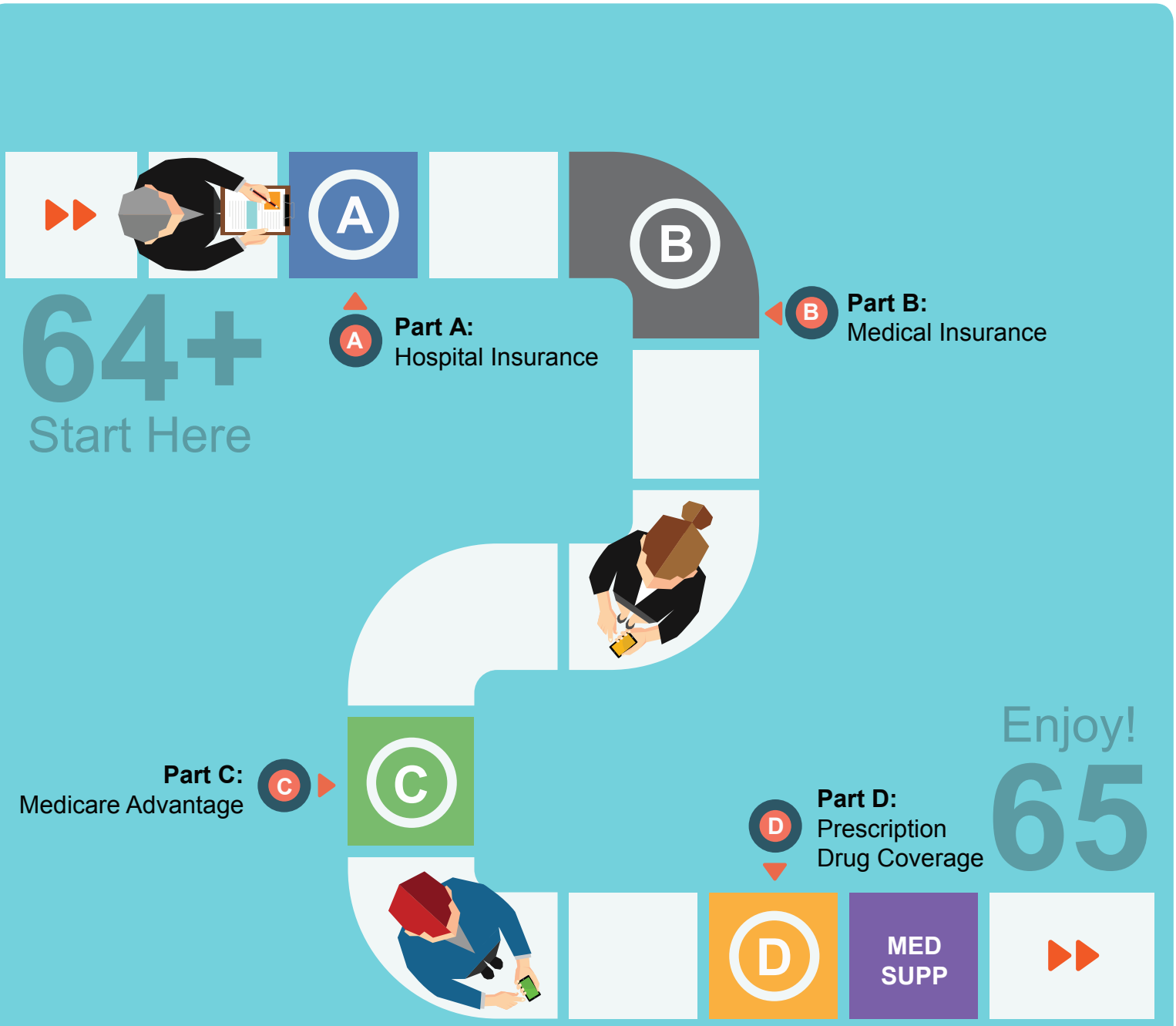


YOUR MEDICARE GAME PLAN

A Guide to Your Medicare Choices

CoxHealth
MedicarePlus
Insured through Essence Healthcare

Different Parts of Medicare

To figure out how you want to receive your Medicare benefits, take a look at the different types of care the program offers.

Medicare includes four different parts. In addition, there are supplemental insurance policies that you can buy. Each Medicare part covers a different type of care. The Medicare plan you choose will be made up of some of these parts.

Medicare Part A – Hospital Insurance

Helps pay the cost of care when you're in a hospital or in a skilled nursing home, as a follow-up to a hospital stay. It also helps with the cost of hospice care (when your doctor says you have less than six months to live) and part-time home healthcare if you can't leave the house.

Medicare Part B – Medical Insurance

Helps pay the cost of services from doctors and other skilled healthcare providers. It covers medically necessary services and supplies to diagnose or treat your condition. It also helps pay for durable medical equipment and some preventive services to keep you healthy.

Medicare Part D – Prescription Drug Insurance

Helps pay for prescription drugs prescribed by your doctor. Medicare Part D is run by Medicare-approved private insurance companies. It helps lower your prescription drug costs and helps protect you against higher costs in the future.

