

Understanding Medicare

Your Guide to Medicare Coverage Options





We have answers to your

Medicare questions

Whether you're newly eligible for Medicare, still insured through work and contemplating retirement or thinking about a change in Medicare coverage, this guide will help you understand your Medicare options and select a plan that is best for you.

Medicare Parts and Plan Types

Medicare has several different parts, plus additional plan options to help you get the best coverage for your needs. This section illustrates how the Medicare parts and plan types work together with a brief description of each one.

Option 1

Enroll in Original Medicare
(Offered by the Federal Government)

Includes Parts A + B

Part A

Hospital Insurance



Hospital stays and related care



Part B

Medical Insurance



Office visits,
medical supplies and preventive
care services

You can add:

Part D

Prescription Drug Coverage



You can also add:

Medicare Supplement

Also known as "Med Supp" or "Medigap"



Deductibles, copays, coinsurance
for what Medicare doesn't cover, and
care received while traveling

You cannot enroll in both a Medicare Advantage plan and a Medicare Supplement Insurance plan.

Option 2

If you want more Medicare coverage, you can enroll in Medicare Advantage (Part C)
(Offered by private insurance companies)

Part C combines the benefits of Original Medicare...

Part A
Hospital Insurance



Part B
Medical Insurance



...and can also include:

Part D



Additional Benefits



Dental, vision and
hearing coverage options, plus health
and wellness benefits

You cannot enroll in both a Medicare Advantage plan and a Medicare Supplement Insurance plan.

Part A and Part B (also called Original Medicare)

Original Medicare is provided by the Federal Government. It includes Medicare Part A and Part B. You cannot be turned down for Original Medicare coverage once you meet Medicare eligibility requirements.

Some people are enrolled automatically in Medicare Part A* (hospital insurance). If you or your spouse paid Medicare taxes while working for at least 10 years, you will likely not have to pay a monthly premium for this coverage.

Some people are also enrolled automatically in Medicare Part B* (medical insurance). You will pay a premium each month for Part B. Most people will pay the standard premium amount. However, you may pay more if your income is above a certain amount.

If you're not sure if you have Part A or Part B, look on your red, white and blue Medicare card. Look for "Hospital (Part A)" and/or "Medical (Part B)" printed in the lower left corner of your card. If you need to enroll in Part A or Part B, the easiest and most common way to enroll is to contact your local Social Security office or go online at [SSA.gov/Medicare](https://www.ssa.gov/Medicare).

Part A and Part B at a Glance

	Plan Type	Coverage and Cost Considerations
Part A	Hospital Coverage	<p>Coverage for medically necessary care requiring:</p> <ul style="list-style-type: none">■ An overnight stay in the hospital■ Follow-up nursing care after a hospital stay■ Hospice care■ Some home healthcare for the homebound <p>Cost considerations:</p> <ul style="list-style-type: none">■ No premium (\$0) for most people■ Automatic coverage at age 65 or after 24 months on social security disability if you worked and paid into Medicare for 40 quarters (10 years)■ Deductible, copays and coinsurance apply to services received
Part B	Medical Coverage	<p>Coverage for medically necessary services that don't require an overnight hospital stay, such as:</p> <ul style="list-style-type: none">■ Doctors' office visits■ Outpatient hospital or clinical care■ Lab tests and some screenings <p>Cost considerations:</p> <ul style="list-style-type: none">■ \$164.90 monthly premium for 2023■ Premium can be deducted automatically from your Social Security check, if applicable■ Deductible, copays and coinsurance apply to services received

*If you are enrolled automatically in Medicare Part A and Part B, you'll get your Medicare card in the mail three months before your 65th birthday or upon other eligibility date.

Medicare Supplement Insurance Plans (also called “Med Supp” or “Medigap”)

Medicare Part A and Part B do not cover every health expense. Medicare Supplement Insurance plans are sold by private insurance companies like Medical Mutual and can help pay some of the healthcare costs that Original Medicare doesn’t cover. You must have Medicare Part A and Part B to purchase a Medicare Supplement Insurance plan.

