



[2024]

# Medicare starts here.

*Get to know the basics with  
help from Univera Healthcare.*

univera<sup>®</sup>  
H E A L T H C A R E

M E D I C A R E



# New to Medicare?

We'll support you every step of the way.

As you start your Medicare journey, understanding your options and choosing the right plan for you can feel overwhelming. But it doesn't have to be. Univera Healthcare is right here, for you, to help make Medicare simpler and answer any questions you have along the way.

At Univera Healthcare, we're a part of the Western New York community, and we work every day to bring our members and neighbors quality coverage at an affordable cost.

Read on to learn more and discover how we can make it easier to find a Medicare plan that fits your life and your budget. **Let's get started.**



# Cost considerations.

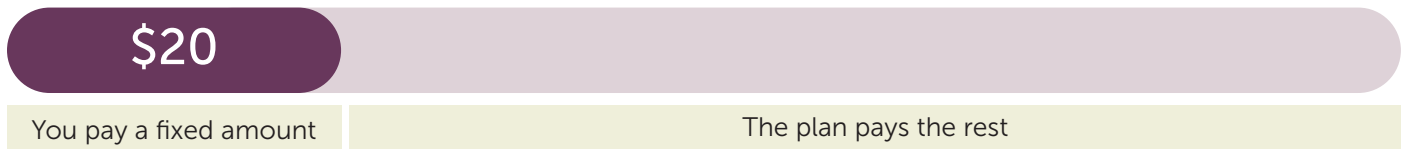
Before you can determine which plan makes the most sense for you, it helps to know what some common cost-related terms mean and how they'll affect what you pay.

**Premium** – A fixed amount you pay for Medicare coverage. You may pay the premium directly to Medicare, your Medicare plan such as Univera Healthcare, or both, depending on your coverage. Most premiums are charged monthly.

**Deductible** – A dollar limit you must meet from the sum of your out-of-pocket payments for covered services before your plan begins to pay. For example:



**Copayment (Copay)** – The fixed dollar amount you pay for a covered health care service or benefit when you receive it. For example:



**Coinsurance** – A percentage of the cost for a covered health care service or benefit that you pay when you receive it. For example:



## Financial Assistance and Support

You should also be aware that there are various financial assistance programs and additional support options that may be available to help bring down the types of Medicare costs detailed above.



### Extra Help

If you meet certain income limits, you may qualify for Extra Help, which helps pay for Medicare drug coverage such as plan premiums, deductibles, and prescription copays or coinsurance.



### Elderly Pharmaceutical Insurance Coverage (EPIC)

A New York State program administered by the Department of Health, EPIC helps income-eligible people aged 65 and older supplement their out-of-pocket Medicare Part D drug plan costs.



### Medicare Savings Programs

You may be able to get help from New York State for paying your Medicare premiums. In some cases, Medicare Savings Programs may also pay Part A and Part B deductibles, coinsurance, and copayments.

# Original Medicare – Part A and Part B.

Ready to explore the types of Medicare plans available to you? We'll start with a quick overview of Original Medicare (sometimes called Traditional Medicare), which is administered directly by the federal government and includes Part A and Part B. As you'll see, Original Medicare also lets you enroll in other plans for additional coverage.



## **Part A** (Hospital Insurance)

Medicare Part A is also known as hospital insurance because it primarily covers hospital care and other critical needs.

- Inpatient care in a hospital
- Skilled nursing facility
- Nursing home care (inpatient care in a skilled nursing facility that's not custodial or long-term care)
- Hospice care
- Home health care

### **Costs**

Most people can get Part A premium-free (\$0) because they or their spouse paid Medicare taxes while working. However, it's important to keep in mind that Part A services can carry a substantial deductible, copayments, or coinsurance, which can drive up your out-of-pocket costs. In 2024, the deductible for Part A is \$1,632 per benefit period.

The benefit period begins the day you enter the hospital or facility and ends after you have not needed inpatient care for 60 days in a row.

### **Eligibility**

You are eligible for Part A if you or your spouse paid into Social Security for at least 10 years through your employment and if you are a citizen or permanent resident of the U.S.



## **Part B** (Medical Insurance Coverage)

Medicare Part B is also known as medical insurance because it covers ongoing medical needs including doctor appointments, laboratory tests, and X-rays.

