VirginiaPremier™

2023 Medicare Decision Guide

An educational guide presented by Virginia Premier

Our Decision Guide offers tools to help create the unique map to your own successful Medicare coverage destination.

Virginia Premier Advantage Elite (HMO D-SNP) call toll-free
1-833-688-6701 (TTY: 711)

- October 1 – March 31 | 7 days a week | 8 am – 8 pm
- April 1 – September 30 | Monday – Friday | 8 am – 8 pm

Who Medicare Helps

To be entitled to Medicare, you must be a U.S. citizen or have been a permanent legal resident for five continuous years, and you also must answer "yes" to at least ONE of the following questions:

- Are you 65 years or older and eligible to receive Social Security benefits?
- Are you under 65, permanently disabled, and have been receiving Social Security disability insurance payments for at least two years?
- Do you receive continuing dialysis for permanent kidney failure or need a kidney transplant?
- Do you have Amyotrophic Lateral Sclerosis (ALS – Lou Gehrig's Disease)?

What you can expect from Medicare

Medicare has four parts – Part A, Part B, Part C, and Part D.

Part A – Hospital Insurance

In addition to hospital inpatient care if you are hospitalized, Part A covers some skilled nursing facility, home health and hospice care. If you are entitled to Part A, there is no monthly or annual premium charge, but there is a charge for inpatient hospital stays and related health care services like doctor visits associated with hospitalization. There are also specific medical requirements you must meet before you can receive coverage for some services.

Part B – Medical Insurance

Part B pays for doctors' services, outpatient hospital care and home health visits not covered under Part A. It also covers laboratory tests such as X-rays and blood work, medical equipment such as wheelchairs and walkers, preventive services such as mammograms and prostate cancer screenings, cardiovascular (heart) disease and diabetes screenings, outpatient physical therapy, mental health care and ambulance services.

Medicare Part B also covers one initial annual wellness exam within 12 months of when a person first enrolls in Medicare.

If enrolled in Part B, you must pay a monthly premium, which is typically deducted from your Social Security check. Depending on the year you were enrolled, your Part B premium may vary. Medicare Part B also has an annual deductible.

Together, Parts A and B are known as Original Medicare. They cover some, but not all, health care expenses. For example, they do not pay for long-term personal care services at home or in a nursing home, but they do cover short-term skilled nursing care. Original Medicare also does not cover routine eye exams, eye glasses/contact lenses (unless needed after cataract surgery), hearing aids, dental care or non-emergency care provided outside the U.S. It also does not cover deductibles and coinsurance.

If you are over 65, you may already have Part B.

You might be surprised to hear that you may already have been enrolled in Medicare Part B. Look on your last Social Security check or statement. If you see a deduction for Medicare, then you have Parts A and B. If not, you can enroll by calling 1-800-MEDICARE (1-800-633-4227 or TTY: 1-877-486-2048) or by going online to **medicare.gov**.

Part C — Medicare Advantage

Medicare Part C, which is also called a Medicare Advantage plan, includes Parts A and B benefits, and may offer prescription drug coverage.

Medicare Advantage and Medicare Supplemental (Medigap) plans often provide extra benefits beyond what Original Medicare offers.

Part D — Prescription Drug Insurance

Medicare Part D has a separate monthly premium which may vary among plans. Medicare drug coverage is offered through Medicare-approved private plans. Medicare Part D can be purchased through standalone drug plans (PDPs) or through a Medicare Advantage plan (MAPD). Help that could reduce or eliminate premiums, deductibles, and copayments is available for people on Medicare with limited income and resources. If you think you might qualify for help, see page 7 for contacts in your state.

The Centers for Medicare and Medicaid Services regulate maximum out-of-pocket (MOOP) costs for medical services under Parts A and B, as well as prescription drugs under Part D. Medicare Advantage plans are required to set a limit on beneficiary cost-sharing for Medicare Parts A and B services after which the plan pays 100% of the service costs.

Making the choices simple

Check the box next to the type of plan that best represents your needs and interests. Then use this page as a guide to see where you stand.