Medicare Supplement Insurance (Medigap)

Helps pay some of the healthcare costs that Original Medicare (Parts A and B) doesn't cover, like deductibles, copayments and co-insurance. These policies are also called Medigap policies. They are sold by private companies.

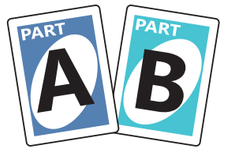
Medicare Part C – Medicare Advantage (includes Parts A + B + usually D)

Combines all of the benefits and services of Parts A and B (hospital, doctor, outpatient) and usually Part D (prescription drug) costs — all in one plan. These plans are run by Medicare-approved private insurance companies. With a Medicare Advantage plan, you don't need Medicare supplement insurance.

Menu of Plan Options

When the time comes to choose your Medicare plan, you can mix the different Medicare parts to create the Medicare coverage you want. You can combine the parts in five different ways.

1 Parts A + B

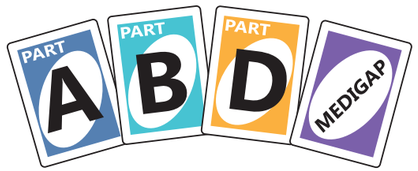


Original Medicare coverage of hospital and medical services

2 Parts A + B + D

Original Medicare plus prescription drug coverage

3 Parts A, B, D + Medigap



Original Medicare plus prescription drug coverage, with a Medicare supplement insurance policy to help cover your costs

4 Parts A, B + Medigap

Original Medicare plus a Medicare supplement policy, but without prescription drug coverage

5 Part C (Medicare Advantage)

Medicare Advantage plan that usually includes prescription drug coverage (most Part C plans do)

Enrollment Windows and Timing

The best time to enroll

Medicare may be the best birthday present you get when you turn 65 (or otherwise become eligible). But don't wait – enroll at the first opportunity to have the best options and avoid potential penalties.

Most people have seven months to enroll in Medicare — beginning three months before the month of their 65th birthday and ending three months after. This is called the Initial Enrollment Period.

Three months before your 65th birthday month	Your 65th birthday month	Until three months after your 65th birthday month

64 years, 9 months: Beginning when your 65th birthday is three months away, you have seven months to enroll in Medicare Parts A, B, D and C.

Part A: Hospital Insurance

Part B: Medical Insurance

Part D: Prescription Drug Insurance

Part C: Medicare Advantage

For Medicare Supplement Insurance (Medigap), you have a guaranteed right to buy a policy for six months. The six-month guaranteed enrollment period begins when you turn 65 and enroll in Medicare Part B.

I missed the Initial Enrollment Period, but I want to sign up. Now what?

Medicare Parts A and B: If you miss your seven-month Initial Enrollment Period, you can sign up during the General Enrollment Period, which runs between January 1 and March 31 every year. (Your benefits will begin July 1 of that year.) You may have to pay a late enrollment penalty for Part B. If you weren't eligible for premium-free Part A, you also may have to pay a late enrollment penalty for Part A. Check with Medicare about exceptions.

Medicare Part D: If you miss the seven-month Initial Enrollment Period, you can enroll between October 15 and December 7 of any year. You may have to pay higher premiums. Check with Medicare about exceptions.

Medicare Part C (Advantage): If you miss the seven-month Initial Enrollment Period, you can enroll between October 15 and December 7 of any year. Check with Medicare about exceptions.

Medicare Supplement Insurance (Medigap): You can sign up at any time. But if you miss the six-month guaranteed enrollment period that begins when you sign up for Part B, you may be denied or charged more because of your health history.

Medicare Annual Enrollment:

How to Change Your Coverage

I'm enrolled in Medicare. How do I switch plans?

You can make changes to your Medicare coverage once each year. For example, you can switch from one type of coverage (like Parts A and B) to another type (like Medicare Advantage, Part C). Typically, you can add, drop or change plans during specific times of the year.

The most common time for making changes is during the Medicare Annual Enrollment Period—from October 15 to December 7.

Medicare Annual Enrollment Period: October 15 to December 7

Medicare Part D (prescription drug coverage): You can add, drop or change your Part D coverage during Medicare's Annual Enrollment Period. (Check with Medicare to see if you qualify for an exception.)

Medicare Advantage (Part C): You can join a Medicare Advantage plan or change your existing plan during Medicare's Annual Enrollment Period.

- If you enroll in Medicare Advantage, you have from January 1 to March 31 of the following year to change your mind. If you cancel your Medicare Advantage plan, you will be automatically enrolled in Medicare Parts A and B and you can sign up for Part D.

Medicare Supplement Insurance (Medigap): You can add, change or cancel Medigap insurance at any time.

What if I move outside of my Medicare Advantage plan area?

If this happens, you can usually change your coverage without waiting for the next Medicare Annual Enrollment Period. Call the Medicare Helpline for details: 1-800-633-4227. TTY users should call 1-877-486-2048, 24 hours a day, seven days a week.

HINT: Check for exceptions

Sometimes you don't have to wait until the next Medicare Annual Enrollment Period to change plans. Check with Medicare to find out.

Original Medicare or Medicare Advantage?

Decide how you want to get your benefits.

Now that you know the different parts of Medicare, and you've thought through your own situation and needs, you're ready to begin.

