Department of Insurance
Senior Health Insurance Information Program

Medicare 101

An Overview of Medicare Benefits and Options

Ohio Senior Health Insurance Information Program (OSHIIP)
insurance.ohio.gov/medicare | 800-686-1578

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The Ohio Department of Insurance is pleased to share this Medicare 101 booklet. It is important to evaluate your coverage choices each year and this booklet can provide assistance in understanding the benefits and options available to you.

In the following pages you will find an overview of information about Medicare Part A (inpatient coverage), Medicare Part B (outpatient coverage), Medicare Supplements (Medigap), Medicare Advantage plans, Medicare Part D prescription drug coverage, and predatory sales practices.

We are confident this information will serve as a helpful resource as you consider available Medicare options. Should you have questions or require further assistance, please contact ODI's Ohio Senior Health Insurance Information Program (OSHIIP) at 800-686-1578.

What is Medicare?

Medicare is a federal health insurance program administered by the Centers for Medicare & Medicaid Services (CMS) for people who are:

- Age 65 and older
- Any age and disabled
- Diagnosed with End Stage Renal Disease (ESRD) or ALS

Most people get their Medicare health coverage in one of two ways. Your costs vary depending on your plan, coverage and the services you use.

Option 1

Original Medicare

Part A (Hospital)
&
Part B (Medical)

+

Secondary Insurance

Group Health Insurance, MedSup, or Medicaid

+

Rx Coverage

Part D or Creditable Coverage

OR

Option 2

Medicare Advantage Part C

1. Hospitalization
2. Medical
3. Rx (MA-PD)

Medicare Annual Open Enrollment

Each year from October 15 through December 7 you can update or switch your Medicare drug plan and/or your Medicare Advantage plan. Your new coverage will begin January 1 of the next year.

Applying for Medicare

Enrollment is automatic if you get Social Security or Railroad Retirement benefits prior to Medicare eligibility. If not, you must apply with Social Security (or Railroad Retirement) during one of the periods described here:

If you enroll in this month of your IEP	Your Part B Medicare coverage starts
1 to 3 months before you reach age 65 ...	**The month you turn 65 ...**
The month you reach age 65, or 1 to 3 months after you reach age 65	The first day of the month after you sign up

General Enrollment Period

If you don't sign up for Part A and/or Part B when you are first eligible, you can sign up from January 1 - March 31 each year. Your coverage will begin the following month. You may have to pay a higher Part A and/or Part B premium for late enrollment.

Special Enrollment Period

If you don't sign up for Part A and/or Part B when you are first eligible because you're covered under a group health plan based on current employment (your own, a spouse's, or a family member's if you're disabled), you can sign up for Part A and/or Part B.

- Anytime you're still covered by the group health plan
- During the 8-month period that begins the month after the employment ends or the coverage ends, whichever happens first

Things to Remember When Turning 65

- If you have active employer health insurance from your or your spouse's current employer, you may be able to delay enrolling in Medicare and avoid a late enrollment penalty
- COBRA is not considered current or active coverage
- If you have a Marketplace plan, you must take Medicare when eligible unless you pay a Part A premium
- If you have a Health Savings Account (HSA) when you sign up for Medicare, you cannot contribute to your HSA once your Medicare coverage begins. To avoid a tax penalty, you should talk to your employer and stop your contribution to your HSA at least 6 months before you apply for Medicare
- Contact Social Security at 800-772-1213 or ssa.gov

Medicare Coverage — Part A

Part A - Hospital Coverage

Inpatient hospital

Medicare covers semi-private rooms, meals, general nursing, and drugs as part of your inpatient treatment, and other hospital services and supplies. This includes care you get in acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, long-term care hospitals, inpatient care as part of a qualifying clinical research study, and mental health care. This doesn't include private-duty nursing, television or phone charges, or personal care items. If you have Part B, it generally covers 80% of the Medicare-approved amount for doctor's services you get while you're in a hospital.

Skilled nursing facility

Medicare covers up to 100 days of semi-private rooms, meals, skilled nursing and rehabilitative services, and other medically necessary services and supplies after a minimum of a 3-day (three consecutive midnights) inpatient hospital stay for a related illness or injury.

