

What Is SHIP/I-CARE

- The State Health Insurance Assistance Program, or (SHIP).
- SHIP is funded by CMS to provide Medicare enrollment, information and assistance to people with Medicare and/or their caregivers.
- SC SHIP is known as:
Insurance Counseling Assistance & Referrals
for Elders (I-CARE)



What Is Medicare?



- Health insurance for people
 - 65 and older
 - Under 65 with certain disabilities
 - Amyotrophic Lateral Sclerosis
 - Any age with End-Stage Renal Disease

NOTE: To get Part A and/or Part B, you must be a U.S. citizen or lawfully present in the United States.

Who Runs Medicare?



- Centers for Medicare & Medicaid Services (CMS)
 - Administers program
- Social Security Administration (SSA)
 - Enrolls most individuals
- Railroad Retirement Board (RRB) enrolls railroad retirees

The 4 Parts of Medicare



**Part A
Hospital
Insurance**



**Part B
Medical
Insurance**

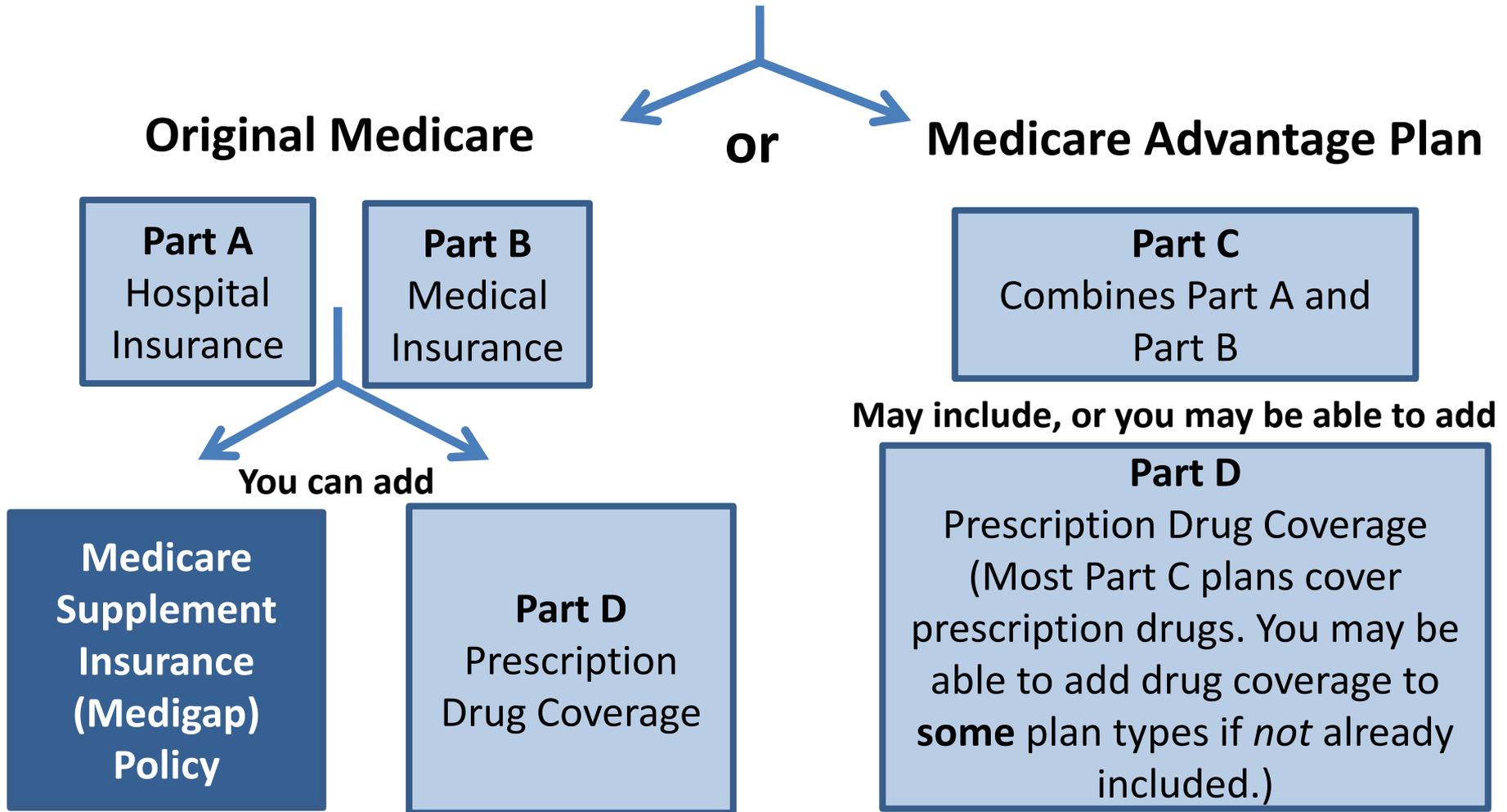


**Part C
Medicare
Advantage
Plans (like
HMOs/PPOs)**
Includes Part A,
Part B and
sometimes Part
D coverage



**Part D
Medicare
Prescription
Drug
Coverage**

Your Medicare Coverage Choices



Enrolling in Medicare—Automatic

- Automatic enrollment for those receiving
 - Social Security benefits
 - Railroad Retirement Board benefits
- Initial Enrollment Period Package
 - Mailed 3 months before
 - 65 or
 - 25th month of disability benefits
 - Includes your Medicare card



Medicare Card

- Keep it and accept Medicare Part A and Part B
- Return it to refuse Part B
 - Follow instructions on back of card

Front

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

MEDICARE CLAIM NUMBER **000-00-0000-A** SEX **FEMALE**

IS ENTITLED TO **HOSPITAL MEDICAL (PART A) (PART B)** EFFECTIVE DATE **07-01-1986 07-01-1986**

SIGN HERE → Jane Doe

Back

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under Medicare.
3. Your card is good wherever you live in the United States.

WARNING: Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty. If found, drop in nearest U.S. Mail box.

CMS
Centers for Medicare & Medicaid Services
Baltimore, MD 21244-1850
Form CMS-1968 (01/2002)

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227) or visit us at www.medicare.gov.

I DO NOT WANT MEDICAL INSURANCE Check Here

Written Signature (or Legal Representative)
SIGN HERE
Signature by Mark (X) Must Be Witnessed
Signature of Witness
Address of Witness

If you DO NOT want Medical Insurance