All Medicare Supplement Insurance plans are standardized and the plans are identified by letters. This means no matter which company is selling the plan, all plans identified with the same letter must have identical coverage. The only difference between insurance carrier’s plans is the monthly premium.

Unlike some other types of insurance plans, Medicare Supplement Insurance plans are not associated with a set network of doctors and hospitals. With this coverage, you can go to any doctor or hospital that accepts Medicare. Medicare Supplement Insurance plans do not include prescription drug coverage (Part D). Most people who choose a Medicare Supplement Insurance plan also buy a stand-alone Part D plan (see next section).

Medicare Supplement Insurance Plans at a Glance

		Plan Type	Coverage and Cost Considerations
Medicare Supplement Insurance Plans		Supplemental Coverage	<div>Coverage for some costs that Original Medicare does not pay, such as:</div> <div><ul style="list-style-type: none">▪ Deductibles▪ Copays▪ Coinsurance▪ Care while traveling outside the country</div> <div>No coverage for:</div> <div><ul style="list-style-type: none">▪ Long-term care▪ Vision care▪ Dental care▪ Prescription drugs▪ Private-duty nursing▪ Hearing aids</div> <div>Cost considerations:</div> <div><ul style="list-style-type: none">▪ Monthly premium varies by company and age▪ Some plans have an annual deductible▪ Not all Medicare Supplement Insurance plans cover 100% of the gaps in Original Medicare. Depending on the plan or coverage level selected, some deductibles, copays and coinsurance may still apply. Review each plan’s coverage carefully.</div>

Part C — Medicare Advantage (also called “MA” or “MAPD”)

If you have Original Medicare, plus a Medicare Supplement Insurance plan, plus a Part D plan, you are responsible for paying three separate premiums each month. This also means that you may have to call up to three separate organizations for assistance. A Medicare Advantage plan offers all of your Medicare benefits and customer service through a single plan. You will still have to pay your Part B premium.

Medicare Advantage plans are offered by private insurance companies like Medical Mutual that contract with the Centers for Medicare & Medicaid Services to provide you with all of your Part A and Part B benefits. Medicare Advantage plans replace Original Medicare as your primary insurance. In other words, if you join a Medicare Advantage plan, you still have Medicare, but all of your benefits are managed by one plan. You will only need to show your Medicare Advantage plan member ID card to receive all of your Medicare services.

Medicare Advantage plans include the benefits of Original Medicare and often the benefits of Medicare Supplement Insurance plans, plus Part D drug coverage. Most plans also include extra benefits like vision, hearing, dental and health and wellness programs not featured in any other stand-alone plan option, sometimes at no additional cost beyond your Part B premium.

Medicare Advantage plans are associated with a set network of doctors and hospitals. When choosing a Medicare Advantage plan, pay attention to its list of doctors and hospitals to make sure you can continue to go to the providers you know and trust.

Part C at a Glance

	Plan Type	Coverage and Cost Considerations
Part C	Medicare Advantage HMO, PPO, PFFS, SNP or MMSA*	<p>Medicare Advantage plans include coverage for:</p> <ul style="list-style-type: none">■ Medical services■ Hospitalization■ Prescription drugs■ Wellness and additional benefits not available with other plan types <p>Cost considerations:</p> <ul style="list-style-type: none">■ Monthly premium varies by company■ Some plans have an annual deductible■ Copays apply

*HMO: Health Maintenance Organization; PPO: Preferred Provider Organization; PFFS: Private Fee-for-Service Plan; SNP: Special Needs Plan; MMSA: Medicare Medical Savings Account Plan.

