

MEDICARE BASICS

ORIGINAL MEDICARE

PART A - HELPS PAY FOR HOSPITAL STAYS AND INPATIENT CARE

- \$0 monthly premium because you have worked the necessary quarters to qualify
- Deductible/coinsurances for an inpatient hospital stays, per benefit period.

PART B - HELPS PAY FOR DOCTOR VISITS AND OUTPATIENT CARE

- \$174.70 (2024), \$185.00 (2025) minimum premium, can increase due to income
(Taken out of your Social Security Check or directly billed)
- \$240 (2024), \$257 (2025) deductible per year

After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment (DME). **THERE IS NO CAP ON THE 20%.**

There are two ways to get additional coverage to offset the 20% that Medicare does not cover.

OPTION 1

MEDICARE SUPPLEMENT (MEDIGAP)

Offered by private insurance companies, helps pay some of the out-of-pocket costs that Original Medicare does not.

- Continue to pay Part B premium
- Lettered Plans (i.e. Plan G)
- Flat monthly premium
- Part B deductible (may apply)
- No Copays, No Coinsurance
- No network – Dr. must accept Medicare
- Routine & emergency coverage anywhere in the US
- No referrals
- No routine dental, vision, hearing
- No fitness benefit (on most plans)
- Cost of foreign travel emergency, up to plan limit
- No drug coverage – must enroll in standalone drug plan (Part D Plan)

STAND ALONE DRUG PLAN - PART D

Offered by private insurance companies. Helps pay for prescription drugs

- Flat monthly premium
- Copays or Coinsurances when you pick up your drugs at the pharmacy

OPTION 2

MEDICARE ADVANTAGE PLAN (PART C)

Offered by private insurance companies. Combines Part A & Part B in one plan. Usually includes prescriptions drug coverage and additional benefits not provided by Medicare.

- Continue to pay Part B premium
- HMO/PPO plans
- \$0 to low monthly premium
- Copays, Coinsurance can apply
- Maximum Annual Out-of-Pocket (MOOP)
- HMO – Dr. must be in-network
- PPO – In & Out of network coverage
- Emergency coverage if out of network, anywhere in the US
- Must get referrals in most HMO plans
- Routine dental, vision, hearing included
- Fitness benefit included
- Drug coverage included in most plans
- Limited travel medical coverage – Emergency care only
- Most plans offer an Over-the-Counter (OTC) Benefit