



**SHIIP**

NC DEPARTMENT OF  
**INSURANCE**

# Medicare Basics

Seniors' Health Insurance Information Program  
**North Carolina Department of Insurance**  
Mike Causey, Commissioner

**855-408-1212 • [www.ncshiip.com](http://www.ncshiip.com)**

## What is SHIIP?

Seniors' Health Insurance Information Program (SHIIP) is a consumer information division of the North Carolina Department of Insurance that assists people with Medicare, Medicare Part D, Medicare supplements, Medicare Advantage, and long-term care insurance questions. We also help citizens recognize and prevent Medicare billing errors and possible fraud and abuse through our NC Senior Medicare Patrol (NCSMP) Program.

## How does SHIIP work?

SHIIP provides education and assistance to North Carolinians in three ways:

- by operating a nationwide toll-free consumer information phone line Monday through Friday from 8 a.m. until 5 p.m.
- by training volunteers to counsel Medicare beneficiaries within their community about Medicare, Medicare Part D, Medicare supplements, Medicare Advantage and long-term care insurance, and
- by creating educational materials for consumers' use including the Medicare Supplement Comparison Guide and featuring a Medicare Supplement Premium Comparison Database on our Web site ([www.ncshiip.com](http://www.ncshiip.com)).

## When was SHIIP established?

The program was founded in 1986 by the Department of Insurance in direct response to the growing concerns about health insurance for the more than one million Medicare beneficiaries in North Carolina. Numerous insurance companies sell Medicare supplements, Medicare Advantage, long-term care insurance and other medical insurance products to people in North Carolina. Because there are so many companies, and because the Medicare system is so complex, SHIIP was founded to provide people who are eligible for Medicare with an objective information service.

## How do North Carolinians contact SHIIP?

You can contact SHIIP by dialing the nationwide toll-free consumer number, **855-408-1212**, visiting the SHIIP Web site, [www.ncshiip.com](http://www.ncshiip.com), or e-mailing [ncshiip@ncdoi.gov](mailto:ncshiip@ncdoi.gov). Trained SHIIP Volunteer Counselors are available in all 100 counties of North Carolina and are coordinated through an existing human service agency such as the Council on Aging, senior centers or the Cooperative Extension offices. If your problem is too complex to handle over the phone, you will need to contact your local SHIIP Coordinator for a one-on-one appointment with a SHIIP Volunteer Counselor.

## Can I get more information about SHIIP?

Yes! Contact SHIIP nationwide at **855-408-1212** or **(919) 807-6900**, visit [www.ncshiip.com](http://www.ncshiip.com) or e-mail [ncshiip@ncdoi.gov](mailto:ncshiip@ncdoi.gov) for further information and ask for more details on the Seniors' Health Insurance Information Program and how it can help you.

In \_\_\_\_\_ County, contact \_\_\_\_\_ at \_\_\_\_\_, phone number: \_\_\_\_\_.

# Don't be a target of healthcare fraud.



## Protect. Detect. Report.

# NC Senior Medicare Patrol (NCSMP)

The NCSMP is housed within the SHIP Division at the North Carolina Department of Insurance. NCSMP is a preventive educational program whose goal is to reduce Medicare error, fraud and abuse through statewide coordinated educational efforts, partnerships and outreach activities.

NCSMP's purpose is to educate Medicare beneficiaries and caregivers about Medicare benefits in order to understand Medicare Statements such as Medicare Summary Notices (MSN), Medicare Part D Prescription Drug Plans (PDP) Explanation of Benefits (EOB) and other related health care statements. Through this knowledge, a person can identify, resolve and/or report possible billing errors, fraud, abuse and waste to NCSMP.

Did you know that:

- 68 billion dollars of taxpayers' money is lost annually to billing discrepancies, fraud, abuse and waste in the Medicare program?
- "fraud and abuse" in the Medicare program often times are actual billing errors or discrepancies?
- the process of reporting suspected fraud abuse and waste is to contact the provider to seek resolution; to contact their Medicare carriers and insurance companies and to file an appeal by following the appeal instructions found on the back of the Medicare Summary Notices? And if your situation is not resolved satisfactorily, you should contact the NCSMP Program at the nationwide toll-free number, 855-408-1212.

Remember:

- review your Medicare statements (MSN's, EOB's and/or PDP EOB's)
- protect your Medicare number
- do not be influenced by advertising for services, medications or products that sound "too good to be true"
- educate yourself about your Medicare benefits
- rarely are Medicare services "free"
- Medicare does not solicit door-to-door



**Protect. Detect. Report.**  
**You CAN make a difference.**

Protect yourself from Medicare errors, fraud and abuse.

Learn how to **detect** potential errors, fraud and abuse.

If you suspect you have been a target of errors, fraud or abuse, **report** it.



