About this guidebook

This guidebook is designed to help you with the basics of Medicare. No single Medicare plan is right for everyone. Use this guidebook to help identify your Medicare insurance needs and select the plan most suitable for you.

Main resources:

Advocate Health Care
advocatehealth.com/medicare

Aurora Health Care
aurora.org/medicare
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Understanding your options

Classifications of Medicare Insurance
The following information represents the most common classifications of Medicare insurance.

Original Medicare
Original Medicare includes Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance). Original Medicare pays for most, but not all costs for covered health services and supplies. To help pay for your out-of-pocket costs in Original Medicare (like your deductible and 20% coinsurance), you can shop for and buy a Medicare Supplement plan. If you want drug coverage, you can shop for and buy a separate Part D plan.

Medicare Supplement (Medigap)
Medicare Supplement policies (or Medigap plans) are sold by private companies and can help pay some of the remaining health care costs for covered services and supplies. Medicare Supplements provide coverage that is secondary to Medicare (Part A & B), meaning Medicare pays first and the Medicare Supplement pays second. See pages 8-11 for more information on Medicare Supplements.

Medicare Advantage Plan
Also referred to as Medicare Part C, a Medicare Advantage plan incorporates your Part A, Part B and often Part D Prescription Drug coverage into one plan. See pages 15-16 for more information on Medicare Advantage Plans.

Company-sponsored Medicare plan
Company-sponsored Medicare plans are available to those who receive some form of Medicare insurance from a current or former employer (or their spouse’s employer). This category includes corporate Medicare plans, union member plans, military plans (TRICARE for Life) and Medicare plans offered to federal, state and municipal retirees. This type of insurance may be a plan that works secondary to Medicare or it may function as a Medicare Advantage Plan. Employer-sponsored Medicare plans often feature premiums that include drug coverage and may be considerably more expensive than comparable individual Medicare plans available to the general Medicare population. If you are considering cancelling an employer-sponsored Medicare plan and joining a regular Medicare Supplement or Medicare Advantage Plan, be sure to carefully consider your options, as employers often will not allow retirees to return to the plan after cancelling coverage.

Medicare/Medicaid
Medicare and Medicaid are available to those who qualify for both Original Medicare and Medicaid benefits simultaneously. Often referred to as being “dual-eligible,” Medicare/Medicaid beneficiaries meet state-specific income requirements for Medicaid eligibility, in addition to being qualified for Original Medicare. In basic terms, these individuals have Medicare as their primary insurance and Medicaid as secondary insurance.
Medicare is...

A federal government program that offers health insurance to:

- Individuals at any age 65 and older or under age 65, disabled and on Social Security for 24 months
- Any age with end-stage renal disease or ALS (amyotrophic lateral sclerosis)
- U.S. citizens or permanent legal residents in the U.S. for a minimum of five consecutive years, including five years just before applying to Medicare

Medicare is managed by the Centers for Medicare and Medicaid Services (CMS).

Note:

- You (or your spouse’s) work history affects Medicare premiums, but not eligibility
- A divorced spouse can apply for Medicare benefits on the work record of their former spouse if married a minimum of 10 years (certain rules apply)
  - Social Security processes your application for Original Medicare (Part A and Part B), and can give you general information about the Medicare program
  - Other parts of Medicare are run by private insurance companies that follow rules set by Medicare
Original Medicare is comprised of Part A (hospital insurance) and Part B (medical insurance). These plans are made available directly through the federal government.

**Part A** HOSPITAL INSURANCE

Part A helps pay for hospital, skilled nursing facility, home health and hospice care. In most cases, if you had a Medicare deduction from your paycheck while you were working, you will not have a Medicare Part A premium. You are first eligible for Medicare Part A at age 65 or earlier if you have been drawing Social Security due to disability for 24 months.

**Part B** MEDICAL INSURANCE

Part B helps pay for physician services, outpatient services, durable medical equipment and other medical services. You are first eligible for Medicare Part B at age 65 or earlier if you have been drawing Social Security due to disability for 24 months. You are required to have both Part A and Part B to purchase a Medicare Supplement or a Medicare Advantage Plan.

**Part C** MEDICARE ADVANTAGE PLAN

Part C also known as Medicare Advantage Plan is an all in one alternative to Original Medicare and often includes Part D - prescription drug coverage. For these plans, Medicare pays a private insurance company to provide your health care coverage with a Medicare Advantage Plan. These plans must, at minimum, provide the same level of coverage as Original Medicare, and may include a monthly plan premium. Medicare Advantage Plans often include additional benefits not offered by Original Medicare. You must have Part A and Part B to be eligible to select a Part C plan.

**Part D** PRESCRIPTION DRUG COVERAGE

Part D refers to Medicare prescription drug coverage. People with Original Medicare and a Medicare Supplement will need to purchase a Medicare Part D prescription plan separately. For people joining a Medicare Advantage Plan, a Medicare prescription plan is often included with the Medicare Advantage coverage. Please note, if you decide to enroll late for Part D prescription drug coverage, a penalty may be assessed.

