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# Medicare 2023

**Updated September 2023**

**NYC**<sup>TM</sup>

**Department for  
the Aging**



**Health Insurance  
Information, Counseling  
and Assistance Program**



**SHIP**  
State Health Insurance  
Assistance Program

**Medicare Questions? Call Aging Connect at 212-244-6469**

# **Welcome to Medicare**

## **Topics Covered**

- Introduction to Medicare
  - Medicare Enrollment
  - Cost-sharing in Original Medicare
- Medigap/Medicare Supplemental plans
  - Medicare Advantage Plans
- Medicare Prescription Drug Coverage (Part D)
- Income-based Programs to assist with costs

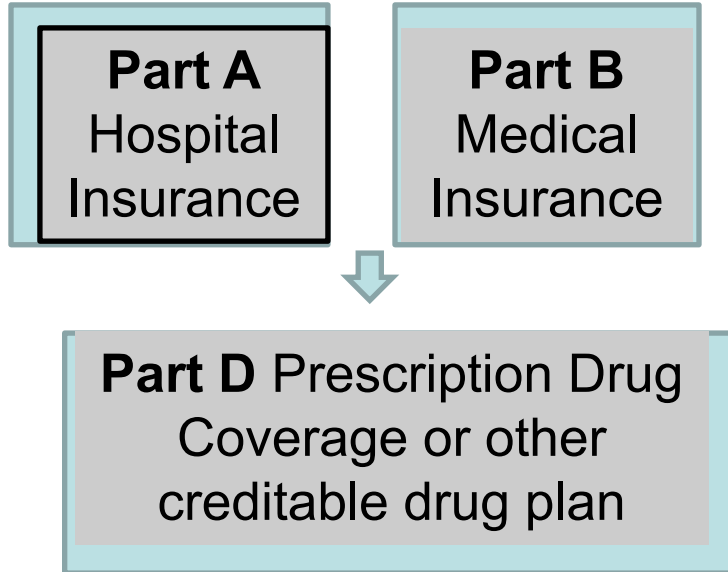
# What is Medicare?



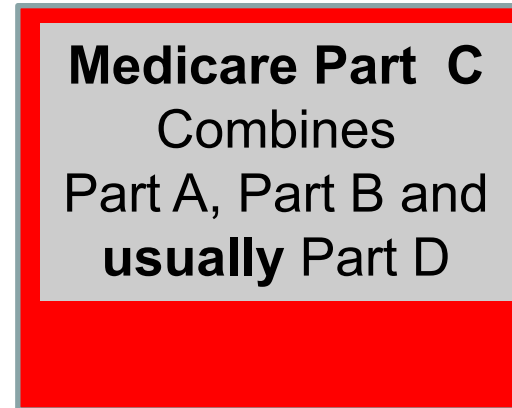
- Medicare defined
- Centers for Medicare & Medicaid Services (CMS)
- Eligibility/enrollment
  - Automatic or Do you need to apply?
- Medicare card
  - Effective Date
- Part A vs. Part B

# Your Medicare Choices

## Original Medicare



## Medicare Advantage Plan (HMO or PPO)



# Choices in Medicare

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graph TD; A[Choices in Medicare] --> B[Original Medicare (Parts A and B)+ Medigap]; A --> C[Medicare Advantage];
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## Original Medicare (Parts A and B)+ Medigap

- More provider choice
- More complete coverage
- May require additional premiums for supplemental insurance and Part D if no other creditable coverage from retiree plan, union, Medicaid, MSP, etc.

## Medicare Advantage

- Provider Networks
- Pre-approval process
- Higher cost-sharing
- Lower or no additional premium for MA plan. Must pay monthly Part D premium regardless.
  - Extra Benefits

# Original Medicare

## Enrollment

**If you are getting Social Security  
before age 65, Parts A & B  
enrollment is automatic**

# Initial Enrollment Period

- **Enroll 1<sup>st</sup> 3 months**
  - Start 1<sup>st</sup> of month of 65
- **Enroll in month 65**
  - Start 1<sup>st</sup> of following month
- **Enroll month after 65**
  - Start 1<sup>st</sup> of following month
- **Enroll 2 or 3 months after 65**
  - Start 1<sup>st</sup> of following month

# Special Enrollment Period

- **Eligibility**
  - Covered under **active** employment from large employer since first month eligible for Medicare either self or spouse.
- **Enrollment**
  - SEP allows you to enroll in Part B within 8 full months following month no longer covered through current employment. Requires forms from enrollee and employer.