# MEDICARE PART A (HOSPITAL INSURANCE) – COVERED SERVICES PER BENEFIT PERIOD 2018

\*A **benefit period** begins on the first day you receive services as an **inpatient** in a hospital and ends after you have been out of the hospital or skilled nursing facility for 60 consecutive days.

Services	Benefit	Medicare Pays <sup>(1)</sup>	You Pay <sup>(1)</sup>
<b>INPATIENT HOSPITALIZATION (admitted)</b> Semi-private room and board, general nursing and miscellaneous hospital services and supplies.	First 60 days	All but <b>\$1,340</b> deductible	<b>\$1,340</b> deductible
	61st to 90th day	All but <b>\$335</b> per day	<b>\$335</b> per day
	91st to 150th day <sup>(2)</sup>	All but <b>\$670</b> per day	<b>\$670</b> per day
	Beyond 150 days	Nothing	All costs
<b>POST-HOSPITAL SKILLED NURSING FACILITY CARE</b> You must have been an inpatient in a hospital for at least 3 days, enter a Medicare-approved facility generally within 30 days after hospital discharge, and meet other program requirements. <sup>(3)</sup>	First 20 days	100% of approved amount	Nothing
	21st to 100th day	All but <b>\$167.50</b> per day	Up to <b>\$167.50</b> per day
	Beyond 100 days	Nothing	All costs
<b>HOME HEALTH CARE</b> (also see Part B) Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay for visits 1-100.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits.	100% of approved amount; 80% of approved amount for Durable Medical Equipment.	Nothing for services; 20% of approved amount for Durable Medical Equipment.
	As long as doctor certifies need.	All but limited costs for outpatient prescription medications and inpatient respite care.	Limited cost sharing for outpatient prescription medications and inpatient respite care.
<b>HOSPICE CARE</b> Full scope of pain relief and support services available to the terminally ill.	Blood	All but first three pints per calendar year	For first three pints <sup>(4)</sup>

<sup>1</sup> These figures are for 2018 and are subject to change each year.

<sup>2</sup> Lifetime reserve days may be used only once.

<sup>3</sup> Neither Medicare nor Medicare Supplement (Medigap) insurance will pay for most nursing home care.

<sup>4</sup> To the extent the blood deductible is met under one part of Medicare during the calendar year it does not have to be met under the other part.

NOTE: The Medicare Part A premium is **\$0** for eligible beneficiaries. For those who are ineligible, the Medicare Part A premium is **\$422** per month for those who worked fewer than 30 quarters, or **\$232** per month for those who worked between 30 and 40 quarters.

# MEDICARE PART B (MEDICAL INSURANCE) – COVERED SERVICES PER CALENDAR YEAR 2018

Services	Benefit	Medicare Pays	You Pay <sup>(5)</sup>
<b>MEDICAL EXPENSE</b> Physicians' services, outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, ambulance services, outpatient mental health services, etc.	Medicare pays for medical services in or out of the hospital.	80% of approved amount (after \$183 deductible)	<b>\$183</b> deductible <sup>(6)</sup> 20% of approved amount and charges above approved amount <sup>(7)</sup>
<b>CLINICAL LABORATORY SERVICES</b>	Blood tests, biopsies, urinalysis, etc.	Generally 100% of approved amount.	Nothing
<b>PREVENTIVE BENEFITS</b>	Preventive services & screenings	100% for most; or 80% of approved amount (after \$183 deductible), depending on test	Nothing for most; or \$183 deductible 20% of approved amount, depending on test
<b>HOME HEALTH CARE</b> (also see Part A) Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay beginning with visit 101 or beginning day one if there is no previous hospital stay.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits.	100% of approved amount	Nothing
<b>OUTPATIENT HOSPITAL TREATMENT</b> Reasonable and necessary services for the diagnosis or treatment of an illness or injury. (for inpatient see Part A)	Unlimited if medically necessary	80% of approved amount for Durable Medical Equipment	<b>\$183</b> deductible <sup>(6)</sup> 20% of approved amount for Durable Medical Equipment
<b>BLOOD</b>	Blood	80% of approved amount (after \$183 deductible)	<b>\$183</b> deductible <sup>(6)</sup> 20% of approved amount
		80% of approved amount (after \$183 deductible and starting with the 4th pint)	<b>\$183</b> deductible <sup>(6)</sup> First 3 pints plus 20% of approved amount for additional pints <sup>(8)</sup>

**The monthly Part B premium for 2018 is \$134.** (Premiums will be higher for individuals with annual incomes of **\$85,000** or more and married couples with annual incomes of **\$170,000** or more.)

<sup>5</sup> These figures are for 2018 and are subject to change each year.

<sup>6</sup> Once you have paid **\$183** for covered services, the Part B deductible does not apply to any other covered service(s) you receive for the rest of the calendar year.

<sup>7</sup> The amount by which a physician's charge can exceed the Medicare approved amount is limited by law.

<sup>8</sup> To the extent the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.

