



# Navigating your 2024 Medicare



# Who is a HICAP?

- Health Insurance Counseling and Advocacy Program
- Volunteer supported and administered by the Dept. of Aging
- We provide Medicare Education and one-on-one Counseling
- HICAP offices and counseling sites are available in every county
- Our Services are **free, unbiased, and confidential**

# Agenda

## Understanding your current coverage

- Original Medicare + Supplements
- Medicare Advantage
- Payments & Important Dates

## Medicare in 2024

- What is new in 2024
- Understanding your Medical and Rx benefits
- Gaining transparency ( online accounts, MSN, EOB..)
- Additional resources when Medicare is not affordable
- HICAP Services

# Original Medicare



## Part A

(Hospital Insurance)



## Part B

(Medical Insurance)

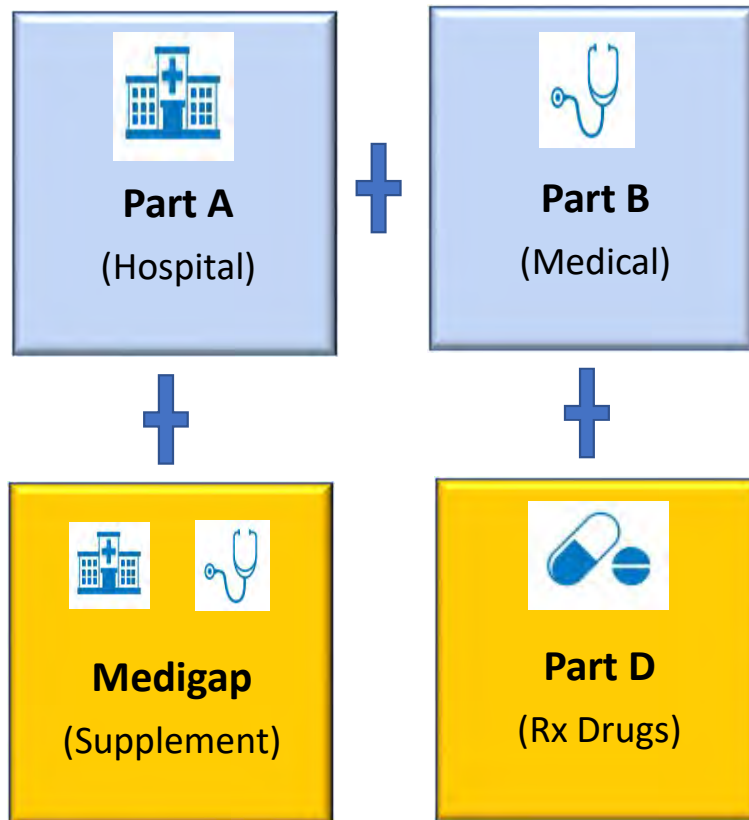
- Original Medicare is a Federal Program
- Enrollment is managed by the Social Security Administration
- Medicare program rules are managed by CMS
- Medicare is fundamentally a Fee For Service (FFS) insurance

## 2024 Original Medicare Cost

	Premium	Deductible	Copay
<b>Part A</b>	\$0 For most people	\$1632** per benefit period	\$0 (for the first 60 days in Hospital)
<b>Part B</b>	\$174.70 for most people	\$240 per year	20% of the assigned bill

**\*\* GAPS!!**

# Closing the Original Medicare “GAPS”



- **Medigap = Medicare Supplement**
  - Sold by Private companies
  - Supplements Part A + B
  - In 2024 Highest plan is **G**, Lowest **A**
- **Part D = Prescription Drug Plan**
  - Sold by private companies
  - Generally covers at-home medications