Your first step is to sign up for Original Medicare (Parts A and B). You can then sign up for a Medicare Advantage plan. Both types of plans pay for the same basic services. But they provide coverage in different ways.

After you've made this decision, you will move on to other choices.

1 Do you want Original Medicare? (Parts A + B)

Original Medicare:

- Includes Part A (hospital costs) and Part B (doctor visits and medical costs)
- Is run by the government
- Lets you see any doctor or hospital that accepts Medicare
- Makes direct payments to the doctors and hospitals that you visit
- Doesn't limit the amount of money you may have to pay out of your own pocket for your care. That's why some people with Original Medicare also buy supplemental insurance. That extra policy helps pay for the costs that Medicare doesn't cover

OR...

2 Do you want a Medicare Advantage plan? (Part C)

Medicare Advantage:

- Combines Part A (hospital costs) and Part B (doctor visits and medical costs), and usually Part D (prescription drug coverage)
- Is offered by private insurance companies and approved by Medicare.
- Uses a network of doctors and hospitals
- Receives a fixed fee from Medicare for taking care of you and then pays the doctors and hospitals
- Usually limits your out-of-pocket costs so you can avoid big surprises. With Medicare Advantage, you don't need to buy supplemental insurance

HINT: Choose a plan

If you enroll in Medicare but don't choose a specific plan, you'll receive Original Medicare (Parts A and B).

Step-by-Step Choices

You should enroll in Original Medicare (Parts A and B) as soon as you become eligible. Then you can decide how you want to get your benefits.

Here's a step-by-step guide to each choice along the way:

1 How do you want to get coverage?

Original Medicare	OR	Medicare Advantage
Part A Hospital Insurance		Part C combines Parts A + B and usually Part D
Part B Medical Insurance		

2 Do you need coverage for prescription drugs?

Original Medicare	OR	Medicare Advantage
Buy a Part D prescription drug policy		Part D prescription drugs are covered under most Medicare Advantage plans

3 Do you need supplemental coverage?

Original Medicare	OR	Medicare Advantage
Buy a Medigap policy		With Medicare Advantage, it's not necessary or possible to add supplemental coverage

4 Do you want additional benefits?

Original Medicare with Medigap	OR	Medicare Advantage
Additional benefits are not available		Most Medicare Advantage plans offer extra benefits such as dental, vision, and gym memberships, at no extra cost

Examples of Medicare Plan Choices

These examples will give you an idea of how people in different situations choose to receive their Medicare benefits. Your own needs and experiences may be different. The numbers used in these graphs are based on average amounts found on www.Medicare.gov.

Example: Terry, Age 65, Primary Concern: Out-of-Pocket Costs

Terry is 65 and is concerned about costs. Terry takes a brand-name prescription drug to lower her cholesterol.

Terry's choice:

- Medicare Parts A and B
- A Medicare Part D prescription drug plan

Why:

- Terry wants to control costs for healthcare, including doctor visits, hospitalizations and prescription drugs.
- Terry is not worried about having a long hospitalization, which might exhaust her Medicare benefits.
- She wants to continue seeing a specific doctor.

Costs:

Monthly premiums†	
Part A	$0
Part B	$148.50
Part D	$39.60
Subtotal	$188.10
Other costs	
Part A deductible	$1,408
Part B deductible	$198.00
Part D deductible	$0 - $445
Doctor visits	20% co-insurance
Annual out-of-pocket limit	No limit on what Terry might have to pay

HINT: *You can get help choosing coverage*

If you need help choosing your Medicare coverage, you can talk with trained volunteer counselors at your State Health Insurance Assistance Program (SHIP). They provide free, unbiased information about Medicare.

- In Missouri, call 1-800-390-3330 or 1-573-817-8320, or visit www.missouriclaim.org

Example: Lou, Age 65, Primary Concerns: Prescription Drug Coverage and Travel Coverage

Lou is about to turn 65 and has a good pension. Lou has minor breathing problems and takes an antibiotic. Lou plans to take frequent bicycle trips around the country with friends.

Lou's choice:

- Medicare Parts A and B
- Stand-alone Part D policy for prescription drug coverage
- Medicare Supplement Plan G

Why:

- On bike trips around the country, Lou may need to see doctors in different states.
- Lou wants help with prescription drug costs in the future.
- Lou wants to know help may be available with deductibles and co-insurance.

Costs:

Monthly premiums†	
Part A	0
Part B	$148.50
Part D	$39.60
Supplement Plan G	$180.00
Subtotal	$368.10
Other costs	
Part A deductible	$0 (covered by supplement)
Part B deductible	$0 (covered by supplement)
Part D deductible	$0 - $445
Doctor visits	$0
ER visits	$0
Annual out-of-pocket limit	No limit on what Lou might have to pay

Example: Pat, Age 65, Primary Concerns: Vision, Dental, Prescription Drug and Gym Membership Coverage

Pat has turned 65 and has just retired. Pat works out at a gym and takes a prescription drug to treat macular degeneration (an eye condition).

