

MEDICARE AND MASSHEALTH AT 65+

Turning 65 and you would think health insurance would get easier!

HEALTH INSURANCE 65+

- Health insurance is **is very complicated**
- There is **no one size fits all approach** with Medicare and Masshealth, even client with similar incomes and demographics might have completely different plans
- Qualifying for **Public Benefits is more difficult**, and there are lots of different public benefits. Income, assets, diagnosis, waivers, and whether or not you are still working are all part of the assessment for public benefits.
- Medicare with the Masshealth Senior Buy In, is the most common set up for those that are lower income
- When you reach you full retirement age, SSDI/Survivors Benefits coverts to SSR

SOME TERMS BEFORE WE START

- There are a number health insurance terms common to Medicare you may or may not be familiar with.
- **Deductible:** Is the a dollar amount a client will have to pay before Health Insurance pays. If XYZ Insurance has \$4000 deductible. I would have to pay \$4000 before the insurance would start covering medical expenses.
- **Premium:** Is the cost a client will pay usually per month to retain health insurance. The premium usually paid a month in advance, so your premium you pay for August is covering September.
- **Co Payment/Co Insurance:** The amount a client will pay when services are accessed or medication is purchased; also known as a Co Pay.
- **Out of pocket medical expenses:** This is the total amount the client pays out of pocket. It includes co payments, premiums, and deductibles. This \$ amount can be very important when qualifying for certain public benefits like SNAP or subsidized housing.

WHAT HAPPENS WHEN YOU TURN 65

- If you are receiving **Social Security Benefits** (not SSI), you will automatically receive a Medicare Card with Part A and Part B around your 65 Birthday and \$164.90 Medicare B premium will be deducted from your social security payment going forward.
 - If you are on SSI and not married, you will most likely not qualify for Medicare.
 - If you are on SSDI, you may already have Medicare.
- If you are turning 65, and **not receiving benefits** from Social Security you **will not be** automatically enrolled in Medicare
 - It is the **recipients responsibility** to contact Social Security to enroll in Medicare when you turn 65. You will not receive **any** reminders or notifications from either Social Security or Medicare to do this.
- If you are on **MassHealth**, months before your 65th birthday you will receive a SACA Application for Masshealth (65+ application) in the mail, you will need to **reapply** for Masshealth under the 65 and older rules.
- If you are on **Commonhealth**, months before your 65th birthday will receive a SACA Application for Masshealth (65+ application) in the mail, you will need to **reapply** for Commonhealth under the 65 and older rules.
- If you have a **Health Connector Plan and you have 40 work credits** and do not apply for Medicare, you will lose any tax credit savings for that plan. Once you sign up for Medicare you can no longer have a Health Connector Plan.
- If you have a **Health Connector Plan and have less 40 work credits** you might stay on a HC plan.
- Depending on your situation you may be able to delay Medicare (Example: you have creditable insurance coverage).
 - **BE CAREFUL** There are **lifetime late enrollment penalties** to these plans if you miss your initial enrollment and don't have an exemption. I always encourage anyone who I meet with to get Part A, if it is free, at 65.

WHAT IS MEDICARE?

- Medicare is the **federal health insurance program** that was created in 1965 for people 65 & older, and some under 65 with disabilities, to help with their hospital and medical coverage. While Medicare helps with the cost of health care, **it is not comprehensive**; it does not cover all medical expenses or the cost of long-term care. ***Medicare is not intended to be your only insurance!***
- The **3 different parts of Medicare** help cover specific services
 - Part A – Hospital Insurance
 - Part B – Medical Insurance
 - Part D – Prescription Drug Coverage
- **Medicare Advantage** (or Part C)/**Medigap** (Supplemental) are plans that help with some of the costs and deductibles associated with Medicare, they are specific to MA and administered by Private Insurance Companies under Medicare rules and guidance.

