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Building a Better Quality of Life for Senior Citizens since 1977. The North Carolina Senior Citizens Association (NCSCA) is a nonprofit organization chartered by the state of North Carolina in 1977. The information obtained herein is to be used for general information purposes only. There are no membership dues. Royalty fees are paid to the Association for the use of its intellectual property from various companies to educate seniors on their Medicare choices. These fees are used for the general purposes of the Association. Not connected with or endorsed by the United States government or the federal Medicare program.

QUESTIONS? CALL: 1-800-290-7535

NCSCAMGB: 5-1-2020



Confused? Overwhelmed by the Medicare Maze?

Medicare choices can be difficult to understand, especially if you are turning 65 or enrolling in Medicare for the first time. Medicare beneficiaries receive a lot of confusing and overwhelming information about Medicare. Don't be fooled or misled. Get the facts.

When you are fully informed, you feel more confident about taking action. And taking the right action is the key to protecting the quality of your healthcare in the coming years. To make good decisions, you need good information.

Our Medicare Advisors can be extremely helpful and can turn a confusing situation into a rather easy process. We have been helping seniors for more than 40 years. There is NO COST to you for our services. Let us help you understand your Medicare choices!

Do you know the difference between Original Medicare, Medicare Advantage and a Medicare Supplement? Don't be fooled. Get the facts.

What are Your Medicare Choices?

You have **two choices** for receiving your Medicare coverage. You can get your Medicare benefits through either **Original Medicare OR Medicare Advantage**. Understanding the differences of Original Medicare and a Medicare Advantage is the **first** step in getting the coverage that is right for you and protecting the quality of your healthcare now and in the future.

What Is Original Medicare?

Original Medicare is the **federal government-run** health insurance program for people 65 or older. One of the many benefits of turning 65 is receiving Medicare benefits regardless of your health. If you are receiving social security benefits, you will be **automatically** enrolled in Medicare Part A and Part B when you turn 65. Your Medicare benefits will become effective on the first day of your birth month. The only exception is if your 65th birthday falls on the first day of the month. In this case, your effective date would be the first day of the previous month. Your Medicare card will be mailed to you approximately three months before your 65th birthday. Under Original Medicare, the government pays healthcare providers **directly** for the services you receive. With Original Medicare, there are **NO** network restrictions. That means you

have the freedom to choose **any** doctor or hospital anywhere in the USA when you need care. When enrolled in Original Medicare you do not need to get prior approval, referral or permission from Medicare or from your primary care doctor when you need care. You just provide your red, white and blue Medicare card to receive Original Medicare services.

What Is a Medicare Advantage Plan? A Medicare Advantage Plan is a health insurance program run by private insurance companies contracted by Medicare. Medicare Advantage plans provide a **completely different way** to get Medicare benefits. Each Medicare Advantage Plan must provide services offered by Original Medicare, but can do so with different rules, costs and restrictions that can affect how and when you receive care. If you enroll in a Medicare Advantage Plan, there are usually **network restrictions**. This means you are required to see the healthcare providers in the Medicare Advantage network; plus, in most cases, you will need to get **prior approval** when you need care, except in case of an emergency. The insurance companies have been given the ability to make its own claims decisions, and some claims decisions by the insurance companies have been made with profitability in mind.

IMPORTANT: More Medicare beneficiaries get their healthcare coverage through the **federal government-run** Original Medicare program than the Medicare Advantage program.

What Is a Medicare Supplement?

Medicare supplement insurance covers some of the gaps not paid by Original Medicare Parts A and B. With Original Medicare and a Medicare supplement, you are protecting the quality of your healthcare **NOW** and in the **FUTURE**. Medicare supplement insurance provides choice, control, freedom, flexibility and value. With a Medicare supplement, there are no network restrictions. This means you can choose **any** doctor and hospital in the USA that accepts Medicare patients. All Medicare supplement insurance plan benefits are set by the federal government. This means there is no difference in the benefits you receive under one company's plan versus another. However, the prices vary widely among the various insurance companies.

What Are Two Popular Medicare Supplement Plans?

Plan G and Plan G High Deductible are two popular plans. Both plans have the **SAME** benefits! The **ONLY** difference is the policy DEDUCTIBLE. Plan G has a calendar-year policy deductible of \$198 and Plan G High Deductible has an annual policy deductible of \$2,340 (2020).

Don't Be Fooled by Medicare Advantage Plans

Policyholder Comments

"I was told by my insurance agent to get a Medicare Advantage Plan, he told me it was just like Original Medicare, but MUCH better. It also included Dental, Vision, Hearing, etc. And best of all - NO Premium. Boy, was he WRONG! I made a BIG mistake. My doctor wanted me to have a CT Scan. It took nearly four weeks to get approval from the Advantage Plan. My doctor told me that if I had Original Medicare, my CT Scan would have been approved without ANY waiting period. — **Jo**

"I ended up paying \$6,700 out-of-pocket expenses last year. It's too late now, but if I had Original Medicare and a Medicare Supplement Plan G, my total out-of-pocket costs for the entire year would have been ONLY \$185 plus the cost of my supplement." — **Mary**