Part D — Prescription Drug Coverage

In addition to medical coverage gaps, Original Medicare does not cover Part D prescription drugs. (Note: a limited number of outpatient prescription drugs are covered under limited conditions.) If you take prescription drugs and you are enrolled in Original Medicare, you can choose to enroll in a Part D plan offered by a private insurer. In general, there is a penalty if you delay enrolling in Part D when you are first eligible. If you have equal or better coverage from another source, such as a retirement health plan, you will not be subject to the penalty.

If you have Original Medicare and/or a Medicare Supplement Insurance plan, you can purchase a stand-alone Medicare Part D plan. You will pay a separate monthly premium for this plan. You can also get Part D prescription drug benefits through a Medicare Advantage (Part C) plan that includes built-in Part D coverage. When choosing a Part D plan, pay attention to its list of covered drugs, called the formulary. This will help ensure you have coverage for the medications you take.

Part D at a Glance

		Plan Type	Coverage and Cost Considerations
Part D		Prescription Drug Coverage	Coverage for generic and brand prescription drugs, typically grouped in tiers: <ul style="list-style-type: none">■ Lower-tiered drugs often cost less than higher-tiered drugs Cost considerations: <ul style="list-style-type: none">■ Monthly premium varies by company and coverage level■ Some plans include an annual deductible and/or coinsurance■ Copays apply■ No separate premium when purchased through a Medicare Advantage plan that includes Part D coverage



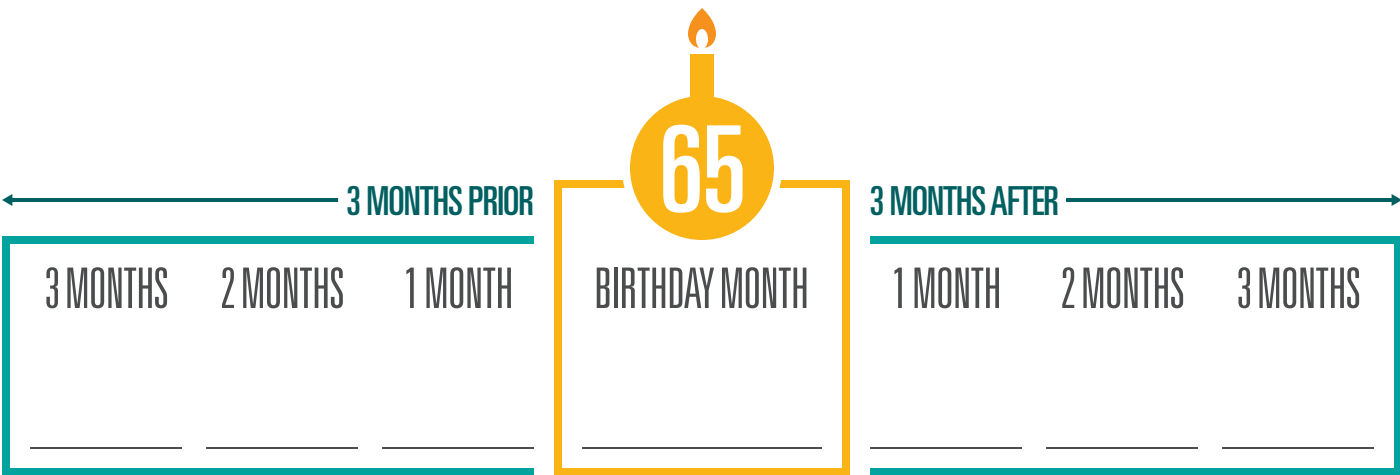
Enrolling in Medicare

Depending on your situation, there are several different enrollment periods to sign up for Medicare. Keep in mind, you must have Medicare Part A and Part B before you can enroll in a Medicare Advantage plan or Medicare Supplement Insurance plan. If you're entitled to Part A and/or enrolled in Part B, you can enroll in a Part D plan. (For more information on plan combinations, see the table on page 15.)

