More ways to add to your coverage

Special Needs Plans

Medicare Special Needs Plans (SNPs) are available only to people with specific chronic conditions or circumstances. These plans include tailored benefits, providers and Drug Lists to help meet members' needs.

Medicare Supplement insurance plans

You can purchase Medicare Supplement insurance plans to complement Original Medicare. A supplement plan will help with some costs Medicare Part A and Part B don't pay, like copayments, coinsurance and deductibles. That's why these plans are often referred to as "Medigap" plans—because they fill in the gaps.

Terms to know

HMO. Deductible. Out-of-pocket costs. Knowing commonly used terms can help you understand your healthcare and coverage.

Annual Election Period (AEP): From Oct. 15–Dec. 7, people with Medicare can enroll in, disenroll from or change to a Medicare Advantage or Medicare prescription drug plan for the following year.

Initial Coverage Election Period (ICEP): When you're eligible to sign up for Medicare Part A or Part B for the first time.

Medicare: Health insurance for people 65 or over, those under 65 with certain disabilities and people any age with end-stage kidney disease (ESKD).

Original Medicare Parts A and B: Original Medicare is the federal government's traditional fee-for-service program that pays directly for your healthcare. You can see any doctor who takes Medicare, anywhere in the country.

Health maintenance organization (HMO): A type of health plan. Generally, a primary care provider arranges your healthcare in the plan's provider network.

Preferred provider organization (PPO): With this type of plan, you choose your own doctors and hospitals. Your out-of-pocket costs may be lower if you choose network providers.

Private-fee-for-service (PFFS): These plans require you to find healthcare providers who accept Medicare and the plan's terms. Some have a provider network. You can see out-of-network providers who accept the plan but you may pay more. A PFFS plan is not for Medicare Supplement insurance. Non-contracted providers are not required to see plan members except in an emergency.

Special Needs Plan (SNP): Plans that may offer benefits, providers and Drug Lists designed to meet specific needs. People with chronic conditions, like diabetes, or who have both Medicare and Medicaid, may benefit from these plans.

Coinsurance: A percentage of your medical and drug costs that you pay out of your pocket. Some plans may require that you pay a deductible first.

Copayment: The fixed dollar amount some plans require you to pay when you receive medical services or have a prescription filled.

Deductible: The amount you pay for medical services or prescriptions before your plan pays for your benefits.

Formulary: Also called a Drug List, the formulary lists drugs your plan covers. It's often divided into tiers based on how much your plan pays for drugs in that group.

Mail-delivery pharmacy: These pharmacies allow you to order and have your medicines and supplies (like diabetes test strips) mailed to you. Many mail-delivery pharmacies will fill maintenance medications for up to a 90-day supply and provide regular refill reminders.

Medically necessary: Medicare defines this as services or supplies that are proper and needed for the diagnosis or treatment of a medical condition and are provided for the diagnosis, direct care and treatment of a medical condition. These services and supplies must meet the standards of good medical practice in the local area and cannot be mainly for the convenience of you or your doctor.

Network: A group of healthcare providers who have agreed to provide care based on a plan's terms and conditions. They include doctors, hospitals and other healthcare professionals and facilities.

Out-of-pocket costs: Anything you are required to pay for medical care, prescriptions and other healthcare services. These include coinsurance, copayments and deductibles.

Premium: What you pay Medicare or a health plan for healthcare coverage, usually on a monthly basis.

[1] https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/index.html

Where can I find out more?

Medicare Advantage

Medicare Advantage plans usually include extra benefits and services beyond Original Medicare, such as fitness programs and more. See "Medicare & You" handbook at www.medicare.gov and search for Medicare Part C.

Medicare Supplement insurance plans

See "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" at www.medicare.gov.

Special Needs Plan

Visit www.medicare.gov and search the subject.

State health insurance assistance programs

www.shiptacenter.org

Financial assistance for those with limited incomes

See if you qualify by contacting your state Medicaid office or call the Social Security Administration at 1-800-772-1213.