# Standardized Medicare Supplement Plan Comparison Chart

BENEFITS	SUPPLEMENT PLANS									
	A	B	C	D	F*	G	K	L	M	N
Part A Coinsurance and Hospital Costs**	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ <sup>1</sup>
Parts A/B Blood Deductibles (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled Nursing Facility Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B Deductible			✓		✓					
Part B Excess <sup>2</sup>					✓	✓				
Foreign Travel Emergency			✓	✓	✓	✓			✓	✓
Out-of-Pocket Limit***	N/A	N/A	N/A	N/A	N/A	N/A	\$5,240	\$2,620	N/A	N/A

\* Plan F also offers a high-deductible plan (F Prime) with the same benefits, but it does not pay until you have met the annual deductible of **\$2,240**.

After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the plan pays 100% of covered services for the rest of the calendar year.

<sup>1</sup> Plan N pays 100% of the Part B coinsurance except for a copayment of up to \$20 for some office visits and a copayment of up to \$50 for emergency room visits that don't result in inpatient admission.

<sup>2</sup> If you have Original Medicare and the amount a provider is legally permitted to charge is higher than the Medicare approved amount, the difference is called Excess Charge.

Each insurance company decides how it will set the price for its Medicare supplement policies. The way they set the price affects how much you pay now and in the future. Medicare supplement plans can be priced in three ways:

- Attained-age-rated: Premium is based on your current age.
- Issue-age-rated: Premium is based on the age when you purchase the policy.
- No-age-rated: Premium is generally the same for everyone regardless of age or gender.

Other factors like where you live, your gender, medical underwriting, inflation and discounts can also affect the amount of your premium.

## Online Medicare Supplement Premium Comparison Database

SHIIP's interactive Web site tool allows individuals to compare Medicare supplement plans at the touch of their fingers. To the right you will see a snapshot of how the page appears. By simply entering your age, gender, the Medicare supplement plan you want to compare and whether or not you use tobacco products, the computer will generate a list of the companies offering that plan along with their estimated premiums. By clicking on the company name, you will be directed to other important aspects of the product. This site has the most up to date information of plans available in North Carolina. It is located at [www.ncdoi.com/medisupp/search\\_new.asp](http://www.ncdoi.com/medisupp/search_new.asp).



### Medicare Supplement Premium Comparison Database

This is a free tool provided by the NC Department of Insurance. It is used to find the estimated premium rates for your Medicare supplement plans.

Rates shown on the web site are based on the initial purchase of a policy from a specific company. There are many factors that go in to determining rates for a policy, including where you live and how you answer the underwriting questions (if you are outside open enrollment). Rates shown on the web site are for the majority of the state when zip code rating is a factor. You can click on a specific company once you have entered your search criteria to see all the factors used in determining a company's specific rates and also see the effective date.

**NOTE: RATES REFLECTED MAY NOT INCLUDE DISCOUNTS. PLEASE CALL COMPANY FOR ACTUAL RATES.**

**Instructions:** Complete the following information and click "Search". You will then receive a list of estimated yearly premiums customized to your demographic information. Please note that you may click on the company name to receive other important aspects of the policy.

Age:  Gender:  Plan:   Use Tobacco

## Medicare Part D: Prescription Drug Plans Benefit

The Medicare Prescription Drug Plans, also called PDPs, are provided by private companies that sell plans approved by Medicare. You can identify an approved plan by the MedicareRx logo. All people who are new to Medicare have a seven month window to enroll in a Medicare Part D drug plan – three months before, the month of, and three months after their Medicare becomes effective. Remember, the month you enroll will affect the month your PDP is effective.

All people with Medicare are eligible to enroll in a PDP, regardless of income or assets; however, unless they are new to Medicare or are entitled to a Special Enrollment Period, they must enroll during the Open Enrollment Period (OEP) which is October 15 through December 7 each year. For assistance in understanding and enrolling in a Medicare PDP, you may visit the Medicare Web site at [www.medicare.gov](http://www.medicare.gov) or contact SHIP at **855-408-1212**.



The image shows the Medicare.gov website header. At the top left is the Medicare.gov logo with the tagline "The Official U.S. Government Site for Medicare". To the right is a search bar with the placeholder text "type search term here" and a "Search" button. Below the logo is a row of eight dark grey navigation buttons: "Sign Up / Change Plans", "Your Medicare Costs", "What Medicare Covers", "Drug Coverage (Part D)", "Supplements & Other Insurance", "Claims & Appeals", "Manage Your Health", and "Forms, Help, & Resources". At the bottom of the header is a row of three light grey buttons: "Find health & drug plans" (with a magnifying glass icon), "Apply for Medicare" (with a checkmark icon), and "Get started with Medicare" (with a document icon).

