

Below you will find the questions with answers that came up in the chat session associated with the January 23, 2019 presentation by Gaye Humphrey, from the Center for Medicare Services. These answers have been reviewed and corrected for accuracy by Gaye.

- 1) Q: Will the presentation and a recording of the Webinar be sent to retirees?
A: Yes, an email will be sent out to everyone with links to both
- 2) Q: How will Medicare know to contact me for enrollment?
A: If you have been contributing to Social Security and they have your correct mailing address, then you will receive a Medicare Initial Enrollment Period (IEP) Package automatically, 3 months before you turn 65. If you have not been contributing to Social Security then you contact Social Security any time beginning 3 months prior to the month of your birthday through 3 months after your birthday month to enroll in Medicare. You can sign up online at www.ssa.gov, call their toll-free number, or go in to a local SSA field office for assistance
- 3) Q: Why would anyone refuse Part B?
A: If a person or their spouse is still working and covered under an employer health plan, they may not want Part B until they no longer are using the employer plan. If they do enroll in Part B in addition to the employer plan, they will be getting more coverage but also paying 2 premiums. Remember that once the employer plan ends you have 8 months to sign up for Part B. You should contact your employer or union benefits administrator to find out how your insurance works with Medicare and if it would be to your advantage to delay Part B enrollment.
- 4) Q: Is dental coverage part of Medicare, or is that a supplemental plan I have to purchase?
A: Medicare doesn't cover preventative dental care but does cover medical procedures including dental work if you are in an accident. Medicare doesn't cover dentures at all.
- 5) Q: If I don't sign up for Part D when I enroll in Medicare, and then decide to add it a few years later, will there be a penalty that is charged forever afterwards? Is there no Late Enrollment Period for Part D?
A: If you have had "creditable drug coverage" and lose or decide to drop that coverage, you have 63 days to enroll in a Medicare Part D plan before incurring a late enrollment penalty. Keep in mind that if the prescription drug coverage you have is part of an employer or retiree health coverage plan, dropping it may cancel the whole policy for you and anyone else covered by it.
- 6) Q: Is vision coverage included in Medicare, or do I need to purchase a supplemental plan?
A: Vision care is not part of Medicare. You need to purchase a separate plan for this. You can either choose a Medicare Advantage plan through a private insurer (that has vision coverage) or you can choose Original Medicare and purchase a stand-alone vision coverage plan.
- 7) Q: Certain drugs aren't covered by Medicare, such as Stelara and brand-name drugs. How can we work around this?
A: Each Part D plan has a formulary, or list of covered drugs. The formulary for each plan must include a range of drugs in the most commonly prescribed categories. This makes sure that people with different medical conditions can get the treatment they need. All Medicare drug plans generally must cover at least 2 drugs in each category of drugs, but plans can choose which specific drugs are covered in each category. Formularies are subject to change and can be changed by the plan. When you select a Part D drug plan,

- you enter the drugs you take and pick a plan that best covers your Rx needs at the right price for you.
- 8) Q: I understand the cost of Medicare will be deducted from our Social Security checks. What are the approximate costs for Parts A, B, C, & D?
A: (Answered during the chat session) The presentation covers the cost of Part B. Part A is generally free. The costs of Parts C & D are based on the plan chosen.
- 9) Q: Is there a penalty for enrolling in Part F a couple of years after enrolling in Parts A, B, & D?
A: Part F is a Supplemental (Medigap) plan. There is no penalty for late enrollment, however: You have a 6-month Medigap Open Enrollment Period, which gives you a guaranteed right to buy a Medigap policy. Some states may have a longer period. If you enroll outside of that OEP you do not have a guaranteed right to buy a Medigap policy. This means there could be restrictions such as a waiting period for pre-existing conditions or Medical underwriting (higher cost likely) if you purchase a Medigap plan outside of the OEP. Medical underwriting is a process used by insurance companies to try to figure out your health status when you're applying for health insurance to determine whether to offer you coverage, at what price, and with what exclusions or limits.
Q: Is there a "work requirement" to get Medicare, other than being in the U.S. for 5 years and being a legal citizen?
A: No
- 10) Q: Is the cost of Medicare deducted from Social Security?
A: Yes it can be, or you can pay for it separately.
- 11) Q: What part of my Medicare costs go up relative to my taxable earnings?
A: Both Part B and Part D premiums can change when your income changes.
- 12) Q: Does the lifetime 190-day limit apply to all hospital care or just the mental health component?
A: It applies to only the mental health care component assuming the care occurs in an inpatient psychiatric hospital.
- 13) Q: My spouse doesn't work. Will he/she have to pay a premium for Part A?
A: If you have paid FICA taxes for 10 years (40 quarters) during your life, then your spouse qualifies for Part A without a premium based on your work record.
- 14) Q: Some Medicare Advantage Part C plans from HMO-type firms are advertised with premiums as low as \$0. How does this work and how does the company make any money from it?
A: Medicare pays a per capita amount to Medicare Advantage plans to handle medical care for their beneficiaries. These payments enable MA plans to charge very low premiums to some of their members.
- 15) Q: Does Medigap cover deductible costs?
A: Yes it covers costs, such as deductibles and co-pays, that are not covered by Medicare. Some plans currently cover the Part B deductible. However, beginning in 2020, none of the supplement plans will cover it. This applies to enrollments beginning in 2020, not enrollments from prior years. All plans cover coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up for Part A. See page 32 of the Medicare Basics presentation for a guide to how different Medigap plans cover deductibles and co-pays.
- 16) Q: Please elaborate about having an HSA? I have an account I no longer fund or use. It only has \$0.06 left in it. Does this account disqualify me?
A: You can use any funds in your existing HSA, but cannot continue contributing to it once you start Medicare.
- 17) Q: How is skilled nursing care distinguished from Long Term Care?