"I contacted my health care providers billing departments BEFORE entering Medicare to get their opinion on the different Medicare choices. They said to AVOID any Medicare Advantage plans through ANY company because that is where most their billing problems happen. They rarely have billing problems with Original Medicare. Plus, they accept ALL Medicare supplement Plans. Several of the health providers said they are no longer taking Medicare Advantage plan insurance." — **John**

"My recommendation is to CONTACT YOUR PROVIDERS to see what they accept and recommend BEFORE making any commitments regarding your Medicare coverage. The last thing you want is surprises after incurring expenses. Be cautious of ALL Advantage plans...Know that Medicare Advantage is not a Medicare supplement..." — **Bill**

Beware of Agents who tell you ONLY the Good and NOT the Bad

Beware of celebrities, insurance agents, and football players on TV with sales pitches for enrolling in Medicare Advantage-related insurance. It happens every year during Medicare open enrollment: Older Americans' mailboxes and TV screens fill up with sales pitches for enrolling in Medicare Advantage-related insurance. If you call the number on the ad, you'll likely end up talking to a licensed insurance agent. The bad news is that you could be stuck for a whole year with a policy that's inappropriate for you - not only being stuck with a bad plan for an entire year but also you may NOT be eligible to switch to a Medicare Supplement policy the following year if you develop health issues.

See What Consumer Advocates Say

Ralph Nader, a consumer advocate, lawyer, and author said, "The advertisements for Medicare Advantage stress that you can sometimes get perks—gym memberships, hearing aids, eyeglasses, and home-delivered meals as enticements, but they AVOID telling you that Medicare Advantage Plans are not so ready to cover serious needs for critically ill patients.

Chris Cuomo, ABC News, said, "These plans are available in every state. However, Medicare Advantage plans are not the best fit for many Medicare beneficiaries. These plans promise big savings and better benefits, but there are some SERIOUS CONCERNS. Medicare beneficiaries who enrolled in a Medicare Advantage plan don't fully understand the impact of their decision."

Judy Gray, the former Outreach Coordinator for the Department of Insurance, said, "Some Medicare insurance agents are providing bad financial advice and MISLEADING seniors into buying Medicare Advantage plans that are not accepted by many doctors and hospitals. Also, seniors don't realize doctors and hospitals can opt-out of a Medicare Advantage plan at any time during the year."

Medicare Rights Center, a national non-profit consumer service organization, said, "Seniors don't realize that Medicare Advantage plans have provider ACCESS PROBLEMS, COVERAGE DENIALS for medical services, coverage denials for prescription drugs, limitations of the plan networks, LIMITED TREATMENT and denials for advanced cancer treatment including specialty facilities, hospitals, and cancer specialist referrals, agent marketing fraud, and erroneous claim by the insurance company that premiums have not been paid by the insured."

American Cancer Society, a nationwide voluntary health organization dedicated to eliminating cancer said, "If you are diagnosed with cancer, BEFORE scheduling any type of doctor's appointment or test-you should first ensure that the healthcare providers you've chosen accept your Medicare Advantage insurance plan. If they don't, you may be required to pay some or all of their costs upfront."

Kiplinger's Retirement Report, said, "The evidence on health care access and quality care decidedly FAVORS Original Medicare over Medicare Advantage, according to a Kaiser Family Foundation review of 40 studies published between 2005 and 2017."

PLAN G AND PLAN G HIGH DEDUCTIBLE BENEFITS

Medicare Part A Hospital Insurance*	Medicare Pays	Plan G Pays	Plan G (GHD) Pays
Deductible	Nothing	\$1,408	\$1,408
First 60 days	100%	Medicare Covered	Medicare Covered
Coinsurance 61 – 90 days	All but \$352 a day	\$352 a day	\$352 a day
Coinsurance 91 – 150 days	All but \$704 a day	\$704 a day	\$704 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses
Benefit for blood	All but three pints	Three pints	Three pints
Skilled Nursing Facility Care			
First 20 Days	100%	Medicare Covered	Medicare Covered
Coinsurance 21 – 100 days	All but \$176 a day	Up to \$176 a day	Up to \$176 a day
Hospice Care			
Outpatient Prescription Drugs	All but \$5	5% of Medicare's approved amount	5% of Medicare's approved amount
Medicare Part B Medical Insurance*	Medicare Pays	Plan G Pays	Plan G (GHD) Pays
Deductible	Nothing	—	—
Coinsurance	80%	Generally 20%	Generally 20%
Excess Benefits	—	100% up to Medicare's limit	100% up to Medicare's limit
Benefit for blood	All but three pints	Three pints	Three pints
Additional Benefit*			
Emergency Care Received Outside the U.S.	Nothing	Generally 80% to lifetime max of \$50,000	Generally 80% to lifetime max of \$50,000

**Plan G and Plan G High Deductible PAY the SAME benefits! The ONLY difference is the policy DEDUCTIBLE. Plan G has a calendar year deductible of \$198, and Plan G High Deductible has a annual policy deductible of \$2,340 (2020). This means you pay Medicare-covered costs (deductible, coinsurance and copayments) up to the policy deductible amount. Then, Plan G and Plan G High Deductible take over and pay 100% of covered services. In addition, both plans pay 100% for any excess charges up to Medicare's limit.*

Questions? Call the Medicare Helpline: 1.800.290.7535
For more information visit: www.Turning65NC.com