



What Is Medicare?

Let's uncomplicate Medicare, together.

What's inside:

- Medicare basics
- Enrollment information
- Special Needs Plans (SNP) overview
- Helpful resources
- Choosing a plan

Medicare basics

Offered by the federal government:

Part A: Hospital Coverage



Medicare Part A helps cover inpatient care including hospital stays, skilled nursing care, hospice care, and home healthcare. When you apply for Medicare, you will be enrolled in Part A. Most people don't pay a monthly premium; you qualify if you or your spouse worked 10 years (or 40 quarters) while paying Medicare taxes.

While there are no premiums, it's important to know Part A isn't "free." Medicare charges you a deductible (small part of the cost of service) each time you are admitted to the hospital. This amount is set each year and stays the same all year long. Refer to "Your Medicare Costs" tab on Medicare.gov and click "Medicare costs at a glance" for current plan year deductible amounts.

Note: Medicare Part A pays for your hospital costs (minus the deductible) for up to 60 days. There are some things that are not covered, so check Medicare.gov for all details.

Medicare Parts A and B combined are often referred to as Original Medicare.

Part B: Medical Coverage



Part B covers 80% of your doctor's visits, lab tests, diagnostic screenings, medical equipment, ambulance transportation, and other outpatient services. Part B has a monthly premium. It is usually deducted directly from your Social Security check. If you don't receive Social Security checks, you'll get a bill every three months.

The federal government sets the cost of the Part B monthly premium. Refer to "Your Medicare Costs" tab on Medicare.gov and click "Medicare costs at a glance" for current plan year premium amounts.

If you are still working and have insurance through your employer—or if you are covered by your spouse's health coverage—you may decide to wait until later to sign up for Part B. However, if you don't have other insurance and don't sign up for Part B when you first enroll in Medicare, you may have to pay a higher monthly premium as a penalty.

Part B covers medications your doctor provides during an office visit, but it's important to note Original Medicare doesn't cover prescription drugs.

Offered by private insurance companies:

Part C: Medicare Advantage



Unlike the federally run Original Medicare (Parts A and B), **Part C** Medicare Advantage (MA) plans are offered by private health insurance companies. You will still be in the Medicare program, but you'll receive your benefits through your Medicare Advantage plan. You must have both Medicare Parts A and B to join a Medicare Advantage plan.

Many Part C plans also include prescription drug coverage (Part D) and have low to \$0 monthly premiums. Medicare Advantage plans have an out-of-pocket maximum that limits how much you have to pay each year. Original Medicare does not. This can end up costing you a lot of money if you need more care than you planned on. Most MA plans also have predictable copays, so it's easier to budget.

A **Medicare Advantage** plan is your Part A and Part B benefits plus more services not included in Original Medicare like dental, vision, hearing, and fitness benefits.

Part D: Prescription Drug Coverage



Part D plans help pay for prescription drugs, both brand name and generic. You can buy just a Part D plan if you have Medicare Part A or Part B, or you can get prescription drug coverage if you enroll in a Medicare Advantage plan that also includes Part D. There are many Part D plans that cover different prescription drugs, so be sure to look for the one that includes the prescriptions you take.

Some people qualify for "**Extra Help**" – a special program designed to lower your costs for prescription medication. See page 11 for more information.

Medicare Supplement Insurance (Medigap)



Medigap is another product sold by private companies. It helps reduce out-of-pocket costs for people enrolled in Original Medicare. There are multiple options, and companies and premiums vary widely. In general, premiums are higher than those for Part C Medicare Advantage and Part D Prescription Drug plans.

You must be enrolled in Medicare Parts A and B in order to buy a Medigap plan. You will also have to pay a monthly premium for Medigap in addition to any premiums taken from your Social Security check for your Part B coverage. Note: Medigap plans do not include Part D prescription coverage.

Who's eligible for Medicare?