# **General Enrollment Period**

- **January – March**
  - Starts 1st of following month

**Should reduce number of beneficiaries subject to the Part B late enrollment penalty.**



# MEDICARE HEALTH INSURANCE

Name/Nombre

**JOHN L SMITH**

Medicare Number/Número de Medicare

**1EG4-TE5-MK72**

Entitled to/Con derecho a

**HOSPITAL (PART A)  
MEDICAL (PART B)**

Coverage starts/Cobertura empieza

**03-01-2016  
03-01-2016**

# **Costs in Original Medicare**

**Part A (premium free for most),**

**Part B, and**

**Part D**

# Medicare Part B Costs

- Annual Deductible
  - \$226
  - Monthly Premium
  - \$164.90
- IRMAA
  - \$97,000/\$194,000

**Income-Related Monthly Adjustment Amount (IRMAA) for Higher Income Medicare Beneficiaries in 2023.**

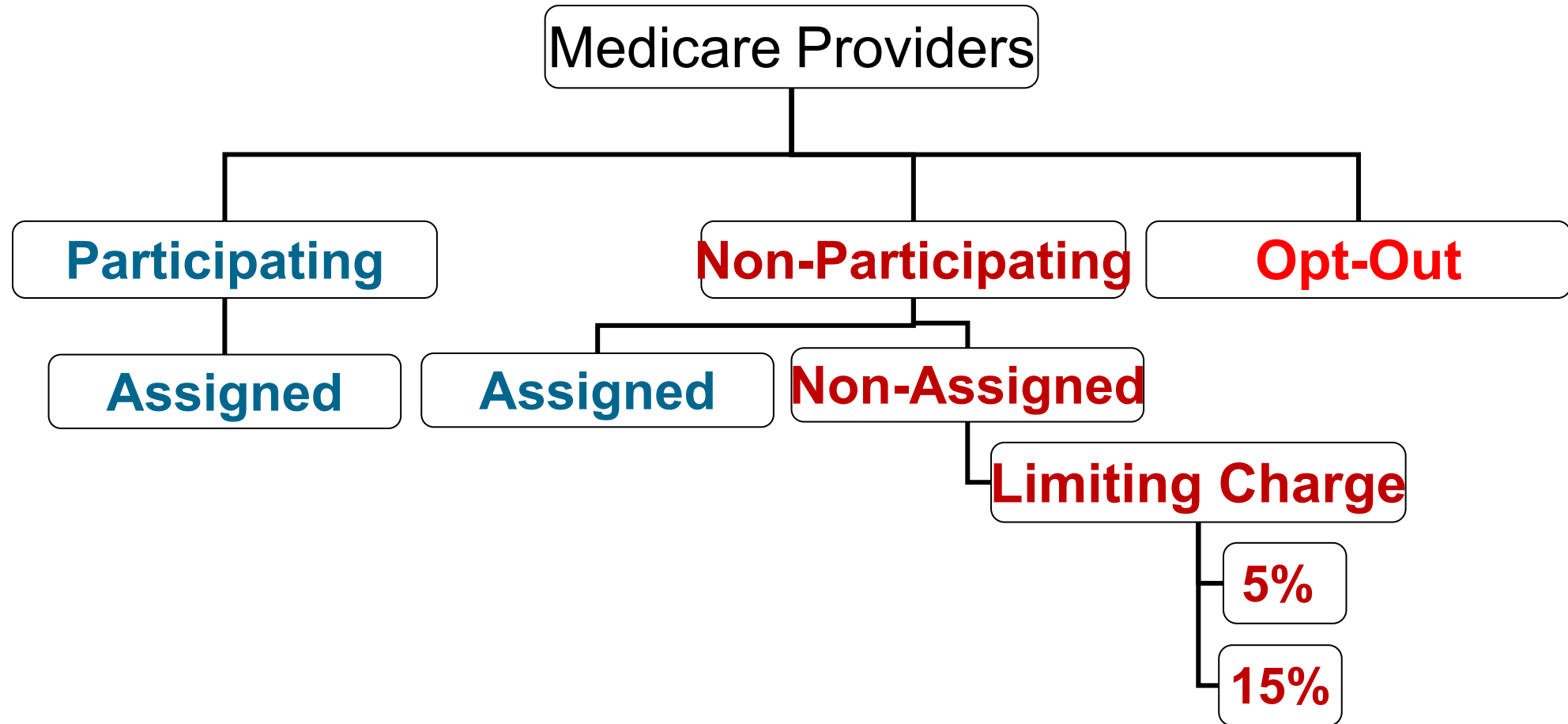
**Note: Standard Part B Monthly Premium is \$164.90 for 2023.**

