

Medicare Explained



Bill Vargas

Licensed Senior Agent

Senior Health Corp.
Serving Seniors & Veterans

For many years now I have helped guide Seniors like you through the many options available to satisfy their health insurance needs using convenient, non-home-invasive online meetings and presentations.

Let me help you!

<https://www.InsuredMeds.com>

Text Cell 845-380-5809

"I work for you, NOT the insurance companies"

Licensed New York, Florida, North Carolina

Please share with your friends and family!

What's not covered by Part A & Part B?

Medicare doesn't cover everything. Some of the items and services Medicare doesn't cover include:

- Long-term care (also called custodial care)
- Most dental care
- Eye exams related to prescribing glasses
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting them
- Routine foot care

[Find out if Medicare covers a test, item, or service you need.](#)

If you need services Medicare doesn't cover, you'll have to pay for them yourself unless you have other insurance or a [Medicare health plan](#) that covers them.

What are called Medigap or Supplement Policies are standardised the only difference being what the company charges!!

Every Medigap policy must follow federal and state laws designed to protect you, and it must be clearly identified as "Medicare Supplement Insurance." Insurance companies can sell you only a "standardized" policy identified in most states by letters.

All policies offer the same basic benefits but some offer additional benefits, so you can choose which one meets your needs.

In [Massachusetts](#), [Minnesota](#), and [Wisconsin](#), Medigap policies are standardized in a different way.

Each insurance company decides which Medigap policies it wants to sell, although state laws might affect which ones they offer. Insurance companies that sell Medigap policies:

- Don't have to offer every Medigap plan
- Must offer Medigap Plan A if they offer any Medigap policy
- Must also offer Plan C or Plan F if they offer any plan

- **Note**

As of January 1, 2020, Medigap plans sold to new people with Medicare aren't allowed to cover the Part B deductible. Because of this, Plans C and F are not available to people new to Medicare starting on January 1, 2020. If you already have either of these 2 plans (or the high deductible version of Plan F) or are covered by one of these plans before January 1, 2020, you'll be able to keep your plan. If you were eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy one of these plans.

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2020 MEDICARE PART A

Part A is Hospital Insurance and covers costs associated with confinement in a hospital or skilled nursing facility.

When you are hospitalized for:	Medicare Covers	Medicare Supplement Plan F, G, or N Pays	You Pay
1 – 60 days	Most confinement costs after the required Medicare Deductible of \$1408	\$1408 PART A DEDUCTIBLE per 60 days benefits period.	\$0
61 – 90 days	All eligible expenses, after the patient pays per-day copay of \$352	\$352 A DAY	\$0
91 – 150 days	All eligible expenses, after patient pays per-day copay of \$704	\$704 A DAY	\$0
151 days or more	NOTHING	100% FOR ADDITIONAL 365 DAYS	\$0
Must be at the hospital at least 3 days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge.	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100, after patient pays per-day copay of \$176	\$176 A DAY	\$0

\$1408.00 Deductible

\$352.00 Copay Per DAY!

\$704 Per Day Copay

\$176.00 Per Day Copay after 20 days

2020 MEDICARE PART B

Part B is Medical Insurance and covers physician services, outpatient care, tests and supplies.

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan N Pays	You Pay
<ul style="list-style-type: none">• Doctors visits and treatments• Surgeon and anesthesiologist fees• Physical and speech therapy• Lab tests, diagnostic tests• Emergency room and hospital outpatient clinic charges• X-rays, radiology, MRI's and CAT Scan• Ambulance charges• Casts, splints, braces and artificial limbs• Durable medical equipment• Mammography / Pap Smear and Bone Density Screening• Prostate Screening	80% of all Medicare "approved" charges after the required Medicare Deductible of \$198 a Year	\$0 Part B ANNUAL DEDUCTIBLE	\$198
		20% OF MEDICARE APPROVED CHARGES After Copay	Up to \$20 Copay for Office Visits (\$50 for ER)
		\$0 OF MEDICARE Part B EXCESS CHARGES	All MEDICARE Part B EXCESS CHARGES

2020 MEDICARE PART B

Part B is Medical Insurance and covers physician services, outpatient care, tests and supplies.

