

Medical Benefits in Retirement

NOVEMBER 17, 2021

PRESENTED BY:

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ADVANTAGE BENEFITS GROUP



Agenda

1. Under Age 65 Options (Pre-65)
2. Age 65 and Older Options (Post-65)
– Party Time!
3. Q&A, Examples throughout

Retiree Medical Options

Pre-65

1. GVSU Retiree Medical Plan
2. COBRA continuation coverage
3. Individual Coverage
4. Marketplace Coverage

Retiree Medical Options

1. GVSU Retiree Medical Plan

- See GVSU Benefits and Wellness Website for details
- <https://www.gvsu.edu/hro/benefitswellness/benefits-in-retirement-446.htm>
- “Official Retiree” Age and Service = 75
- Pre-65 Option - Coverage similar to GVSU Standard PPO but without prescription drug coverage (discount card available)
 - 2022 Monthly Cost (20 years of service) = \$340.50
 - 2022 Monthly Cost Spouse = \$365.50

Retiree Medical Options

2. COBRA Continuation Coverage

- Up to 18 months or until entitled to Medicare whichever is less
- Medical & Prescription Drugs
- Dental
- Cost (2022)
 - GVSU Standard Single
 - \$619.50 per month
 - GVSU HDHP Single
 - \$514.18 per month
 - Dental Single
 - \$34.21 per month

Retiree Medical Options

3. Individual Plan

- Number of carriers:
 - Priority Health
 - Blue Cross Blue Shield
 - Molina Healthcare
 - Oscar Insurance Company
- Cost varies based on smoker status, age, zip code and plan design

Retiree Medical Options

4. Marketplace Plan (www.healthcare.gov)

- Advance Premium Credits (subsidies) based on household income and age
- Metal Tier Plans – Platinum, Gold, Silver, Bronze
- Multiple Carriers available (Blue Cross Blue Shield, Priority Health, Blue Care Network)

Open Enrollment Period:

- Usually November 1 through December 15th
- Average monthly cost (age 62, non-smoker, zip: 49401, effective 1/1/2022)
 - Silver Plan for Single: \$2,500 deductible (30 plans available) - \$484 after subsidy
 - Gold Plan for Single: \$1,100 deductible (11 plans available) - \$822 after subsidy
 - Both plans have a subsidy of \$573 per month based on household income of \$36,000

For Plan and Cost Estimates outside of Open Enrollment, go to: www.healthsherpa.com

Will I qualify for lower costs on monthly premiums? (Marketplace Plan)

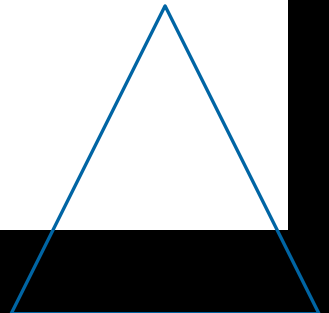
Savings Programs you may qualify for:	Estimated 2022 Household Income – based on number of people in your household *NOTE: Eligibility does vary based on age of applicant.					
	1	2	3	4	5	6
Free or low-cost coverage through Medicaid based on income alone	Below \$17,774	Below \$23,039	Below \$30,304	Below \$36,570	Below \$42,835	Below \$49,100
A Marketplace health plan with lower monthly premiums plus savings on out-of-pocket costs, like deductibles and copayments	\$17,774 - \$32,200	\$24,039 - \$43,550	\$30,304 - \$54,900	\$36,570 - \$66,250	\$42,835 - \$77,600	\$49,100 - \$88,950
A Marketplace health plan with lower monthly premiums	\$32,200 - \$51,520	\$43,550 - \$69,680	\$54,900 - \$87,840	\$66,250 - \$106,000	\$77,600 - \$124,160	\$88,950 - \$142,320
You won't qualify for savings on a Marketplace insurance plan. You can buy insurance through the Marketplace at full price, or buy from other sources	Above \$51,520	Above \$69,680	Above \$87,840	Above \$106,000	Above \$124,160	Above \$142,320



What does an average (Silver) plan cost?

