

MPC Insurance Group MEDICARE | LIFE | RETIREMENT | SECURITY

A Medicare Education Experience How to get the most out of your benefits

2023



MPC Insurance Group operates with:

• Knowledge

- Medicare rules and regulations
- Products and services
- Your needs

• Respect

- For you, regardless of health, social or economic status
- For co-workers and business partners

Integrity

- We do what we say we will do
- We are truthful and honest in all our communications

Results

- Remove the worry from your health care decision-making process
- Provide you with the plan that best fits your individual lifestyle
- Provide exemplary service before, during and, most importantly, "after the sale"





Our Beliefs for Retiring Seniors Four major concerns

- Live out the rest of their life in the manner that they were accustomed to before retirement.
- Ensure that the surviving spouse has an adequate transition plan.
- Have a plan for healthcare expenses due to the aging process.
- Transfer wealth to heirs in the most efficient way and eliminate or reduce income and inheritance taxes.



Agenda

- I. History of Medicare
- II. Medicare parts and enrollment rules
- III. Medicare Advantage and Medicare Supplement plans
- IV. Prescription drug plans
- V. Key considerations



I. History of Medicare



In the year 1965:

Number 1 song was ...



Best Picture winner was ... World Series Champion was ... A gallon of gas cost ...

A Hershey bar cost ...





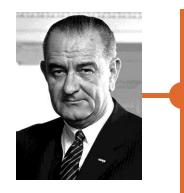
A NOURISHING FOOD HERSHEYS 5" SWEET CMILK GROCOLATE 5"

Wooly Bully
Sam the Sham and
the PharaohsThe Sound
of MusicLos Angeles
Dodgers31 cents5 cents

And one other big event occurred, which was ...

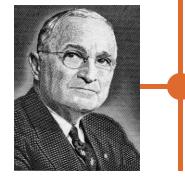


The beginning of Medicare:



Medicare was signed into law on July 30, 1965, by President Lyndon Johnson.

- Part A: hospital coverage
- Part B: medical coverage
- Parts A and B are known as "Original Medicare"



And the very first person to sign up for Medicare in the U.S. was:

• Harry Truman!



The history of Medicare:

Medicare Part C — "Medicare+Choice" — was enacted with the Balanced Budget Act of 1997

Medicare Part D — prescription drug coverage — was enacted in 2003 as part of the Medicare Prescription Drug, Improvement, and Modernization Act

Also, as part of the 2003 act, Part C was renamed "Medicare Advantage"

Medicare costs have been increasing between 3% and 5% per year.

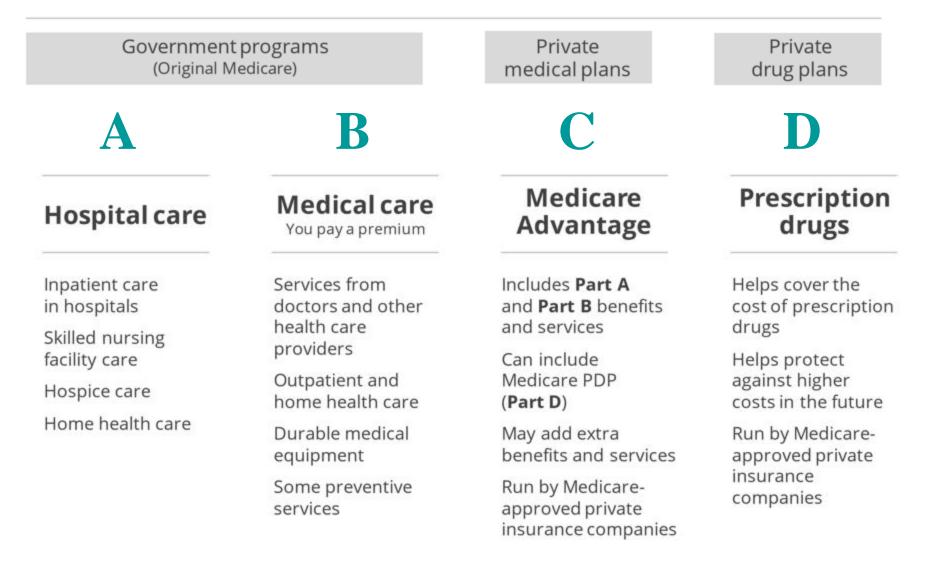
II. Medicare Parts and Enrollment Rules



The Centers for Medicare & Medicaid Services (CMS) administers the Medicare program



The four parts of Medicare





Terms to know:

Cost share

The amount you pay when you get health care services or prescriptions.

