



Medicare Part A & B: Original Medicare Plan

Part A: Inpatient Hospital Insurance

Eligible individuals are automatically enrolled in Part A with no premium. Others apply to the program when they are eligible or pay a monthly premium if they have worked less than 40 quarters (or 10 years) in their lifetime. by insurance companies only for placing and/or servicing insurance plans.

Part B: Outpatient / Physician Insurance **ow are you able to negotiate better rates and terms than our existing broker?**

To obtain Part B, an eligible individual must enroll at their Social Security office during a specific period and pay a premium that is determined by their annual income. If an individual does not enroll during that period he/she must pay a penalty when he/she does enroll.

How it works

Individuals with Medicare are called beneficiaries. Beneficiaries may go to any doctor, supplier, hospital or other facility that accepts Medicare and is accepting new Medicare beneficiaries. Beneficiaries are responsible for the deductible and coinsurance for most services. The deductible is the amount a beneficiary must pay before Medicare begins to pay for services and supplies covered under the program. Coinsurance is the share of the cost for services that the beneficiary is responsible for after the deductible is met, normally 20 percent. To help pay for some of the health care costs that the Original Medicare Plan doesn't cover, beneficiaries may choose to purchase Medicare supplemental health insurance (Medigap policy). They may also choose to enroll in a Medicare Prescription Drug Plan (Medicare Part D) to receive prescription drug benefits.

Part C: Medicare Advantage Plans

A Medicare Advantage Plan (like an HMO or PPO) is another way to get your Medicare coverage. If you join a Medicare Advantage Plan, you still have Medicare. You'll get your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage from the Medicare Advantage Plan, not Original Medicare. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare.

Medicare Advantage Plans cover all Medicare services

In all types of Medicare Advantage Plans, you're always covered for emergency and urgent care. Medicare Advantage Plans must cover all of the services that Original Medicare covers except hospice care and some care in qualifying clinical research studies. Original Medicare covers hospice care and some costs for clinical research studies even if you're in a Medicare Advantage Plan. Medicare Advantage Plans may offer extra coverage, like vision, hearing, dental, and health and wellness programs. Most include Medicare prescription drug coverage (Part D). In addition to your Part B premium, you may pay a monthly premium for the Medicare Advantage Plan.

Medicare Advantage Plans must follow Medicare's rules

Medicare pays a fixed amount for your care each month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to doctors, facilities, or suppliers that belong to the plan for non-emergency or non-urgent care). These rules can change each year. The plan must notify you about any changes before the start of the next enrollment year.

Part D: Medicare Prescription Drug Plans

Medicare Prescription Drug Plans provide prescription drug coverage to beneficiaries that elect to enroll in a prescription drug plan. Anyone having Part A and/or Part B and lives in a plan's service area is eligible to join the plan. Remember: Part D is an additional out-of-pocket expense (premium) on top of what you already pay for your Part B premium.

Important: Beneficiaries who don't enroll in a Medicare Prescription Drug Plan when they are first eligible may have to pay a late enrollment penalty to enroll in a plan later.

Medicare Supplement Plans (Medigap)

Original Medicare pays for many, but not all, healthcare services and supplies. Medicare Supplement Insurance policies, sold by private companies, can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles. Medicare Supplement Insurance policies are also called Medigap policies.

Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S. If you have Original Medicare and you buy a Medigap policy, Medicare will pay its share of the Medicare-approved amount for covered healthcare costs. Then, your Medigap policy pays its share. You have to pay the premiums for a Medigap policy.

Who is Eligible for Medigap Insurance?

If any of the following scenarios apply to you, then you are already guaranteed "eligible" to purchase Medicare supplemental insurance:

- You are currently covered under Medicare Parts A & B
- You are within 6 months of turning 65
- You are within 6 months of receiving Part B coverage
- If you are about to lose your group health insurance plan

Please note that you may still be required to answer some medical questions about your overall health and wellness. For further clarification, or if you have any questions, please do not hesitate to contact us.

Call us for more information at **(877) 477-2064**



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