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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

Part A (Hospital Insurance) Covers (continued)

Part A also helps cover:

- **Blood** (inpatient)
- Hospice care
- Home health services

Inpatient care in a religious nonmedical health care institution (RNHCI)



Part A Hospital Insurance

Paying for Part A (Hospital Insurance) in 2024/2025

Most people don't pay a premium for Part A

- If you or your spouse paid FICA taxes for at least 10 years, you get Part A without paying a premium
- You may have to pay a penalty if you don't sign up when first eligible for Part A (if you have to buy it)
 - Your monthly premium may go up 10%
 - You'll have to pay the higher premium for twice the number of years you could've had Part A, but didn't sign up



What You Pay in Original Medicare in 2024/2025: Part A

Hospital	 \$1,632 (\$1,676 in 2025) deductible for each benefit period.
Inpatient	Days 1–60: \$0 copayment for each day.
Stay	Days 61–90: \$408 (\$419 in 2025) copayment each day.
	Days 91-150: \$816 (\$838 in 2025) copayment each day while using your 60 "lifetime reserve days."
	After day 150: You pay all costs.
	NOTE: You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it's medically necessary.
Mental	 \$1,632 (\$1,676 in 2025) deductible for each benefit period.
Health Inpatient Stay	Days 1–60: \$0 each day.
	 Days 61–90: \$408 (\$419 in 2025) copayment each day.
	Days 91 and beyond: An \$816 (\$838 in 2025) copayment each day while using your 60 "lifetime reserve days."
	Each day after the lifetime reserve days: All costs.
	 20% of the Medicare-approved amount for mental health services you get from doctors and other health care providers while you're a hospital inpatient.
	NOTE: There's no limit to the number of benefit periods you can have, whether you're getting mental health care in a general or psychiatric hospital. However, if you're in a psychiatric hospital (instead of a general hospital), Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

Part A (Hospital Insurance) Costs in 2024/2025 (continued)

Skilled Nursing Facility	 Days 1–20: \$0 for each benefit period.
(SNF) Stay	 Days 21–100: \$204 (\$209.50 in 2025) copayment each day.
	 Days 101 and beyond: You pay all costs.
Home Health Services	 \$0 for home health services.
	 20% of the Medicare-approved amount for durable medical equipment (DME) like wheelchairs, walkers, hospital beds, and other equipment.
Hospice Care	 \$0 for hospice care services.
	You may need to pay a copayment of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under Medicare drug coverage (Part D).
	 You may need to pay 5% of the Medicare-approved amount for inpatient respite care.
	 Medicare won't pay room and board for your care in a facility, unless the hospice medical team decides you need short-term inpatient care to manage pain and other symptoms. This care must be in a Medicare-approved facility, like a hospice facility, hospital, or skilled nursing facility that contracts with the hospice.
Blood	 If hospital gets it from a blood bank at no charge, you have no charge.
	 If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else.

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

What's Not Covered by Part A & Part B?

Some of the items and services that Part A and Part B don't cover include:

- Eye exams (for prescription eyeglasses)
- Long-term care
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting

them

- Concierge care
- Covered items or services you get from a doctor or other provider that has opted out of participating in Medicare
- Most dental care

They may be covered if you have other coverage, like Medicaid or a Medicare Advantage Plan that covers these services.

What You Pay in 2024/2025: Part B Monthly Premiums

Standard premium is \$185 in 2025



Some people who get Social Security benefits pay less due to the statutory hold harmless provision



Your premium may be higher if you didn't choose Part B when you first became eligible or if your income exceeds a certain threshold

Monthly Part B Standard Premium: Income-Related Monthly Adjustment Amount (IRMAA) for 2025