On Expenses Incurred For:		Medicare Covers	
<ul style="list-style-type: none"> • Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan 	<ul style="list-style-type: none"> • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear & Bone Density Screening • Prostate Screening 	<p>80% of all Medicare "approved" charges after the required Medicare Deductible of</p> <p>\$198</p> <p>Per Year</p>	
If you have a Medicare Supplement Plan F		If you have a Medicare Supplement Plan G	
Plan F Pays	You Pay	Plan G Pays	You Pay
\$198 Part B ANNUAL DEDUCTIBLE	\$0	\$0 Part B ANNUAL DEDUCTIBLE	\$198 Part B ANNUAL DEDUCTIBLE
20% OF MEDICARE APPROVED CHARGES	\$0	20% OF MEDICARE APPROVED CHARGES	\$0
100% OF MEDICARE Part B EXCESS CHARGES	\$0	100% OF MEDICARE Part B EXCESS CHARGES	\$0

2020 MEDICARE PART **B**

Part B is Medical Insurance and covers physician services, outpatient care, tests and supplies.

On Expenses Incurred For:		Medicare Covers	
<ul style="list-style-type: none"> • Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan 	<ul style="list-style-type: none"> • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear & Bone Density Screening • Prostate Screening 	<p>80% of all Medicare "approved" charges after the required Medicare Deductible of</p> <p>\$198</p> <p>Per Year</p>	
If you have a Medicare Supplement Plan G		If you have a Medicare Supplement Plan N	
Plan G Pays	You Pay	Plan N Pays	You Pay
\$0 Part B ANNUAL DEDUCTIBLE	\$198 Part B ANNUAL DEDUCTIBLE	\$0 Part B ANNUAL DEDUCTIBLE	\$198 Part B ANNUAL DEDUCTIBLE
20% OF MEDICARE APPROVED CHARGES	\$0	20% OF MEDICARE APPROVED CHARGES After Copay	Up to \$20 Copay for Office Visits (\$50 for ER)
100% OF MEDICARE Part B EXCESS CHARGES	\$0	\$0 OF MEDICARE Part B EXCESS CHARGES	All OF MEDICARE Part B EXCESS CHARGES

Medicare Advantage Plans

Medicare Advantage Plans are a type of Medicare health plan offered by a **private** company that **contracts** with Medicare to provide all your Part A and Part B benefits.

Most Medicare Advantage Plans also offer prescription drug coverage. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan. Your Medicare services aren't paid for by Original Medicare. Below are the most common types of Medicare Advantage Plans.

- [Health Maintenance Organization \(HMO\) Plans](#)
- [Preferred Provider Organization \(PPO\) Plans](#)
- [Private Fee-for-Service \(PFFS\) Plans](#)
- [Special Needs Plans \(SNPs\)](#)
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How do Medicare Advantage Plans work?

Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are an **"all in one"** alternative to Original Medicare. They are offered by **private** companies approved by Medicare.

If you join a Medicare Advantage Plan,
you still have Medicare.

These **"bundled"** plans include
Medicare Part A (Hospital Insurance)
and Medicare Part B (Medical Insurance),
and usually Medicare prescription drug (Part D).

Covered services in Medicare Advantage Plans

Medicare Advantage Plans cover all Medicare services. Some Medicare Advantage Plans also offer extra coverage, like vision, hearing and **dental coverage**.

Rules for Medicare Advantage Plans

Medicare pays a fixed amount for your care each month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare.

Each Medicare Advantage Plan can charge different out-of-pocket costs but must have a maximum.

They can also have different rules for how you get services, like:

- Whether you need a referral to see a specialist
- If you have to go to doctors, facilities, or suppliers that belong to the plan for non-emergency or non-urgent care

These rules can change each year.

Costs for Medicare Advantage Plans

What you pay in a Medicare Advantage Plan depends on several factors.



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