**NOTE: If you do not enroll in a Medicare PDP when you first become eligible, and you do not have creditable drug coverage in place, in most cases you will pay a penalty for life when you do enroll in a PDP during the OEP.**

**The Extra Help Program is available for people with Medicare who have limited incomes and resources.** If you qualify, you can receive assistance with **premiums, deductibles and co-payments** for your prescriptions. If your monthly income is below **\$1,508** as an individual or **\$2,030** as a married couple living together and your assets are lower than **\$13,820** as an individual or **\$27,600** as a married couple living together (includes \$1,500/person funeral or burial expense), you can visit your local Social Security office, call Social Security toll free at **1-800-772-1213**, visit [www.socialsecurity.gov](http://www.socialsecurity.gov), or request an Extra Help application by contacting SHIP. People who qualify for any level of Medicaid automatically qualify for Low Income Subsidy (LIS) and do not need to apply.

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## Medicare Part C: Medicare Advantage Plans

Medicare Advantage Plans are health care options provided under Medicare Part C of the Medicare program. These plans are approved by Medicare but sold and serviced by private companies. There are several plan options available under Medicare Advantage such as managed care plans that involve a provider network (HMOs and PPOs) to those that are specially designed for people with certain chronic diseases and other specialized health needs (SNPs) and some that may or may not have a provider network (PFFS) requirement. Most Medicare Advantage plans include Medicare prescription drug coverage.

To enroll in any Medicare Advantage plan option you must have both Medicare Part A and Medicare Part B. Once you enroll into a Medicare Advantage plan, you will not use your Original Medicare (red, white and blue) card as your Medicare Advantage plan will replace Original Medicare. Instead the Medicare Advantage plan will provide you with a member ID card to use when visiting your medical provider. Please note, you will continue to pay the Medicare Part B premium, and you might also have to pay an additional monthly premium charged by the Medicare Advantage plan.

**It is important to remember to check with your healthcare providers before making any change to your Medicare coverage to make sure they will accept the Medicare Advantage plan you are considering.**

# Did you know that Medicare now covers more preventive services to help you stay healthy?

## These Medicare-covered preventive services are:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular disease screening
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Fecal occult blood test
- Flexible sigmoidoscopy
- Colonoscopy
- Barium enema
- Multi-target stool DNA test
- Depression screening
- Diabetes screening
- Diabetes self-management training
- Flu shots
- Glaucoma tests
- Hepatitis B shots
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Pneumococcal shots
- Prostate cancer screening
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling
- “Welcome to Medicare” one-time preventive visit
- Yearly “Wellness” visit

**All Medicare beneficiaries with Part B are entitled to these preventive services. Contact SHIIP, the Seniors' Health Insurance Information Program, to learn more.**



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# The Road to Medicare: Planning Your Drive



## Toward 65

It is very important for everyone becoming eligible for Medicare to get accurate information about coverage and delivery options, including supplemental health insurance, Medicare health plans and prescription drug coverage. Attention to these issues will help you avoid serious and costly problems later. This fact sheet will help you map your journey to Medicare highlighting roadblocks and warning signs along the way.

Some road signs you need to watch out for are:

- **Caution: Slippery Road Ahead** — Ways to prepare for Medicare
- **Green Light: Enrollment** — When and how you need to enroll in Medicare
- **Detour: Working Past 65** — Information for beneficiaries who plan to work beyond age 65
- **Which Way to Supplemental Coverage?** — Choices in health insurance to supplement Medicare
- **Stop: Get Help** — Resources for further information and assistance on the road to Medicare

The Seniors' Health Insurance Information Program (SHIIP), a division of the North Carolina Department of Insurance, is available for additional guidance and information at any turn of the road. Contact SHIIP at **855-408-1212** or **ncshiiip@ncdoi.gov**. Trained SHIIP volunteer counselors are also available in every county in North Carolina to help with your specific situation. The SHIIP Web site, **www.ncshiiip.com**, also provides information and publications to assist you.

## Caution: Slippery Road Ahead

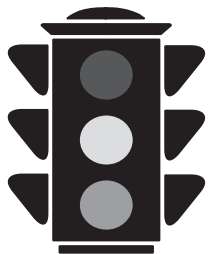
Several months before turning 65 you should begin to learn more about Medicare and how it relates to your circumstances. For example:

- If you or your spouse have paid into the Social Security System for 10 or more years, you are eligible for premium-free Medicare Part A (Hospital Insurance) at age 65. If you have paid in fewer than 10 years, you can buy Medicare Part A coverage. Everyone pays a premium for Medicare Part B (Medical Insurance).
- If you have been on Medicare due to disability, you have a brand new six-month Open Enrollment Period for purchasing Medicare supplemental insurance when you turn 65.
- Talk to your employer's benefits officer and ask for any information about company health insurance after age 65. If you have an Employer Group Health Plan (EGHP) that will continue to pay secondary after you become eligible for Medicare, study the benefits booklet to find out the cost and benefits of the plan. You will then need to decide if you should keep your EGHP as secondary to Medicare or if you need to drop your EGHP and purchase a Medicare supplement or join a Medicare Advantage plan. If your EGHP has drug benefits, make sure they are as good as or better than Medicare Part D.
- **If you will not be covered by an EGHP plan that will pay secondary to Medicare**, begin to investigate other health insurance options — either an individual Medicare supplement policy (Medigap) or a Medicare Advantage plan. SHIIP can provide information about the Medicare supplement plans, Medicare Advantage (Medicare Part C) plans and Medicare Prescription Drug Plan (Medicare Part D) options available in North Carolina.



