



Medicare 101

County of Sacramento

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Original Medicare Basics

When are you eligible for Medicare?

You may be eligible for Original Medicare (Parts A and B) if:



You're 65 years old, or you're under 65 and qualify on the basis of disability or other special situation

AND



You're a U.S. citizen or a legal resident who has lived in the United States for at least 5 consecutive years

If you (or your spouse) have contributed payroll taxes to Medicare throughout your working life, you may be eligible for Medicare when you reach age 65 — regardless of your income or health status.



How to Enroll in Medicare

Medicare enrollment happens automatically for some people.

Others need to enroll themselves when they first become eligible. It all depends on your situation.

How Automatic Enrollment in Medicare Works

You will be enrolled automatically in Original Medicare Parts A and B if:

- You are turning 65 and are getting Social Security.
- You are under 65 and have received disability benefits for 24 months.
- You must notify Medicare if you decide to refuse or delay Part B. You may want to do this if you have other health care coverage, such as through an employer or union.



Understanding your Medicare choices

After you enroll in Original Medicare (Parts A and B), you may choose to enroll in additional Medicare coverage.

Step 1: Enroll in Original Medicare

Original Medicare

Provided by the federal government



Part A
Helps pay for hospital stays and inpatient care



Part B
Helps pay for doctor visits and outpatient care



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	01-01-2022
MEDICAL (PART B)	01-01-2022



Understanding your Medicare choices

**Step 2: Decide if you need additional coverage.
There are 2 ways to get it.**

OPTION 1 _____ or _____ **OPTION 2**

Add 1 or both of the following to Original Medicare:

Medicare Supplement plan
Offered by private companies



Helps pay for some or all of the out-of-pocket costs that come with Original Medicare

Medicare Part D plan
Offered by private companies



Helps pay for prescription drugs

Choose a Medicare Advantage plan:

Medicare Advantage plan or Part C plan
Offered by private companies



Part C:
Combines Part A (hospital insurance) and Part B (medical insurance) in 1 plan



Part D:
Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare



Option 1

Keep Original Medicare and add:

Medicare Supplement plan

Offered by private companies



Helps pay for some or all of the out-of-pocket costs that come with Original Medicare

AND/OR

Medicare Part D plan (prescription drugs)

Offered by private companies



Helps pay for prescription drugs



Option 2

Medicare Part C (Medicare Advantage plan)

Medicare Advantage plan Offered by private companies



Combines Part A (hospital insurance) and Part B (medical insurance) in 1 plan



Usually includes prescription drug coverage



Provides additional benefits, services and programs not provided by Original Medicare



The ABC's of Medicare

There are four basic parts of Medicare: A, B, C and D. Each part helps pay for certain health care services. Each part also has certain costs that you may have to pay. Your Medicare costs will depend on what coverage you choose and on what health care services you use.



Medicare Part A covers the hospital charges and most of the services you receive when you're in the hospital.



Medicare Part B covers doctor visits and most routine and emergency medical services. It also covers some preventive care, like flu shots.



Medicare Advantage (Part C) plans combine coverage for hospital care, doctor visits and other medical services all in one plan. Plans are required to provide all of the benefits offered by Medicare Parts A and B.

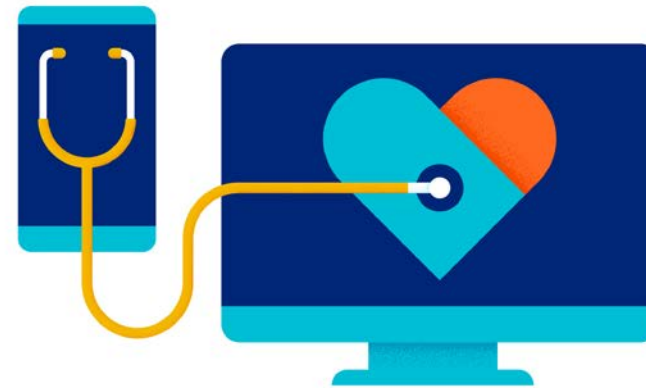


Medicare Part D Plans are required to cover certain common types of drugs, but each plan may choose which specific drugs it covers. The drugs you take may not be covered by every Part D plan.



