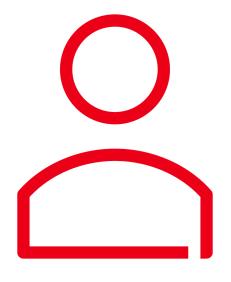


Medicare Education for Lee County, FL





Welcome and Agenda



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Aon Retiree Healthcare Consultant



Medicare Basics



Additional Medicare Options





Lee County Sponsored Benefits Contacts:

Lee County Benefits
Department (239) 533-2245

Aetna Medical Plan (888) 266-5519

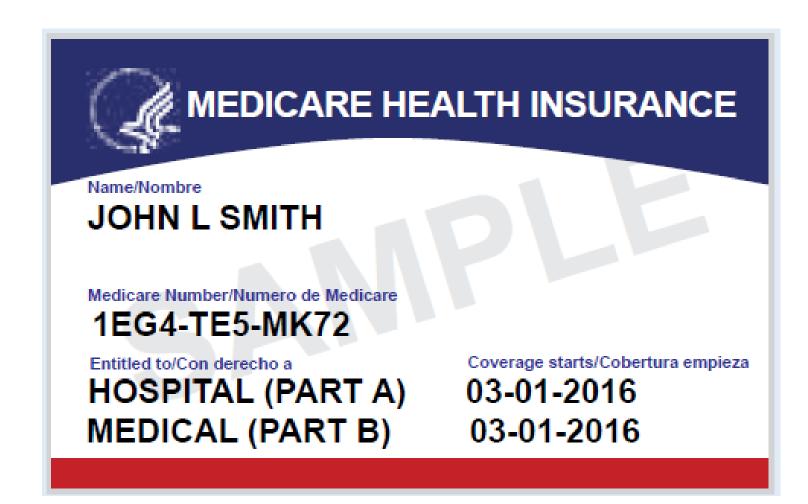
Aetna Medicare Advantage Plan (888) 267-2637

Medicare 101: "Original Medicare"

Federal Government Sponsored

Part A covers hospital stays HOSPITAL OCCUPANTAL OC

Part B covers doctors and outpatient visits



Retirees qualify for full Original Medicare benefits AT age 65 or older if:

They are a U.S. citizen or a permanent legal resident who has lived in the United States for at least five years

AND

They or their spouse has worked long enough to be eligible for Social Security or railroad retirement benefits (usually having earned 40 credits from about 10 years of work), even if they are not yet receiving these benefits

----- OR -----

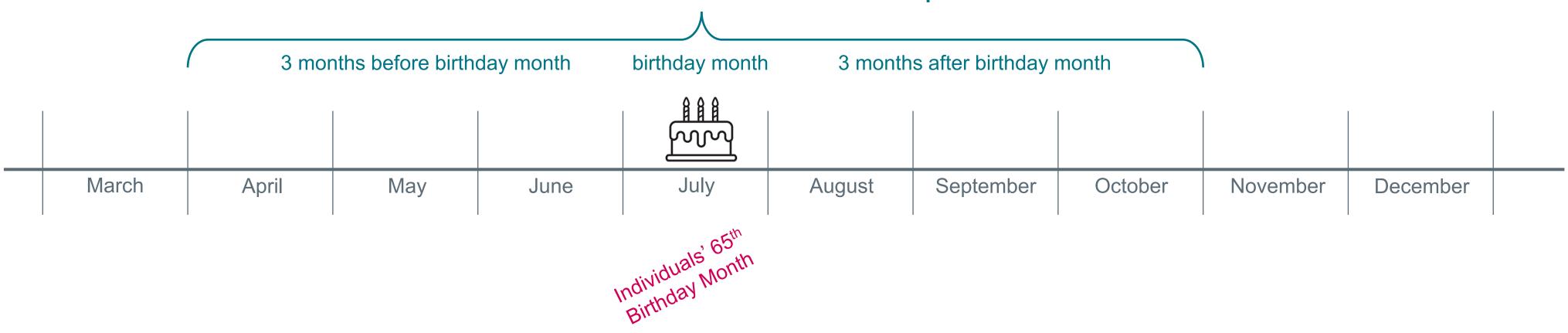
They or their spouse is a government employee or retiree who has not paid into Social Security but has paid Medicare payroll taxes while working.



Medicare 101: Medicare Enrollment Timeline

Individual Retiring Prior to Age of 65

There is a 7-month initial enrollment period



If your birthday falls on the 1st of the month: your 7-month period starts earlier. It starts 4 months before you turn 65 and ends 2 months after the month you turn 65. Generally, your Medicare coverage starts the first day of the month before you turn 65.

