



# MMAP

## Michigan Medicare/Medicaid Assistance Program

**Bob Callery - MMAP Regional Coordinator**

Last Update 7-27-15

This publication has been created and produced by Area Agency on Aging of Western Michigan with the financial assistance, in whole or in part, from a grant from the Office of Services to the Aging through a grant from Centers for Medicare and Medicaid Services, the federal Medicare Agency

# 1-800-803-7174

## Medicare & You



### 2015



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850  
Official Business  
Penalty for Private Use, \$300  
CMS Product No. 10050-20  
September 2014

This is the official U.S. government Medicare handbook.

- ★ What's Important in 2015 (page 12)
- ★ What Medicare covers (page 35)

CENTERS FOR MEDICARE

This handbook has special information for Michigan.  
SHIP for Michigan—MMAP, Inc.

1-800-803-7174

- Also available in Spanish and alternate formats, including Braille, CD, and large print.
- Moving? Visit [socialsecurity.gov](http://socialsecurity.gov), or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. If you get RRB benefits, contact the RRB at 1-877-772-5772. TTY users should call 1-312-751-4701.

¿Necesita usted una copia de este manual en Español? Llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deberán llamar al 1-877-486-2048.

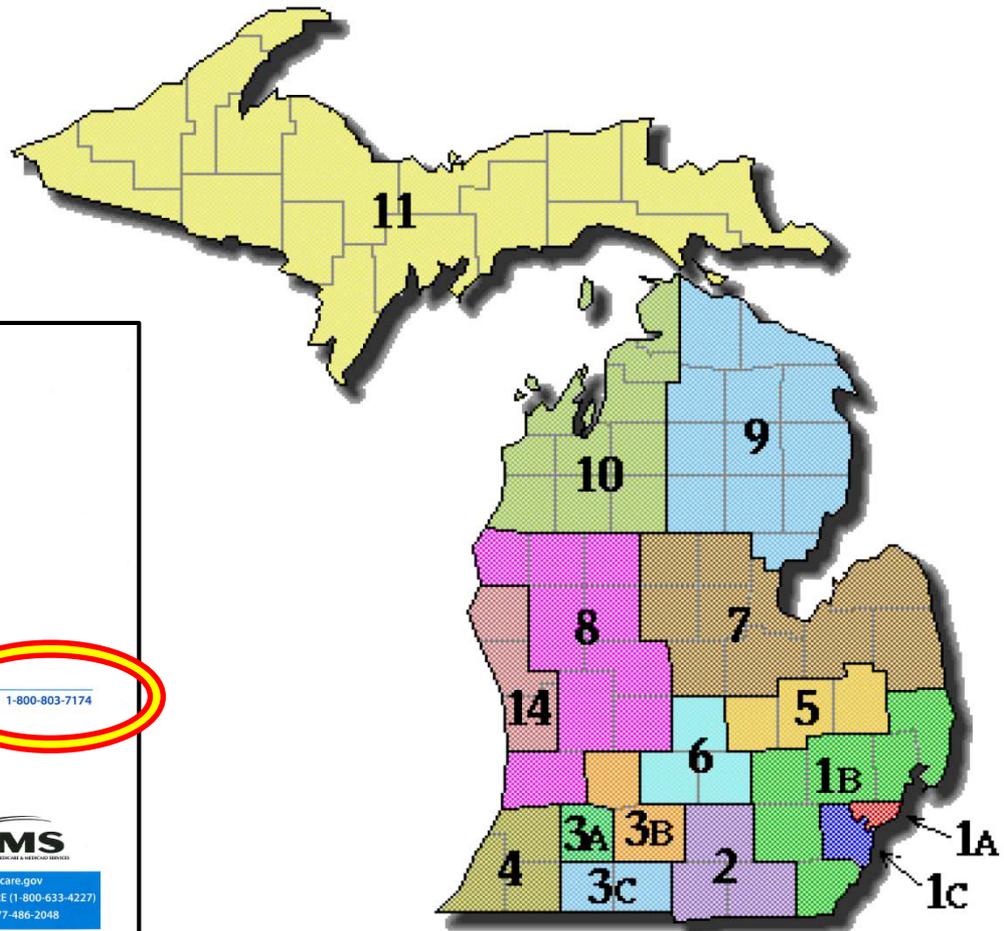
If you need help in a language other than English or Spanish, call 1-800-MEDICARE and say "Agent." Then tell the customer service representative the language you speak, so you can get free interpretation services.



Medicare.gov  
1-800-MEDICARE (1-800-633-4227)  
TTY 1-877-486-2048



10% recycled paper

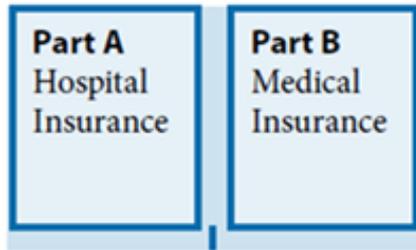


# The Medicare Alphabet



**What does it all mean?**

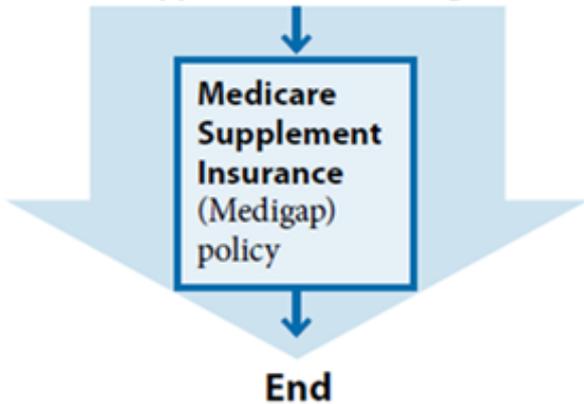
**ORIGINAL MEDICARE**



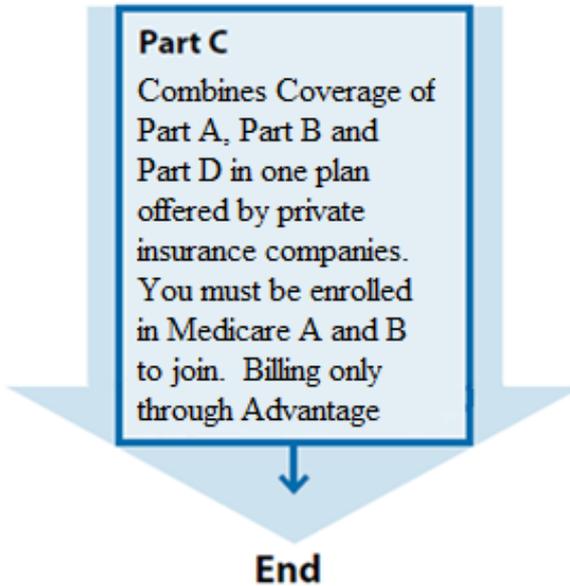
**Select Prescription Drug Plan**



**Optional Medicare Part A and B  
Supplemental Coverage**



or **MEDICARE ADVANTAGE PLAN**  
Part C (like an HMO or PPO)

