


# 2023 Medicare Basics

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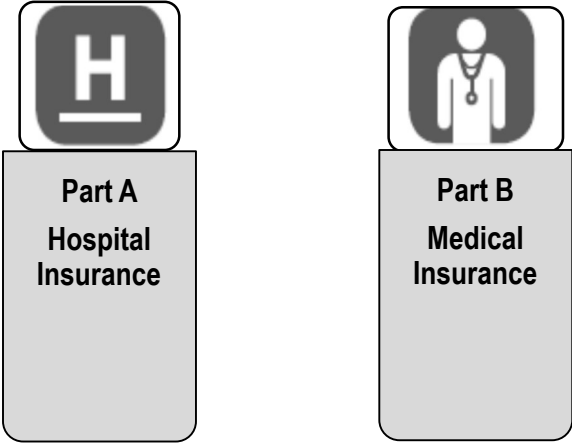
# What is Medicare?



A federal health insurance program that began in 1965 for persons:

- 65 years of age
- under 65 and on SSDI (25<sup>th</sup> month)
- with ESRD or ALS
- US citizens or legal residents only
- Administered by Centers for Medicare & Medicaid Services (CMS)
- Use Original Medicare anywhere in the United States

# Medicare Part A & B Enrollment

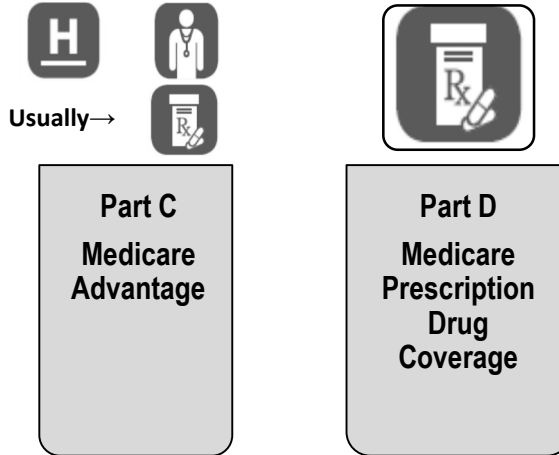


**Part A**  
Hospital Insurance

**Part B**  
Medical Insurance

**Provided by Medicare**  
Eligibility and enrollment done through Social Security

## After you have Medicare Part A & B then you can choose:



Provided by private insurer that contracts with Medicare

## Basic Principle of Enrollment

You must enroll in Medicare when you turn 65, unless you (or your spouse) are an active employee covered under a Large Group Plan (20+ employees).

## Part B Penalty?

(Medicare & You, 2023, page 23)

If you don't sign up for Part B, when first eligible, you may have to pay a late penalty for as long as you have Part B. Your monthly premium may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it. Special Enrollment Periods (SEP) usually exempt you from this penalty.

**Example:** Enrolled in Part B 24 months late (full 2 years)

**Penalty** = 2 X \$164.90 X 10% = \$32.98 per month

This amount is added to your monthly Part B premium for as long as you have Medicare.

## How Do You Enroll in Medicare?

- ▶ If you are already receiving Social Security benefits prior to turning 65:
  - ▶ You will be automatically enrolled only in Medicare Parts A and B
  - ▶ Automatic enrollment can also apply to persons under 65 that have received SSDI for 24 months or with diagnosis of ALS or ESRD.
  - ▶ If appropriate, you may decline Part B – but call us first to review
  - ▶ Coverage starts 1<sup>st</sup> of month turn 65. Part B will be deducted from your Social Security benefit each month.
  - ▶ Parts C and D are not automatic; must choose private insurer and proactively enroll – covered in Part 2

If you are not receiving SS or SSDI prior to 65,  
you must apply for Medicare

## How Do You Enroll in Medicare?

- If you are not receiving Social Security when you turn 65:
  - Must sign up through Social Security Administration during a Medicare enrollment period
    - **Initial enrollment period:** If you are not covered by a group plan at 65
    - **Special enrollment period:** If you are covered by a group plan at 65
    - **General enrollment period:** If you missed your initial or special enrollment period

**FINE PRINT:** If you are not receiving SS benefits, you will be billed at least 1 quarter in advance. You could be billed for up to 5 months.

## How to Sign up for Medicare Parts A and B

Enrollment & eligibility are through Social Security Administration

Call 1-800-772-1213 7:00am-7:00pm

Online at [www.medicare.gov](http://www.medicare.gov)

OR online at [www.SSA.gov/benefits/medicare](http://www.SSA.gov/benefits/medicare)

480 West Dahlia St. Louisville CO 80027

1-877-405-5872

To file a claim or check an existing claim ,  
contact the Louisville office for an appointment

Hours: 9:00am-4:00pm Monday thru Friday

## Plan for Medicare

Medicare is our country's health insurance program for people age 65 or older. You may also qualify if you have permanent kidney failure or receive Disability benefits.

### Review the parts of Medicare

There are 4 types of Medicare coverage, known as "parts."

[See the parts of Medicare](#)

### When to sign up

There are 3 enrollment periods for Medicare. It's important to sign up as soon as possible to avoid penalties or gaps in coverage.

[Find out when to sign up](#)



**Sign up for Medicare**

You'll sign up for Medicare Part A and Part B through Social Security. You can learn more and sign up for other parts at [Medicare.gov](#).



## Sign up for Medicare

If you're 65 or older, you can enroll online for Parts A and B, or Part A only. You can delay Part B if you're already covered through an employer group health plan.

The application is for retirement benefits and Medicare, or Medicare only.

**Apply online**



## Sign up for Part B only

If you've previously declined or never signed up for Part B, you can sign up for Part B only.

**Get started**

# Enrollment Periods

(Medicare & You 2023, page 17 - 18)

- ▶ **Initial Enrollment Period (IEP)**
- ▶ **Special Enrollment Period (SEP)**
- ▶ **General Enrollment Period (GEP)**

Initial Enrollment Period							Special Enrollment Period (SEP)*			
3 Months Before	2 Months Before	1 Month Before	65 <sup>th</sup> Birthday Month	1 Month After	2 Months After	3 Month After	4 Months After	5 Month After	6 Months After	
Enroll in any of these months (IEP)			Coverage Starts							
			Enroll (IEP)	Coverage Starts						
				Enroll (IEP)	Coverage Starts					
If you are receiving Social Security Benefits, you will be automatically enrolled during the three months prior to your birthday. Your coverage will start on the first day of the month of your birthday unless you delay it.					Enroll (IEP)	Coverage Starts				
						Enroll (IEP)	Coverage Starts			
								Enroll (SEP)*	Coverage Can Start	
								Enroll (SEP)*	Coverage Can Start	
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\*SEP is only available if you had coverage from a current employer. — SEP Enrollment lasts for eight months after employment ends but cannot start until the full seven month IEP has been completed. The earliest the SEP can begin is the fourth month after the 65<sup>th</sup> birthday.



## Should I sign up for Part A During the Initial Enrollment Period? Large Group Plan?

- ▶ Some people do at 65.
- ▶ Check with benefits administrator if still working and covered by a large ( $\geq 20$  employees), group health plan.
  - ▶ You may be advised to enroll in Medicare Part A to enhance hospitalization coverage offered by employer plan.
  - ▶ However . . . Do not sign up for Part A if employer plan ( $\geq 20$  employees) is a high deductible health plan paired with a health savings account and you want to keep contributing to the HSA. (HSA contributions must stop upon enrollment in Medicare.)

## HSA Alert

(Medicare & You 2023, page 20)

If you enroll in Medicare Part A and/or B, you can no longer contribute pre-tax dollars to your HSA. This is because to contribute pre-tax dollars to an HSA you cannot have any health insurance other than an HDHP.

If you decide to delay enrolling in Medicare and are older than 65 and 6 months, stop contributing to your HSA at least six months before you do plan to enroll in Medicare. When you do enroll in Part A, you may receive up to six months of retroactive coverage, not going back farther than your initial month of eligibility.

If you do not stop HSA contributions at least six months before Medicare enrollment, you may incur a tax penalty.

If you have additional concerns, contact a tax professional.

## Who Should sign up for Part B During the Initial Enrollment Period?

- ▶ People who are not covered by an employer-sponsored large group health plan that covers 20 or more employees when they turn 65 – i.e., people who are:
  - ▶ Not working
  - ▶ Self-employed
  - ▶ Employed by a company with <20 employees
  - ▶ On COBRA
  - ▶ Receiving retiree health benefits
  - ▶ Employed by a company whose health plan is less comprehensive than Medicare

## Do I need to sign up for Part D During the Initial Enrollment Period?

- ▶ People who have signed up for Parts A and B and want prescription drug coverage, either now or in the future.
  - ▶ Must sign up when first eligible or face a late enrollment penalty (SEP, COBRA or retiree plan may exempt)
  - ▶ Two options for Part D
    - ▶ Standalone prescription drug plan
    - ▶ Medicare Advantage plan that includes drug coverage

## Special Enrollment Period (SEP)

### Do you plan to continue working after 65?

- 1). Will you (or your spouse) remain an ACTIVE Employee in a Large Group Health Plan (  $\geq 20+$  employees)?
  - If YES, you do not need to enroll in Part A or Part B
  - No late enrollment penalty as long as you have continuous creditable coverage
  - Enroll anytime while still covered through work
  - Have 8 month period after employment or coverage ends to enroll
- 2). If NO, if you are in a small group (< 20 employees) must enroll in Parts A and B at 65 or risk penalties.

## Best Time To Enroll in Medicare

To avoid late-enrollment penalties:  
**Sign up during initial or special enrollment period**

To avoid gaps in coverage:  
**Sign up before current coverage ends**

## General Enrollment Period

- ▶ If you missed your IEP or SEP, you may sign up during the **general enrollment period**, annually from Jan.1 - March 31.
- ▶ Coverage will start the 1<sup>st</sup> of the following month.