Example: Your birthday is June 1st. When you turn 65, your Initial Enrollment Period is February-August. If you sign up in February, March, or April, your coverage starts May 1st.

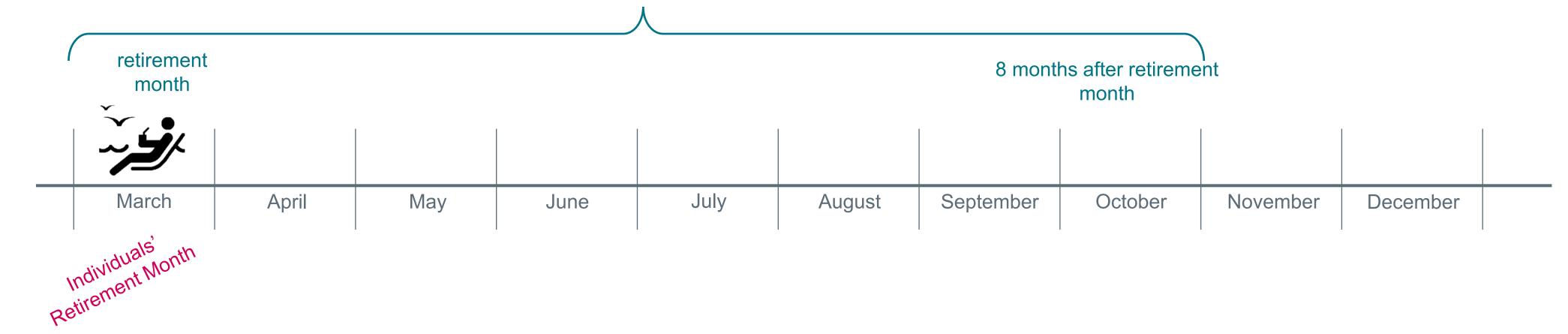


Medicare 101: Medicare Enrollment Timeline

Individual Retiring after the Age of 65

A person in a group plan may enroll in parts A and/or B any time from **3 months prior to their 65th birthday** through **8 months after their retirement** from employment. Enrollment in Medicare is required for retired members in any Lee County plan. In the active plans, Medicare will become the primary claims payor and your Aetna plan will become the secondary payor.

There is an 8-month special enrollment period post-retirement



To avoid any late enrollment penalties or gaps in coverage, be sure not to miss your enrollment period!



Medicare Basics

There are 5 components and 4 Parts to Medicare, which each provide different coverage levels:

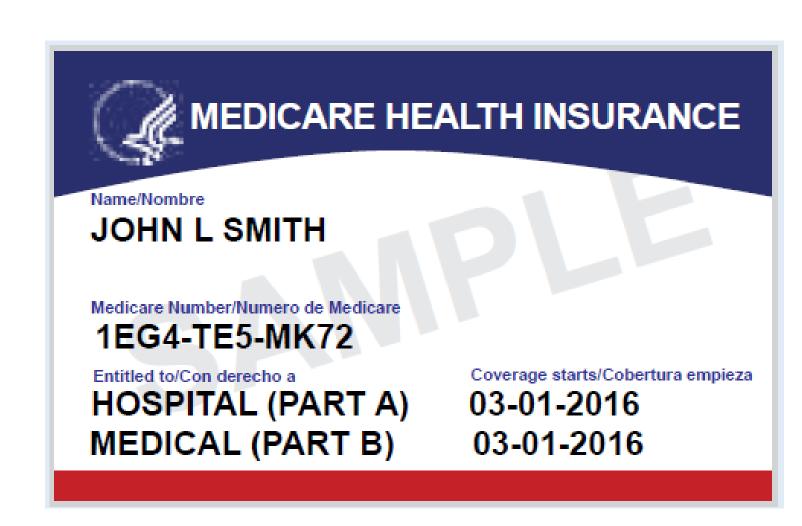
- 1. Part A Original Medicare (Hospital coverage) Note: Enrollment in Medicare Parts A and B generally required for all plans, individual or
- 2. Part B Original Medicare (Medical coverage) through the County
- 3. Part C Medicare Advantage/Medicare Advantage Prescription Drug (MAPD)
- 4. Part D Prescription Drug Plans (PDP)
- 5. Medicare Supplement/Medigap plans