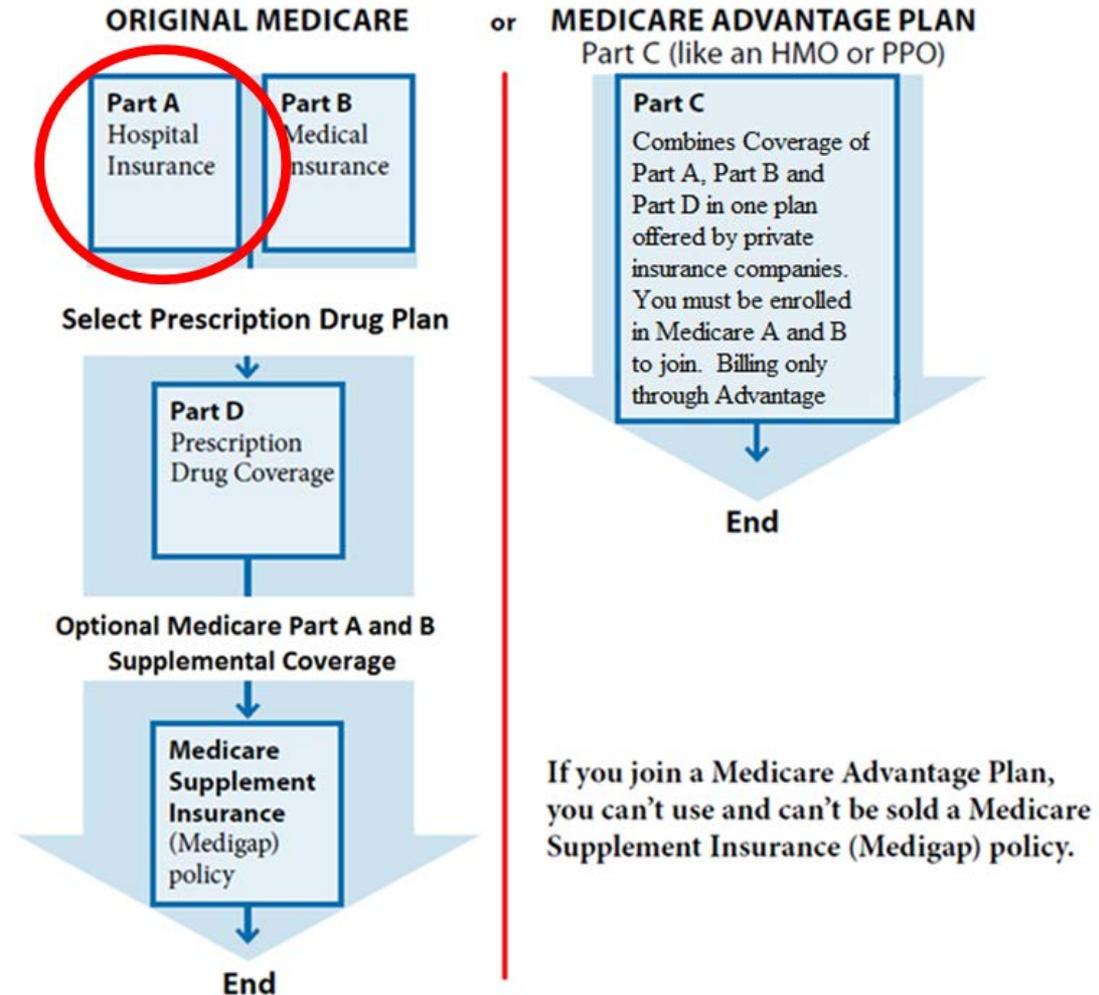


If you join a Medicare Advantage Plan,  
you can't use and can't be sold a Medicare  
Supplement Insurance (Medigap) policy.

# Medicare Part A

## Notes

- Coverage for **Inpatient** Hospital admission
- **Observation** Hospital admission billed to Part B
- 99.1% of Medicare eligible individuals receive Part A for \$0 premium due to work history



# 2015 Medicare Part A

Services	Benefit	Medicare Pays	You Pay
<b>HOSPITALIZATION</b> Semi-private room and board, general nursing, and other hospital services and supplies	First 60 days 61 <sup>st</sup> to 90 <sup>th</sup> day 91 <sup>st</sup> to 150 <sup>th</sup> day Beyond 150 days	All but \$1,260.00 All but \$315 a day All but \$630 a day Nothing	\$1,260.00 - deductible \$315 a day - coinsurance \$630 a day - coinsurance All Costs
<b>SKILLED NURSING FACILITIES</b> Semi-private room and board, skilled nursing and rehabilitative services, and other services and supplies are covered following a 3-day hospital stay as long as you meet Medicare conditions	First 20 days Additional 80 days Beyond 100 days	100% of approved amount All but \$157.50 a day Nothing	Nothing \$157.50 a day-coinsurance All costs
<b>HOME HEALTH CARE</b> Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Up to 100 visits following a 3 - day hospital stay as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
<b>HOSPICE CARE</b> Pain relief, symptom management and support services for the terminally ill	For as long as doctor certifies need	All but limited costs and for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs and inpatient respite care
<b>BLOOD</b> When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited if medically necessary	All but first 3 pints per calendar year	For the first 3 pints

