



# MEDICARE Plain & Simple

How to choose the right path for you and  
move forward with confidence.

**2020 Guide to Medicare**







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## Getting ready for Medicare now is super smart!

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You should be excited that you're becoming eligible for Medicare. Why you ask? Because Medicare is something that you've earned and now you can take advantage of all of the benefits.

The most important thing you can do now is to focus on the big stuff... how Medicare works and how to make the most of your options. That's why we created this guide. Our goal is to make you feel confident and ready for the benefits that Medicare has to offer.

### **Relax...you've got this.**

P.S. It never hurts to talk to an expert. Feel free to call us with any question big or small: **1-866-760-6649**,  
**January – September:** Monday – Thursday  
8 a.m. – 6 p.m., and Friday 8 a.m. - 5 p.m. —  
**October - December:** 8 a.m. – 8 p.m., 7 days a week  
(TTY) 711 for the hearing and speech impaired.



# What Is Medicare?

## 4 Parts. 2 Clear Paths.

Long story short, Medicare is a federal program to help people age 65 and over (or under age 65 who are Medicare eligible) cover health care costs. It includes 4 types of health coverage labeled A, B, C, and D.

Originally Medicare had just two parts, Part A hospital benefits and Part B medical benefits. Today that's called Original Medicare (remember that).

Over the years, Medicare has introduced two additional options, Part C & Part D. Part C replaces Original Medicare with a Medicare Advantage plan that generally offers additional benefits with the same coverage as Original Medicare if you use a specific network of doctors and hospitals. Part D is for prescription drug coverage.

To simplify your options, look at Medicare as 2 PATHS:

<b>PATH 1</b> <b>Original Medicare Parts A &amp; B</b>	<b>PATH 2</b> <b>Medicare Advantage Part C</b>
<p><b>Provided by the government</b></p> <p><b>PART A</b></p> <ul style="list-style-type: none"><li>• Inpatient care in hospitals</li><li>• Skilled nursing facility care</li><li>• Hospice care</li><li>• Home health care</li></ul> <p><b>PART B</b></p> <ul style="list-style-type: none"><li>• Medically necessary services, including doctor's fees, ambulance services, mental health and durable medical equipment</li><li>• Some preventive services</li></ul>	<p><b>Provided by Medicare-approved private insurance companies</b></p> <ul style="list-style-type: none"><li>• Covers the same types of care as Medicare Parts A &amp; B but lowers your share of the costs when you use doctors and hospitals that are part of the plan's network.</li><li>• You can choose a plan that has Medicare prescription drug coverage (Part D) built in</li><li>• May offer additional benefits</li></ul>
<p><b>ADD-ON OPTIONS</b></p> <p><b>Provided by private insurance companies</b></p> <p><b>Medicare Supplement plan</b></p> <ul style="list-style-type: none"><li>• Helps cover the costs Medicare Parts A &amp; B leave you to pay (also known as "gap coverage")</li></ul> <p><b>Medicare Part D Prescription Drug Plan (PDP)</b></p> <ul style="list-style-type: none"><li>• Helps cover your prescription drug costs</li></ul>	



1

**Meet Carl.**  
Path 1 is his preference.

- Traveler
- Traditionalist
- Wants absolute freedom of choice

During my career, I always chose a traditional health plan for me and my family. It may have cost a little more but we liked the freedom it gave us. Basically, we could go to any doctor anywhere, show our ID card, and know we were covered. I wanted the same with Medicare.\*



2

**Meet Sara.**  
Path 2 fits her needs.

- Sensible
- Value seeker
- Open to different types of plans

I've had a few different types of health plans over the years. Most of the time I leaned toward more affordable options that had a network of doctors. That was fine with me as long as I could see the doctors and hospitals I trusted and my coverage was good.\*

\* For example only.



# PATH 1

## Original Medicare + Add-Ons

### Medicare Supplement and Part D Prescription Drug Plans (PDP)

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Original Medicare was never designed to cover all hospital and medical costs. That's why people often pair it with a Medicare Supplement and a Medicare Part D prescription drug plan. It may sound complicated but this section shows how it can all tie together to give you complete, worry-free coverage.