- Doctors' and other health care providers' services
- Outpatient care
- Ambulance services
- Durable medical equipment
- Some preventive services
- Home health care
- Certain prescription drugs

### **Costs**

In 2024, the standard Part B premium is \$174.70/month. Most people will pay this amount, but if the modified adjusted gross income reported on your IRS tax return two years before enrollment is above a certain amount, you may pay an additional charge.

Part B also has an annual deductible (\$240 in 2024) and other copayments and coinsurance (typically 20%) that may apply.

### **Eligibility**

You are eligible for Part B if you reside in the United States (except residents of Puerto Rico) and have become entitled to premium-free Part A.



# Additional Medicare options.

## Part C (Medicare Advantage)

Another option is Medicare Part C, commonly known as Medicare Advantage. Medicare Advantage plans include all the benefits and services covered under Part A and Part B, but allow you to bundle them together through a private insurer like Univera Healthcare. They also often include extra benefits like dental, vision, fitness, and hearing, along with Medicare prescription drug coverage (Part D).

Depending on the plan you pick, you may have to pay a monthly premium for Medicare Advantage, in addition to your Medicare Part B premium. Copayments and coinsurance may also apply.

There are several different types of Medicare Advantage plans:

Health Maintenance Organization (HMO)	Health Maintenance Organization Point-of-Service (HMO-POS)	Preferred Provider Organization (PPO)
 <b>Best for:</b> Budget Protection	 <b>Best for:</b> Balance of Cost Conscious and Some Flexibility	 <b>Best for:</b> Maximum Flexibility and Choice

Less Flexible	Network Flexibility	More Flexible
<ul style="list-style-type: none"> <li>Must choose in-network provider as your Primary Care Physician</li> <li>Must use in-network providers for non-emergency or urgent care visits</li> </ul>	<ul style="list-style-type: none"> <li>Must choose in-network provider as your Primary Care Physician</li> <li>Can see out-of-network providers for covered services</li> </ul>	<ul style="list-style-type: none"> <li>See any provider that accepts Medicare</li> </ul>
Typically Lower	Plan Costs	Typically Higher
<ul style="list-style-type: none"> <li>May offer lower premiums, cost shares, and out-of-pocket maximums</li> </ul>		<ul style="list-style-type: none"> <li>May have higher premiums, cost shares, and out-of-pocket maximums</li> </ul>
Out-of-Network Service Costs		
<ul style="list-style-type: none"> <li>Out-of-network services are NOT covered (except for emergency and urgent care situations)</li> </ul>	<ul style="list-style-type: none"> <li>Costs MAY be higher if you choose to go out-of-network</li> <li>An annual dollar limit applies to out-of-network care</li> </ul>	<ul style="list-style-type: none"> <li>Costs MAY be higher if you choose to go out-of-network</li> <li>No limit to the number of covered services you receive out-of-network</li> </ul>

### Did you know?

Some Part C plans offer a Part B premium refund. If this type of plan is offered in your area, the amount of the refund will differ by plan, and how you will receive the refund will depend on how your Medicare Part B premium is paid:

- **Part B premium is withheld from your Social Security check** – you will receive your refund as part of your Social Security check balance.
- **You pay Part B premium directly** – you will see your Part B premium statement with the rebate amount credited to the balance that you owe.