MORE ON MEDICARE ADVANTAGE

- **Medicare Advantage** (also known as Medicare Part C) is an “all in one” alternative to Original Medicare (Parts A and B). These bundled plans are offered by **private insurance companies** that contract with Medicare to provide beneficiaries with all of their Medicare benefits that include **Part A, Part B, and usually Part D**. C Plans can have much lower out of pocket costs than original Medicare
- With Medicare Advantage, you can choose between an HMO, PPO, or an HMO-POS plan. These plans **are managed care**: doctors and care is limited to regions or networks; if you leave the network or region your out pocket expenses will be much higher, or there will be no coverage.
- Medicare Advantage plans **will always cover emergencies** even out of network.

MEDICARE SUPPLEMENTAL INSURANCE - MEDIGAP

- Medicare Supplemental Insurance (**Medigap**) is extra insurance you can buy from a private health insurance company to help pay your share of out-of-pocket costs in Original Medicare.
- **You must have Original Medicare – both Part A (Hospital Insurance) and Part B (Medical Insurance) to buy a Medigap policy.**
- If you have Medigap you will need to get a **separate Part D** plan to cover medication.
- Medigap **has no health networks**, you can see anyone you want to as long they take Medicare.
- There are **three different** Supplements in Medigap, one is no longer available to people who were eligible for Medicare after **January 2020**.

2023 MEDICARE A+B PREMIUMS/DEDUCTIBLES/PENALTIES

- **Medicare Premiums adjust every October based on cost of living**
- Part A is **\$0 Premium plan** if you have **40 or more work credits**, if you have less than 40, Part A will cost:
 - 30-39 credits \$278/month
 - 0-29 credits \$506/month
- The monthly standard **Medicare Part B premium** is at least **\$164.90**. The Part B premium can be higher and is based on your previous years Modified Adjusted Gross Income (MAGI).
 - If a beneficiary's MAGI is greater than the legislated threshold they may also have to pay extra for Part D.
- **Late Enrollment Penalties**
 - **A:** If you have to pay for A, and don't sign up at 65, you will pay 10% of the premium for twice the number of years that you did not sign up.
 - **B:** You will pay 10% of the premium for every 12 month period you did not sign up. This is a **lifetime penalty**
 - **D:** You will pay 1% for each month you missed signing up. This is a **lifetime penalty**.

The 2023 Part B monthly premium and Part D adjustment amount are based on one's 2021 tax return.

Individual tax return, with income (MAGI):	Beneficiaries who file		Will pay a	
	Married with a joint tax return, with income:	Married with a separate tax return from their spouse, with income:	Monthly Part B Premium of:	Monthly Part D Adjustment of:
Less than or equal to \$97,000	Less than or equal to \$194,000	Less than or equal to \$97,000	Less than \$164.90 <small>(Held Harmless)</small> \$164.90	\$0
Greater than \$97,000 and less than or equal to \$123,000	Greater than \$194,000 and less than or equal to \$246,000	Not applicable	\$230.80	\$12.20
Greater than \$123,000 and less than or equal to \$153,000	Greater than \$246,000 and less than or equal to \$306,000	Not applicable	\$329.70	\$31.50
Greater than \$153,000 and less than or equal to \$183,000	Greater than \$306,000 and less than or equal to \$366,000	Not applicable	\$428.60	\$50.70
Greater than \$183,000 and less than \$500,000	Greater than \$366,000 and less than \$750,000	Above \$97,000 and less than \$403,000	\$527.50	\$70.00
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$403,000 and above	\$560.50	\$76.40

Serving the Health Insurance Needs of Everyone

PART A AND B GAPS AND COSTS

- Because Medicare **Part A and B** are **not comprehensive insurance**, there are gaps in coverage and out of pocket expenses for both plans.
- Both A and B also have **deductibles** you need to meet before Medicare starts to pay.
- Part A and B are also **time limited**, the longer you spend in a Hospital or at Rehabilitation the more out of pocket expenses you will have. Home Care Services are usually limited to 30 days.

