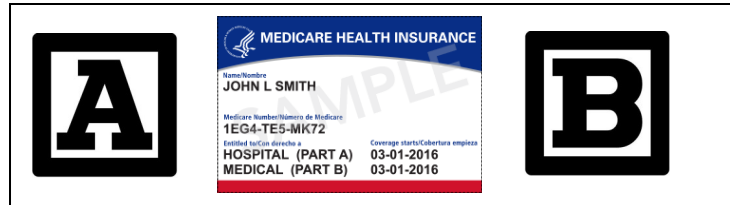
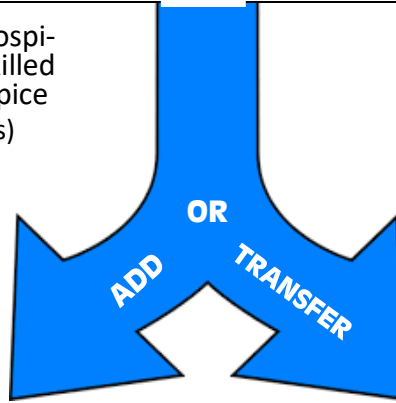


# Parts and Paths of Medicare 2023



**INPATIENT:** Medically necessary hospital, equipment, mental health, skilled nursing (SNF), home health and hospice

- Premium = \$0 (if worked 40+ quarters)
- Deductible = **\$1600** /stay of care
- Copay (days 1-60) = \$0
- Copay (days 61-90) = **\$400/day**
- Copay (days 91+) = **\$800/day**
- First 3 pints of blood (Bank or ~\$900)
- SNF copay (days 21-100)= **\$200/day**



**OUTPATIENT:** Medically necessary doctor visits, preventive exams, labs, mental health, x-ray, ambulance and durable medical equipment.

- Premium = **\$164.90**month
- Deductible = **\$226/year**
- Copay = 20% Medicare approved rate
- Excess = ≤15% only if MD does not accept "Medicare Assignment"

**Penalties** if you do not enroll on time (i.e. IEP or by 63 days of losing *creditable coverage*)

**Higher premiums for income >\$97,000 single**

**or \$194,000 couple OR if worked less than 40 quarters.**



**PRESCRIPTION DRUG PLAN (PDP):** Plan to provide prescription medication to Medicare beneficiaries.

- Choose from many non-standardized plans
- Plans change formulary, premiums, deductible, copays and restrictions every year
- **PENALTIES** unless you have "creditable coverage" from another source like employer health plan or the VA or a Part C plan that includes drug coverage.



**MEDIGAP (MEDICARE SUPPLEMENT):** Optional coverage sold by insurance companies that help pay some or all of the deductibles, copays and other charges that Medicare Parts A & B do NOT pay.

- 10 **STANDARDIZED** plans/policies with varying coverage
- Go to any MD, specialist or hospital who accepts Medicare
- "Guaranteed Right" in IEP and a few other guaranteed issue periods (i.e. SEP) means they cannot refuse to cover you if you have health problems. *Underwriting (health questions)* can occur later; they can refuse to cover you, charge you more or make you wait for coverage



**MEDICARE ADVANTAGE (MA) PLAN:** Private insurance companies contract with Medicare to provide all your Medicare benefits. NOT a Medicare Supplement

- Low premiums; copays/co-insurance when you use services
- Most include prescription drug coverage (with copays)
- Limits to out of pocket costs (not including prescription costs)
- HMO must use plan's network doctors/hospitals
- PPO network with out-of-network covered but at higher cost
- Referral required before seeing specialists (except PPO)
- Prior Authorization by plan for some treatments
- One year contract—Plans can change doctors, hospitals, copays, deductibles, premiums and other benefits each year
- Switch to another MA plan 10/15-12/7 & ONE TIME 1/1-3/31 or a 5-star plan ONCE during the year
- Includes additional non-Medicare benefits (varies by plan)
- Special Needs Plans for Medi-Medi and Chronic Diseases

**For more information, see HICAP Comparison Chart, How to Shop and HICAP Part C/Medicare Advantage handout**

**Ventura County Area Agency on Aging**  
**HICAP Program 800-434-0222**  
**646 County Square Drive, Ventura, CA 93003**  
*"free and unbiased Medicare information and education"*

