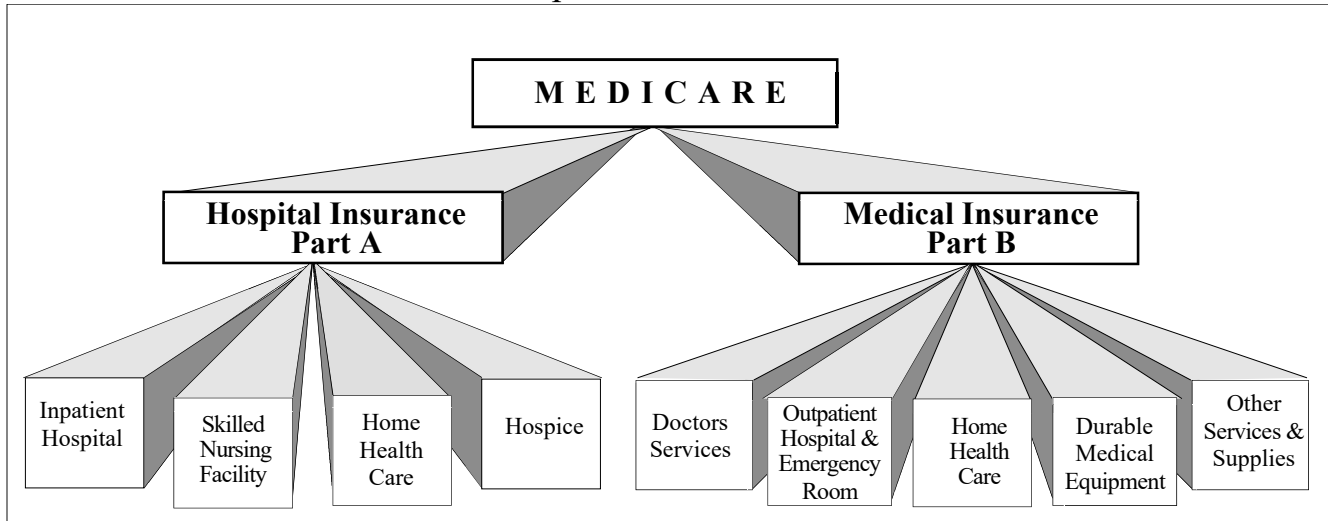


Medicare Basics

Medicare is the federal health insurance program available to specific groups:

- People age 65 and older
- Those under age 65 who have been on Social Security disability for 24 months. (No wait is required if diagnosed with ALS or Lou Gehrig's disease.)
- Those who have end-stage renal disease (permanent kidney failure).

As shown below, Medicare is made up of Part A and Part B.



Most people get Medicare Part A free. Everyone pays a monthly premium for Part B.

How much you pay depends on your modified adjusted gross income.

2023 Part B Monthly Premium If Your 2021 Modified Adjusted Gross Income is		Premium You Pay
File Individual Tax Return	File Joint Tax Return	
\$97,000 or less	\$194,000 or less	\$164.90 *
\$97,001 - \$123,000	\$194,001 - \$246,000	\$230.80
\$123,001 - \$153,000	\$246,001 - \$306,000	\$329.70
\$153,001 - \$183,000	\$306,001 - \$366,000	\$428.60
\$183,001 - \$500,000	\$366,001 - \$750,000	\$527.50
Greater than \$500,000	Greater than \$750,000	\$560.50

*Your Part B premium will not increase more than the amount of your Social Security increase, up to \$170.10.

Approval of covered services for Medicare benefits is usually based on what is medically necessary. Under Part A, the health care providers are not allowed to charge more than what Medicare approves. Part B does allow "excess charges" for some services. The maximum excess charge allowed for most services is 15% more than Medicare's approved amount. Medicare pays most of the health care costs for those eligible, but significant gaps can leave large bills to pay. The Medicare Benefit Chart on the next page shows Medicare's benefits and the amounts for which you are responsible.

Medicare Benefits Chart 2023

Part A Hospital Insurance - Covered Services (Hospital deductibles and coinsurance amounts change each year. The numbers shown in this chart are effective for 2023.)

Services	Benefit	Medicare Pays	You Pay (Other insurance may pay all or part)
Hospitalization* Semiprivate room, general nursing, misc. services	First 60 days	All but \$1600	\$1600 (Part A deductible)
	61st to 90th day	All but \$400 per day	\$400 per day
	91st to 150th day	All but \$800 per day	\$800 per day
	Beyond 150 days	Nothing	All charges
Skilled Nursing * Facility Care	First 20 days	100% of approved	Nothing if approved
	21st to 100th day	All but \$200.00 per day	\$200.00 per day
	Beyond 100 days	Nothing	All costs
Home Health Care Medically necessary skilled care, therapy	Part-time care	100% of approved	Nothing if approved
Hospice Care for the terminally ill	As long as doctor certifies need	All but limited costs for drugs & respite care	Limited costs for drugs & respite care
Blood	Blood	All but first 3 pints	First 3 pints

Part B - Medical Insurance - Covered Services

Services	Benefit	Medicare Pays	You Pay (Other insurance may pay all or part)
Medical Expense Physician services & medical supplies	Medical services in and out of the hospital	80% of approved (after \$226 deductible**)	20% of approved (after \$226 deductible**) plus excess charges
Outpatient Hospital Treatment	Unlimited if medically necessary	Amount based on a fee schedule (after \$226 deductible**)	Coinsurance or co-payment amount which varies according to the service (after \$226 deductible**)
Clinical Laboratory	Diagnostic tests	100% of approved	Nothing if approved
Home Health Care Medically necessary skilled care, therapy	Part-time care	100% of approved	Nothing if approved
Durable Medical Equipment (DME)	Prescribed by Doctor for use in home	80% of approved (after \$226 deductible**)	20% of approved (after \$226 deductible**) plus excess charges
Blood	Blood	All but first 3 pints	First 3 pints

*Costs based on a benefit period.