- Learn more about what Medicare will and will not cover. Get a copy of the *Medicare & You Handbook* or *The Guide to Health Insurance for People with Medicare* from Medicare or from SHIIP. Understanding what Medicare covers and does not cover will give you some idea of the health care costs you may incur.
- As a new Medicare beneficiary, you are entitled to a one-time “Welcome to Medicare” visit with your primary care provider within twelve months of the day your Medicare Part B becomes effective.

## Green Light: Enrollment



### Automatic Enrollment

If you are already receiving Social Security benefits, Railroad Retirement benefits, or Federal Retiree benefits, your enrollment in Medicare is automatic. Your Medicare card should arrive in the mail shortly before your 65th birthday. Check the card when you receive it to verify that you are entitled to both Medicare Parts A and B.

### Initial Enrollment

If you are not eligible for Automatic Enrollment, contact the Social Security Administration at **800-772-1213** or enroll online at **www.socialsecurity.gov**, or visit the nearest Social Security office to enroll in Medicare Part A and Medicare Part B. You have a seven-month window in which to enroll in Medicare without incurring a penalty.

If you’re not automatically enrolled in premium-free Part A, you can sign up for it once your Initial Enrollment Period starts. Your Part A coverage will start six months back from the date you apply for Medicare, but no earlier than the first month you were eligible for Medicare. However, you can only sign up for Part B (or Part A if you have to buy it) during the times listed below.

Initial Enrollment Period (seven months)			
Three months before 65th birthday	Birthday month	First month after 65th birthday	Two to three months after 65th birthday
Enroll during this time and your Medicare is effective the first day of your birth month.	Enroll during this time and your Medicare effective date will be delayed until the first day of the month following the month you actually enrolled.	Enroll during this time and your Medicare effective date will be delayed until the first day of the second month following the month you actually enrolled.	Enroll during this time and your Medicare effective date will be delayed until the first day of the third month following the month you actually enrolled.

During this Initial Enrollment Period, you will also have the option to enroll in a Medicare Prescription Drug Plan (PDP) available under Medicare Part D. Enrollment in a Medicare PDP is strictly voluntary. These plans are offered by private insurance companies approved by Medicare. Information about PDPs can be found on the SHIIP website at **www.ncshiip.com**. If you fail to enroll in a Medicare PDP during your Initial Enrollment Period and you do not have equal or better coverage through an EGHP, you will incur a one percent penalty for each month that you are late enrolling, and you will only be allowed to enroll during the Oct. 15 through Dec. 7 Open Enrollment Period for Medicare Advantage and Medicare Part D.

### General Enrollment

If you do not enroll in Medicare Parts A and B during your seven-month window of eligibility, you cannot enroll until the General Enrollment Period, which is January 1 through March 31 each year (unless you are entitled to Special Enrollment – see next page). Your Medicare eligibility will not begin until the following July 1. Your monthly Medicare Part B premium will increase to include a permanent ten percent penalty for each year of delayed enrollment (unless you are eligible for Special Enrollment).

General Enrollment Period for Medicare Parts A & B (Every year)		
January 1 — March 31	April 1 — June 30	July 1
Enroll here	No Medicare coverage	Medicare coverage begins with a penalty



## Detour: Working Past 65 (Special Enrollment)

If you or your spouse are actively working at age 65, are covered by an Employer's Group Health Plan (EGHP) and the company has 20 or more employees, you may be able to delay Medicare Part B coverage without penalty. You will still be eligible for Part A without paying a premium (as long as you or your spouse has 40 credits of work).

- Talk to your employer's benefits officer and ask for information about company health insurance options for people who continue working past their 65th birthday. Ask specifically how many hours you must work to keep your health insurance plan and whether the EGHP will be "**primary**" or "**secondary**" coverage to Medicare. Carefully study the company's current benefit booklet to determine cost and benefits of the plan.
- If your EGHP is **primary** to Medicare, you do not have to enroll in Medicare Part B at this time. You will need to enroll in Medicare Part B within eight months of the EGHP's termination of coverage or when it stops being primary. If your EGHP will be **secondary** to Medicare despite active employment, you must enroll in Medicare Part B during the seven-month Initial Enrollment Period to avoid future penalties. If you voluntarily disenroll from your EGHP before terminating your employment, you could lose any EGHP benefits when you retire.
- Contact the Social Security Administration at **800-772-1213** or [www.socialsecurity.gov](http://www.socialsecurity.gov) or the nearest Social Security Administration office to confirm that you have enrolled in Medicare Part A (Hospital Insurance).
- Give written notice to your company of your intention to continue working after age 65. When you decide to stop working, notify the Social Security Administration immediately. It is also advisable to notify the Social Security Administration that you or your spouse, if covered under your EGHP, will continue to work beyond age 65.