#### Key advantages:

- Your coverage is good from coast to coast
- You have freedom to travel and see any doctor or hospital that accepts Medicare
- Some plans offer coverage for foreign travel emergency care



# Original Medicare – 2020 Benefits

## Medicare Part A

Annual Premium: Usually premium-free if you or your spouse made payroll contributions to Social Security for at least 10 years. If you're not sure if you qualify, visit [Medicare.gov](https://www.Medicare.gov) to learn more.

Medicare covered services	Your cost
<p><b>Inpatient hospital costs including:</b></p> <ul style="list-style-type: none"> <li>• A semi-private room</li> <li>• Your hospital meals</li> <li>• Operating room and recovery room services</li> <li>• Drugs, medical supplies and medical equipment as an inpatient</li> <li>• Care on special units, such as intensive care</li> <li>• Some blood for transfusions (also in skilled nursing facility)</li> </ul>	<p><b>Your share of the costs after \$1,408 deductible:</b></p> <ul style="list-style-type: none"> <li>• Days 1-60: \$0 coinsurance for each benefit period</li> <li>• Days 61-90: \$352 coinsurance per day of each benefit period</li> <li>• Days 91 and beyond: \$704 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)</li> <li>• Beyond lifetime reserve days: you pay the full cost</li> </ul>
<p><b>Skilled nursing as a follow-up to a hospital stay, including:</b></p> <ul style="list-style-type: none"> <li>• A semi-private room (a room you share with other patients)</li> <li>• Meals</li> <li>• Skilled nursing care</li> <li>• Physical and occupational therapy</li> <li>• Speech-language pathology services</li> <li>• Medical social services</li> <li>• Medications</li> <li>• Medical supplies and equipment used in the facility</li> <li>• Ambulance transportation (when other transportation endangers health) to the nearest supplier of needed services that aren't available at the SNF</li> <li>• Dietary counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Daily copayments – the amount you pay per day after 20 days               <ul style="list-style-type: none"> <li>– \$176 per day for days 21 through 100</li> <li>– 100% of costs for day 101 and beyond</li> </ul> </li> </ul>
<p><b>Home health care including:</b></p> <ul style="list-style-type: none"> <li>• Rehabilitation services, such as physical therapy</li> <li>• Skilled health care in your home if you're homebound and only need part-time care</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>
<ul style="list-style-type: none"> <li>• Hospice care to manage symptoms and control pain for the terminally ill</li> </ul>	<ul style="list-style-type: none"> <li>• No more than \$5 copayment for each outpatient drug prescription you receive in hospice care</li> <li>• You may need to pay 5% of the Medicare-approved amount for inpatient respite care</li> </ul>

# Original Medicare – 2020 Benefits\*

## Medicare Part B

Medicare part B comes with a monthly Premium of \$144.60 for most people with income below \$174,000 (joint income tax filing). See Medicare.gov for more information on Part B premiums.

Medicare covered services	Your share of the costs
<ul style="list-style-type: none"><li>• Doctor visits</li><li>• Ambulatory surgery center services (also called outpatient surgery centers or same-day surgery centers)</li><li>• Outpatient medical services</li><li>• Some preventive care, like flu shots and pneumonia shots</li><li>• Clinical laboratory services (blood tests, urinalysis, etc.)</li><li>• X-rays, MRIs, CT scans, EKGs and some other diagnostic tests</li><li>• Some diagnostic screenings, like colorectal and prostate cancer screenings and mammograms</li><li>• Durable medical equipment for use at home (oxygen, wheelchairs, walkers, etc.)</li><li>• Emergency room services</li><li>• Skilled nursing care and health aide services for the homebound on a part-time or intermittent basis</li><li>• Mental health care as an outpatient</li><li>• A few prescription drugs administered by a doctor, like chemotherapy drugs</li></ul>	<ul style="list-style-type: none"><li>• \$198 deductible – the amount you must spend on the Part B services mentioned above before Medicare begins paying</li><li>• 20% coinsurance – in general, Medicare pays 80% of your Part B expenses leaving you with the remainder</li><li>• Excess charges – Medicare has limits on the cost for services that most health care providers agree to charge. If a provider happens to charge more than the “Medicare-approved amount”, you pay the difference</li></ul>

\*Source: Medicare.gov. See Medicare.gov/coverage for more information on what may be covered by Medicare.