1. Check the box above (top right), sign your name, and return the entire form in the enclosed envelope. Do NOT tear off the Medicare card. It would be improper to use it since you do not want Medical Insurance. You must return the form BEFORE the Medical Insurance effective date shown on the card.
2. Since you are entitled to Hospital Insurance even though you do not want Medical Insurance, we will send you a new card showing that you have Hospital Insurance only.

Enrolling in Medicare When It's Not Automatic

- If you're not automatically enrolled
 - You need to enroll with Social Security
 - Visit socialsecurity.gov, or
 - Call 1-800-772-1213, or
 - Visit your local office
 - If retired from Railroad, enroll with the Railroad Retirement Board (RRB)
 - Call your local RRB office or 1-877-772-5772

When to Enroll in Medicare



- Your Initial Enrollment Period (IEP) lasts 7 months
 - Begins 3 months before your 65th birthday
 - Includes the month you turn 65
 - Ends 3 months after you turn 65
 - Your start date will be delayed
- Can enroll in free Part A anytime after IEP begins
- Can only enroll in Part B (and premium Part A) during IEP and other limited times
- May have a lifetime penalty if you don't enroll during IEP

More About Enrolling During Your Initial Enrollment Period (IEP)

- You can first enroll in Part B (and premium Part A) during your IEP
- Must pay a monthly premium for coverage
- Your coverage starts based on when you enroll:
 - Enroll before the month you turn 65, your coverage starts the month you turn 65
 - Enroll the month you turn 65, your coverage starts the next month
 - Enroll the last 3 months of your IEP, your coverage won't start for 2 to 3 months

NOTE: If you're eligible for premium free Part A, you can enroll in Part A any time after your IEP starts

Enrolling During the General Enrollment Period (GEP)

- GEP
 - For people who didn't sign up for Part B (or premium Part A) during Initial Enrollment Period
- Occurs January 1 through March 31 annually
- Coverage starts July 1
- May have to pay a lifetime penalty
 - 10% for each 12 months eligible but not enrolled

Enrolling During the Limited Special Enrollment Period (SEP)

- Most people don't qualify for a SEP
- Must have group health plan coverage based on active, current employment of you or your spouse
- Can enroll:
 - Anytime still covered by group health plan, or
 - Within 8 months of the loss of coverage or current employment, whichever happens first

NOTE: Retiree and COBRA coverage not considered active employment.