Enrolling at 65 — Your Initial Enrollment Period

If you're approaching 65, you will likely be eligible to enroll in Medicare for the first time. There is a window of time around your 65th birthday, called the Initial Enrollment Period (IEP), to enroll. This window runs from three months before the month of your 65th birthday, the month you turn 65 and three months after your 65th birthday. Talk to your employer if you have a group insurance plan for guidance on when you should enroll..

If you are enrolling in Medicare at age 65 and will not be covered by a group insurance plan, enter the months of your IEP on the lines below to see your seven-month eligibility window.



The best time to enroll in a Medicare Supplement Insurance plan is during your six-month Medicare Supplement open enrollment period, which starts the month you are more than 65 years old and enrolled in Medicare Part B.

Enrolling at a Later Retirement Age

If you are still working and covered under your employer's plan when you turn 65, you may choose not to enroll in Medicare during your Initial Enrollment Period (IEP). If this is the case, you may be eligible to enroll at a later age whenever you decide to retire. When you retire, you have eight months to enroll in Medicare after your employment ends or after your group coverage ends, whichever comes first. There is no penalty for waiting until this time to enroll in Medicare.

If you are enrolling in Medicare when you retire after 65, enter the last month of your employment or group coverage, whichever comes first, and the next eight months on the lines below to see your eligibility window.

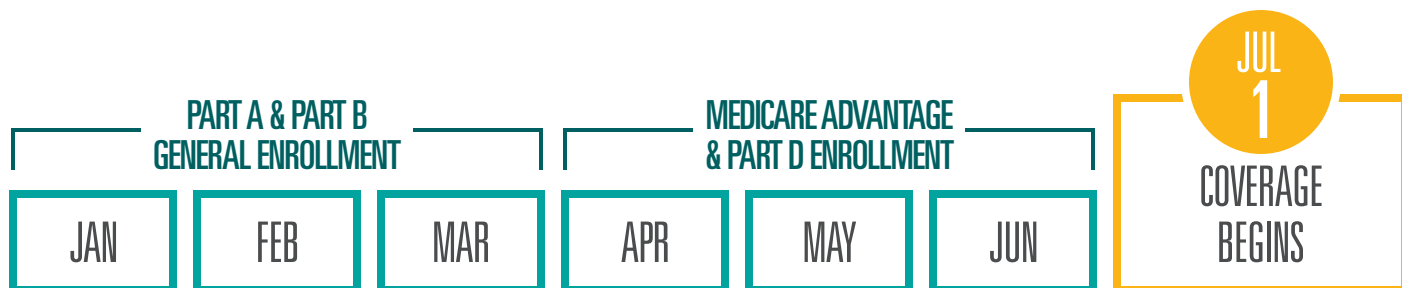
LAST MONTH OF GROUP COVERAGE	8 MONTHS AFTER							
	1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS
_____	_____	_____	_____	_____	_____	_____	_____	_____

General Enrollment Period

If you miss your initial eligibility window, you have another opportunity to enroll in Original Medicare. You can enroll during the next General Enrollment Period, which occurs January 1 through March 31 each year.

If you enroll in Original Medicare during the General Enrollment Period, you will then be eligible to enroll in a Medicare Advantage plan or a Part D plan from April 1 through June 30.