# Agenda

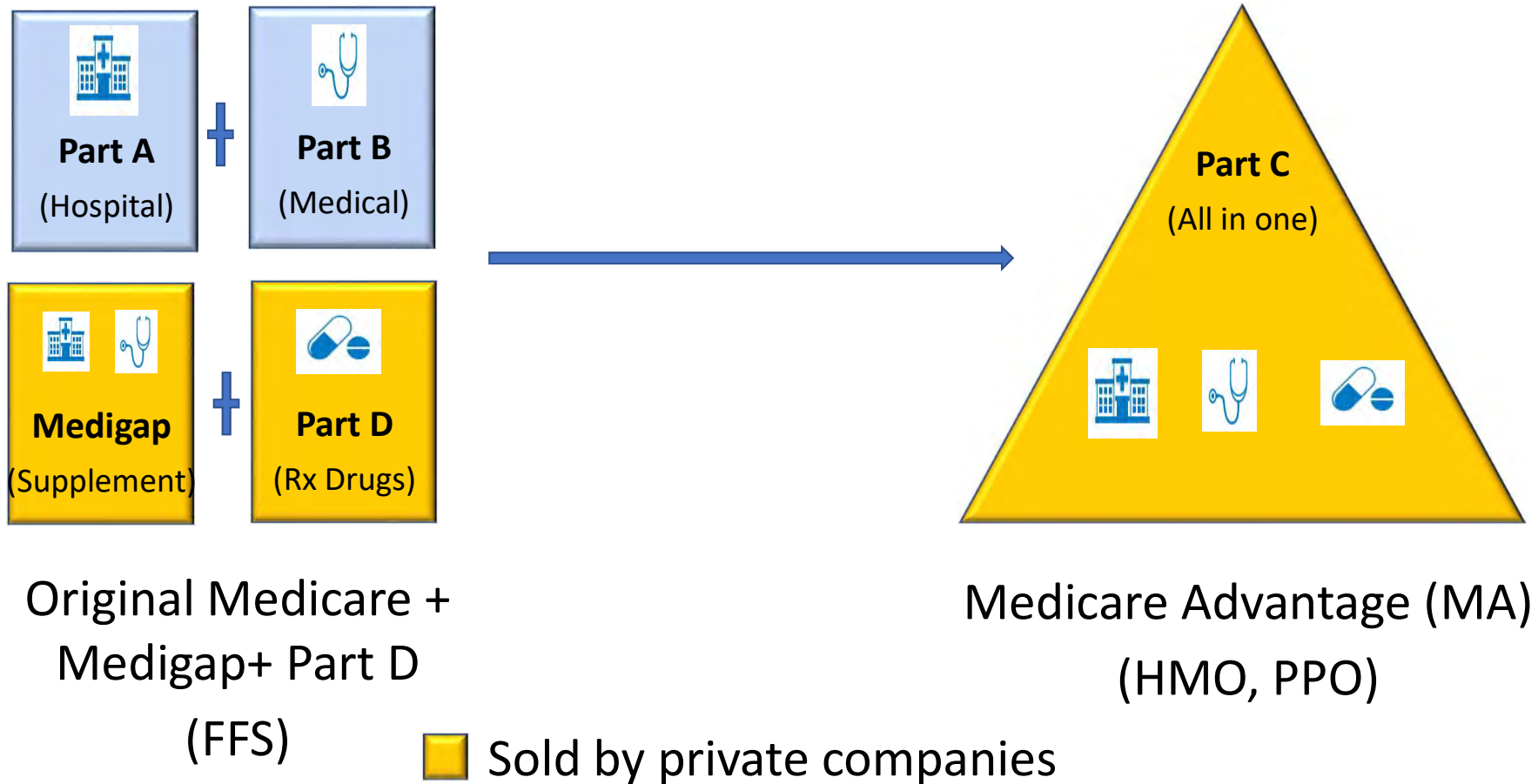
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- Original Medicare + Supplements
- **Medicare Advantage**
- Payments & Important Dates

## Medicare in 2024

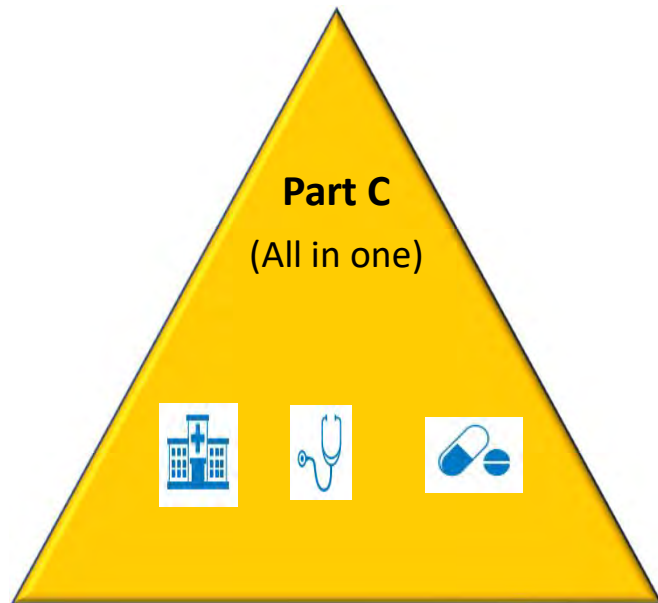
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# Medicare Advantage