Decision Review: How Do I Want to Get My Medicare Coverage?

- Original Medicare or Medicare Advantage?
- Should I take Part A and Part B? When?
- Do I need a Medigap policy?
- What about Part D?
- What do I need to do if I'm not retiring at 65?



Check Your Knowledge—Question 1

Which of the following best describes your Initial Enrollment Period?

- a. The period between January 1–March 31 each year
- b. The period between January 1–February 14
- c. An 8-month period to sign up after employment ends or the group health plan insurance based on current employment ends, whichever happens first
- d. An enrollment period that becomes available to you when you first become eligible for Medicare (in most cases)

Original Medicare

Part A—Hospital Insurance Coverage

- Part A – Hospital Insurance helps cover 
 - Inpatient hospital care
 - Inpatient skilled nursing facility (SNF) care
 - Blood (inpatient)
 - Certain inpatient non-religious, nonmedical health care in approved religious nonmedical institutions (RNHCIs)
 - Home health care
 - Hospice care

Paying for Medicare Part A (Hospital Insurance)

- Most people don't pay a premium for Part A
 - If you paid Federal Insurance Contributions Act (FICA) taxes at least 10 years
- If you paid FICA less than 10 years
 - Can pay a premium to get Part A
- May have a penalty if you don't enroll when first eligible

Part A—What You Pay in Original Medicare—2016

Hospital Inpatient Stay	<ul style="list-style-type: none">▪ \$1,288 deductible and no coinsurance for days 1–60 of each benefit period▪ \$322 per day for days 61–90 each benefit period▪ \$644 per “lifetime reserve day” after day 90 of each benefit period (up to 60 days over your lifetime)▪ All costs for each day after the lifetime reserve days▪ Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime
Skilled Nursing Facility Care	<ul style="list-style-type: none">▪ \$0 for the first 20 days of each benefit period▪ \$161 per day for days 21–100 of each benefit period▪ All costs for each day after day 100 in a benefit period
Home Health Care Services	<ul style="list-style-type: none">▪ \$0 for home health care services▪ 20% of the Medicare-approved amount for durable medical equipment

Benefit Periods



- Measures use of inpatient hospital and skilled nursing facility (SNF) services
- Begins the day you first receive inpatient care
 - In hospital or SNF
- Ends when not in hospital/SNF 60 days in a row
- Pay Part A deductible for each benefit period
 - \$1,288 in 2016
- No limit to number of benefit periods you can have

Decision: Do I Need to Sign up for Part A?



- Consider
 - It's free for most people
 - You can pay for it if your work history isn't sufficient
 - There may be a penalty if you delay
 - If you/your spouse is actively working and covered by employer plan
 - Talk to your benefits administrator
- Stop contributions to Health Savings Account 6 months prior to enrollment
- Private insurance doesn't have to pay primary if you aren't enrolled

Original Medicare

Part B—Medical Insurance Coverage

- Part B—Medical Insurance helps cover



- Doctors' services
- Outpatient medical and surgical services, supplies
- Clinical lab tests
- Durable medical equipment
- Diabetic testing supplies
- Preventive services

What You Pay – Part B Premium



- Most people will continue to \$104.90 per month due to no 2016 Social Security cost-of-living adjustment (if their Part B premium was deducted from their December 2015 and January 2016 Social Security or Railroad Retirement benefits [they are held harmless])
 - You may pay a higher premium if you have a Part B late enrollment penalty
- There is a new standard premium some people will need to pay in 2016 (see next slide)

What You Pay – 2016 Standard Part B Premium

- Those who'll pay the 2016 standard premium (\$121.80 or higher) include those in any of these 5 groups. Those who
 1. Enroll in Part B for the first time in 2016
 2. Don't get Social Security/Railroad Retirement benefits
 3. Are directly billed for their Part B Premiums
 4. Have both Medicare and Medicaid, and Medicaid pays their premiums
 5. Have a modified adjusted gross income, as reported on their IRS tax return from 2 years ago, is above a certain amount (Income-Related Monthly Adjustment Amount [IRMAA])(see next slide)