U.S. citizens

or

Legal residents
who have lived in
the U.S. for at least
five years in a row

who
are

65 years
of age

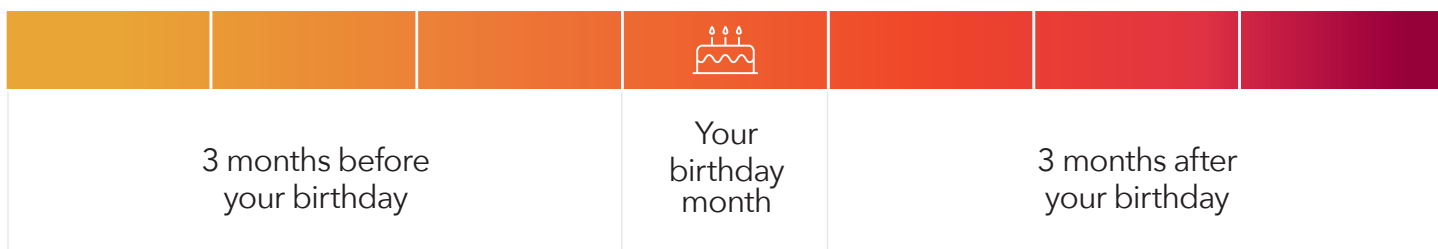
or

Have certain
disabilities or
medical conditions

Enrollment information

Initial Enrollment Period

You have a 7-month window to sign up for Medicare. The best time to sign up is as soon as you're eligible. If you do not sign up within your window, you will pay more for coverage.



Additional enrollment opportunities

Annual Enrollment Period (AEP)

October 15
through December 7
every year

Open Enrollment Period (OEP)

Current Part C enrollees
are allowed to make plan
changes from January 1 to
March 31 every year.

Special Enrollment Period (SEP)

Special circumstances may
allow you to change plans
at different times each year.



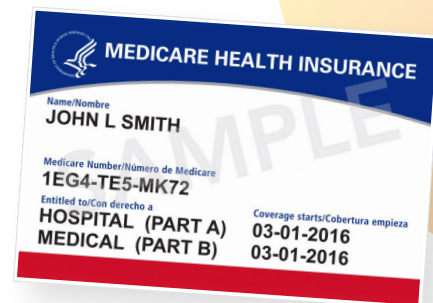
How to sign up for Medicare

1) Enroll in Original Medicare (Part A and Part B)

If you will receive Social Security or Railroad Retirement Board benefits when you turn 65, you will be automatically enrolled in Medicare, and your ID card will arrive in the mail. You don't need to do anything else to sign up.

If you will not receive Social Security or Railroad Retirement Board benefits, you will need to apply for Medicare. Visit [SSA.org](https://www.ssa.org) or call the Social Security Administration at 1-800-772-1213.

You need your Medicare ID number to sign up for any additional coverage, like a Medicare Advantage, special needs plan (SNP), or prescription drug (Part D) plan.



2) Research additional coverage options and choose what best fits your needs

2A: Medicare Advantage and Medicare SNPs are other options. Medicare Advantage covers everything Original Medicare covers, plus exciting extras. Medicare SNPs are enhanced Medicare plans designed for special health needs.



Medicare Advantage



Medicare SNPs

2B: There are add-on plans you can purchase to cover "gaps" in Parts A and B.



Medigap



Part D

Medicare Special Needs Plans

Do you manage a chronic condition? Do you qualify for both Medicaid and Medicare? A **Special Needs Plan** (SNP) might be right for you.

What are SNP plans?

A SNP is a Medicare Advantage coordinated care plan that offers condition-specific care and is only offered to certain people who have Medicare. SNP plans focus on lower cost shares for services and special treatment plans for conditions related to the SNP.

There are three types of SNPs:

- **Chronic Condition SNPs (C-SNPs):** For people with certain chronic or disabling long-term health conditions, such as diabetes, chronic heart failure, and cardiovascular disease
- **Dual Eligible SNPs (D-SNPs):** For people who have both Medicare and Medicaid
- **Institutional SNPs (I-SNPs):** For people who live in a care facility such as a nursing home, long-term care nursing facility, or assisted living facility, or who require an institutional level of care (typically for 90 days or longer)



All SNPs must also offer **Part D** prescription drug coverage because individuals with special needs must have access to prescription drugs to manage and control their conditions.



What you'll need:

In order to qualify for a SNP, you'll need to show proof of your special need status related to each type of SNP:

- C-SNP: A diagnosis of your chronic condition by your doctor
- D-SNP: Your income level and subsidy information; most people who qualify get a letter from their state Medicaid office that you can show as proof
- I-SNP: A professional assessment of long-term care necessity

You can apply for a D-SNP if you have both federal Medicare and state-run Medicaid. To be eligible for Medicare, you need to be 65 or older or have certain health conditions. Medicaid, on the other hand, is based on your income level, not age. If your income qualifies you for assistance, you can enroll in a Medicaid plan before you are 65.