# Medicare Advantage



Medicare Advantage (MA)  
(HMO, PPO)

- **Medicare Advantage = MA**
  - All-in-one Plans sold by Private companies
  - Your original Medicare is “converted” to a private contract
  - MA plans must offer “services” of Part A, B, D
  - Examples “ Kaiser, AARP/UHC, Alignment...”

# Sample Medicare Advantage List

Medicare Advantage 2024 San Mateo				
Name of Plans	Kaiser Enhanced H0524-031-0 Members: 1-800-443-0815 Non Members: 1-800-777-1238 www.kaiserpermanente.org 4 stars (3.5 Medical   4 Rx)	SCAN Classic H5425-078-0 Members: 1-800-559-3500 Non-Members: 1-888-315-7226 www.scanhealthplan.com 3.5 stars (3.5 Medical   3.5 Rx)	SCAN MyChoice (NEW 2024) H5425-110-0 Members: 1-800-559-3500 Non-Members: 1-888-315-7226 www.scanhealthplan.com 3.5 stars (3.5 Medical   3.5 Rx)	United Healthcare AARP H0543-028-0 Members: 1-866-261-7709 Non Members: 1-800-555-5757 www.aarpmedicareplans.com 3.5 stars (3.5 Medical   4 Rx)
TYPE OF NETWORK	HMO	HMO	HMO	HMO
Monthly Premium <i>(additional to part B)</i>	\$70	\$0	\$0	\$118
Maximum Out-Of-Pocket <i>(Excludes part D, Extra, Optional)</i>	\$4,200	\$3,800	\$2,800	\$3,800 (Only In-Network)
<b>INPATIENT SERVICES (Part A)</b>				
Hospitals In-Network Contracted	Kaiser Permanente Medical Center	CA Pacific Medical Center (SF), Seton Medical Center - AHMC (Daly City), St Francis Memorial Hospital (SF), St Mary's Medical Center (SF), St Rose Hospital (Hayward), UCSF Medical Center (SF)	CA Pacific Medical Center (SF), Seton Medical Center - AHMC (Daly City), St Francis Memorial Hospital (SF), St Mary's Medical Center (SF), St Rose Hospital (Hayward), UCSF Medical Center (SF)	Chinese Community Hospital (SF), Mills Health Center (San Mateo), Mills-Peninsula Medical Center (Burlingame), St Francis Memorial Hospital (SF), St Mary's Medical Center (SF), St Rose Hospital (Hayward), UCSF Medical Center (SF)
Inpatient Hospital Care (Copay/day)	Days 1-5: \$210 Days 6-90: \$0 Days 90+: \$0	Days 1-5: \$100 Days 6-90: \$0	Days 1-5: \$100 Days 6-90: \$0	\$200 per stay
Skilled Nursing Facility (Copay/day)	Days 1-20: \$0 Days 21-100: \$100	Days 1-20: \$0 Days 21-100: \$150	Days 1-20: \$0 Days 21-100: \$75	Days 1-20: \$0 Days 21-100: \$0
<b>OUTPATIENT SERVICES (Part B)</b>				
Medical Groups In-Network Contracted	Kaiser Permanente Medical Clinic & Group	Brown & Toland, Imperial Health Plan, Multiplan Northern CA, Physicians MG of San Jose, Optum Verdugo	Brown & Toland, Imperial Health Plan, Multiplan Northern CA	Palo Alto Medical Foundation Mills Peninsula, Palo Alto Mills Peninsula Division, Santa Clara County IPA, Brown and Toland Health Services
Defensible / Medical	cn	cn	cn	cn