**DON'T FORGET:** You must be enrolled in Medicare Part A and Part B to be eligible for a Medicare Supplement or Medicare Advantage Plan.

**Additional resource**

The Medicare & You book published annually by the Centers for Medicare & Medicaid Services includes additional information pertaining to Parts A, B, C and D. You can request a copy by calling 800-MEDICARE (TTY 877-486-2048) or download a copy by going to medicare.gov/medicare-and-you.
Your Medicare coverage choices

Original Medicare Part A + Part B with the option of adding Part D and a Medicare Supplement plan or you can choose a Medicare Advantage plan.

1. Choose a coverage plan.

   **ORIGINAL MEDICARE**
   - PART A
     - HOSPITAL INSURANCE
   - +
   - PART B
     - MEDICAL INSURANCE
   **MEDICARE ADVANTAGE**
   - PART C
     - PART A + PART B + USUALLY PART D

2. Add prescription drug coverage.

   **PART D**
   - PRESCRIPTIONS
   **MEDICARE ADVANTAGE**
   - PART D
     - PRESCRIPTIONS

3. Add supplemental coverage.

   **MEDIGAP**
   - SUPPLEMENTAL COVERAGE
   **MEDICARE ADVANTAGE**
   - MEDIGAP: With Medicare Advantage, you can’t use or be sold Medigap.
## Part A: What you pay in Original Medicare

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital inpatient stay</strong></td>
<td>- $1,632 deductible for days 1-60 of each benefit period*</td>
</tr>
<tr>
<td></td>
<td>- $408 per day for days 61-90 of each benefit period</td>
</tr>
<tr>
<td></td>
<td>- $816 per day for days 91-150 of each benefit period (lifetime reserve days)</td>
</tr>
<tr>
<td></td>
<td>- All costs for each day after the lifetime reserve days**</td>
</tr>
<tr>
<td></td>
<td>- Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime</td>
</tr>
<tr>
<td><strong>Skilled nursing facility care</strong></td>
<td>- $0 for the first 20 days of each benefit period (after 3-day hospital stay)</td>
</tr>
<tr>
<td></td>
<td>- $204 per day for days 21-100 of each benefit period</td>
</tr>
<tr>
<td></td>
<td>- All costs for each day after day 100 in each benefit period</td>
</tr>
<tr>
<td><strong>Home health care services</strong></td>
<td>- $0 for covered home health services</td>
</tr>
<tr>
<td></td>
<td>- 20% of the Medicare-approved amount for durable medical equipment</td>
</tr>
<tr>
<td><strong>Hospice care</strong></td>
<td>- $0 for covered hospice care services</td>
</tr>
<tr>
<td></td>
<td>You may also pay:</td>
</tr>
<tr>
<td></td>
<td>A co-payment of up to $5 for each prescription drug and other similar products for pain relief and symptom control while you’re at home</td>
</tr>
<tr>
<td></td>
<td>5% of the Medicare-approved amount for inpatient respite care</td>
</tr>
</tbody>
</table>

*Benefit period begins on your first inpatient day and ends when you have not received inpatient care for 60 days in a row. It is not tied to the calendar year.

**Lifetime reserve days are additional days that Medicare Part A will pay for when a beneficiary is in a hospital for more than 90 days during a benefit period. Beneficiaries are limited to a total of 60 reserve days over the course of their lives.
Part B: What you pay in Original Medicare

| 2024 monthly premium | • $174.70 (new enrollees) or higher* depending on your income  
| | • Social Security will tell you the exact amount |
| Yearly deductible | • $240 |
| Coinsurance for Part B services | • 20% coinsurance for most covered services, if provider accepts assignment  
| | • $0 for some preventive services  
| | • 20% coinsurance for outpatient mental health services, and copayments for hospital outpatient services |

*Income Related Monthly Adjustment Amount (IRMAA). Go to medicare.gov/your-medical-costs/part-b-costs for more information.

You must have Part B if...

• You want to purchase a Medigap policy  
• You want to join a Medicare Advantage Plan  
• Your employer coverage requires you to have it (companies with less than 20 employees)

Part B and active employment

• If you have group health plan coverage through active employment  
  – There is no penalty if you enroll in Part B within eight months of losing coverage or while you have creditable health coverage  
  – You may want to delay Part B if you continue with your employer creditable health coverage past age 65  
• If you do not have coverage from active employment  
  – Delaying Part B may mean  
    – Late enrollment penalties  
    – Paying for your health care out-of-pocket  
    – Waiting until next general enrollment period to enroll (Jan. 1- March 31) and coverage to start month after apply
Understanding your Medigap options

Medicare Supplement Insurance, also referred to as a Medigap plan, always functions secondary to Medicare. This means Medicare will pay its portion of the health care claim first and the Medicare supplement will pay second.

Useful facts about Medicare Supplement Insurance (Medigap)

The federal government has authorized 10 different standardized Medicare Supplement plan designs, named with letters from A to N for all states except WI, MN, and MA which are considered waiver states. Every policy must follow federal and state laws designed to protect you. Please note: these letters have no relationship to the Medicare Part A, B, C and D designations.