Why choose a Medicare Advantage Plan?

- Medicare Advantage Plans provide all of the services found in original Medicare A and B such as hospital stays and skilled nursing care and doctor visits, labs, and preventative care
- Access to any provider that participates in Medicare
- No balance billing – If a provider accepts Medicare assignment, even if they are not in UHC’s network, you will never pay more than your co-pay
- Additional benefits include prescription drug coverage and special programs and discounts rolled into a single plan
- A single ID card to access all of your benefits



2021 Costs at a glance

Part A premium	<p>Most Medicare beneficiaries don't pay a monthly premium for Part A, since they have at least 40 quarters of Medicare-covered employment.</p> <p>If you buy Part A, you'll pay up to \$471 each month in 2021. If you paid Medicare taxes for less than 30 quarters, the standard Part A premium is \$471.</p> <p>If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is \$259.</p>
Part B premium	<p>The standard Part B premium amount is \$148.50 (or higher depending on your income).</p>

Note: These amounts are for 2021; info provided by CMS.gov



Part B income-based costs

If your yearly income in 2019 (for what you pay in 2021) was			You pay each month (in 2021)
File individual tax return	File joint tax return	File married & separate tax return	
\$88,000 or less	\$176,000 or less	\$88,000 or less	\$148.50
above \$88,000 up to \$111,000	above \$176,000 up to \$222,000	Not applicable	\$207.90
above \$111,000 up to \$138,000	above \$222,000 up to \$276,000	Not applicable	\$297.00
above \$138,000 up to \$165,000	above \$276,000 up to \$330,000	Not applicable	\$386.10
above \$165,000 and less than \$500,000	above \$330,000 and less than \$750,000	above \$88,000 and less than \$412,000	\$475.20
\$500,000 or above	\$750,000 and above	\$412,000 and above	\$504.90

Note: These amounts are for 2021; info provided by CMS.gov





Medicare Advantage PPO Benefits

Medicare Advantage PPO plan

This plan includes:



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

- Doctor visits
- Outpatient care
- Screenings and shots
- Lab tests



Prescription drug coverage

- Rich prescription drug coverage with full coverage in the gap



Additional benefits, programs and features

- Beneficiary focused health & wellness programs
- Nationwide provider network
- Hearing and Acupuncture and Chiropractic benefits

Medicare Advantage PPO Plan

	You pay
Annual deductible	\$0
Annual out-of-pocket maximum	\$3,400



Medicare Advantage PPO Plan

Benefit coverage	In-network	Out-of-network
Primary care provider (PCP) office visit	\$15 copay	\$15 copay
Specialist office visit	\$15 copay	\$15 copay
Urgent care	\$0 copay (worldwide)	\$0 copay (worldwide)
Emergency Room	\$50 copay (worldwide)	\$50 copay (worldwide)
Inpatient hospitalization	\$0 copay per stay	\$0 copay per stay
Outpatient surgery	\$0 copay	\$0 copay
Medical virtual visits	\$0 copay	\$0 copay
Hearing Aid Allowance	\$500 every 36 months when using the UnitedHealthcare Hearing Program	



Additional Services

Benefit coverage	In-Network	Out-of-Network
Annual physical and Wellness Visit	\$0 copay	\$0 copay
Immunizations	\$0 copay	\$0 copay
Breast and Colon cancer screenings	\$0 copay	\$0 copay
Medicare-covered podiatry	\$15 copay	\$0 copay
Medicare-covered chiropractic care	\$15 copay	\$15 copay
Medicare-covered vision services	\$15 copay	\$15 copay
Medicare-covered hearing services	\$15 copay	\$15 copay



Prescription benefits

Tier	Prescription drug type	Your costs	
		Retail (30-day supply)	Preferred Mail Order ¹ (90-day supply)
Tier 1	Preferred Generic All covered generic drugs	\$3 copay	\$6 copay
Tier 2	Preferred Brand Many common brand-name drugs, called preferred brands	\$10 copay	\$20 copay
Tier 3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$10 copay	\$20 copay
Tier 4	Specialty Tier – limited to a 30-day supply Unique and/or very-high-cost brand-name drugs	\$20 maximum	\$40 maximum