Home health care

Medicare covers medically necessary part-time or intermittent skilled nursing care, and/or physical therapy, speech-language pathology services, and/or services for people with a continuing need for occupational therapy and homebound.

Hospice

Medicare provides hospice care (pain relief and symptom management) for terminally ill patients who qualify and choose the palliative care over curative treatment. Medicare does not pay for room and board at a hospice or nursing facility.

Medicare Doesn't Cover Everything

Some items and services not covered by Medicare include:

- Long-term care (also called custodial care)
- Most dental care
- Eye examinations related to prescribing glasses
- Dentures
- Cosmetic surgery
- Hearing aids and exams for fitting them
- Routine foot care
- Most care outside of the USA, including cruise ships

Medicare Coverage — Part B

Part B - Medical Coverage

Outpatient hospital and medical services

Medicare covers many diagnostic and treatment services in hospital outpatient departments, including observation stays. Medicare covers approved procedures like X-rays, casts, stitches or outpatient surgeries.

Doctor visits

Medicare covers medically necessary doctor services (including doctor services you get when you are a hospital inpatient). Medicare also covers other health care providers, like physician assistants, nurse practitioners, social workers, physical therapists and psychologists.

Durable medical equipment (DME)

Medicare covers items like oxygen equipment and supplies, wheelchairs, walkers and hospital beds ordered by a doctor for use in the home. Make sure doctors and DME suppliers are enrolled in Medicare. Most DME, prosthetics, orthotics and supplies must be purchased from a contracted supplier.

If you're covered under your (or your spouse's) current employer group health plan, you may delay enrolling in Medicare Part B without penalty.

Preventive benefits

Medicare pays for many preventive services to keep you healthy. Preventive services can find health problems early - when treatment works best - and can keep you from getting certain diseases. Preventive services include exams, shots, lab tests, and screenings. They also include counseling and education to help you take care of your own health. A list of Medicare's preventive benefits is available on the next page.

Notes:

Part B - Medical Coverage

Medicare Preventive Benefits

The Part B deductible and coinsurance are waived for most preventive care services. Below is a partial list of preventive benefits. Please call us for a complete list of all preventive services available.

Shots	• Pneumococcal • Flu • Hepatitis B (for people at medium to high risk) • COVID-19 • Shingles (covered under Medicare Part D benefit)
Exams	• One-time "Welcome to Medicare" physical exam (within the first 12 months you have Part B) • Annual "Wellness" visits
Screenings	• Colorectal cancer • Prostate cancer • Breast cancer (mammograms) • Pelvic exam • Clinical breast exam (part of pelvic exam) • Pap test • Cardiovascular • Diabetes (for people at risk) • Glaucoma (for people at high risk)
Other	• Diabetes supplies and self-management training • Bone mass measurement • Medical nutrition therapy • Smoking cessation counseling

Helpful Tip:
Create a Medicare.gov account

Call the Ohio Senior Health Insurance Information Program (OSHIIP) with questions: 800-686-1578

2024 Medicare Amounts

Out-of-Pocket Part A costs

Monthly premium - $0 for most

Hospital deductible - $1,632/benefit period

Hospital daily copayments

- Days 1-60 - $0
- Days 61-90 - $408/day
- Days 91-150 - $816/day per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime)

Skilled nursing daily copayments

- Days 1-20 - $0 for each benefit period
- Days 21-100 - $204/day for each benefit period
- Days 101 and beyond - all costs

Part A premiums

- $505/month for those with less than 30 quarters of Medicare-covered employment
- $278/month for those with 30-39 quarter of Medicare-covered employment

Out-of-pocket Part B costs

Monthly premium - $174.70 for most

Annual deductible - $240

Coinsurance - 20% for most services after meeting the deductible

A small % of beneficiaries who are subject to the “hold harmless” provision will pay less, as the increase in their Social Security benefits will not be large enough to cover the increased Part B premium.