If you use a TTY, call 1-800-325-0778, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

To learn how you can enhance your Original Medicare coverage, go to **www.medicare.gov**

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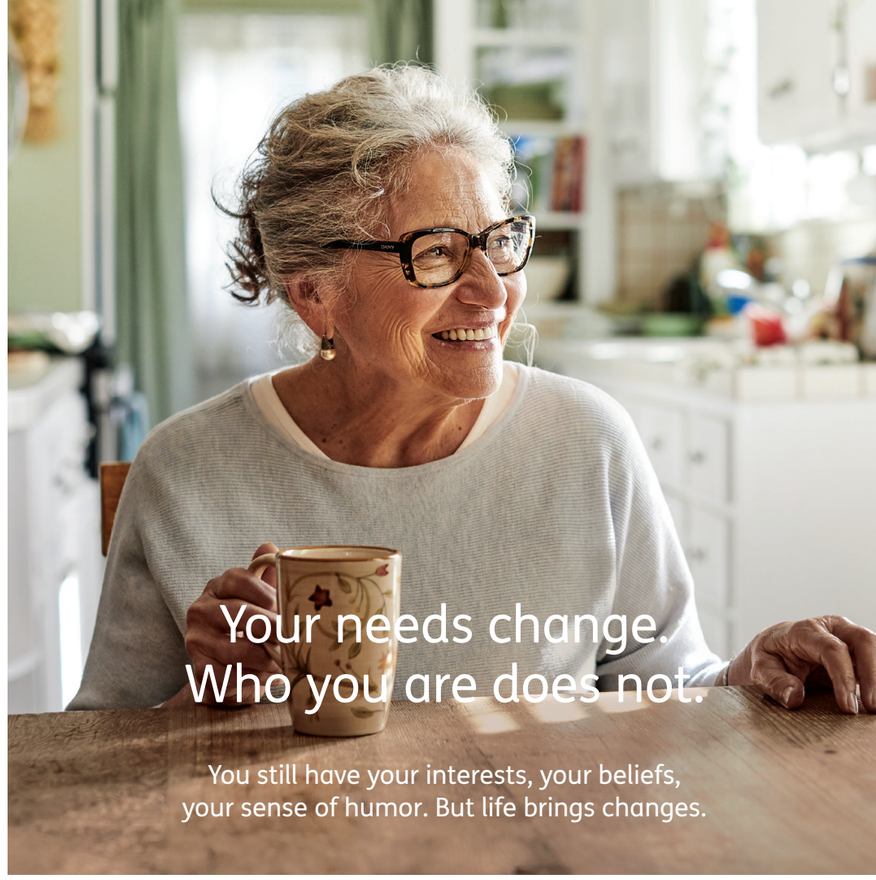

Is now the time?

If you are within three months of turning 65, you are eligible for the Medicare Initial Coverage Election Period (ICEP) and can enroll in a Medicare plan. If you're already enrolled in Medicare, you can enroll in a Medicare Advantage and prescription drug plan, or make changes to your Medicare Advantage plan, during the Annual Election Period (AEP) October 15–December 7 each year.

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Humana developed this guide to help you decide which Medicare coverage is right for you. We'll clarify Medicare's basics, its parts and what it covers. We've included references leading to additional information. It's all here to help you make your best choices.

Plan choice considerations	
COST	How much will you pay for premiums, deductibles, coinsurance and copayments?
BENEFITS	Does the plan include prescription drug coverage or other additional benefits?
COVERAGE	Do your doctors, hospitals, pharmacies and other providers accept the plan?
CONVENIENCE	Must you complete claim forms? Are your providers nearby? Can you get pharmacy purchases by mail?
HEALTH HISTORY	How often have you needed care in recent years? Do you have a chronic condition requiring ongoing care?
HEALTH FUTURE	You may not spend much on medical care prescriptions now but may in the future. Consider what your needs might be in the future when comparing healthcare coverage.

Make sure you're Medicare eligible

Visit www.medicare.gov or call
1-800-MEDICARE (1-800-633-4227),
24 hours a day, seven days a week. If you use a TTY, call
1-877-486-2048.

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Seasons change and reasons evolve

You have your reasons for working toward becoming your healthiest. Traveling. Spending time with family. Maybe you're dedicated to a new fitness goal. Whatever you enjoy, you're looking forward to enjoying more of it.

How my plan choices affect costs

Whether you choose Original Medicare or Medicare Advantage, you must pay your Original Medicare premium if you have one. Medicare Advantage, Medicare Part D prescription drug coverage and Medicare Supplement insurance plans may have additional premiums.