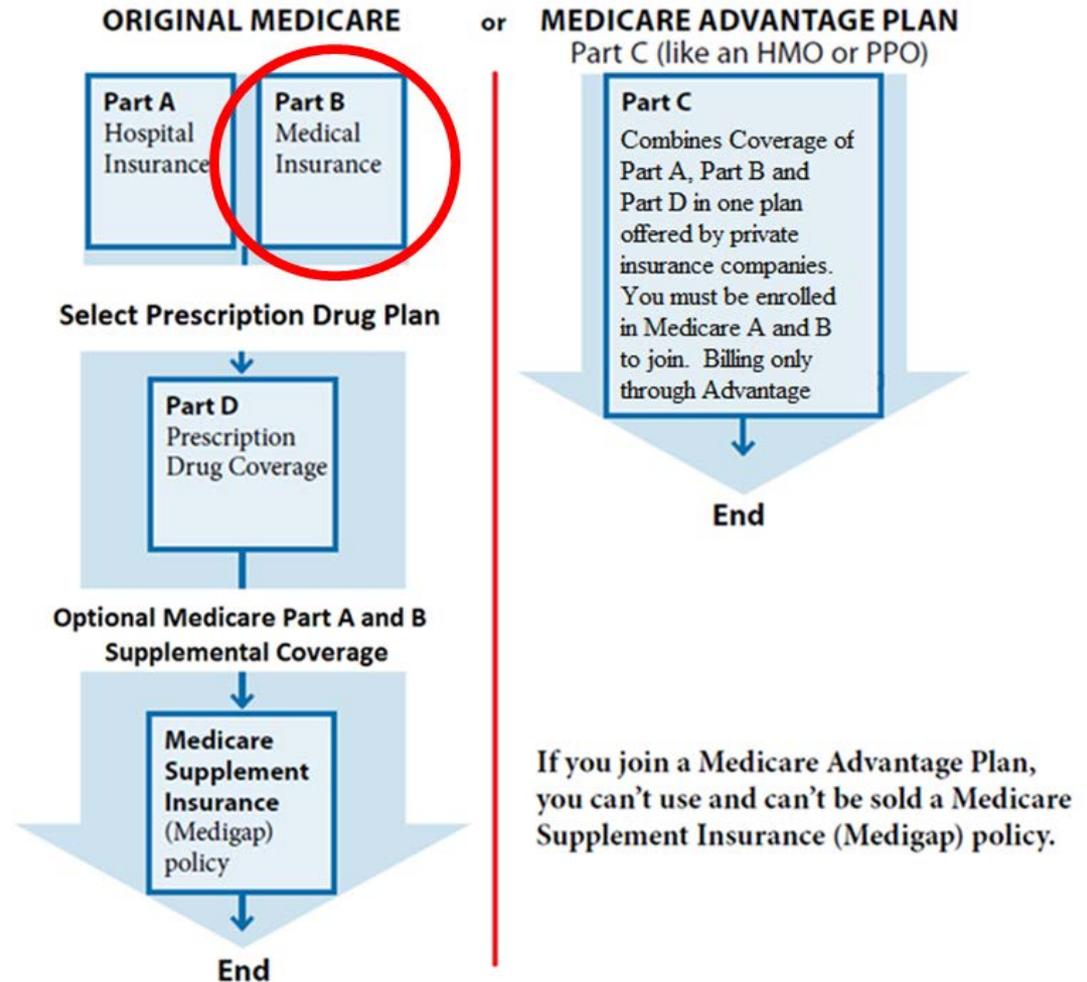
**To Purchase Part A:** \$407/month for persons with 30 or less credits of MC covered employment

\$224/month for persons with between 30-39 credits of MC covered employment

# Medicare Part B

## Notes

- Base monthly premium of \$104.90, deducted from Social Security income



# 2015 Medicare Part B

Services	Benefit	Medicare Pays	You Pay
<b>MEDICAL EXPENSES</b>  Doctors' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment and other services.	Unlimited if medically necessary	80% of approved amount (after \$147 deductible) 80% for most outpatient mental health services	\$147 deductible, plus 20% of approved amount and limited charges above approved amount
<b>CLINICAL LABORATORY SERVICES</b>  Blood tests, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amounts	Nothing for services
<b>HOME HEALTH CARE</b>  Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
<b>OUTPATIENT HOSPITAL TREATMENT</b>  Services for the diagnosis or treatment of illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital cost	20% of billed amount (after \$147 deductible)
<b>BLOOD</b>	Unlimited if medically necessary	80% of approved amount (after \$147 deductible and starting with the 4 <sup>TH</sup> pint)	For the first 3 pints plus 20% of approved amount for additional pints

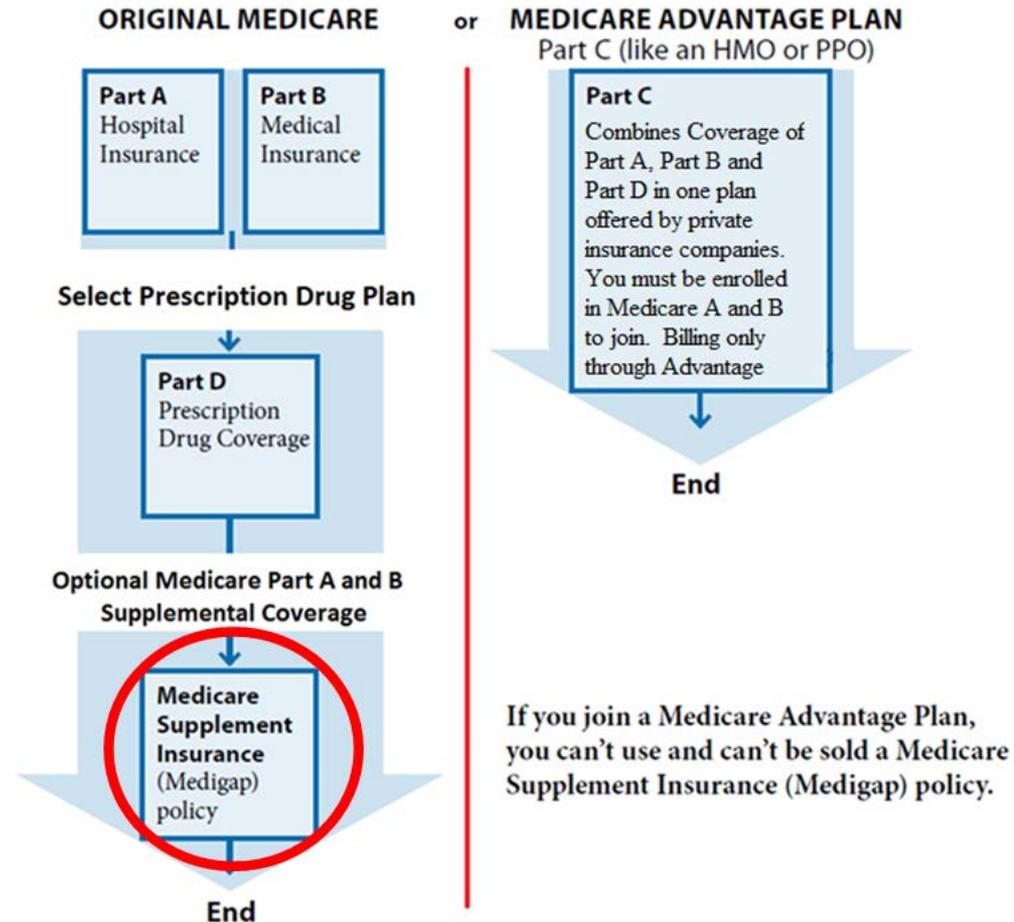
**2015 PART B MONTHLY PREMIUM:** \$104.90

If a Medicare beneficiary's annual income is above \$85,000 (individual or married filing separately) or \$170,000 (married filing jointly) the Part B premium will be higher, adjusted annually according to income.

