MEDICARE & HOME CARE

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When are you eligible?

You're eligible to join Medicare when:

1. You’re 65 years old. Or, you’re under 65 and qualify because of a disability or another special situation.

AND

2. You are a US citizen or legal resident and you’ve lived in the US for at least five consecutive years

About the “age 65” rule:

- Even if you’re already getting Social Security, you have to wait until you’re 65
- You have to be 65. Your spouse’s age doesn’t count.
- Even if you’re not collecting Social Security yet, you’re eligible at age 65
Two Choices to Add to Original Medicare
Medicare Basics

Your Medicare Coverage Choices at a Glance

There are two main ways to get your Medicare coverage: Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage.

Start

Step 1: Decide how you want to get your coverage

Original Medicare

- Part A
  - Hospital Insurance

- Part B
  - Medical Insurance

or

Medicare Advantage Plan

(like an HMO or PPO)

- Combines Part A, Part B, and usually Part D

Step 2: Decide if you need to add drug coverage

- Part D
  - Prescription Drug Coverage

Step 3: Decide if you need to add supplemental coverage

- Medigap
  - (Medical Supplement Insurance) policy

End

If you join a Medicare Advantage Plan, you don’t need and can’t be sold a Medigap policy.

Reprinted from “Medicare & You 2011”
WHO IS ELIGIBLE FOR MA?

- Beneficiary must live in the plan service area
- Must be enrolled in part A & B
- US citizen, US national or lawfully present
- Not diagnosed with ESRD
HOW DOES MA WORK?

- Medicare pays a lump sum per month to MA plan to provide coverage
- MA plan must follow Medicare coverage rules
- MA plans are an annual contract and changes can be made during AEP (Oct 15 to Dec 7)
April 2018 CMS Announcement

- CMS expands definition of supplemental benefits for Medicare Advantage plans.
- Primary purpose of the new benefits is daily maintenance of health.
- Benefits can be offered if they...
  - Provide assistance for physical impairments
  - Diminish the impact of injuries or conditions
  - Reduce avoidable emergency room visits

WHO’S OFFERING THESE BENEFITS?

Figure 1: Percentage of MA Plans Offering New Supplemental Benefits in 2019

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine replacement therapy</td>
<td>47.1%</td>
</tr>
<tr>
<td>Support for family caregivers</td>
<td>13.0%</td>
</tr>
<tr>
<td>In-home support services</td>
<td>3.4%</td>
</tr>
<tr>
<td>Social worker telephone line</td>
<td>2.3%</td>
</tr>
<tr>
<td>In-home palliative care</td>
<td>0.9%</td>
</tr>
<tr>
<td>Adult day care</td>
<td>0.5%</td>
</tr>
<tr>
<td>Massage therapy</td>
<td>0.4%</td>
</tr>
<tr>
<td>Non-medical transportation</td>
<td>0.3%</td>
</tr>
<tr>
<td>Adult foster care</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

PREVIOUSLY ALLOWED BENEFITS

Figure 2: Growth in Previously-Allowed Supplemental Benefits

- Over-the-counter benefits: 36.0% (2017) vs. 63.1% (2019)
- Non-emergency transportation: 27.6% (2017) vs. 41.7% (2019)
- Home/bathroom safety devices: 2.2% (2017) vs. 4.7% (2019)
- Meals: 18.7% (2017) vs. 14.5% (2019)
- Nutrition counseling: 9.1% (2017) vs. 9.5% (2019)
- Emergency response system: 1.2% (2017) vs. 14.5% (2019)

QUESTIONS?