Pat's choice:

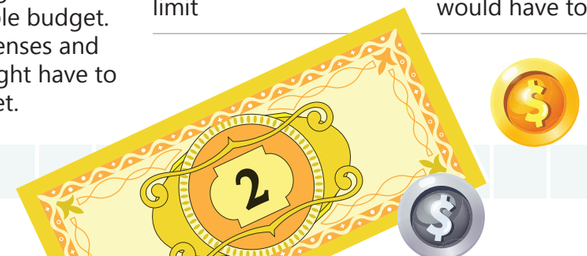
- Medicare Advantage (Part C), which includes Parts A and B as well as Part D prescription drug coverage

Why:

- Pat is very interested in preventive care and wants to stay healthy.
- Pat wants help with vision and dental costs, transportation needs and a health club membership.
- Pat also wants access to specialists in case of a serious illness.
- While he takes few prescriptions now, Pat is aware that may change.
- Pat likes having a predictable budget. He wants low monthly expenses and a limit on how much he might have to spend out of his own pocket.

Costs:

Monthly premiums†	
Part A	$0
Part B	$148.50
Part D	$0
Medicare Advantage	$0
Subtotal	$148.50
Other costs	
Part A deductible	$0
Part B deductible	$0
Part D deductible	$0
Doctor visits	$5 copay (primary care)
ER visits	$100 copay
Annual out-of-pocket limit	$5,422 is the most Pat would have to pay



Medicare Part A: Your Hospital Insurance

Snapshot: Medicare Part A

Medicare Part A is your hospital coverage. It's part of Original Medicare (sometimes called Basic or Traditional Medicare) that's been around for years. It pays part of the cost of hospital stays, while you pay a fee for certain services.

You don't have to pay a premium for Medicare Part A if you or your spouse paid Social Security taxes through your job for at least 10 years. (That's 10 years total. It doesn't have to be 10 years in a row.)

What does Medicare Part A cover?

Medicare Part A helps you pay for:

- Care for an illness or medical condition that requires a stay in the hospital
- Care in a skilled nursing home, as a follow-up to a hospital stay
- Hospice care (medical care to make you comfortable if your doctor says you have less than six months to live)
- Some home healthcare from a skilled nurse or aide if you can't leave the house

What is *not* covered by Medicare Part A?

Part A does ***not*** help you pay for these things:

- Doctors' services – those are covered in Part B after you pay the deductible and 20 percent of the costs
- Extras in the hospital like phone calls and TV
- Personal care services in the hospital, like help with eating, bathing and dressing

Are there any coverage limits?

Part A limits the number of days of care it will help with:

- In the hospital: Part A will help pay for up to 90 days at one time in the hospital. Beginning on day 91, you are responsible for all of your hospital costs.*
- In a skilled nursing home: Part A will help pay for up to 100 days in a skilled nursing home. Beginning on day 101, you are responsible for all of your hospital costs.

If you meet certain conditions, Part A does not limit the number of:

- Home healthcare visits by a skilled nurse or aide
- Hospice care visits, if you have less than six months to live

HINT: No limit on what you pay

Watch your budget carefully because Part A does not limit the amount of money you may have to spend out of your own pocket.

**Beginning on day 91, you are generally responsible for all your hospital costs. However, Medicare allows you 60 "lifetime reserve" days. When you exceed the 90-day limit, you can use this bank of days to help pay for your hospital costs. You can use these reserve days throughout your life until they are gone.*

Medicare Part B: Your Medical Insurance

Snapshot: Medicare Part B

Medicare Part B is your medical insurance. It's part of Original Medicare (sometimes called Basic or Traditional Medicare). It helps pay for important healthcare when you're sick or injured.

Part B helps pay for medical care like doctor visits, as well as services you get from doctors when you're in the hospital. (Most other hospital services are covered by Medicare Part A.) Part B helps cover lab tests and screenings, some skilled nursing care at home, emergency room care, medical equipment, and mental health services when you're not in the hospital.

Sometimes you get services in a hospital or clinic even though you haven't been admitted as a patient. Part B covers those services.

Part B also helps pay for some preventive care to keep you healthy. With Part B, you can get a free wellness exam every year (with services like a blood pressure checkup), plus some health screenings.

Part B includes a free wellness exam every year.

What does Medicare Part B cover?

- Doctor visits
- Part-time skilled nursing care and home healthcare services if you can't leave the house
- Some preventive care, like an annual wellness exam, flu shots and pneumonia shots
- Some lab tests (like blood tests and urinalysis)
- X-rays, MRIs, CT scans, EKG and some other diagnostic tests
- Some screenings like mammograms as well as colorectal and prostate cancer screenings
- Durable medical equipment for use at home (like oxygen, wheelchairs and walkers)
- Emergency room services
- Services from ambulatory surgery centers (centers that provide surgery for patients who don't have to be hospitalized)
- Medical services and mental healthcare when you're not in the hospital
- A few prescription drugs that are administered by a doctor, like chemotherapy drugs

For a complete list of what Part B covers, go to www.Medicare.gov.

Medicare Part D: Prescription Drug Coverage

Snapshot: Medicare Part D

Medicare Part D helps you with a large part of your prescription drug costs. It offers coverage for many generic and brand-name drugs that you get at the pharmacy, but not every drug is covered.

