

MEDICARE SUMMARY – 2024

OVERVIEW

Medicare is modeled after private health insurance. Thus, it covers some of the cost of some health care.

Generally, coverage is available for the cost of health care (except for hospice care and specific preventive services) *only* when the services are medically reasonable and necessary for diagnosis, treatment or rehabilitation of illness or injury. Skilled care to maintain or slow decline of a condition can also be covered.

ELIGIBILITY AND ENROLLMENT

Individuals who are 65 years old and eligible for Social Security or Railroad Retirement benefits are automatically eligible for Medicare Part A and may choose to enroll in Part B. Disabled individuals who have received Social Security Disability benefits for 24 months are also eligible for Medicare. People with ERSD and ALS may be eligible without waiting 24 months. Individuals can enroll and get information at their local Social Security office and on-line.

TRADITIONAL MEDICARE

Medicare has been in existence since 1965. Coverage is divided between two parts of Medicare, Part A and Part B. Beneficiaries are responsible for some premiums, deductibles, and co-payments. Half of most beneficiaries are in the traditional program. These beneficiaries can get their health care from any provider who is certified by Medicare. The traditional program generally does not cover prescription drugs. However, Medicare Part D covers prescription drugs through private plans.

HELP WITH MEDICARE CO-PAYS & OTHER EXPENSES

Beneficiaries *with limited incomes* may be eligible for help from federal and/or state programs to cover some or all of Medicare's required co-payments and to help with prescription drug costs.

In addition, Medigap health insurance *can be purchased* to cover some of Medicare's co-insurances and deductibles.

MEDICARE ADVANTAGE

Medicare beneficiaries have the option to receive their Medicare benefits through private health insurance plans. These private insurance options are authorized by Medicare Part C, which is also called Medicare Advantage (MA).

MA plans generally require patients to obtain services only from certain providers; in return the plans may offer reduced premiums, deductibles and coinsurance payments, and/or additional benefits not offered in traditional Medicare. Many MA plans also include Part D prescription drug coverage.

MA plans contract with the Medicare agency annually. An MA plan may elect not to renew its contract with Medicare at the end of the year for any reason, and, in some instances, during the year. MA plans can also change providers, benefits, premiums, and copays each year. Most plans require prior authorization for health care. Use caution before choosing a Medicare Advantage plan. Be sure your doctors and other health care providers are in the plan.

PRESCRIPTION DRUG COVERAGE

Medicare provides help paying for prescription drugs through the Medicare Part D program. Part D helps pay for certain drugs through a variety of private plans. People with traditional Medicare are eligible to enroll in a Part D plan but usually have to take steps to do so. People in an MA plan may have Part D included in their MA plan or choose a separate one.

MEDICARE APPEALS

Medicare is a complicated program. Coverage is often denied when it should be granted. If the individual's physician orders medically necessary care that is coverable, but is denied by Medicare, it is wise to seek help with an appeal. Medicare denials can be appealed whether the beneficiary is in traditional Medicare or a Medicare Advantage plan. Appeals can be successful, but it takes time.

MEDICARE COVERAGE

PART A

- Inpatient Hospital Care
- Skilled Nursing Facility Care
- Home Health Care
- Hospice Care

PART B

- Physician Services
- Outpatient hospital care. Services and therapy
- Durable Medical Equipment
- Prosthetic Devices
- Ambulance Services
- Home Health Care
- Certain Preventive Services:
 - One physical exam when 1st enrolled in Part B
 - Flu, Pneumococcal, Hepatitis B vaccines
 - Annual Mammograms
 - Some pap smears and pelvic exams
 - Colorectal Screening
 - Diabetes Self-Management Training /Tests
 - Bone Mass Measurements
 - Prostate Cancer Screening
 - Some Glaucoma Screening
 - Some Medical Nutrition Therapy Services
 - Some cardiovascular tests
 - Annual "Wellness Visit"

PART C

- A system of various private plans that deliver Medicare benefits. Also known as *Medicare Advantage*.

PART D

- Help paying for certain prescription drugs, provided by private plans.

2024 MEDICARE DEDUCTIBLE CO-INSURANCE & PREMIUM AMOUNTS

PART A: Hospital

Deductible: \$1,632/Benefit Period

Co-insurance:

Days 1-60: \$0

Days 61-90: \$408/Day

Days 91-150: \$816/Day (Lifetime Reserve Days)

Skilled Nursing Facility

Co-insurance: Days 1-20: \$0

Days 21-100: \$204/Day

Home Health

No co-insurance or deductible

Part A Premium (For voluntary enrollees *only*)

\$278/ Month (If individual has 30-39 quarters of Social Security coverage)

\$505/ Month (If individual has 29 or fewer quarters of Social Security Coverage)

PART B:

Deductible: \$240/Year

Standard Premium: \$174.70/Month (If individual income is < \$103,000/ Year)

If Ind. Income: \$103,000 - \$129,000: \$244.60/ Mo.

\$129,000 - \$161,000: \$349.40/ Mo.

\$161,000 - \$193,000: \$454.20/ Mo.

\$193,000 - \$500,000: \$559/ Mo.

Over \$500,000: \$594/ Mo.

CENTER FOR MEDICARE ADVOCACY

The Center for Medicare Advocacy, founded in 1986, is a national, non-profit law organization that works to ensure access to comprehensive Medicare, health equity, and quality health care. The Center is based in Connecticut and Washington, DC, with additional attorneys around the country.

Based on our work with real people, the Center advocates for policies and systemic change that will benefit all those in need of Medicare, health care coverage and care.

Staffed by attorneys, legal assistants, a nurse consultant, and information management experts, the organization represents thousands of individuals in appeals of Medicare denials. The work of the Center also includes responding to over 7,000 calls and emails annually from older adults, people with disabilities, and their families, and partnering with CHOICES, the Connecticut State Health Insurance Program (SHIP).

Only through advocacy and education can older people and people with disabilities be assured that Medicare and health care are provided fairly:

- We offer education and consulting services to help others advance the rights of older and disabled people and to provide quality health care.
- We draw upon our direct experience with thousands of Medicare beneficiaries to educate policy-makers about how their decisions play out in the lives of real people.

The Center for Medicare Advocacy is the most experienced organization for Medicare beneficiaries and their families.

Visit our website:
MedicareAdvocacy.org

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