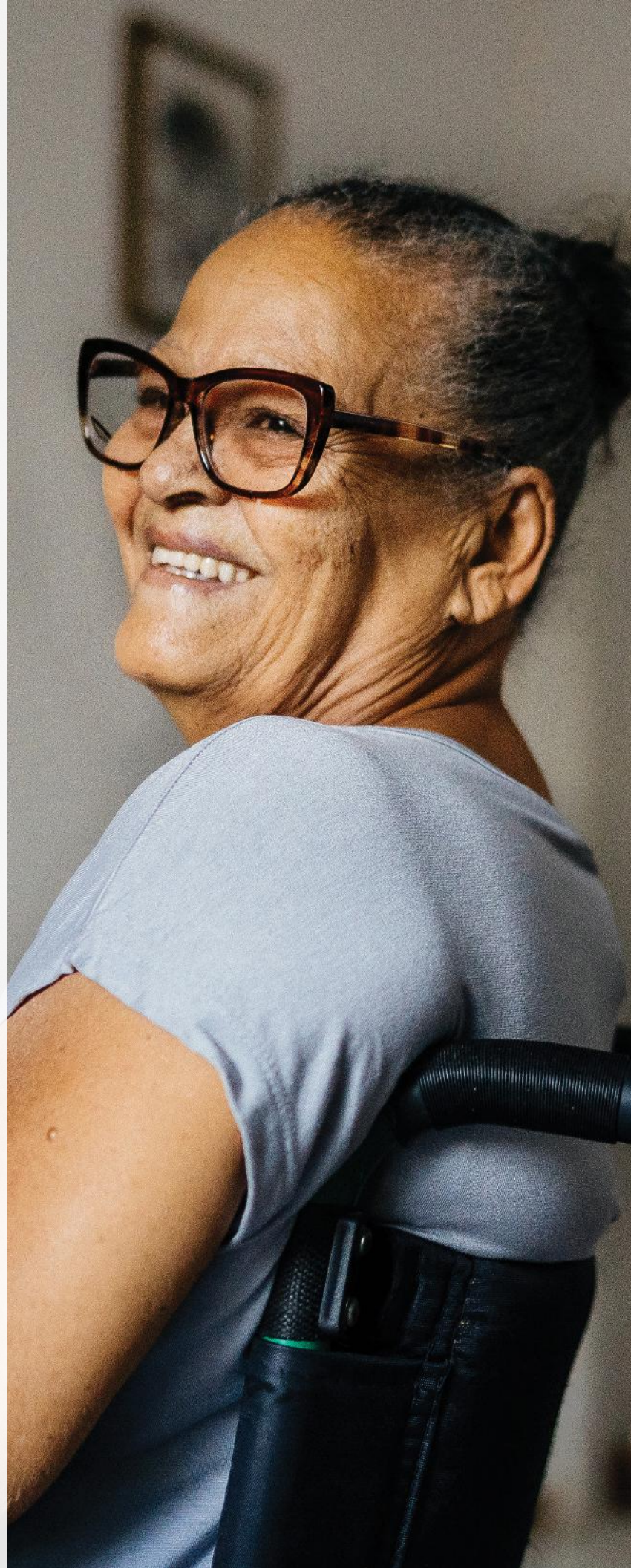


UVM HEALTH



# Quick Guide to Medicare

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# Let's work together.

UVM Health Advantage is a new Medicare Advantage experience, guided by doctors at the UVM Health Network and Medicare experts at MVP Health Care®. We're here to personally help you understand your Medicare options, find the right plan and make sure your transition to your new plan goes smoothly with no disruption to your care.

**“It's about providing folks with the information that they need to make the best decision for their health.”**

Kathryn Rueda, Plan Guide,  
Williston, VT



**Speak with a UVM Health Advantage  
Plan Guide to get started.**

**1-833-825-5886**

**TTY 711**

October 1–March 31,  
Seven days a week,  
8 a.m.–8 p.m. Eastern Time,  
April 1–September 30,  
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**[TimeForUVM.com](https://www.timeforuvm.com)**









# What is Medicare?

Medicare (sometimes called Original Medicare) is the federal health insurance program for people age 65 or older, people under age 65 with certain disabilities and people of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant) or ALS (Amyotrophic Lateral Sclerosis, commonly known as Lou Gehrig's disease).