## Which Way to Supplemental Coverage?

Medicare is a major federally-funded medical plan that provides a basic foundation of benefits. However, it does not pay 100 percent of all medical bills. Medicare beneficiaries are responsible for premiums, deductibles, and coinsurance. These amounts can be significant. Because of these costs, most beneficiaries need some kind of plan, policy or program to fill in the "gaps."

### Medicare Supplement Insurance

Medicare supplement plans are one health insurance option for people with Original Medicare. There are standardized Medicare supplement insurance plans available that are designed to fill the gaps left by Original Medicare (Parts A and B). These are sold by private insurance companies as individual insurance policies and are regulated by the Department of Insurance. After age 65 and for the first six months of eligibility for Medicare Part B, beneficiaries have an Open Enrollment Period and are guaranteed the ability to buy any of these plans from any company that sells them. Companies cannot deny coverage or charge more for current or past health problems. If you fail to apply for a Medicare supplement within your Open Enrollment Period, you may lose the right to purchase a Medicare supplement policy without regard to your health. Information about the Medicare supplement plans sold in North Carolina is available from SHIP (**855-408-1212** or [www.ncship.com](http://www.ncship.com)).

### Medicare Prescription Drug Coverage (Medicare Part D)

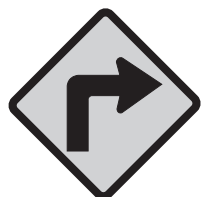
The Medicare Prescription Drug Plans (PDPs) are sold by private insurance companies approved by Medicare. All people new to Medicare have a seven-month window to enroll in a PDP – three months before, the month of and three months after their Medicare becomes effective. The month you enroll affects the PDP's effective date. All people with Medicare are eligible to enroll in a PDP; however, unless you are new to Medicare or are entitled to a Special Enrollment Period, you must enroll or change plans during the Open Enrollment Period for Medicare Advantage and Medicare Part D, **Oct. 15 through Dec. 7**. There is a monthly premium for these plans. If you have limited income and assets/resources, assistance is available to help pay premiums, deductibles and co-payments. You may be entitled to "Extra Help" through the Social Security Administration. To apply for this benefit contact SHIP or the Social Security Administration at **800-772-1213** or [www.socialsecurity.gov](http://www.socialsecurity.gov).

## Employer or Military Retiree Coverage

If you or your spouse has an Employer Group Health Plan (EGHP) as retiree health coverage from an employer or the military (TRICARE for Life), you may not need additional insurance. Review the EGHP's costs and benefits and contact your employer benefits representative or SHIIP to learn how your coverage works with Medicare.

## Medicaid or Medicare Savings Programs

Medicare beneficiaries with limited income or very high medical costs may be eligible to receive assistance from the Medicaid program. There are also Medicare Savings Programs for other limited-income beneficiaries that may help pay for Medicare premiums, deductibles, and coinsurance. There are specified income and resources limits for both programs. Contact your local county Department of Social Services or SHIIP to apply for one of these programs.



## Other Medicare Insurance Options

### Medicare Advantage (Medicare Part C)

Medicare Advantage plans are another health insurance option for Medicare beneficiaries. Medicare Advantage plans (HMOs, PPOs, SNPs and/or PFFS) are available in our state and provide all Medicare Part A and Part B benefits and possibly some extra benefits. Members may be required to utilize a network or group of preferred providers. Check with your health care providers to see if they accept the insurance plan you are considering. All plan options may not be available in the county in which you reside. If you join a Medicare Advantage Plan, you are still in the Medicare Program but you receive your Medicare benefits from the private carrier. You are no longer enrolled in Original Medicare. Information about Medicare Advantage plans in North Carolina is available from SHIIP (**855-408-1212 or [www.ncshiip.com](http://www.ncshiip.com)**). You may enroll in a Medicare Advantage plan during your Initial Enrollment Period (see page 2) or during the Open Enrollment Period for Medicare Advantage and Medicare Part D from **Oct. 15 through Dec. 7**.



## Stop: To Get Help

**Seniors' Health Insurance Information Program (SHIIP)**  
**855-408-1212 or [www.ncshiip.com](http://www.ncshiip.com)**  
**NC Department of Insurance**



The Seniors' Health Insurance Information Program (SHIIP), a division of the NC Department of Insurance, offers free, objective information about Medicare, Medicare Advantage plans, Medicare claims, Medicare supplement insurance, Medicare Prescription Drug Plans, fraud and abuse prevention and long-term care insurance. Trained SHIIP volunteer counselors are available for one-on-one counseling in every county in the state.