	LCBOCC -	- Active Plans	Original Medicare		LCBOCC	Individual plans		ins
Medical Benefit	Aetna POS II	Aetna Select	Part A	Part B	MAPD	MED SUPP	MAPD	Part D (PDP)
Office Visits	X	X		Χ	Χ	X	Χ	
Inpatient Hospital Care	X	X	X		X	X	X	
Skilled Nursing Facility	X	X	X		X	X	X	
Home Health Care	X	X	X	X	X	X	X	
Outpatient Care	X	X		X	X	X	X	
Durable Medical Equipment	X	X		X	X	X	X	
Preventative Services	X	X		X	X	X	X	
Labs & Imaging	X	X		X	X	X	X	
Prescription Drugs	X	X			X		X	X



Original Medicare

- Original Medicare is solely comprised of Part A and Part B
- If you are receiving Social Security, you will automatically be enrolled in Medicare at your 65th birthday and do not need to apply.
 You should contact Social Security if you are not yet receiving Social Security or if you would like to defer Medicare enrollment
- You must be enrolled in Medicare Parts A and B before you can enroll in another type of individual coverage like a Medicare
 Advantage or Supplement plan. Lee County's plans also require enrollment in Medicare Parts A and B when you are retired.
- If you maintain coverage under Lee County's active POS II or Select plan as a retiree, Medicare will pay first. Be sure to bring your Medicare card and Aetna card when receiving services from providers and facilities.





Original Medicare



Part A



2025 Monthly Premium

Typically a \$0 premium

(or a premium of up to \$505 per month based on your work history)

\$185.00 (can be from \$74.00 to \$443.90 higher for certain higher income families: Social Security will contact you if you must pay more based on your income)

2025 Deductible

\$1,676 per admission

\$257

2025 Coinsurance

dollar amount varies based on service; length of hospital stay

20% of Medicare-allowed amount with no cap

Helps Cover

- inpatient hospital stays
- inpatient care in skilled nursing facility
- hospice care services
- home health care services

- preventive services
- doctor visits
- outpatient care

- lab services
- ambulance
- durable medical equipment

Retiree Enrollment Process

If you are not automatically enrolled in Part A and want to sign up, you will need to contact Social Security.

If you did not enroll in Part B in your initial enrollment period you will need to complete an application to do so when you retire (CMS-40B form).

Retirees should sign up as soon as possible to avoid penalties!





Questions?



Medicare Prescription Drug Plans

Standard Plan Design 2025

- Member pays first \$590 in cost (deductible) Certain vaccines and insulins excepted
- After deductible, member pays 25% coinsurance (\$35 for certain insulin products)
- After member out-of-pocket cost is \$2,000 member cost-sharing ends for the year (out of pocket maximum.) There is an optional program that allows members to spread high costs out over the year.

- Plans for 2026 have not been released yet Many 2025 plans were different than 2024, 2026 could again see variations
 - Deductible will increase to \$615, out-of-pocket limit to \$2,100
 - In some cases plan-paid cost above what the standard plan would pay will count towards the out-of-pocket maximum (you may fulfill the maximum before you have paid \$2,100)
 - In some cases, plans may cover additional non-Part D drugs that are not subject to the maximum

Medicare Prescription Drug Plans

- Medicare Prescription Drug Plans (PDPs) add drug coverage to Parts A and B (Original Medicare)
- Policies are provided by private insurance companies and must be purchased separately
 - Individual plans cover only one person. Retirees and spouses must buy separate policies.
 - Plans will generally differ from the Standard plan shown on the previous slide
- Beneficiaries use the card provided by their insurance company rather than their Medicare "red, white, and blue" card
- There is a national open enrollment period annually from October 15th to December 7th
 - Beneficiaries can enroll in any plan with no underwriting and all beneficiaries in a given plan pay the same premium
- Individual plans are sold county-by-county, as an example in Lee County:
 - 14 PDPs are offered for 2025
 - There is one \$0 premium offering
 - Premiums range from \$5 to \$167 per month
 - Deductibles range from \$0 to \$590 (the maximum)
 - Six insurance companies are represented
- Per Kaiser Family Foundation, the average beneficiary in the country has a choice of 12-18 plans and the enrollment-weighted average premium is \$39 per month



Medicare Prescription Drug Plans

	Medicare-sponsored tool at <u>www.medicare.gov</u> or ask an advisor
How to Choose	Pharmacies: Check whether local pharmacies you prefer are in network Out of pocket cost: Check copayments and coinsurance Prescriptions: Compare prescriptions you take or are likely to take against each plan's formulary (drug list) to see if brand drugs are preferred
	Premiums: • Medicare Part A (if applicable) • Medicare Part B • Part D Plan (if applicable)
What You Pay	 Subsidies: Extra Help available with low income subsidies to premium and/or out of pocket cost, determined by the federal government through Social Security Applies to individuals with income less than 150% of Federal Poverty Level (\$23,475 single, \$31,725 couple) and assets less than \$17,600 (single) or \$35,130 (couple) High income retirees will see additional premiums for Rx coverage just as they do for Medicare Part B coverage (deducted from Social Security check) Extra premiums range from \$14 - \$86 per person per month in 2025, based on adjusted gross income (AGI), triggered at the same \$106,000 AGI for single income tax filer and \$212,000 for joint income tax filer in 2023 we discussed for the Part B premium





Questions?