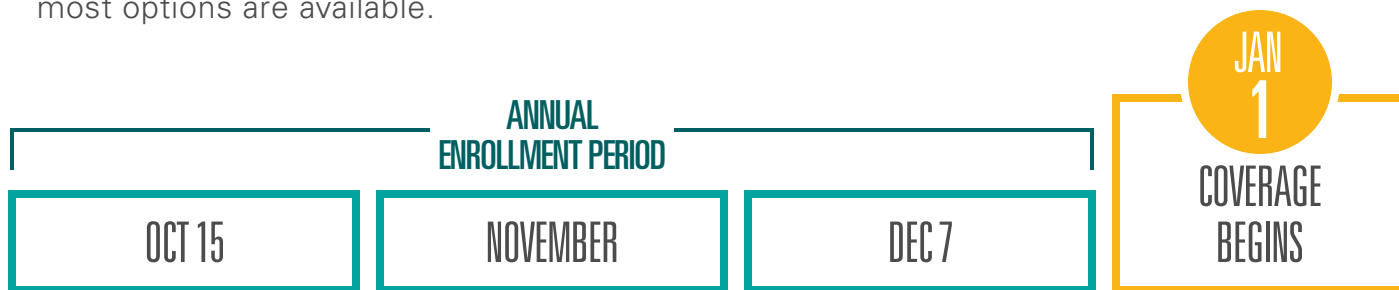
If you enroll in Medicare during the General Enrollment Period, your coverage will start on July 1 of the same year. You may have to pay a higher premium for late enrollment in Medicare Part A and/or a higher premium for late enrollment in Medicare Part B.



Switching Medicare Plans

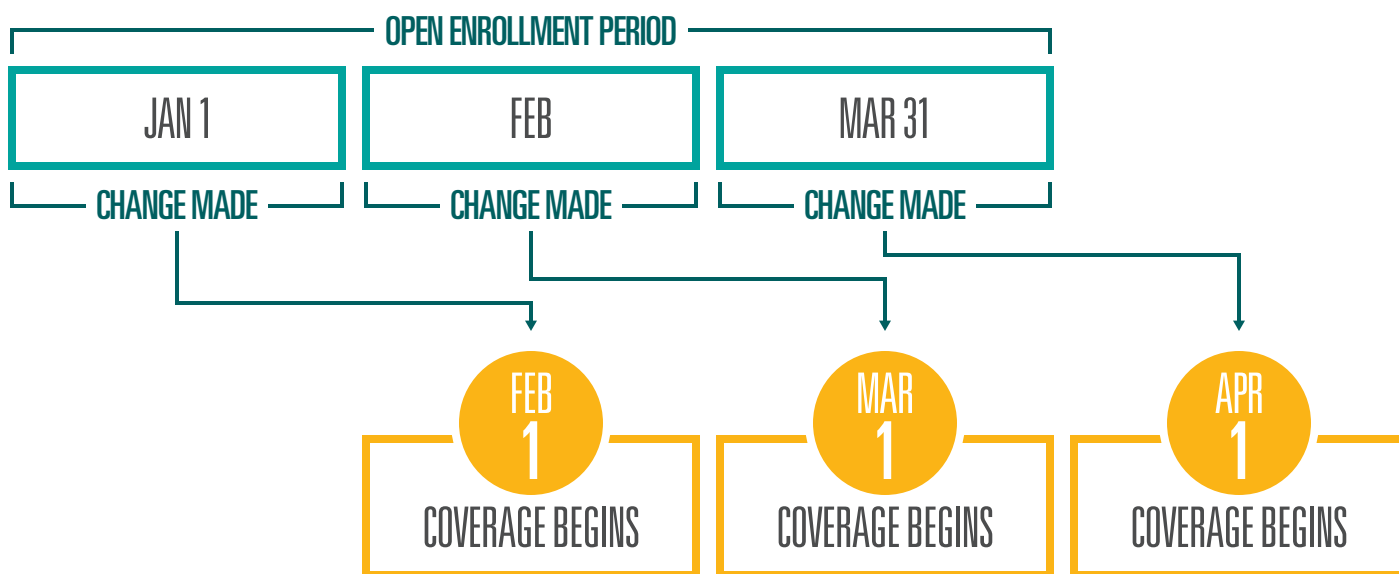
Annual Enrollment Period

If you are enrolled in Original Medicare, a Medicare Advantage plan or a stand-alone Part D plan, you may change or add plans during the Annual Enrollment Period (AEP). This period runs from October 15 through December 7 each year. With few exceptions, this is the only time you may add or switch Medicare Advantage or stand-alone Part D plans for coverage beginning January 1 of the next calendar year. It's ideal to choose your plan during this time because it is when the most options are available.