Costs apply for Individual or Marketplace (if eligible for subsidy, it will reduce premium)

- **MyPriority Silver 3500 HMO (Priority Health)**
 - Individual Premium (age 62, zip 49401) = \$1,016 per month
 - \$3,500 Single Deductible, \$8,700 Out of Pocket Maximum
 - \$30 Copay Primary Care visits. Specialist \$90 after deductible
 - \$5 Generic Drugs Before Deductible
 - \$75 after deductible-preferred brand, 50% specialty copays after deductible
 - 30%-member coinsurance after deductible for most other services
- **Ambetter Balanced Care 30 - HMO (Meridianchoice)**
 - Individual Premium (age 62, zip 49401) = \$731 per month
 - \$6,100 Single Deductible, \$6,100 Out of Pocket Maximum per individual
 - 100% after deductible for Primary Care Physician & Specialist
 - 100% after deductible for Emergency Room
 - 100% coinsurance after deductible for most services
 - 100% after deductible for prescription drugs



Retiree Medical Options

Post-65

1. Medicare Part A, B and D
2. Medicare Advantage Plan (Part C)
3. Medicare Supplemental Plan

IT'S PARTY TIME!

Retiree Medical Options - Medicare

Post-65 GVSU Retiree Medical Stipend to help pay for Medicare Premiums

- 2022 Monthly Stipend (20 years of service/age 65) = \$52.50
- 2022 Monthly Stipend Spouse = \$27.50
- Who runs the Medicare Program?
 - The Centers for Medicare & Medicaid Services (CMS) is the Federal agency that runs Medicare. CMS is part of the U.S. Department of Health and Human Services
 - You enroll in Medicare through the Social Security Department
 - <https://www.ssa.gov/benefits/medicare/>
 - Resource sites:
 - <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>
 - www.medicare.gov
 - www.medicarerights.org – detailed timeline
 - www.kff.org – Kaiser Family Foundation
 - <http://offers.priorityhealth.com/medicarefordummies>

Medicare Benefits

Part A:

Hospital Coverage

Part B:

Medical Coverage

Part D:

Prescription Drug Insurance

Part C (Advantage Plan):

Combines Part A, B and D into one package

Medigap (Supplemental Plan):