If you sign up during this month:	Your coverage will begin on:
January →	February
February →	March
March →	April

# Review of Enrollment Periods

- ▶ **Initial enrollment period - for everyone age 65 who is not covered by an employer-sponsored group plan that covers 20 or more employees**
  - ▶ Best time to sign up: 3 months before 65<sup>th</sup> birthday
  - ▶ Coverage starts 1<sup>st</sup> of month turn 65
- ▶ **Special enrollment period - for everyone over 65 who is covered as a current worker or a spouse of a current worker under a large (≥20 employees) group plan**
  - ▶ Best time to sign up: Before coverage ends
  - ▶ Coverage starts first of month of enrollment (if enroll no later than month after coverage ends) or first of month following enrollment if later
- ▶ **General enrollment period - for everyone over 65 who missed the initial enrollment period**
  - ▶ Runs Jan. 1 - March 31
  - ▶ Coverage starts the 1<sup>st</sup> of the month following enrollment

## Medicare and You 2023 Pages 57 - 90

### Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- If you want drug coverage, you can join a separate Medicare drug plan (Part D).
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.
- Can use any doctor or hospital that takes Medicare, anywhere in the U.S.

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

### Medicare Advantage (also known as Part C)

- Medicare Advantage is an "all in one" alternative to Original Medicare. These "bundled" plans include Part A, Part B, and usually Part D.
- Plans may have lower out-of-pocket costs than Original Medicare.
- In many cases, you'll need to use doctors who are in the plan's network.
- Most plans offer extra benefits that Original Medicare doesn't cover—like vision, hearing, dental, and more.

Part A



Part B



Most plans include:

Part D



Extra benefits

Some plans also include:

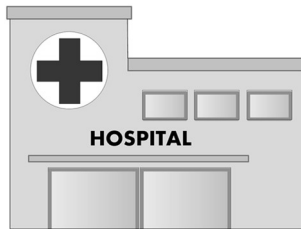
Lower out-of-pocket costs

## Original Medicare Part A & B

Reminder:  
Enrollment into Part A & B must be done through Social Security

### ▶ Part A

#### ▶ Inpatient



### ▶ Part B

#### ▶ Medical



## The Original Medicare Plan Part A & B

- Go to any doctor, hospital, clinic, or provider that accepts Medicare
- Nationwide coverage
- No referrals are needed for specialists
- You & your doctor make independent health decisions—no managed care

## The Original Medicare Plan

- **Part A – premium free for most people**
- **Part B – monthly premium (\$164.90/month)**
- **Deductibles**
- **Coinsurance**
- **With NO Maximum Out of Pocket!**

## 2023 Monthly Premiums

- **Part A – paid to Medicare**
  - **\$0** if self or spouse paid into Social Security ≥40 quarters (10 years)
  - \$278/month if 30-39 quarters SS
  - \$506/month if <30 quarters SS
- **Part B – paid to Medicare**
  - **\$164.90/month** in 2023  
(+ income-related adjustment paid to Medicare if applicable)
- **Part D – paid to private insurer**
  - Varies with plan  
(+ income-related adjustment paid to Medicare if applicable)

## 2023 Monthly Income Related Adjustment Total Amount due for Part B & Part D + the plan premium

If your Magi income in 2021 was ( you pay in 2023 )

File Individual tax return	File Joint tax return	File Married and separate tax return	Part B You will pay each month ( in 2023 )	Part D costs each month (in 2023)
\$97,000 or less	\$194,000 or less	\$97,000 or less	\$164.90	your plan premium
Above \$97,000 up to \$123,000	above \$194,000 up to \$246,000	N/A	\$230.80	\$12.20 + your plan premium
above \$123,000 up to \$153,000	above \$246,000 up to \$306,000	N/A	\$329.70	\$31.50+ your plan premium
above \$153,000 up to \$183,000	above \$306,000 up to \$366,000	N/A	\$428.60	\$50.70 + your plan premium
above \$183,000 and less than \$500,000	above \$366,000 and less than \$750,000	above \$97,000 and less than \$403,000	\$527.50	\$70.00 + your plan premium
\$500,000 or above	\$750,000 and above	\$403,000 and above	\$560.50	\$76.40 + your plan premium



## Deductibles - 2023

Amount you pay when you use Part A or Part B services

- **Part A - \$1,600** per 60 day benefit period
- **Part B - \$226/year**
  - Waived for some preventive services such as flu shots, some mammograms and Pap smears, bone mass tests, prostate screening, diabetes tests, some others
- **Part D – maximum \$505/year**

## Coinsurance

Amount you pay in 2023 when you access Part A or Part B service

- **Part A**
  - **Hospital**
    - **\$400/day** for days 61-90
    - **\$800/day** for days 91-150
    - All costs over 150 days
  - Skilled nursing: **\$200/day** for days 21-100  
(After a 3-night inpatient qualifying stay)
- **Part B**
  - Assigned claims: **20% of Medicare approved rate**
  - Unassigned claims: **20% of approved rate + balance of actual charge** up to an additional 15% of the approved charge

## Medicare Part A Covers

(Medicare & You 2023, pages 25-29)

- **Hospital care (inpatient care)**
- **Blood**
- **Skilled Nursing Facility (SNF) care (not “long term care”)**
  - (You pay zero for first 20 days in SNF after a 3-day minimum qualifying inpatient hospital stay)
- **Home health care**
- **Hospice care**

## Medicare Part B Covers


(Medicare & You 2023, pages 29-56)

- **Doctor’s services**
- **Laboratory services**
- **Outpatient hospital services**
  - *MRI, CT Scan, X-Ray*
- **Therapy services (PT, OT, ST, Mental Health)**
- **Durable Medical Equipment (DME)**

## What You Pay for Part B Services on Original Medicare 2023

Annual	You Pay
Deductible	\$226
Coinsurance	20% of Medicare approved amount

## Preventive Services

(Medicare & You 2023, pages 30-54 - look for blue apple symbol  or Medicare.gov for full list)

- No deductible or copayment
- Covid-19, Flu, Shringrix, pneumonia, hepatitis vaccinations
- Colorectal cancer screenings
- Bone Mass Measurement
- Mammogram screening
- Prostate Cancer Screening (PSA)
- Annual Wellness Visit

## **NOT Covered by Medicare**

(Medicare & You 2023, page 55 - 56)

- **Dental care and dentures**
- **Cosmetic surgery / Massage therapy**
- **Custodial/Long Term Care – home or nursing home**
- **Healthcare outside US/ Concierge Care**
- **Routine hearing exams and hearing aids**
- **Routine eye care and most eyeglasses**
- **Acupuncture (some coverage under very specific circumstances)**

## **How to protect yourself from the 20% Gap in Original Medicare and all the other costs??**

1. **Supplemental Insurance (Medigap)**
2. **Retiree coverage - Prior employer, TriCare for Life, FEHPB, Union**
3. **Medicaid (low income)**

## Supplements (Medigaps)

(Medicare & You 2023 page 75 -78)

- Sold by private insurance companies
- Must have Medicare Parts A & B
- Standardized nation-wide & accepted nationwide
- You can change or buy plans at any time, BUT
  - You may be subject to medical underwriting, and you could be denied by the new company, so never drop a Medigap until you've successfully enrolled into a new one.
  - You may have a waiting period for pre-existing conditions\*\*

\*\*Outside of Guaranteed Issue these plans can deny or limit coverage due to pre-existing conditions because they are not your primary insurance ---Medigap plans are a secondary insurance policy!

# Medicare Supplement Insurance Policies in Colorado

September 2022

## A Guide to “Medigap” Policies in Colorado

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Sponsored by the State Health Insurance Assistance Program (SHIP) and the Colorado Division of Insurance (DOI)



Navigating Medicare



**COLORADO**  
Department of  
Regulatory Agencies  
Division of Insurance

## What is a Medigap policy?

Medigaps (also known as Medicare Supplements) are health insurance policies sold by private insurance companies to fill “gaps” in Original Medicare coverage.

Policies are standardized and must follow federal and state laws that protect the beneficiary. The front of the policy must clearly identify it as “Medicare Supplement Insurance.”

In Colorado, every company selling Medigap policies must adhere to the standardized benefit packages. There are 10 standardized policies: Plan A, Plan B, Plan C, Plan D, Plan F, Plan G, Plan K, Plan L, Plan M, and Plan N. (High-Deductible Plans F & G are also available). In Colorado, companies are also *required* to sell to under-65 disabled beneficiaries.

Cost is usually the only difference between Medigap policies with the same letter. Examples of monthly premium costs by company can be found in the charts on pages 8-17 of this document. *These examples are for zip code 80202 only.*

While Medigap premiums may be more expensive than Medicare Advantage Plan premiums, purchasing a Medigap plan permits you to have free choice of Medicare doctors or hospitals without referrals or prior authorization.

Medigap premiums can change throughout the year – consumers should verify current rates with the company marketing the plan. Your policy is Guaranteed Renewable from year to year as long as you pay your premium.

## When is the best time to buy a Medigap policy?

Medicare beneficiaries are provided Guaranteed Issue Rights for a Medigap policy **the first six months after enrolling in Medicare Part B**. You have six months to enroll in a Medigap plan, during which time insurers cannot deny you coverage, regardless of health status. This is the best time to buy a Medigap policy.

The insurance company cannot make you wait for your coverage to start, but it may be able to make you wait for coverage of a pre-existing condition. The insurance company may refuse to cover your out-of-pocket costs for up to six months for conditions treated or diagnosed within six months of the coverage start date.

If you recently had certain kinds of health insurance called “creditable coverage”, (for example, group health insurance through an employer), it is possible to shorten the pre-existing waiting period. Many types of coverage may be counted as creditable, but it will only count if you did not have a break in coverage for more than 63 days.

*If you delayed enrolling in Part B because you had group health insurance from an employer, you should buy a Medigap policy when your group coverage ends, and you enroll in Part B.* During this period, you can buy any Medigap plan, (even if you have health problems), for the same price as people with good health. The Medigap policy might not cover your pre-existing health conditions during the first six months (though it will cover your other health costs), but after six months, it will also cover any pre-existing conditions.

However, if you apply for a Medigap policy after your Initial Enrollment period, there is no guarantee that an insurance company will sell you a Medigap policy if you do not meet their underwriting requirements.

**Important reminder for Colorado beneficiaries who are thinking of buying (or changing) a Medicare Supplement (Medigap) policy.**

- 1) Only beneficiaries who were eligible for Medicare prior to January 1, 2020 can still purchase Medigap Plan C or F. Do not worry if that's not you because Plan D is very similar to Plan C and Plan G is very similar to Plan F. The only difference is coverage of the Medicare Part B annual deductible which is \$233 in 2022.