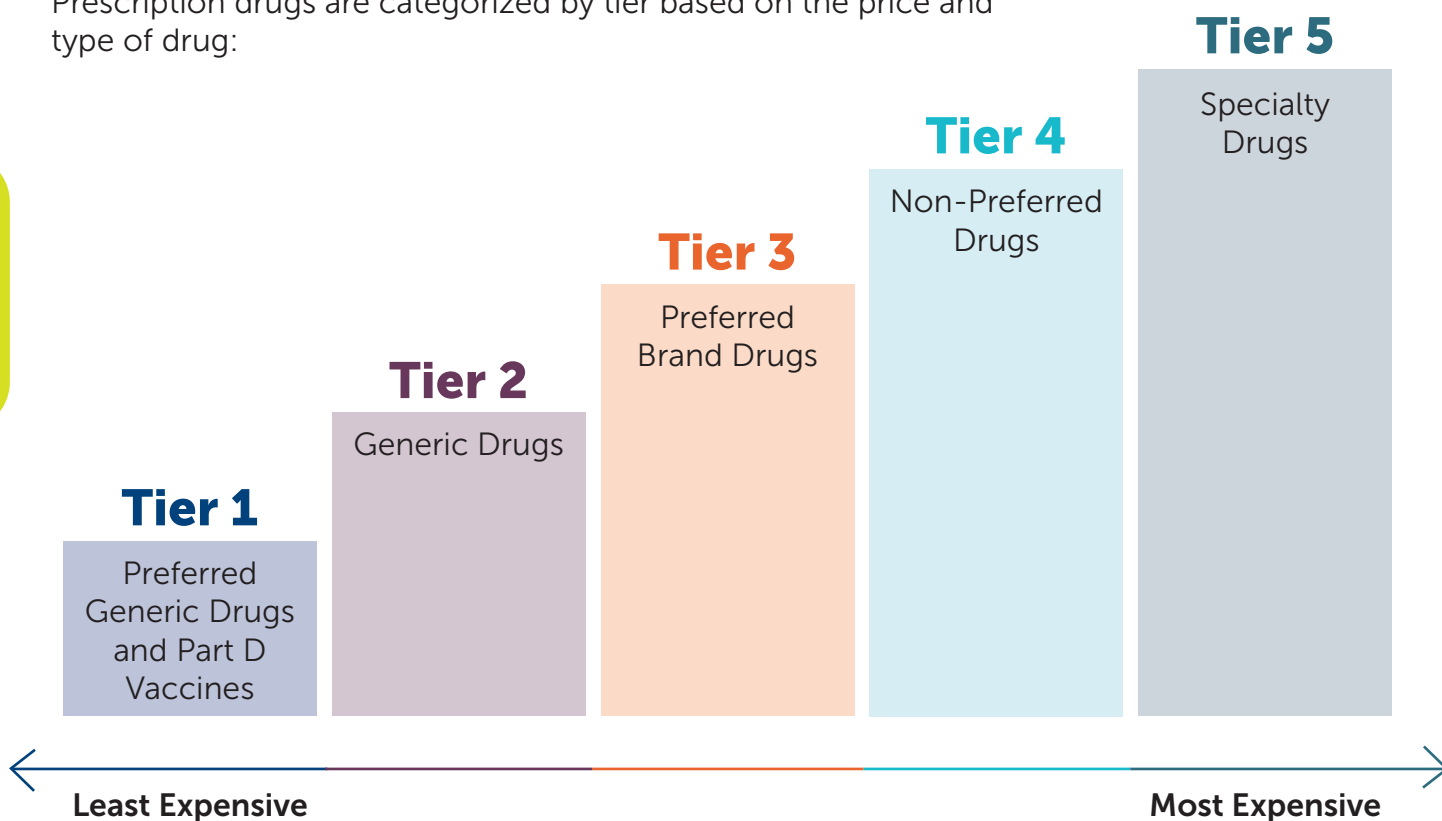


## Medicare Part D (Prescription Drug Coverage)

Medicare Part D helps cover the cost of prescription drugs. Many Univera Healthcare Medicare Advantage plans include Part D coverage.

## Prescription Drug Tiers

Prescription drugs are categorized by tier based on the price and type of drug:





# Medicare Part D Coverage Stages and 2024 Dollar Amounts

Medicare sets the spending limits and how much a person pays versus what the plan pays at each benefit stage every year. These annual changes can affect the costs of your prescriptions.

## Deductible Stage (If Applicable):

### You Pay

100% of medication costs until your deductible is met (if your plan has a deductible).

## Initial Coverage Stage:

### You Pay

The copayment/coinsurance for your prescription drug.

### Plan Pays

The remaining cost of your prescription drug outside of your copayment/coinsurance.



**\$5,030**

Once you and your plan's total spending adds up to this amount, you enter the coverage gap.



## Coverage Gap Stage:

### You Pay

25% of the total cost for generic and brand medications covered under your plan.



**\$8,000**

Once you have paid this amount during the year, which includes your deductible, copayments, and coinsurances, you enter the catastrophic coverage stage.

## Catastrophic Coverage Stage:

### You Pay

Nothing for your Part D medications.

### Plan Pays

Your drug costs, in full.

You will remain in the catastrophic coverage stage for the rest of the calendar year. On January 1 of the following year, you will begin again in the deductible stage.