# Medicare Supplement

## Notes

- Supplement and Medigap term interchangeable
- Standardized nationwide
- One time guarantee issue right period of 6 months after turning 65 and starting Part B



# Supplemental “Medigap” Plans

Benefits	A	B	C	D	F*	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% ***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%

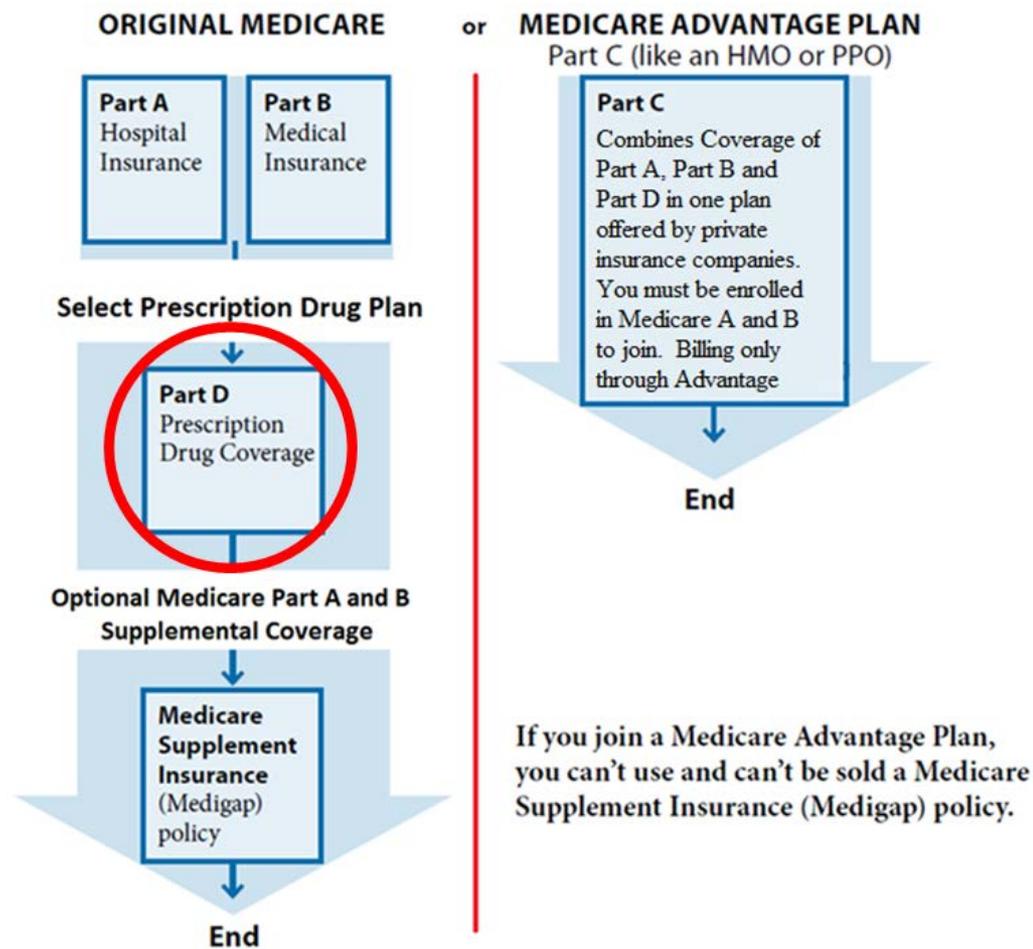
CMS No. 02110: Page 11

Out-of-pocket limit in 2015**	
\$4,940	\$2,470

# Medicare Part D

## Notes

- Plans change coverage and costs yearly, fall open enrollment is the time to review and make changes for next calendar year



## 2015 Medicare Part D Stand-Alone Prescription Drug Plans

State	Company	Plan Name	National	Benefit	LIS \$0	Premium	Deductible	D/H	Contract	ID
MI	Advantage-Plus Meridian	Advantage-Plus Meridian (PDP)		Basic		\$37.20	\$320.00	No	S7230	001
MI	Aetna Medicare	Aetna Medicare Rx Saver (PDP)	X	Basic	X	\$24.90	\$320.00	No	S5810	047
MI	Aetna Medicare	Aetna Medicare Rx Premier (PDP)	X	Enhanced		\$107.00	\$0.00	Yes	S5810	183
MI	Alliance Medicare Rx	Alliance Medicare RX (PDP)		Basic		\$74.50	\$125.00	No	S3440	004
MI	Blue Cross Blue Shield of Michigan	Prescription Blue Option A (PDP)		Basic		\$72.30	\$210.00	No	S5584	001
MI	Blue Cross Blue Shield of Michigan	Prescription Blue Option B (PDP)		Enhanced		\$103.20	\$0.00	Yes	S5584	002
MI	Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure-Max (PDP)	X	Enhanced		\$107.10	\$0.00	Yes	S5617	183
MI	Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure (PDP)	X	Basic	X	\$29.40	\$320.00	No	S5617	221
MI	Cigna-HealthSpring Rx	Cigna-HealthSpring Rx Secure-Xtra (PDP)	X	Enhanced		\$32.40	\$0.00	No	S5617	258
MI	EnvisionRx Plus	EnvisionRx Plus Silver (PDP)	X	Basic	X	\$31.10	\$320.00	No	S7694	070
MI	Express Scripts Medicare	Express Scripts Medicare - Value (PDP)	X	Basic		\$41.90	\$320.00	No	S5660	115
MI	Express Scripts Medicare	SmartD Rx Saver (PDP)		Basic	X	\$28.60	\$320.00	No	S0064	13
MI	Express Scripts Medicare	Express Scripts Medicare - Choice (PDP)	X	Enhanced		\$78.70	\$50.00	No	S5660	183
MI	First Health Part D	First Health Part D Value Plus (PDP)	X	Enhanced		\$40.20	\$250.00	No	S5768	136
MI	First Health Part D	First Health Part D Premier Plus (PDP)	X	Enhanced		\$94.20	\$0.00	Yes	S5768	171
MI	Humana Insurance Company	Humana Enhanced (PDP)	X	Enhanced		\$49.30	\$0.00	Yes	S5884	071
MI	Humana Insurance Company	Humana Preferred Rx Plan (PDP)	X	Basic	X	\$29.00	\$320.00	No	S5884	136
MI	Humana Insurance Company	Humana Walmart Rx Plan (PDP)	X	Enhanced		\$15.70	\$320.00	No	S5884	159
MI	SilverScript	SilverScript Choice (PDP)	X	Basic	X	\$25.40	\$0.00	No	S5601	026
MI	SilverScript	SilverScript Plus (PDP)	X	Enhanced		\$76.80	\$0.00	Yes	S5601	027
MI	Stonebridge Life Insurance Company	Transamerica MedicareRx Classic (PDP)		Basic		\$35.70	\$320.00	No	S9579	012
MI	Stonebridge Life Insurance Company	Transamerica MedicareRx Choice (PDP)		Enhanced		\$43.40	\$0.00	No	S9579	045
MI	Symphonix Health	Symphonix Rite Aid Value Rx (PDP)		Basic	X	\$30.70	\$320.00	No	S0522	018
MI	Symphonix Health	Symphoix Rite Aid Premier Rx (PDP)		Enhanced		\$86.00	\$0.00	Yes	S0522	057
MI	United American Insurance Company	United American - Enhanced (PDP)	X	Enhanced		\$63.80	\$40.00	Yes	S5755	016
MI	United American Insurance Company	United American - Select (PDP)	X	Basic	X	\$32.30	\$320.00	No	S5755	084
MI	United American Insurance Company	United American - Essential (PDP)	X	Enhanced		\$26.70	\$230.00	No	S5755	118
MI	UnitedHealthcare	AARP MedicareRx Saver Plus (PDP)	X	Basic	X	\$26.50	\$320.00	No	S5921	358
MI	UnitedHealthcare	AARP MedicareRx Preferred (PDP)	X	Enhanced		\$44.20	\$0.00	No	S5820	012
MI	WellCare	WellCare Classic (PDP)		Basic	X	\$29.80	\$320.00	No	S5967	150
MI	WellCare	WellCare Extra (PDP)		Enhanced		\$48.20	\$0.00	No	S5967	185