Notes:

Higher Income Part B Costs

2024 Part B IRMMA Numbers - Full Part B Coverage			
Beneficiaries who file individual tax returns with modified adjusted gross income:	**Beneficiaries who file joint tax returns with modified adjusted gross income:**	**Income-related monthly adjustment amount:**	**Total monthly premium amount:**
Less than or equal to $103,000	Less than or equal to $206,000	$0.00	$174.70
Greater than $103,000 and less than $129,000	Greater than $206,000 and less than $258,000	$69.90	$244.60
Greater than $129,000 and less than $161,000	Greater than $258,000 and less than $322,000	$174.70	$349.40
Greater than $161,000 and less than $193,000	Greater than $322,000 and less than $386,000	$279.50	$454.20
Greater than $193,000 and less than $500,000	Greater than $386,000 and less than $750,000	$384.30	$559.00
Greater than or equal to $500,000	Greater than or equal to $750,000	$419.30	$594.00

2024 Full Part B Coverage		
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses with modified adjusted gross income:	**Income-related monthly adjustment amount:**	**Total monthly premium amount:**
Less than or equal to $103,000	$0.00	$174.70
Greater than $103,000 and less than $397,000	$384.30	$559.00
Greater than or equal to $397,000	$419.30	$594.00

Reminder - IRMAA can be appealed based on retirement, death of a spouse, divorce, and other life changing events. The form you'll need can be found here: SSA-44.

2024 Medicare Savings Programs

If your income and resources are limited, you may qualify for help paying amounts related to Medicare's medical coverage. Medicare Savings Programs pay your monthly Medicare Part B premium and save you other associated out-of-pocket costs as well. Most people who are eligible for Medicare Savings Programs (MSP) also qualify for the Part D Low-Income Subsidy.

Four levels of eligibility under MSP

1. Qualified Medicare Beneficiary (QMB)

- Acts like a free Medicare supplement policy
- Pays the Part B premium
- Pays all deductibles and coinsurance that Medicare does not pay.

2. Specified Low Income Medicare Beneficiary (SLMB)

- Pays the Part B premium

3. Qualified Individual (QI)

- Pays the Part B premium

4. Qualified Disabled and Working Individuals (QDWI)

- Helps pay the Part A premium

You may qualify for MSP if yearly income and total resources are below these limits in 2024

- Single person
  - Income less than $1,714/month, and
  - Total resources less than $9,430
- Married person living with a spouse and no other dependents
  - Income less than $2,320/month, and
  - Total resources less than $14,130

How to apply

- Call OSHIIP: 800-686-1578
- Call your local Area Agency on Aging: 866-243-5678
- Call the Ohio Medicaid hotline: 800-324-8680

Please Note: Some agencies may refer to Medicare Savings Programs (MSP) as Medicare Premium Assistance Programs (MPAP).

Medicare Supplement Insurance

Understanding MedSup policies

Original Medicare pays for many health care services and supplies, but not all. Medicare Supplement (MedSup) Insurance policies are sold by private companies and can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance and deductibles. They are also called Medigap policies.

Some MedSup policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S. If you buy a MedSup policy, Medicare will pay its share of the Medicare-approved amount for covered health care costs. Your MedSup policy then pays its share. All MedSup policies have a premium that's additional to amounts you pay for Medicare Part A and Part B.

MedSup policies are standardized

Every Medicare Supplement policy must follow federal and state laws designed to protect you, and policies must be clearly identified as "Medicare Supplement Insurance." Insurance companies can sell you a "standardized" policy only, identified by letters. All policies offer the same basic benefits, but some offer additional benefits so you can choose the one that meets your needs.

Comparing MedSup policies

Different insurance companies may charge different premiums for the same policy. As you shop for a policy, be sure you're comparing the same policy. For example, compare the premium for Plan A from one company with another company's Plan A premium.

Also, you may be able to buy a type of MedSup policy called Medicare SELECT. These policies require you to use specific hospitals and, in some cases, specific doctors or other health care providers to get full coverage. If you buy a Medicare SELECT policy, you have the right to change your mind within 12 months and switch to a standard MedSup policy.

When Your Right to a Policy is Guaranteed

- During your initial open enrollment - 6-month period beginning with your Part B effective date at age 65 or older
- In special circumstances - typically 63 days after the loss of coverage

Medicare Supplement

Rights and Protections

Medicare supplement (MedSup) protections apply to those persons who face uncertain conditions as explained below. There may be times when more than one situation applies to you. When this happens, you can choose the MedSup protection that gives you the best choice of MedSup policies.

