

Questions to ask before joining a Medicare Advantage Plan

These are some questions a beneficiary can keep in mind when making a choice about how to receive their Medicare coverage.



Providers, hospitals, and other facilities

- Will I be able to use my doctors? Are they in the plan's network?
- Do doctors and providers I want to see in the future take new patients who have this plan?
- If my providers aren't in-network, will the plan still cover my visits?
- Which specialists, hospitals, home health agencies, and skilled nursing facilities are in the plan's network?



Access to health care

- What is the service area for the plan?
- Do I have any coverage for care received outside the service area?
- Who can I choose as my Primary Care Provider (PCP)?
- Does my doctor need to get approval from the plan to order tests or admit me to a hospital?
- Do I need a referral from my PCP to see a specialist?



Benefits

- Does the plan cover any services that Original Medicare does not?
 - Dental services
 - Vision care
 - Hearing aids
 - Other benefits like eyeglasses and transportation to doctor appointments
- Are there any rules or restrictions I should be aware of when accessing these benefits?

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Costs

- What costs should I expect for my coverage (premiums, deductibles, copayments)?
- What is the annual maximum out-of-pocket (MOOP) cost?
- How much will I have to pay out of pocket before coverage starts (what is the deductible)?
- How much is my copayment for services I regularly receive, such as PCP or specialist care?
- How much will I pay if I visit an out-of-network provider or facility?
- Are there higher copays for certain types of care, such as hospital stays or home health care? Can I afford the copays if I need the care over a long time period?



Prescription drugs

- Does the plan cover outpatient prescription drugs?
- Are my prescriptions on the plan's formulary?
- Does the plan impose any coverage restrictions?
- What costs should I expect to pay for my drug coverage (premiums, deductibles, copayments)?
- How much will I have to pay for brand-name drugs? How much for generic drugs?
- What will I pay for my drugs during the coverage gap?
- Will I be able to use my pharmacy? Can I get my drugs through mail order?
- Will the plan cover my prescriptions when I travel?



Coordination of benefits

- How does the plan work with my current coverage?
- If I join, would I lose my job-based insurance or retiree coverage?

What Are My Medicare Options?

Original Medicare

Part A - Hospital | Part B - Medical

Fee-for-service coverage under which the government pays your health care providers directly for your Part A and/or Part B benefits.

+

Medicare Supplement

(Secondary) Insurance

Sold by private insurance companies to fill "gaps" in Original Medicare coverage.

Others may have coverage through a retirement health plan or Medicaid.

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Prescription Drug Coverage

Private companies approved by Medicare run these plans. Plans have different costs and cover different drugs.

OR

Medicare Advantage Plans

(HMOs and PPOs)

Part C

Offered by private companies that contract with Medicare to provide Part A and Part B benefits.

Plan types include health maintenance organizations (HMOs), preferred provider organizations (PPOs), private fee-for-service plans and more.

These plans take the place of Original Medicare and most include the Part D prescription drug benefit.

How Do I Compare Part D Plans?

Ohio Department of Insurance:
1-800-686-1578

Medicare: 1-800-MEDICARE

Important Dates:

October	Announcement of Part C and Part D plans for the upcoming year. Visit www.medicare.gov to compare plans
	Medicare open enrollment begins October 15
December	Medicare open enrollment ends December 7
January	New plans and plan changes take effect January 1

The Ohio Senior Health Insurance Information Program (OSHIIP) is a division of the Ohio Department of Insurance that provides free information and education to people covered by Medicare and their caregivers.

Ohio Senior Health Insurance
Information Program (OSHIIP)

1-800-686-1578



50 West Town Street
Suite 300
Columbus, Ohio 43215

1-800-686-1578
www.insurance.ohio.gov
email: oshiipmail@insurance.ohio.gov

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Get Extra Help With

Medicare Part D

Prescription Drug Costs
2021 - 2022

THE 'EXTRA HELP' PROGRAM

Ohio | Department
of Insurance

Mike DeWine
Governor

Jon Husted
Lt. Governor

Judith L. French
Director

February 2021

What is Medicare Part D?

Part D is Medicare's comprehensive prescription drug coverage benefit and is available to anyone eligible for Medicare Part A or Part B. People with Medicare may enroll in Part D coverage through either a stand-alone plan or a Medicare Advantage plan. People on Medicare who choose not to enroll and have no other drug coverage may pay more for late enrollment.

What Does Part D Cost?

In 2021 the Medicare Part D out-of-pocket costs for consumers are:

- Average Monthly Premiums - \$37.00
- Annual Deductible - \$0 - \$445
- Copays - 25% or flat copay amounts based on formulary.
- Initial Coverage Limit - \$4,130
- Out-of-Pocket Threshold - \$6,550
- Catastrophic Coverage - \$10,313

How Do I Choose a Part D Plan?

Each year you should review your plan options and look for three things:

- Convenience - Know what pharmacies are in network and if the plan has preferred pharmacies
- Cost - Know all possible out of pocket expenses
- Coverage - Make sure all your current prescription medications are included

For help comparing prescription drug plans and to learn about other programs that may help you pay drug costs, call OSHIP:

1-800-686-1578

What is the 'Extra Help' Program?