<b>2021 Modified Adjusted Gross Income (MAGI)</b>	<b>Part B Monthly Premium</b>	<b>Part D (Prescription Drug) Monthly Premium</b>
Individuals with a MAGI of \$97,000 or <b>less</b> / Married couples with a MAGI of \$194,000 or <b>less</b>	<b>2023 Standard Premium = \$164.90</b>	Your Plan Premium
Individuals with a MAGI \$97,000 - \$123,000/ Married couples with a MAGI \$194,000 - \$246,000	\$230.80	Your Plan Premium + \$12.20
Individuals with a MAGI \$123,000 - \$153,000/ Married couples with a MAGI \$246,000 - \$306,000	\$329.70	Your Plan Premium + \$31.50
Individuals with a MAGI \$153,000 - \$183,000/ Married couples with a MAGI \$306,000 - \$366,000	\$428.60	Your Plan Premium + \$50.70
Individuals with a MAGI \$183,000 - \$500,000/ Married couples with a MAGI \$366,000 - \$750,00	\$527.50	Your Plan Premium + \$70.00
Individuals with a MAGI <b>greater than \$500,000</b> / Married couples with a MAGI <b>greater than \$750,000</b>	\$560.50	Your Plan Premium + \$76.40
Married filing separately with a MAGI less than \$97,000	\$164.90	Your plan premium
Married filing separately with a MAGI \$97,000 - \$403,000	\$527.50	Your Plan Premium + \$70.00
Married filing separately with a MAGI \$403,000 and greater	\$560.50	Your Plan Premium + \$76.40

# **Part B Deductible/Part B Coinsurance**

- **Part B Deductible**
  - **\$226 in 2023**
- **Part B Coinsurance**
  - 20% coinsurance for most services
    - **Laboratory Tests**
      - Not subject to deductible or coinsurance
        - **(Most) Preventive Services**
    - Not subject to deductible or coinsurance

# Medicare Assignment/Participation/Opt-Out Summary



# **Advance Beneficiary Notice**

- **Medical necessity denials**
  - Beneficiary not liable UNLESS signed valid Advance Beneficiary Notice (ABN)
- **Must be service/date specific**
- **Must use CMS ABN form**
  - Form CMS-R-131
- **Beneficiary liable for up to provider charge**
- **Still retain appeal rights**
- **Always liable for non-covered (excluded) services**



# Advance Beneficiary Notice

A. Notifier:

B. Patient Name:

C. Identification Number:

## Advance Beneficiary Notice of Non-coverage (ABN)

**NOTE:** If Medicare doesn't pay for D. \_\_\_\_\_ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. \_\_\_\_\_ below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost

### WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. \_\_\_\_\_ listed above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.
<input type="checkbox"/> <b>OPTION 1.</b> I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
<input type="checkbox"/> <b>OPTION 2.</b> I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
<input type="checkbox"/> <b>OPTION 3.</b> I don't want the D. _____ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

### H. Additional Information:

**This notice gives our opinion, not an official Medicare decision.** If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You may ask to receive a copy.

