

HENDERSON BROTHERS UPDATE

COVID-19 & Medicare

Date: April 14, 2020

COVID-19 specific Medicare Provisions:

- Medicare covers the lab tests for COVID-19. You pay no out-of-pocket costs.
- Medicare covers all medically necessary hospitalizations. This includes if you're diagnosed with COVID-19 and might otherwise have been discharged from the hospital after an inpatient stay, but instead you need to stay in the hospital under quarantine.
- At this time, there's no vaccine for COVID-19. However, if one becomes available, it will be covered by all Medicare Prescription Drug Plans (Part D).
- If you have a Medicare Advantage Plan, you have access to these same benefits. Medicare allows these plans to waive cost-sharing for COVID-19 lab tests. Many plans offer additional telehealth benefits beyond the ones described below. Check with your plan about your coverage and costs.
- You may be able to communicate with your doctors or certain other practitioners without necessarily going to the doctor's office in person for a full visit. Medicare pays for "virtual check-ins"—brief, virtual services with your physician or certain practitioners where the communication isn't related to a medical visit within the previous 7 days and doesn't lead to a medical visit within the next 24 hours (or soonest appointment available).
- Medicare also pays for you to communicate with your doctors using online patient portals without going to the doctor's office. Like the virtual check-ins, you must initiate these individual communications.
- Scammers may use the coronavirus national emergency to take advantage of people while they're distracted. As always, guard your Medicare card like a credit card, check Medicare claims summary forms for errors, and if someone calls asking for your Medicare Number, hang up!

www.Medicare.gov

General FAQ's on Medicare

"What are the parts of Medicare?"

Medicare Part A covers inpatient hospital stays, skilled nursing care, hospice care, and limited home health-care services.

Medicare Part B covers physician visits, outpatient care, preventive services, ambulance services, and durable medical equipment

Medicare Part D is Prescription Drugs

Additional Medicare Options:

Medicare Part C is a Medicare Advantage Plan

Medicare Plan G is the most common Medicare Supplement Plan also known as a MediGap Plan



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“What is the difference between a Medicare Advantage plan and a Medicare Supplement plan?”

A Medicare Advantage plan also known as Part C is most like the employer coverage you have always had. The plan has a network such as an HMO or PPO that means you need to see their approved doctors or use their approved hospitals and facilities for services. Under the PPO options you have some coverage if you use an Out of Network doctor or facility, but you will be charged a higher amount.

There are copays for all services and some plans have deductibles. This type of plan does include Prescription Drugs as well as routine dental, vision & hearing services. It also has a Gym Membership.

A Medicare Supplement Plan also called a MediGap or Plan G utilizes Original Medicare as your primary insurance (Medicare Part A & B) which covers 80% of your medical expenses, and the Supplement/Plan G would be your secondary insurance covering that “gap” of 20% after you fulfill the deductible amount of \$198. After that is met, all services are covered completely without copays.

With the Supplement/Plan G you can take the insurance anywhere in the United States and have the same coverage. Approximately 95% of providers nationwide accept Original Medicare.

This option does not include prescriptions, so you would need to purchase a separate stand-alone plan.

“How much does Medicare Cost?”

Medicare Part A has no premium attached if you have worked 10 years or 40 quarters and paid into Social Security.

Medicare Part B does have a premium attached that is based on your income bracket. If you have begun taking Social Security, it will be automatically be deducted monthly. If you have not taken Social Security yet, you will receive a quarterly bill.

“I am turning 65 but I plan to continue working, do I need to sign up for Medicare?”

If you have creditable coverage through your employer or through a spouse’s employer, you do not need to sign up for Medicare when you turn 65.

“I am 65 and retiring, but my spouse is still working. Can I go onto my spouse’s employer coverage or do I need to enroll in Medicare?”

You can join your spouse’s coverage and will not accrue any penalties for delaying signing up for Medicare Part A & B.

“I am 65 and leaving my place of employment, they have offered me COBRA. Am I able to enroll and not be penalized?”

No. COBRA is not seen as creditable coverage, thus you will be charged a penalty for delaying enrollment in Medicare.

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“I have a Health Savings Account (HSA) insurance plan at work. Should I sign up for Medicare Part A when I turn 65?”

You do not want to enroll in Medicare Part A if you or your employer still plan to contribute to your HSA Account. You would want to stop HSA contributions 6 months prior to signing up for Medicare.

“When can I sign up for Medicare?”

You can sign up 3 months prior to your birth month, the month of your birthday and 3 months after.

“How do I sign up for Medicare Part A?”

You can enroll online at www.SocialSecurity.gov, by calling your local Social Security office, or by going in person to the Social Security office.

“How do I sign up for Medicare Part B?”

Call your local Social Security office and request an appointment to enroll. They generally require this to be done in person but given the COVID-19 pandemic they may permit you to mail in the required forms.

Questions? Call or email Henderson Brothers' Medicare & Individual Products Specialist, Amie Lapko

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