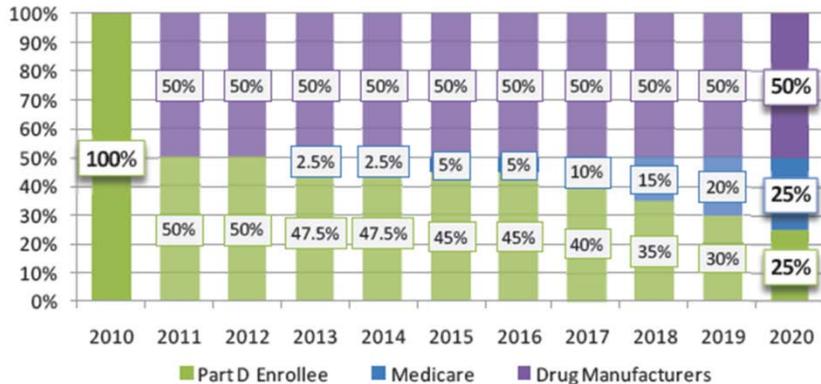
# 2015 Medicare Donut Hole

\$2,960      ≈\$7,000



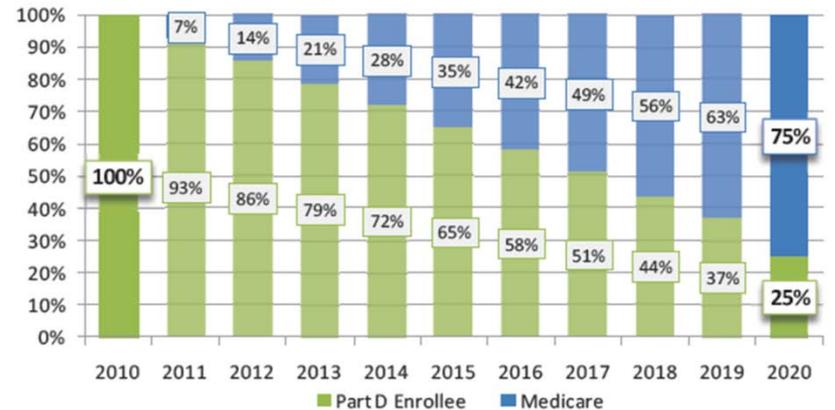
|--Out of Pocket Threshold \$4,700--|

**Distribution of Spending on Brand-Name Drugs in the Coverage Gap, 2010–2020**



Source: AARP Public Policy Institute analysis of the Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010.

**Distribution of Spending on Generic Drugs in the Coverage Gap, 2010–2020**

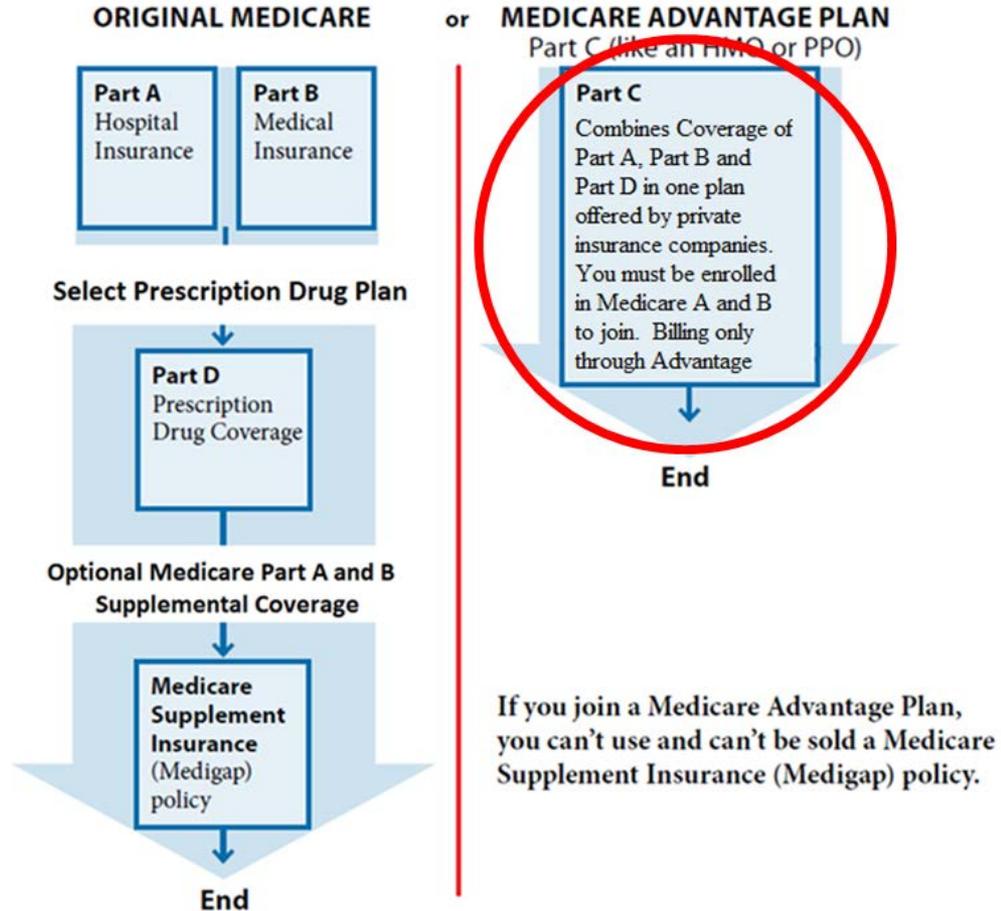


Source: AARP Public Policy Institute analysis of the Patient Protection and Affordable Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010.