## Medicare Supplement (Medigap) Plans

Medicare Supplement plans, also known as Medigap plans, work hand-in-hand with Original Medicare to help pay hospital and medical-related costs that Original Medicare does not, such as copayments, coinsurance, and deductibles. In addition to your monthly Part B premium, you pay a monthly premium to a private health insurance company, like Univera Healthcare.

## Dual Special Needs Plans (D-SNP)

A D-SNP is a Medicare Advantage plan designed to provide special coverage for people who are eligible for and enrolled in both Medicare and Medicaid. If you are age 65+ or have certain health conditions and meet income limit requirements, you may qualify for D-SNP.

## Comparing Your Options

Choosing a plan isn't always easy, but Univera Healthcare is here to help Western New Yorkers find the Medicare coverage that works best for them. Let's start with a simple side-by-side comparison of all the options we've discussed.



### Comparing Options

Benefits and Features	Original Medicare (Part A and Part B)	Medicare Advantage (Part C)*	Medicare Supplement (Medigap)*
Helps pay for hospital stays	✓	✓	✓
Helps pay for some medical care, such as doctor visits	✓	✓	✓
Helps pay for preventive services, such as flu shots	✓	✓	✓
Limits your annual out-of-pocket medical costs		✓	✓
Helps pay for Part D prescription drugs		✓	
Helps pay for over-the-counter drug costs		✓	
Routine dental coverage		✓	
Routine vision coverage and eyewear allowances		✓	
Routine hearing exam and hearing aid coverage		✓	
Fitness benefits		✓	

\*Benefits vary by plan.