Monthly Part B Standard Premium – Income-Related Medicare Adjustment Amount for 2016

If your yearly income *in 2014* (for what you pay in 2016) was

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	In 2016 You Pay
\$85,000 or less	\$170,000 or less	\$85,000 or less	\$121.80
\$85,000.01–\$107,000	\$170,000.01–\$214,000	Not applicable	\$170.50
\$107,000.01–\$160,000	\$214,000.01–\$320,000	Not applicable	\$243.60
\$160,000.01–\$214,000	\$320,000.01–\$428,000	Above \$85,00 and up to \$129,000	\$316.70
Above \$214,000	Above \$428,000	Above \$129,000	\$389.80

NOTE: You may pay more if you have a Part B late enrollment penalty.

Part B—(Medical Insurance)

What You Pay in Original Medicare in 2016

Yearly Deductible	\$166.00
Coinsurance for Part B Services	<ul style="list-style-type: none">▪ 20% coinsurance for most covered services, like doctor's services and some preventive services, if provider accepts assignment▪ \$0 for some preventive services▪ 20% coinsurance for outpatient mental health services, and copayments for hospital outpatient services

Decision: Should I Keep/Sign up for Part B?



- Consider
 - Most people pay a monthly premium
 - Usually deducted from SSA/Railroad Retirement benefits
 - Amount depends on income
 - It may supplement employer coverage
 - Contact your benefits administrator to understand the impact to your employer plan

When You Must Have Part B

- You must have Part B if
 - You want to buy a Medigap policy
 - You want to join a Medicare Advantage Plan
- You're eligible for TRICARE for Life (TFL) or CHAMPVA
- Your employer coverage requires you have it (less than 20 employees)
 - Talk to your employer's or union benefits administrator
- VA benefits are separate from Medicare
 - You pay a penalty if you sign up late or if you don't sign up during your Initial Enrollment Period

Part B and Active Employment

- If you don't have coverage from active employment
 - Delaying Part B may mean
 - Higher premiums
 - Paying for your health care out of pocket
 - Waiting until next General Enrollment Period to enroll (January 1 –March 31)
 - With coverage not starting until July 1
- If you do have coverage through active employment
 - You may want to delay Part B
 - No penalty if you enroll while you have coverage or within 8 months of losing coverage

Check Your Knowledge—Question 2

Which part of Medicare covers diabetic testing supplies?

- a. Part A
- b. Part B
- c. Part C
- d. Part D

Check Your Knowledge—Question 3

Which of the following best describes what Medicare Part A covers when the services are medically necessary?

- a. First 3 pints of blood, all costs for skilled nursing facility care after day 100 in the benefit period
- b. Emergency room visits, X-rays, lab work
- c. Outpatient prescription drugs
- d. Inpatient hospital care, inpatient care in a skilled nursing facility care, home health care and hospice care

What Is a Medigap Policy?

- Medigap (Medicare Supplement Insurance) Policies
 - Sold by private companies
- Fills gaps in Original Medicare
 - Deductibles, coinsurance, copayments
- All plans with same letter
 - Have same coverage
 - Costs are different
 - Except Minnesota, Massachusetts, and Wisconsin

Medigap Plan Types

	Medicare Supplement Insurance (Medigap) Plans									
Benefits	A	B	C	D	F*	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	50%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	100%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
Out-of-Pocket Limit in 2015**							\$4,940	\$2,470		

*Plan F is also offered as a high-deductible plan by some insurance companies in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,180 in 2015 before your policy pays anything.

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$166 in 2016), the Medigap plan pays 100% of covered services for the rest of the calendar year.

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

Decision: Do I Need a Medigap Policy?

- Consider
 - It only works with Original Medicare
 - Do you have other supplemental coverage?
 - If so, you might not need Medigap
 - Can you afford Medicare deductibles and copayments?
 - What does the monthly Medigap premium cost?

How Do I Find the Right Medigap Policy for Me?

- Compare plans by computer or phone
 - Visit Medicare.gov
 - Use the Medigap comparison tool
 - Call 1-800-MEDICARE (1-800-633-4227)
 - TTY users should call 1-877-486-2048
 - Call your State Health Insurance Assistance Program (SHIP)
 - Only a few states extend protections to the disabled population
 - Check with your State Department of Insurance

When Is the Best Time to Buy a Medigap Policy?