Coverage	Beneficiary Pays	Medicare Pays
Medicare Part A		
Inpatient Hospital Care* Days 1-60 Days 61-90 Days 91-150 (<i>lifetime reserve days</i>) All additional days Semiprivate room and board, general nursing, and other hospital services and supplies.	\$1,600 deductible \$400 per day \$800 per day All costs	Balance Balance Balance Nothing
Skilled Nursing Facility Care* Days 1-20 Days 21-100 All additional days After three-day hospitalization and admitted to a skilled nursing facility approved by Medicare within 30 days of discharge.	Nothing \$200 per day All costs	All costs Balance Nothing
Home Health Care Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
Durable Medical Equipment and Supplies	20% of approved amount	80% of approved amount
Hospice Care Pain relief, symptom management and support services for the terminally ill.	Small co-payments for inpatient respite and drugs	Balance
Blood	For first 3 pints	All but first 3 pints per calendar year

2023 Medicare Part B Benefits and Gaps

Coverage	Beneficiary Pays	Medicare Pays
Medicare Part B		
Medical Expenses <ul style="list-style-type: none"> • Doctors' services • Inpatient and outpatient medical services and supplies • Physical and speech therapy • Diagnostic tests • Ambulance services Medicare also pays for other medically necessary services, see Medicare Handbook.	\$226 deductible* plus 20% **of Medicare's approved amount. Limited charges above the approved amount may apply for some Part B providers.	80% of Medicare's approved amount after \$226 deductible has been met.
Clinical Lab Tests Blood tests, urinalysis, and more.	Nothing for tests if medically necessary.	Generally 100% of approved amount.
Home Health Care Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
Durable Medical Equipment and Supplies	After \$226 deductible, you pay 20% of approved amount	80% of approved amount after \$226 deductible
Outpatient Hospital Treatment	After \$226 deductible, you pay a co-payment according to the service.	Medicare payment to hospital based fee schedule.
Blood	For first 3 pints, plus 20% of approved amount (after \$226 deductible).	80% of approved amount (after \$226 deductible and starting with the 4th pint).

MEDICARE SUPPLEMENT PLANS/MEDIGAP

- Massachusetts has three supplement plans, **Core, IA, and I**
 - Supplement I is only available for those eligible for Medicare before January of 2020.
- These plans **help to offset the gaps and deductibles** from A and B.
- These plans have a **monthly premiums** which you pay in addition to the premium for Part B and A.
- You will also need a **separate Part D plan** to cover medication with a Medigap Plan.
- These plans are administered by 8 different health insurance providers

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Supplement 1A	Costs For Beneficiary With Supplement 1
Medicare Part A				
Inpatient Hospital Care				
Days 1-60	\$1,600 deductible	\$1,600 deductible	\$0	\$0
Days 61-90	\$400/Day	\$0	\$0	\$0
Days 91-150 (Lifetime Reserve)	\$800/Day	\$0	\$0	\$0
All Additional Days	Full Cost	\$0 for an Additional 365 Lifetime Hospital Days	\$0 for an Additional 365 Lifetime Hospital Days	\$0 for an Additional 365 Lifetime Hospital Days
Inpatient Days in Mental Health Hospital	190 Lifetime Days	An Additional 60 Days Per Year	An Additional 120 Days Per Benefit Period	An Additional 120 Days Per Benefit Period
Skilled Nursing Facility Care				
Days 1-20	\$0	\$0	\$0	\$0
Days 21-100	\$200/Day	\$200/Day	\$0	\$0
All additional Days	Full Cost	Full Cost	Full Cost	Full Cost
Blood - First 3 Pints	Full Cost	\$0	\$0	\$0
Medicare Part B				
Annual Deductible	\$226	\$226	\$226	\$0
Coinsurance for Part B after deductible	20%	\$0	\$0	\$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost* (but BC/BS, HP, HNE, Tufts Core plans cover foreign travel)	\$0	\$0