Medicare Plan:	What is it?	Consider this plan if:
☐ **Original Medicare (Part A and Part B)**	Covers parts of medical services and hospitalization, leaving you to pay deductibles and coinsurance. Does not cover most prescription drugs, vision or hearing.	You can afford the deductibles and coinsurance, and you only want the basic medical and hospital benefits, without coverage for prescription drugs, routine vision or hearing services.
☐ **Medicare Supplement Plan (Medigap)**	Helps you pay for most out-of-pocket costs that Medicare Parts A and B do not cover. In most instances, there are no network restrictions. There is no coverage for Part D prescription drugs.	You need to cover your out-of-pocket expenses left by your Medicare Parts A and B plans such as deductibles and coinsurance. And you want to go to the doctors and hospitals of your choice.
☐ **Medicare Part D Prescription Drug Plan**	Adds prescription drug coverage to your existing Part A and/or B coverage. Note: You cannot add a Medicare prescription drug plan to most Medicare Advantage plans, but you can add this coverage to a Supplement plan.	You already have Part(s) A and/or B, and you just want to add Part D prescription drug coverage without any other extra benefits. You are not concerned about having your medical and prescription drug benefits under one plan.
☐ **Medicare Advantage HMO (Health Maintenance Organization)**	Covers you through a network of locally contracted doctors and hospitals. You choose a primary care doctor from the plan's network of providers to coordinate all of your care. Urgent and emergency services are payable from non-network providers. In most cases, Medicare Advantage HMOs/PPOs include Medicare Part D prescription drug coverage as a plan benefit.	An HMO is a good choice for Medicare beneficiaries that agree to receive their health care from a network of providers. Typically, HMOs offer lower premiums than wider provider network options.
☐ **Medicare Advantage PPO (Preferred Provider Organization)**	Covers Original Medicare services plus benefits such as vision and/or hearing coverage, plus out-of-network and out-of-service-area coverage. Medicare PPO plans give you the option to get comprehensive coverage with a Part D offering, allowing you to receive coordinated coverage through a single plan. In most cases, Medicare Advantage HMOs/PPOs include Medicare Part D prescription drug coverage as a plan benefit.	You want comprehensive coverage that includes more than just Parts A and B, with extras like vision, hearing, and prescription drug coverage. You want better coordination of coverage through a single plan, and you also want the freedom to see any doctor you choose.
☐ **Medicare Advantage Dual Eligible Special Needs Plan (D-SNP)**	Covers beneficiaries who are entitled to both Medicare and Medical Assistance from a State Plan under Medicaid, and offers the opportunity of enhanced benefits by combining those available through Medicare and Medicaid.	You qualify for both Medicare and Medicaid at the same time. D-SNPs include all Medicare Part A and Part B benefits, and Part D prescription drug coverage.

How Part D works

Premium

Your premium is the cost you pay each month for your prescription drug coverage. If you are in a Medicare Advantage plan with Part D drug coverage, the monthly premium you pay is for both your medical and prescription drug coverage. The premium amount varies from plan to plan.

Stage 1 — Deductible

The amount you must pay for covered prescriptions before your plan begins to pay. Deductibles may apply only to certain types of drugs. The deductible varies from plan to plan. Some plans offer no deductible so you get coverage immediately.

Stage 2 — Initial Coverage

Once you meet your deductible, you and your plan share the cost of your prescription drugs. Once you and your plan spend $4,660, you move to the next stage.

Stage 3 — Coverage Gap

During this stage, you pay 25% of the negotiated price for brand name drugs and 25% of the price for generic drugs. You must also pay a portion of the dispensing fee. You stay in this stage until your yearly out-of-pocket costs for covered prescription drugs reach $7,400.

Stage 4 — Catastrophic Coverage

Once you pay $7,400 for your covered prescription drugs, the plan will pay most of the cost for the rest of 2023. You will pay the greater of 5% of the cost for the drugs or $4.15 for generic drugs and $10.35 for all other drugs.

Understanding formularies

A formulary is simply the list of medications approved for coverage by a health plan. You will find that all formularies have basic similarities because the federal government has established guidelines for formularies.

The challenge is that all formularies are not identical so it will be important to pay close attention as you are comparing them. The differences may be very important.

Getting it done Four easy steps to your choice

We have divided this part of your Medicare journey into four easy steps. If you want to explore your options, take your time to work through them:

1. **Explore Medicare plans in your area.**
2. **Consider your needs.**
3. **Compare what you will pay, the benefits you will receive, if your doctor is in network, and the quality of each plan.**
4. **Choose the best plan for you and enroll.**

Step 1

Explore Medicare plans in your area.