If your yearly income in 2023 (for what you pay in 2025) was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay each month (in 2025)
\$106,000 or less	\$212,000 or less	\$106,000 or less	\$185.00
Above \$106,000 up to \$133,000	Above \$212,000 up to \$266,000	Not applicable	\$259.00
Above \$133,000 up to \$167,000	Above \$266,000 up to \$334,000	Not applicable	\$370.00
Above \$167,000 up to \$200,000	Above \$334,000 up to \$400,000	Not applicable	\$480.90
Above \$200,000 and less than \$500,000	Above \$400,000 and less than \$750,000	Above \$106,000 and less than \$394,000	\$591.90
\$500,000 or above	\$750,000 or above	\$394,000 or above	\$628.90

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Yearly Deductible	\$240/\$257 in 2025 (You pay this deductible once each year)	
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 you can't afford to pay these costs, there are programs that may help. These programs are discussed later in Lesson 7.

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Decision: Should I Keep/Sign Up for Part B?

Consider:

- Most people pay a monthly premium
 - Usually deducted from Social Security/Railroad Retirement Board (RRB) benefits
 - Amount depends on income
- You can delay enrollment if you have group health plan coverage based on your current employment, the employment of a spouse, or a family member that is 20 or more employees and Part D creditable
- You can apply for Part B at any time while working and continue for 8 months after employment ends or GHP ends, whichever comes first
- Sometimes, you must have Part B

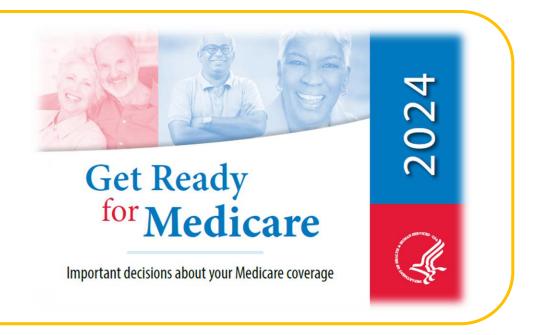
Automatic Enrollment: Medicare Part A & Part B

Enrollment is automatic for people who:

- Get Social Security or RRB Benefits
- Are under 65, have a disability, and getting disability benefits from Social Security or certain disability benefits from the RRB for 24 months

Look for your "Get Ready for Medicare" package

- Mailed 3 months before:
 - Your 65th birthday
 - Your 25th month of disability benefits
- Includes a letter, booklet, and Medicare card



Some People Must Take Action to Sign Up for Medicare



To apply for Medicare 3 months before you turn 65, contact Social Security at <u>SSA.gov</u>.



If you retired from a railroad, contact your local Railroad Retirement Board at 1-877-772-5772; TTY: 1-312-751-4701

NOTE: The age for full Social Security retirement benefits is increasing. Medicare eligibility age is still 65.



Welcome ^{to} Medicare

Important decisions about your Medicare coverage



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When You Must Have Part A & Part B

To buy a Medicare Supplement Insurance (Medigap) policy

To join a Medicare Advantage Plan



Eligible for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)



Employer coverage requires you to have it (has fewer than 20 employees)

Eligible For TRICARE for Life (TFL)

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 \checkmark

Your Medicare Card

- Lists Medicare Part A (shown as HOSPITAL), Part B (shown as MEDICAL) along with the date your coverage begins
- To accept Part B, keep your card (and carry it when you're away from home)
- To refuse Part B, follow the instructions in the "Get Ready for Medicare" booklet



Need a replacement card?

- Visit <u>Medicare.gov/account</u> to log into your secure Medicare account and print an official copy
- Call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)

Initial Enrollment Period (IEP)

7-Month Period





If you sign up for Part A and/or Part B before you turn 65, your coverage starts the 1st day of your birthday month.

If you sign up the month you turn 65 or during the last 3 months of your IEP, your coverage begins the 1st day of the month after you sign up.

If you're under 65 and have a disability, you'll automatically get Part A and Part B after getting 24 months of disability benefits, either from Social Security or certain disability benefits from the RRB.