# Medicare Advantage Plans

## Notes

- Plan premiums and availability vary by county
- HMO and PPO Plans utilize networks



**2015 - MEDICARE ADVANTAGE PLANS W/PRESCRIPTION DRUG COVERAGE FOR KENT COUNTY**

**COMPARISON TABLE: MEDICARE COVERED SERVICES**

COMPANY	PREMIUM	CO-PAY HOSPITAL	CO-PAY PCP SPECIALST U/C	CO-PAY NURSING HOME REHAB IN-PATIENT	OUTPATIENT SURGERY	AMBULANCE EMERGENCY ROOM	TESTS LABS X-RAY	NETWORK OUT OF POCKET MAX	DIABETIC SUPPLIES	ADDITIONAL INFORMATION LIMITED ADDITIONAL BENEFITS****
BCN ADVANTAGE BASIC HMO/POS (H5883-004-1)	\$0.00	DAYS 1-6 \$225/DAY DAYS 7-90 \$0/DAY	\$25 \$45 \$45	DAYS 1-20 \$0/DAY DAYS 21-100 \$150/DAY	\$0-\$125	\$100 \$65	LABS: \$0 TESTS: \$0-\$100 X-RAY: \$20-\$100	\$4,200	NO COPAY	DRUG DED: \$320; HEALTH DED: \$325; 2 DTL; CHIRO; HC; TRANSPORT; VISION DENT/HEAR/VIS PLAN: \$19.90/MTH (\$1700 COV)
BCN HMO MYCHOICE WELLNESS HMO (H5883-006-0)	\$29.00	DAYS 1-6 \$200/DAY DAYS 7-90 \$0/DAY	\$0 \$45 \$45	DAYS 1-20 \$25/DAY DAYS 21-100 \$130/DAY	\$0-\$125	\$100 \$65	LABS: \$0 TESTS: \$0-\$100 X-RAY: \$20-\$100	\$3,400	NO COPAY	2 DTL; CHIRO; HC; TRANSPORT; VISION DENT/HEAR/VIS PLAN: \$19.90/MTH (\$1700 COV)
BCN ADVANTAGE CLASSIC HMO/POS (H5883-002-1)	\$91.00	DAYS 1-6 \$130/DAY DAYS 7-90 \$0/DAY	\$15 \$35 \$40	DAYS 1-20 \$0/DAY DAYS 21-100 \$150/DAY	\$0-\$100	\$100 \$65	LABS: \$0 TESTS: \$0-\$75 X-RAY: \$20-\$75	\$3,400	NO COPAY	MED DED: \$125 2 DTL; CHIRO; HC; TRANSPORT; VISION DENT/HEAR/VIS PLAN: \$19.90/MTH (\$1700 COV)
BCN ADVANTAGE PRESTIGE HMO-POS (H5883-003-1)	\$196.00	DAYS 1-6 \$90/DAY DAYS 7-90 \$0/DAY	\$10 \$25 \$35	DAYS 1-20 \$0/DAY DAYS 21-100 \$150/DAY	\$0-\$75	\$100 \$65	LABS: \$0 TESTS: \$0-\$50 X-RAY: \$10-\$50	\$3,200	NO COPAY	2 DTL; CHIRO; HC; TRANSPORT; VISION DENT/HEAR/VIS PLAN: \$19.90/MTH (\$1700 COV)
HUMANA CHOICE PPO (H5216-010-0)	\$57.00	DAYS 1-7 \$264/DAY DAYS 8-60 \$0 DAYS 61-90 \$100/DAY	\$10 \$40 \$10-\$40	DAYS 1-20 \$0/DAY DAYS 21-100 \$150/DAY	20% or \$10-264	\$200 \$65	LABS:\$50 TESTS: \$0-\$50 X-RAYS: \$10-\$264	\$6,000	0%-20% COPAY	DRUG DED: \$320; OTC DENTAL PLAN: \$25.50/MTH(\$1500 COV)
HUMANA GOLD CHOICE PFFS (H8145-005-0)	\$83.00	DAYS 1-7 \$250/DAY DAYS 8-60 \$0/DAY DAYS 61-90 \$100/DAY	\$15 \$40 \$15-\$40	DAYS 1-20 \$0/DAY DAYS 21-100 \$150/DAY	20-25% OR \$40	20% \$65	LABS: \$0-\$40 TESTS: \$0-\$40 X-RAYS: \$15-\$40 OR 20-25%	\$6,700	0%-20% COPAY	DRUG DED: \$320; 1 DTL; VISION; OTC DENTAL PLAN: \$25.50/MTH(\$1500 COV) VISION PLAN: \$15.30/MTH
HUMANA CHOICE REGIONAL PPO (R5826-006-0)	\$117.00	DAYS 1-7 \$255/DAY DAYS 8-60 \$0/DAY DAYS 61-90 \$100/DAY	\$10 \$40 50%	DAYS 1-20 \$50/DAY DAYS 21-100 \$150/DAY	\$40-\$255 OR 20%	\$200 \$65	LAB: \$0-\$150 TESTS: \$0-\$150 X-RAY: \$10-\$255	\$6,700	0%-20% COPAY	DRUG DED: \$320 2 DTL; HEARING; VISION; OTC VISION PLAN: \$15.30/MTH
MEDICARE PLUS BLUE ESSENTIAL PPO (H9572-004-4)	\$15.50	DAYS 1-6 \$250/DAY DAYS 7-90 \$0/DAY	\$25 \$50 \$45	DAYS 1-20 \$0/DAY DAYS 21-100 \$150/DAY	\$125-\$200	\$100 \$65	LABS: \$0-\$40 TESTS: \$50-\$125 X-RAY: \$35-\$125	\$6,400	NO COPAY	DRUG DED: \$320 HEALTH DED: \$150 CHIRO
MEDICARE PLUS BLUE VITALITY PPO (H9572-002-4)	\$75.00	DAYS 1-6 \$225/DAY DAYS 7-90 \$0/DAY	\$20 \$50 \$45	DAYS 1-20 \$0/DAY DAYS 21-100 \$150/DAY	\$125-\$175	\$100 \$65	LABS: \$0-\$40 TESTS:\$50-\$125 X-RAY: \$35-\$125	\$5,400	NO COPAY	DRUG DED: \$320; HEALTH DED: \$750 2 DTL; CHIRO; HEARING; VISION
MEDICARE PLUS BLUE SIGNATURE PPO (H9572-001-4)	\$157.00	DAYS 1-6 \$160/DAY DAYS 7-90 \$0/DAY	\$15 \$45 \$35	DAYS 1-20 \$0/DAY DAYS 21-100 \$150/DAY	\$75-\$150	\$75 \$65	LABS: \$0-\$30 TESTS: \$45-\$100 X-RAY: \$35-\$100	\$4,400	NO COPAY	DRUG DED: \$95; HEALTH DED: \$750 2 DTL; CHIRO; HEARING; VISION
MEDICARE PLUS BLUE ASSURE PPO (H9572-003-4)	\$232.00	DAYS 1-6 \$90/DAY DAYS 7-90 \$0/DAY	\$10 \$40 \$35	DAYS 1-20 \$0/DAY DAYS 21-100 \$150/DAY	\$50-\$100	\$75 \$65	LABS: \$0-\$20 TESTS: \$40-\$75 X-RAY: \$35-\$75	\$3,400	NO COPAY	HEALTH DED: \$250 2 DTL; CHIRO; HC; HEARING; VISION