Part D coverage is available to everyone with Medicare. You can sign up for it as soon as you're eligible for Medicare. Even if you don't need prescription drug coverage right now, it may be a good idea to sign up for it in case you need it later.

- Part D coverage comes from private companies that meet government standards.
- You have many plans to choose from, and each plan is different. For example, each plan includes different drugs and pharmacies.
- Your choices for prescription drug coverage depend on which Medicare plan you choose. If you choose Original Medicare (Part A and Part B), you need to buy a separate Part D plan. If you choose Medicare Advantage (Part C), drug coverage is usually included.
- Enrollment is not automatic.
- If you don't sign up during your Initial Enrollment Period, you may have to pay a late enrollment penalty.

The drugs covered can change every year, so pay attention to the notices you receive.

What does Part D cover?

All drugs covered under Part D must be FDA approved for sale in the U.S., must be medically necessary according to your doctor, and must require a prescription. Specific drugs cannot be listed here because each Part D plan offers a different list (or "formulary").

Although each plan is different, the government requires all Part D plans to cover certain ***types*** of drugs. They must cover at least two drugs in each of these categories:

- antidepressants
- antipsychotics
- anticonvulsants
- antiretrovirals (for HIV/AIDS)
- immunosuppressants (for transplants)
- anticancer

What is not covered by Part D?

If a specific drug is not covered by a Part D plan, you won't get help to pay for it.

Also, the government ***excludes*** certain drugs from being covered. Here are some of the drugs that are not covered:

- over-the-counter drugs
- medications for weight loss
- cough and cold drugs
- fertility drugs
- erectile dysfunction drugs
- cosmetic products
- drugs purchased in another country
- vitamins and minerals

What's my first step in choosing a Part D plan?

Your choices for coverage depend on which Medicare plan you select.

- If you choose the Original Medicare plan (Parts A and B) for hospitalization and medical services, you will need to buy a separate plan to cover prescription drugs.
- If you choose a Medicare Advantage plan (Part C), it typically includes prescription drug coverage with no annual premium. So, you may not need to pay for a separate prescription drug plan.

HINT: *Ask for an exception*

If you need a drug that your plan doesn't cover, you and your doctor may ask for an exception.

Part D plans can change the list of drugs they cover. But they have to notify you 60 days before they make a change.

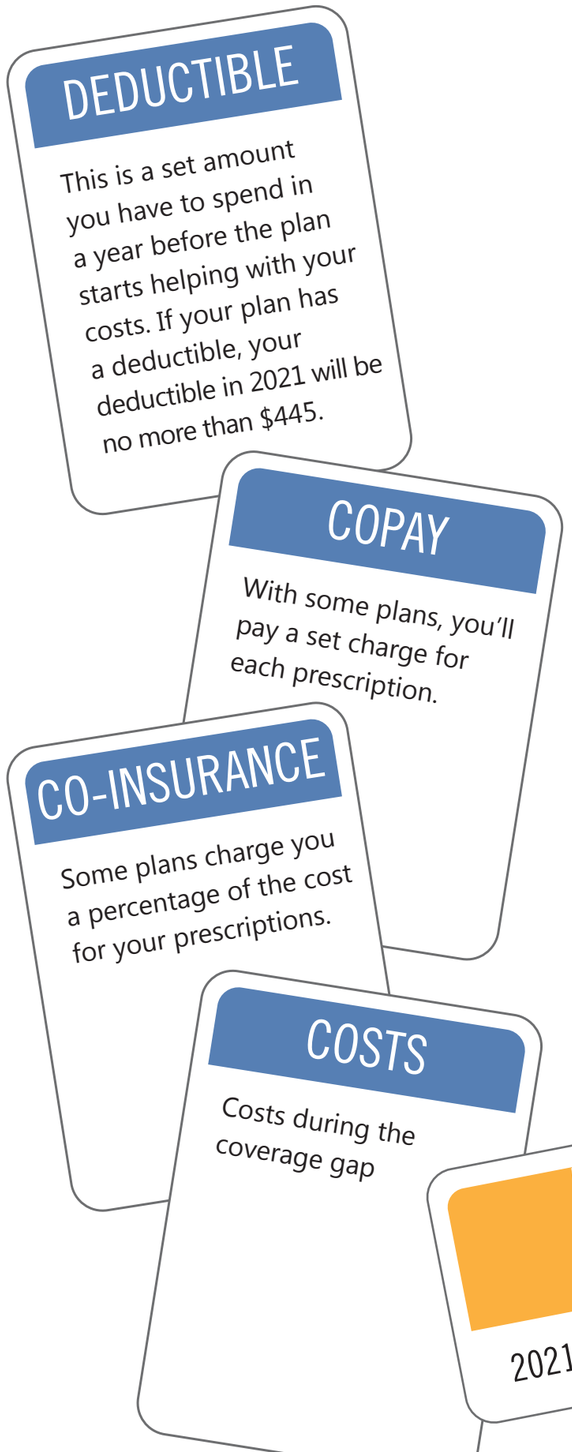
Do you need coverage for prescription drugs? If you do, then:

Original Medicare	OR	Medicare Advantage
Buy a separate Part D policy for prescription drug coverage		**No need to buy a Part D policy because prescription drugs are typically already covered**

DEFINITION: *Formulary*

A formulary is the list of drugs that a Part D plan covers. Each plan has its own formulary and covers different drugs.