# Sample Medicare Advantage List

2024 Medicare Advant... x				
Dental	Preventive: Routine 2 oral exam, 2 cleaning, 2 dental X-rays every year  Comprehensive: Some may be available; costs/limits may vary.	Preventive: Routine 2 oral exam, 2 cleaning, 2 dental X-rays every year  Comprehensive: Some may be available; costs/limits may vary.	Preventive: Routine 2 oral exam, 2 cleaning, 2 dental X-rays every year  Comprehensive: Some may be available; costs/limits may vary.	Preventive: >>> NOT covered <<<  Comprehensive: >>> NOT covered <<<
<b>PRESCRIPTION DRUGS</b>				
Deductible (Prescriptions)	\$0	\$0	\$0	\$360 (for Tiers 3-5)
<b>Initial Coverage</b>				
<b>Retail Pharmacy</b>	<b>30-day supply (copay)</b>	<b>30-day supply (copay)</b>	<b>30-day supply (copay)</b>	<b>30-day supply (copay)</b>
Tier 1: Generic, Preferred	\$0	\$0	\$0	\$3
Tier 2: Generic, Non-Preferred	\$5	\$0	\$0	\$12
Tier 3: Brand, Preferred	\$47	\$40	\$35	\$47
Tier 4: Brand, Non-Preferred	\$100	\$90	\$70	\$100
Tier 5: Specialty	33% coinsurance	33% coinsurance	33% coinsurance	27% coinsurance
<b>Mail Order</b>	<b>90-day supply (copay)</b>	<b>90-day supply (copay)</b>	<b>90-day supply (copay)</b>	<b>90-day supply (copay)</b>
Tier 1: Generic, Preferred	\$0	\$0	\$0	\$0
Tier 2: Generic, Non-Preferred	\$10	\$0	\$0	\$0
Tier 3: Brand, Preferred	\$94	\$100	\$85	\$131
Tier 4: Brand, Non-Preferred	\$200	\$250	\$190	\$290
Tier 5: Specialty	not available	not available	not available	not available
<b>Coverage Gap (once total yearly drug cost reaches \$5,030)</b>				
Generic	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Brand	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
<b>Catastrophic Coverage (once total yearly drug cost reaches \$8,000)</b>				
Generic				Plan will pay all drug cost for rest of calendar year.
Brand				
<b>OPTIONAL BENEFITS (AVAILABLE FOR EXTRA MONTHLY PREMIUMS)</b>				
<b>Optional Riders</b>	Package #1 Wellness (fitness/gym, Over the Counter Benefits), dental services (preventive & comprehensive), eyewear, hearing (exams & hearing aids) <b>Monthly Premium: \$21</b>	Package #1 Dental services (preventive & comprehensive) <b>Monthly Premium: \$10</b>	not available	Package #1 Dental services (preventive & comprehensive) <b>Monthly Premium: \$62</b>