2023 Massachusetts Medigap Plans

Updated 10.1.2022

Medigap Carriers	Supplement Core Monthly Premium	Supplement 1A Monthly Premium	Supplement 1 Monthly Premium* (Available for those eligible for Medicare Prior to 1/1/2020)
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) www.medicare.bluecrossma.com	\$116.82	\$192.63	\$229.51
Fallon Community Health Plan 1-866-330-6380 (sales) www.fallonhealth.org/medsupp	\$151.00	\$185.00	\$251.00
Harvard Pilgrim Health Care 1-877-909-4742 (sales) MUST CALL PLAN DIRECTLY TO ENROLL	\$138.50	\$198.50	\$246.00
Health New England 1-877-443-3314 www.healthnewengland.org/medicare	\$138.00	\$200.00	\$249.00
Humana 1-800-872-7294 (sales) www.humana.com/medicare	\$202.82 (as of 11/01/2022)	\$327.62 (as of 11/01/2022)	\$338.64 (as of 11/01/2022)
Humana Healthy Living 1-800-872-7294 (sales) www.humana.com/medicare	\$216.17 (as of 11/01/2022)	\$340.97 (as of 11/01/2022)	\$351.99 (as of 11/01/2022)
Tufts Health Plan 1-888-508-1401 (sales) www.thpmp.org/medsupp	\$132.50	\$200.50	\$234.50
United HealthCare 1-800-523-5800 www.aarpmedicaresupplement.com Only for members of AARP	\$146.50 (as of 6/1/2022)	\$204.75 (as of 6/1/2022)	\$263.00 (as of 6/1/2022)

All rates are effective 1/1/23 unless otherwise noted. Note: If new to Medicare, check with each plan to see what discounts they may offer.

* Moving from Supplement 1 to Supplement 1A may be subject to restrictions.