Your first step is to find out what is available to you. Original Medicare is available to everyone; plans vary by region. If you have Internet access, you can see all your options by visiting the Medicare Personal Plan Finder online. Start by finding out if you have another health care plan choice besides the Original Medicare plan by going to **medicare.gov** or by calling toll-free 1-800-MEDICARE (1-800-633-4227 or TTY: 1-877-486-2048), 24 hours a day, 7 days a week. See page 7 for additional resources.

List your choices below. Then note the Medicare and Part D coverage costs of each. That will give you an easy way to compare everything at once.

Plans Available to Me

Plan Name	Monthly Premium	Deductible Amount	Coinsurance (%)	Copayments
	Medicare Part D			
	Medicare Part D			
	Medicare Part D			
	Medicare Part D			
	Medicare Part D			
	Medicare Part D			
	Medicare Part D			
	Medicare Part D			

Are you a group member? Check it out! If you have other healthcare coverage, such as Medicaid or retiree health insurance from an employer or a union, ask your provider how your plan will work with each Medicare plan. This information may help you determine which plan is best for you.

Step 2

Consider your priorities.

Once you have determined which plans are available in your area, you will want to compare benefits. Make a list of priorities so you can compare your options. Cost may be your overriding concern, or the ability to choose any doctor or specialist you prefer. To help you, here are several items to consider:

Key differences among Medicare plans:

- How much you pay for monthly premiums.
- Your deductibles and copayments if you go to the doctor or hospital.
- Selecting your own doctors.
- No referrals to see specialists.
- Prescription drug coverage.
- Travel plans within or outside the U.S.
- Programs to help you stay healthy and maintain your ability to live independently.

We encourage you to add your personal priorities to this list. They will be important in making your choice.

Remember to consider travel coverage

One of the greatest parts of retirement is the opportunity to go to all the places you have always wanted to see. All Medicare plans cover health care costs away from home (within the U.S.) if you have an emergency or need urgent care. To be sure you are covered when you travel, double-check the out-of-network benefits for routine services with any plans you are considering.

Step 3

Compare costs, benefits, and networks.

Whatever you selected as your priorities, you want to pay the right amount for the right coverage. The amount you pay for Medicare depends on a number of items including:

- **The type of Medicare plan you choose.**
- **How often you use medical services like doctor or hospital visits.**
- **Other insurance you may have.**
- **What prescription drugs you take.**

Comparing costs can be tricky. Plans with lower premiums often have high copayments for medical services. Plans with higher premiums often have lower copayments.

Keep in mind that cost alone does not tell you about the quality of care. Consider the reputation of a plan in your community as well. And be sure to weigh in the convenience of having your benefits coordinated under a single plan.

Step 4

Choose the best plan for you and enroll.

Now that you have the information you need, and you have considered your priorities, it's time to make a choice and enroll:

1. **Take a look at your priorities.**
2. **Compare them with the plans listed.**
3. **If you are choosing a Medicare Part D plan, make sure its formulary matches your needs.**
4. **Contact the insurer to have enrollment materials sent to you.**
5. **Get more help by calling any of the agencies we have provided on this page or Virginia Premier at the number below.**

Do not hesitate to get more help

Medicare has resources you can use at **medicare.gov** or by calling toll-free at 1-800-MEDICARE (1-800-633-4227 or TTY: 1-877-486-2048), 24 hours a day, 7 days a week.

Social Security Administration toll-free: 1-800-772-1213, (TTY: 1-800-325-0778) for change of address, Medicare Part A or Part B lost Medicare card, and Social Security benefits.

Virginia Insurance Counseling and Assistance Program toll-free: 1-800-552-3402 (TTY: 711) for information about available plans.

Enroll or switch your Medicare D-SNP year-round.

- Once a quarter: January 1 – March 31, April 1 – June 30, July 1 – September 30. Your coverage will be effective the first of the month following your election.
- When you enroll October 15 – December 7, your coverage will take effect on January 1.

For complete details on Virginia Premier Advantage Elite, call toll-free 1-833-688-6701 (TTY: 711).

Hours vary by time of year:

- October 1 – March 31 | 7 days a week | 8 am – 8 pm
- April 1 – September 30 | Monday – Friday | 8 am – 8 pm

VirginiaPremier™

P.O. Box 4250
Richmond, VA 23220

virginiapremier.com/dsnp

Visit our website by scanning this code with your smartphone camera or QR Code reader app.

Virginia Premier Advantage Elite (HMO D-SNP) is a Coordinated Care Plan with a Medicare contract and a contract with the Virginia Medicaid Program. Enrollment in Virginia Premier Advantage Elite depends on contract renewal.

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