- Consider
 - Your Medigap Open Enrollment Period (OEP) begins the month you're 65 or older AND enrolled in Part B
 - Lasts 6 months minimum, may be longer in your state
 - You have protections – companies **MUST** sell you a plan if in your OEP
 - You can also buy a Medigap policy whenever a company agrees to sell you one
 - If later, there may be restrictions

To Buy a Medigap Policy, Follow These Steps



- Decide which Medigap Plan A–N has the benefits you need
 - Find out which insurance companies sell Medigap policies in your state
 - Call your State Health Insurance Assistance Program (SHIP), your State Insurance Department, or visit Medicare.gov
 - Check if your state extends protections for those with a disability
- Call the insurance companies and shop around for the best policy at a price you can afford
- Once you choose the insurance company and the Medigap policy, apply for the policy

Check Your Knowledge—Question 4

Medigap (Medicare supplement insurance) policies may help fill in which coverage or cost gaps?

- a. Part A and/or Part B deductibles
- b. Medicare Enrollment Penalties
- c. Prescription Drug Copays
- d. Medicare Premiums

Part D—Medicare Prescription Drug Coverage

- Available for all people with Medicare
- Provided through
 - Medicare Prescription Drug Plans (PDPs)
 - Medicare Advantage Prescription Drug Plans (MA-PDs)
 - Some other Medicare health plans



How Medicare Part D Works



- It's optional
 - You can choose a plan and join
 - May pay a penalty to join later
- Plans have formularies
 - Lists of covered drugs
 - Must include range of drugs in each category
- You pay the plan a monthly premium
- You pay deductibles and copayments
- There is Extra Help to pay Part D costs
 - If you have limited income and resources

Who Can Join Part D?



- To join Part D you
 - Must have Part A and/or Part B
 - Must live in the plan's service area
 - Can't live outside the United States
 - Can't be incarcerated
 - Must be lawfully present (effective 1/1/2016)
 - Must actively enroll to join in most cases
 - Some people with limited income and resources are automatically enrolled into a plan

When Can I Enroll in a Part D Plan?



- During your 7-month Initial Enrollment Period
- During the yearly Open Enrollment Period
 - October 15–December 7 each year
 - Coverage begins January 1
- May be able to join at other times
 - Medicare Advantage Disenrollment Period
 - Special Enrollment Period
 - For example, anytime you get Extra Help

Choosing a Part D Plan



- Compare plans by computer or phone
 - Use the Medicare Plan Finder at [Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan)
 - Call 1-800-MEDICARE (1-800-633-4227).
 - TTY users should call 1-877-486-2048
 - Contact your State Health Insurance Assistance Program (SHIP) for help comparing plans
- To join a Part D Plan
 - Enroll at [Medicare.gov](https://www.Medicare.gov)
 - Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
 - Enroll on the plan's website or call the plan
 - Complete a paper enrollment form

Decision: Should I Enroll in a Part D Plan?

- Consider
 - Do you have creditable drug coverage?
 - Coverage as good as Medicare's
 - For example, through an employer plan
 - No penalty if you have creditable drug coverage and delay enrolling in a Medicare drug plan
 - Will that coverage end when you retire?
 - How much do your current drugs cost?
 - What do the premiums cost for Part D plans?
- Without creditable coverage
 - Later enrollment may mean you pay a penalty
 - If a period of 63 or more days in a row lapse

Check Your Knowledge—Question 5

What are the Part D options for people with Medicare?

- a. Stand Alone Prescription Drug Plan (PDP)
- b. Medicare Advantage Prescription Drug (MA-PD) Plan
- c. Prescription Drug Discount Card
- d. Both a and b

Check Your Knowledge—Question 6

It's July. You enrolled in Medicare last year but didn't enroll in a Medicare Prescription drug plan. Generally, when is your next chance to enroll in Part D?

- a. June
- b. May
- c. October
- d. December

Part C—Medicare Advantage

- Health plan options approved by Medicare
 - Another way to get Medicare coverage
 - Still part of the Medicare program
 - Run by private companies
- Medicare pays the plan an amount
 - For each member's care
- May have to use network doctors or hospitals
- Types of plans available may vary



How Medicare Advantage (MA) Plans Work



- If you join an MA Plan you
 - Are still in Medicare with all rights and protections
 - Still get those services covered by Part A and Part B
 - But the MA Plan covers those services instead
 - May choose a plan that includes prescription drug coverage
 - May have different benefits and cost-sharing
 - May choose a plan that includes extra benefits
 - Such as vision or dental offered at the plan's expense (not covered by Medicare)

When and How Can I Enroll in a Medicare Advantage Plan?