All Medicare Supplement policies with the same letter offer the same benefits, regardless of insurance company selling the policy. Some policies offer additional benefits so select the plan that best suits your needs. The chart on page 10 shows the standard benefits for each plan type.

In Massachusetts, Minnesota and Wisconsin, Medigap policies are standardized in a different way. WI offers a Basic Medigap Plan and additional insurance riders are available to enhance your supplement coverage. The best choice for you depends on your budget and needs. The chart on page 11 shows the standard benefits for each plan type and additional information regarding Medigap coverage in Wisconsin.

Medicare Supplements are sold by private insurance companies and are not part of Medicare. Medicare Supplements being sold today do not include Part D Prescription Drug coverage.

Premiums for Medicare Supplements can vary greatly by company and plan. Medicare Supplement plans provide coverage nationwide.
Medicare Supplements may require the prospective policy holder to answer a series of health-related questions to qualify for coverage if purchased outside of the guaranteed issue period. This is called medical underwriting.

Medigap Open Enrollment Period (OEP) for guaranteed issue is a one-time, 6-month window after a person first enrolls in Part B.

Most Medicare Supplement plans will allow the policy holder to receive care from any Medicare certified health care provider who accepts Original Medicare. The exception to this rule are Medicare Select Supplement plans, which may require the use of a contracted network of providers.

Most plans cover a limited dollar amount for foreign travel emergencies.

IL Medicare Supplement Birthday Rule states individuals between 65-75 years of age that have an existing Medicare supplement policy may switch to any Medicare Supplement policy with the same company/issuer that offers benefits equal to or less than those provided by the previous coverage.

This IL Medicare Supplement Birthday Rule Enrollment period begins on the individual’s birth date each year and lasts for 45 days.

During this period, the policy cannot deny or place conditions on the individual holding the policy or effectiveness of Medicare supplemental coverage, nor discriminate in the pricing of coverage, because of health status, claims experience, receipt of health care, or a medical condition of the individual.

Plans cannot be cancelled nor charge a higher premium due to health conditions or claims filed.
# Medigap plan types available in Illinois

## 2024 Medicare Supplement Insurance (Medigap) plans

<table>
<thead>
<tr>
<th>Benefits</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F*</th>
<th>G*</th>
<th>K**</th>
<th>L**</th>
<th>M</th>
<th>N***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Medicare Part B coinsurance or copayment</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Blood (first 3 pints)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Part A hospice care coinsurance or copayment</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Skilled nursing facility care coinsurance</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Part A deductible</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>50%</td>
<td>100%</td>
<td></td>
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<tr>
<td>Part B deductible</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Part B excess charges</td>
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<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Foreign travel emergency (up to plan limits)</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
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<tr>
<td>Out-of-pocket limit**</td>
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<td></td>
<td>$7,060</td>
<td>$3,530</td>
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*Plans F and G are also offered as a high-deductible plan by some insurance companies. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments and deductibles) up to the deductible amount of $2,800 in 2024 before your policy pays anything.

**For Plans K and L, 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.

***Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency department visits that don’t result in an inpatient admission.

Note: Plan C, F and FHD (high deductible) are only available to those eligible for Medicare before Jan. 1, 2020.
2024 Medicare Supplement Insurance (Medigap) plans

Basic Benefits Included in Medicare Supplement Policies

- **Inpatient Hospital Care**: Covers the Medicare Part A coinsurance
- **Medical Costs**: Covers the Medicare Part B coinsurance (generally 20% of the Medicare-approved payment amount)
- **Blood**: Covers the first three pints of blood each year
- **Part A** hospice coinsurance or co-payment

<table>
<thead>
<tr>
<th>Medigap</th>
<th>Basic Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Benefits</td>
<td>✓</td>
</tr>
<tr>
<td>Inpatient Mental Health Coverage</td>
<td>175 days per life-time in addition to Medicare’s benefits</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>40 visits in addition to those paid by Medicare</td>
</tr>
<tr>
<td>Other Wisconsin Mandated Benefits. Visit <a href="http://oci.wi.gov">oci.wi.gov</a> for more information</td>
<td>✓</td>
</tr>
</tbody>
</table>

Optional Medigap Riders

1. Medicare Part A Deductible
2. Medicare Part B Deductible*
3. Additional Home Health Care (365 visits including those paid by Medicare)
4. Medicare Part B Co-payment or Coinsurance
5. Medicare Part B Excess Charges
6. Foreign Travel Emergency

50% Cost Sharing plan is similar to the national standardized Plan K.
25% Cost-Sharing Plan is similar to the national standardized Plan L.
See page 10 for more information on these 2 plan types.