Costs depend on coverage choices

Original Medicare and Medicare Advantage plans both cover preventive services. Medicare Advantage plans are required to cover everything Original Medicare covers, including services Medicare considers medically necessary.

Medicare Advantage is still Medicare

If you choose a Medicare Advantage plan, you still have Medicare coverage; you just choose to receive your Medicare benefits through a private insurance company. You may pay an additional monthly premium for Medicare Advantage, but often get extra services and benefits.

To learn how you can enhance your Original Medicare coverage, go to **www.medicare.gov**

MEDICARE PARTS A AND B

Medicare Parts A and B

ORIGINAL MEDICARE

Medicare Parts A and B, offered by the federal government

Medicare Part A helps cover hospital, skilled nursing, home health and hospice care.

Medicare Part B helps cover doctor visits, outpatient and preventive care. It also helps pay for services Part A doesn't cover, like occupational and physical therapies.

Good coverage, but not complete

Medicare Parts A and B cover much of your medical care but not all of it, and you typically pay a deductible and coinsurance when you use it. That's why many people buy coverage with benefits beyond those included in Original Medicare.

MEDICARE PART C

Medicare Part C

MEDICARE ADVANTAGE (MA)

Medicare Part C, offered by a private company

Medicare Part C is Medicare Advantage

It covers everything Original Medicare Parts A and B cover, and may include prescription drug coverage. You must have both Medicare Parts A and B to join a Medicare Advantage plan.

Medical coverage and more

Medicare Advantage plans usually include extra benefits and services—like fitness programs and gym memberships, mail-delivery pharmacy access, health education programs, and a 24-hour nurse advice line—and may lower your out-of-pocket costs. You may also be able to customize your plan to meet your needs with optional supplemental benefits, such as dental or vision coverage, for an added cost.

MEDICARE PART D

Medicare Part D

PRESCRIPTION DRUG PLAN

Medicare Part D, offered by a private company

Part D is a prescription drug plan for people with Medicare. It must offer at least the basic benefits required by Medicare.

Learn more about Medicare Advantage plan types

Health maintenance organization (HMO)

Generally, a primary care physician arranges your healthcare in the plan's network.

Preferred provider organization (PPO)

Choose any provider, although you may pay less for services from in-network providers.

Private-fee-for-service (PFFS)

Generally, more freedom to choose providers may be available; however, a network arrangement may still apply. Providers must accept Medicare and agree to bill the PFFS plan per the plan's terms and conditions.

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Two ways people choose Medicare Part D prescription coverage

Stand-alone prescription drug plan

Covers medicines when you have Original Medicare or when you pair a Medicare Supplement insurance plan with your Original Medicare.

Medicare Advantage plan that includes prescription coverage

If you enroll in a Medicare Advantage plan with prescription drug coverage, you don't need to sign up for a stand-alone prescription drug plan.

Each prescription drug plan has its own Drug List, also called a formulary. Choose a plan that covers medicines you take regularly.

Signing up late can affect premium costs

You may have to pay a penalty if you sign up late for Part B or Part D. Find out more by going to www.medicare.gov and searching for:

- Part B late enrollment penalty
- Part D late enrollment penalty

How does the Part D coverage gap affect costs of my medicines?

Most Medicare prescription drug plans have a coverage gap, also known as the donut hole. Not everyone will reach it. You enter the donut hole after you and your plan have spent a certain amount for covered drugs. During the coverage gap, you may have to pay a higher percentage.

Stage 1: Deductible—you pay 100%

What you pay for medication before your plan pays its share. Some plans have no deductible.

Stage 2: Initial coverage—shared cost with insurance company—$4,020

You and your plan share medication expenses up to a total of $4,020. You usually pay copays and coinsurance in this stage.

Stage 3: Coverage gap (donut hole)

The coverage gap begins when your covered drug costs reach $4,020 and end when your total out-of-pocket costs reach $6,350. You'll pay maximums of 25% of the plan's brand-name drug cost or 25% of the plan's generic drug costs. Medication-related deductibles, coinsurance, copayments, discounts on covered brand-name drugs and amounts you pay in the gap count toward the $6,350 limit.

Stage 4: Catastrophic coverage stage—follows the coverage gap

Catastrophic coverage begins at the $6,350 coverage gap limit. You'll pay $8.95 for brand-name, $3.60 for generic drugs or 5% of your medication's cost, whichever is greater.