# Original Medicare vs. Medicare Advantage

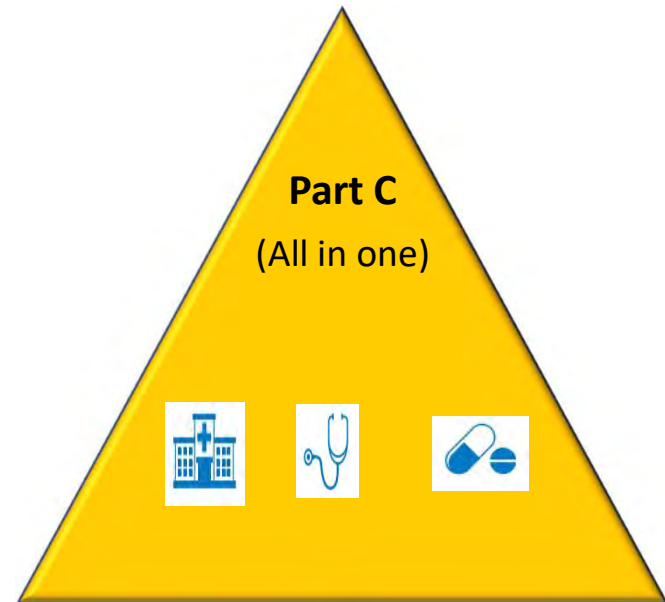
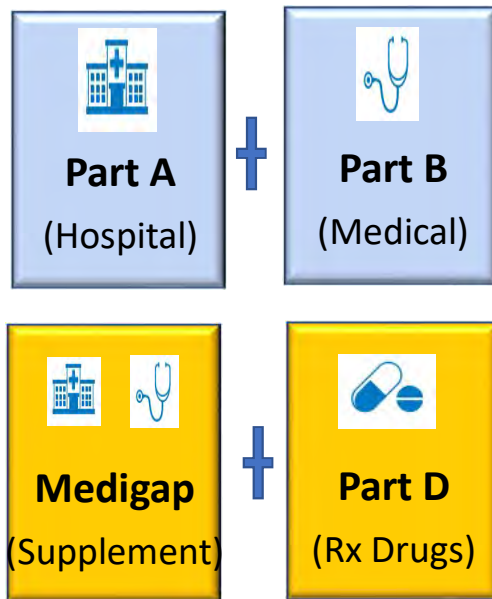
Original Medicare + Medigap + Part D	Medicare Advantage
Fee For Service	HMO and/or PPO
No Network, you can go to any provider that accepts Medicare	In-network and/or out of Network coverage for extra copay
No referral required in most cases	Referral is required in most cases
Medigap Guarantee for limited time	Guaranteed enrollment

## Original Medicare vs. Medicare Advantage

**75 years old, San Mateo County (Medigap G or Medicare Advantage)**

	Original Medicare +	Medicare Advantage
Part A premium	\$0	\$0
Part B premium	\$174.70	\$174.70
Extra premium	\$168 ( Medigap G)	\$0 ( MA )
Part A & B deductibles	\$240/year	\$0
Part A & B max out of pocket	\$0	\$298 - \$8,850/year (typical \$4000)
Part D premium	\$0.40 - \$170	\$0
Part D max out of pocket	\$0 - \$3,500/year	\$0 - \$3,500/year

# Can you now identify what coverage you have?



Original Medicare +  
Medigap+ Part D  
(FFS)

Medicare Advantage (MA)  
(HMO, PPO)

 Sold by private companies

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## Understanding your current coverage

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- **Payments & Important Dates**

## Medicare in 2024

- What is new in 2024
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- Gaining transparency ( online accounts, MSN, EOB..)
- Additional resources when Medicare is not affordable
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# Medicare Payment Options

## If collecting Social Security

- Part B Premium **must** be deducted from the SS check
- Part D Premium **may** be deducted from the SS check if you elect this option
- MA Premium **may** be deducted from the SS check if you elect this option
- Medigap **must** be paid directly by you to the provider

## If not collecting Social Security

- Part B premium **must** be paid by you quarterly to Medicare
- Medigap & Part D premiums **must** paid by you to the plan provider



# Important Medicare Dates

GENERAL ENROLLMENT PERIOD (GEP)	OPEN ENROLLMENT PERIOD (OEP)	ANNUAL ENROLLMENT PERIOD (AEP)	CA BIRTHDAY RULE	SPECIAL ENROLLMENT PERIOD (SEP)
Missed IEP	Medicare Advantage (MA) Enrollees	Medicare Plan Enrollees	Medigap Plan Enrollees	Triggering event By you, plan, Employer
Enroll in Medicare Part A or Part B	One-time change to MA Plan	Reevaluate coverage & Make Changes	Evaluate & change Medigap	Enroll or Change any coverage
January 1 - March 31	January 1 - March 31	October 15 - December 7	<=60 days from your birthday	63 days – 8 months from The event

# Questions



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## Medicare in 2024

- **What is new in 2024**
- Understanding your Medical and Rx benefits
- Gaining transparency ( online accounts, MSN, EOB..)
- Additional resources when Medicare is not affordable
- General Tips

# Key Medicare Updates

## **Inflation Reduction Act 2023 Medicare provisions:**

- Insulin co-pay will be capped at \$35/month for Medicare recipients
- All vaccine co-pays will be \$0 ( example: Shingrix)
- Coverage when enrolling in original Medicare is effective the following month