Your Part D Costs



What will be my share of the costs?

You may have to pay different types of cost-sharing out of your own pocket.

What's the coverage gap?

The coverage gap is defined as a temporary point in time when plan members have to pay a percentage of their own drug costs.

- In 2021, the gap in coverage begins when the cost of your prescription drugs in one year reaches $4,130. At that point, you'll have to pay for a percentage of your own drug costs
- Then, after your out-of-pocket cost hits $6,550, your coverage kicks in again.

Your Medicare Part D costs in 2021 (Not counting your annual premium)

Regular Part D Coverage

Amount you and your plan spend together: $0 - $4,130

What it means for you
If you have an annual deductible, Part D begins helping after you reach that amount.

After the deductible, you receive coverage until the cost of your drugs for the year reaches $4,130.

Then you enter the coverage gap.

The Coverage Gap

Amount you spend out of pocket: $4,130 - $6,550

What it means for you
In the gap, your coverage stops.

But you ***do*** get a minimum* discount of:

- 75% off brand name drugs
- 75% off generic drugs

**Some plans offer deeper discounts.*

Catastrophic Part D Coverage

Amount you and your plan spend together: $6,550 and above

What it means for you
After you have paid $6,550 out of pocket, you begin getting catastrophic coverage.

For the rest of the year, you pay a smaller amount of your drug costs.

$4,130
Initial drug coverage

$6,550
True out-of-pocket

Medicare Part C: Medicare Advantage

Snapshot: Medicare Part C

Medicare Part C plans, known as Medicare Advantage, are an option for patients who want to have all the parts of Medicare combined into a single plan.

These plans combine coverage for hospital care, doctor visits and other medical care. Most provide prescription drug coverage, often at no additional premium.

Medicare Advantage plans are different from Original Medicare (Parts A and B) in several ways:

- These plans are run by private companies and are approved by Medicare.
- A PCP often coordinates the care you receive from specialists and hospitals.
- All Medicare Advantage plans protect you by limiting the amount of money you pay out of your pocket every year.

What does Medicare Part C cover?

Medicare Advantage plans cover the same services as Original Medicare (Parts A and B), except for hospice care. (But you can have Medicare Advantage and still get hospice care through Original Medicare.)

In addition, many of these plans cover extra costs that aren't included in Original Medicare, like services designed to help you stay healthy: dental and vision care, health club memberships and transportation.

What is not covered by Medicare Part C?

Individual plans vary, so check the coverage information for any exclusions.

Are there any coverage limits?

Usually, no. Unlike Medicare Part A, which covers a maximum hospital stay of 150 days, Medicare Advantage has no such coverage limits.

Which hospitals and nursing homes can I use?

Medicare Advantage plans are open to residents in specific service areas – counties, states or regions. A plan's participating doctors, hospitals and other providers will be located in that service area.

Many Medicare Advantage plans offer coordinated care through a network of providers. That means a PCP manages the care you receive from specialists and hospitals that are part of the plan's network.

Other Medicare Advantage plans allow you to get care from any provider who agrees to the plan's terms, conditions and payment rates before providing treatment.

Will Part C help with my costs if I get sick or injured while I'm traveling?

Most Medicare Advantage plans offer worldwide coverage for emergency care and urgent care when you need immediate medical attention.

How do I enroll?

- Your first step is to sign up for Medicare Parts A and B.
- Then, contact the company that offers the Medicare Advantage plan you want to join.
- Or, call 1-800-MEDICARE (TTY users should call 1-877-486-2048, 24 hours a day, seven days a week), or visit www.medicare.gov.

When can I enroll in Medicare Advantage?

You can enroll just as soon as you're eligible for Medicare.

You have a seven-month Initial Enrollment Period to sign up for Medicare. This period begins three months before the month when you turn 65.

If you don't sign up during that period, you may end up paying more and having fewer choices.

You can join a Medicare Advantage plan later, during the Annual Enrollment Period – October 15 through December 7 (unless you qualify for an exception).

How does re-enrollment work?

You don't have to do anything. Your plan will be automatically renewed every year as long as the plan is still offered in your area. Just be sure to pay any premium that you owe.

What if I sign up but change my mind later?

If you want, you can change your coverage every year during the Annual Enrollment Period – October 15 through December 7.

Can a Medicare Part C plan refuse to give me coverage?

If you have enrolled in Medicare Parts A and B, you can join any Medicare Advantage plan in your area that's accepting new members.

Special eligibility rules apply for Special Needs Plans.

Medicare Part C: Medicare Advantage

What are the different types of Medicare Advantage plans?

Medicare Advantage includes four main types of plans. All of these types are based on "coordinated care." This means that:

- A primary care physician (PCP) coordinates the care you receive from in-network providers, and
- The plan network improves the quality of care you receive from the providers.

These are the basic types of Medicare Advantage coordinated care plans:

HMO-type. In these plans, you get your care from doctors, hospitals and other providers in the plan's network. If you go to providers who are not in the plan's network, you won't get help with the costs. (Exceptions are made for emergency care, urgent care or renal dialysis.) Usually, you will choose a PCP who will manage all aspects of your care and make sure you get the care you need. Your PCP will give you a referral when you need to see a specialist.