Medicare Advantage Open Enrollment Period

If you're enrolled in a Medicare Advantage plan and would like to make a change, you can also do this during the Medicare Advantage Open Enrollment Period (Medicare Advantage OEP). MA plan members are allowed to make a one-time change to another Medicare Advantage plan or return to Original Medicare during the OEP. Coverage begins the first of the month following the month you make the change.



Special Enrollment Periods

Outside of your IEP and AEP, you can make changes to your Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life. These opportunities to make changes are called Special Enrollment Periods (SEPs). Rules about when you can make changes and the type of changes you can make are different for each SEP. Here are some examples of situations that may grant you an SEP:

- You move outside or into the plan's service area
- You lose your current coverage
- Your plan changes its contract with Medicare
- You become eligible for both Medicare and Medicaid
- You qualify for extra help paying for Medicare prescription drug coverage
- You are enrolled in a State Pharmaceutical Assistance Program or lose eligibility for one
- You are enrolled in a Special Needs Plan and no longer have a condition that qualifies as a special need that the plan serves

If you have questions, or have a unique situation that is not on this list, call Medical Mutual at 1-866-406-8777 (TTY: 711). We can help determine if you qualify for an SEP.



Choosing a Plan

Once you understand your Medicare options, choose the level of coverage that best meets your needs.

Factors to Consider

How much you pay in monthly premiums

Monthly premiums may include costs for Part B, in addition to costs associated with the plan(s) you select for additional coverage. Premiums for Medicare Advantage, Medicare Supplement Insurance plans and stand-alone Part D plans will vary by level of coverage and insurance provider. There are \$0 premium plans available when you choose Medicare Advantage. If you are considering your total out-of-pocket costs, generally, the higher your monthly premiums, the lower your copays and deductibles will be. Consider how often you may need to see your doctor and what would be a better value for you.

Prescription drug coverage

Original Medicare and Medicare Supplement Insurance plans do not include prescription drug coverage. You can get Part D prescription drug coverage with most Medicare Advantage plans, or you can purchase a stand-alone Part D plan. If you regularly take prescription medication, it may make sense to choose a plan that provides Part D coverage.

Selecting your doctor

Original Medicare and Medicare Supplement Insurance plans allow you to go to any doctor or hospital as long as they accept Medicare patients. Medicare Advantage plans have networks of providers, and some plans are more flexible than others. If you have a primary care physician or a specialist you would like to see, check the network associated with each plan to make sure that provider is included.

SilverSneakers® and other benefits available in Medicare Advantage plans

Benefits, like a SilverSneakers membership, transportation, a 24-hour nurse line and additional programs are included in our Medicare Advantage plans, at no additional cost.

On select plans, our MedMutual MyChoice™ benefit lets you choose the coverage that works best for you. Pick between additional dental coverage or a flex spending card that can be used on things such as vision and hearing services, meal delivery, transportation and over-the-counter items.

Plan Combinations for Optimal Coverage

In addition to considering these factors in your coverage choice, also consider the different combinations of coverage that best meet your needs.

Calculating Costs

Use the chart below to better understand what your costs could be with different types of coverage.