I. Signature:	J. Date:
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**You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice).**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

# Medicare Part A Out of Pocket Costs

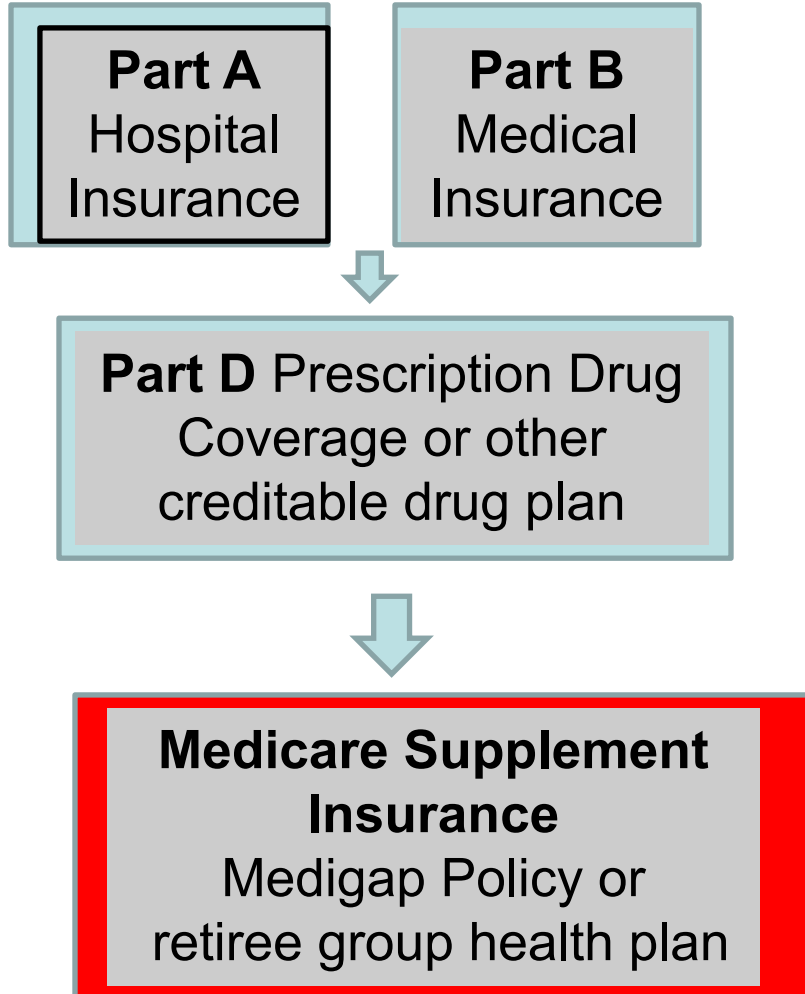
- Deductible-----\$1,600
- Coinsurance Days (61-90)
  - \$400 (Per Day)
- Lifetime Reserve Days (91-150)
  - \$800 (Per Day)
- Skilled Nursing Facility
  - \$200.00 (Days 21-100)

**Benefit periods**

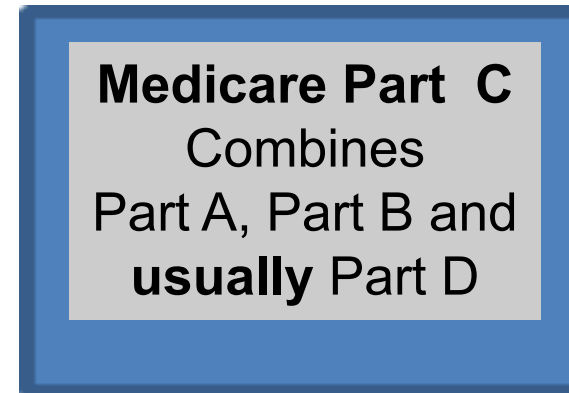
**Medigap/  
Medicare Supplement  
for Original Medicare**

# Your Medicare Choices

## Original Medicare



## Medicare Advantage Plan (HMO or PPO)



# Medigap Supplement Plans

- Ten plans (A-N)
- All plans cover Part A coinsurance (Days 61-90), (60) lifetime reserve days plus 365 additional days
  - All cover Part A deductible except Plan A
  - Most plans cover entire Part B (20%) coinsurance
- Standard Benefit/Continuous open enrollment
- Up to 6 month waiting period (WP) for pre-existing conditions BUT credit prior coverage toward WP
  - <https://www.dfs.ny.gov/consumers/healthinsurance/supplementplansrates>
- People newly eligible for Medicare in 2020 (or later) CANNOT purchase Plan C or Plan F

## BENEFITS INCLUDED IN THE TEN STANDARD MEDICARE SUPPLEMENT PLANS—2022

**Basic Benefit:** Included in all plans

•**Hospitalization:** Part A copayment, coverage for 365 additional days after Medicare benefits end, and coverage for 60 lifetime reserve days copayment.