* Wisconsin cannot permit a Medicare Part B medical deductible rider to be issued to those who are newly eligible for Medicare on or after January 1, 2020 as that is contrary to MACRA. However, a Medicare Part B medical deductible rider can be offered or renewed to those first eligible for Medicare prior to January 1, 2020.
Medicare prescription drug coverage

- Medicare prescription drug coverage is an optional benefit available to everyone with Medicare
- These plans are offered by Medicare approved private insurance companies
- You must have Part A and/or Part B to enroll in Part D

Coverage

- Coverage is available through:
  - Stand-alone Medicare prescription drug plans
  - Included in most Medicare Advantage plans
  - Make sure your prescription drugs are covered before you enroll in a plan
    - The list of covered prescription drugs can change each year
    - Every plan has a tiered drug formulary, a list of prescription drugs covered by a plan
    - Medicare sets standards for the types of prescription drugs Part D plans must cover

Costs

- You may join a Part D plan approved by Medicare which may include deductibles and copayments. Prescription drugs covered vary from plan to plan
- The prescription Part D monthly plan premium varies by plan and may be higher* depending on your income
- Prescription Drug assistance programs are available for Medicare eligible individuals that meet certain requirements. Please see resources on page 25 for further information

Enrollment

- Coverage is not automatic; you must enroll in a Part D plan during the appropriate enrollment period
- You must live in the service area of the Part D drug plan you want to join
- Penalties may apply if you enroll late

*For more information, visit, https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance
Do you have creditable drug coverage?

- Is your current coverage as good as Medicare's?
  - For example, through an employer group plan and you are still employed
  - No penalty if you have creditable drug coverage and delay enrolling in a Medicare drug plan

- Compare current drug costs on your current creditable plan vs. premium and drug costs of Medicare Part D plans

Without creditable coverage

- You may pay a late enrollment penalty if you do not sign up when first eligible or go without drug coverage for more than 63 consecutive days

Changes to Medicare Part D under the Inflation Reduction Act

Medicare Part D plans must cover the cost of most commercially available vaccines in their drug formularies, including the shingles vaccine. Some of the exceptions are flu, pneumonia, hepatitis B and COVID-19 vaccinations which are covered by Medicare Part B.

The cost of a one-month supply of each Part D-covered insulin will be capped at $35 whether injected or administered by pump and you won't have to pay a deductible as long as the insulin prescribed to you is covered under the Part D plan you participate in.

https://www.medicare.gov/about-us/prescription-drug-law

- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048
- Contact our local Advocate and Aurora SHIP certified Medicare Counselors to get free personalized health insurance counseling at 855-908-7910 or email them at asc-advocatemedicare@aah.org

Help with drug costs—Extra Help program

“Extra Help” is a Medicare program to help people with limited income and resources pay Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and other costs.

For more information on Extra Help, call Social Security at 800-772-1213 TTY:800-325-0778 or contact our Local SHIP certified counselors via email at asc-advocatemedicare@aah.org

https://www.medicare.gov/basics/costs/help/drug-costs
Stages of Part D coverage

<table>
<thead>
<tr>
<th>Yearly deductible</th>
<th>Initial coverage</th>
<th>Coverage gap (formally known as donut hole)</th>
<th>Catastrophic coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many plans have no deductible and you start in the next stage</td>
<td>The co-pay amount you pay plus the costs the plan pays</td>
<td>You pay 25% of all covered drugs up to a set limit</td>
<td>After total out-of-pocket costs reach $8,000</td>
</tr>
<tr>
<td>$545</td>
<td>$545 - $5,030 Plan pays for a portion of each prescription drug, as long as that medication is covered under the plan’s formulary</td>
<td>$5,030 - $8,000 Some plans have gap coverage</td>
<td>You won’t have to pay a co-payment or coinsurance for covered Part D drugs for the rest of the calendar year</td>
</tr>
</tbody>
</table>

Understanding Medicare Part D prescription drugs

All drug plans have a list of tiered drugs that the insurance plan covers (also called formulary). Generally, the lower the tier, the lower your copay.

<table>
<thead>
<tr>
<th>Formulary</th>
<th>Tiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred generic drugs</td>
<td>Tier 1 ($)</td>
</tr>
<tr>
<td>Generic drugs</td>
<td>Tier 2 ($$)</td>
</tr>
<tr>
<td>Preferred brand name drugs</td>
<td>Tier 3 ($$$)</td>
</tr>
<tr>
<td>Non-preferred brand name drugs</td>
<td>Tier 4 ($$$)</td>
</tr>
<tr>
<td>Specialty drugs</td>
<td>Tier 5 ($$$$$)</td>
</tr>
</tbody>
</table>

Some plans have added Tier 6 to their formulary. Please see plan coverage details for further information.
Medicare Advantage facts

Medicare Advantage also known as Medicare Part C Plans work quite differently than Original Medicare. It is an alternate way to receive your medical and hospital benefits from a private health insurance company contracted with Medicare.

Most Medicare Advantage Plans can require members to use an in-network health care provider to obtain the full benefit of the Medicare Advantage plan such as HMO or PPO networks. You may have higher out of pocket costs if you use out of network providers. Contact plan for further details.

Medicare Advantage Plans usually include member coinsurance and copayments (pay as you go).