NOTE: Your 6-month Medigap Open Enrollment Period (OEP) begins the month you're 65 or older and enrolled in Part B (must also have Part A) and lasts at least 6 months (may be longer in your state).

Special Enrollment Period (SEP)



Starts after Medicare IEP if you have GHP coverage based on current employment

Continues for 8 Months after GHP Coverage 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



Source: 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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General Enrollment Period (GEP)

3-Month GEP each year



You can sign up for:

- Part A (if you have to buy it)
- Part B
- Part D (when you sign up for Part B)



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Your Medicare Options



It can help pay some costs that other parts don't cover. This includes Medicare Supplement Insurance (Medigap). Or you can use coverage from a current or former employer or union, or Medicaid (if you have it). Medicare Advantage (also known as Part C)

Part A

🗹 Part B



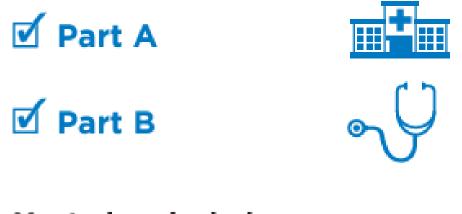


Most plans include: **Part D**



Some extra benefits

Medicare Advantage Plans (Part C)



Most plans include:

🗹 Part D



🗹 Some extra benefits

- Another way (other than Original Medicare) to get your Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) coverage
- Offered by Medicare-approved private companies that must follow rules set by Medicare
- Most Medicare Advantage Plans include drug coverage (Part D)
- In most cases, you'll need to use health care providers who participate in the plan's network (some plans offer non-emergency coverage out of network, but typically at a higher cost)

Original Medicare vs. Medicare Advantage Plan: Cost

Original Medicare	Medicare Advantage (Part C)	
For Part B-covered services, you usually pay 20% of the Medicare-approved amount after you meet your deductible. This amount is called your coinsurance.	Out-of-pocket costs vary. Plans may have different out-of-pocket costs for certain services.	
You pay the monthly premium for Part B . If you choose to join a Medicare drug plan, you'll pay a separate premium for your Medicare drug coverage (Part D).	You pay the monthly Part B premium and may also have to pay the plan's premium . Some plans may have a \$0 premium and may help pay all or part of your Part B premium. Most plans include Medicare drug coverage (Part D).	
There's no yearly limit on what you pay out of pocket, unless you have supplemental coverage—like Medicare Supplement Insurance (Medigap), Medicaid, employer, retiree, or union coverage.	Plans have a yearly limit on what you pay for covered Part A and Part B services (with different limits for in-network and out-of- network services). Once you reach your plan's limit, you'll pay nothing for covered services for the rest of the year.	
You can choose to buy Medigap to help pay your out-of- pocket costs that Medicare doesn't cover (like your 20% coinsurance). Or, you can use coverage from a current or former employer or union, or Medicaid.	You can't buy Medigap to cover your out-of-pocket costs.	

Original Medicare vs. Medicare Advantage Plan: Coverage

Original Medicare	Medicare Advantage (Part C)	
Original Medicare covers most medically necessary	Plans must cover all medically necessary services that	
services and supplies in hospitals, doctors' offices,	Original Medicare covers. For some services, plans	
and other health care facilities. Original Medicare	may use their own coverage criteria to determine	
doesn't cover some services, like routine physical	medical necessity. Plans may also offer some extra	
exams, eye exams, and most dental care.	benefits that Original Medicare doesn't cover.	
In most cases, you don't need approval (prior	In many cases, you may need to get approval (prior	
authorization) for Original Medicare to cover your	authorization) from your plan before it covers certain	
services or supplies.	services or supplies.	
You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).	Medicare drug coverage (Part D) is included with most plans. In most types of Medicare Advantage Plans, you can't join a separate Medicare drug plan.	