## **Inflation Reduction Act 2024 Medicare provisions :**

- The 5% catastrophic coverage copay has been eliminated
- Increased and/or eliminated asset limits for “Medicare Saving Programs” and Part D “Extra Help”

## **Inflation Reduction Act 2025 Medicare provisions :**

- Maximum out of Pocket for Medications will be capped at \$2000

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- What is new in 2024
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# Understanding your Medical Benefits

## Preventive

- The same for original Medicare or Medicare Advantage
- Not subject to deductible or copay
- Include welcome to Medicare & Annual Wellness visits

## Medically Necessary

- Subject to plan and/or Medicare rules
- Plan must have an appeal process if coverage is denied
- You must be told in writing if Medicare will not cover a service

## Emergency

- Covered in the nearest medical facility regardless of network
- In-network copay applies regardless of location
- Surprise billing is illegal

## Extras!

- Benefits offered by private plans and are not regulated
- Vision, hearing, OTC \$, health club memberships

# Preventive Services

Alcohol Misuse Screening & Counseling <sup>T</sup>	Annual Wellness Visit <sup>T</sup>	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use <sup>T</sup>
Depression Screening <sup>T</sup>	Diabetes Screening	Diabetes Self-Management Training <sup>T</sup>	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease <sup>T</sup>	IBT for Obesity <sup>T</sup>	Initial Preventive Physical Exam	Lung Cancer Screening <sup>T</sup>	Mammography Screening
Medical Nutrition Therapy <sup>T</sup>	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services <sup>T</sup>	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam
STI Screening & HIBC to Prevent STIs <sup>T</sup>	Ultrasound AAA Screening					

**T – Telehealth-eligible service**

## Medical Services Saving Tips



- See if you qualify for a “**Life Event**” if you have a Part B or Part D premium surcharge ( IRMAA)
- Understand your provider’s Financial Assistance Program
- Print a list of your MA plan co-pays in advance
- Understand your Medigap plan co-pay if any
- Review your bills carefully and appeal as appropriate
- Wait to pay bills from a provider until you are sure Medicare and Medigap has already paid



# Understanding your Part D (Rx) Benefits

	You	Your Plan	Manufacturer	Medicare
Phase 1 Deductible	<b>100% (deductible)</b>	0%	0%	0%
	Max \$545 in 2024 = End of phase 1			
Phase 2 Initial Coverage	<b>Co-pay \$/ Coinsurance %</b>	<b>Rest</b>	0%	0%
	\$5,030 max in 2024 = End of phase 2			
Phase 3 Coverage Gap	<b>25%</b>	<b>5%</b>	<b>70%</b>	0%
	*\$8,000 max in 2024 = End of phase 3			
Phase 4 Catastrophic Coverage	<b>0% 2024</b>	<b>15%</b>	0%	<b>85%</b>

\*\$8,000 is called True out of pocket "TrOOP"

TrOOP = deductible + Phase 2 & 3 copay + Manufacturer payment ( not Premium)

## Part D (Rx) Saving Tips



- Have a printout of your plan’s medications copays before you refill your prescription
- Ensure that you are using your plan’s “**preferred**” pharmacy
- Ask the plan for a “**formulary exception**” for new medications if not in the formulary
- Ask the plan for a “**tier exception**” if the copay is too high
- Use discounters when appropriate (GoodRx) but be aware that cost will not be counted against your out-of-pocket.

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# WWW.Medicare.gov



## Welcome to Medicare

[Get Started](#)

 **Log in or create an account**  
Access your information anytime, anywhere  
[Log In/Create Account](#)

 **Find health & drug plans**  
Find & compare plans in your area  
[Find Plans Now](#)


 **Find care providers**  
Compare hospitals, nursing homes, & more  
[Find Providers Near Me](#)


 **Talk to someone**  
Contact Medicare & other helpful resources  
[Get Help](#)




## Explore your Medicare coverage options


Review your 2024 plan options now.