Secondary to Traditional Medicare

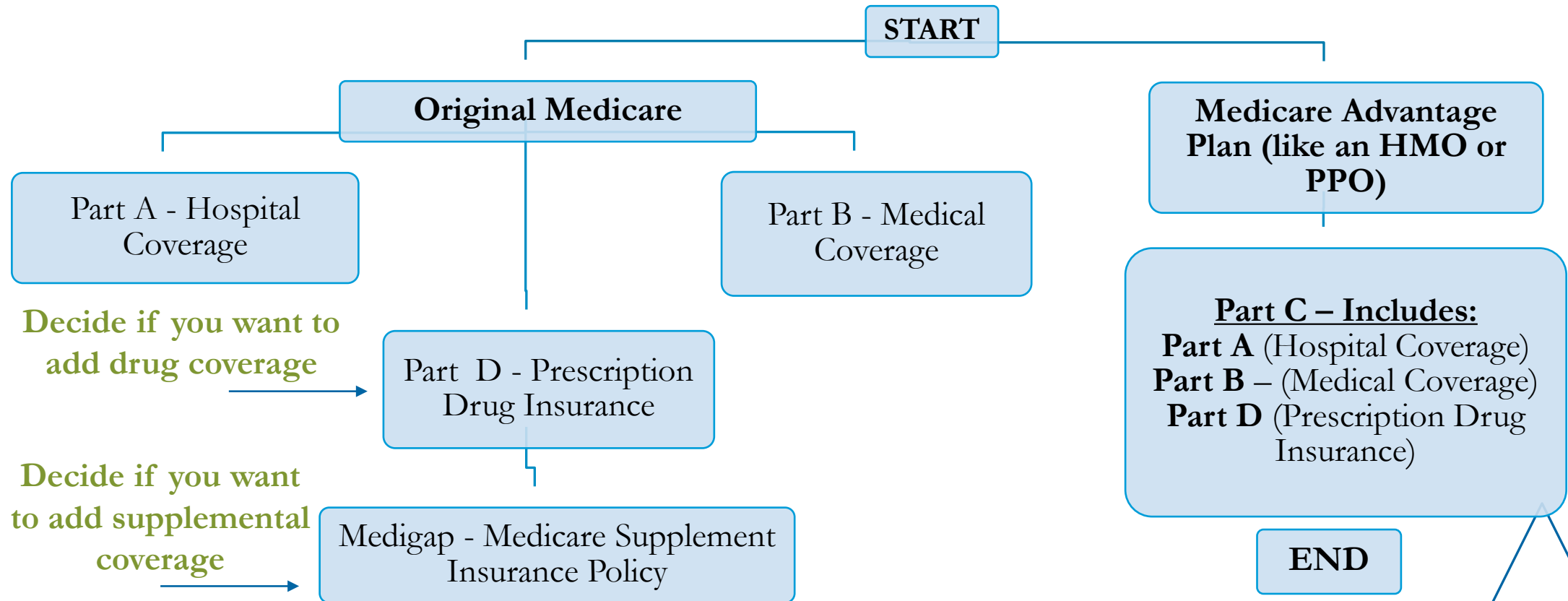
Post-65

Medicare

Medicare Coverage Choices

Post-65

Decide how you want to get your coverage



If you join a Medicare Advantage Plan, you don't need and can't be sold a Medigap policy.

Enrollment

- I am still working for GVSU and covered under the GVSU medical plan. Do I need to sign up for Medicare when I turn 65?
- You do not have to sign up for Medicare. You can wait until you are done working as you can sign up at that time and have no penalty.
- You can sign up for Part A as that does not cost anything; however
 - If you are covered under GVSU's HDHP with HSA, you will not be able to contribute to your HSA if you sign up for part A.
 - To be eligible to contribute to an HSA:
 - Have coverage under an HSA qualified high deductible health plan
 - Have no other first dollar medical coverage
 - Can't be enrolled in Medicare
 - Can't be claimed as a dependent on someone else's tax return

Special Note about HSA's and Social Security: It's important to note that electing to receive Social Security retirement benefits automatically enrolls you in Medicare Part A (also known as Hospital Insurance)

- You can wait and sign up for Part B, when you no longer are working.

Enrollment

- I am going to stop work, so how can I enroll for Medicare?
- **Special Enrollment Period:**
 - You can join during the 8-month period that begins the month after employment ends or GVSU coverage ends, whichever happens first.
 - You are treated as a new Medicare enrollee and your coverage will begin the 1st of the month in which you enroll.
 - To avoid any gap- sign up before you stop work and provide the date you will be losing your employer's plan.

Medicare Part A

Helps Pay For*:

- Hospital stays (\$1,556 deductible, 1st 60 days/\$389 per day – 61 to 90 days)
- Skilled nursing facility (SNF) care
- Long-term care hospitals
- Home health care
- Hospice care
- Blood
- For information, call 1-800-MEDICARE

Paying for Medicare Part A:

- Most people receive Part A premium free
- People with less than 10 years of Medicare covered employment will pay a Part A premium
- For information, call the Social Security Administration (SSA)
 - 1-800-772-1213
 - 1-800-325-0778 for TTY users

**Reflects 2022 figures*

Medicare Part B

Helps Pay For:

- Doctors' services
- Outpatient medical and surgical services and supplies
- Diagnostic tests
- Outpatient therapy
- Outpatient mental health services
- Preventive health care services
- Other medical services

Paying for Medicare Part B*:

- Most Medicare Part B beneficiaries will pay a premium amount of \$170.10 (higher income earners may pay more) in 2022. 2022 premium based on 2020 income.
- \$233 per year deductible
- 20% coinsurance for most services
- Some programs may help cover these costs
- Addition of Preventive Care Services
 - Annual wellness exam
 - Covers all wellness services/preventive care services as outlined by the Affordable Care Act

**Reflects 2022 figures*

Medicare Part B

If your yearly income in 2020 (for what you pay in 2022) was		You pay each month (in 2022)
File individual tax return	File joint tax return	
\$91,000 or less	\$182,000 or less	\$170.10
Above \$91,000 up to \$114,000	Above \$182,000 up to \$228,000	\$238.10
Above \$114,000 up to \$142,000	Above \$228,000 up to \$284,000	\$340.20
Above \$142,000 up to \$170,000	Above \$284,000 up to \$340,000	\$442.30
Above \$170,000 and less than \$500,000	Above \$340,000 and less than \$750,000	\$544.30
\$500,000 or above	\$750,000 and above	\$578.30

Medicare Part D

- Prescription drugs provided by Medicare Approved Prescription Drug Plans (PDP) or Medicare Advantage Plans (MA-PD). Not through Medicare – these plans are purchased from insurance companies.
- These plans offer negotiated discount prices based on a formulary with cost sharing
- Once you reach \$4,430 (in 2022) in drug expenses, you are responsible for 25% of the costs until you reach \$7,050