The Centers for Medicare & Medicaid Services (CMS) is the federal agency in charge of the Medicare program. Medicare is financed by a portion of payroll taxes and Part B monthly premiums.

# The Four Parts of Medicare

**A**

## **Part A is hospital insurance.**

It covers inpatient hospital care, certain skilled nursing facility care, hospice care and medically necessary home health care. Deductibles and co-insurances will apply.

Part A is available through the Federal government. For most people, there is no monthly premium.

**B**

## **Part B is medical insurance.**

It covers doctors' services, outpatient care and preventive services, such as screenings and yearly wellness visits. Deductibles and co-insurances will apply.

Part B is available through the Federal government. Monthly premiums are set each year and can be deducted directly from your Social Security check.

**C**

## **Part C is a Medicare Advantage plan.**

These plans include the benefits of Parts A and B, plus offer extra benefits, like dental, vision, hearing aids, over-the-counter benefits and fitness programs. Some plans also include Part D coverage (see below). To enroll in a Medicare Advantage plan, you must be enrolled in Medicare Parts A and B and live in the plan service area.

Medicare Advantage plans are administered by private health plans. Some plans also include Part D coverage (see below). The monthly premiums vary by insurer. **You must continue to pay your Part B premium.**

**D**

## **Part D is prescription drug coverage.**

These plans cover drugs approved by Medicare.

Part D plans are available only through private companies.





**Avoid Penalties!**

**If you do not enroll in Medicare Part B or Part D when you first become eligible, you may face financial penalties. Speak with a UVM Health Advantage Plan Guide to find out when you need to take action.**



# Medicare Plan Options

## Original Medicare

Original Medicare is Medicare Parts A and B only. You will be responsible for deductibles and 20% co-insurance for some covered medical services.

Prescription drugs are not included – you will need to enroll in a separate Part D plan or have creditable coverage to avoid penalties.

## Medicare Supplement

Medicare Supplement (or “Medigap”) plans help pay the remaining costs of covered services not paid by Original Medicare. Deductibles and co-insurances vary by plan. Prescription drugs are not included – you will need to enroll in a separate Part D plan or have creditable coverage to avoid penalties.

With Medicare Supplement plans, you may receive multiple bills for premiums, medical services and prescription costs. Supplement plans are also not quality rated by Medicare.

## Medicare Advantage

Medicare Advantage plans (Part C) combine Parts A, B and often Part D coverage under one plan. Many Medicare Advantage plans also offer extra benefits beyond Original Medicare, such as vision, dental, hearing aids and fitness memberships. With a Medicare Advantage plan, you receive one monthly premium bill and pay a set co-pay or co-insurance for covered services.

Medicare Advantage plans are also quality rated by Medicare each year, based on member satisfaction with the plan and its doctors, customer service and the care members receive to help them stay healthy.

### Creditable Coverage

**Creditable coverage is defined to be as least as good as or better than Original Medicare. Once eligible for Medicare, you are responsible to have creditable coverage to avoid potential penalties.**



## Special Situations

Turning 65 opens the door to new health insurance options, but everyone's situation is different.

### **If you have an Essential Plan from New York State:**

- ☑ Your Essential plan coverage will end at age 65
- ☑ You must enroll in Medicare Parts A and B
- ☑ Choose a Medicare Advantage, Supplement and/or Part D plan for additional coverage

### **If you have coverage through the Vermont or New York State Marketplace:**

- ☑ You must enroll in Parts A and B
- ☑ You can keep your Marketplace plan past age 65, but you will lose any premium tax credits or other subsidies. Enrolling in a Medicare plan may be a more affordable option
- ☑ Check if your plan has creditable prescription drug coverage. If you don't have other creditable prescription drug coverage, you will need to enroll in a Part D plan

### **If you have Employer Group coverage and the subscriber of the health plan (you or your spouse) will continue to work and you will keep employer group coverage:**

- ☑ Ask your employer if you need to enroll in Medicare Parts A and B – it may be necessary if the employer has fewer than 20 employees
- ☑ Check if your plan coverage is considered creditable in order to avoid possible penalties
- ☑ Complete an Actively Employed Information form to notify your health plan that you are going to keep your current coverage past age 65

### **If you have Employer Group coverage and the subscriber of the health plan (you or your spouse) will retire and you will not keep employer group coverage:**

- ☑ Enroll in Medicare Parts A and B
- ☑ Ask your employer if they offer plans for retirees age 65 and older. If not, choose a Medicare Advantage, Supplement and/or Part D plan for additional coverage
- ☑ You can use the money from a Health Savings Account to pay for Medicare plan premiums, co-pays and co-insurances

We can help!