## Guaranteed Issue Rights Opportunities

If you are not in your Medigap Initial Enrollment Period, (the first six months after you are enrolled in Part B), there are several situations in which you may still have a guaranteed issue right to buy a Medigap policy. You have a Guaranteed Issue Right if:

- You are in a Medicare Advantage Plan and your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area.
- You have Original Medicare and an employer group health plan (including retiree or COBRA coverage or union coverage that pays after Medicare pays) and that plan is ending. (If you have COBRA coverage, you can either buy a Medigap policy right away or wait until the COBRA coverage ends).

- You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area.
- (Trial Right) You joined a Medicare Advantage Plan or Programs of All-Inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65, and within the first year of joining, you decide you want to switch to Original Medicare.
- (Trial Right) You dropped a Medigap policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time; you have been in the plan less than a year, and you want to switch back. (If your former Medigap policy is not available, you can buy a Medigap Plan A, B, C, F, K or L that is sold in your state by any insurance company.
- Your Medicare insurance company goes bankrupt, and you lose coverage, or your Medigap policy coverage otherwise ends through no fault of your own.
- You leave Medicare Advantage plan or drop a Medigap policy because the company has not followed the rules or has misled you.
- In Colorado you have a Guarantee Issue Right if you had Medicaid coverage when you were first eligible for Medicare (so did not need a Medigap policy) and later lose eligibility.



## Things to know about Medigap policies...

- ✓ To purchase a Medigap, you must have both Medicare Parts A and B. (If you need more information about Parts A and B and the other parts of Medicare, see the 'Resources' listed on page 6).
- ✓ Medigap policies help pay for your costs of Medicare-covered care, but they do not pay for services that Medicare does not cover. For example, they do not cover long-term care, vision, dental, hearing aids, or eyeglasses. However, some policies may cover travel outside the U.S.
- ✓ Medigap policies also do not cover medications. You will need to enroll in a separate "Stand-Alone" Medicare prescription drug ("Part D") plan for your prescription drugs.
- ✓ Medigap policies charge a monthly premium, and this is in addition to the monthly premium you must pay to Medicare ("Part B") and the monthly premium for a prescription drug plan ("Part D").
- ✓ Premiums may vary according to your age, where you live, and whether you use tobacco. The charts in this guide show premium rates for non-smokers ages 65, 70, 75, 80, and disabled under age 65, **for sample zip code 80202 only**. Be sure to ask the company about the rates where you live.

## Can you switch if you do not like your Medigap policy?

Sometimes people decide that they no longer like their Medigap policy, or they see that their premiums increased, and they want to switch to a cheaper one. Be careful. In most cases there is no guarantee that you will be able to buy a new Medigap policy. Medigap insurance companies decide if they want to insure you based on your health. So, if you want to change policies, don't cancel your current Medigap policy until you know for sure that you have been accepted in a new Medigap policy. Before accepting you, the Medigap company will ask you questions about your health. If you pass this health questionnaire, and if you have had your old policy for at least six months, the new Medigap policy generally must cover all pre-existing conditions with no waiting period.

If you have had the old policy for less than six months, the new policy must give you credit for the time the older policy covered you. If your new policy has a benefit that was not in your old policy, the company can make you wait up to six months before covering that benefit.

Once you get your new policy, you have a 30-day "free look" period to decide to keep the new policy. You will need to pay both the premium for your old policy and the new policy for that one month. It is a good idea to find out how to cancel your current policy so that if you decide to keep the new policy, you can end your old coverage without paying for another month.

If you are enrolled in a Medicare Advantage (Part C) plan and want to switch to Original Medicare and buy medigap insurance, *make sure you apply and are accepted by a Medigap plan before you drop your current plan.* You must disenroll from your Medicare Advantage plan by notifying them in writing or by calling Medicare at 1-800-Medicare. You cannot disenroll simply by stopping payment of your monthly premiums.

## Who does not need a Medigap policy?

Most people with Original Medicare will benefit from a Medigap policy, but some people will not. This includes people who are:

- eligible for Medicaid or for the Qualified Medicare Beneficiary (QMB) program because of their low income and limited resources
- covered by their own (or their spouse's) employer or retiree plan
- enrolled in a Medicare Advantage Plan ("Part C"), receiving services from a VA facility or are enrolled in Tricare For Life for military retirees.

## How to choose a Medigap policy...

Decide what benefits you want, then decide which Medigap plan (A – N) offers those benefits (see the chart on page 8).

Identify which companies offer those plans and compare their prices.

Call the insurance companies you are interested in, and confirm the benefits, the prices, and ask:

- Can you tell me if I am likely to qualify for the Medigap policy?
- Will there be a waiting period for pre-existing conditions? If so, how long is the waiting period?
- I am \_\_\_ years old, what will my premium be?
- How frequently does the premium increase due to my age?
- Has the premium for this Medigap policy increased in the last three years for other reasons? If so, how much?
- Do you offer any discounts or additional benefits? (Some offer discounts for couples, or offer additional benefits)

## Resources

[“Medicare and You”](#) is an easy to read and comprehensive explanation of how Medicare works, what it covers, and the various parts of Medicare. It is a great resource if you are new to Medicare, and a great reference to keep on hand even if you’re not new to Medicare since it is updated annually with any changes to Medicare. This publication is mailed to Medicare beneficiaries annually, is available at the Medicare website ([Medicare.gov](http://Medicare.gov)), or you can order a copy by phone (1-800-Medicare).

At the [Medicare.gov](http://Medicare.gov) website you can enter your zip code and find all the Medigap policies available in your location.

Most consumer experts recommend that you check the financial rating of insurance companies you are considering. Here are three rating services. Be sure to ask what the ratings mean:

**A.M. Best**            1 (908) 439-2200  
**Moody’s**             1 (212) 553-0377  
**Standard & Poor’s** 1 (212) 438-2400

If you have any questions about Medigap policies or any other questions about Medicare, or what is the best choice for you, call the Colorado SHIP program at 1-888-696-7213 for free, detailed, and personal assistance. SHIP counselors do not sell or promote any health insurance.

If you are having problems with a current Medigap policy, contact the Colorado Division of Insurance to file a complaint. Call 303-894-7490 or send an email to [DORA\\_Insurance@state.co.us](mailto:DORA_Insurance@state.co.us). Complaints must be in writing.

## Colorado Medigap Policies & Prices

The monthly premium rates on the following charts reflect pricing information gathered from the spring 2022 Colorado Division of Insurance survey. Rates are accurate at the date of this printing, but these rates may change at any time. Rates also vary according to your age and where you live. **Rates shown are for zip code 80202.**

The following abbreviations refer to the “Notes” column for each policy.

**AA** – Attained-Age rated policy. Premiums are based on your current age.

**AC** – Automatic Crossover. With AC, beneficiaries do not have to submit claims to the Medigap company. Rather, claims are processed first by Medicare and then the information “crosses over” to the Medigap company for secondary processing. AC exists for assigned claims for all plans, but only for unassigned claims as indicated.

**CR** – Community-Rated policy. Premiums are basically the same for everyone in your area.

**Pre-Ex ( )** – Pre-Existing condition exclusion. When buying a Medigap outside of an Open Enrollment Period, companies can decline to cover pre-existing conditions up to a certain number of months. The number of months is noted in parenthesis. Previously having ‘creditable’ coverage would alleviate this requirement.

**HD** – Household Discount or marital discount available. Check with each company for conditions required to receive this discount.

**IA** – Issue-Age rated policy. Premiums are based on your age when you buy the policy.

**PF ( )** – The Policy Fee is a one-time enrollment fee assessed by the company. The Policy Fee amount is included in parenthesis.

### Under 65 Disabled Medicare Beneficiaries

*In Colorado, Medigap insurers must market to disabled Medicare beneficiaries under age 65. Rates may be higher for disabled Medicare beneficiaries under age 65 than at age 65. At age 65, disabled Medicare beneficiaries once again have Guaranteed Issue Rights and should review available policies to determine if they can get a better price on another policy.*

### One policy—so many prices

The charts show many different monthly premiums for the same plan. For example, a Plan F can cost \$150 from one company and \$250 from another company. Sometimes the higher cost is because a company offers additional benefits such as a 24-hour nurse hotline; in other cases, there is no difference in benefits. Ask about additional benefits when shopping for a plan.

## Medigap Benefits in Standard Policies

**How to read the chart:**

- If a check mark appears in a cell of this chart, the Medigap policy covers 100% of the described benefit.
- If a cell lists a percentage, the policy covers that percentage of the described benefit.
- If a cell is blank, the policy does not cover that benefit.

The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible).

<b>Medigap Benefits:</b>										
	A	B	C	D	F <sup>1</sup>	G <sup>1</sup>	K	L	M	N
Medicare Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part A Coinsurance (Hospital costs up to an additional 365 days after Medicare benefits are used up.)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled Nursing Facility Care Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Blood (First 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part B Deductible			✓		✓					
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	Pays 100% of the Part B coinsurance except up to \$20 copayment for office visits and up to \$50 copayment for emergency room visits
Medicare Part B Excess Charges <sup>2</sup>					✓					
Foreign Travel Emergency (Up to Plan Limits)			✓	✓	✓	✓			✓	✓
							Out-of-Pocket Limit <sup>3</sup>			
							\$6,940	\$3,470		

<sup>1</sup> Plans F & G also offer a high-deductible policy. The High Deductible Plans pay these benefits **after** you have paid the first \$2,700 of eligible out-of-pocket expenses.

<sup>2</sup> Excess charges refer to Part B charges that are over and above the amount Medicare approves for a medical service or supply provided by doctors and suppliers who do not accept Medicare assignment ("Unassigned Claims"). The excess or "limiting" charge is 15% higher than what Medicare approves.