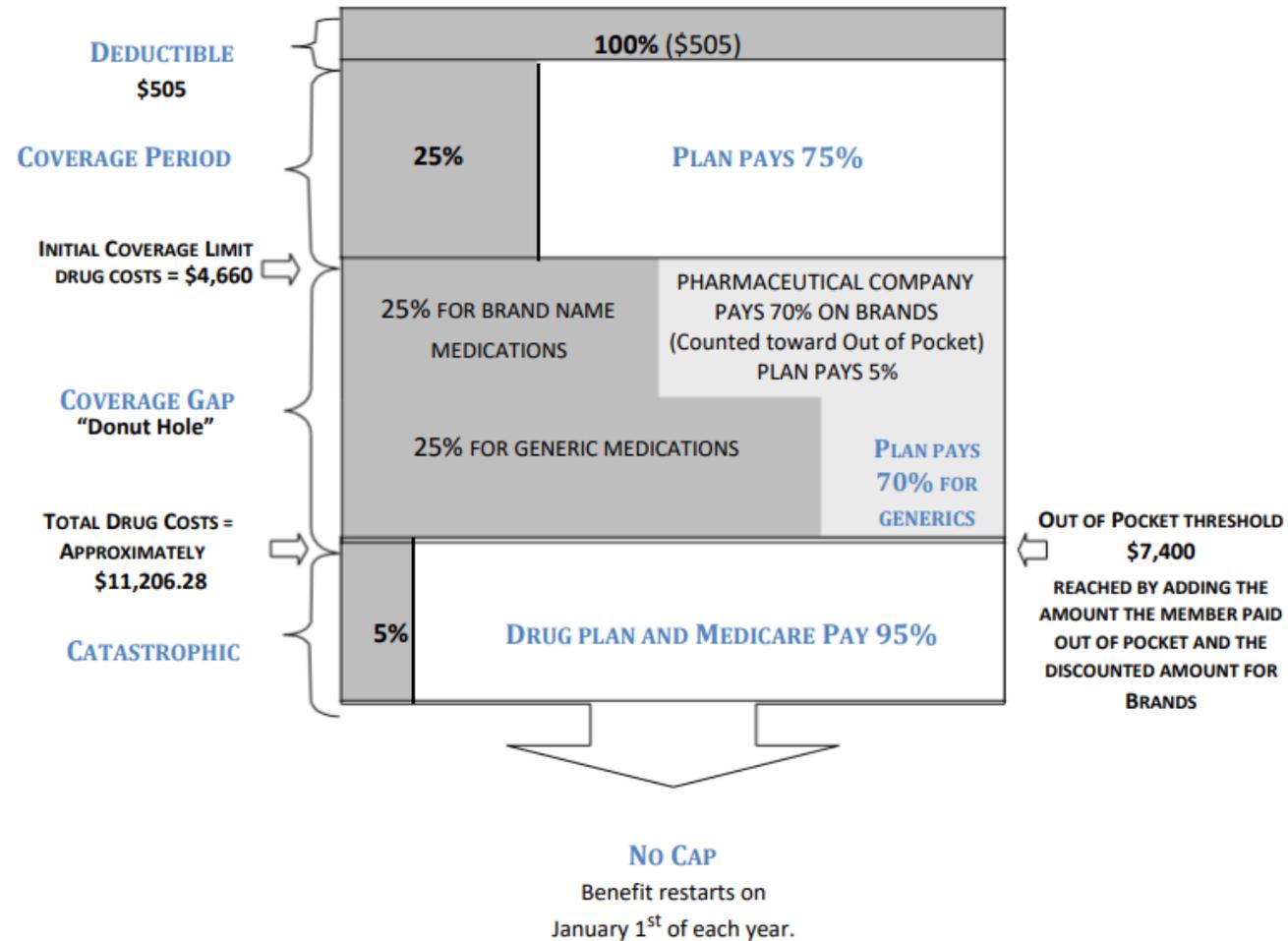
REMINDER: Medex Choice is no longer sold but existing members may remain enrolled: \$171.19/month in 2023.

In compliance with Medicare regulations, Medicare Medigap 2 cannot be sold after December 31, 2005, but existing members may remain enrolled. Medex Gold premium is \$940.23/month in 2023.

PART D – PRESCRIPTION DRUG COVERAGE

- **Part A, B, or Medigap do not have Prescription Drug Coverage built in.**
- You can get a Part D plan as long as you are not on Medicare Advantage (Part C).
- Part D plans and their costs and deductibles are based on a number of factors:
 - level of plan you buy (higher premium plans have lower deductibles)
 - whether or not you have Extra Help (more on that later in the presentation)
 - The Plans formulary
 - The plans tier your medication falls into
 - Where you get your medication
- There are about **25 different Part D plans**
- Part D has Coverage Gaps known as **“The Donut Hole”**

2023 Medicare Part D Coverage Gap Explanation (also known as the “Donut Hole”)



Coverage Gap (Donut Hole): begins once you reach your Medicare Part D plan’s initial coverage limit (\$4,660 in 2023) and ends when you spend a total of \$7,400 out-of-pocket in 2023.

MEDICARE ADVANTAGE/PART C

- Medicare Advantage differ by county in Massachusetts, in Bristol County alone there are almost **50 different plans** of differing costs, benefits, coverage, etc.
- Generally Advantage Plans have **cheaper out of pocket costs** than Medigap/Part D combos, but might be more **limited in coverage and access to health care**.
- You may have to pay a **premium** for a Medicare Advantage Plan in addition to the \$164.90 for having part B, some plans add the \$164.90 into the C Premium.
- The biggest part of SHINE counsellors job is working with a client to figure what their best coverage is for the client: Medigap and Part D or Medicare Advantage.