## In the know

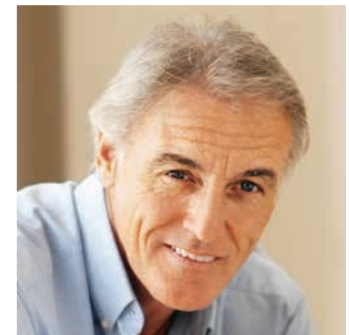
### Does Original Medicare cover preventive dental, hearing and vision care?

No, and since these services are not covered by Medicare, they are not covered by Medicare Supplement plans either. They may be included in a Medicare Advantage plan and, you may purchase dental, hearing and vision as separate plans.\*

### Does Medicare cover long-term care?

Expenses for long-term care facilities, such as nursing homes, are not covered. However, Medicare does include benefits for a skilled nursing facility where you may need to spend an extended period of time for recuperation/rehabilitation before you can return home.\*





## Carl's overnight stay at the local hospital

I woke up with some horrible pains in my chest. We took no chances and went right to the ER. They found no signs of a heart attack. Then, a week later the same thing and I had to stay overnight in the hospital for more tests. It's a good thing I had a Medicare Supplement plan.\*

### Consider this example of Carl's medical costs\*\*

Cost of Medical Services		Carl's cost with Original Medicare Alone	Carl's cost with Original Medicare + Blue Medicare Supplement Plan G
Hospital fees (tests, room and board):	\$1,944.00	\$1,408.00 (Part A deductible)	\$0.00
ER Fees (tests and doctor's fees):	\$1,265.00	\$411.40 (Part B deductible + 20% of remaining fees)	\$198.00 (Part B deductible)
<b>Total Costs:</b>	<b>\$3,209.00</b>	<b>\$1,819.40</b>	<b>\$198.00</b>

\*For example only.

\*\*Sources: <https://www.beckershospitalreview.com/finance/average-hospital-expenses-per-inpatient-day-across-50-states-111119.html>  
<https://health.costhelper.com/emergency-room.html>

# Medicare Supplement.

## Covering the gaps in Original Medicare

Many people who choose Original Medicare, also enroll in a Medicare Supplement plan. These plans are also called Medigap coverage because they were created to cover some or all of the costs that Original Medicare does not cover.

Although they are available from private insurers, the federal government has standardized the benefits for eleven different Medicare Supplement plans, named with letters from "A" to "N". (These letters have no relationship to the letter used for Medicare Part A, B, C and D.)

As you can see in this chart, the eleven different plans vary according to which gap they fill in Medicare. Plan G covers most of the gaps in Medicare parts A and B leaving only the part B deductible of \$198 for you to pay. That makes it a popular plan and an easy choice for someone who likes the security of having full coverage for Medicare-approved hospital and medical costs.

Annual deductible
Part A co-insurance and hospital costs up to an additional 365 days after Medicare benefits are used up
Part A deductible
Part B co-insurance or co-pays
Part B annual deductible
Part B excess charges
Blood (first three pints)
Foreign travel emergency (up to the plan limits after \$250 deductible is met)
Hospice care co-insurance
Skilled nursing facility care co-insurance
Yearly out-of-pocket limit



### In the know

#### How far in advance can I sign-up for a plan to supplement my Medicare benefits?

Blue Cross and Blue Shield of North Carolina lets you get a jumpstart on your coverage by allowing you to enroll up to 6 months before your 65th birthday and your coverage will start the first day of the month you turn 65. This may not be the norm for other plans, which typically allow you to enroll 3 months before your birthday.

Plan A	Plan B	Plan D	Plan G	High Deductible Plan G	Plan K	Plan L	Plan M	Plan N
				\$2,340				
100%	100%	100%	100%	100%*	100%	100%	100%	100%
	100%	100%	100%	100%*	50%	75%	50%	100%
100%	100%	100%	100%	100%*	50%	75%	100%	100% except certain co-pays***
			100%	100%*				
100%	100%	100%	100%	100%*	50%	75%	100%	100%
		80%	80%	80%*			80%	80%
100%	100%	100%	100%	100%*	50%	75%	100%	100%
		100%	100%	100%*	50%	75%	100%	100%
No limit	No limit	No limit	No limit	No limit	\$5,880**	\$2,940**	No limit	No limit

\* You must pay for Medicare-covered costs up to the deductible amount of \$2,340 before the plan pays anything.