Extra Help is a Medicare program that helps people with limited income and resources pay Medicare prescription drug costs. You may qualify for Extra Help, also called low-income subsidy (LIS), if your annual income and total resources are below these limits this year:

Single Person		Married Person	
Monthly Income:	\$1,630	Monthly Income:	\$2,198
Resources:	\$14,790	Resources:	\$29,520

For help applying for Extra Help benefits, contact the the Ohio Department of Insurance at 1-800-686-1578.

What Counts as Income & Resources?

Resources include money in a checking or savings account, stocks, bonds, mutual funds, and Individual Retirement Accounts (IRAs). Resources don't include your home, car, household items, burial plot, burial expenses (up to \$1,500 per person), or life insurance policies. Income includes any money received from social security, pensions, employment, interest and more.

If you qualify for Extra Help, Medicare will pay:

- All or most of the monthly premium
- All or most of the annual deductible
- Most of your copayments/co-insurance
- Full coverage during the donut hole

In 2021, drug costs for most people who qualify will be no more than \$3.70 for each generic drug and \$9.20 for each brand name drug. Look on the Extra Help letters you get, or contact your plan to find out your exact costs.

NOTE: All people with Medicare should review their drug options EVERY year and choose the plan that's best for them!

Ohio Senior Health Insurance
Information Program (OSHIIP)

800-686-1578

The Ohio Senior Health Insurance Information Program (OSHIIP) is a division of the Ohio Department of Insurance that provides free information and education to people covered by Medicare and their caregivers.

- Email oshiipmail@insurance.ohio.gov or call 1-800-686-1578.
- Visit the Ohio Department of Insurance's Medicare Services/ OSHIIP at insurance.ohio.gov.



The Ohio Department of Medicaid (ODM) provides health care coverage to individuals with limited income.

- Visit the Ohio Department of Medicaid at medicaid.ohio.gov.
- Go to benefits.ohio.gov or call the Ohio Medicaid Consumer Hotline at 800-324-8680 to apply.

50 West Town Street
Suite 300
Columbus, Ohio 43215

1-800-686-1578
insurance.ohio.gov
email: oshiipmail@insurance.ohio.gov

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Ohio Medicare Savings Programs

2021 - 2022

Financial Assistance Programs for
People Covered by Medicare

Ohio | Department
of Insurance

Mike DeWine
Governor

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Lt. Governor

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Director

Medicare Savings Programs

Also known as Medicare Premium Assistance Programs (MPAP)

If you do not qualify for full Medicaid, you may qualify for other assistance programs. There are four kinds of Medicare Savings Programs that help those with low income and asset levels pay for health care coverage. Note: You must meet certain income and asset limits to qualify for these programs. QMB, SLMB, QI and QDWI programs are not subject to Estate Recovery.

Medicaid

The Medicaid program helps with medical costs and other services for some people with limited income and resources.

- All deductibles and coinsurance that Medicare does not pay.
- Medicare Part B premium: \$148.50/month for most people in 2021.

Medicaid Eligibility

	Single	Married
Monthly Income:	\$814	\$1,211
Total Resources:	\$2,000	\$3,000

Qualified Medicare Beneficiary (QMB)

The QMB program serves as a free Medicare supplement policy. QMB pays:

- All deductibles and coinsurance that Medicare does not pay.
- Medicare Part B premium: \$148.50/month for most people in 2021.

QMB Eligibility

	Single	Married
Monthly Income:	\$1,094	\$1,472
Total Resources:	\$7,970	\$11,960

Specified Low Income Medicare Beneficiary (SLMB)

The SLMB program has higher limits than QMB. Once you qualify, SLMB pays:

- Medicare Part B premium: \$148.50/month for most people in 2021.
- Retroactive Part B premium amounts for each of the past three months.

SLMB Eligibility

	Single	Married
Monthly Income:	\$1,308	\$1,762
Total Resources:	\$7,970	\$11,960

Qualified Individual (QI)

Medicaid, QMB and SLMB are guaranteed for those who qualify, but QI benefits are limited.

QI pays the Medicare Part B premium: \$148.50/month for most people in 2021.

QI Eligibility

	Single	Married
Monthly Income:	\$1,469	\$1,980
Total Resources:	\$7,970	\$11,960

Qualified Disabled and Working Individuals (QDWI)

If you are under age 65, disabled, and no longer entitled to free Medicare Hospital Insurance Part A solely because you successfully returned to work, you may be eligible for a program that helps pay your Medicare Part A monthly premium.

To find out more about this program, contact your county Job & Family Services office.

Applying for Benefits

The Medicaid application determines eligibility to receive benefits from any of the programs listed on this brochure.

- Get the application from the County Department of Job & Family Services. Complete and return it in person or by mail.
- An interview may be required. A friend or family member can accompany you.
- An authorized representative can go to the interview in your place.
- Benefits cannot be denied due to non-attendance at the interview.

Note: Income amounts include \$20 Monthly Income Disregard.