Guaranteed issue and open enrollment rights apply to both MedSup and Medicare SELECT policies. Regardless of your health, you have an open enrollment opportunity during the first six months you are both age 65 and enrolled in Medicare Part B. You also have guaranteed issue rights in the situations described below; these rights generally end 63 days after you lose coverage.

Situation	Protects You If...	MedSup Plan Choices
Situation 1	Your Medicare Advantage Plan or PACE program coverage ends because the plan is leaving the Medicare Program.	A, B, C*, D*, F*, G*, K, L
Situation 2	Your coverage through your group health plan or Medicaid ends.	A, B, C*, D*, F*, G*, K, L
Situation 3	You have to end your health coverage because you move out of the plan's service area.	A, B, C*, D*, F*, G*, K, L
Situation 4 (trial right)	You joined a Medicare Advantage Plan or PACE program when you were first eligible for Medicare at age 65. Within the first year of joining, you decided you wanted to leave.	A - N
Situation 5 (trial right)	You dropped a MedSup policy to join a Medicare Advantage Plan, Medicare SELECT policy, or a PACE program for the first time and now you want to leave after less than a year on the plan.	A, B, C*, D*, F*, G*, K, L
Situation 6	You lose your MedSup coverage when your insurance company goes bankrupt or your MedSup coverage ends through no fault of your own.	A, B, C*, D*, F*, G*, K, L
Situation 7	You leave your plan because your Medicare Advantage Plan, Medicare SELECT policy, or MedSup company has misled you or hasn't followed the rules. For example, the marketing materials were not true or quality standards were not met.	A, B, C*, D*, F*, G*, K, L

*Plans C and F are no longer available to people new to Medicare on or after 1/1/2020. However if you were eligible before 1/1/2020, but not yet enrolled, you may be able to buy C or F. Plans D and G are guaranteed issue for those new to Medicare 1/1/2020 or after.

Benefit Chart - Medicare Supplement Plans

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F. Note: A √ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare First Eligible Before 2020	
	A	B	D	G[1]	K	L	M	N	C	F
Medicare Part A co-insurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	√	√	√	√	√	√	√	√	√	√
Medicare Part B co-insurance or co-payment	√	√	√	√	50%	75%	√	√ (copays apply)[3]	√	√
Blood (the first three pints)	√	√	√	√	50%	75%	√	√	√	√
Part A hospice care co-insurance/co-payment	√	√	√	√	50%	75%	√	√	√	√
Skilled nursing facility co-insurance			√	√	50%	75%	√	√	√	√
Medicare Part A deductible		√	√	√	50%	75%	50%	√	√	√
Medicare Part B deductible									√	√
Medicare Part B excess charges				√						√
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit in 2024					$7,060[2]	$3,530[2]				

[1] Plans F and G also have a high deductible option which require first paying a plan deductible of $2,800 in 2024. Once the plan deductible is met, the plan pays 100% of the covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2] Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3] Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to $50 co-payment for emergency room visits that do not result in an inpatient admission.

MedSup Plans

List of insurance companies licensed to sell MedSup plans in Ohio.
Call OSHIIP at 800-686-1578 to get a personalized comparison.

Company	Phone
(Anthem) Community Insurance	888-290-9160
AARP / United Healthcare *G*	800-523-5800
Aetna Health and Life Insurance	800-264-4000
American National Life Insurance	800-899-6503
American Republic Corp Insurance	888-755-3065
American Retirement Life Ins (Cigna)	855-891-9368
AultCare Insurance	877-863-1791
Bankers Fidelity Life Insurance	800-241-1439
Christian Fidelity Life Insurance	800 386-5202
Cigna Health and Life Insurance	866-459-4272
Colonial Penn Life Insurance	877-355-8375
Combined Insurance Co. of America	800-490-1322
Companion Life Insurance	888-220-0466
Continental Life Insurance	877-626-4115
CSI Life Insurance	866-644-3988
Equitable Life & Casualty Insurance	877-358-4060
Erie Family Life Insurance	800 458-0811
Everence Association, Inc.	800-348-7468
Everest Reinsurance	844-301-0395
Globe Life and Accident Insurance	800-801-6831
GPM Health and Life Insurance	800-541-5858
Guarantee Trust Life Insurance	800-338-7452
Heartland National Life Insurance	866-916-7971
Humana Insurance	888-310-8482
Individual Assurance	888-524-3629
Liberty Bankers Life Insurance	844-770-2400
Lumico Life Insurance	866-440-4047
Medical Mutual	800-382-5729
Medico Corp Life Insurance	888-755-3065