•**Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses).

•**Blood:** First 3 pints of blood each year.

•**Hospice:** Part A cost sharing.

### High Deductible Plan F and Plan G – \$2,490/2022--~~\$2,700/2023~~

A	B	C	D	F*	G*	K	L	M	N
Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit**	Basic Benefit**	Basic Benefit	Basic Benefit**
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance (50%)	Skilled Nursing Coinsurance (75%)	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible (50%)	Part A Deductible (75%)	Part A Deductible (50%)	Part A Deductible
		Part B Deductible		<b>Part B Deductible</b>					
				<b>Part B Excess</b>	<b>Part B Excess</b>				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out of Pocket limit \$6,620 <b>\$6,940</b>	Out of Pocket limit \$3,310 <b>\$3,470</b>		

## MEDICARE SUPPLEMENT INSURANCE POLICIES (January 2023)

PLAN	Aetna 800-345-6022	Bankers Conseco 800-845-5512	Emblem (formerly GHI) 800-444-2333	Empire Blue Cross Blue Shield 855-306-9355	Globe Life Insurance * 800-331-2512	Humana 800-486-2620	Mutual of Omaha 800-228-9999	TransAmerica Financial 800-752-9797	United Health (AARP) Must be an AARP member to enroll (age 50+) 800-523-5800
<b>A</b>	\$318.21	\$413.54	\$194.87	\$179	\$240/268	\$348	\$351.72	\$213	\$187
<b>B</b>	\$362.44	\$567.63	\$253.28	\$241.11	\$328/368	\$392.90	\$512.25	\$257	\$268.50
<b>C**</b>			\$300.87		\$397/444	\$476.21	\$512.82	\$333	\$342.50
<b>D</b>					\$391/438		\$503.90	\$306	
<b>F**</b>	\$422.90	\$766.41	\$530.29	\$371.28	\$374/419	\$485.87	\$516.15	\$335	\$332.25
<b>F+**</b>		\$75.69	\$74		\$72/\$81	\$101.93			
<b>G</b>	\$406.26	<b>\$705.38</b>	\$302	\$320.63	\$348/390	\$460.14	\$478.04	<b>\$281</b>	\$283.50
<b>G+</b>		\$75.69	\$67.69		\$72/\$81	\$101.80			
<b>K</b>		\$117.63			\$137/154	\$226.75		\$154	\$92.75
<b>L</b>		\$322.45			\$206/231	\$323.93		\$228	\$191
<b>M</b>		\$446.65					\$526.10	\$281	
<b>N</b>		<b>\$439.55</b>	\$220	\$228.15	\$259/290	\$326.35		\$264	<b>\$217.25</b>

# Medigap Plan Tips---2023

- The only difference between Plans F and G is that Plan F pays the Part B deductible. If Plan F costs more than the \$226 per year than Plan G, Plan G is the better buy premium dollar wise if you are eligible for both F & G.
- You can save on your monthly premium by selecting Plan N but you will have to pay up to \$20 per office visit after meeting your Part B deductible and you will also have to pay any Part B excess charges.
- You can pay a very low monthly premium by choosing a high deductible F or G plan, but you must meet the deductible of \$2,700 in 2023 before the comprehensive coverage will kick in.
- Plans such as K and L have lower premiums as well in exchange for more cost sharing including cost sharing for Part A. Both K and L have maximum out of pocket limits.
- All Medigap plans of the same letter have the same exact benefits no matter which insurance company sells them!