- A: Skilled Nursing Facility: A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services. Skilled nursing care and rehabilitation services provided on a daily basis, in a skilled nursing facility (SNF). Examples of SNF care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.
- Long-term care: Services that include medical and non-medical care provided to people who are unable to perform basic activities of daily living, like dressing or bathing. Long-term supports and services can be provided at home, in the community, in assisted living, or in nursing homes. Individuals may need long-term supports and services at any age.
- Medicare and most health insurance plans don't pay for long-term care
- 18) Q: Regarding HSAs – Is the statement about stopping HSA contributions 6 months before beginning Medicare refer to the enrollment date or start of coverage date?
A: You can make contributions up until 6 months before enrolling in Medicare
- 19) Q: Does the income-adjusted amount for the Part B premium get recalculated every year, looking at income 2 years back?
A: Yes, the Part B premium gets adjusted every year. Social Security will send you a letter notifying you of any change that is happening based on their information about your income. If you believe they are wrong, you can appeal the assessment, but you must keep paying the new premium while you appeal.
- 20) Q: If I am over 65 and covered under my spouse's insurance, and he/she retires, will I then be able to enroll in Parts B, C, & D?
A: Yes you have an enrollment period during which you won't incur a penalty.
- 21) Q: Is colonoscopy also covered as a diagnostic (vs. preventative) procedure?
A: It can be either one depending on the exact situation.
- 22) Q: Is there a penalty for delaying Medigap coverage?
A: No, Medigap coverage is optional.
- 23) Q: Can contributions be made to an HSA for the months prior to being enrolled in Medicare? Ex: If eligible for Medicare in August, can a lump sum payment be made for January through July?
A: You can make contributions up until 6 months before enrolling in Medicare
- 24) Q: Can SERMA be used for Medicare costs?
A: (Answered during the chat session) Yes, but only for premiums, not deductibles or co-payments.
- 25) Q: Is the IRMP a Medigap plan?
A: (Answered during the chat session). No. IRMP is a retiree medical plan – an indemnity plan.
- 26) Q: Do I need Part D prescription drug coverage if I'm paying for a prescription drug plan?
A: (Answered during the chat session) If a person later moves to a Part D plan, and they didn't sign up on-time, there is a penalty of 1%/month (of the national base premium, which is \$33.19/month in 2019) from the original enrollment time onwards.
- 27) Q: Can a person be covered under their spouse's employer health insurance plan even after that person turns 65? And will there be a penalty if the person moves to Medicare later?
A: Yes they can be covered and once the spouse's employer health plan ends they have 8 months to sign up for Medicare without incurring a penalty.
- 28) Q: The 2019 Intel Open Enrollment Guide has IRMP Cigna Indemnity with Rx at \$705/month and without Rx at \$187/month. Is this not using IRMP as a Medigap alternative?
A: (Answered during the chat session) IRMP is a retiree medical plan – an indemnity plan – and works differently than a Supplemental or Medigap Plan.

- 29) Q: Is it true that if a Medicare Advantage plan is used that any issues encountered can't be appealed to Medicare, since it is a private plan?
A: In most cases you have to work with your Medicare Advantage plan to resolve issues. However, in some instances you can take advantage of Medicare Case Workers to make sure the MA plan is following Medicare guidelines.
- 30) Q: If a person stays on their spouse's HSA-qualified employer health plan past age 65, can they continue to contribute to their HSA?
A: Yes
- 31) Q: If a Medigap Plan is dropped, and a Medicare Advantage plan is used, is it possible to go back to a Medigap Plan?
A: Not always. You need to check with your state and with Medigap providers. And even if you can go back to a Medigap Plan, your premiums may be higher than before.
- 32) Q: Why would someone choose IRMP over a Medigap Plan, or vice versa?
A: IRMP covers things that Medicare does not, and sometimes covers things that a Medigap Plan does not. See the comparison slide that was shown at the end of the webinar, or go to the MyHealthBenefits website for more details.
- 33) Q: If a person becomes Medicare eligible in September, by when do they have to sign up? Is it in December or January of the next year?
A: You have 3 months so the answer is December 31st.
- 34) Q: If using IRMP, would it be considered "Cigna" when looking for physician coverage?
A: Yes. Cigna is the claims administrator for the IRMP Cigna HDHP. Members enrolled in the IRMP Cigna HDHP have access to the Cigna Open Access Plus (OAP) provider network. For more information you can go to MyHealthBenefits. (www.intel.com/go/myben)