Paying for Medicare Part D

- \$0 or reduced premium, deductible and co-insurance if one qualifies for the Low-Income Subsidy (LIS)
- Must meet income and asset criteria
- Eligibility determined by Social Security Administration (SSA)

**Reflects 2022 numbers*

Medicare Advantage

- **Medicare Advantage Plans** are health plan options that are part of the Medicare program. If you join one of these plans, you generally get all your Medicare-covered health care through that plan (Parts A, B, and D). This coverage can include prescription drug coverage. Medicare Advantage Plans include:
 - Medicare Health Maintenance Organization (HMOs)
 - Preferred Provider Organizations (PPO)
 - Private Fee-for-Service Plans
 - Medicare Special Needs Plans
- When you join a Medicare Advantage Plan, you use the health insurance card that you get from the plan for your health care.
 - In most of these plans, generally there are extra benefits and lower copayments than in the Original Medicare Plan.
 - You may have to see doctors that belong to the plan or go to certain hospitals to get services

Medicare Advantage

- To join a Medicare Advantage Plan, you must have Medicare Part A and Part B. You will have to pay your monthly Medicare Part B premium to Medicare. In addition, you might have to pay a monthly premium to your Medicare Advantage Plan for the extra benefits that they offer.
- If you join a Medicare Advantage Plan, your Medigap policy won't work. This means it won't pay any deductibles, copayments, or other cost-sharing under your Medicare Health Plan. Therefore, you may want to drop your Medigap policy if you join a Medicare Advantage Plan. However, you have a legal right to keep the Medigap policy.

Medicare Advantage

Post-65



Medicare

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Ready to choose your
Medicare plan?

Enroll today and get the right plan for you.

Enroll now



Compare plans

See the plans we offer



Plan Advisor

Get a personalized plan
recommendation



Ready to enroll?

Enroll now



Already a
member?

How to use your Medicare plan



Medicare Advantage

Post-65

Coverage starting January 1, 2022 in ZIP code 49401 [Edit](#)

Looking for Medigap plans?

Click the ★ next to the plan to save and compare plans [Email Plans](#) [Download Plans](#)

<p>PriorityMedicare Key ★</p> <p>\$0 per month</p> <p>Most popular</p> <table><tbody><tr><td>In-network deductible</td><td>Annual Out-of-pocket max</td></tr><tr><td>\$0</td><td>\$5,000</td></tr><tr><td>Primary care physician (PCP) visit</td><td>Specialist visit</td></tr><tr><td>\$0</td><td>\$45</td></tr><tr><td>Part D prescription drug deductible Tiers 1-5</td><td>Inpatient hospital visit per day days 1-6</td></tr><tr><td>\$0</td><td>\$325</td></tr></tbody></table> <p>See plan details Enroll</p>	In-network deductible	Annual Out-of-pocket max	\$0	\$5,000	Primary care physician (PCP) visit	Specialist visit	\$0	\$45	Part D prescription drug deductible Tiers 1-5	Inpatient hospital visit per day days 1-6	\$0	\$325	<p>PriorityMedicare Vital ★</p> <p>\$0 per month</p> <p>Extras at no cost</p> <table><tbody><tr><td>In-network deductible</td><td>Annual Out-of-pocket max</td></tr><tr><td>\$0</td><td>\$4,700</td></tr><tr><td>Primary care physician (PCP) visit</td><td>Specialist visit</td></tr><tr><td>\$0</td><td>20% Coinsurance</td></tr><tr><td>Part D prescription drug deductible Tiers 1-2</td><td>Inpatient hospital visit per day days 1-4</td></tr><tr><td>\$0</td><td>\$435</td></tr></tbody></table> <p>See plan details Enroll</p>	In-network deductible	Annual Out-of-pocket max	\$0	\$4,700	Primary care physician (PCP) visit	Specialist visit	\$0	20% Coinsurance	Part D prescription drug deductible Tiers 1-2	Inpatient hospital visit per day days 1-4	\$0	\$435	<p>PriorityMedicare Edge ★</p> <p>\$0 per month</p> <p>Best Selling PPO</p> <table><tbody><tr><td>In-network deductible</td><td>Annual Out-of-pocket max</td></tr><tr><td>\$0</td><td>\$5,300</td></tr><tr><td>Primary care physician (PCP) visit</td><td>Specialist visit</td></tr><tr><td>\$0</td><td>\$45</td></tr><tr><td>Part D prescription drug deductible Tiers 1-5</td><td>Inpatient hospital visit per day days 1-5</td></tr><tr><td>\$0</td><td>\$350</td></tr></tbody></table> <p>See plan details Enroll</p>	In-network deductible	Annual Out-of-pocket max	\$0	\$5,300	Primary care physician (PCP) visit	Specialist visit	\$0	\$45	Part D prescription drug deductible Tiers 1-5	Inpatient hospital visit per day days 1-5	\$0	\$350
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<p>PriorityMedicare Value ★</p> <p>\$16 per month</p> <p>Insulin savings</p>	<p>PriorityMedicare Ideal ★</p> <p>\$24 per month</p>	<p>PriorityMedicare Merit ★</p> <p>\$63 per month</p>																																				