Deductible

The amount you must pay for health care or prescriptions before Original Medicare, your Medicare Advantage Plan, your prescription drug plan or your other insurance begins to pay.

Copayment

Also known as copay. The amount you may have to pay as your share of the cost for a medical service or supply. This includes doctor visits, hospital outpatient visits or prescription drugs on the formulary. A copayment is a set amount, not a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or a prescription drug.

Coinsurance

An amount you may be required to pay as your share of the cost for services or prescription drugs after you pay any deductible. Coinsurance is usually a percentage (for example, 20%).





CY 2023 Original Medicare (Parts A & B) Cost Sharing

Part A — Hospital Care	Part B — Medical Care
 Inpatient deductible: \$1,600 	• Annual deductible: \$226
• \$0 copayment for days 1–60	• Coinsurance: 20%
• \$400/day for days 61–90	 No annual out-of-pocket maximum
• \$800/day for each lifetime reserve day	
Skilled Nursing	
 \$0 copayment for days 1–20 	
• \$200/day for days 21–100	

12



Medicare enrollment guidelines:

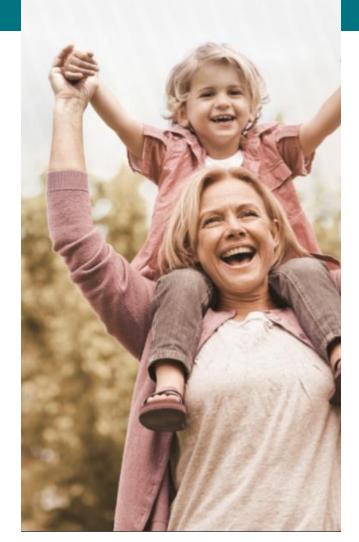
- Generally, you are eligible at age 65, unless you are disabled or have ESRD (kidney failure with dialysis).
- You may enroll three months before the month of your birthday, the month of your birthday and three months after your birthday (a total of seven months to enroll in Part A and B).





Medicare enrollment guidelines (continued):

- Automatic enrollment for those receiving:
 Social Security benefits
 Railroad Retirement Board benefits
- Late enrollment penalty if you do not enroll when first eligible (Parts B and D)
- You can defer enrolling in Part A and/or Part B if you have creditable employer group coverage and you will not be subject to a late enrollment penalty



Pop Quiz



POP QUIZ: Question #1:

Do I have to enroll in Medicare when I turn 65 if I have employer group coverage?

Answer #1

No, you do not have to enroll in Medicare when you turn 65 if you have creditable employer group coverage and you work for an employer with more than 20 employees.

If you remain on your creditable employer group coverage, you will not incur a late enrollment penalty from Medicare.



POP QUIZ: Question #2:

Can I enroll in Medicare Part A and defer Part B if I have employer group coverage?

Answer #2

- Yes, you can enroll in Medicare Part A and defer Part B, and it will have no impact on your employer group coverage.
- You must stop contributing to an HSA if you enroll in Part A.
- Generally, there is no premium cost for Part A.



POP QUIZ: Question #3:

If I am enrolled in an employer group plan when I turn 65, can I leave the group plan and enroll in Medicare coverage?

Answer #3

- Yes, you can leave your employer coverage and enroll in Medicare at any time after you are eligible for Medicare.
- Medicare Part B is generally \$164.90 per month (unless you are a high earner).
- You must have both Medicare Part A and Part B to enroll in a Medicare Advantage or Medicare Supplement plan.
- You have two months to purchase a Medicare Advantage plan after leaving group coverage.
- You have six months to purchase a Medicare Supplement plan after leaving group coverage.



Medicare enrollment guidelines (continued):



The Part B premium for 2023 will be \$164.90 per month unless you are a higher wage earner, then the Income Related Monthly Adjustment Amount (IRMAA) Applies.