**Medicare • 800-633-4227 or [www.medicare.gov](http://www.medicare.gov)**

Medicare provides information 24 hours a day, seven days a week about eligibility, enrollment and coverage.

**Social Security Administration • 800-772-1213 or [www.socialsecurity.gov](http://www.socialsecurity.gov)**

Contact the Social Security Administration to enroll in Medicare or to request a replacement Medicare card.

### Employer Benefits Representative

See your representative for information about Employer Group Health Plan coverage.

### Your local Department of Social Services (DSS)

County DSS offices have information about Medicaid, Extra Help and Medicare Savings Program eligibility and applications. These numbers are listed in the blue pages of the phone book.

**TRICARE for Life • 877-TRICARE (877-874-2273) or [www.tricare.mil](http://www.tricare.mil)**

TRICARE for Life representatives can assist military retirees with questions on eligibility and coverage.



**NC DEPARTMENT OF INSURANCE**  
MIKE CAUSEY, COMMISSIONER

**PROTECT • DETECT • REPORT**

## WHAT IS A MEDICARE SUMMARY NOTICE?

The **Medicare Summary Notice**, also called an **MSN**, is a report of doctor visits, services or supplies billed to Medicare in your name. It is mailed every 3 months and is also available online. The MSN explains the charges that will be paid by Medicare and those that will be paid by you or other insurance (like Medigap or employer insurance). MSNs are mailed to people enrolled in Medicare Part A and/or Part B.

**The MSN states in large print that it is NOT a bill.**

### **Using Your MSN to Detect Errors, Fraud, and Abuse**

- Reviewing your MSN is one of the best ways that you can help detect potential errors, fraud, and abuse. It is important to open and read your MSN as soon as you get it to make sure that you received all of the services listed.
- Keep a record of medical visits, tests, receipts for services, and equipment you have received. A Personal Health Care Journal, which you can get from your local SMP, can help you keep a record of services.
- Review your MSN and compare it to your receipts, records and Personal Health Care Journal. If you notice any mistakes, or have questions, report them immediately! Call your provider with your questions. If you still have questions or need help, call your local SMP.
- Protecting your personal information is your first line of defense against fraud. Save your Medicare Summary Notices and related statements until they are no longer useful. But, don't just throw them in the trash-- be sure to shred them. Shredding important documents like your MSN and other health care bills will ensure that thieves cannot get their hands on your private information.
- Medicare only mails MSNs every three months, but you can view your MSNs 24 hours a day by visiting [MyMedicare.gov](http://MyMedicare.gov). Registering for access to Medicare's free, secure online service allows you to review all bills processed within the past 36 months.

For assistance, contact the **NCSMP Program** at **SHIIP: 1-855-408-1212**  
For more information, visit [www.ncshiip.com](http://www.ncshiip.com) or [www.smpresource.org](http://www.smpresource.org)

# What information should you look for on your MSN and related statements?

Plan	Coverage	Statement	Information to look for
Medicare Part A (Hospital Insurance)	Inpatient Hospital, Skilled Nursing Facility, Home Health, and Hospice Care (the MSNs for each of these is a bit different)	MSN (Quarterly or Online)	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Provider Name and Address</li> <li>• Benefit Days Used</li> <li>• Claim Approved? (Yes or No)</li> <li>• Non-Covered Charges</li> <li>• Amount Medicare Paid</li> <li>• Maximum You May Be Billed</li> <li>• Notes for claim</li> <li>• Appeals Information</li> </ul>
Medicare Part B (Medical Insurance)	Outpatient Services (doctor visits, lab tests, medical equipment, ambulance, immunizations, screenings and more)	MSN (Quarterly or Online)	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Provider Name and Address</li> <li>• Service Provided &amp; Billing Code (or Quantity &amp; Service Provided)</li> <li>• Service Approved? (Yes or No)</li> <li>• Amount Provider Charged</li> <li>• Medicare-Approved Amount</li> <li>• Amount Medicare Paid</li> <li>• Maximum You May Be Billed</li> <li>• Notes for claim</li> <li>• Appeals Information</li> </ul>
Medicare Part C (Medicare Advantage)	According to your plan	Statement from the private insurer	Your Medicare Advantage company may provide you with a statement which provides an explanation of the benefits that it has covered.
Medicare Part D	Prescription Drugs	Explanation of Benefits (EOB) from drug plan (Monthly, if benefits are used)	<ul style="list-style-type: none"> <li>• Year-to-date costs in the drug plan</li> <li>• Total out-of-pocket and drug costs</li> <li>• Current coverage information (deductible, coverage gap, etc.)</li> <li>• Summary of claims since last EOB</li> <li>• Any updates to plan's formulary</li> </ul>
Supplement Insurance (Medigap)	Benefits covered by private insurers	Explanation of Benefits (EOB) from Medigap company	<ul style="list-style-type: none"> <li>• Total charges</li> <li>• What Medicare paid</li> <li>• What Medigap paid</li> </ul>

For assistance, contact the **NCSMP Program** at **SHIP: 1-855-408-1212**  
 For more information, visit **[www.ncshiiip.com](http://www.ncshiiip.com)** or **[www.smpresource.org](http://www.smpresource.org)**



# 2019 Medicare Part A & B Premiums, Deductibles and Coinsurances

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

**Premium — \$135.50 per month** (Premiums will be higher for individuals with annual incomes of \$85,000 or more and married couples with annual incomes of \$170,000 or more.)