- Generally during your Initial Enrollment Period
- During the yearly Open Enrollment Period
 - October 15–December 7 each year
 - Coverage begins January 1
- May be able to join at other times
 - Special Enrollment Period
- Contact the plan to join
 - Call their telephone number
 - Visit their website
 - Use the Medicare Plan Finder at [Medicare.gov](https://www.medicare.gov)

Decision: Should I Join a Medicare Advantage Plan?

- Consider
 - You must have Part A **and** Part B to join
 - Most offer comprehensive coverage
 - Including Part D drug coverage
 - Some plans may require you to use a network
 - You may need a referral to see a specialist
 - You must pay the Part B and the monthly plan premium
 - You can only join/leave plan during certain periods
 - It doesn't work with Medigap policies
 - It's **NOT** available to **MOST** people with End-Stage Renal Disease (ESRD)

How Are Medigap Policies and Medicare Advantage Plans Different?

	Medigap (Medicare Supplement Insurance) Policies	Medicare Advantage Plans (Part C)
Offered by	Private companies	Private companies
Government Oversight	State, but must also follow federal laws	Federal (plans must be approved by Medicare)
Works with	Original Medicare	N/A
Covers	Gaps in Original Medicare coverage, like deductibles, coinsurance, and copayments for Medicare-covered services.	All Part A and Part B covered services and supplies. May also cover things not covered by Original Medicare, like vision and dental coverage. Most plans include Medicare prescription drug coverage.
You must have	Part A and Part B	Part A and Part B
Do you pay a premium	Yes. You pay a premium for the policy and you pay the Part B premium.	Yes. You pay a premium for the plan and you pay the Part B premium.

Check Your Knowledge—Question 7

Which of these offers at least the same benefits as Original Medicare?

- a. Medigap policies
- b. Medicare Advantage Plans
- c. Medicare Prescription Drug Plans
- d. None of the above

Check Your Knowledge—Question 8

Which Medicare option is NOT available to most people with End-Stage Renal Disease (ESRD)?

- a. Medicare Advantage Plans
- b. Employer coverage
- c. Medicare Prescription Drug Plans
- d. Medicare Part A and Part B

Decision Comparison Summary

How They Work

Original Medicare

- Covers Part A and Part B benefits
- Medicare provides this coverage directly
- You have your choice of doctors and hospitals that are enrolled in Medicare and accepting new Medicare patients
- Generally, you or your supplemental coverage pay deductibles and coinsurance
- You usually pay a monthly premium for Part B

Medicare Advantage Plan

- Covers Part A and B benefits and may cover additional benefits (like vision or dental)
- Sometimes called Part C
- Coverage provided by private insurance companies approved by Medicare
- In most plans, you need to use plan doctors, hospitals, or other providers or you pay more or all of the costs
- You may pay a monthly premium (in addition to your Part B premium) and a copayment or coinsurance for covered services

Decision Comparison Summary

Drug Coverage and Supplemental Coverage

Original Medicare	Medicare Advantage (MA) Plan
<p>Drug coverage:</p> <p>If you want drug coverage, you must choose and join a Medicare Prescription Drug Plan.</p>	<p>Drug coverage:</p> <p>Most plans include drug coverage. You can pick a plan without drug coverage if you have other creditable coverage.</p>
<p>Supplemental coverage:</p> <p>You can buy a Medicare Supplement Insurance (Medigap) policy to fill gaps in coverage.</p>	<p>Supplemental coverage:</p> <p>If you join an MA Plan, you don't need and can't use a Medigap policy.</p>

Medicare and the Health Insurance Marketplace

- Medicare isn't part of the Marketplace
- If you have Medicare you're covered, and don't need to do anything related to the Marketplace
- The Marketplace doesn't offer Medigap or Part D plans
- It's against the law for someone who knows you have Medicare to sell you a Marketplace plan
 - Even if you only have Part A or Part B