2023 IRMAA (Income Related Monthly Adjustment Amount) varies, depending on your income and filing status:

Income amounts are Modified Adjusted Gross Income (MAGI), which includes distributions from a 401K plan or an IRA.						
If your yearly Income in 2021 (for what you pay in 2023) was						
File: Individual tax return	File: joint tax return	Part B Premium Base Fee:	Part B IRMAA	Part D IRMAA	Total Monthly Premium	
\$97,000 or less	\$194,000 or less	\$164.90	\$0.00	\$0.00	\$164.90	
above \$97,000 and up to \$123,000	above \$194,000 and up to \$246,000	\$164.90	\$65.90	\$12.20	\$243.00	
above \$123,000 and up to \$153,000	above \$246,000 and up to \$306,000	\$164.90	\$164.80	\$31.50	\$361.20	
above \$153,000 and up to \$183,000	above \$306,000 and up to \$366,000	\$164.90	\$263.70	\$50.70	\$479.30	
above \$183,000 and up to \$500,000	above \$366,000 and up to \$750,000	\$164.90	\$362.60	\$70.00	\$597.50	
\$500,000 and above	\$750,000 and above	\$164.90	\$395.60	\$76.40	\$636.90	



Medicare Enrollment Process:

If you're not automatically enrolled:

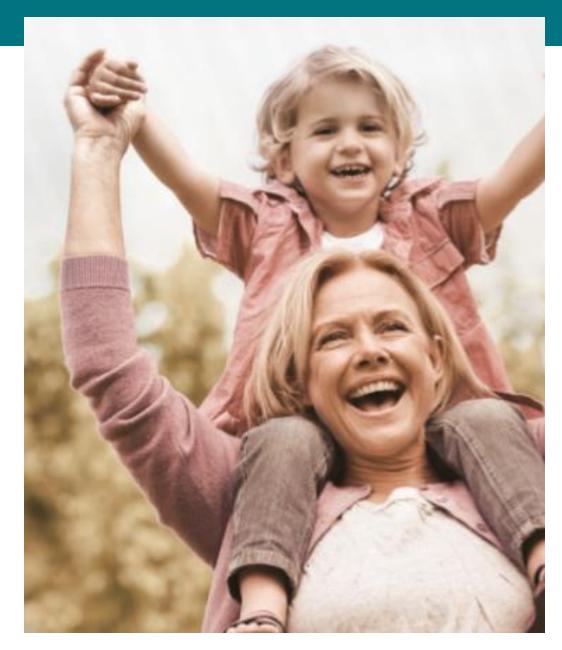
You need to enroll with Social Security

 Visit <u>SSA.gov</u> or <u>Medicare.gov</u>
 Call 1-800-772-1213
 Visit your local office

OR

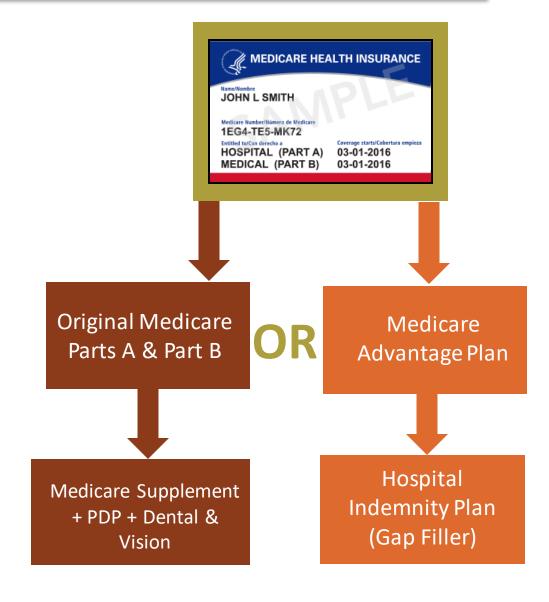
Contact MPC Insurance Group, LLC

 Visit <u>www.mcpins.com</u>
 Call 1-717-980-3201
 Visit our office



III. Medicare Advantage and Medicare Supplement Plans









Medicare Advantage plans:

- Offered by private companies typically includes Parts A, B and D
- Usually either an HMO or PPO network-based plan
- Must cover what Medicare covers
 - Copay or coinsurance on all services (Includes MOOP)
 - Usually includes extra benefits not covered by Medicare such as dental, vision, hearing, fitness and over-the-counter drugs
 - Guaranteed issue, no medical underwriting

Medicare Advantage

vs. Medicare Supplement

plans



Example of Medicare Advantage Benefits

Benefit Category	Example – Cost Share	
Premium (monthly)	\$0	
Maximum out of pocket (MOOP)	\$8,300	
Deductible	\$0	
Primary Care Physician Copay	\$5	
Specialist Physician Copay	\$35	
Outpatient Surgery Copay	\$350	
Inpatient Hospital Copay	\$200 (per day 1–6) or \$350/admit	
High Tech Imaging (MRI, CT, PET)	\$295	
Part D Prescription Drug	Covered	
Part B Drug Coinsurance	20%	
Additional Benefits (Dental, Vision, OTC, Health and Fitness, Hearing, Transportation, etc.)	Included	



Medicare Advantage enrollment periods

Enrollment Period	Dates	Actions
Annual Enrollment Period (AEP)	October 15 to December 7	When you can enroll in or disenroll from a plan. Enrollment during this time will be effective January 1 of the subsequent year
Initial Enrollment Period (IEP)	Varies	The seven-month period that begins three months before the month you turn 65, includes the month you turn 65, and ends three months after the month you turn 65
Special Enrollment Period (SEP)	Varies	 You may be able to join, switch or drop a plan if: You leave employer group coverage You move out of your plan's service area You have Medicaid or you qualify for Extra Help
Open Enrollment Period (OEP)	January 1 to March 31	If you are in a plan, you can leave your plan and switch to a different Medicare Advantage or Medicare Advantage Prescription Drug (MAPD) plan, or to original Medicare with or without a prescription drug plan (PDP) plan



Medicare Supplement plans:

- Offered by private companies
- Pays some or most of the portion that Medicare Part A and Part B do not cover
- Can use any provider who accepts Medicare
- Does not include prescription drugs (a standalone drug plan is needed)
- Guaranteed issue for first six months of eligibility
- Subject to medical underwriting after first six months of eligibility
- Typically, has higher monthly premiums than a Medicare Advantage plan, and it is more difficult to switch plans due to underwriting

Medicare Advantage

VS.

Medicare Supplement plans



Medicare Supplement plans (Medigap)

Note: A 🗸 means 100% of the benefit is paid

Benefits	Plan A	Plan B	Plan D	Plan G1	Plan K	Plan L	Plan M	Plan N
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	~	~	~	~	~	~	~	~
Medicare Part B coinsurance or copayment	\checkmark	~	~	~	50%	75%	~	copays apply ₃
Blood (first three pints)	\checkmark	✓	\checkmark	~	50%	75%	~	\checkmark
Part A hospice care coinsurance or copayment	\checkmark	~	~	\checkmark	50%	75%	~	~
Skilled nursing facility coinsurance			\checkmark	\checkmark	50%	75%	\checkmark	\checkmark
Medicare Part A deductible		 ✓ 	\checkmark	\checkmark	50%	75%	50%	\checkmark
Medicare Part B deductible	\$226	\$226	\$226	\$226	\$226	\$226	\$226	\$226
Medicare Part B excess charges			~	\checkmark				
Foreign travel emergency (up to plan limits)				\checkmark			~	 ✓
Out-of-pocket limit in 2022					\$6 , 940 ₂	\$3,470 ²		

1. Plans F and G also have high deductible options, which require first paying a plan deductible of \$2,700 before the plan begins to pay. Once the deductible is met, the plan pays 100% of 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 Lpay 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 the copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

IV. Prescription Drug Plans



Terms to know:

Formulary

A list of drugs covered by your plan.

Drug tiers

Each drug belongs to a tier, which determines how much you'll pay for that drug.

Network

The pharmacy options you have for getting your prescription drugs.

Transition process

You may get a one-time fill of a drug that isn't covered on the formulary.

Initial coverage limit

The combined amount you and your plan pays for prescription drugs before you enter the Coverage gap (donut hole).