Medicare Part/Plan	Monthly Premium	Deductible	Copays	Coinsurance
Part A	\$0 for most people	\$1,600 per benefit period	\$400 per day begins after 60 days in the hospital per benefit period	Only for certain services
Part B	\$164.90 standard premium	\$226 per year	Required for outpatient services	You pay 20%; Part B pays 80%
Most Common Additions — Scenario 1: Medicare Advantage Plans				
Medicare Advantage (HMO/PPO, including Part D)	Starting as low as \$0	Can be as low as \$0, but varies from plan to plan	Can be as low as \$0, but varies from plan to plan	0% in most cases; however, coinsurance for Part D drugs and out-of-network services apply
Most Common Additions — Scenario 2: Medicare Supplement Insurance Plans + Stand-alone Part D				
Medicare Supplement Insurance Plans	From \$126.95 to \$216.70 ¹ for Plan G, age 65–69 ²	Can be as low as \$0, but varies from plan to plan	\$0; however, copays for services covered by Parts A and B apply to some plans	0%; however, coinsurance for services covered by Parts A and B apply to some plans
Stand-Alone Part D	\$31.50 (national average)	From \$0 to \$445	From \$0 for generics to \$47 for brand-name drugs	As low as 0% or as high as 50%; often applied to higher-tiered drugs

1 Medicare.gov. 2023 premiums, Ohio Medicare Advantage plans. Accessed October 2022.

2 Medicare 101 booklet, Ohio Department of Insurance. October 2022.

This chart does not include a comprehensive list of benefit/cost details for the plan types shown. For more information, contact Medical Mutual or go to Medicare.gov. All costs are for 2023 from the federal government and Ohio providers and may change for 2024.

We're Here to Help

Medical Mutual has over 85 years of experience serving Ohioans with high-quality insurance plans and outstanding customer service.

The Right Coverage Is About the Right Choices

Choosing the level of Medicare coverage and plans that best suit your needs can be challenging. We can help you navigate your options, no matter what your situation. We will take the time to answer your questions, help you make sure your priorities are covered and choose a plan that has your best interests in mind.

Ohioans Serving Ohioans

As an Ohio-based company, we pride ourselves on serving our community and its members. Our local customer service teams are available to answer your Medicare questions.

To learn more, call toll free 1-866-406-8777 (TTY: 711 for hearing impaired):

- October 1 – December 7, Monday through Friday: 7 a.m. to 9 p.m., Saturday and Sunday: 10 a.m. to 7 p.m.
- December 8 – September 30, Monday through Friday: 9 a.m. to 9 p.m., Saturday: 10 a.m. to 7 p.m.
- Or visit us online at [MedMutual.com/Medicare](https://www.MedMutual.com/Medicare).

Helpful Medicare Definitions

Premium

Payments you make to your insurance provider to keep your coverage.

Deductible

The amount you pay for your healthcare services before your health insurer pays. Deductibles are based on your benefit period (typically a year at a time).

Example

If your plan has a \$2,000 annual deductible, you will be expected to pay the first \$2,000 toward your healthcare services. After you reach \$2,000, your health insurer will cover the rest of the costs. You still must pay a copay or coinsurance if one is listed.

Copayment (Copay)

The amount you pay to a health provider at the time you receive services. You may have to pay a copay for each covered visit to your doctor, depending on your plan. Not all plans have a copay.

Coinsurance

An amount you may be required to pay as your share of the cost for the services or prescription drugs after you pay any deductibles. Coinsurance is usually a percentage of the service or drug's total cost (for example, 20 percent).

MedMutual Advantage plans are HMO and PPO plans offered by Medical Mutual of Ohio with a Medicare contract. Enrollment in a MedMutual Advantage plan depends on contract renewal. This is a solicitation for Medicare Supplement insurance through Medical Mutual of Ohio. Neither Medical Mutual nor any of its agents or Medicare Supplement insurance policies are connected with or endorsed by the U.S. or state government, Social Security or federal Medicare program. The Medicare Supplement insurance policy will include the exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or Medical Mutual.

Medical Mutual Medicare Supplement insurance policies are being offered through Medical Health Insuring Corporation of Ohio. Contact will be made by a licensed insurance agent or insurer. The amount of benefits provided depends upon the policy selected and the premium will vary with the amount of the benefits selected.

There are safeguards in place to help you make confident, informed decisions about selecting an insurance company. You may verify that an agent is licensed by contacting The Ohio Department of Insurance.

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