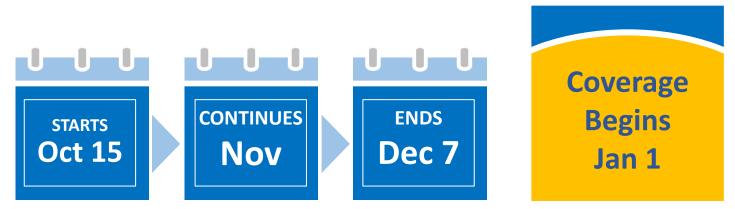
Original Medicare vs. Medicare Advantage Plan: Doctor & Hospital Choice

Original Medicare	Medicare Advantage (Part C)
You can use any doctor or hospital that takes Medicare, anywhere in the U.S.	In many cases, you can only use doctors and other providers who are in the plan's network and service area (for non- emergency care). Some plans offer non- emergency coverage out of network, but typically at a higher cost.
In most cases, you don't need a referral to use a specialist.	You may need to get a referral to use a specialist.

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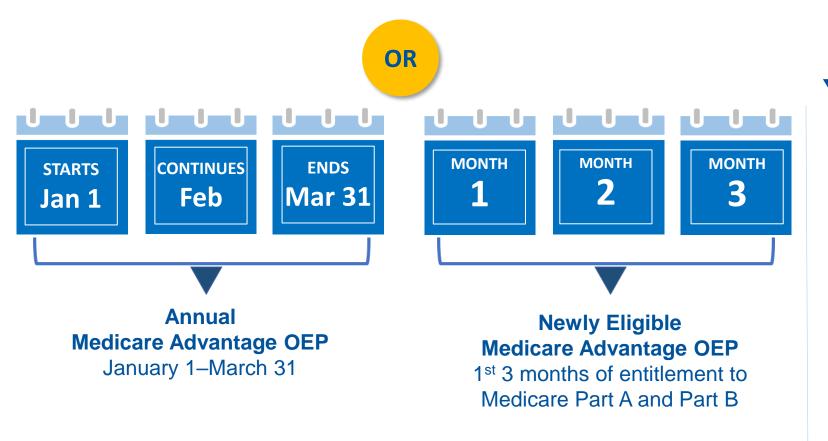
Yearly Open Enrollment Period (OEP) for People with Medicare

7-Week Period



- 7-week period each year where you can join, drop, or switch Medicare Advantage Plans or Medicare drug plans
- This is a time to review health and drug plan choices

Medicare Advantage Open Enrollment Period



NOTE: You need to be in a Medicare Advantage Plan to use this enrollment period.

You can:

- Switch to another Medicare Advantage Plan, with or without drug coverage
- Drop your Medicare Advantage Plan and return to Original Medicare. If you do:
 - You can join a Medicare drug plan
 - Coverage begins the 1st of the month after you join the plan

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Medicare Advantage & Part D Special Enrollment Periods (SEPs)

You may have an SEP if you:



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Medicare Supplement Insurance (Medigap) Policies

- Help pay out-of-pocket costs in Original Medicare
- Sold by private health insurance companies
- Some policies also cover benefits Original Medicare doesn't cover, like medical care when you travel outside the U.S.
- All standardized Medigap policies offer the same basic benefits no matter where you live or which insurance company you buy the policy from
- Medigap policies in Minnesota, Massachusetts, and Wisconsin are standardized in a different way
- Another type of Medigap policy called Medicare SELECT is available in some states



Medicare Supplement Insurance (Medigap)

When's the Best Time to Buy a Medigap Policy?