MedSup Plans (cont'd)

Company	Phone
Mutual of Omaha Insurance	844-316-8678
National Guardian Life Insurance	800-548-2962
National Health Ins	888-781-0585
New Era Life Insurance	800-552-7879
Oxford Life Insurance	866-641-9999
Pan American Life Insurance	877-939-4550
Paramount Insurance	888-891-0707
Pekin Life Insurance	800-322-0160
Philadelphia American Life	800-552-7879
Physicians Mutual Insurance	800-228-9100
Prosperity Life Group	800-848-5433
Puritan Life Insurance	888-474-9519
Renaissance Life & Health Insurance	844-202-4150
Reserve National Insurance	800-654-9106
Sentinel Security Life Insurance	800-247-1423
Shenandoah Life Insurance	855-406-9085
Southern Guaranty Insurance	888-912-4767
State Farm Mutual Auto Insurance	Call local agent
Summacare, Inc.	888-464-8440
The Order of United Commercial Travelers	800-848-0123
THP Insurance Company, Inc.	877-847-7915
Thrivent Financial for Lutherans #	800-847-4836
Transamerica Premier Life Insurance	866-205-9120
Unified Life Insurance	877-807-2143
Union Security Insurance	855-741-4308
United American Insurance	800-331-2512
United World Life Insurance	800-667-2937
USAA Life Insurance	800-531-8722
Western United Life Assurance	Contact agent
Wisconsin Physicians Service Ins	888-253-2694

Medicare Coverage — Part D

Part D is Prescription Drug Coverage

Medicare offers prescription drug coverage to everyone with Medicare. Consider joining a Medicare drug plan even if you don't currently take prescriptions.

If you decide not to join a Medicare drug plan when you're first eligible, and you don't have other creditable prescription drug coverage, or you don't qualify for Extra Help, you'll likely pay a late enrollment penalty if you join a plan later. Plus, you'll have a waiting period before coverage starts.

To get Medicare prescription drug coverage, you must join a plan offered by an insurance company or other private company approved by Medicare. Each plan can vary in cost and specific drugs covered.

There are 2 ways to get Medicare prescription drug coverage

1. Medicare prescription drug plans

- These plans (sometimes called "PDPs") add drug coverage to Original Medicare

2. Medicare Advantage plans like an HMO or PPO, or other Medicare health plans that offer Medicare prescription drug coverage

- You get all of your Part A, Part B, and prescription drug coverage (Part D) through these plans. Medicare Advantageplans with prescription drug coverage are sometimes called "MA-PDs"
- You must have Part A and Part B to join a Medicare Advantage plan

If You Have Employer or Union Coverage...

Call your benefits administrator before you make any changes, or before you sign up for any other coverage.

If you drop your employer or union coverage, you may not be able to get it back. You also may not be able to drop your employer or union drug coverage without also dropping your employer or union health (doctor and hospital) coverage. If you drop coverage for yourself, you may also have to drop coverage for your spouse and dependents.

Part D - Prescription Drug Coverage

When can I join, switch, or drop a Medicare drug plan?

- When you're first eligible for Medicare, you can join during the 7-month initial enrollment period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65
- If you get Medicare due to a disability, you can join during the 7-month period that begins 3 months before your 25th month of disability benefits and ends 3 months after your 25th month of disability. You'll have another chance to join during the 7-month period that begins 3 months before the month you turn 65 and ends 3 months after the month you turn 65
- Between October 15 and December 7, anyone can join, switch, or drop a Medicare drug plan. The change will take effect on January 1 as long as you enroll by December 7
- Once per calendar quarter, if you qualify for Extra Help

Special enrollment periods

You generally must stay enrolled for the calendar year, but you may be able to join, switch, or drop Medicare drug plans at other times if you:

- Move out of your plan's service area
- Lose other creditable prescription drug coverage (like an employer plan or a retirement plan)
- Live in a care facility (like a nursing home)
- Have Medicaid
- Qualify for Extra Help

Extra Help with Medicare Prescription Drug Plan Costs

Extra Help is a Medicare program to help people with limited income and resources pay Medicare prescription drug costs. You may qualify for Extra Help, also called the low-income subsidy (LIS), if your yearly income and total resources are below these limits in 2024:

- Single person:
  - Income less than $1,903/month, and
  - Total resources less than $17,220
- Married person living with a spouse and no other dependents:
  - Income less than $2,575/month, and
  - Total resources less than $34,360

2024 Part D Costs

Each Medicare drug plan has its own formulary. Many plans place drugs into different “tiers” on their formularies. Drugs in each tier have a different cost; drugs in a lower tier will generally cost you less than those in a higher tier.

- **Monthly premiums** - $0 - $108.00
- **Annual deductible** - $0 - $545.00
- **Copays or coinsurance** - 25% or flat amount (until $13,172.18 in total costs)
- **Catastrophic coverage** - Eliminated in 2024! $8,000 out-of-pocket max - NEW!

  » All plans have a different cost structure and formulary

  » Costs based on individual’s drug needs and change annually

  » Review the Explanation of Benefits (EOB)

Note: Medicare drug plans must cover all medically necessary, commercially available vaccines not already covered under Part B (such as the shingles vaccine).

Plans may have additional restrictions for coverage

- **Prior authorization** - you and/or your prescriber must contact the drug plan before you can fill certain prescriptions. Your prescriber may need to show that the drug is medically necessary for the plan to cover it
- **Quantity limits** - limits on how much medication you can get at a time
- **Step therapy** - you must try one or more similar, lower cost drugs before the plan will cover the prescribed drug

If you or your prescriber believe that one of these coverage rules should be waived, you can ask for an exception.

Also, your plan may have contracted with certain pharmacies you must use to keep your copayments at their lowest. Make sure you know which pharmacies your plan has designated as preferred and network. Some plans have an option to receive prescriptions by mail order.

Notes:

2024 Higher Income Part D Costs

Part D - Medicare Prescription Drug Coverage

Listed below are the 2024 Part D monthly income-related premium adjustment amounts to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with a dependent child, or married and filing separately who lived apart from their spouse for the entire taxable year) or a joint tax return.

Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-related monthly adjustment amount:
Less than or equal to $103,000	Less than or equal to $206,000	$0.00
Greater than $103,000 and less than or equal to $129,000	Greater than $206,000 and less than or equal to $258,000	$12.90
Greater than $129,000 and less than or equal to $161,000	Greater than $258,000 and less than or equal to $322,000	$33.30
Greater than $161,000 and less than or equal to $193,000	Greater than $322,000 and less than or equal to $386,000	$53.80
Greater than $193,000 and less than or equal to $500,000	Greater than $386,000 and less than or equal to $750,000	$74.20
Greater than or equal to $500,000	Greater than or equal to $750,000	$81.00

Beneficiaries who are married and lived with their spouses at any time during the year, but file separate tax returns from their spouses with modified adjusted gross income:	Income-related monthly adjustment amount:
Less than or equal to $103,000	$0.00
Greater than $103,000 and less than or equal to $397,000	$74.20
Greater than or equal to $397,000	$81.00

Late Enrollment Penalties

Late enrollment surcharges and penalties

If you aren't eligible for premium-free Part A, and you don't buy it when you're first eligible, your monthly premium may go up 10%. You'll have to pay the higher premium for twice the number of years you could have had Part A, but didn't sign up.

If you don't sign up for Part B when you're first eligible, or if you drop Part B and then get it later, you may have to pay a late enrollment penalty for as long as you have Medicare. Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it.

If you don't sign up for Part D when you're first eligible, or if you drop Part D and then get it later, you may have to pay a late enrollment penalty for as long as you have Part D. The cost of the late enrollment penalty depends on how long you didn't have creditable prescription drug coverage. The late enrollment penalty is calculated by multiplying 1% of the national base beneficiary premium ($34.70 in 2024) times the number of full, uncovered months that you were eligible but didn't join a Medicare prescription drug plan and went without other creditable prescription drug coverage. This final amount is rounded to the nearest $.10 and added to your monthly premium. The national base beneficiary premium may increase each year, so the penalty amount may also increase each year.