POS-type. These plans allow you to visit doctors and hospitals outside of the plan's network for some services – but there is usually a higher out-of-pocket cost. You may not have to get a referral to see a specialist.

PPO-type. In these plans, you have more flexibility in choosing a doctor. Most PPO-type plans don't require you to get a referral for specialized care. You can see providers outside of the plan's network and still have valuable coverage, but it will cost more than if you stayed in network for your care.

Special Needs. These plans are for people who need a lot of care, such as those who live in a long-term care facility, suffer from chronic illnesses, or qualify for both Medicare and Medicaid. Special Needs Plans make sure the plan members get well-coordinated care.

How do I choose a Medicare Advantage plan?

- If you're interested in a Medicare Advantage plan, find out what plans are available in your area. Go to www.medicare.gov to see a list of plans and contact information.
- Call the Medicare Helpline, 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, seven days a week.
- Get information from your State Health Insurance Assistance Program:

  Missouri
  1-573-817-8320
  1-800-390-3330

You will need to contact each individual plan to get the details. Look at the monthly premium you'll pay to join, and check the plan's out-of-pocket maximum spending limit. If the plan uses a provider network, find out if it includes the doctors you want to see.

Quality Counts With Star Ratings

How do I know the quality of a Medicare Advantage plan?

You can compare the quality and performance of different Medicare Advantage plans by looking at their star ratings. These ratings are made every year by the Centers for Medicare and Medicaid Services (CMS)—the government agency that oversees Medicare.

Star ratings give an unbiased summary score on a scale of 1 to 5 stars:

Excellent	★★★★★
Above Average	★★★★
Average	★★★
Below Average	★★
Poor	★

What do star ratings cover?

The ratings show how well Medicare Advantage plans perform in different categories:

- Overall rating of health plan
- Overall rating of prescription drug plan
- Health plan customer service
- Overall rating of healthcare quality
- Getting needed care
- Getting care quickly
- Getting needed prescription drugs
- Care coordination

What are star ratings based on?

The ratings are based on information from four sources:

- Surveys of existing health plan members
- Information collected from doctors
- Information from the Medicare Advantage plans
- Results from regular monitoring activities by CMS

To learn more about star ratings and compare the star ratings of different plans, you can visit www.medicare.gov.

Medicare Supplement Insurance: Medigap

Snapshot

With Original Medicare (Parts A and B for hospital and medical coverage), you will have cost-sharing expenses. For help with some of those costs, you can buy a private supplemental plan. These plans are referred to as "Medigap" policies.

Medigap policies are not a part of Medicare. They're sold by private companies.

There are as many as 10 basic supplement plans available to choose from. Each is labeled by a letter, indicating a category of plans. All policies with the same letter have the same benefits, regardless of the company offering them, although not for the same price.

(Medigap plans labeled "A," "B," "C" and "D" have nothing to do with ***Medicare Parts*** A, B, C and D. If you are interested in learning about Medicare parts, please see those sections of this guidebook.)

Medicare supplement plans A, B, C, D, F, G, K, L, M and N are open to people who have chosen Medicare Parts A and B but not Medicare Part C, which is Medicare Advantage. Medicare Part D covers prescription drugs, which is not part of Medigap policies.

HINT: ***Medigap - it's your decision***

Supplement coverage is not a Medicare benefit, like Medicare Parts A and B. Medigap is an insurance policy from a private insurance company.

You will be required to pay monthly premiums for this coverage, in addition to your Part B premium.

- *Premiums can be higher based on your age when you enroll, any pre-existing medical conditions you may have or tobacco use.*
- *Premiums usually rise over time.*
- *You will still be responsible for the majority of your prescription drug costs and other healthcare costs such as dental and vision.*

What do Medigap plans cover?

In general, Medigap plans help with your cost-sharing expenses for Parts A and B, including deductibles, copays and co-insurance. Each plan category offers different coverage. The following is a summary of the benefits offered by some of the plans.

- Part A co-insurance for inpatient hospitalizations for days 61-90 and reserve days 91-150 (Plans A, B, C, D, F, G, K, L, M, N)
- An extra 365 days of inpatient hospitalization for your lifetime (Plans A, B, C, D, F, G, K, L, M, N)
- Inpatient hospital deductible for each benefit period (Plans B, C, D, F, G, N, and partial coverage on K, L, M)
- Transfusions of up to three pints of blood (Plans A, B, C, D, F, G, M, N) or partial coverage (Plans K, L)
- Part B services coverage of co-insurance or copays (Plans A, B, C, D, F, G, M), or partial coverage (Plans K, L), or with certain copay exceptions (Plan N)
- Part A services coverage of 5% co-insurance of Medicare-approved charges for respite care and pain medications (Plans A, B, C, D, F, G, M, N) or partial coverage (Plans K, L)
- Skilled nursing co-insurance for each benefit period covering days 21-100 (Plans C, D, F, G, M, N and partial coverage on K, L)
- Excess charges over the approved amounts (Plans F, G)
- Emergency medical benefits in certain instances when traveling outside the U.S. (Plans C, D, F, G, M, N)

What things are not covered by Medigap plans?