 [First time joining a Medicare health or drug plan?](#)

### Find Medicare health & drug plans

 [Use your account](#)

 [Continue without logging in](#)

**Save time by logging in**

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

[Log In](#)

Don't have an account? [Create one.](#)

Choose the year you need coverage and enter your ZIP code:

COVERAGE FOR

2024  2023

ZIP CODE

# Review Claims!

## Online:

- MyMedicare.gov account
  - > Claims
  - > Deductibles status
- Provider Medical Portal ( ex. Myhealth at Stanford)
  - Be aware that what is posted may not be final so **WAIT** until all insurance has been processed
- Part D stand-alone Portal
  - Check deductible status
  - Check copays

## Mailings:

- MSN ( Medicare Summary Notice- This is not a bill) if you are on Original Medicare
- EOB ( Explanation of Benefits- This is not a bill) for all other private coverage

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# Additional Resource

## **Government Programs ( income limit 100-400% FPL; No Asset limits in 2024)**

- Medi-Cal
- Medicare Savings Programs
- Extra Help for Part D

## **Non-Government Programs:**

- Medical Provider Financial Assistance Programs ( Stanford, Kaiser...)
- Pharma Assistance Programs ( [WWW.Needymeds.org](http://WWW.Needymeds.org))
- Pharma Foundation copay assistance
- Discounters such as GoodRx



## Presentation Take away

- Understanding your coverage: Original Medicare or Medicare Advantage
- Do not miss important Medicare dates throughout the year ( Birthday rule, Open enrollment, SEP...)
- Understand your benefits and what you “should” be paying
- Take advantage of assistance programs when appropriate

## HICAP Services

- 1-on-1 phone or in-person counseling
- Review your plan options (Part D, MA plans, Medigap)
- Highlight financial assistance programs ( not only low-income assistance)
- Assist you in the enrollment process
- Contact Medicare to follow up or sort out issues on your behalf
- Assist you with Medicare or Insurance provider Appeal
- Provide you with county-specific aggregated Medicare materials
- Educate, Inform, and advocate on your behalf!



## HICAP Medicare Counseling

650 627-9350

1-800-434-0222

[info@hicapsm.org](mailto:info@hicapsm.org)



# Medicare Supplement (Medigap)

- Guaranteed enrollment within 6 month of Part B
- Medigap is secondary to Medicare ( only pays if Medicare pays)
- Basic benefits are the same across all provider for a given plan
- Not all Medigap providers offer all plans
- You can change providers every year within 60 days of your birthday “CA Birthday Rule”
- You can change to a lower plan benefit but not up (ex G to A but not A to G)

# Medigap Plans vs Benefits

Medigap Benefit	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G*	Plan K	Plan L	Plan M	Plan N
	Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care coinsurance	✗	✗	✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible	✗	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗
Part B excess charge	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗
Foreign travel exchange (up to plan limits)	✗	✗	80%	80%	80%	80%	✗	✗	80%	80%
Out-of-pocket limit**	N/A	N/A	N/A	N/A	N/A	N/A	\$6,940 in 2023 (\$7,060 in 2024)	\$3,470 in 2023 (\$3,530 in 2024)	N/A	N/A

# Monthly Part B Standard Premium—Income-Related Monthly Adjustment Amount (IRMAA) for 2024

Your Part B premium in 2024 based on your 2022 tax return:

Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-Related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0.00	\$174.70
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$69.90	\$244.60
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$174.70	\$349.40
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$279.50	\$454.20
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$384.30	\$559.00
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$419.30	\$594.00

# Monthly Part D Standard Premium—Income-Related Monthly Adjustment Amount (IRMAA) for 2024

Chart is based on your yearly income *in 2022*

Beneficiaries who file individual tax returns with modified adjusted gross income:	Beneficiaries who file joint tax returns with modified adjusted gross income:	Income-related monthly adjustment amount
Less than or equal to \$103,000	Less than or equal to \$206,000	\$0.00
Greater than \$103,000 and less than or equal to \$129,000	Greater than \$206,000 and less than or equal to \$258,000	\$12.90
Greater than \$129,000 and less than or equal to \$161,000	Greater than \$258,000 and less than or equal to \$322,000	\$33.30
Greater than \$161,000 and less than or equal to \$193,000	Greater than \$322,000 and less than or equal to \$386,000	\$53.80
Greater than \$193,000 and less than \$500,000	Greater than \$386,000 and less than \$750,000	\$74.20
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$81.00