Notes:

Medicare Advantage Plans

Medicare Advantage plans are available to those who

- Are enrolled in Part A and Part B
- Live within the plans service area (county)

Choosing Medicare Advantage plans as an alternative to Original Medicare

- Advantage Plans must cover everything Original Medicare covers. Plans may offer added benefits such as dental, vision, hearing, transportation, and more
- Offered by private companies to replace Original Medicare and secondary insurance
- Multiple options in each county
  - » **Health Maintenance Organizations (HMO):** require care and services from providers and facilities in the plan's network
  - » **Preferred Provider Organizations (PPO):** allow care and services from outside the network but typically with higher costs
  - » **Private-Fee-For-Service Plans (PFFS):** determine how much it will pay doctors, other health care providers, and hospitals, and how much you must pay when you receive care
  - » **Medicare Savings Accounts (MSA):** couples a high-deductible plan and savings account. You can use money from the savings account to pay for your health care
- Most plans include the Part D benefit (MAPD)
- Enrollees pay the Part B premium and any other applicable costs

When can I join, switch, or drop a Medicare Advantage plan?

- When you first become eligible for Medicare, you can join during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65
- If you get Medicare due to a disability, you can join during the 7-month period that begins 3 months before your 25th month of disability and ends 3 months after your 25th month of disability
- From October 15 to December 7 anyone can join, switch, or drop a Medicare Advantage plan, and coverage will begin January 1 as long as the plan gets your request by December 7
- Any time of year, EXCEPT December 1 - December 7, beneficiaries can move into a five-star plan

Medicare Advantage Plans

Medicare Advantage Open Enrollment Period (MA OEP)

From January 1- March 31, anyone in a Medicare Advantage plan can use this enrollment period to switch to a different MA or MA-PD or drop their current MA or MA-PD and return to Original Medicare and enroll in Part D (if you have Part D). You won't have a guaranteed issue right to buy a Medigap policy.

You cannot use this enrollment period to enroll in a Part D plan or MA plan for the first time. To use this enrollment period, you must already be in a MA or MA-PD on January 1. Your coverage begins the first of the month after you enroll.

Special Enrollment Period

In most cases, you must stay enrolled for the calendar year in which your coverage begins. However, you may be able to join, switch, or drop a Medicare Advantage Plan during a Special Enrollment Period. Such a period occurs when:

- You move out of your plan's service area
- You have Medicaid
- You qualify for Extra Help
- You live in a care facility (such as a nursing home)

12-month trial period

You may have a guaranteed right to buy a Medicare Supplement policy in either circumstance shown below:

- You enroll in a Medicare Advantage plan when you are first eligible for Medicare at age 65, but within the first 12 months you decide to replace the MA plan with a MedSup
- You drop a Medicare Supplement policy and join a Medicare Advantage plan for the first time, but within the first 12 months you decide to replace the MA plan with a MedSup

Contact the plan for provider networks, added benefit details, and all possible out-of-pocket costs associated with the plan you are considering.

Medicare Supplement vs. Medicare Advantage

Questions	Medicare Supplement (MedSup or Medigap)	Medicare Advantage (Part C)
Cost?	Part B premium	Part B premium
	Higher plan premium	Lower plan premium
	Little to no out-of-pocket cost when used	Charged out-of-pocket cost as plan is used
Coverage?	Pays secondary after (and only after) Medicare Part A and Part B process claims	Replaces Medicare Part A and Medicare Part B (usually includes Part D drug benefit)
		Must cover at a minimum all services provided by Original Medicare
Provider choice?	Any provider that accepts Medicare	Plan will have a provider network. Cost will be higher out-of-network
	May have foreign travel emergency coverage	Check with plan for travel restrictions
Is drug coverage included?	No. Must purchase separate Part D plan	Yes. Some plans available without drug coverage
Considerations	Important to use any provider without network restrictions	Willing to use network of providers
	Can afford higher monthly premiums	Check plan for added benefits (vision, dental, hearing, fitness, etc.)
Cards in your wallet?	1. Original Medicare card	Medicare Advantage card. No need to carry your Original Medicare card
	2. MedSup card	
	3. Part D/prescription card	
When can I purchase?	**Applications may be completed through insurance companies and agents during:**	**Applications may be completed on medicare.gov during:**
	MedSup open enrollment (1st six months after taking Part B at age 65 or older)	Initial open enrollment when new to Medicare
	Guaranteed issue situations	Annual open enrollment (Oct 15 - Dec 7)
	Anytime, however outside of the MedSup open enrollment and guaranteed issue situations, plans may medically underwrite policies and turn you down	Medicare Advantage open enrollment period - must be enrolled in Medicare Advantage as of Jan 1 and coverage begins the first month after you enroll
		Medicare Advantage plans must accept your application during enrollment periods as long as you:
		1. Live in the service area (county)
		2. Have both Medicare A&B