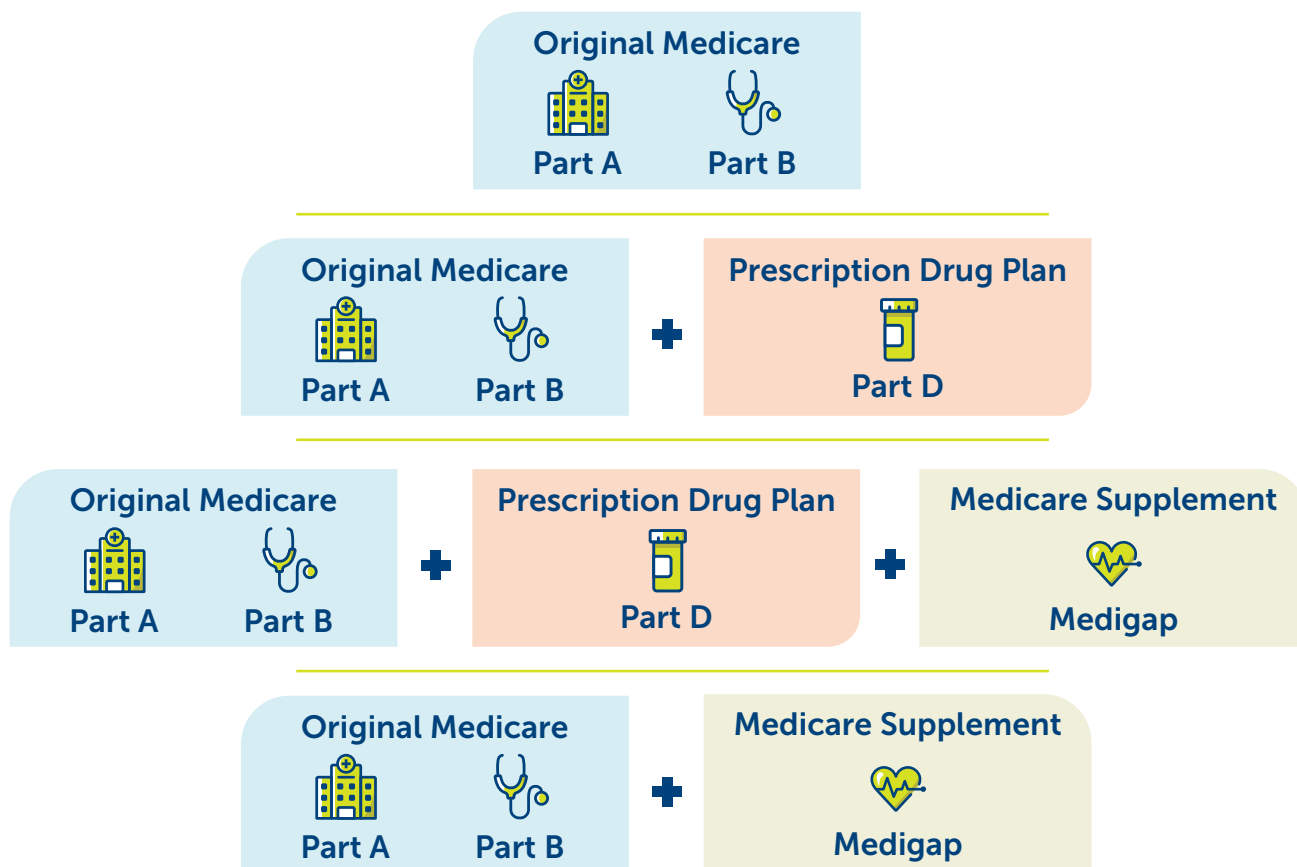


## Medicare coverage combination options.

With a basic understanding of the various types of Medicare plans, now let's take a look at how they can work together to provide the coverage that's right for you. The chart below highlights all the ways you can combine various types of Medicare to meet your needs.

If you choose a combination that does **not** include Part D prescription drug coverage, to avoid a financial penalty, you must purchase or have separate drug coverage that is considered "creditable," meaning it covers at least as much as Medicare Part D.

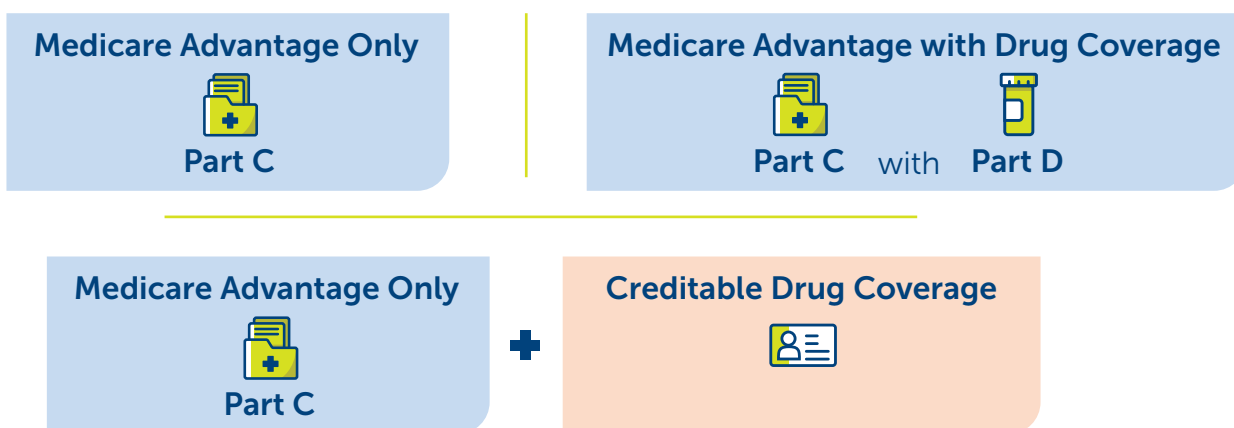
### Original Medicare Combinations



Comparing Options

### Medicare Advantage Combinations

Remember, if you choose a Medicare Advantage plan, you'll receive all of the benefits and services of Original Medicare, as well as additional coverage and extras.



# When you can enroll and switch.

If you have a clearer picture of which plan makes sense for you, you might be wondering when and how you can enroll or make a switch. Univera Healthcare can help you there, too.

## Eligibility and Enrollment

To be eligible for Medicare, you must meet one of the following requirements:

- Age 65 or older
- Under 65 with certain disabilities
- Any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

## Initial Enrollment Period (IEP)

If you're turning 65 and about to enroll in Medicare for the first time, you have a seven-month window, which starts three months before you turn 65 through the three months following the month of your 65th birthday.



- Your enrollment will take effect on the first day of your birthday month or the first day of the month following your enrollment submission request if you enroll after you turn 65.
- If you will receive Medicare before age 65 due to a disability, you can join three months before or three months after the 25th month of your disability.