HOW TO APPLY

- **Part A + B**
 - Go to **SSA.gov**. You can make a SS Account, or you can apply through their Medicare link **without logging in**.
 - Call the **National SSA** line 1.800.772.1213
 - Call your local SSA office
 - Walk into your local SSA office
- **Medigap**
 - Call the companies you wish to enroll, **can't enroll online**.
- **Part D and C**
 - Medicare.gov, compare plans and enroll
 - Call individual companies

PUBLIC BENEFITS 65+

- While there are a number of **public benefits** to assist with the **costs of Medicare** and cover **long term medical issues**, the most common are the **Masshealth Buy In Programs**.
- Most of these programs have **Income Eligibility**. All earned and unearned income is counted for income eligibility.
- Most of these programs also have an **Asset Eligibility**. Assets are things that can be liquidated for cash, like cash, stocks, bonds, investments, and bank accounts (credit union, savings, and checking).
- Your **primary residence** is not counted as an asset, but property beyond that is. One **automobile** is also not counted.
- **Life insurance** can be counted an asset.
- Things like **Annuities and IRAs** count toward **income or assets** depending on if you they are giving you income or not.

MASSHEALTH STANDARD 65+

- **Masshealth Standard** for a client 65 and older has the following monthly income and asset qualifications
 - **Income:** \$1215 (individual) \$1644 (couple)
 - **Assets:** \$2000 (individual) \$3000 (couple)
- To apply for a person 65 and older who qualifies you would fill out the **SACA Application**.
 - The SACA application is about **10 pages longer** than the ACA application (under 65)
 - The SACA application cannot be done through the CAC Online Portal, Masshealth Online Portal, or the Health Connector.
 - There is a fillable pdf of the SACA that can be submitted directly to Masshealth, you can find that here <https://www.mass.gov/how-to/apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services>.
 - Verifications have to be faxed or mailed.
- Those who qualify for Masshealth, automatically qualify for the Senior Buy in and Extra Help.

MEDICARE SAVINGS PROGRAMS

- Masshealth offers a program for people 65 and older to **help offset Medicare Costs**. It is an expansion of the Federal Extra Help Program with **much higher income and asset thresholds**.
- Clients who have this program are **NOT on Masshealth Standard**, they are receiving help from MassHealth and the Federal Government to offset Medicare's out of the pocket expenses. It is referred to as the **Masshealth Buy In**.
- The application for the Masshealth Buy In is short, it is **only two pages**.
- There are **three versions** of the Buy In, all of them **automatically qualify you for Full Extra Help** through the Federal Government

MEDICARE SAVINGS PROGRAMS: MASSHEALTH BUY IN PROGRAMS

- **Masshealth Senior Buy In**
 - Pays Medicare A+B Premiums, Deductibles, and Co-Pays
 - Automatic Full Extra Help
 - Income: \$2309 (Individual), \$3123 (Couple)
 - Assets: \$18,108 (Individual), \$27,260 (Couple)
- **Masshealth Buy In**
 - There are two versions of this, both pay only the Part B Premium
 - Automatic Full Extra Help
 - Income: \$2552 or \$2734 (Individual), \$3451 or \$3698 (Couple)
 - Assets: \$18,108 (Individual) \$27,260 (Couple)

MEDICARE SAVINGS PROGRAM – EXTRA HELP

- **Full Extra Help**
 - **In Massachusetts** if you qualify for any of the buy in programs or Masshealth Standard, you automatically qualify for **Full Extra Help**
 - **Full Extra Help** allows you to access \$0 Premium and Deductible plans for both Medicare Advantage and Part D.
 - Prescription Co Pays will be \$4.15 for Generic or \$10.35 for Brand Name; after catastrophic the co-pay will be \$0.
 - If you are 100% FPL and under (currently \$1215 per month) your co pays will be \$1.45/\$4.30