\*\* After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

\*\*\* For Plan N: up to \$20 co-pay for doctor visit and up to \$50 co-pay for ER visit.

## Remember these 5 facts about Medicare Supplement plans:

- 1 You must have Medicare Parts A and B to enroll for a Medicare Supplement Plan.
- 2 No matter which insurance company sells the above plans, they must offer the same benefits. For example, Plan A from insurer number one must have the same standard benefits as Plan A from insurer number 2.
- 3 Rates for these plans will differ from one insurer to the next and may be based on your age.
- 4 Medicare Supplement plans give you the freedom to choose your own doctors and hospitals.
- 5 These plans do not include prescription drugs.



# Medicare Prescription Drug Plans (Part D)

## When does it make sense to purchase a Part D plan?

Many people who choose a Medicare Supplement plan also enroll in Part D coverage when they become eligible for Medicare. This may make sense for a couple of reasons. First, you may have to pay a late enrollment penalty if you don't enroll during the initial enrollment periods which ends 3 months after you turn 65. (See [medicare.gov/part-d](http://medicare.gov/part-d) for complete details on Part D enrollment.) Plus, you'll be able to choose from a variety of plans to suit your needs. Here are a few things to consider before you make that choice:

- 1 Are your medications covered by the plan?** Be sure to check before you enroll because different plans cover different medications. A list of covered medications is called "the formulary". Be sure to look into it.
- 2 Will you have access to pharmacies near your home and where you travel?** Plans can limit your choice of pharmacies by geographic area and some offer convenient mail-order programs.
- 3 What are the copays or coinsurance amounts and how do they change based on your prescription drug spending?** Different plans offer different levels of coverage so it pays to compare.



I chose a Part D plan because I don't like surprises. I like knowing that my prescriptions are covered when I need it.\*

I checked to make sure my diabetes medication was covered. When I did the math, it was clear that a Part D plan could save me money.\*



\*For example only.

## How Part D plans work

In order to be eligible for a Part D plan, you must be enrolled in Original Medicare Part A and/or Part B. Part D plans are offered by private insurance companies and you can shop around for a plan that fits your needs.

**What's different between plans:** The drugs covered (also known as the drug formulary), rates and your share of the costs (annual deductible and copayments). It is not enough to compare plans based on rates alone. You need to ensure your medications are covered by the plan and that the cost for your medications is what you expect!

**What's the same between plans:** Since plans are regulated by the federal government, they all provide benefits in four different stages as shown below:

1	<b>Stage 1: Deductible</b>	<ul style="list-style-type: none"><li>• Some plans have an annual deductible, but not all</li><li>• This is the total amount you must spend on prescriptions before the plan starts paying benefits</li><li>• Your deductible will be no more than \$435</li></ul>
2	<b>Stage 2: Initial coverage stage</b>	<ul style="list-style-type: none"><li>• You pay a co-pay or co-insurance (percentage of a drug's total cost). The plan pays the rest</li><li>• You stay in this stage until <b>total drug costs (the amount paid by you and the plan)</b> reach \$4,020</li></ul>
3	<b>Stage 3: Coverage gap stage</b>	After your total drug costs reach \$4,020: <ul style="list-style-type: none"><li>• You pay:<ul style="list-style-type: none"><li>– 25% of the cost of brand-name drugs</li><li>– 25% of the cost of generic drugs</li></ul></li><li>• You stay in this stage until <b>your total out-of-pocket costs</b> reach \$6,350</li></ul>
4	<b>Stage 4: Catastrophic coverage stage</b> (protects you from exceedingly high costs)	After <b>your total out-of-pocket costs</b> reach \$6,350: <ul style="list-style-type: none"><li>• You pay a small co-pay or co-insurance amount</li><li>• You stay in this stage for the rest of the plan year</li></ul>

**Your costs could be lower if you qualify for “Extra Help”:** This program is offered to people who meet minimum income requirements. To see if you're eligible, call 800-772-1213 or visit [socialsecurity.gov](https://www.socialsecurity.gov).