A Medicare Advantage summary of benefits, the official document summarizing member cost-sharing requirements, should be carefully reviewed prior to applying for Medicare Advantage coverage. These are available on most insurance company websites.

Some Medicare Advantage Plans charge a monthly premium, which vary considerably by insurer, plan and market. Medicare Advantage Plans cannot adjust plan premiums based on the member’s age, health or claims experience.

Medicare Advantage requires A and B of Medicare to be in effect and you must continue to pay your Part B monthly premium. You must also reside within the county (plan service area) the Medicare Plan is offered.

Medicare Advantage Prescription Drug Plans or “MAPD” include Part D Prescription Drug coverage. All Medicare Advantage Plans must include out of service emergency and urgently needed care. Contact your plan for more information on coverage while out of your plan’s service area.

Some Medicare Advantage Plans feature additional plan benefits that are not included with Original Medicare, such as dental, vision care, telehealth visits, annual hearing exam, gym membership, transportation for health care services and more.

People who already have a Medicare Advantage Plan should receive an Annual Notice of Change (ANOC) letter from their Medicare Advantage Plan no later than September 30. The ANOC letter indicates how their Medicare Advantage benefits will change for the upcoming plan year. Medicare Advantage members are strongly encouraged to carefully review their ANOC letter.

All Medicare Advantage Plans are required to set maximum out-of-pocket costs for health-related services each year. The 2024 max out of pocket for in-network approved services is $8,850. Remember, this does not include Part D prescription drug expenses. Many Medicare Advantage Plans have lower maximum out-of-pocket limits. Contact your Medicare Advantage Plan for more information on coverage limits. If you have a Medicare Advantage Plan, you cannot use or be sold a Medicare Supplement plan.

For Wisconsin residents: Medicare Advantage Plans are not required to provide Wisconsin Insurance Law mandated benefits that are included in Medicare Supplements. For more information go to www.OCI.WI.gov.
Medicare Advantage extra benefits

Many Medicare Advantage Plans have some of the following extra benefits included. Review plans in the county you reside in for specific benefit details.

- Telehealth
- Fitness
- Dental
- Eye exams and glasses
- Hearing aids
- Over-the-counter benefits
- Meal benefit
- Transportation
- Bathroom safety
- Home healthcare and caregiver support
- Medicare Giveback dollars
  Some MA (Part C) plans may give back $ and can be applied to your social security check or directly to your Part B premium if you currently don't receive your Social Security benefits
- Wellness dollars
  Some MA (Part C) plans may give you perks for certain wellness visits
- Flex allowance
  Some MA (Part C) plans offer additional dollars on a pre-paid card that can be used towards plan identified services

SOURCE: KFF analysis of CMS Medicare Advantage Enrollment and Benefits Files, 2021
### Original Medicare and Medicare Advantage Comparison Summary

<table>
<thead>
<tr>
<th>Original Medicare</th>
<th>Medicare Advantage Plan (Part C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You pay your Part B $ premium</td>
<td>• You pay your Part B $ premium</td>
</tr>
<tr>
<td>• Medicare covers Part A and Part B benefits</td>
<td>• There may be an additional Part C $ premium</td>
</tr>
<tr>
<td>• You may choose and pay a $ monthly premium for an individual Part D plan</td>
<td>• The plan covers Part A and Part B benefits. It may include additional benefits (such as vision, dental, hearing exams, fitness membership, etc.) and Part D</td>
</tr>
<tr>
<td>• Medicare (federal government insurance) provides primary Part A and B coverage directly</td>
<td>• Plans are offered by private insurance companies approved by Medicare and are the primary payer of services</td>
</tr>
<tr>
<td>• You have your choice of doctors and hospitals that participate in Medicare and accept new Medicare patients</td>
<td>• Most plans have a network of doctors and access to other providers outside of the network may have additional cost or no coverage</td>
</tr>
<tr>
<td>• Generally, you or your Medigap plan ($) pay the deductibles and coinsurance. You may choose and pay a $ monthly premium for a supplement to fill the gaps Part A and B do not cover</td>
<td>• You may pay copays or coinsurance as services are rendered (pay as you go) with low to no monthly plan premium</td>
</tr>
</tbody>
</table>
## Original Medicare and Medicare Advantage comparison at a glance

<table>
<thead>
<tr>
<th>What do I pay?</th>
<th>ORIGINAL MEDICARE (Part A and B)</th>
<th>ORIGINAL MEDICARE + MEDIGAP</th>
<th>MEDICARE ADVANTAGE HMO (Part C)</th>
<th>MEDICARE ADVANTAGE PPO (Part C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part B premium, deductibles, coinsurance</td>
<td>Medigap premium, Part B premium, Part B annual deductible, generally no copay</td>
<td>Part B premium, plan premium if there is one. Your plan sets its own deductible and copays.</td>
<td>Part B premium, plan premium if there is one. Your plan sets its own deductible and copays.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Can I go to any doctor?</th>
<th></th>
<th>Use of in-network providers and selection of a primary care provider is required unless ER or Urgent care is needed, which is considered in-network.</th>
<th>Yes, PPOs have provider networks, but you may go out of network for a higher copay.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, if they accept Medicare.</td>
<td>Yes, if they accept Medicare.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Where can I get routine, non-emergency care? | Anywhere in the country | Anywhere in the country | For most plans, in your local area but some plans may have in-network benefits outside of service area. Check plan for details. | For most plans, in your local area but some plans may have in-network benefits outside of service area. Check plan for details. |