<sup>3</sup> After you meet your out-of-pocket annual limit and your annual Part B deductible (\$226 in 2023), the Medigap policy pays 100% of covered services for the rest of the calendar year. Out-of-pocket limit is the maximum amount you would pay for coinsurance and copayments

Monthly Premium Rates for Age 65 Non-Smoker in Zip Code 80202

Company Name	Notes	Sex	A	B	C	D	F	F - Hi	G	G - Hi	K	L	M	N
AARP/UnitedHealthcare Insurance Company	CR, AC, HD, Pre-Ex (3)	Female	99.00	132.00	182.00	183.00	135.00	46.00	88.00	117.00				
1-800-523-5800 (For AARP Members)		Male	111.00	149.00	206.00	206.00	153.00	52.00	99.00	132.00				
Accendo Insurance Company	AA, HD, PF (\$20)	Female	137.00			176.00	145.00			90.00				
401-770-4883		Male	157.00			202.00	167.00			104.00				
Aetna Health Insurance Company	AA, HD, PF (\$20)	Female	154.00	167.00		212.00	161.00	50.00		104.00				
1-800-872-3862		Male	177.00	192.00		244.00	185.00	57.00		120.00				
American Retirement Life Insurance Company	AA, AC, HD, Pre-Ex (6)	Female	242.00			297.00	196.00			143.00				
1-855-849-2711		Male	278.00			342.00	225.00			164.00				
Americo Financial Life and Annuity Insurance Co	AA, AC, HD	Female	204.00			257.00	214.00			131.00				
1-888-220-7074		Male	235.00			296.00	246.00			151.00				
Anthem Blue Cross and Blue Shield	AA, AC, HD	Female	112.00			175.00	127.00			116.00				
1-877-831-3000 (aka Rocky Mtn Hospital and Medical Service, Inc.)	Pre-Ex (6)	Male	124.00			191.00	142.00			128.00				
Atlantic Coast Life Insurance Company	AC, HD, PF (\$25)	Female	173.00		217.00	185.00	163.00			115.00				
1-844-442-3847	Pre-Ex (6)	Male	199.00		250.00	212.00	187.00			133.00				
Bankers Fidelity Assurance	AA, AC, HD, PF (\$25)	Female	132.00			163.00	136.00	80.00		103.00				
1-866-458-7504		Male	152.00			187.00	156.00	54.00	92.00	118.00				
Bankers Reserve Life Ins. Company of Wisconsin	AA, HD, PF (\$25)	Female	137.00			149.00	130.00			94.00				
1-833-441-1564		Male	157.00			171.00	149.00			108.00				
Capitol Life Insurance Company	AA, AC, HD, PF (\$25)	Female	125.00			160.00	126.00			91.00				
1-866-237-3010		Male	143.00			184.00	145.00			104.00				
Cigna Health and Life Insurance Company	AA, AC, HD, Pre-Ex (6)	Female	181.00			226.00	159.00	45.00		124.00				
1-855-849-2711		Male	205.00			256.00	181.00	51.00		140.00				
Cigna National Health Insurance Company	AA, AC, HD, Pre-Ex (6)	Female	185.00			143.00	132.00			90.00				
1-855-849-2711		Male	205.00			159.00	146.00			100.00				
Colonial Penn Life Insurance Company	AA, AC	Female	141.00	162.00	139.00	250.00	45.00	45.00	70.00	116.00	141.00	124.00		
1-800-523-9100		Male	141.00	180.00	154.00	277.00	50.00	50.00	78.00	128.00	157.00	138.00		
Everence Association, Inc. (Membership required)	IA, AC	Female	197.00			242.00	184.00			112.00				
1-800-348-7468		Male	217.00			266.00	203.00			123.00				
Federal Life Insurance Company	AA, AC, HD, PF (\$25)	Female	142.00			167.00	144.00			105.00				
1-888-747-3760		Male	159.00			188.00	161.00			117.00				
First Health Life & Health Insurance Company	AA	Female	122.00	140		164.00	150.00			89.00				
1-816-460-4332		Male	133.00	152		177.00	162.00			96.00				
Globe Life and Accident Insurance Company	AA, AC, Pre-Ex (2)	Female	130.00	187.00	211.00	213.00	190.00	37.00		136.00				
800-801-6831		Male	130.00	187.00	211.00	213.00	37.00	37.00		136.00				
GPM Health and Life Insurance Company	AA, AC, HD, PF (\$25)	Female	172.00			232.00	185.00			140.00				
1-877-844-1036		Male	198.00			267.00	213.00			161.00				
Great Southern Life Insurance Company	AA, AC, HD, PF (\$25)	Female	148.00			162.00	148.00	43.00		105.00				
1-800-220-7074		Male	170.00			187.00	170.00	49.00		121.00				
Guarantee Trust Life Insurance Company	AA, HD, PF (\$25)	Female	175.00		232.00	233.00	183.00			147.00				
1-800-338-7452		Male	196.00		261.00	261.00	206.00			165.00				
Humana Dental Insurance Company	AA +65, IA under 65, HD, Pre-Ex (6)	Female	139.00			204.00	149.00	50.00		124.00				
1-800-866-0581		Male	160.00			234.00	172.00	57.00		143.00				
Humana Insurance Company	AA +65, IA under 65, HD, Pre-Ex (6)	Female	169.00	184.00	236.00	234.00	211.00	63.00		136.00				
1-800-866-0581		Male	170.00	185.00	237.00	241.00	212.00	63.00		136.00				
Humana Insurance Company (w/ dental & vision benefits)	AA +65, IA under 65, HD, Pre-Ex (6)	Female	180.00			234.00	177.00			162.00				
1-800-866-0581		Male	180.00			234.00	177.00			162.00				
Independence American Insurance Company	AC, HD, PF (\$25)	Female	126.00			147.00	120.00			94.00				
1-855-222-3755		Male	145.00			169.00	138.00			108.00				
Lumico Life Insurance Company	AA, AC, HD, PF (\$25)	Female	124.00			160.00	125.00			103.00				
1-855-774-4491		Male	139.00			179.00	140.00			115.00				
Manhattan Life Assurance Company of America	AA, AC, HD, PF (\$25)	Female	132.00			148.00	121.00			88.00				
1-888-441-0700		Male	151.00			170.00	140.00			101.00				
Manhattan Life of America Insurance Company	AA, AC, HD, PF (\$25)	Female	152.00			151.00	123.00			96.00				
1-888-441-0770		Male	173.00			171.00	140.00			108.00				
Medico Insurance Company	AA, HD	Female	133.00			150.00	124.00	43.00		96.00				
1-800-228-6080		Male	150.00			169.00	140.00	48.00		109.00				

Age 65

Monthly Premium Rates for Age 65 Non-Smoker in Zip Code 80202

Company Name	Notes	Sex	A	B	C	D	F	F - Hi	G	G - Hi	K	L	M	N
Nassau Life Insurance Company of Kansas 1-800-420-5382	AA, AC, HD, PF (\$25), Pre-Ex (9)	Female	140.00				145.00		125.00					91.00
National Guardian Life Insurance Company 1-800-548-2962	AA, HD, PF (\$25)	Male	161.00				167.00		144.00					105.00
National Health Insurance Company 1-866-916-8816	AA, HD	Female	166.00				161.00		134.00					105.00
Old Surety Life Insurance Company 1-866-272-5466	IA, PF (\$20), Pre-Ex (6)	Male	191.00				186.00		155.00					121.00
Pan American Life Insurance Company 1-877-939-4550	AA, HD, PF (\$25)	Female	131.00				163.00	52.00	134.00					112.00
Physicians Life Insurance Company 1-800-325-6300	AA, HD	Male	148.00				184.00	59.00	151.00					126.00
Resource Life Insurance Company 1-312-356-3000	IA, PF (\$20), Pre-Ex (6)	Female	109.00				156.00		126.00					
SBLI USA Life Insurance Company, Inc. 1-877-990-7225	AA, HD, PF (\$25)	Male	125.00				173.00		145.00					125.00
Sentinel Security Life Insurance Company 1-800-247-1423	AA, HD, PF (\$25)	Female	182.00				213.00		172.00					143.00
State Farm Mutual Automobile Insurance Company (Contact Local State Farm Agent)	IA/Plan A, AA all others, AC, HD	Male	209.00				245.00		197.00					
State Mutual Insurance Company 1-877-822-0582	AA, AC, HD, PF (\$25), Pre-Ex (6)	Female	157.00				138.00	55.00	118.00	54.00				
The American Home Life Insurance Company 1-833-504-0334	AA, AC	Male	228.00	252.00	309.00	245.00	309.00	61.00	131.00	60.00				
The EPIC Life Insurance Company 1-800-236-8809	AA, AC	Female	262.00	289.00	355.00	282.00	355.00		131.00					99.00
The Order of United Commercial Travelers of America 1-800-848-0123 (Membership required)	AA, AC, HD, PF (\$25)	Male	122.00				186.00		137.00				128.00	107.00
The United States Fire Insurance Company 1-866-523-9332	AA, AC, HD, PF (\$25)	Female	132.00				166.00	50.00	137.00				115.00	96.00
Transamerica Life Insurance Company - Group Assoc. 1-800-752-9797	AA, AC	Male	118.00	139.00	146.00	121.00	148.00	44.00	122.00				128.00	107.00
Transamerica Life Insurance Company 1-800-752-9797	AA, AC	Female	132.00	156.00	164.00	136.00	166.00	50.00	137.00				128.00	107.00
United American Insurance Company 1-800-755-2137	AA, AC, HD, PF (\$25)	Male	141.00				166.00		141.00					89.00
United Insurance Company of America 1-800-654-9106	AA, AA, HD	Female	125.00				169.00		153.00			120.00		139.00
United Of Omaha Life Insurance Company 1-800-667-2937	AA, AC, HD	Male	137.00				186.00		168.00		101.00	132.00		153.00
Union Security Insurance Company 1-833-552-0827	AA, AC	Female	150.00	194.00	237.00	213.00	243.00		210.00					167.00
USAA Life Insurance Company 1-800-515-6300	AA, AC, HD, PF (\$25)	Male	173.00	223.00	272.00	245.00	280.00		242.00					192.00

Information provided by the companies to the Colorado Division of Insurance in Spring 2022. Premium rates may change at any time.

Moving from Original Medicare with a Medigap to a Medicare Advantage plan in the future....

Supplement / Medigap  
Plan

Easy  
→ →

Medicare  
Advantage Plan

Details on Medicare Advantage plans  
coming up

Annual Open Enrollment Period:  
October 15 - December 7  
= January 1 start



### Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- If you want drug coverage, you can join a separate Medicare drug plan (Part D).
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.
- Can use any doctor or hospital that takes Medicare, anywhere in the U.S.