OTHER WAYS TO QUALIFY FOR MASSHEALTH STANDARD 65+

- **Masshealth PCA**
 - Must have a documented disability to qualify for the PCA Program this is be assessed through local Aging Services Access Point (ASAP)
 - Income \$1616 (individual) \$2186 (couple)
 - Assets \$2000 (individual) \$3000 (couple)
- **MassHealth for Caretaker Relatives**
 - Must be a legal caretaker of child under 19
 - Income \$2186 (Family of 2) \$2756 (family of 3)
 - No Asset check

QUALIFYING FOR MASSHEALTH STANDARD 65+ PART 2

- **MassHealth Frail Elder Waiver**
 - Must be determined “Nursing Home Eligible” by local ASAP.
 - If 60 – 64 must have a disability
 - Will not count Spouses Income and can transfer assets to Spouse
 - Income: \$2742 (applicant)
 - Assets: \$2000 (applicant) \$148,620 (spouse)
- **LTC Medicaid Under and Over Age 65**
 - Must meet clinical eligibility (One skilled service daily, qualified through ASAP)
 - Income transfers may impact eligibility, 5 year look back
 - Income: No Limit
 - Assets: \$2000 (applicant) \$148,620 (spouse)

QUALIFYING FOR MASSHEALTH STANDARD 65+ PART 3

- **Commonwealth: Masshealth Standard, will not pay Part B premium if over 150% FPL**
 - Must be disabled and not eligible for MH Standard.
 - Will have a premium if over 150% FPL
 - 65 and older: 40hrs per month “work requirement”
 - No income or asset limit.

OTHER PUBLIC BENEFITS

- **Prescription Advantage**
 - Prescription Advantage is a state sponsored prescription drug program for people 65 and older and people with disabilities to cover gaps and costs for those on Medicare
 - For those not on Medicare, Prescription Advantage provides primary prescription drug coverage.
 - The level of coverage is dependent upon income, but it goes up to 500% of federal poverty level (\$6075 singles, \$8217 couples)
 - There is no asset check
- **Health Safety Net**
 - The Health Safety Net pays for certain medically necessary services provided to qualified low-income patients at Massachusetts community health centers (CHCs) and acute care hospitals. The HSN also pays CHCs and acute care hospitals for medical hardship expenses (when qualifying medical expenses exceed a specified percentage of a family's income), and for some types of bad debt.

OTHER PUBLIC BENEFITS

- **PACE - Program of All-inclusive Care for the Elderly**
 - PACE is administered by MassHealth and Medicare to provide a wide range of medical, social, recreational, and wellness services to eligible participants. The goal of PACE is to allow participants to live safely in their homes instead of in nursing homes. Services are provided by a local PACE Organization
 - In Bristol County this is Harbor Health Elder Service Plan and Fallon Health – Summit ElderCare
 - Must certified and Nursing Home Eligible and be 55 and older
 - Income \$3654 Assets \$2000. Spouse income and assets not counted

SNAP BENEFIT 60+ OR DISABLED

- Many people don't realize if you are over **60 or disabled** Housing Costs and Out of Pocket Medical costs are counted differently for SNAP eligibility
 - Housing costs are **not capped**.
 - Out of pocket medical is counted after \$35.00 per month
- If you are **over income** you may still qualify for SNAP because of the way DTA counts housing and out of pocket medical expenses for those over 60 or disabled.
- If you are over income and do qualify after they do their formular there is a further **\$4250 asset check**.
 - Assets that are counted are things than can be easily liquidated for food, bank accounts, stocks, bonds, real estate beyond one home, or cars beyond one.
 - Tax Differed Retirement or Education plans do not count.

HOW TO CONTACT ME

- Email
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 - dartmouthoutreach@town.dartmouth.ma.us
- Phone
 - 508.999.4717 (Mon- Fri 8:30AM to 3:30PM)
- Location
 - 628 Dartmouth Street, Dartmouth, MA 02748
- I can do this training for individual organization live, or through Zoom, additionally I have a live training on this here at the DCOA in October