Medicare Advantage

Post-65

In-network benefits

Deductible

\$0

The amount you'll pay for most covered medical services, in-network and out-of-network combined, before you start paying only copayments or coinsurance and Priority Health pays the balance.

Part B premium credit

\$30

Per month

You must keep paying your Medicare Part B premium, but will receive a \$360 Part B premium credit each year (\$30 per month) if you enroll in this plan.

Dental services (by Delta Dental®)

\$0 copay

Two exams, two cleanings, one set of bitewing X-rays & one brush biopsy each year

\$0 copay

All other X-rays, including panoramic, once every two years

Out-of-pocket maximum

\$4,700

This is the most you pay during a calendar year for in-network services before Priority Health begins to pay 100% of the allowed amount. This limit includes copayments and coinsurance payments. It does not include your monthly premium, Part D drug costs or services from out-of-network providers.

Inpatient hospital care

\$435 copay per day

Days 1-4

\$0 copay per day

Days 5 and beyond

There is no limit to the number of days covered by the plan each hospital stay. Plus, receive 28 home-delivered meals, provided through Mom's Meals, up to four times per year following an inpatient hospital, psychiatric hospital or Skilled Nursing Facility (SNF) discharge.

Authorization rules may apply.

Part D prescription drugs, deductible

\$0

Tiers 1 and 2

\$350

Tiers 3-5

This deductible applies to the cost of all drugs on the plan's list of approved drugs, or "formulary." [Download the formulary.](#) to see approved drugs or view the [Approved Drugs List](#) on this website.

Shopping for Medicare Advantage Plans: www.medicare.gov

Post-65

Medicare.gov

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Find a 2022 Medicare plan

You can shop here for **drug plans (Part D)** and **Medicare Advantage Plans**.
See your 2022 plan options now by logging in or creating an account.

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New to Medicare?

Learn about your options & enroll in a plan.

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Qualify for a Special Enrollment Period?

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Post-65

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Get started with Medicare

Medicare is health insurance for people 65 or older. You're first eligible to sign up for Medicare 3 months before you turn 65. You may be eligible to get Medicare earlier if you have a disability, End-Stage Renal Disease (ESRD), or ALS (also called Lou Gehrig's disease).

Follow these steps to learn about Medicare, how to sign up, and your coverage options. Learn about it at your own pace.



Step 1

[Medicare basics](#)

Start here. Learn the parts of Medicare, how it works, and what it costs.

Step 2

[Sign up](#)

First, you'll sign up for Parts A and B. Find out when and how to sign up, and when coverage starts.

Step 3

[Get more coverage](#)

Then, review your options for more coverage, when and how to get it, and browse plans.

Step 4

[Using Medicare](#)

When you're ready, find out how to get services and ways we can help you.

Retiree Medical Resources

- Your Personal Financial Advisor – Referral to Medicare Specialist
- Your Personal Home and Auto Insurance Agent – Referral to Medicare Specialist
- Schullo & Associates,
Patrick J. Schullo: 800-367-8933
- Advantage Benefits Group: 616-458-3597
- Area Agency on Aging of Western Michigan:
616-456-5664
 - www.aaawm.org/
- Blue Cross Blue Shield of Michigan Medicare: 1-877-469-2583
 - <http://www.bcbsm.com/medicare/>
- Priority Health Medicare: 1-888-389-6676
 - <http://www.priorityhealth.com/medicare>
- Centers for Medicare and Medicaid Services
 - www.cms.hhs.gov
- The Official U.S. Government Site for People with Medicare
 - www.medicare.gov
- “Medicare and You”
 - <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>
- AARP
 - <http://www.aarp.org/health/medicare/>
- HealthCare.gov
 - <https://www.healthcare.gov>
- Social Security Administration
 - www.SSA.gov



Questions?