MAPD (Medicare Advantage Prescription Drug)

- Medicare Advantage plans combine Parts A and B (Original Medicare) into one comprehensive plan (Part C)
- Typically includes prescription drug coverage (LCBOCC's MAPD plan includes prescription drug coverage)
- MAPD plans function similarly to an employer HMO or PPO plan
 - Like with an employer plan, the MAPD plan provides you with comprehensive coverage When you present your insurance card, you'll show them your MAPD card instead of your Medicare "red, white, and blue" card
 - Individual plans cover only one person. Retirees and spouses would have to buy separate policies. The Lee County MAPD
 plan can enroll employee and spouse together if both are enrolled in Medicare.
 - Policies are provided by private insurance companies
- Individual plans are sold county-by-county, some have broader geographical networks, and some have out of network benefits at a higher member cost. The Lee County MAPD plan has a national passive PPO network which means that you have the same member cost in or out of network.

Medicare Advantage plans might make sense if you:

Why Choose this Plan?

- Would prefer to receive your benefits from one plan, have one card and pay one low premium
- Do not mind network type plans: HMO's and PPO's
- Appreciate disease-specific care / outreach, end-of-life programs, and/or wellness activities
- Don't mind paying per-visit copayments and coinsurance
- May need transportation to doctors, dental, vision, and hearing coverage: some plans offer extra coverage



MAPD (Medicare Advantage Prescription Drug)

- The Medicare Advantage plan marketplace is stable and robust
- The Kaiser Family Foundation (KFF.org) researches the plans offered each year
 - More Medicare-eligible members have been enrolled in Medicare Advantage plans than traditional Medicare since 2023, including 21.2 million in individual plans in 2025.
 - The average premium in 2025 is \$13 per month and 76% of enrollees in 2025 pay no premium beyond what they pay for Parts A and B
 - Plans have out of pocket maximums the maximum allowed for 2025 is \$9,350 for in-network services. The average for HMO plans is \$4,091 and for Local PPO plans is it \$6,180. Higher limits apply to out-of-network services if allowed or regional PPOs with broader networks
 - Most plans provide additional benefits, with limited dental, vision and hearing benefits in almost all plans. Fitness and telehealth are also common. Part B premium credits or rebates have become more widely available in 2025, most commonly \$10 per month or less.
 - Almost all plans require prior authorizations for at least some services
- The market in Lee County has a wide range of offerings
 - 40 MAPD plans are offered for 2025, including those designated special needs plans (SNPs) that are designed for those eligible for Medicaid, as well as those with certain chronic conditions or those with long-term care needs
 - 35 plans do not have a monthly premium, of those with a premium amounts range from \$23 to \$172
 - Ten insurance companies are represented

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MAPD (Medicare Adva Prescription

MAPD (Medicare Advantage Prescription Drug)

 You can find individual MAPD plans or you can enroll in Lee County's MAPD plan that has customized benefits to more closely mirror your active Lee County coverage.

How to Choose	Medicare-sponsored tool at www.medicare.gov or ask an advisor Providers and facilities (contact plan directly or with an advisors help) Check whether your preferred providers and facilities are in the network and if not, if acceptable innetwork alternatives are available Check out of area benefits if any extended travel is planned Out of pocket cost: Check copayments and coinsurance; understand any out of network charges (Medicare website can model pharmacy costs) Pharmacies:
	 Check whether local pharmacies you prefer are in network Prescriptions: Compare prescriptions you take or are likely to take against each plan's formulary (drug list) to see if brand drugs are preferred
What You Pay	Premiums: • Medicare Part A (if applicable) • Medicare Part B • Medicare Advantage Plan (if applicable)
	 When Receiving Care: Copays, Coinsurance and Deductibles up to your out-of-pocket maximum (for medical services)



Medicare Basics: Medicare Supplement / Medi-Gap Plans

- Medicare Supplement plans (MedSupp/Medigap) offer more complete medical coverage and help pay some of the health care costs that Original Medicare doesn't cover, like:
 - Copayments
 - Coinsurance
 - Deductibles
- Prescription Drugs are not covered