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



aka Medigaps

This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

## Medicare Part D



Part D  
Medicare  
Prescription  
Drug  
Coverage

Provided by private insurer that  
contracts with Medicare

# Medicare Part D Prescription Drug Coverage

(Medicare & You 2023, pages 79-90)

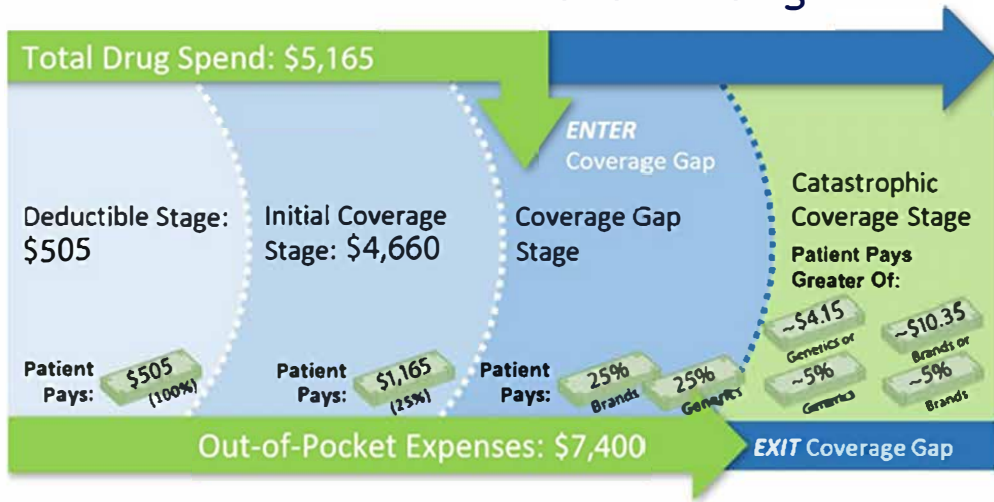
- ▶ Helps pay for prescription drugs taken at home
- ▶ Plans have a monthly premium
- ▶ Some plans have an annual deductible (\$505 max in 2023)
- ▶ Make sure drugs you take are on the plan's formulary
- ▶ Watch out for restrictions: prior authorization, step therapy, quantity limits
  
- ▶ For Part D: You have only 63 days to enroll in Part D after losing creditable drug insurance to avoid penalty.

## 2023 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 6, 2022. Includes CY2023 approved contracts/plans. Employer sponsored plans (800 series) are excluded. Costs subject to change.

ORGANIZATION NAME	Plan Name	Extra Help \$0 premium plans	Monthly Drug Premium	Annual Drug Deductible
Aetna Medicare	SilverScript Choice (PDP)	Benchmark	\$39.30	\$505.00
Aetna Medicare	SilverScript Plus (PDP)		\$83.80	\$0.00
Aetna Medicare	SilverScript SmartSaver (PDP)		\$5.80	\$505.00
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Plus (PDP)		\$90.20	\$0.00
Anthem MediBlue Rx (PDP)	Anthem MediBlue Rx Standard (PDP)		\$70.40	\$505.00
Cigna	Cigna Extra Rx (PDP)		\$69.70	\$100.00
Cigna	Cigna Saver Rx (PDP)		\$12.50	\$505.00
Cigna	Cigna Secure Rx (PDP)	Benchmark	\$37.70	\$505.00
Clear Spring Health	Clear Spring Health Premier Rx (PDP)		\$17.60	\$505.00
Clear Spring Health	Clear Spring Health Value Rx (PDP)	Benchmark	\$28.70	\$505.00
Elixir Insurance	Elixir RxSecure (PDP)		\$45.30	\$505.00
Humana	Humana Basic Rx Plan (PDP)	Benchmark	\$40.20	\$505.00
Humana	Humana Premier Rx Plan (PDP)		\$88.10	\$300.00
Humana	Humana Walmart Value Rx Plan (PDP)		\$36.50	\$505.00
Mutual of Omaha Rx	Mutual of Omaha Rx Essential (PDP)		\$21.30	\$505.00
Mutual of Omaha Rx	Mutual of Omaha Rx Plus (PDP)		\$100.10	\$505.00
Mutual of Omaha Rx	Mutual of Omaha Rx Premier (PDP)		\$95.50	\$505.00
UnitedHealthcare	AARP MedicareRx Preferred (PDP)		\$129.10	\$0.00
UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)		\$47.20	\$505.00
UnitedHealthcare	AARP MedicareRx Walgreens (PDP)		\$30.90	\$350.00
Wellcare	Wellcare Classic (PDP)	Benchmark	\$36.20	\$505.00
Wellcare	Wellcare Medicare Rx Value Plus (PDP)		\$71.30	\$0.00
Wellcare	Wellcare Value Script		\$3.50	\$505.00

# 2023 Standard Part D Benefit Design



Drug plans vary widely

- It will be important to find a plan that covers the drugs YOU take

## Part D does not cover:

- Vitamins, over-the-counter drugs
- Weight loss/gain drugs; sexual dysfunction or fertility drugs; cosmetic drugs.
- Some chemotherapy and immunosuppressive drugs (some are covered under Part B)
- Most drugs given by injection or infusion in a doctor's office are *covered by Part B, not D.*

## If You Currently Have Prescription Coverage...

### ▶ Is it creditable coverage?

- ▶ You may need verification of creditable coverage *if* you are over 65 from the source of your drug coverage
- ▶ You do not have to enroll in a PDP
- ▶ Some retiree plans and COBRA may have creditable coverage.
- ▶ You will not be penalized as long as you have creditable coverage
- ▶ Special Enrollment Period of 63 days when current coverage ends

# Prescription Drug Plan Finder

[www.Medicare.gov](http://www.Medicare.gov)

Click on "Find Health & Drug Plans"  
Enter Zip or set up MyMedicare.gov account

**Welcome to Medicare**

Get Started with Medicare

**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

## Medicare and You 2023 Pages 61 - 74

### Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- If you want drug coverage, you can join a separate Medicare drug plan (Part D).
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.
- Can use any doctor or hospital that takes Medicare, anywhere in the U.S.

Part A

Part B





**You can add:**

Part D

**You can also add:**

Supplemental coverage

This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

### Medicare Advantage (also known as Part C)

- Medicare Advantage is an "all in one" alternative to Original Medicare. These "bundled" plans include Part A, Part B, and usually Part D.
- Plans may have lower out-of-pocket costs than Original Medicare.
- In many cases, you'll need to use doctors who are in the plan's network.
- Most plans offer extra benefits that Original Medicare doesn't cover—like vision, hearing, dental, and more.

Part A

Part B





**Most plans include:**

Part D

Extra benefits

**Some plans also include:**

Lower out-of-pocket costs

# Medicare Advantage Plans

Part A  
Hospital



Part B Medical

Usually →



Part D  
Prescriptions

Part C  
Medicare  
Advantage

Clear Spring

Cigna

Kaiser

AARP United Health  
Care

Humana

Aetna

Devoted Health

Anthem Blue  
Cross

Provided by private insurer that  
contracts with Medicare

## Medicare Advantage Plans aka Part C

- ▶ Sold by private insurance companies
- ▶ Receive all services through the plan and live in the plan service area.
- ▶ You must be Enrolled in and Keep Parts A and B

Many plans require use of doctors, hospitals & other providers in their networks (HMOs especially) except in emergencies.

Referrals are usually required for specialists.

5 variations in Boulder County: HMO, HMO-POS, PPO, PFFS, SNP  
All plans have an out-of-pocket maximum; up to \$8300 in network 2023.

Plans must cover all services covered by Medicare; the plan determines the costs.

## Medicare Advantage (MA) Plans

### 31 Plans to choose from in Boulder County (2023)

- Aetna - 4
- Anthem - 2
- Cigna - 2
- Clear Spring Health – 2
- Devoted - 3
- Humana - 9
- Kaiser - 3
- United Healthcare (AARP) - 5



## Plan Overview

**Monthly Premium** - The dollar amount you owe to have this insurance. Part B premiums are paid in addition to this monthly premium.

**Medicare Deductible** - The amount you pay for health care services before your insurance begins to pay. Reach out to the plan for details on what applies to the deductible. Prescription drug costs do not count towards this deductible.

**Out-of-Pocket Limit** - The most you could pay for covered services in the year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The **out-of-pocket** limit doesn't include monthly premiums or the cost of prescriptions.

## Benefits and Costs

**Copays** - A set amount that you pay for a specific health care service. Each service has its own unique copay. Typically you pay copays after your deductible has been met.

**Coinsurance** - A percentage you pay for a specific health care service. Typically you pay coinsurance after your deductible has been met.

## Drug Coverage

Most Medicare Advantage plans have prescription coverage included, therefore you cannot purchase a separate Part D plan. Deductibles, copays and coinsurance will apply to prescriptions and do not count towards the Medical Deductible or out-of-pocket limit.

	Boulder County Sample MA Plan (HMO) A1234-567
Phone Number	555-555-555
<b>Plan Overview</b>	
Monthly Premium	\$0
Medical Deductible	\$0
Out-of-pocket Limit(MOOP)	\$4,200
<b>Benefits and Costs</b>	
Primary Doctor Copay	\$5
Specialist Doctor Copay	\$45
Urgent Care Copay	\$50
Labs/Test/X-rays Copay	
Physical Therapy Copay	\$40
Emergency Room Copay	\$90
Ground Ambulance Copay	\$225
Inpatient Hospital Copay	\$395 per day for days 1-4 \$0 days 5-90 <i>Potential Total = \$1,580</i>
Outpatient Hospital Copay	\$295 - \$395
Skilled Nursing Facility Care Copay	\$0/day 1-20, \$160/day 21-51, \$0/day 52-100 <i>Out-of-pocket limit = \$4,900</i>
<b>Extra Benefits</b>	
Dental Coverage	Yes - up to \$1,500
Vision Coverage	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC
<b>Prescription Coverage</b>	
Drug Coverage Included	Yes - copays apply

## Plan Name, Plan Type and Number

**HMO** - This type of plan has a network of providers (doctors, hospitals, specialist, etc.). Enrollees must use in-network providers in order for the plan to cover the service, some plans may offer exceptions to this policy.