A Medigap policy that you purchase in addition to Medicare Parts A and B may help with deductibles, copays and co-insurance expenses. It's important to be aware that if you want coverage for certain types of care, Medigap plans do not cover the following:

- Long-term care in a nursing home for someone with a catastrophic or severe illness requiring long-term recovery
- Vision or hearing services, including eyeglasses and hearing aids
- Dental care
- Private duty nursing care
- Prescription drugs covered under Medicare Part D

HINT: You can shop for extra coverage

All Medigap policies offer the same basic benefits. But some policies also cover services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.

Coverage Options for Medigap Plans

Here is a comparison of what the different Medigap plans cover. You can get detailed descriptions of these plans by calling your State Insurance Department.

A	B	C	D	F*	G	K	L	M	N
Part A co-insurance and hospital costs up to an extra 365 days/ year after Medicare benefits exhausted	Part A co-insurance and hospital costs up to an extra 365 days/ year after Medicare benefits exhausted	Part A co-insurance and hospital costs up to an extra 365 days/ year after Medicare benefits exhausted	Part A co-insurance and hospital costs up to an extra 365 days/ year after Medicare benefits exhausted	Part A co-insurance and hospital costs up to an extra 365 days/ year after Medicare benefits exhausted	Part A co-insurance and hospital costs up to an extra 365 days/ year after Medicare benefits exhausted	Part A co-insurance and hospital costs up to an extra 365 days/ year after Medicare benefits exhausted	Part A co-insurance and hospital costs up to an extra 365 days/ year after Medicare benefits exhausted	Part A co-insurance and hospital costs up to an extra 365 days/ year after Medicare benefits exhausted	Part A co-insurance and hospital costs up to an extra 365 days/ year after Medicare benefits exhausted
Part B co-insurance or copay	Part B co-insurance or copay	Part B co-insurance or copay	Part B co-insurance or copay	Part B co-insurance or copay	Part B co-insurance or copay	50% of Part B co-insurance or copay	75% of Part B co-insurance or copay	Part B co-insurance or copay	Part B co-insurance or copay**
First three pints of blood	First three pints of blood	First three pints of blood	First three pints of blood	First three pints of blood	First three pints of blood	First three pints of blood at 50%	First three pints of blood at 75%	First three pints of blood	First three pints of blood
		Skilled nursing	Skilled nursing	Skilled nursing	Skilled nursing	50% of skilled nursing	75% of skilled nursing	Skilled nursing	Skilled nursing
Part A hospice care co-insurance	Part A hospice care co-insurance	Part A hospice care co-insurance	Part A hospice care co-insurance	Part A hospice care co-insurance	Part A hospice care co-insurance	50% of Part A hospice care co-insurance	75% of Part A hospice care co-insurance	Part A hospice care co-insurance	Part A hospice care co-insurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible	50% of Part A deductible	75% of Part A deductible	50% of Part A deductible	Part A deductible
		Part B yearly deductible		Part B yearly deductible					
				Part B excess charges	Part B excess charges				
Preventive care co-insurance	Preventive care co-insurance	Preventive care co-insurance	Preventive care co-insurance	Preventive care co-insurance	Preventive care co-insurance	Preventive care co-insurance	Preventive care co-insurance	Preventive care co-insurance	Preventive care co-insurance
		Emergency medical care outside U.S. up to plan limits	Emergency medical care outside U.S. up to plan limits	Emergency medical care outside U.S. up to plan limits	Emergency medical care outside U.S. up to plan limits			Emergency medical care outside U.S. up to plan limits	Emergency medical care outside U.S. up to plan limits
						100% paid after $6,220 out-of-pocket cost limit	100% paid after $3,110 out-of-pocket cost limit		
No yearly limit to what you pay	No yearly limit to what you pay	No yearly limit to what you pay	No yearly limit to what you pay	No yearly limit to what you pay	No yearly limit to what you pay	$6,220	$3,110	No yearly limit to what you pay	No yearly limit to what you pay

*Also available: Plan F High Deductible – a variation of Plan F with identical benefits but a high deductible and lower monthly premium. Deductible subject to yearly increase.

**Plan N pays 100% of the Part B co-insurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in inpatient admission.

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 no longer available to people new to Medicare as of January 1, 2020. If you already have either of these two plans (or the high-deductible version of Plan F) or were 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.

13900 Riverport Drive
Maryland Heights, MO 63043
Or visit us online at
www.coxhealthmedicareplus.com

Toll free 1-877-603-0774 (TTY: 711)
Seven days a week from 8 a.m. to 8 p.m.*

*You may reach a messaging service on weekends from April 1 to September 30 and holidays.

Please leave a message, and your call will be returned the next business day.

CoxHealth Medicare*Plus* is an HMO plan with a Medicare contract. Enrollment in CoxHealth Medicare*Plus* depends on contract renewal. Every year, Medicare evaluates plans based on a 5-star rating system.

†The numbers used in these graphs are based on average amounts found on Medicare.gov and CMS.gov. Medicare supplement premiums may vary based on age, location, health status and many other factors.

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