Example of Prescription Drug Benefits

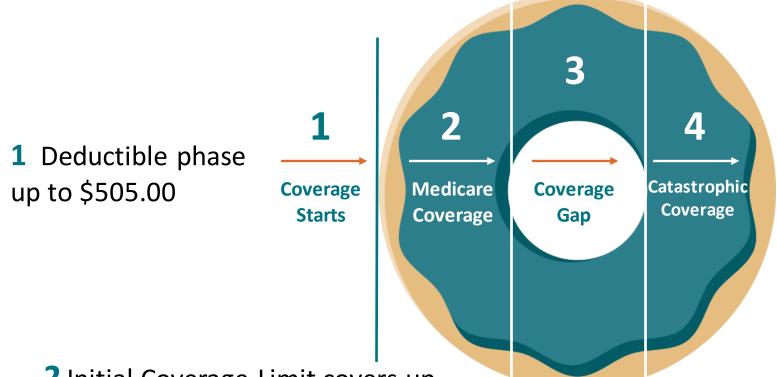
		Example
Tier	Pharmacy Network	Cost Share
Tier 1 — Preferred Generic	Preferred *	\$0
	Standard **	\$15
Tier 2 — Generic	Preferred	\$8
	Standard	\$20
Tier 3 — Preferred Brand	Preferred	\$47
	Standard	\$57
Tier 4 — Non-Preferred Drugs	Preferred	\$100
	Standard	\$100
Tier 5 — Specialty	N/A	33.0%

* Preferred — You will pay a lower Cost Share when you use a **Preferred** Pharmacy.

** Standard — You will pay a higher Cost Share when you use a **Standard** Pharmacy.



Prescription Drug Plan Phases: Standalone PDP and MAPD



4 After yearly True Out-of-Pocket (TROOP) costs reach \$7,400, you will pay the greater of 5% or \$4.15 for a generic drug and \$10.35 for all other drugs.

2 Initial Coverage Limit covers up to \$4,660. of total drug cost, including both what the plan pays and what the member pays.

3 Member pays 25% of costs for brand name drugs and generic drugs, plus a portion of the dispensing fee.



Extra Help is Available:

- If you have limited income and resources, you may be able to obtain "Extra Help" paying your prescription drug coverage costs.
- To qualify, an individual may not exceed \$20,385 in income and a couple may not exceed \$27,465 in income.
- Additionally, beneficiary resources may not exceed \$15,510 for an individual or \$30,950 for a couple.
 - Resources include funds in checking or savings accounts, stocks, bonds, mutual funds and IRAs
 - Resources DO NOT include: your home value, car, household items, burial plots, furniture and up to \$1,500 for burial expenses



V. Medicare Key Considerations



Medicare Key Considerations:

• Do I select a Medicare Supplement or Medicare Advantage plan?

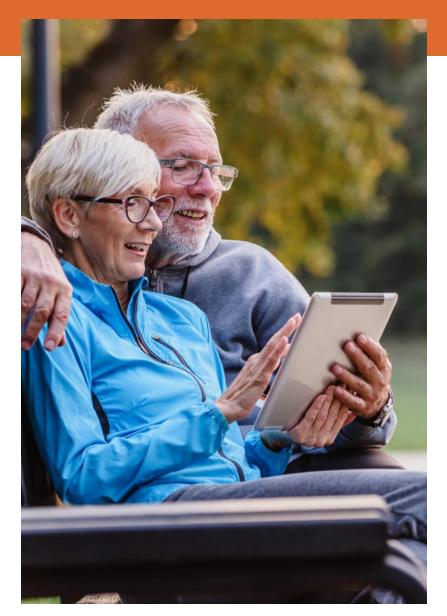
- What is my current health status?
- Do I use a significant amount of health care services?
- What is my tolerance for out-of-pocket costs?
- Will I be out of area for more than three months a year?
- What is my monthly budget for health insurance premiums?

• If I select a Medicare Advantage plan

- What physicians and hospitals do I use?
- HMO network or PPO network?
- What are the copayments?
- What are the extra benefits?

Prescription drug coverage

- Are my medications on the formulary?
- What Tier level are my medications?
- Is my pharmacy a Preferred pharmacy?
- Is mail order available?





Other ways we can support you:

