BlueCross BlueShield Nebraska

MEDICARE



RETIRING WITH CONFIDENCE

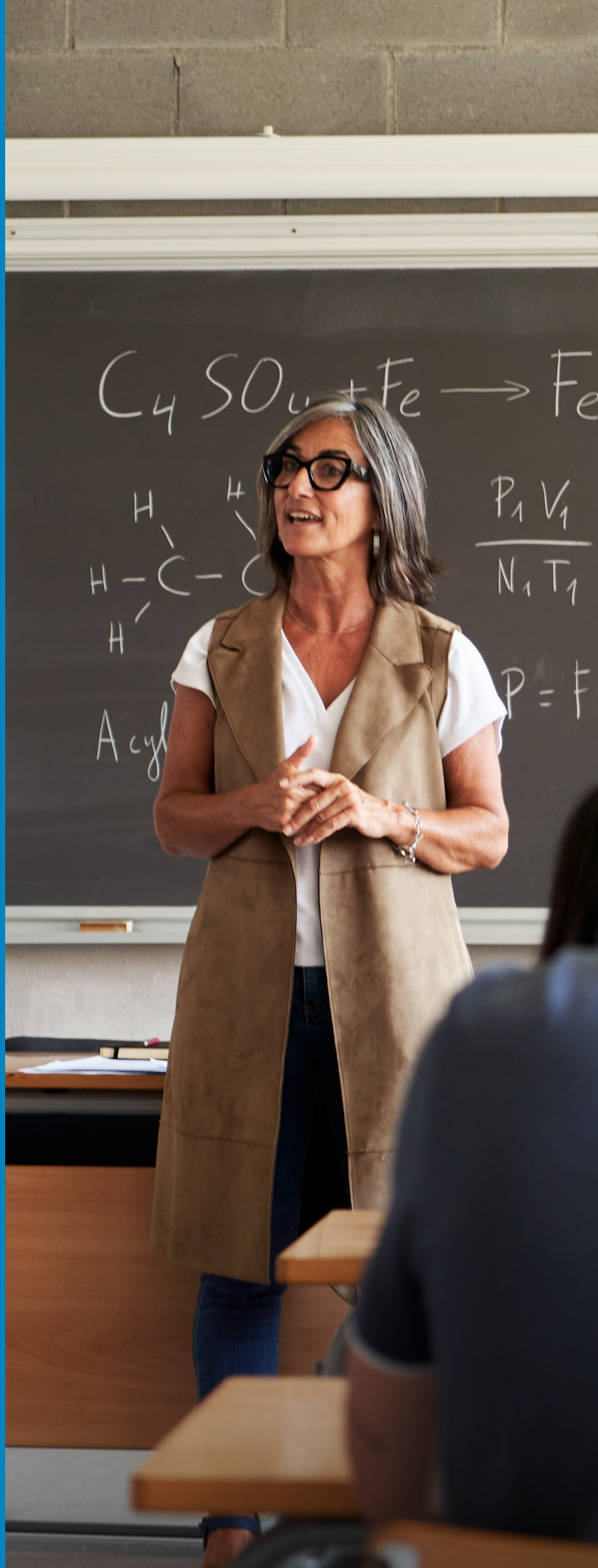
A Quick Guide to Transitioning to Medicare

Retiring soon?

As you near retirement, you may receive a lot of information about the Medicare options available to you. While it might feel overwhelming at first, learning about Medicare doesn't need to be complicated.

Having served Nebraskans for more than 85 years, Blue Cross and Blue Shield of Nebraska can help you navigate every step of the process, so you can focus on the things you enjoy.

From the basics of Medicare to understanding when you can enroll, this guide outlines many of the most important topics you'll need to know as you transition to Medicare.



MEDICARE BASICS:

Who is eligible for Medicare?

Medicare benefits are available to United States citizens and permanent legal residents who have resided in the United States for five consecutive years.

How do you become eligible?

- **By Age** – When you turn 65 years old
- **By Disability** – If you are under 65 and have received Social Security disability benefits for 24 consecutive months
- **By Medical Condition** – If you have been diagnosed with end-stage renal disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's disease

ELECTION PERIOD	WHEN	WHAT YOU CAN DO
Initial Enrollment Period (IEP)	Begins three months before you turn 65 and ends three months after you turn 65.	When you are first eligible for Medicare you have a seven-month initial enrollment period to sign up for Part A and/or Part B.
Annual Enrollment Period (AEP)	Each year, from Oct. 15 - Dec. 7	Make changes to your Medicare Advantage or Medicare Part D prescription drug coverage for the upcoming year.



Late Retirees – As long as you are working full time, you have the option to delay enrolling in Part B of Medicare until you either go part time or retire completely, without being penalized. This also works if you are covered by your spouse's employer group coverage. Once you or your spouse retire, or you go part time, you will enter a SEP. Contact Social Security within 90 days of your retirement date to advise them that you will be retiring and determine your effective date of Medicare coverage.

Medicare Part A – Hospital Coverage



Inpatient Hospital Care and Services

Skilled Nursing Facility Care

Home Health Care Services

Hospice Care

Inpatient Hospital Care and Services:

- There is a deductible for Medicare Part A
- The current Medicare deductible is $1,736 per benefit period*
  - If you go to a hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins.
- Part A covers up to 90 days of inpatient hospital care each benefit period. Coinsurance (the amount paid after your Part A deductible is met) for a hospital stay is:

1-60 Days	$0 – Covered in full after the $1,736 deductible
61-90 Days	$434 per day
91+ Days	$868 per day for 60 lifetime reserve days**

After lifetime reserve days are used up, you pay all costs.

PREMIUM:

Generally, you will not pay a premium for Medicare Part A.

Source: CMS.gov

Medicare Part A – continued

Skilled Nursing Facility

This is not long-term care, but intermediate, rehabilitative coverage

Days 1-20	Covered in full, no deductible
Days 21-100	$217 per day
Day 100+	No coverage after day 100

Home Health Care

Includes part-time or intermittent skilled nursing care, home health care, physical therapy, occupational therapy, speech-language pathology services and Medicare social services

Hospice Care

Hospice services are paid for by Medicare and may include drugs to control symptoms and relieve pain, short-term respite care and home health services



Source: CMS.gov

Medicare Part B – Medical Coverage



Physician Services

Outpatient Care

Durable Medical Equipment

Laboratory Services

Preventive Care

- One-time routine physical exam within the first 12 months you are enrolled in Part B coverage (Welcome to Medicare Visit)
- Annual wellness exam
- Certain screening and immunizations at $0 cost

Deductible and Coinsurance

While Part A requires a per benefit period deductible, the Part B deductible is per calendar year. After you have met your deductible, you are responsible for coinsurance of 20%, which applies to most services. Additionally, **Medicare Part B does not have a "Stop Loss Limit." This means you will pay 20% of the balance due for any medical expenses. There is no limit, meaning after you meet your deductible you will always be responsible for 20% of the cost of most services.**

PREMIUM:

The Part B monthly premium is based on when you enroll and your annual household income. See "What will Medicare Cost me?" on page 14 for more information.

Source: CMS.gov

Medicare Parts A & B

(often called “Original Medicare”) do not cover everything. You’re responsible for:



All out-of-pocket costs – Beneficiary cost share with no out-of-pocket limit

Up to 15% excess charges from “non-participating” providers

Prescription Drugs

Routine dental, vision and hearing care

Corrective lenses or hearing aids

What will Medicare cost me?

There are many costs to take into consideration when making your decision about what Medicare plan options will work for you. Some, like your Part B premium, you will pay regardless of any private insurance coverage you select.

Additional costs such as Medicare Supplement coverage, Prescription Drug coverage or a Medicare Advantage plan will vary depending on the plan selected.

Medicare Part C – Medicare Advantage

Medicare Part C, also known as Medicare Advantage plans, combine Medicare Part A, Medicare Part B and often Medicare Part D into one plan. Many Part C plans provide coverage for things that Original Medicare does not, including prescription drugs, vision and dental care. These plans are offered by private insurance companies and approved by Medicare.



PREMIUM:

Part C has a monthly premium that varies depending on the benefits of the plan. Some plans offer a $0 premium option.

Eligibility Requirements:

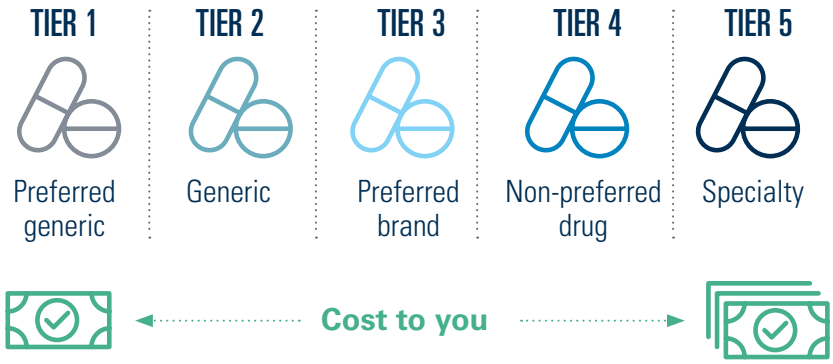
- Must have Medicare Part A and Part B to enroll
- Must continue to pay Medicare Part B premiums (in addition to your Medicare Advantage premium)
- Must reside in the plan's service area



Medicare Part D – Prescription Drug Plans

Medicare Part D is an optional program to help you cover prescription costs. You can get this coverage either through a Prescription Drug (Part D) plan or by enrolling in a Medicare Advantage plan that offers drug coverage. Part D covers drug prices at different tiers. Common tiers are:





Part D Premium

You'll pay a monthly premium for a Part D plan. If your income is above a certain limit, you will also be responsible for an income-related adjustment in addition to your plan premium.

NOTES:





FOR MORE INFORMATION:

800-991-5650

Visit **NebraskaBlue.com/EHARetirees**

Email **GetStarted@NebraskaBlue.com**

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