When to enroll:

Medicare members can enroll in C-SNP and I-SNP plans anytime during the year.

**C-SNPs
& I-SNPs**



D-SNP plans allow Medicaid-qualified Medicare members to enroll or disenroll once per quarter between January and September. No D-SNP plan changes, including disenrollments, may be made from October through December.

D-SNPs





Consider a SNP if you qualify

Here are some key ways C-SNPs and D-SNPs can meet different health needs.

	Chronic Condition SNP (C-SNP)	Dual-Eligible SNP (D-SNP)
Who can get it?	People with certain chronic conditions or disabling long-term health conditions. For example: diabetes, chronic heart failure (CHF), and cardiovascular disease (CVD).	People who have both federal Medicare and state-run Medicaid. For Medicare, you must be 65+ or have certain medical conditions. For Medicaid, your income must be below a certain level, but you can be any age.
What do you get?	Coordinated care that has features and services to help you manage a chronic health condition. This group of specialized services can save you money on your cost share for treatment.	Plans that offer a combination of care and services with lower cost shares to save you money.
What do you need to show you are eligible?	A doctor must confirm your diagnosis.	Income and subsidy information, such as a letter from your state Medicaid office or tax records.

Get more with Medicare Advantage

See how a Medicare Advantage plan builds on original Medicare benefits.

	Original Medicare	Medigap*	Medicare Advantage*
Hospital stay coverage	✓	✓	✓
Medical care coverage (e.g., doctor visits)	✓	✓	✓
Preventive care (e.g., screenings and flu shots)	✓	✓	✓
Prescription drug coverage	No	No	✓
Vision coverage	No	Varies by plan	✓
Hearing coverage	No	Varies by plan	✓
Fitness benefit	No	Varies by plan	✓
Maximum out-of-pocket limit	No	✓	✓

* Benefits vary by plan.

Ready to enroll? Keep these tips in mind:

Look at the total cost

There's more to cost than just monthly premiums. Make sure you're looking at the total cost by comparing copays, coinsurance, and deductibles with the services you use and the prescriptions you take.

Consider plan extras

Not all plans include dental and hearing, so it pays to compare costs and benefits to be sure you get the coverage you need.

Think about chronic condition care

SNPs that offer different types of care for health conditions could save you money and simplify care. Read through the SNP information and, if you qualify, see how these plans compare with the services and costs offered by an Original Medicare or Medicare Advantage plan.

Make sure your health plan helps you get the care you need

When you read through the plan information, look for the things that matter to you. For example, do you have to get a referral to see a specialist? Are the health centers easy to get to and close to home? Ask about the details that are important to you before signing up.

Look for prescription drug coverage

If you take prescription drugs, make sure the ones you take are covered on the plan's list.

Other Medicare help and resources:

Have Medicare questions?

- Call your local Medicare broker
- Visit **Medicare.gov**
- Call **800-MEDICARE** (800-633-4227) TTY: 711

Lower drug costs with Extra Help

Depending on your current income, you might also qualify for the Social Security Extra Help program, also known as low-income subsidy (LIS). It doesn't take long to apply, and you could save thousands of dollars per year through lower prescription deductibles and copays. Contact the Social Security Administration at 800-772-1213 or visit [SSA.org](https://www.ssa.org).

Medicare Advantage plans designed with you in mind

Our Medicare Advantage plan offerings include these benefits* for \$0 or little cost to you:



Premiums and medical deductibles



Common prescriptions



Primary care and specialist visits



Urgent care visits



Gym memberships



Private transportation to doctor's appointments and pharmacies

Your Bright HealthCare Medicare Advantage plan also includes these essentials:



Preventive and wellness care services



Telehealth offerings



Comprehensive dental with no annual maximums

*Benefits vary by plan



BrightHealthCare.com/Medicare



**Talk with a certified Bright HealthCare agent
(888) 444-7530 (TTY:711)**

April 1–September 30: 8am–8pm local time, Monday–Friday

October 1–March 31: 8am–8pm local time, 7 days a week



Bright HealthCare™

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