**PPO** - This type of plan has a network of providers. Enrollees who use in-network providers typically pay less out-of-pocket. If an out-of-network provider is used, the service will be more expensive.

**PFFS**- This type of plan does NOT have a network of providers. Enrollees must check with their providers before each visit to ensure they will accept the plan

## Extra Benefits

**Dental Coverage**— Coverage for dental expenses. The amount listed is the total the plan will pay for dental care in the calendar year. Some plans require the use of network dentists, others offer reimbursement for any dentist. Contact plan for details.

**Vision Coverage** - Coverage for vision expenses. The amount listed is the total the plan will pay for vision care in the calendar year. Some plans require the use of network providers, others offer reimbursement for any provider. Contact plan for details.

**Additional Benefits** - Benefits often include assistance with **hearing services** including hearing aids, **fitness benefits** such as a gym membership, and **over-the-counter (OTC)** medication. Contact the plan for a full list of their specific additional benefits.

# 2023 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	AARP UHC Medicare Advantage Walgreens (PPO) H2577-002	AARP UHC Medicare Advantage Secure Horizons Plan 1 (HMO-POS) H0609-007	AARP UHC Medicare Advantage Secure Horizons Plan 2 (HMO-POS) H0609-012	AARP UHC Medicare Advantage Plan 1 (HMO-POS) H0609-048	AARP UHC Medicare Advantage Plan 2 (HMO-POS) H6706-001
Phone Number	800-555-5757	800-555-5757	800-555-5757	800-555-5757	800-555-5757
<b>Plan Overview</b>					
Monthly Premium	\$0	\$39	\$0	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$5,100 in/ \$8,900 out	\$2,900	\$3,500	\$3,900	\$3,500
Medicare Star Rating	3	3.5	3.5	3.5	Not enough data
<b>Benefits and Costs</b>					
Primary Doctor Copay	\$0 in/ \$35 out	\$0	\$0	\$0	\$0
Specialist Doctor Copay	\$35 in/ \$70 out	\$10	\$10	\$15	\$20
Urgent Care Copay	\$40	\$40	\$40	\$40	\$40
Labs/Test/X-rays Copay	\$0/\$25/\$15 in; \$0/40%/\$20 out	\$0 / \$25 / \$15	\$0 / \$25 / \$15	\$0 / \$25 / \$15	\$0 / \$25 / \$15
Durable Medical Equipment	20% in / 50% out	20%	20%	20%	20%
Physical Therapy Copay	\$30 / \$70 out	\$20	\$10	\$15	\$20
Emergency Room Copay	\$90	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$210	\$250	\$250	\$250	250
Inpatient Hospital Copay In-network	\$325 per day for days 1-5 \$0 days 6-90+ potential total = \$1,625	\$188 per day for days 1-5 \$0 days 6-90+ Potential total = \$940	\$225 per day for days 1-5 \$0 days 6-90+ potential total = \$1,125	\$250 per day for days 1-6 \$0 days 7-90+ potential total = \$1,500	\$225 per day for days 1-6 \$0 days 7-90+ potential total = \$1,350
Outpatient Hospital Copay In-network	\$0-325 per visit	\$0-175 per visit	\$0-200 per visit	\$0-235 per visit	\$0-200 per visit
Skilled Nursing Facility Care Copay In-network	\$0 per day for days 1-20 \$196 per day for days 21-47 \$0 days 48 - 100	\$0 per day for days 1-20 \$196 per day for days 21-35 \$0 days 36 - 100	\$0 per day for days 1-20 \$196 per day for days 21-38 \$0 days 39 - 100	\$0 per day for days 1-20 \$196 per day for days 21-40 \$0 days 41 - 100	\$0 per day for days 1-20 \$196 per day for days 21-38 \$0 days 39 - 100
<b>Extra Benefits</b>					
Dental Coverage	Yes - up to \$500	Yes - up to \$2,000	Yes - up to \$750	Yes - up to \$2,000	Yes - up to \$500
Vision Coverage	Yes - up to \$100	Yes - up to \$300	Yes - up to \$200	Yes - up to \$250	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$0	\$0	\$0	\$0

# 2023 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Aetna Medicare Premier 1 (HMO-POS) H3931-153	Aetna Medicare Elite 1 (HMO-POS) H4711-006	Aetna Medicare Premier 1 (HMO-POS) H4711-008	Aetna Medicare Premier Plus (PPO) H5221-250	Anthem MediBlue Access (PPO) H4909-022
Phone Number	833-859-6031	833-859-6031	833-859-6031	833-859-6031	855-679-0546
<b>Plan Overview</b>					
Monthly Premium	\$0	\$0	\$0	\$0	\$0
Medical Deductible	\$0	\$1000	\$0	\$0	\$0
Out-of-pocket Limit	\$4,900	\$4,900	\$4,500	\$5,300 in/ \$8,950 out	\$6,050 in / \$10,000 out
Medicare Star Rating	3.5	3	3	3.5	3
<b>Benefits and Costs</b>					
Primary Doctor Copay	\$0	\$0	\$0	\$0 in/ \$35 out	\$0 in / \$35 out
Specialist Doctor Copay	\$30	\$30	\$35	\$35 in/ \$65 out	\$35 in / \$70 out
Urgent Care Copay	\$50	\$50	\$50	\$50	\$30
Labs/Test/X-rays Copay	\$0/\$20/\$20	\$0 / \$20 / \$20	\$0/ \$20/\$20	\$0/\$20/\$20 in; \$30/40%/40% out	\$0/\$60/\$15 in; 40%/40%/40% out
Durable Medical Equipment	0-20%	0-20%	0-20%	20% in/ 40% out	20% in/ 40% out
Physical Therapy Copay	\$40	\$40	\$40	\$40 in/ 40% out	\$40 in/ \$70 out
Emergency Room Copay	\$110	\$110	\$110	\$110	\$90
Ground Ambulance Copay	\$260	\$285	\$265	\$245	\$250
Inpatient Hospital Copay In-network	\$295 per day for days 1-7 \$0 days 8-90+ potential total = \$2,065	\$315 per day for days 1-7 \$0 days 8-90+ Potential Total = \$2,205	\$315 per day for days 1-7 \$0 days 8-90+ Potential Total = \$2,205	\$325 per day for days 1- 5 \$0 days 6-90+ Potential Total = \$1,625	\$325 per day for days 1-5 \$0 days 6-90+ potential total = \$1,625
Outpatient Hospital Copay In-network	\$0-350 per visit	\$0-350 per visit	\$0-\$400 per visit	\$0-350 per visit	\$0-325 per visit
Skilled Nursing Facility Care Copay In-network	\$0 per day for days 1-20 \$184 per day/ days 21-100	\$0 per day for days 1-20 \$184 per day for days 21-100	\$0 per day for days 1-20 \$184 per day for days 21-100	\$0 per day for days 1-20 \$184 per day for days 21-100	\$0 per day for days 1-20 \$196 per day for days 21-100
<b>Extra Benefits</b>					
Dental Coverage	Yes - up to \$2,000	Yes - up to \$1,500	Yes - up to \$1,200	Yes - up to \$1,500	Yes - preventative only
Vision Coverage	Yes - up to \$370	Yes - up to \$370	Yes - up to \$260	Yes - up to \$240	Yes - up to \$100
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$0	\$0	\$0	\$0

**43** MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics.  
Data is subject to transcription errors; verify accuracy of the data before enrolling.

# 2023 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Anthem MediBlue Plus (HMO) H4346-012	Cigna Preferred Savings Medicare (HMO) H0672-001	Cigna True Choice Savings Medicare (PPO) H7849-001	Clear Spring Health Essential (HMO) H6379-001	Clear Spring Health Essential (PPO) H8014-001
Phone Number	855-679-0546	800-313-0973	800-313-0973	877-364-4566	877-364-4566
<b>Plan Overview</b>					
Monthly Premium	\$0	0**	0**	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0	\$0
Out-of-pocket Limit	\$6,700	\$3,700	\$5,200 in / \$8,950 out	\$3,400	\$5,500 in / \$8,950 out
Medicare Star Rating	2.5	2.5	2.5	Not enough data	Too new to measure
<b>Benefits and Costs</b>					
Primary Doctor Copay	\$0	\$0	\$0 in / \$40 out	\$0	\$0 in / \$45% out
Specialist Doctor Copay	\$35	\$20	\$30 in / \$60 out	\$0-20	\$0-20 in / \$45% out
Urgent Care Copay	\$35	\$20	\$30	\$35	\$30
Labs/Test/X-rays Copay	\$0-50 / \$0-145 / \$5-40	\$0 / \$0-25 / \$10	\$0/\$25/\$15 in; 40%/40%/40% out	\$0 / \$0 / \$0	\$0/\$0/\$20 in; 45%/45%/45% out
Durable Medical Equipment	0-20%	20%	15% in/ 40% out	20%	20% in/ 45% out
Physical Therapy Copay	\$40	\$20	\$30 in/ 50% out	\$40	\$40 in / 45% out
Emergency Room Copay	\$90	\$110	\$110	\$90	\$90
Ground Ambulance Copay	\$250	\$205	\$150 in/ \$150 or 20% out	\$200	\$270 in/ \$275 out
Inpatient Hospital Copay In-network	\$299 per day for days 1-6 \$0 days 7-90+ potential total = \$1,794	\$185 per day for days 1-6 \$0 days 7-90+ Potential Total = \$1,110	\$285 per day for days 1-5 \$0 days 6-90 Potential Total = \$1,425	\$150 per day for days 1-5 \$0 days 6-90+ Potential Total = \$750	\$300 per day for days 1-5 \$0 days 6-90 + Potential Total = \$1,500
Outpatient Hospital Copay (In-network)	\$0-325 per visit	\$0-225 per visit	\$0-295 per visit	\$40-\$150 per visit	\$45-\$340 per visit
Skilled Nursing Facility Care Copay In-network	\$0 per day for days 1-20 \$196 per day/days 21-100	\$0 day 1-20, \$196 per day/days 21-100	\$0 day 1-20, \$196 per day/days 21-100	\$0 day 1-20, \$178 per day/days 21-100	\$0 day 1-20, \$178 per day/days 21-100
<b>Extra Benefits</b>					
Dental Coverage	Additional premium	Yes - up to \$2,000	Yes - up to \$2,500	Yes - up to \$2,000	Yes - up to \$1,500
Vision Coverage	Yes - up to \$100	Yes - up to \$250	Yes - up to \$200	Yes - up to \$250	Yes - up to \$150
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$0 most tiers	\$0 most tiers	\$0	\$0

