Understanding Medicare Coverage

Original Medicare is composed of two parts.

**Part A**
- Covers inpatient care in hospitals and skilled nursing facilities, plus hospice and home health care
- Free for most people

**Part B**
- Covers medically necessary services and supplies, plus preventive services
- Beneficiaries pay a monthly premium

Beneficiaries pay:
- Deductibles
- Copays
- Coinsurance

There is no out-of-pocket maximum, and patients are typically responsible for about 20% of their health care costs.

For more complete coverage, beneficiaries often sign up for:

**Part D**
- Covers prescription drugs
- Separate plan
- Beneficiaries pay a monthly premium

**Medicare Supplement**
- Medicare Supplement insurance (Medigap) can help offset some of the health care costs for beneficiaries. Med Supp plans only provide financial benefits; they do not offer extra coverage.

Instead of 3 separate plans with incomplete benefits, another option is:

**Medicare Advantage (Part C)**
- Out-of-pocket maximum
- All-in-one plan
- Health and wellness programs
- Covers everything Original Medicare does
- Covers prescription drugs
- Includes extra coverage and benefits
- Dental
- Hearing
- Vision
- Podiatry
- Acupuncture

Compare Medicare Coverage Options

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Original Medicare</th>
<th>Medicare Supplement</th>
<th>Medicare Advantage*</th>
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</thead>
<tbody>
<tr>
<td>Doctor Visits</td>
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<td>Yes</td>
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<tr>
<td>Hospital Care</td>
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<tr>
<td>Prescription Drugs</td>
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<tr>
<td>Out-Of-Pocket Maximum</td>
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<td>Some Plans</td>
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<td>Routine Vision Care</td>
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<td>Hearing Care</td>
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<tr>
<td>Extra Benefits</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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</tbody>
</table>

*Based on Johns Hopkins Advantage MD (PPO) plan

**Medicare Eligibility**
- US citizen or resident
- Age 65 or older
- Under age 65 and permanently disabled for 24 months or longer
- Living with End Stage Renal Disease (ESRD)

Members must continue to pay their Medicare Part B premium while enrolled in a Medicare Advantage plan.
DETERMINING THE BEST MEDICARE COVERAGE FOR YOUR PATIENTS

If your patient wants or needs only basic coverage...

Original Medicare (Part A and Part B)

Part A (Hospital Insurance) helps cover:
- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

Part B (Medical Insurance) helps cover:
- Preventive and medically necessary services from health care providers
- Outpatient care
- Durable medical equipment

Costs: Part A is free for most people, and Part B requires a monthly premium. Beneficiaries are also responsible for paying deductibles, copays, and coinsurance. There is no out-of-pocket maximum with Original Medicare, and patients are typically responsible for about 20 percent of health care costs.

Limitations: Beneficiaries must purchase a separate plan for prescription drugs (Part D). Also, Original Medicare does not cover other important benefits, such as dental, vision, and hearing care.

If your patient needs prescription drugs...

Original Medicare + Part D

Part D (Prescription drug coverage):
- Helps cover the cost of prescription drugs
- Run by Medicare-approved private insurance companies
- May help lower prescription drug costs and help protect against higher costs in the future

Costs: In addition to the Part B premium, beneficiaries pay a separate, additional monthly premium for Part D. Beneficiaries are also responsible for copays and other cost sharing responsibilities.

Limitations: Part D prescription drug coverage requires a separate plan and a separate premium payment. This plan covers only prescription drugs, and does not address other coverage needs.

If your patient is concerned about Medicare costs...

Original Medicare + Part D + Medicare Supplement (Medigap)

Costs: A Medicare Supplement plan (Medigap) is a separate plan that helps pay some of the costs Medicare doesn’t cover. Beneficiaries purchase a Med Supp plan with an additional monthly premium.

Limitations: With Original Medicare and a Part D prescription drug plan, a Medicare Supplement plan makes three separate plans for patients. These plans only assist with costs without adding any coverage.

If your patient wants the most coverage and convenience...

Part C (Medicare Advantage)

Costs: Medicare Advantage plans like Johns Hopkins Advantage MD are available for a monthly premium. They also have cost sharing responsibilities for members, including copays and coinsurance. These plans have an out-of-pocket maximum, as well.

Advantages: Medicare Advantage plans usually include extra coverage for services such as dental, vision, hearing, acupuncture, podiatry, and more, plus health and wellness programs.

Members must continue to pay their Medicare Part B premium when enrolled in a Medicare Advantage plan.