COMPANY	PREMIUM	CO-PAY HOSPITAL	CO-PAY PCP SPECIALST U/C	CO-PAY NURSING HOME REHAB IN-PATIENT	OUTPATIENT SURGERY	AMBULANCE EMERGENCY ROOM	TESTS LABS X-RAY	NETWORK OUT OF POCKET MAX	DIABETIC SUPPLIES	ADDITIONAL INFORMATION LIMITED ADDITIONAL BENEFITS****
MERIDIAN PRIME HMO (H5475-002-0)	\$0	DAYS 1-5 \$200/DAY DAYS 6-90 \$0/DAY	\$5 \$40 \$50	DAYS 1-20 \$0/DAY DAYS 21-100 \$150/DAY	\$100-\$150	\$150 \$65	LABS: \$25 TESTS: \$40 X-RAY: \$20-\$65	\$4,000	20% COPAY	DRUG DED: \$320; 2 DTL; VISION; HEARING
PRIORITY MEDICARE VALUE HMO/POS (H2320-015-0)	\$7.00	DAYS 1-7 \$250/DAY DAYS 8-90 \$0/DAY	\$20 \$50 \$50	DAYS 1-20 \$0/DAY DAYS 21-100 \$140/DAY	\$225	\$150 \$65	LABS: \$35 TESTS: \$35 X-RAYS: \$35-\$225	\$4,500	NO COPAY	DRUG DED: \$75 \$0 AP; 1 DTL; HC DENT PLAN: \$17/MTH(\$1000 COV)
PRIORITY MEDICARE IDEAL PPO (H4875-018-1)	\$15.00	DAYS 1-5 \$225/DAY DAYS 6-90 \$0/DAY	\$25 \$50 \$45	DAYS 1-2 \$0/DAY DAYS 21-100 \$140/DAY	\$200	\$150 \$65	LABS: \$35 TESTS: \$35 X-RAYS: \$35-\$100	\$6,400	NO COPAY	DRUG DED: \$320 HEALTH DED: \$175 \$0 AP; CHIRO; HC
PRIORITY MEDICARE MERIT (PPO) (H4875-016-4)	\$30.00	DAYS 1-7 \$250/DAY DAYS 8-90 \$0/DAY	\$20 \$45 \$55	DAYS 1-20 \$0/DAY DAYS 21-100 \$130/DAY	\$175	\$150 \$65	LABS: \$30 TESTS: \$30 X-RAYS: \$30-\$150	\$4,500	NO COPAY	HEALTH DED: \$1000 \$0 AP; 1 DTL; HC DENT PLAN: \$17/MTH(\$1000 COV)
PRIORITY MEDICARE HMO-POS (H2320-013-0)	\$95.00	DAYS 1-7 \$150/DAY DAYS 8-90 \$0/DAY	\$20 \$40 \$45	DAYS 1-20 \$0/DAY DAYS 21-100 \$130/DAY	\$100-\$125	\$125 \$65	LABS: \$30 TESTS: \$30 X-RAYS: \$30-\$100	\$4,400	NO COPAY	\$0 AP; 1 DTL; HEARING; HC DENT PLAN: \$17/MTH(\$1000 COV)
PRIORITY MEDICARE SELECT PPO (H4875-017-1)	\$109.00	DAYS 1-5 \$130/DAY DAYS 6-90 \$0/DAY	\$20 \$40 \$50	DAYS 1-20 \$0/DAY DAYS 21-100 \$130/DAY	\$125	\$100 \$65	LABS: \$25 TESTS: \$25 X-RAYS: \$25-\$100	\$4,400	NO COPAY	HEALTH DED: \$1,000 \$0 AP; 1 DTL; HC DENT RIDER: \$17/MTH(\$1000 COV)
ORIGINAL MEDICARE (H0001-001) 2013 DATA	PART B: \$104.90	DAYS 1 - 60, \$1184; DAYS 61-90, \$296/DAY; DAYS 91-150, \$592/DAY	20% CO-PAY***	DAYS 1-20, \$0; DAYS 21-100, \$148/DAY	20% COPAY	COVERS 80%***	20% CO-PAY	20% CO-PAY***	20% CO-PAY***	NONE

**IMPORTANT:**

\* FOR ALL PLANS EXCEPT ORIGINAL MEDICARE, THE PREMIUM IS IN ADDITION TO THE MEDICARE PART B PREMIUM OF \$104.90 PREMIUM FOR PART A: \$441/MONTH IF TOO FEW WORK CREDITS  
HIGHER PREMIUMS APPLY FOR BENEFICIARIES WITH INCOME OVER \$85,000/YEAR  
\*\*\* COPAY APPLIES AFTER YOU HAVE PAID \$147 DEDUCTIBLE FOR MEDICAL SERVICES  
\*\*\*\* CHECK PLAN BENEFIT STATEMENT FOR SPECIFIC COVERAGE, COPAYS BASED ON IN-NETWORK MEDICARE COVERED SERVICES.  
CHECK WITH YOUR DOCTOR TO SEE WHICH PLANS ARE ACCEPTED. CHART APPLIES TO KENT COUNTY ONLY.  
MEDICARE ADVANTAGE PLANS REPLACE TRADITIONAL MEDICARE AND MEDIGAP COVERAGE