Marketplace and Becoming Eligible for Medicare

- You can keep a Marketplace plan after your Medicare coverage begins
 - You may cancel the plan when Medicare coverage starts, or
 - Once your Part A coverage starts **you *won't* be able to get lower costs for your Marketplace plan**
- Sign up for Medicare during your Initial Enrollment Period
 - Or, if you enroll later, **you may have to pay a late enrollment penalty for as long as you have Medicare**

Medicare for People With Disabilities and the Marketplace

- You may qualify for Medicare based on a disability
 - You must be entitled to Social Security Disability Insurance (SSDI) benefits for 24 months
 - On the 25th month, you're automatically enrolled in Medicare Part A and B
- If you're getting SSDI, you can get a Marketplace plan to cover you during your 24-month waiting period
 - You may qualify for premium tax credits and reduced cost-sharing until your Medicare coverage starts

Choosing Marketplace Instead of Medicare



- You can't choose Marketplace coverage instead of Medicare unless
 1. You pay or you'd have to pay a Part A premium
 - You can drop Part A and B and may be eligible to get a Marketplace plan
 2. You have a medical condition that qualifies you for Medicare (like End-Stage Renal Disease) but haven't applied for Medicare
 3. You're not yet collecting Social Security retirement or disability benefits before you're eligible for Medicare

Check Your Knowledge—Question 9

You can enroll in the Individual Marketplace instead of Part B and get Part B later using a Special Enrollment Period if you don't have coverage from current, active employment.

- a. True
- b. False

Help for People With Limited Income and Resources

- Medicare Savings Programs
 - Help from Medicaid paying Medicare costs, including Medicare premiums, deductibles, and/or coinsurance
- Extra Help
 - Help paying Part D prescription drug costs
- Medicaid
 - Federal-state health insurance program
 - For people with limited income/resources
- Children's Health Insurance Program (CHIP)
 - Covers uninsured children up to age 19 and may cover pregnant women
 - Family income too high for Medicaid

How Are Medicare and Medicaid Different?



Medicare	Medicaid
National program that is consistent across the country	Statewide programs that vary among states
Administered by the federal government	Administered by state governments within federal rules (federal/state partnership)
Health insurance for people 65 and over and with certain disabilities, or with End-Stage Renal Disease (ESRD)	Health insurance for people based on need; financial and non-financial requirements
Nation's primary payer of inpatient hospital services to the disabled, elderly and people with ESRD	Nation's primary public payer of acute health care, mental health, and long-term care services

2016 Medicare Savings Program Income/Resource Limits

Medicare Savings Program	Individual Monthly Income Limit*	Married Couple Monthly Income Limit*	Helps Pay Your
Qualified Medicare Beneficiary (QMB)	\$990	\$1,335	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary (SLMB)	\$1,188	\$1,602	Part B premiums only
Qualifying Individual (QI)	\$1,337	\$1,803	Part B premiums only
Qualified Disabled & Working Individuals (QDWI)	\$4,009	\$5,395	Part A premiums only
	*For South Carolina visit scdhhs.sc.gov for more info		

Helpful Websites

- Medicare - [Medicare.gov](https://www.Medicare.gov)
- Medicaid - [Medicaid.gov](https://www.Medicaid.gov)
- Social Security - [socialsecurity.gov](https://www.socialsecurity.gov)
- Health Insurance Marketplace - [HealthCare.gov](https://www.HealthCare.gov)
- CHIP - [InsureKidsNow.gov](https://www.InsureKidsNow.gov)
- CMS National Training Program - [CMS.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html](https://www.CMS.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html)
- State Health Insurance Assistance Program
[Medicare.gov/contacts/](https://www.Medicare.gov/contacts/)

Key Points to Remember



- Medicare is a health insurance program
- It doesn't cover all of your health care costs
- You have choices in how you get coverage
- There are programs for people with limited income and resources
- Decisions affect type of coverage you get
- Certain decisions are time-sensitive
- You can get help if you need it

CMS National Training Program (NTP)

To view all available NTP training materials, or to subscribe to our email list, visit

<https://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html>

For questions about training products, email training@cms.hhs.gov

MEDICARE

2016

Crystal Strong

Lieutenant Governor's Office on Aging

1301 Gervais Street, Suite 350

Columbia, South Carolina 29201

1-800-868-9095

1-803-734-9889