How to Prevent Medicare Sales Fraud

Medicare sales fraud is defined as when someone intentionally falsifies information or deceives Medicare. Common types of health care fraud include medical identity theft, billing for unnecessary services or items, billing for services or items not furnished, upcoding to more complex services and upselling a single comprehensive code to create individual charges.

Questionable practices

- Removing you from Original Medicare without your knowledge
- Enrolling you in a plan you can't afford
- Falsely telling you that your doctor or hospital accepts your plan

When selling Medicare products, agents cannot legally

- Use high-pressure sales tactics
- Sell policies door to door, send unsolicited emails, or make unsolicited telephone calls
- Enroll you at a health fair or event
- Sell any other product, such as life insurance, at the time of the sale

Receiving your open enrollment information from Medicare and insurance companies

- Call the Ohio Department of Insurance at 800-686-1578 for assistance
- Ask if enrolling in private insurance could jeopardize your retirement benefits
- Never sign anything on the same day as the sales presentation
- Request information in writing about each plan you are considering and take the time to review it

Healthcare Exchange enrollment begins at the same time as Medicare Open Enrollment

There may be a greater risk for fraudulent activities. It is important to know that the Healthcare Exchange does not have any effect on your Medicare coverage or choices, and it is against the law for someone to sell you an exchange plan when they know you receive Medicare.

Pro Seniors

SMP Senior Medicare Patrol
Preventing Medicare Fraud

Be Proactive - If you suspect wrongdoing or have been victimized, call the Ohio Department of Insurance's Fraud and Enforcement hotline at 800-686-1527 or contact non-profit Pro Seniors and its fraud-fighting Ohio Senior Medicare Patrol (SMP) at 800-488-6070.

Contacts & Resources

Agency	Phone Number	Website
Ohio Department of Insurance -- OSHIIP -- Consumer Services -- Fraud & Enforcement -- Mental Health Insurance Assistance Office	800-686-1578 800-686-1526 800-686-1527 800-438-6442	insurance.ohio.gov
Quality Improvement Organization-Livanta	888-524-9900	livantaqio.com
National Council on Aging	202-479-1200	ncoa.org
Ohio Department of Aging	800-282-1206	aging.ohio.gov
Ohio Department of Health	800-342-0553	odh.ohio.gov
Ohio Department of Medicaid	800-324-8680	medicaid.ohio.gov
Ohio Department of Taxation	800-282-1780	tax.ohio.gov
Ohio Public Employee Retirement System (OPERS)	800-222-PERS (800-222-7377)	opers.org
Ohio School Employees Retirement System (SERS)	800-878-5853	ohsers.org
Ohio State Teachers Retirement System (STRS)	888- 227-7877	strsoh.org
ProSeniors	800-488-6070	proseniors.org
Social Security Administration	800-772-1213	ssa.gov
TRICARE	877-874-2273	tricare.mil
U.S. Center for Medicaid & Medicare	800-MEDICARE (800-633-4227)	medicare .gov
U.S. Department of Health and Human Services-Office of Inspector General	800-447-8477 (800-HHS-TIPS)	oig.hhs.gov
U.S. Department of Labor	866-487-2365	dol.gov
U.S. Veterans Administration	877-222-8387	va.gov

Ohio Department of Insurance
Senior Health Insurance Information Program

OSHIIP

SHIP
State Health Insurance Assistance Program

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