| Where can I get emergency or urgent care? | Anywhere in the country | Anywhere in the country | Anywhere in the country | Anywhere in the country |

| How do I get prescription coverage? | Part D stand-alone plan | Part D stand-alone plan | Join a plan that includes drug coverage (called MA-PD) and use preferred in-network pharmacies for best price. | Join a plan that includes drug coverage (called MA-PD) and use preferred in-network pharmacies for best price. |

| Do I need a referral to see a specialist? | No | No | Usually | No, but you may pay more out of pocket if you go to a provider who is out of network. |

| Is there a limit to my out-of-pocket spending? | No | Maybe, based on which Medigap plan you select | Yes | Yes |

| Will it pay for extra benefits like vision, dental, hearing services, gym memberships? | No | A few Medigap plans may include added benefits | Most plans include extra benefits but vary from plan to plan | Most plans include extra benefits but vary from plan to plan |
# Enrollment periods

## At a glance

<table>
<thead>
<tr>
<th></th>
<th>Part A &amp; B</th>
<th>Part D</th>
<th>Part C</th>
<th>Medigap</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicare initial enrollment period</strong></td>
<td>7-month window surrounding month of entitlement to Medicare when eligible individuals can sign up for Medicare</td>
<td>7-month window surrounding month of entitlement to Medicare when eligible individuals can sign up for Medicare</td>
<td>7-month window surrounding month of entitlement to Medicare when eligible individuals can sign up for Medicare</td>
<td>Guaranteed issue 1-time 6-month window after a person first enrolls in Part B</td>
</tr>
<tr>
<td><strong>General enrollment period</strong></td>
<td>3 month window from Jan. 1-March 31 annually where you can enroll in Medicare Part A and B for the 1st time if you missed signing up when you were first eligible and you are not eligible for a special enrollment period. GEP coverage begins the month after you sign up for A &amp; B. You may be subject to late penalties.</td>
<td>Can sign up for Part D, within 2 months of submitting Part B application. (effective the 1st day of the month after application received)</td>
<td>Can sign up for Part C, within 2 months of submitting Part B application. (effective the 1st day of the month after application received)</td>
<td></td>
</tr>
<tr>
<td><strong>Medicare annual open enrollment period</strong></td>
<td>Oct. 15-Dec. 7</td>
<td>Oct. 15-Dec. 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medicare Advantage open enrollment period</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Special enrollment period</strong></td>
<td>Granted by Medicare in certain situations</td>
<td>Granted by Medicare in certain situations</td>
<td>Granted by Medicare in certain situations</td>
<td>May have special rights and guaranteed issue rules</td>
</tr>
</tbody>
</table>

IL Medigap birthday rule: Please go to page 9 for more information on this benefit.
Just turning 65? Understand the Medicare initial enrollment period and Medicare Supplement open enrollment period

The Medicare initial enrollment period is a 7-month period that begins three months before you turn age 65, the month you turn 65 and ends the third month after your 65th birthday. To sign up for Medicare Part A and B benefits, contact Social Security Administration or visit www.ssa.gov/benefits/medicare/. If you sign up for Medicare Part B during the initial enrollment period, there is no late enrollment penalty. However, for Part B coverage to start by your 65th birthday, you must sign up during the three months prior to your birthday. Note: if you become eligible for Medicare due to a disability, your eligibility begins on the 25th month of receiving Social Security Disability Insurance.

When you sign up for Medicare Part B, you automatically begin your Medicare Supplement Open Enrollment Period. The Medicare Supplement open enrollment period lasts for six months after you are enrolled in Medicare Part B. During this period, an insurance company cannot deny you any Medicare Supplement policy it sells, make you wait for coverage to start, or impose a pre-existing condition.

### If you enroll in this month of your initial enrollment period

<table>
<thead>
<tr>
<th>If you enroll in this month of your initial enrollment period</th>
<th>Your Medicare benefit will begin</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 months before you reach age 65</td>
<td>The month you turn 65</td>
</tr>
<tr>
<td>The month you reach age 65</td>
<td>1 month after you enroll</td>
</tr>
<tr>
<td>1-3 months after you reach age 65</td>
<td>1 month after you enroll</td>
</tr>
</tbody>
</table>
Initial enrollment period

You are automatically enrolled if:

- You are collecting Social Security prior to age 65
  - Medicare Part A & B card mailed two to three months prior
  - Coverage automatically begins the first day of your 65th birthday month
- You are under age 65 and disabled
  - Benefits should begin the 25th month after receiving disability benefits
- If you do not want to be enrolled in Medicare Part B, follow instructions on the back of the card and return to delay enrollment Part B

You are not automatically enrolled if:

- Not collecting Social Security before age 65
- You are still working and have employer creditable health coverage
- You have coverage through the Health Insurance Marketplace
- You can enroll with Social Security
  - Visit your local office, go to SSA.gov or call 800-772-1213 (TTY 800-325-0778)
  - If retired from the railroad
    - Enroll with the Railroad Retirement Board
    - Call your local Railroad Retirement Board office or 877-772-5772 (TTY 312-751-4701)

You do not have to be retired to receive your Medicare benefits.