Enrollment







### General Enrollment Period (GEP)

If you missed your Initial Enrollment Period (IEP), you can use the GEP to get enrolled.

Every year, the Medicare GEP for Parts A and B is from January 1 to March 31, and your coverage will begin the first of the month following your enrollment.

The GEP for Parts C and D is from April 1 to June 30. This coverage will not begin until July 1, regardless of when you enroll during this period.

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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*Sign up for Part A & B*

*Sign up for Part C & D*

### Medicare Supplement Open Enrollment Period (OEP)

The best time to enroll in a Medicare Supplement plan may be your Medicare Supplement OEP. This period lasts six months and begins the first day of the month in which you are both 65 or older and enrolled in Medicare Part B.

### Special Enrollment Period (SEP)

You may be able to join or switch plans under special circumstances, including:

- If you enroll in Elderly Pharmaceutical Insurance Coverage (EPIC)
- When you lose or end your employer-sponsored coverage
- If you make a permanent move into or out of your plan's service area
- If you become approved for Low Income Subsidy (LIS – "Extra Help")
- If you qualify for any other exceptional conditions determined by the Centers for Medicare & Medicaid Services (CMS)

If you qualify for an SEP, you have two full months after the month of your qualifying event to join or change coverage outside of Part A and Part B.



## Working past 65? Here's what you need to know.

Even if you're eligible for Medicare, we understand that everyone's situation is unique. You may decide to remain on your employer-sponsored health insurance, or continue working past 65 because you're not ready to retire.

If that's the case, you should still generally opt-in to Medicare Part A when you turn 65, as there is no premium as long as you or your spouse contributed to Medicare payroll taxes for 10 years. However, Part B enrollment is more complex and is based on the size of your employer.

Review the information below, then have a conversation with your employer to ensure you're taking full advantage of your coverage options:

### Employer with 20+ Employees:

You can wait to sign up for Medicare Part B because your employer insurance will still be the primary payer. To avoid potential penalties later on, be sure to ask your employer if the prescription drug coverage provided with your plan is "creditable," meaning it covers at least as much as Medicare Part D.

### Part B Special Enrollment Period (SEP):

- You can enroll in Medicare Part B during the eight-month period after your employer-sponsored health coverage or employment itself ends, whichever comes first.
- SEP rules do not apply if employment or employer-provided health plan coverage ends during your Initial Enrollment Period (IEP). In addition, if you have COBRA coverage or a retiree health plan, that's not considered coverage based on current employment, so you are not eligible for a Part B SEP when that coverage ends. In these instances, you should be sure to sign up for Part B during your IEP.

### Employer with Less Than 20 Employees:

When you become eligible for Medicare, you should enroll in Part A and Part B because Medicare will be your primary insurance. If you do not enroll in Medicare, it will be as if you do not have any coverage, and you risk paying late enrollment penalties later on that will last the rest of your life.





Late Enrollment Penalties for Part A, Part B, and Part D

If you miss your Initial Enrollment Period (IEP) window and you don't qualify for special circumstances that permit you to delay enrollment, you may be subject to late enrollment penalties.

### Part A

If you have to pay a premium for Part A, and you don't enroll when you're first eligible, the penalty will be 10% of your monthly premium. You'll pay the increased premium for twice the number of years you didn't sign up after becoming eligible.

#### Penalty Example:

If you were eligible for Part A for three years but didn't sign up, you'll have to pay the higher premium for six years.

3

x

2

=

6

Years of delay

Years of penalty

### Part B

If you didn't enroll in Part B when you were first eligible, your monthly premium will increase by 10% for each 12-month period in which you didn't sign up. This can become a large financial burden, as this penalty will last the rest of your life.

#### Penalty Example:

If you delayed your enrollment for two years, you'll have to pay a 20% higher monthly premium for as long as you have Part B.

10%

x

2

=

20%

of Part B premium

Years of delay

Monthly penalty

### Part D

If you don't have other creditable drug coverage when you become eligible for Medicare, you have 63 days to enroll in Part D (or a plan that includes it). For each full month after this that you delay enrollment, you will pay an additional 1% of the national base beneficiary premium (\$34.70/month in 2024), rounded to the nearest \$0.10. This penalty will last as long as you have Part D, and the penalty amount is subject to change each year.