**Are your spouse or other dependents covered under your current health plan? Are you contributing to an HSA? Speak with a UVM Health Advantage Plan Guide to work through your unique situation.**

## Medicare Enrollment Periods

There are certain times of year you can enroll in Medicare coverage, depending on your situation.

The **Initial Enrollment Period** to sign up for a Medicare Parts A and B, as well as choose a Medicare Advantage plan, is a seven-month window starting three months before you turn 65 to three months after your birthday month.

During the **Annual Enrollment Period**, you may change health plans. The Annual Enrollment Period takes place each year from October 15–December 7. Your new plan will become effective January 1.

The **Medicare Advantage Open Enrollment Period** is another opportunity to change health plans. If you are enrolled in a Medicare Advantage plan, you can make a one-time change to a different Medicare Advantage plan or switch to Original Medicare from January 1–March 31 each year, or during the first three months you're enrolled in Medicare.

Other **Special Enrollment Periods** are available. Examples include leaving employer group coverage, a move, enrollment in a State Pharmaceutical Assistance Program (such as VPharm or EPIC) or Extra Help, or if you have both Medicaid and Medicare.

If you don't sign up for Medicare Part A and/or Part B during your Initial Enrollment Period, and you don't qualify for a Special Enrollment Period, you can sign up during the **General Enrollment Period** between January 1–March 31. Your Medicare coverage will start on July 1, and you may have to pay a late enrollment penalty.





## Financial Assistance Programs

Programs are available to help Medicare eligible individuals who meet specific income and resource requirements pay for health and prescription drug costs.

### **Medicare Savings Program**

Call your local Medicaid office.

### **Extra Help (Low Income Subsidy)**

Contact Social Security  
1-800-772-1213 (TTY 1-800-325-0778)  
ssa.gov

### **New York State Elderly Pharmaceutical Insurance Coverage (EPIC)**

1-800-332-3742 (TTY 1-800-290-9138)  
health.ny.gov/health\_care/epic

### **Vermont Prescription Assistance Program (VPharm)**

1-800-250-8427  
dvha.vermont.gov/members/  
prescription-assistance

## Additional Resources

### **Centers for Medicare & Medicaid Services**

1-800-MEDICARE (1-800-633-4227)  
medicare.gov

### **Social Security Administration**

1-800-772-1213  
ssa.gov

### **U.S. Department of Health & Human Services**

hhs.gov

### **New York State Office for the Aging**

aging.ny.gov

### **Vermont Area Agencies on Aging**

dcf.vermont.gov/partners/aaa

### **The Coalition for Medicare Choices**

medicarechoices.org

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# UVM Health Advantage Plans

We reached out to people across Vermont and northern New York to find out what you want in a Medicare plan. You told us you want a plan that's simple, easy to use and designed with you.

With UVM Health Advantage, your providers and your health plan work together to support you on your health journey. Here are some of the benefits our plans include:

- Medical and prescription drug coverage – plus dental, vision and hearing benefits – in one plan
- Access to the extensive regional MVP Medicare network of 54,000 providers, including the UVM Health Network
- The convenience of virtual care, free rides to or from medical appointments, plus free meal delivery after a hospital stay
- Expert Care Guides to help you get the right care and take full advantage of your benefits
- Special programs for people with diabetes, heart disease and other ongoing conditions
- Extra programs that focus on your health and well-being, including a FREE SilverSneakers® membership, fitness classes and health programs

Start exploring at **TimeForUVM.com** – get plan details, watch helpful videos and learn more. Then call a UVM Health Advantage Plan Guide to talk through your options.



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MVP Health Plan, Inc. is an HMO-POS/PPO organization with a Medicare contract. Enrollment in MVP Health Plan depends on contract renewal. Other physicians/providers are available in the MVP Health Care network.

For accommodations of persons with special needs at meetings call, 1-800-324-3899 (TTY 711).

MVP virtual care services through Gia are available at no cost-share for most members. In-person visits and referrals are subject to cost-share per plan. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers On-Demand is a trademark of Tivity Health, Inc. ©2022 Tivity Health, Inc. All rights reserved.

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