# PATH 2

## Medicare Advantage (Part C)

Once you enroll in Medicare Parts A and B, you can opt for something different than Original Medicare and Medicare Supplements by choosing a Medicare Advantage (MA) plan. You can expect coverage for all of the same services as Medicare Parts A and B but typically with lower out-of-pocket costs.

### What's the Advantage?

Here are some key reasons why people choose this path over original Medicare:

- **All-in-one coverage:** you can choose a plan that includes prescription drug coverage (Part D) as well as other benefits such as dental.
- **Limits on out-of-pocket costs:** Unlike Original Medicare, MA plans put a cap on your out-of-pocket costs. Once you hit the cap, the plan pays 100% of covered costs, not you!
- **Affordability:** Many plans offer comprehensive coverage for a lower cost than Path 1 (Original Medicare + Medicare Supplement + Part D Rx plan). Keep in mind that you must pay your Part B premium in addition to the plan's premium.

### How it works.

All Medicare Advantage plans are coordinated care plans. This means they are built around a network of doctors and hospitals working together to provide your care. Every plan has its own network and the requirements for using that network depend upon the type of plan you choose (PPO, POS, or HMO). The chart below highlights the key differences.

	PPO	POS	HMO
Requires you to choose a primary care doctor from the network. This doctor coordinates your care.	Typically	Yes	Yes
Requires you to get referrals to see specialists	No	Usually	Usually
Provides emergency care, urgent care, and dialysis outside of the network	Yes	Yes	Yes
Provides other coverage outside of the network — you share more of the costs in this case.	Yes	Yes	No

### Every Medicare Advantage plan offers you:

- All of the benefits of Medicare Part A (except hospice care)
  - Hospital stays
  - Skilled nursing
  - Home health care
- All of the benefits of Medicare Part B
  - Doctor visits
  - Outpatient care (outpatient surgery, emergency care)
  - Screenings and immunizations
  - Lab tests

### Some plans also include:

- Prescription drug coverage
- Eyecare
- Hearing care
- Dental benefits
- Wellness service
- Access to fitness programs



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## Important things to consider before choosing a Medicare Advantage plan:

**Is it a PPO, HMO or POS?** See the chart on the previous page and decide if it offers enough freedom for you.

**Do you plan on traveling?** If yes, consider a PPO and ensure that the out-of-network benefits will suit your needs.

**Does the network meet your needs?** Every insurance company offers different provider networks. Check to see if the network has the doctors and hospitals you want.

**Is it a good value for your needs?** Every plan has different rates, deductibles, and co-payments. Some may have a higher rate but lower out-of-pocket costs such as \$0 deductible.



We needed to cut costs at retirement. Our Medicare Advantage plan helped us do that. Now we pay less for our health plan and our health care than when we had employer coverage.\*

I like the simplicity and flexibility of my PPO Plan. I chose my plan because it covered all of my costs (including drugs) and my doctors were already in the network. When I travel, I know I can use my out-of-network benefits. It's just easy.\*



\* For example only.



## In the know

### What happens if I want to switch plans?

There are two opportunities for everyone to switch plans:

October 15 to December 7 and January 1 to March 31. Basically, if you switch plans in the fall but decide you don't like the plan once your coverage begins in January, you have time to switch again as long as it's before March 31st.

However, there are some exceptions. For example, if you happen to move to a home outside of your plan's service area, you are allowed to change plans. See [medicare.gov](https://www.medicare.gov) for additional information on Special Enrollment Periods.

### What happens if I join a Medicare Advantage plan and my doctor leaves the network? What can I do then?

If you have a PPO plan you can use your out-of-network benefits for your doctor and pay more. Otherwise, your plan will notify you if your doctor leaves the plan's network and you'll be able to choose a new doctor.

# Take the RIGHT STEPS ...

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Below are some smarts steps to take before your 65th birthday to help ensure you're ready for Medicare.



## 12 to 6 months before:

**Confirm if you're eligible for Medicare**

- You can get Medicare at age 65 as long as you are a U.S. citizen who has lived in the United States for at least five consecutive years and you meet other eligibility requirements. Learn more about eligibility at [medicare.gov](https://www.medicare.gov).
- You are not required to collect Social Security retirement benefits to be eligible for Medicare.

**Learn about your health insurance options.** This includes Medicare and private insurance, including any retiree or employee benefits you may have.



## 6 months before:

**Schedule your Welcome to Medicare visit**

- It's covered by Medicare and helps create a record of your health.
- You'll find out if you're up to date on preventive screenings, how your weight and blood pressure are, and more. You can learn more about this test at [medicare.gov](https://www.medicare.gov).

**If you are sure a Medicare Supplement plan is right for you,** you can apply with some health insurance companies as early as 6 months before your 65th birthday.



## 3 months before:

**Sign up for Medicare Parts A & B**

- **If you already have Social Security due to a disability or other special circumstances,** you should have automatically been enrolled in Medicare and received your Medicare card in the mail at that time.
- **If you do not already have Social Security, you need to sign up for Medicare Parts A and B** through Social Security. Go to [ssa.gov/medicare](https://ssa.gov/medicare) to enroll online or find a Social Security office near you to get the process started.
  - You should enroll in Medicare even if you are not ready to start receiving retirement benefits. You'll have to start paying a small premium for Medicare Part B (\$144.60 per month or higher depending on your income).
  - If you choose not to enroll in Medicare Part B and then decide to do so later, your coverage may be delayed and you may have to pay a higher monthly premium for as long as you have Part B. Your monthly premium will go up 10 percent for each 12-month period you were eligible for Part B but didn't sign up for it. Note: If you have employer-provided coverage, there's no penalty for signing up later for Part B.

# at the RIGHT TIME

### Sign up for a Medicare Supplement or Medicare Advantage plan

- **Why so early?** Because this is when your Initial Enrollment Period for Medicare begins and you qualify for some special treatment including...
  - Guaranteed acceptance\* – you cannot be turned down or pay more for health reasons and you will not have to answer any health question on an application.
  - Lowest possible rates for your coverage.Plus, you'll feel better having your coverage ready ahead of your 65th birthday.



### Your Birthday:

If you followed the steps above, celebrate without a worry. If not, it's still not too late to take advantage of your Initial Enrollment Period.



### 3 months after:

**This is your last chance to enroll for coverage under Medicare's Initial Enrollment Period.** If you enroll after this period, you risk paying more for Medicare Part B, a Part D Prescription Drug plan as well as a Medicare Supplement plan. You may miss out on guaranteed acceptance.



### Every year after your 65th birthday:

**Review your coverage to see if it still fits your needs**

If you have a Medicare Advantage Plan, you can make changes during the Medicare Annual Election Period (AEP), October 15 – December 7. Some of your options include:

- Change from a Medicare Advantage to Original Medicare and a Supplement plan or vice versa.
- Switch Medicare Advantage or Medicare Part D prescription drug plans.



## In the know

### What if I'm not retiring yet?

You still qualify for Medicare at age 65 but it may or may not make sense to enroll. Check with your employer's human resources manager or benefits specialist to see your options.

### What if I have retiree benefits that include health insurance?

Check with your employer's human resources manager or benefits specialist to see your options. In some cases, if you keep your current coverage and wait until later to join Medicare, you may have fewer choices and pay more.

\* End Stage Renal Disease disclosure is required on a Medicare Advantage application.





# Whichever Path You Take, Choose Carefully.

Doing your homework now will pay off for years to come if you choose the right plan. That's why, when looking at private insurance (Medicare Supplement, Prescription Drug, or Medicare Advantage), you may want to compare more than rates. Here are some key things to consider:

**Choice of plans:** Does the insurer offer a number of options? The more choices you have, the more likely you can find a plan that suits your individual needs.

**Reputation:** What do your friends and neighbors think of the plan? Have they had a good experience over the years?

**Local presence:** Some plans may understand health care in your region better than others. Will you be able to get service from an office that's in your state?

**Overall value:** In addition to offering competitive rates, do you get more for you dollar? Look for exclusive extras such as fitness and discount programs.





# Glossary of key terms

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**Benefit period:** With Original Medicare, this is defined as a specific period of time that begins the day you are formally admitted as an inpatient in a hospital or skilled nursing facility, and ends when you have not received any type of inpatient care for 60 days in a row.

**Coinsurance:** The percentage of the allowed benefit that you pay after you meet your deductible.

**Copayment (copay):** A fixed dollar amount you pay when you visit a doctor or other provider of service.

**Cost-Sharing:** The part of your health care costs that your plan doesn't pay is your share; see deductible, copayment, coinsurance.