Should I sign up for Medicare Part A and B?

You can sign up for your Medicare benefit at age 65 but delay drawing on your Social Security benefits until later.

You can delay Part B (Medical) and Part D (Prescription Drug) if you (or your spouse) are currently employed with creditable health insurance and employer has 20 or more employees. Check with your employer for more information.
Special Enrollment Period

What if you’re working past 65?

You may be eligible for a Special Enrollment Period

If you (or your spouse) already have or are eligible for current employer health insurance or union coverage, check with your benefits administrator or insurer and ask how your current plan works with Medicare.

You may be able to apply for Medicare right away during your initial enrollment period or wait on some parts. Note: If you decline your employer’s plan, all family members covered by it, including your spouse and children, would also lose their group benefits and would need to find a new plan.

If you choose to wait to enroll in Medicare after age 65 while you continue to work, you will get a Special Enrollment Period to sign up when you retire.

You may enroll (for Part A and or B)

- Anytime while still covered after your 65th birthday
- Within eight months (within two months for Parts C and D) of loss of coverage or current employment, whichever happens first

Note: Retiree and COBRA coverage are not considered active employment.

Additional Resources
Medicare: medicare.gov or 800-MEDICARE (800-633-4227) (TTY/TDD 877-486-2048)
Making changes to your coverage

Medicare Annual Open Enrollment Period also know as Annual Election Period (AEP): Oct. 15-Dec. 7 every year

- You may join, switch or drop a Medicare Advantage Plan or a prescription drug plan (Part D)
- You may return to Original Medicare
- Any changes made or changes in plan’s cost go into effect Jan. 1 of the following year

Medicare Advantage Open Enrollment Period (OEP)
Runs from Jan. 1-March 31 every year. If you’re enrolled in a Medicare Advantage plan, you will have a one-time opportunity to:

- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and return to Original Medicare and sign up for a stand-alone Medicare Part D Prescription Drug plan

Special Enrollment Period (SEP)

- Granted by Medicare in certain situations. You may have special rights and guaranteed issue rules. If you have employer group health plan coverage based on your (or spouse’s) active current employment, you may enroll (in Part A and/or B) anytime while still covered or within eight months (within two months for Parts C and D) of loss of coverage or current employment, whichever happens first

To sign up for Part B in a special enrollment period, go to ssa.gov/forms and download two forms: CMS 40-B and CMS L-564

Special Enrollment Period trial rights

- For those that have joined a Medicare Advantage Plan for the first time, you can drop your Medicare Advantage Plan and switch to Original Medicare anytime within the first 12 months of plan coverage. You may also have a guaranteed issue opportunity to purchase a Medigap plan
Tips and resources

• **Determine which Medicare plans are accepted by your physicians, hospital and other health care providers**

Limiting your search to Medicare plans accepted by your health care providers will help ensure you have no problems when receiving care and are never faced with the requirement of changing a health care provider to use your Medicare plan. Local resources are available to assist you at no cost to you.

• **Reflect on your recent health history**

Do you have any special health care needs, such as receiving outpatient services on a regular basis or a history of frequent hospitalizations? By making a list of health care services you’ve required in the recent past, you will be able to verify that the Medicare plans you’re considering will include these important insurance benefits.

• **Understand the maximum out-pocket benefit**

Maximum out-of-pocket benefits are included in Medicare Advantage Plans; however, the maximum amount will vary by plan. Original Medicare typically covers 80% and has no maximum out-of-pocket benefit. Choosing an optional Medicare Supplement plan would help offset this cost.

• **Consider your prescription medication needs**

Compare your list against the plan formulary of any Medicare Part D prescription plan of interest, and make sure your prescription medications are covered.

• **Added benefits may be important**

Many Medicare Advantage Plans include added benefits such as dental, vision, hearing, telehealth, alternative health care, wellness membership and more. Original Medicare and Medicare Supplements may not offer these added benefits.
## Tips and resources