Medigap Open Enrollment Period (OEP):

- Begins the month you're 65 or older **and** enrolled in Part B (must also have Part A)
- Lasts at least 6 months (may be longer in your state)

During your Medigap OEP, companies can't:

- Refuse to sell you any Medigap policy they offer
- Make you wait for coverage
- Charge more because of a past/present health problem



NOTE: You can also buy a Medigap policy whenever a company agrees to sell you one

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

How Part D Works

- It's optional
 - You can choose a plan and join
 - You may pay a lifetime penalty if you join late
- Plans have formularies (lists of covered drugs), which:
 - Must include a range of drugs in each category
 - May change during the year—you'll be notified
- Your out-of-pocket costs may be less if you use a preferred pharmacy
- If you have limited income and resources, you may get Extra Help

Income-Related Monthly Adjustment Amount (IRMAA): Part D Premium for 2025

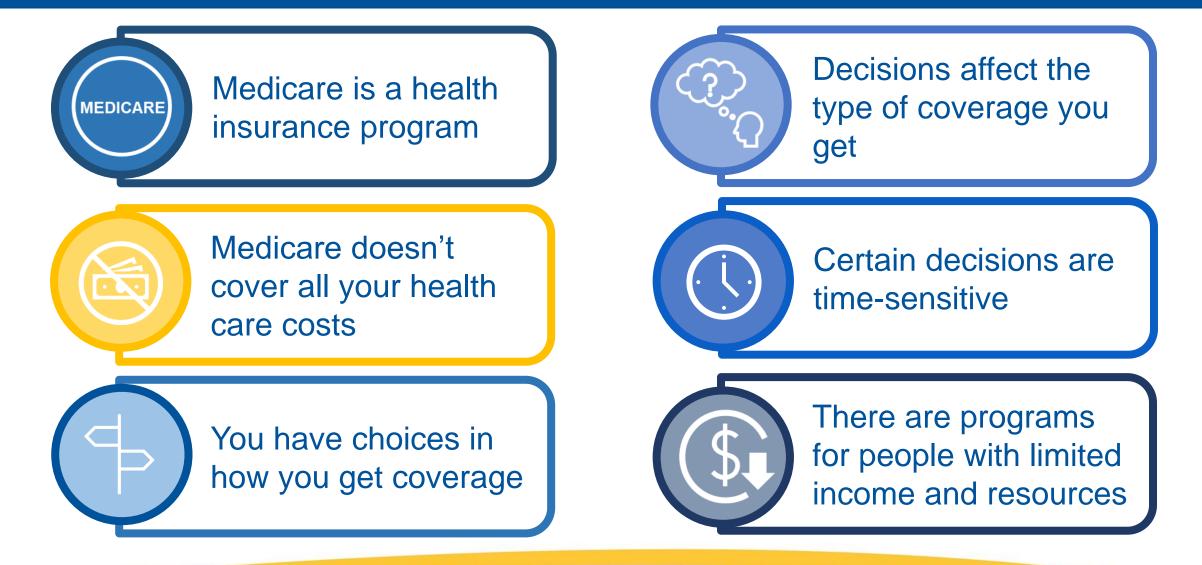
If your filing status and yearly income in 2023 was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay each month (in 2025)
\$106,000 or less	\$212,000 or less	\$106,000 or less	Your plan premium (YPP)
Above \$106,000 up to \$133,000	Above \$212,000 up to \$266,000	Not applicable	\$13.70 + YPP
Above \$133,000 up to \$167,000	Above \$266,000 up to \$334,000	Not applicable	\$35.30 + YPP
Above \$167,000 up to \$200,000	Above \$334,000 up to \$400,000	Not applicable	\$57.00 + YPP
Above \$200,000 and less than \$500,000	Above \$400,000 and less than \$750,000	Above \$106,000 and less than \$394,000	\$78.60 + YPP
\$500,000 or above	\$750,000 or above	\$394,000 or above	\$85.80 + YPP

Part D Late Enrollment Penalty 2024/2025

- You may have to pay more if you wait to join, unless you have:
 - Creditable prescription drug coverage
 - Extra Help
- You'll pay the penalty for as long as you have coverage
 - 1% for each full month eligible and without creditable prescription drug coverage
 - Multiply percentage by base beneficiary premium (\$34.70 in 2024/\$36.78 in 2025)
 - Amount changes every year

Key Points to Remember



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