

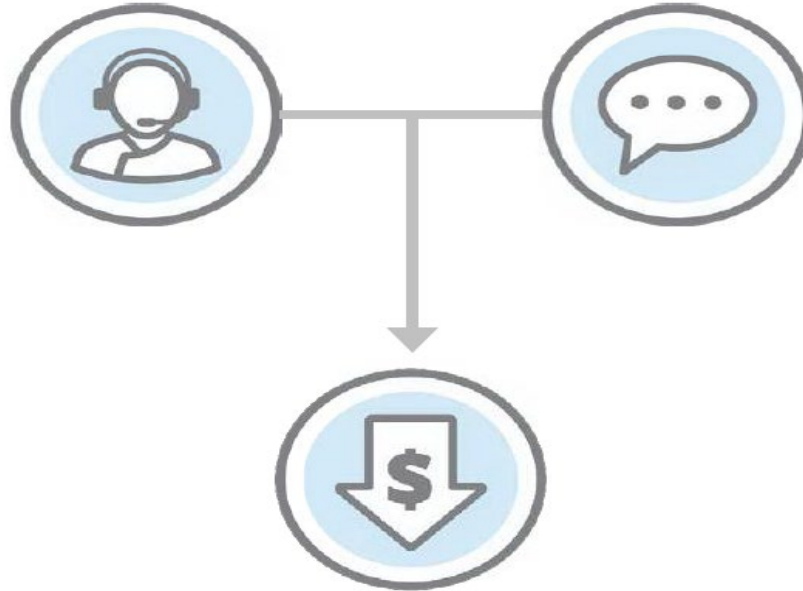
# American University Medicare

**10.24.2018**

# Specialized Medicare Specialized Unit

Liaison between account, the member and Medicare to ensure compliance

Analyst work directly  
with CMS



Knowledgeable  
Medicare Crossover  
Section 111  
ESRD

Reduces or eliminates your out-of-pocket  
expenses by maximizing benefits under all your  
plans.

# Medicare Enrollment Periods

## Initial Enrollment Period

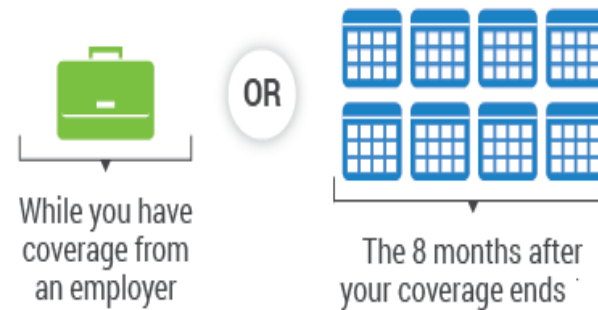
The Initial Enrollment Period is the first time you can sign up for Medicare.



Your coverage will start no sooner than your birthday month.

## Special Enrollment Period

You qualify for a special enrollment period to sign up for Part A and/or B when you are covered by an employer group health plan through you or your spouse's **active** employment



If you wait longer than 8 months following the month the **active** employment or group health coverage ends, you may have to pay a penalty when you enroll in Medicare.

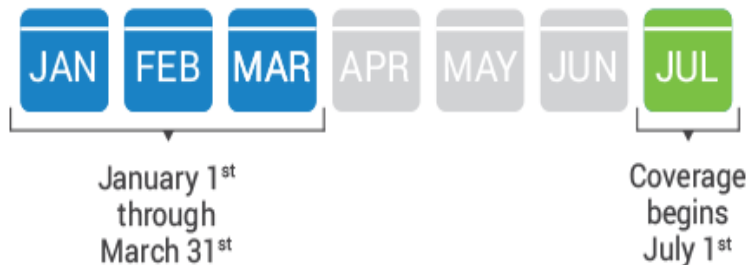
# Medicare Enrollment Periods (cont)

## General Enrollment Period

If you miss your Initial Enrollment Period or your Special Enrollment Period, you get another chance to enroll.

You can sign up for Medicare Parts A & B between January 1 and March 31 each year. Your Medicare coverage would begin on July 1 of the same year.

### When Is the General Enrollment Period?



## Open Enrollment Period

The Annual Election Period or open enrollment runs each year from October 15 to December 7. During this time:

- Anyone with Medicare Parts A & B can switch to a Part C plan
- Anyone with Medicare Part C can switch back to Parts A & B.
- Anyone who has or is signing up for Medicare Parts A or B can join, drop or switch a Part D prescription drug plan.
- Anyone with Medicare Part C can switch to a new Part C plan.

Your coverage will start January 1 of the following year.

# Medicare Premiums

Part B premiums are based on income

If your filing status  
& yearly income in 2016 / 2017 was . .