Medicare Advantage HMO Benefits

Medicare Advantage HMO plan

This plan includes:



All the benefits of Part A

- Hospital stays
- Skilled nursing
- Home health



All the benefits of Part B

- Doctor visits
- Outpatient care
- Screenings and shots
- Lab tests



Prescription drug coverage

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Inpatient hospitalization	\$0 copay per stay
Outpatient surgery	\$0 copay
Medical virtual visits	\$0 copay
Hearing Aid Allowance	\$500 every 36 months when using the UnitedHealthcare Hearing Program



Preventive Services

Benefit coverage	In-Network
Annual physical and Wellness Visit	\$0 copay
Immunizations	\$0 copay
Breast and Colon cancer screenings	\$0 copay
Medicare-covered podiatry	\$15 copay
Medicare-covered chiropractic care	\$15 copay
Medicare-covered vision services	\$15 copay
Medicare-covered hearing services	\$15 copay



Prescription benefits

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Additional Programs

Additional programs



Renew Active: Enjoy a gym membership, group exercise classes and online resources



Diabetic Supplies: When you use one of the approved meters and corresponding strips, your cost-share for diabetes testing and monitoring supplies is **\$0**



UnitedHealthcare Hearing: Receive a hearing exam and have access to a wide selection of brand-name and private-labeled, custom-programmed hearing aids at significant savings. Enjoy \$500 towards hearing aids every 36 months



Virtual Visits: With Virtual Visits, you're able to live video chat with a doctor or behavioral health specialist from your computer, tablet or smartphone anytime, day or night





Medicare Resources

Resources for Additional Information

Medicare & You

The official handbook for Medicare programs is updated each year. You can download a copy at the Medicare.gov or call the Medicare Helpline to request a copy.

Medicare Helpline

For questions about Medicare and detailed information about plans in your area, call **1-800-MEDICARE (1-800-633-4227)**, TTY **1-877-486-2048**, 24 hours a day, seven days a week. Or visit **Medicare.gov**.

Social Security Administration

For help with questions about eligibility, enrollment and arranging for help with the cost of Medicare, and for answers about Social Security retirement and disability benefits, go to SSA.gov or call **1-800-772-1213**, TTY **1-800-325-0778**, 7 a.m. to 7 p.m. local time, Monday through Friday

Medicare Made Clear

UnitedHealthcare's online resource containing videos, checklists, quizzes, and interactive tools to help you prepare for retirement. Visit online at **www.medicaremadeclear.com**





Thank You

We look forward to welcoming you to our Medicare family

Terms and definitions

Annual deductible – Your plan does not include an annual deductible. Your coverage begins in the initial coverage stage

Coinsurance – Your share of the costs of a covered health care service. It's usually a percentage of total cost. Your plan pays the rest.

Copay – A fixed amount you pay for a covered service, usually when you get the service. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug. How much you pay depends on the type of service.

Out-of-pocket costs – The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2022. This does not include premiums, or the amount the group health plan, former employer or plan sponsor pays for prescription drugs.

Premium – The amount that must be paid for your health insurance or plan. You usually pay it monthly.

Total drug costs – The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs [starting January 2022]. This does not include premiums.



You can find more terms online at [justplainclear.com](https://www.justplainclear.com)



Additional information

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

Out-of-network/non-contracted providers are under no obligation to treat UHC Feds Medicare Advantage Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

This document is available in alternative formats. If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

¹OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Prescriptions from OptumRx should arrive within 5 business days after we receive the complete order. Contact OptumRx anytime at 1-888-279-1828, TTY 711.

Other pharmacies are available in our network.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing.

³Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers GO and SilverSneakers On-Demand are trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.]

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact Customer Service at <1-844-808-4553, TTY: 711, 8 a.m.–8 p.m. local time, 7 days a week>, for additional information.

