PRINCE WILLIAM

Area Agency on Aging

Medicare 101

- Prince William Area Agency on Aging
- Virginia Insurance Counseling & Assistance Program
- (VICAP)

- Rosemari Walker
- 703-792-4156
- rwalker@pwcgov.org

Virginia Insurance Counseling & Assistance Program (VICAP)

We provide free, independent, no-conflict of interest, objective advice on Medicare and on health insurance problems you may have.

Disclaimer: We can help, but do NOT make a health insurance changes/decisions without reconfirming or seeing it in writing. Use your employment HR Departments to double-check.

What is Medicare?

- Health insurance program for citizens (or legally here for at least 5 years) 65 and older (about 64 million people).
- Under age 65 starting 2 years after you start getting Social Security disability payments (about 8.5million people)
- Sooner with kidney failure (ESRD), and Lou Gehrig's Disease (ALS).
- An "individual" insurance plan – no family, spouse or group rates
- Administered by the Centers for Medicare & Medicaid Services (CMS) in the U.S. Dept. of Health & Human Services.

Medicare Coverage Choices
Original Medicare vs. Medicare Advantage

Original, Traditional, Fee-for-Service Medicare (Part A, B)

Traditional Medicare program administered directly through the Federal government's contractors.

- May enroll in a Medigap Supplemental Plan and stand-alone Part D prescription drug plan

Medicare Advantage (Part C)

Medicare health plan (managed care) offered through private insurance companies, heavily regulated by the Federal government.

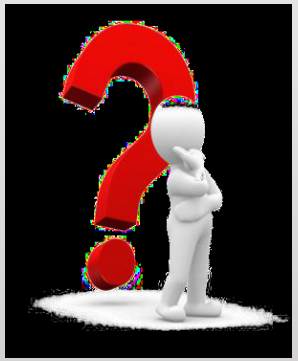
- Many plans include prescription drug coverage.

KEY MEDICARE COVERAGE CHOICES

Original Medicare

- Includes Part A (Hospital Insurance) and/or Part B (Medical Insurance)
- Decide if you want prescription drug coverage (Part D) – private insurance companies approved by Medicare
- Decide if you want supplemental coverage. Individual privately-purchased Medigap plan, or ability to enroll in a employee retiree plan or military retiree plan

OR



Medicare Advantage a/k/a Medicare Part C

- Combines Part A, Part B and usually Part D.
- Private insurance companies approved by Medicare provide this coverage.
- No supplement/Medigap plan allowed for uncovered cost!

Part A - Hospital Insurance

Automatically qualify at 65 (still have to enroll), no charge—you or your spouse (current, ex, or deceased) earn it through 10 years (40 quarters) of work, paying Social Security taxes, so you pay NO premiums after you are eligible at 65.

If you haven’t worked 40 quarters, you can buy it.

Part A - Hospital Insurance

Medicare Part A helps you pay for:

Inpatient hospital care for up to 90 days each benefit period, plus 60 lifetime reserve days in a general hospital. It also covers up to 190 lifetime days in a Medicare-certified specialty psychiatric hospital.

Skilled nursing facility (SNF) care for up to 100 days each benefit period. To qualify, you must have been in the hospital for at least three consecutive days in the 30 days before admission and need skilled nursing services seven days a week, or physical, occupational or speech therapy services five days a week.

Home health care for up to 100 days. To qualify, you must have been in the hospital for at least three days in the 14 days before receiving care and be homebound.
Note: You can get coverage for home health care without a hospital stay through Medicare Part B.

Hospice Care for as long as your doctor certifies you need care. To qualify, a doctor must certify that you are terminally ill and have a life expectancy of six months or less.

Part B - Medical Insurance

Voluntary, pay monthly premium per individual

Those new to Medicare this year pay $202.90 /month

If you do not sign up for Part B when you are eligible, you could face a premium penalty.

- 10% for each full 12 month period eligible but not enrolled; paid for as long as the person has Part B

Do most Doctors see Medicare patients? Yes, but check and look for those who take **assignment**.

Part B - Medical Insurance

- Doctors' services.
- Durable medical equipment (DME)* if your doctor certifies you need it and you buy or rent it from a Medicare-certified supplier.
- Ambulance services if your health requires ambulance transport and you are traveling to or from certain locations.
- Many preventive care services.
- Outpatient physical, speech, and occupational therapy services provided by a Medicare-certified physical, speech, or occupational therapist.
- Chiropractic care when manipulation of the spine is medically necessary to fix a subluxation of the spine. A subluxation is when one or more of the bones of the spine move out of position.
- Outpatient mental health services.
- Home health services if they need skilled nursing or therapy services.
- X-rays and lab tests.
- A few prescription drugs, such as immunosuppresent drugs, some anti-cancer drugs, some anti-emetic drugs, some dialysis drugs and physician-administered drugs that persons do not usually administer themselves.

Medicare does not cover all health care services. Medicare will only pay for Part B services and items (except most prescription drugs) that are ordered or prescribed by a Medicare-enrolled provider.

*Medicare will only cover durable medical equipment if received from an approved supplier.

Medicare does NOT cover some services

In general, Original Medicare does **not** help with dental, hearing aids, normal eye care (but does cover cataract surgery, etc.), foreign travel, etc.

You can buy private dental and vision insurance or get it through a Medicare Advantage Plan.

Medicare does **not** cover custodial, **non**-skilled care nursing home, assisted living, Alzheimer's facility-type care.

Part D - Prescription Drug Plans

- Voluntary; run by private, for-profit plans. You can shop on Medicare.gov website for one of 9 stand-alone plans that's best for you (if choosing Original Medicare).
- Pay a monthly premium (ranges from about $0 to $110.10/month); Need to check each year to see if plan has changed.
- Deductibles range from $0-$615 annually.
- Due to the Inflation Reduction ACT 2022, you will pay no more than $2100 for all medications on your plan's formulary.

Medicare Advantage Plans – Part C

- Voluntary; run by private, for-profit plans. You can shop on Medicare.gov website for one of 33 Part C plans (Also known as Advantage Plans)
- Pay a premium ($0 to $134.00/month) and get Part A, B
- (maybe)

  prescription drug benefits through plan
- Use doctors and hospitals in plan's network
- Must still pay Part B premium; can NOT buy Medigap policy
- Benefits and cost sharing may differ from Original Medicare
- May get extra benefits such as vision, hearing and dental services
- Prescription drug coverage usually included
- Still in Medicare Program: Have Medicare rights and protections

Medicare Enrollment Periods

Initial Enrollment Period: 7 months around your 65 birthday month.

- 65 years old
- If under 65 years old and receiving Social Security disability benefits, Medicare Part A & Part B start the 25th month of receiving disability benefits

Special Enrollment Periods

- Based on current/active employment of beneficiary or spouse
- 8 months to enroll in Parts A and B, 63 days to enroll in a stand-alone Part D plan or Medicare Advantage/Part C plan
- Other qualifying events, such as change of address or losing current coverage; 2 months to enroll to make changes to stand-alone Part D plan or Medicare Advantage plan

General Enrollment Period: January 1st- March 31St.

- If you did not sign up for Part A or Part B during your Initial Enrollment Period, or Special Enrollment Period (if applicable). Enrollment is January through March each year and will start first day of month following enrollment.

Open Enrollment Period: October 15th-December 7th.

- Join a Medicare Advantage Plan or Part D plan, or make changes to these plans

Cost Sharing Requirement

Cost-Sharing Requirement	2026
First-Day Part A Hospital Deductible	$1736.00
Daily Part A Coinsurance for the 61st - 90th Day of a Hospital Stay	$434.00
Daily Part A Coinsurance for Hospital Stays Longer than 90 Days	$868.00
Daily Part A Coinsurance for the 21st through 100th day in a Skilled Nursing Facility	$217.00
Standard Monthly Part B Premium Those enrolling in Part B for the first time	$202.90
Medicare Part B Deductible	$283.00
Medicare Part B Copay	20%
Base Part D Beneficiary Premium Average	$34.50
Part D Deductible	$615.00

Medigap Plans

- If you choose Original Fee-for-Service Medicare, these optional, private insurance polices cover deductibles, co-pays, and some other things that Medicare does not pay for—they largely fill in the non-Part D financial **gaps** in Medicare.
- Heavily regulated by Feds and State Insurance Departments to prevent consumer abuses
- If you **don't** have a good retiree health plan (like Feds), shop for one of 10 Medigap models.
- Each model, for e.g. Plan G, covers the exact same things. In general, go with the lowest cost plan in the model you want.
- **KEY: To avoid medical underwriting, and to have a guaranteed right to get a policy, buy within 6 months after turning 65 AND enrolling in Part B (e.g., you finally enroll in Part B at age 70 - you have a 6-month window where they have to sell you a policy, no questions asked about your health history).**
- The Birthday Rule is a new Virginia law that allows a person enrolled in a Medigap policy to change their Medigap policy during an annual 60-day open enrollment period, beginning on their birthday each year. The Birthday Rule creates a personalized enrollment window tied to each enrollee's birthday.
- Starting on July 1, 2025, the Birthday Rule ensures that covered individuals will have a chance to purchase any Medigap policy with the same benefits without being denied coverage or charged a higher rate due to health conditions or claims history.

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Medicare Savings Programs

Can I get help paying for my Medicare Part B premiums?

If you have limited income and assets, you may qualify for help paying for your Medicare Part B premium and other Medicare costs. Medicare and your state Medicaid program work together to provide you with this help. This help is called the Medicare Savings Programs.

Medicare Savings Programs

There are four different Medicare Savings Programs. Each program has a different income and resource eligibility limit. Even if you do not qualify for Medicaid, you may qualify for one of these programs to help you cover your Medicare costs.

The programs are listed below, along with what each program pays for, and the income and resource level limits you must meet to qualify.

Qualified Medicare Beneficiary (QMB)

- What it covers: Medicare premiums (Part A, if applicable, and Part B), deductibles, copayments, and/or coinsurance

Specified Low-Income Beneficiary (SLMB)

- What it covers: Medicare Part B premium

Qualified Individual (QI)

- What it covers: Medicare Part B premium
- No Enrollment Period: Enroll Anytime

Medicare Savings Programs Income and Asset Limits 2026

	Individual	Couple
1. QMB Monthly Income & Asset Limits for 2026	**(up to 100% FPL+ $20)***	
All States except Alaska and Hawaii.	$1,350	$1,824
Asset Limits	$9,950	$14,910
2. SLMB Monthly Income & Asset Limits for 2026	**(less than 120% FPL+ $20)***	
All States except Alaska and Hawaii:	$1,616	$2,184
Asset Limits	$9,950	$14,910
3. QI Monthly Income & Asset Limits for 2026	**(less than 135% FPL+ $20)***	
All States except Alaska and Hawaii:	$1,816	$2,455
Asset Limits	$9,950	$14,910

Asset limits includes the allowed amount for burial expenses; Single $1,500; Couple $3,000

EXTRA HELP PROGRAM

- A program to help people with limited income and resources pay Medicare drug costs.
- No enrollment period: enroll anytime
- Single person monthly income: $1995.00
- Resources: $17,600 (with Burial Expenses)
- Married Couple monthly income: $2704.00
- Resources: $35,130 (with Burial Expenses)
- Apply at SSA.gov.

SMP

Senior Medicare Patrol

Preventing Medicare Fraud

- **Senior Medicare Patrol**

- The SMP mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse through outreach, counseling and education.

- **Report Medicare Fraud**

- The Virginia SMP is here to help with your healthcare fraud complaints. When Medicare beneficiaries, caregivers, and family members bring their complaints to the SMP, the SMP makes a determination about whether or not fraud, errors, or abuse is suspected.

- When there are Medicare errors, in many cases the SMP is able to help you resolve the issues with your doctor or your insurance company. They are also able to connect you with other resources that may help remedy the situation.

- When fraud or abuse is suspected, the SMP will work with you to collect information necessary to build a case. The case will then be referred to the appropriate state and federal agencies for further investigation.

- **Here are steps SMPs recommend beneficiaries take to report their concerns:**

- **Call the health care provider.** Call the provider or supplier first to question the charge. If it was a mistake, ask them to correct it.

- **Call the company that paid the bill.** If the provider or supplier can't answer the question, contact the company that paid the bill. Their contact information can be found on your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB).

- **Contact the Virginia SMP.** If you are not satisfied with the response you get from a provider, supplier, or billing company, you can contact your local SMP. To report fraud, call the toll free fraud hotline at **1-800-938-8885**. You will be asked to leave a message. Be sure to include your name, telephone number and a brief description of the issue. An SMP representative will return your call within 24-48 hours.

Medicare Fraud

- Contact Virginia's SMP (Senior Medicare Patrol) at 1-800-938-8885

  or www.VirginiaSMP.com

Resources

- Medicare — https://www.medicare.gov/
  1-800-633-4227
- Social Security Administration — https://www.ssa.gov/
  1-800-772-1213
- VA Medicaid — https://commonhelp.virginia.gov/access/
  1-855-242-8282 (to apply); PW County 703-792-7500
- NCOA — http://ncoa.org/
- Medicare Rights Center — https://www.medicarerights.org/
  https://www.medicareinteractive.org/
- Q1 Medicare — https://q1medicare.com/