# TV Ads offering “extra benefits” in Medicare



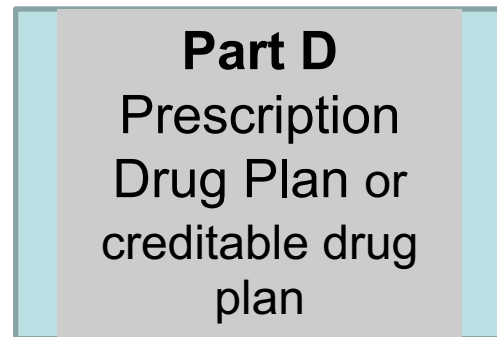
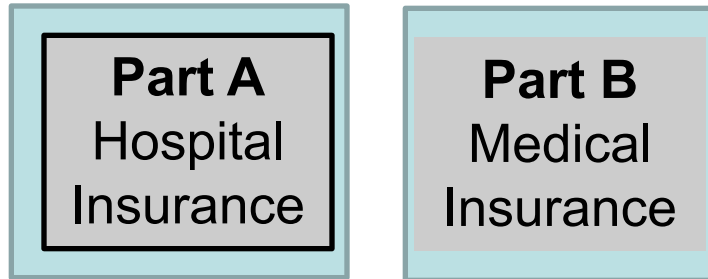
**Ads will link you to insurance agents selling Medicare Advantage Plans**

# **Non-covered Services in Original Medicare**

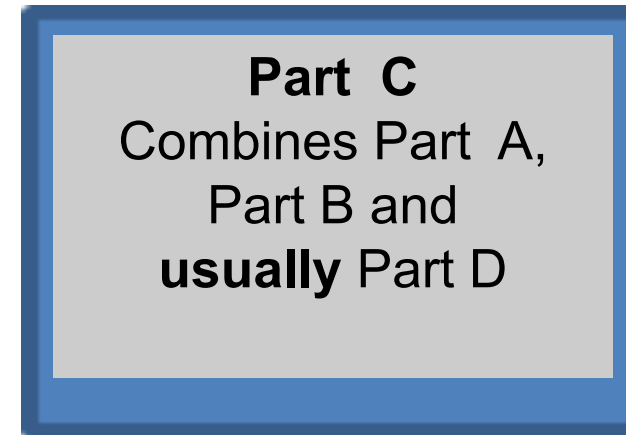
- Dental care
- **Routine Vision/Eyeglasses**
  - Hearing Aids
  - Long Term Care
- **Routine Annual Physical Exam**
  - Services outside of USA
- Other services such as gym memberships, routine medical transportation, OTC shopping cards, etc.

# Review: Your Medicare Coverage Choices

## Original Medicare



## Medicare Advantage Plan (HMO or PPO)



# **Medicare Advantage**

# Medicare Advantage (MA)

- **Eligibility**

- Must Have **Parts A and B**
- Must Live in **Service Area** of Plan

- **Enrollment**

- October 15 – December 7 (Annual Election Period)
- January 1 – March 31 (MA Open Enrollment Period)

- **Benefits/Costs**

- **Covers at least what Medicare does**
- **Plus Additional benefits (Hearing Aids/Dental/Vision)**
  - **Fixed co-payments (or coinsurance) for most services**

# **Types of Medicare Advantage Plans**

## **Health Maintenance Organization (HMO)**

- **In-Network Benefits ONLY**

## **HMO-Point of Service (HMO-POS)**

- Limited Out-of-Network Coverage

## **Preferred Provider Organization (PPO)**

- **Access to out-of-network (OON) Medicare Providers**

# Maximum Out of Pocket (MOOP)

- **Medicare Advantage plans have a MOOP limit**
  - Cost-sharing for all Part A and Part B covered services is applied to MOOP
    - If beneficiary reaches limit, 100% coverage for rest of calendar year
  - MOOP does NOT include:
    - Plan Premium
    - Part D Costs
    - Added Benefits not covered by Medicare
- 2023 MOOP Limits
  - **\$8,300 In-Network/\$12,450 In and Out of Network Combined**
  - **CAN'T HAVE OR BE SOLD A MEDIGAP PLAN WITH MEDICARE ADVANTAGE**

# **Medicare Prescription Drug Coverage (Part D)**

- **Optional/Voluntary/Penalty**
  - 1% per month of average national premium
- **19 Available Stand-Alone Part D Plans---2023**
- **Formulary and Pharmacy Networks**
- **Enrollment Periods**
  - October 15 – December 7 (AEP)
  - Special Enrollment Periods