### NATIONAL

<table>
<thead>
<tr>
<th><strong>CMS – Centers for Medicare and Medicaid Services:</strong></th>
<th><a href="http://cms.gov">cms.gov</a> or 800-633-4227 (TTY 877-486-2048)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Extra Help Prescription Drug Assistance Program</strong></td>
<td>available for those with limited income and resources 800-772-1213 or <a href="http://socialsecurity.gov/i1020">socialsecurity.gov/i1020</a></td>
</tr>
<tr>
<td><strong>Medicare:</strong></td>
<td><a href="http://medicare.gov">medicare.gov</a> or 800-633-4227 (TTY/TDD 877-486-2048)</td>
</tr>
<tr>
<td><strong>Medicare Benefits Coordination and Recovery Center:</strong></td>
<td>855-798-2627 (TTY 855-797-2627)</td>
</tr>
<tr>
<td><strong>Medicare Fraud:</strong></td>
<td>800-633-4227 (TTY 877-486-2048). If you are in a Medicare Advantage Plan or Medicare drug plan, call the Medicare Drug Integrity Contractor (MEDIC) at 877-772-3379.</td>
</tr>
<tr>
<td><strong>Social Security Administration:</strong></td>
<td><a href="http://ssa.gov">ssa.gov</a> or 800-772-1213 (TTY 800-325-0778)</td>
</tr>
<tr>
<td><strong>National SHIP (State Health Insurance Assistance Program) information:</strong></td>
<td>877-839-2675 <a href="http://shiptacenter.org">shiptacenter.org</a></td>
</tr>
</tbody>
</table>

### ILLINOIS

<table>
<thead>
<tr>
<th><strong>Advocate Health Care IL Medicare website:</strong></th>
<th><a href="http://advocatehealth.com/Medicare">advocatehealth.com/Medicare</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Illinois Department on Aging:</strong></td>
<td><a href="https://ilaging.illinois.gov/">https://ilaging.illinois.gov/</a> or 800-252-8966 (TTY 888-206-1327)</td>
</tr>
<tr>
<td><strong>SHIP – Senior Health Insurance Program:</strong></td>
<td><a href="https://ilaging.illinois.gov/ship.html">https://ilaging.illinois.gov/ship.html</a> or 800-252-8966 (TTY 888-206-1327)</td>
</tr>
</tbody>
</table>

### WISCONSIN

<table>
<thead>
<tr>
<th><strong>Aurora Health WI Medicare website:</strong></th>
<th><a href="http://aurora.org/medicare">aurora.org/medicare</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wisconsin Department on Aging:</strong></td>
<td>866-229-9625 <a href="http://dhs.wisconsin.gov/aging">dhs.wisconsin.gov/aging</a></td>
</tr>
<tr>
<td><strong>Wisconsin Office of the Commissioner of Insurance:</strong></td>
<td>800-236-8517 <a href="http://OCI.WI.gov">OCI.WI.gov</a></td>
</tr>
<tr>
<td><strong>Wisconsin Part D Helpline:</strong></td>
<td>855-677-2783</td>
</tr>
<tr>
<td><strong>Disability Rights Wisconsin Medicare Part D Helpline:</strong></td>
<td>800-926-4862</td>
</tr>
<tr>
<td><strong>WI Senior Care Prescription Drug Assistance Program:</strong></td>
<td>800-657-2038 <a href="https://www.dhs.wisconsin.gov/seniorcare/index.htm">https://www.dhs.wisconsin.gov/seniorcare/index.htm</a></td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).</td>
</tr>
<tr>
<td><strong>Copayment</strong></td>
<td>An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor’s visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor’s visit or prescription drug.</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>The amount you must pay for healthcare or prescriptions before Original Medicare, your Medicare Advantage plan, your Medicare drug plan, or your other insurance begins to pay.</td>
</tr>
<tr>
<td><strong>Dependent</strong></td>
<td>Any individual, either spouse or child, who is covered by the primary insured customer’s plan.</td>
</tr>
<tr>
<td><strong>In-Network Provider</strong></td>
<td>A healthcare professional, hospital or pharmacy that is part of a health plan's network of preferred providers. You will generally pay less for services received from in-network providers because they have negotiated a discount for their services.</td>
</tr>
<tr>
<td><strong>Medicare Supplement Plans</strong></td>
<td>Plans offered by private insurance companies to help fill the gap in Medicare coverage. Also known as Medigap.</td>
</tr>
<tr>
<td><strong>Network</strong></td>
<td>The group of doctors, hospitals and other healthcare providers that insurance companies contract with to provide services at discounted rates. You will generally pay less for services received from providers in your network.</td>
</tr>
<tr>
<td><strong>Out-of-Network Provider</strong></td>
<td>A healthcare professional, hospital or pharmacy that is not part of a health plan’s network of providers. You will generally pay more for services received from out-of-network providers.</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.</td>
</tr>
<tr>
<td><strong>Payer</strong></td>
<td>The health insurance company (also known as a carrier) whose plan pays to help cover the cost of your care.</td>
</tr>
<tr>
<td><strong>Premium</strong></td>
<td>The periodic payment to Medicare, an insurance company, or a healthcare plan for health or prescription drug coverage.</td>
</tr>
<tr>
<td><strong>Provider</strong></td>
<td>Any person (e.g., doctor, nurse, dentist) or institution (e.g., hospital or clinic) that provides medical care.</td>
</tr>
</tbody>
</table>
For more information, visit us online at
advocatehealth.com/medicare
or
aurora.org/medicare