# 2023 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Devoted CORE Colorado (HMO) H7147-004	Devoted CHOICE Colorado (PPO) H4808-002	Devoted GIVEBACK Colorado (HMO) H7147-005	Humana Choice (PPO) H5216-078	Humana Gold Plus (HMO) H0028-047
Phone Number	800-376-5884	800-376-5884	800-376-5884	800-833-2364	800-833-2364
<b>Plan Overview</b>					
Monthly Premium	\$0	\$0	0**	\$46	\$34
Medical Deductible	\$0	\$0	\$0	\$800 some services	\$0
Out-of-pocket Limit	\$3,900	\$5,500 in/ \$8,950 out	\$5,900	\$6700 in/\$10,000 out	\$5,500
Medicare Star Rating	Too new to measure	Too new to measure	Too new to measure	4.5	4
<b>Benefits and Costs</b>					
Primary Doctor Copay	\$0	\$0 in / \$30 out	\$0	\$10 in/ 50% out	\$0
Specialist Doctor Copay	\$20	\$25 in / \$60 out	\$40	\$50 in/ 50% out	\$45
Urgent Care Copay	\$0-30	\$0-45	\$0-50	\$40	\$40
Labs/Test/X-rays Copay	\$0-25/\$0-25/\$0-15	\$0/\$0-25/\$0-15 in; \$20/\$40/\$20 out	\$0 / \$0-40/ \$0-25	\$0-45/\$0-100/\$10-100 in; 50%/50%/50% out	\$0/ \$0-50 / \$0-50
Durable Medical Equipment	\$0-20%	0-20% in / 40% out	\$0-20%	18% in/ 20% out	20%
Physical Therapy Copay	\$20	\$25	\$40	\$30 in/ 50% out	\$30
Emergency Room Copay	\$110	\$110	\$110	\$90	\$90
Ground Ambulance Copay	\$250	\$275 in / \$20-500 out	\$275	\$265	\$265
Inpatient Hospital Copay In-network	\$225 per day for days 1-5 \$0 days 6-90 + Potential Total = \$1,125	\$295 per day for days 1-5 \$0 days 6-90+ Potential total = \$1,425	\$350 per day for days 1-6 \$0 days 7-90+ Potential total = \$2,100	\$325 per day for days 1-5 \$0 days 6-90+ Potential Total = \$1625	\$250 per day for days 1-5 \$0 days 6-90 + Potential Total = \$1,250
Outpatient Hospital Copay In-network	\$0-200	\$0 - 250 per visit	\$0 - 300 per visit	\$0 - 325 per visit	\$0-\$250 per visit
Skilled Nursing Facility Care Copay In-network	\$0 per day / days 1-20 \$196 per day/ days 21-41 \$0 days 42 - 100	\$0 per day for days 1-20 \$196 per day for days 21-100	\$0 per day for days 1-20 \$196 per day for days 21-52 \$0 days 53 - 100	\$0 day 1-20, \$188 per day/days 21-60 \$0 days 61 - 100	\$0 day 1-20, \$188 per day/days 21-50 \$0 days 51 - 100
<b>Extra Benefits</b>					
Dental Coverage	Yes - up to \$4,000	Yes - up to \$3,000	Yes - up to \$1,000	Additional Premium	Yes - up to \$2,000
Vision Coverage	Yes - up to \$400	Yes - up to \$300	Yes - up to \$200	Yes - up to \$100	Yes - up to \$100
Additional Benefits	Hearing, Fitness, OTC	Hearing & Fitness	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$0	\$150	\$0	\$0

45 MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics. Data is subject to transcription errors; verify accuracy of the data before enrolling.

# 2023 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Humana Gold Plus (HMO) H0028-025-1	Humana Choice (PPO) H5216-333	Humana Choice (PPO) H5216-137	Humana Choice (PPO) H5216-261	Humana Choice (PPO) H5216-223
Phone Number	800-833-2364	800-833-2364	800-833-2364	800-833-2364	800-833-2364
<b>Plan Overview</b>					
Monthly Premium	\$0	\$96	0**	\$0	\$28
Medical Deductible	\$0	\$0	\$1,000 some services	\$0	\$0
Out-of-pocket Limit	\$4,900	\$2900 in and out	\$7,350 in / \$11,300 out	\$5,250 in / \$8,950 out	\$4,900 in / \$8,950 out
Medicare Star Rating	4	4.5	4.5	4.5	4.5
<b>Benefits and Costs</b>					
Primary Doctor Copay	\$0	\$0 in and out	\$20 in / 40% out	\$0 in / \$30 out	\$0 in / \$30 out
Specialist Doctor Copay	\$35	\$20 in and out	\$50 in / 40% out	\$35 in / \$60 out	\$30 in / \$60 or 50% out
Urgent Care Copay	\$40	\$40	20%	\$40	\$40
Labs/Test/X-rays Copay	\$0 / \$0-100 / \$0-30	\$0 / \$0-100/ \$0 in and out	20% / \$50 or 20%/ \$50 or 20% in; 40%/40%/40% out	\$0/\$0-100/\$0-15 in; 50%/\$60 or 50%/\$30 or 50% out	\$0/\$0-100/\$0-15 in; 50%/\$60 or 50%/\$60 or 50% out
Durable Medical Equipment	20%	20%	12% in / 20% out	18% in / 25% out	18% in / 25% out
Physical Therapy Copay	\$30	\$20	20%	\$30 in / 50% out	\$30 in / 50% out
Emergency Room Copay	\$90	\$90	\$90	\$90	\$90
Ground Ambulance Copay	\$290	\$290	20%	\$290	\$265
Inpatient Hospital Copay In-network	\$225 per day for days 1-6 \$0 days 7-90+ Potential Total = \$1,350	\$500 per stay	\$450 per day for days 1-3 \$0 days 4-90+ Potential Total = \$1,350	\$295 per day for days 1-6 \$0 days 7-90+ Potential Total = \$1,770	\$250 per day for days 1-5 \$0 days 6-90+ Potential Total = \$1,250
Outpatient Hospital Copay (In-network)	\$0-\$225 per visit \$0 day 1-20, \$188 per day/days 21-50 \$0 days 51-100	\$0-125 per visit \$0 day 1-20, \$188 per day/days 21-40 \$0 days 41 - 100	\$0-50 or 20% per visit \$0 day 1-20, \$188 per day/days 21-70 \$0 days 71 - 100	\$0-\$295 per visit \$0 day 1-20, \$188 per day/days 21-50 \$0 days 51 - 100	\$0-250 per visit \$0 day 1-20, \$188 day/days 21-50 \$0 days 51 - 100
<b>Extra Benefits</b>					
Dental Coverage	Yes - up to \$2,000	Yes - up to \$3,000	Additional premium	Yes - up to \$2,000	Yes - up to \$2,000
Vision Coverage	Yes - up to \$300	Yes - up to \$300	Yes - up to \$200	Yes - up to \$200	Yes - up to \$300
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>					
Drug Coverage Included	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply	Yes - copays apply
Drug Deductible	\$0	\$0	\$445 some iters	\$0	\$0

**46** MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics. Data is subject to transcription errors; verify accuracy of the data before enrolling.

# 2023 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Humana Gold Choice (PFFS) H8145-123	Humana Value Plus (PPO) H5216-195
Phone Number	800-833-2364	800-833-2364
<b>Plan Overview</b>		
Monthly Premium	\$61	\$41.60
Medical Deductible	\$0	\$0
Out-of-pocket Limit	\$6,700 in and out	\$7,550 in / \$11,300 out
Medicare Star Rating	4	4.5
<b>Benefits and Costs</b>		
Primary Doctor Copay	\$15 in and out	\$15 in and out
Specialist Doctor Copay	\$50 in / \$50 or 25% out	\$20 in and out
Urgent Care Copay	\$40	20%
Labs/Test/X-rays Copay	\$0-45/\$0-100/\$15-100 in & out	\$0/\$15 or 20%/\$15 or 20% in & out
Durable Medical Equipment	20% in / 25% out	20%
Physical Therapy Copay	\$30	20%
Emergency Room Copay	\$90	\$90
Ground Ambulance Copay	\$265	20%
Inpatient Hospital Copay In-network	\$325 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,625</i>	\$1,725 per stay
Outpatient Hospital Copay In Network	\$0-325 per visit	20% per visit
Skilled Nursing Facility Care Copay In-network	\$0 day 1-20, \$188 per day/days 21-60 \$0 days 461-100	\$0 day 1-20 \$184 per day/days 21-70 40 days 71 - 100
<b>Extra Benefits</b>		
Dental Coverage	Yes - up to \$1,000	Yes - up to \$1,000
Vision Coverage	Yes - exam only	Yes - up to \$200
Additional Benefits	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>		
Drug Coverage Included	Yes - copays apply	Yes - copays apply
Drug Deductible	\$300 some tiers	\$500 all tiers