#### Penalty Example:

If you delayed enrollment in Part D for 24 months, you'll pay an additional 24% of the national base beneficiary premium. For 2024, this penalty example would be \$8.30/month.

\$34.70

x

1%

x

24

=

\$8.30

National base beneficiary premium

Months

Monthly penalty

## Switching Plans

Already enrolled in a Medicare plan? It can still be a good idea to revisit your coverage regularly to ensure that you're making the most of what's available to you. Reviewing your Annual Notice of Change (ANOC) is a great place to start.

### What's an ANOC?

The ANOC is a notice you receive from your Part C or Part D insurance company in late September each year. This document provides a summary of any changes in the plan's costs and coverage that will take effect January 1 of the next year.

If you're happy with your current Medicare plan, you don't need to do anything. But if you find that switching makes sense, there are periods available for you to do so.



### Annual Election Period (AEP)

The AEP runs from October 15 to December 7 of each year, and your coverage would begin on January 1 of the following year. During the AEP, you can:

- Change your Medicare Advantage plan (Part C)
- Change your stand-alone prescription drug plan (Part D)
- Add or drop prescription drug coverage
- Return to Original Medicare (Part A and Part B)

### Medicare Advantage Open Enrollment Period (OEP)

The Medicare Advantage OEP runs from January 1 to March 31 each year. The OEP allows individuals enrolled in a Medicare Advantage plan to make a one-time change to another Medicare Advantage plan or Original Medicare.

### Special Enrollment Period (SEP)

If you qualify for an SEP, not only does it allow you to enroll in Medicare for the first time, but SEPs also entitle you to switch between plans if you are already enrolled in Medicare. Please see the **Special Enrollment Period** section on page 11 for more information.

# Overall Considerations.

Once you've made the decision to enroll in Medicare coverage or switch plans, it can be helpful to keep the following in mind:



## Your Expected Utilization and Potential Costs

When shopping for coverage, it can be tempting to focus on the monthly premiums. But, based on the specific care, benefits, and services you use and need, other costs like deductibles, copays, and coinsurance also play a role in the cost of your plan.

Remember that unlike with Original Medicare (Part A and Part B), Medicare Advantage (Part C) and Medicare Supplement plans place an annual limit on your total out-of-pocket medical costs.



## Access to Care

Provider and hospital networks may change over time, so it is important to determine whether your doctor and preferred hospital participates in the network of the plan you're considering, to keep your costs low.



## Check Your Medications

A formulary is essentially a list of covered drugs and the tiers and costs that they fall into. In some plans, doctors must order or use only drugs listed on the plan's formulary. If prescription drug coverage is important to you, consider whether all of your drugs are included in the plan's formulary.



## Importance of Extras

If additional benefits and perks such as dental, vision, hearing, or fitness are important to you, you may consider a Medicare Advantage (Part C) plan. These are just a few of the possible extras that may come with a Medicare Advantage plan, but the costs and level of coverage will vary by plan as well.



Remember, you're not locked into a plan for the rest of your life! You'll have a chance to revisit your coverage every year, so don't let the plan you choose now feel like a final decision. As always, Univera Healthcare is here for Western New York – and you can connect with our local Medicare experts anytime to make sure your plan is still right for you.



# Make your Medicare decision with the support of local experts.



We know that there's a lot to learn about Medicare, and it can seem overwhelming. The good news is, you don't have to make your decision alone. Univera Healthcare has Medicare experts right here in Western New York, and we're ready to support you in every way possible.



## Meet with us

### 1-on-1 Consultations

Our Medicare Consultants are available year-round in locations throughout the community. Reserve a **FREE** consultation, and we'll help you understand your options.

### Request an Appointment

Our Medicare Consultants are also available to meet at a time and place that's most convenient for you.

### Medicare Seminars

Attend a **FREE** local seminar and learn more about Medicare basics and the Univera Healthcare plans available to you in a low-key group setting.



## Call

**1-877-353-6097 (TTY 711)**

October 1 to March 31:

8 a.m. to 8 p.m., seven days a week

April 1 to September 30:

8 a.m. to 8 p.m., Monday-Friday



## Click

**UniveraForMedicare.com**

## Scan



**Right here.  
For you.**

Univera Healthcare is an HMO and PPO plan with a Medicare contract. Enrollment in Univera Healthcare depends on contract renewal.

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-883-9577 (TTY: 711)。

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