**Deductible — \$185** per year of Medicare-approved charges

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

### **Deductible**

- **\$1,364** (per benefit period) – for days 1-60 of inpatient hospitalization

### **Coinsurance**

- **\$341** per day for the 61st through the 90th day of inpatient hospitalization
- **\$682** per day for the 91st through the 150th day of inpatient hospitalization (total of 60 lifetime reserve days, non-renewable).

### **Skilled Nursing Facility Coinsurance**

- **\$170.50** per day for the 21st through the 100th day.

**Premium** - Most people do not pay a monthly Part A premium because they or a spouse have 40 or more quarters of Medicare-covered employment.

- If a person has **less than 30 quarters** of Medicare-covered employment the Part A premium is **\$437** per month.
- If a person has **30 to 39 quarters** of Medicare-covered employment, the Part A premium is **\$240** per month.



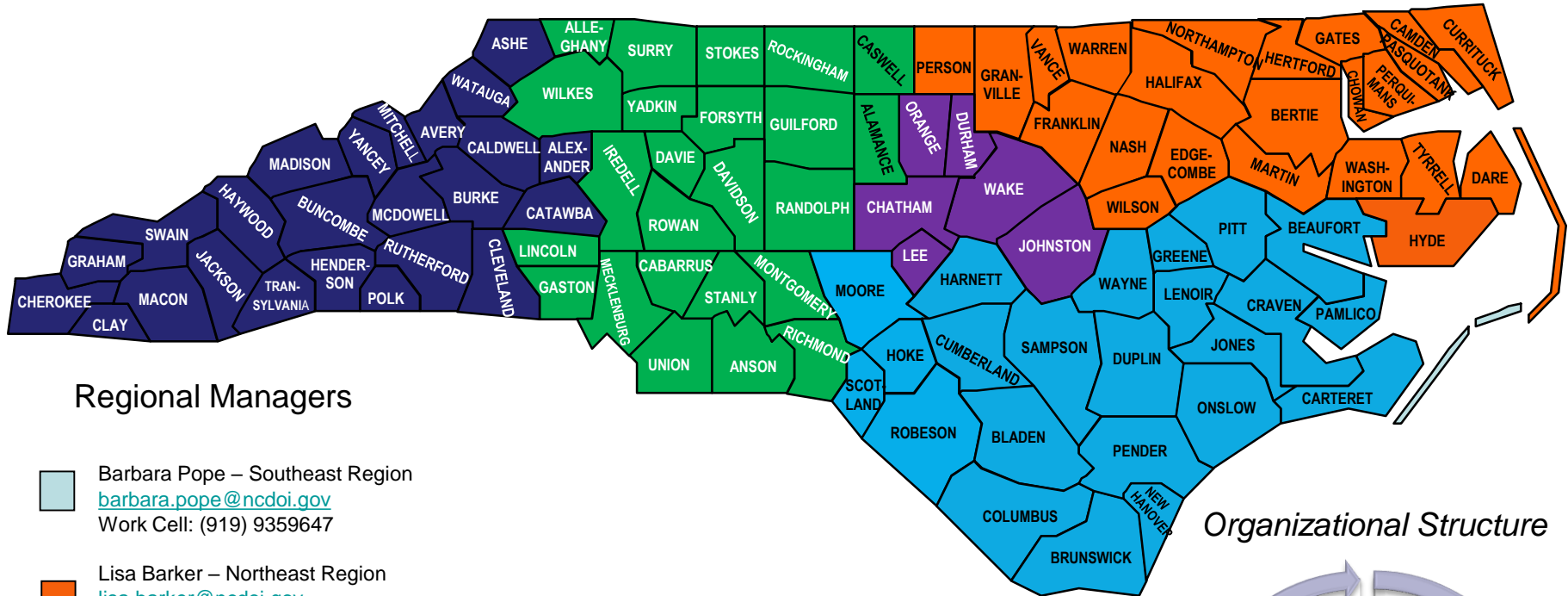


# NC Seniors' Health Insurance Information Program






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A consumer information division of the North Carolina Department of Insurance.

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**SHIP has a Call Center in Raleigh and Coordinating sites in all 100 Counties, supported by 900 Coordinators and Volunteer Counselors.**

**SHIP counsels over 100,000 Medicare beneficiaries each year in NC saving them on average 60+ million dollars.**

## Organizational Structure