# **Medicare Part D (2022 – 2023)**

- **Deductible-----\$505**
- **Initial Coverage Limit-----\$4,660**
- **Out-of-Pocket Threshold--\$7,400**

**Compare plans at [www.medicare.gov](http://www.medicare.gov)**

**Income based programs to help with  
Out-of-Pocket Costs**

**Extra Help/LIS**

**EPIC**

**Medicare Savings Program**

# **(Part D) Extra Help/LIS--2022**

## **Extra Help/LIS**

- Automatic with Medicaid and/or Medicare Savings Program
  - Otherwise, need to apply to Social Security for LIS

### **– Income Limit**

- **\$1,843 (\$2,485 for couples)**

### **– Asset/Resource Limit**

- **\$16,660 (\$33,240 for couples)**

# EPIC

1. \$75,000/\$100,000
2. Fee or Deductible Plan
3. Supplements Part D But Does Not Cover Deductible
4. Maximum Co-Pay \$20
5. SEP to Switch Part D Plans

1-800-332-3742

Fillable Application:

<https://www.health.ny.gov/forms/doh-5080-fillin.pdf>



## and Medicare Working Together

### What is EPIC?

The Elderly Pharmaceutical Insurance Coverage (EPIC) program is a New York State program administered by the Department of Health. It provides seniors with co-payment assistance for Medicare Part D covered prescription drugs **after any Part D deductible is met**. EPIC also covers many Medicare Part D excluded drugs.

- **Fee Plan** members pay an annual fee to EPIC based on their income. The EPIC co-payments range from \$3 - \$20 based on the cost of the drug. Those with Full Extra Help from Medicare have their EPIC fee waived.
- **Deductible Plan** members must meet an annual out-of-pocket deductible based on their income before paying EPIC co-payments for drugs.

EPIC also pays Medicare Part D plan premiums, up to the amount of a basic plan, for members with annual income below \$23,000 if single or \$29,000 if married.

Those with higher incomes must pay their Part D plan premiums.

- To help them pay, their EPIC deductible is lowered by the annual cost of a Medicare Part D basic plan.
- EPIC deductibles for income in shaded areas on the Deductible Plan schedule will be less than the amounts shown.

### Who can join?

- A resident of New York State 65 or older with annual income up to \$75,000 if single or \$100,000 if married.
- An eligible senior with a Medicaid spend down not receiving full Medicaid benefits.

### Medicare Part D Enrollment

**All EPIC members must have Part D** in order to receive EPIC benefits. Because EPIC is a qualified State Pharmaceutical Assistance Program, members are able to join a Part D plan during the year once enrolled in EPIC. They also can change their Medicare Part D plan one time during the year.

### "Extra Help" can save money!

If EPIC determines a senior may be eligible for Extra Help, EPIC will mail a Request for Additional Information (RAI) form. The senior is then required, by law, to provide the additional information to obtain EPIC coverage.

- Seniors who already receive Extra Help can send a copy of their determination letter from Social Security Administration with their form.
- If approved for full Extra Help, the senior will have lower co-payments and will not have a Medicare Part D coverage gap. Medicare and EPIC will pay all or most of the monthly Part D plan premium.
- EPIC will use the information on the RAI form to apply for Extra Help on the senior's behalf and it will not be used for EPIC determination.

### How to Apply

- Complete the application, sign it and mail it to the address below.
- Apply separately or spouses living together can both use the same form.
- Report the total income for you and your spouse if living together (even if only one is applying) and both must sign the form.

For more information call the toll-free EPIC Helpline at **1-800-332-3742 (TTY 1-800-290-9138)**  
Download an application at: [http://health.ny.gov/health\\_care/epic/application\\_contact.htm](http://health.ny.gov/health_care/epic/application_contact.htm)  
choose which language version or write:

EPIC  
P.O. Box 15018  
Albany, New York 12212-5018

# MEDICARE SAVINGS PROGRAMS

Medicare Savings Programs: **NO** resource limit.

**QMB: \$1,536 Individual/\$2,106 Couple**

Covers Part B premium, deductible, coinsurance, most Part D costs

**QI: \$2,107 Individual/ \$2,839 Couple est.**

Covers Part B premium and assists with Part D costs.

**QUESTIONS?**

**CALL HIICAP**

**212-244-6469**