**A single \$226 deductible per year for all Part B services.

Ten Standard Medicare Supplement Plans

Ten Standard Medicare Supplement Plans											Medicare Eligible Before 2020	
Basic Benefits	Plan A	Plan B	Plan D	Plan G*	Plan K	Plan L	Plan M	Plan N	Plan C	Plan F*		
Part A Hospital												
Day 61-90 Coinsurance	X	X	X	X	X	X	X	X	X	X		
Day 91-150 Coinsurance	X	X	X	X	X	X	X	X	X	X		
365 more days – 100%	X	X	X	X	X	X	X	X	X	X		
Part A Hospice coinsurance	X	X	X	X	50%	75%	X	X	X	X		
Part B Coinsurance or Copay	X	X	X	X	50%**	75%**	X	X****	X	X		
Parts A & B Blood	X	X	X	X	50%	75%	X	X	X	X		
Additional Benefits	A	B	D	G	K	L	M	N	C	F		
Skilled Nursing Facility												
Coinsurance Day 21-100			X	X	50%	75%	X	X	X	X		
Part A Deductible		X	X	X	50%	75%	50%	X	X	X		
Part B Deductible									X	X		
Part B Excess				X						X		
Foreign Travel Emergency			X	X			X	X	X	X		
Out-of-pocket annual limit					6,940***	3,470***						

X = Supplement pays 100% 50% and 75% = the amount the supplement pays

* Plans F and G have an option called high deductible Plan F or high deductible Plan G. The deductible is \$2,700 in 2023.

** Plans K and L pay 100% of the Part B coinsurance for preventive services.

*** Plans K and L pay 100% of your cost for Part A and B after the annual out-of-pocket limit is reached.

****Exceptions: You pay up to \$20 for an office visit and up to \$50 for an emergency room visit before the plan pays. The emergency room co-pay will be waived if you are admitted to the hospital.

Standardized Medicare Supplement Plans Available - Annual Premiums

Insurance Company	All Applicants											Only those Medicare eligible before 2020		Comments*
	Age	A	B	D	G	G (HD)	K	L	M	N	C	F	F (HD)	
AARP/UnitedHealthcare Insurance Co. 1-800-523-5800 aarpmedicaresupplement.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	\$1,116	\$1,629		\$1,562		\$575	\$1,222		\$1,408	\$2,029	\$2,035		Pre-X: 3 Months
	70	\$1,240	\$1,808		\$1,735		\$640	\$1,358		\$1,564	\$3,353	\$2,260		GI: None
	75	\$1,448	\$2,108		\$2,023		\$749	\$1,584		\$1,825	\$2,626	\$2,634		C NA
	80	\$1,676	\$2,438		\$2,340		\$869	\$1,833		\$2,111	\$3,036	\$3,046		\$0 S
Ace Property and Casualty Ins. Co. 1-800-601-3372 (HH disc.; Rates for females are lower)	65	\$1,200			\$1,211	\$485				\$935		\$1,432		Pre-X: None
	70	\$1,222			\$1,234	\$494				\$971		\$1,560		GI:
	75	\$1,451			\$1,465	\$586				\$1,153		\$1,853		C AA
	80	\$1,764			\$1,783	\$713				\$1,402		\$2,254		\$25 Z
Aetna Health Ins. Co. 1-800-264-4000 Aetnaseniorproducts.com (Smoker rates differ; HH disc.; Rates for females are lower)	65	\$1,515	\$1,723		\$1,630	\$591				\$1,160		\$1,784		Pre-X: None
	70	\$1,609	\$1,829		\$1,730	\$627				\$1,297		\$1,893		GI: None
	75	\$1,890	\$2,148		\$2,033	\$736				\$1,532		\$2,227		C AA
	80	\$2,229	\$2,531		\$2,394	\$868				\$1,800		\$2,623		\$20 S
American Benefit Life Ins. Co. 1-800-781-4300 americanbenefitlife.com (Smoker rates differ; Rates for females are lower)	65	\$1,460			\$1,468					\$1,073		\$1,789		Pre-X: None
	70	\$1,502			\$1,509					\$1,171		\$1,866		GI: None
	75	\$1,829			\$1,839					\$1,465		\$2,238		C AA
	80	\$2,226			\$2,238					\$1,829		\$2,701		\$25 S
American Home Life Ins. Co. (The) 1-800-876-0199 (Smoker rates differ; HH disc.; Rates for females are lower)	65	\$1,422			\$1,429					\$1,042		\$1,715		Pre-X: None
	70	\$1,477			\$1,484					\$1,074		\$1,770		GI: Onone
	75	\$1,823			\$1,832					\$1,462		\$2,189		AA
	80	\$2,282			\$2,294					\$1,812		\$2,719		\$25 Z

*Comments: Pre-X = Pre-existing Condition(s) Waiting Period; GI= Guaranteed Issue Plans Available; C= Automatic Crossover Claims Filing; IA=Issue Age Premium Basis; AA=Attained Age Premium Basis; NA-Premium Not Based on Age; S= Statewide premium; Z=Premiums for Des Moines Zip Code Area; \$ = One Time Policy Fee; HH disc. = household discount - eligibility requirements vary by company.