# 2023 Boulder County Medicare Advantage Plans with Prescription Drug Coverage

	Kaiser Permanente Senior Advantage Core DM (HMO) H0630-013 877-408-3492	Kaiser Senior Advantage Gold DM (HMO-POS) H0630-016 877-408-3492	Kaiser Permanente Senior Advantage Silver DM (HMO-POS) H0630-015 877-408-3492	Kaiser Permanente Senior Advantage Bronze DM (HMO-POS) H0630-015 877-408-3492
<b>Phone Number</b>	877-408-3492	877-408-3492	877-408-3492	877-408-3492
<b>Plan Overview</b>				
<b>Monthly Premium</b>	\$0	\$186	\$39	\$0
<b>Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Out-of-pocket Limit</b>	\$4,200	\$3,000	\$3,400	\$4,900
<b>Medicare Star Rating</b>	5	5	\$5	5
<b>Benefits and Costs</b>				
<b>Primary Doctor Copay</b>	\$0	\$0 in / \$0- 15 out	\$0 in / \$0-20 out	\$0 in / \$0-35 out
<b>Specialist Doctor Copay</b>	\$20	\$10 in / \$0-15 out	\$15 in / \$0-20 out	\$35 in / \$0-35 out
<b>Urgent Care Copay</b>	\$30	\$20	\$25	\$40
<b>Labs/Test/X-rays Copay</b>	\$0/\$0/\$0	\$0/\$0/\$0	\$0/\$0/\$0 in; \$0/\$0/\$0-25 out	\$0/\$0/\$0 in; \$0-40/\$0-40/\$0-40 out
<b>Durable Medical</b>	0-20%	0-20%	0-20%	0-20%
<b>Physical Therapy Copay</b>	\$15	\$10 in / \$0-15 out	\$10 in / \$0-20 out	\$25 in / \$0-35 out
<b>Emergency Room Copay</b>	\$110	\$110	\$110	\$110
<b>Ground Ambulance Copay</b>	\$165	\$150	\$160	\$165
<b>Inpatient Hospital Copay In-network</b>	\$205 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,025</i>	\$125 per day for days 1-5 \$0 days 6-90+ <i>Potential total = \$625</i>	\$165 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$825</i>	\$250 per day for days 1-5 \$0 days 6-90 <i>Potential Total = \$1,250</i>
<b>Outpatient Hospital Copay In-network</b>	\$200 per visit	\$100	\$175 per visit	\$225 per visit
<b>Skilled Nursing Facility Care Copay In-network</b>	\$0 day 1-20, \$196 per day/days 21-42 \$0 days 43-100	\$0 day 1-10 \$20 per day/ days 11 - 100	\$0 day 1-20, \$196 per day/days 21-38 \$0 days 39-100	\$0 day 1-20, \$196 per day/days 21-45 \$0 days 46-100
<b>Extra Benefits</b>				
<b>Dental Coverage</b>	Yes - up to \$750	Yes - up to \$1,250	Yes - up to \$1,250	Yes - up to \$1,750
<b>Vision Coverage</b>	Yes - up to \$225	Yes - up to \$325	Yes - up to \$250	Yes - up to \$200
<b>Additional Benefits</b>	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC	Hearing, Fitness, OTC
<b>Prescription Coverage</b>				
<b>Drug Coverage Included</b>	Yes - copays apply	Yes, copays apply	Yes - copays apply	Yes - copays apply
<b>Drug Deductible</b>	\$0	\$0	\$0	\$0

**48** MOOP - Maximum out-of-pocket annual limit on Part A/B services. Extra Benefits - See Plan Summary for Extra Benefits specifics.  
Data is subject to transcription errors; verify accuracy of the data before enrolling.



## Enrollment Periods for MA Plans

(Medicare & You 2023, pages 71-72)

- ▶ **IEP— Same 7-month Initial Enrollment Period as for Parts A & B**
- ▶ **AEP – Annual Enrollment period**
  - ▶- join, switch, drop MA plan
  - ▶- October 15 – December 7
  - ▶- Coverage begins January 1

## Medicare Advantage Plan Costs

- ▶ You still pay Part B premium - \$164.90/month
- ▶ You may pay an additional monthly premium to the plan (some are \$0 premium up to \$186)
- ▶ You pay deductibles, coinsurance and copayments that vary from plan to plan
- ▶ Year-round enrollment in 5-star MA plans
- ▶ **2023 Kaiser Plans in Boulder County**

## Value Added Incentives

- ▶ Some Advantage Plans offer limited dental, vision, and hearing benefits.



- ▶ Some pay for gym memberships (Silver Sneakers, Renew Active, Silver and Fit).

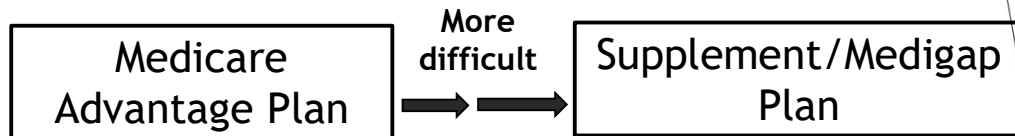


- Some special needs plans have case management and transportation benefits.
- **BUT** you will still have deductibles and co-payments for services, and you can't buy a Medigap to pay those fees!

## Choose Advantage Plans Carefully

- Do your providers accept the plan you want?
- Do you understand the copayments?
- Understand your plan type-how it really works.
- What is the Maximum out of pocket - MOOP?

Moving from Medicare Advantage plan to Original Medicare with a Medigap in the future....



Annual Open Enrollment Period:  
October 15 - December 7 = January 1 start

You can return to Original Medicare by enrolling in a Standalone Part D plan. You will be subject to medical underwriting with the Medigap plan, and possibly denied coverage.

## **Programs for People with Limited Income and Resources**



## Eligibility and Coverage 2023

### Medicare Savings Programs (QMB, SLMB, and QI)

### MAGI Medicaid and Extra Help Program

All MSP & LIS income limits listed below include the \$20 unearned income disregard  
 All MSP & LIS resource limits include \$1500 individual/\$3000 couple burial inclusion

**Effective 4/1/2023**

<b>Medicare Savings Programs (MSP):(3levels)</b>	<b>WHAT IS COVERED</b>	<b>RESOURCE LIMITS</b>	<b>MONTHLY INCOME LIMITS</b>
<b>QMB</b> (100% FPL +\$20 disregard)	<b>Pays Medicare Part B Premium</b> <b>Takes the place of Medicare supplement (pays co-pays, deductibles and co-insurance) plus automatic eligibility for Extra Help</b>	<b>Individual:</b> <b>\$10,590</b> <b>Couple:</b> <b>\$16,630</b>	<b>Individual:</b> <b>\$1,235</b> <b>Couple:</b> <b>\$1,663</b>
<b>SLMB</b> (120% FPL +\$20 disregard)	<b>Pays Medicare Part B premium plus automatic eligibility for Extra Help</b>	<b>Same as above</b>	<b>Individual:</b> <b>\$1,478</b> <b>Couple:</b> <b>\$1,992</b>
<b>QI-1</b> (135% FPL +\$20 disregard)	<b>Pays Medicare Part B premium plus automatic eligibility for Extra Help</b>	<b>Same as above</b>	<b>Individual:</b> <b>\$1,660</b> <b>Couple:</b> <b>\$2,239</b>
<b>MAGI* Medicaid (Medicaid Expansion)</b> (133% FPL) ( +5% disregard may be applied if otherwise over -income)  *MAGI = Modified Adjusted Gross Income	<b>Basic hospital, medical, and prescription drug coverage for adults without dependent children</b> <b><u>(ages 19-64 and NOT on Medicare)</u></b>	<b>None</b>	<b>Individual:</b> <b>\$1,616</b> <b>Couple</b> <b>\$2,186</b>
	<b><i>LIS limits 2023</i></b>		
<b>Extra Help**</b> <b>LIS (Low-income subsidy)</b> <b>For Medicare Prescription Drug Plans</b>	<b>Program pays between 25%-100% of Part D premiums</b> <b>Drug co-pays range from \$0 to 15% of drug costs</b>	<b>Individual:</b> <b>\$16,660</b> <b>Couple:</b> <b>\$33,240</b>	<b>Individual:</b> <b>\$1,843</b> <b>Couple:</b> <b>\$2,485</b>

\*\*Income limits for Extra Help are for screening purposes and include eligibility for a partial subsidy. Individuals with lower income may qualify for a full subsidy. Asset limits include \$1,500 per person burial allowance. Countable assets do not include the home residence, personal vehicle, burial plots or personal possessions.

### Where do I apply?

**For Medicare Savings Programs and Medicaid Expansion** – County Department of Housing and Human Services, 303-441-1000 or <https://coloradopeak.secure.force.com/> **For application assistance by phone, call 1-800-221-3943.**

**For Extra Help Program** – Call 1-800-772-1213 (Social Security) to request a paper application or apply online at <https://ssa.gov/benefits/medicare/prescriptionhelp.html> The on-line application takes only about 10-15 minutes if you have your Medicare card, income, and bank account records at hand.

## Medicaid and Medicare Savings Programs

### ▶ **Medicaid** is Federal-state health insurance program

- ▶ For people with limited income and resources
- ▶ Certain people with disabilities
- ▶ If eligible, most health care costs are covered
- ▶ Eligibility is determined by county Housing and Human Services (HHS)
- ▶ Apply online at [coloradopeak.secure.force.com](https://coloradopeak.secure.force.com)

### ▶ **Medicare Savings Programs (MSP)**

- ▶ Help to pay Part B premiums
- ▶ For people with limited income and resources
- ▶ May also pay Medicare deductibles and coinsurance
- ▶ Apply at county HHS as above
- ▶ Online at [coloradopeak.secure.force.com](https://coloradopeak.secure.force.com)

\*Applications must be done directly through Housing and Human Services

## “Extra Help”

- ▶ Help with Prescription Drug Plan cost--premium & co-pays
- ▶ Monthly income less than \$1,843 and resources less than \$16,660 (single)
- ▶ Monthly income less than \$2,485 and resources less than \$33,240 (couple)
- ▶ Complete application on Social Security Administration (online at [SSA.gov](https://www.ssa.gov))  
(Medicare counselors can assist you with these applications)

*Enrollment period restrictions do not apply for persons found eligible for Extra Help. They may change Part D and/or MA-PD plans quarterly.*



## Please complete the Survey! This program is grant funded



Instructor - Please enter: Boulder County

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## Contacting Medicare

- **1-800-MEDICARE 1-800-633-4227 (open 24 hrs)**
  - [www.medicare.gov](http://www.medicare.gov)
- **Publications**
  - [www.medicare.gov/Publications](http://www.medicare.gov/Publications)
- **Medicare Plan Finder**
  - [www.medicare.gov/find-a-plan/questions/home.aspx](http://www.medicare.gov/find-a-plan/questions/home.aspx)
- **Your Personal Medicare Information**
  - [www.medicare.gov](http://www.medicare.gov)
- **Colorado Division of Insurance 1-888-696-7213**
  - [www.dora.colorado.gov/SHIP](http://www.dora.colorado.gov/SHIP)



# Need Help?

We are here to help you  
[Medicarecounseling@bouldercounty.org](mailto:Medicarecounseling@bouldercounty.org)  
or call **303-441-1546**

A certified counselor will contact you.  
You can assist our outreach by referring  
your friends who may need assistance  
with Medicare.