Individual Tax Return	Joint Tax Return	Married with Separate Tax Return	You Pay 2018	You Pay 2019
\$85,000 or less	\$170,000 or less	\$85,000 or less	\$134.00	\$135.50
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	N/A	\$187.50	\$189.60
above \$107,000 up to \$133,500	above \$214,000 up to \$267,000	N/A	\$267.90	\$270.90
above \$133,500 up to \$160,000	above \$267,000 up to \$320,000	N/A	\$348.30	\$352.20
above \$160,000 and less than \$500,000	above \$320,000 and less than \$750,000	above \$85,000 and less than \$415,000	\$428.60	\$433.40
\$500,000 or above	\$750,000 and above	\$415,000 and above		\$460.50

For reference only. Not intended to replace guidance from Center for Medicare and Medicaid Services

# Why Supplement?

---

- Medicare – no out-of-pocket maximum
- No health screening / evaluation
- Travel
- Additional services
- Non participating Medicare provider

CMS defines non-participating as: “A non-par provider is actually a provider involved in the Medicare program who has enrolled to be a Medicare provider but chooses to receive payment in a different method and amount than Medicare providers classified as participating. The non-par provider may receive reimbursement for rendered services directly from their Medicare patients. They submit a bill to Medicare so the beneficiary may be reimbursed for the portion of the charges for which Medicare is responsible.”

- **Opt-Out providers**

Not eligible for all providers. Most common are physicians, clinical social workers, psychologists, nurse practitioners, nurse anesthetists, physician assistants.

Beneficiaries are liable for payment of the costs of care provided that could not be billed to Medicare – balance billing.

# Medicare Out of Pocket Costs

---

## Part A, Hospital Coverage

Inpatient hospital, skilled nursing facility & hospice

**Deductible** You pay a deductible of \$1,364 (\$1,340) for each benefit period.

**Coinsurance** per benefit period for **hospitalization**

- Days 1 to 60: No coinsurance payment
- Days 61 to 90: \$341 (\$335) coinsurance per day
- Days 91 and beyond: \$682 (\$670) coinsurance per “lifetime reserve day\*\*”
- After a 90-day hospitalization in one benefit period, each additional day counts toward your lifetime reserve of 60 days of hospitalization covered by Medicare Part A.
- For days beyond your lifetime reserve days: You pay all costs. (Medicare exhaust)

If you receive care in a **skilled-nursing facility**, you pay a daily coinsurance of \$170.50 (\$167.50) for days 21 through 100 in a benefit period.

Medicare Part A typically doesn't cover your costs for days 101 and beyond.

# Medicare Out of Pocket Costs (cont)

---

## Medicare Part B, medical coverage

Medicare Part B generally helps cover routine health services, such as doctors visits lab and radiology.

**Deductible** \$185 (\$183) per year

**Co-Insurance** 20% of Medicare allowed amount (once deductible is met)



# Coordinating with Medicare

---

## Same Blue Choice Advantage benefits

- Services allowed by Medicare do not require an authorization

Medicare deductible, copays and coinsurance will be considered

Non-Medicare covered services will be considered

- Acupuncture
- Routine Foot Care
- Hearing Aids
- Shingles Vaccine
- Travel Immunizations
- Out of Country Claims
- Telemedicine

# Out of Area Coverage

CareFirst BlueChoice, Inc.		AMERICAN UNIVERSITY	
Member Name DOE JOHN Member ID RMR810 45 6789		BC ADV OPEN ACCESS	
Group 5801532-DC10		P20 \$40 ER75 VC ROUTINE OV COPAY \$0	
Eff Date 01/01/17			
BC/BS Plan 080/580			

BlueCard is a national program through the Blue Cross and Blue Shield Association that enables enrollees to obtain health care service benefits while traveling or living in another plan's service area. Benefit coverage is also available for medical services received outside the United States through BlueCard Worldwide. The provider will be reimbursed for covered services in accordance with your CareFirst contract.



This employee benefit plan provides benefits to you and your eligible dependents.

CareFirst BlueCross BlueShield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

CareFirst BlueChoice, Inc. and CareFirst BlueCross BlueShield, the business name of Group Hospitalization and Medical Services, Inc. is an independent corporation operating under a license from the Blue Cross and Blue Shield Association.  
5900VHDP (10/12)

www.carefirst.com

Customer Service 800-828-8648  
 Provider Service 877-228-7288

Vision: 800-783-8602  
 24hr FirstHelp(Nurse): 800-536-9700  
 Mental Health/Substance Abuse: 800-246-7013  
 Pre-Auth/Case Management: 866-773-2884  
 Locate Out of Area Providers: 800-810-2583

Local CareFirst providers mail to:  
**Mail Administrator**  
**PO Box 14115** (for claims)  
**PO Box 14114** (for correspondence)  
**Lexington, KY 40512**

Vision Claims:  
**Vision Care Processing Unit**  
**PO Box 1525, Latham, NY 12110**

Vision services provided through Davis Vision

**AMERICAN UNIVERSITY  
 BLUECHOICE ADVANTAGE**

FOR GROUPS  
 5801532-DC10 / 5801533-DC40 / 5801534-DC20 / 5801535-DC30

PACKAGE CODES  
 006 / 026 / 106

Member Level