**ADDITIONAL BENEFITS**  
AP-ANNUAL PHYSICAL  
DTL-DENTAL EXAM/CLEANING  
HC-HEALTH CLUB MEMBERSHIP  
OTC-OVER THE COUNTER ITEMS  
TRANS-ROUND TRIP TRANSPORTATION

# MERS Premier Advantage Plans

Plan Name	Health Deductible	CO PAY NETWORK HOSPITAL IN	CO-PAY PCP SPECIALST U/C	CO-PAY NURSING HOME REHAB IN-PATIENT	OUTPATIENT SURGERY	AMBULANCE EMERGENCY ROOM	TESTS LABS X-RAY	OUT OF POCKET MAX IN-NETWORK OUT-NETWORK	DIABETIC SUPPLIES	ADDITIONAL INFORMATION
Option 1	\$500	Day 1-5 \$275	\$5 \$40 \$5-\$40	Day 1-20 \$0 Day 21-100 \$150	\$0-\$275	\$250 \$65	\$0-\$50 \$0-\$40 \$5-\$275	\$5,000 \$7,500	0% - 10%	Limited Dental - Contact plan for more details
Option 2	\$0	Day 1-7 \$265	\$15 \$45 \$15-\$45	Day 1-20 \$0 Day 21-100 \$156	\$15-\$265	\$250 \$65	\$0-\$90 \$0-\$95 \$15-\$265	\$5,900 \$7,500	0% - 10%	Limited Dental - Contact plan for more details
Option 5	\$500	Day 1-7 \$225	\$5 \$40 \$5-\$40	Day 1-20 \$0 Day 21-100 \$150	\$40-\$195	\$250 \$65	\$0-\$150 \$0-\$150 \$5-\$150	\$6,700 \$10,000	0% - 10%	Limited Dental - Contact plan for more details

\*\* Prescription information included in your "Evidence of Coverage"

Option 1		Option 2		Option 5
Allegan	Kalamazoo	Barry	Kent	Coverage area of this plan is all 83 Counties in Michigan
Berrien	Lenawee	Clare	Midland	
Branch	Monroe	Clinton	Montcalm	
Calhoun	St. Joseph	Eaton	Muskegon	
Cass	Van Buren	Gladwin	Oceana	
Hillsdale		Gratiot	Ottawa	
		Ingham	Saginaw	
		Isabella	Wayne	

# Financial Assistance Programs

2015

## Medicare Part B Premium Assistance

“Medicare Savings Program”

Income Limit Single: **\$1,344/month**

Married: **\$1,809/month**

Asset Limit Single: **\$7,280**

Married: **\$10,930**

## Prescription Drug Plan Premium and Copay Assistance

“Extra Help: Low Income Subsidy”

Income Limit Single: **\$1,492/month**

Married: **\$2,012/month**

Asset Limit Single: **\$13,640**

Married: **\$27,250**

# Medicare Enrollment Periods

## **Initial Enrollment Period – New to Medicare**

- 7 months at beginning of Medicare eligibility

## **Annual Open Enrollment Period – Part D and Medicare Advantage**

- October 15 to December 7
- Effective date January 1

## **Medicare Part A and Part B Annual Enrollment Period**

- January 1 to March 31
- Effective date July 1

## **Medicare Advantage Disenrollment Period**

- January 1 to February 14

## **Special Enrollment Period**

- Part D and Advantage plans for moving, involuntary loss coverage, loss of creditable active employment coverage, Extra Help, etc



# **PROTECT**

Guard Your Card

# **DETECT**

Read and Compare Your MSN or EOB

# **REPORT**

MMAP 1-800-803-7174

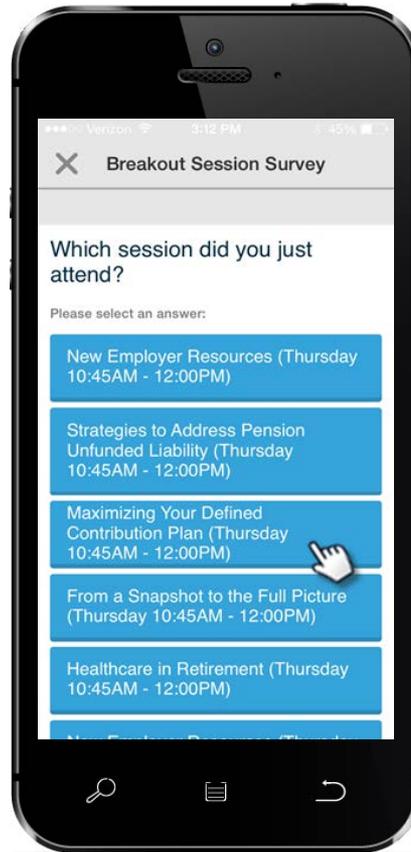
Questions?

# Please Complete a Session Survey!



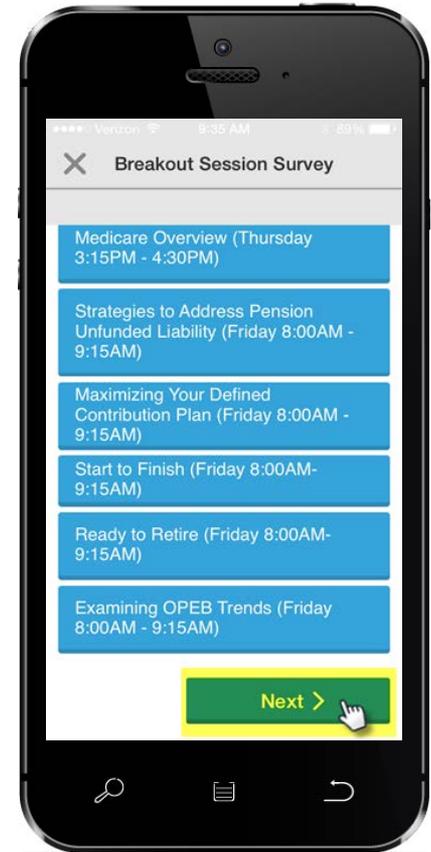
## Step 1:

Locate and access the "Breakout Session Surveys" Icon



## Step 2:

Select the date and time of the session you just attended



## Step 3:

Scroll down and click "Next" to complete the survey