**Deductible:** This is the amount you must pay before the insurance company or Medicare begins to pay its portion of the claims.

**Formulary:** A list of the prescription drugs that are covered by a Medicare Part D plan.

**Home care:** Skilled nursing and related services provided to patients in a home setting. Other home care services include physical therapy, occupational therapy, speech therapy, medical social services, home health services and medical supplies and equipment.

**Hospice:** A program or facility that provides care, comfort, and support services for terminally ill patients and their families. Hospice care concentrates on reducing the severity of disease symptoms, rather than halting or delaying progression of the disease itself.

**Inpatient:** A patient who has been formally admitted to the hospital under a doctor's orders.

**Long-term care:** Care that gives help with the activities of daily life, like eating, dressing and bathing, over a long period of time. It is not covered by Medicare.

**Lifetime reserve days:** The additional days Medicare will pay for when you're in a hospital for more than 90 consecutive days of the same benefit period, but once used, cannot be renewed. You have 60 total lifetime reserve days for your lifetime with Medicare.

**Medicare-approved amount:** The amount of money that Medicare has approved as the total amount that a doctor or hospital should be paid for a particular service. The total amount includes what Medicare pays, plus any cost sharing you pay.

**Out-of-pocket max:** The most you will have to pay for medical and prescription drugs in a calendar year.

**Outpatient:** A patient who is not hospitalized overnight but who visits a hospital, surgery center or associated facility for diagnosis or treatment and is discharged on the same day.

**Premium:** The money you pay each month for your plan.

**Provider:** A person or organization that provides medical services and products, such as a doctor, hospital, pharmacy, laboratory or outpatient clinic.

**Skilled nursing facility care (SNF):** A level of care that requires the daily involvement of a skilled nursing or rehabilitation staff such as physical therapy and intravenous injections. You qualify only after a 3-day minimum hospital stay for a related illness or injury for up to 100 days in a benefit period that includes semi-private room and meals. Medicare doesn't cover long-term care or custodial care in this setting.



# Other Helpful Resources

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## SOCIAL SECURITY

- Information on retirement and disability benefits
- Apply for retirement benefits and Medicare
- Some people with limited resources and income may also apply for Extra Help with Medicare Prescription Drug Plan costs
- Find a local Social Security office

**[www.ssa.gov](http://www.ssa.gov)**

**1-800-772-1213**

(TTY 1-800-325-0778)

## MEDICARE

- Complete information on Medicare Parts A, B, C and D
- Download the most recent *Medicare and You* handbook and other resources
- File a claim with Medicare
- File a complaint if you have an issue with a Medicare provider

**[www.Medicare.gov](http://www.Medicare.gov)**

**1-800-MEDICARE (1-800-633-4227)**

(TTY 1-877-486-2048)

## NORTH CAROLINA DEPARTMENT OF INSURANCE

### **Seniors' Health Insurance Information Program (SHIIP)**

- Free and unbiased information regarding Medicare health care products
- Information and applications for help with Medicare Part B and Part D plan premiums
- Assistance with recognizing and preventing Medicare billing errors and possible fraud and abuse

**[www.ncdoi.com/shiip](http://www.ncdoi.com/shiip)**

**1-855-408-1212 (toll free)**

Monday thru Friday from 8am to 5pm

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# We're here for you.

Not sure which path is right for you?  
Ready to start researching your options?

Contact us today:



**Phone: 1-866-760-6649**



**Hours:** **January – September:** Monday – Thursday  
8 a.m. – 6 p.m., and Friday 8 a.m. - 5 p.m. —  
**October - December:** 8 a.m. – 8 p.m., 7 days a week



**Hearing/Speech Impaired: 711 (TTY)**



**Online: [bluecrossnc.com/medicareoptions](http://bluecrossnc.com/medicareoptions)**

Blue Cross NC is an HMO, PPO and PDP plan with a Medicare contract. Enrollment in Blue Cross NC depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the Plan.

Blue Cross NC Blue Medicare Supplement plans are not connected with or endorsed by the U.S. government or the federal Medicare Program.

For costs and further details of the coverage, including exclusions, and reductions or limitations, and terms under which the policy may be continued in force, contact your agent or call the company.

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