Combine a Medicare Supplement and Prescription Drug Plan for full coverage



Prescription Drug Plans (PDP) are separate plans that provide drug coverage

- Retirees must have Medicare Part A and B to enroll in a MedSupp plan
- Like the County's active plans, Medicare pays first and you will need your Medicare card
- Policies only cover one person. Retirees and spouses would have to buy separate policies.
- Policies are provided by private insurance companies



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Medicare Supplement Plans

- Plans are all regulated by the states and must offer the same core plan benefits
 - Plans come with a range of coverage—Plans A through N (details on the following slide)
 - Plan F has highest level of coverage—covering your deductibles and out-of-pocket expenses left over by Medicare
- Policies are individually rated (Age, Gender, Zip, Health Status (smoker/nonsmoker))
 - Policies are "guaranteed issue" during your initial or special enrollment period this means you would have guaranteed acceptance into most Medicare Supplement Plans, regardless of any pre-existing health conditions
 - If you wish to enroll outside of your initial or special enrollment period, you may be restricted in doing so or need to pay a higher premium
- Prices and any "extra" features are the only differences between these plans
 - Prices vary by insurance company, age, and service area
 - Some plans offer limited benefits for travel outside of the United States
- Typically, Medicare Supplement Plans have higher premiums than MAPD plans but lower costs at time of services

Why Choose this Plan?

Medicare Supplement (Medigap) plans might make sense if you:

- Visit your doctors frequently: Copayments and coinsurance for visits are generally covered by your high premium, depending on the plan you select
- Want flexibility in choosing your doctors: Medicare Supplement is accepted by all doctors who accept Medicare patients
- Travel extensively within the U.S.: Medicare Supplement is widely accepted



Medicare Supplement Chart

	A	В	D	G	K	L	M	N	C	F
	"Original Medicare"				Primarily coinsurance basedHave out of pocket maximums			• See note below	 C and F are not available for those eligible to enroll after 1/1/2020 	
Medicare Part A Coinsurance and Hospital Costs (up to 365 days after Medicare Benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part A Deductible		√	√	✓	50%	75%	50%	√	✓	✓
Skilled Nursing Facility Care Copay/Coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Part A Hospice Care Coinsurance or Copayments	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part B Deductible									✓	✓
Medicare Part B Coinsurance (Generally 20%)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part B Excess Charges				✓						✓
Blood (First 3 Pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Foreign Travel Emergencies (up to Plan Limits)			80%	80%			80%	80%	80%	80%



Medicare Supplement Plans

Guaranteed Issue Rights

"Guaranteed issue" means that a retiree could automatically be accepted by an insurance carrier without having to answer medical questions

You have guaranteed acceptance into Medicare Supplement Plans at the same time as you first enroll in Medicare Part B

- States with possible Guaranteed Issue when leaving a group health plan <u>confirm with licensed</u> advisor when <u>buying</u>:
 - AK, AR, CA, CO, FL, ID, IL, IA, IN, KS, LA, ME, MO, MT, NV, NJ, NM, OH, OK, PA, SD, TX, VA, VT, WV, WI
- Continuous Guaranteed Issue: CT, MA, NY
- Rules for Guaranteed Issue, in all other states, when leaving a group health plan voluntarily are determined by the Carrier.
- Guaranteed Issue lettered plans are:
 - A, B, C, F, K, or L, and D, G for "newly eligible" in 2020 and later in lieu of C, F
 - All other lettered plan's Guaranteed Issue is determined by the Carrier



Resources & Contact Information



Lee County Benefits
Department (239) 533-2245

LCBOCC Active Aetna Plans	LCBOCC Medicare Advantage Plan
Aetna POS II & Select	Aetna MAPD
(888) 266-5519	(888) 267-2637

Original Medicare Part A Part B

For questions about Medicare coverage:

- Visit <u>www.Medicare.gov</u>
- or call: 1-800-MEDICARE (1-800-633-4227)
 Look through the Medicare and You 2024 handbook

For questions about Medicare enrollment:

- Visit your local Social Security office
- Call Social Security at 1-800-772-1213
- Apply on the Social Security website at ssa.gov

Individual Medicare plans

MediGap

Part D (PDP)

MAPD

To explore Medicare healthcare options:

- Visit <u>www.Medicare.gov</u>
- Contact your local broker or insurance representative, or an exchange

Examples:

retiree.alight.com my.viabenefits.com

- Contact your local SHIP (State Health Insurance assistance Program) www.shiphelp.org
 - In Florida (SHINE) <u>www.floridashine.org</u>





Questions?

