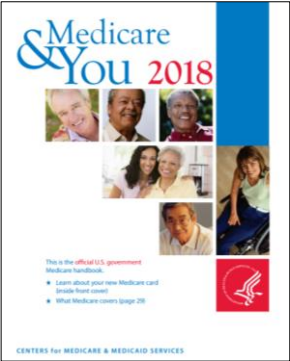





The following information is provided to show the various options available for Medicare beneficiaries to receive their health insurance coverage. The SHINE (Serving Health Insurance Needs of Elders) Program provides free and unbiased health insurance counseling to elders, caregivers, family members, and the disabled. For additional information and assistance, please feel free to contact a **SHINE counselor** by calling the *Elder Helpline* toll-free at 1-800-96-ELDER (**1-800-963-5337**).

OPTION	DESCRIPTION	THINGS TO CONSIDER
<p>Original Medicare</p> 	<p>The federal government insurance plan available nationwide. You are usually charged a fee for each health care service or supply you receive.</p>	<ul style="list-style-type: none"> • About 28% of beneficiaries pay \$109 monthly for Part B. • About 72% of beneficiaries pay \$135.50 monthly for Part B. • Pay an annual \$185 Part B Deductible. • Pay a \$1,364 Part A (hospital) Deductible. • You may go to any provider who accepts Medicare. • If a provider does <u>not</u> accept assignment, you may have to pay the entire bill at the time of service and may be charged up to 15 percent more than the Medicare payment amount. • Some services are not covered and you may have to pay some out-of-pocket costs.
<p>Prescription Drug Coverage</p> 	<p>Medicare provides prescription drug coverage to all eligible beneficiaries.</p>	<ul style="list-style-type: none"> • You pay a monthly premium for a plan and possibly a deductible. • Select a stand-alone Prescription Drug Plan (PDP) to go with your Original Medicare, OR • A Medicare Advantage Plan with Prescription Drug (MA-PD) coverage included.

OPTION	DESCRIPTION	THINGS TO CONSIDER
<p>Medigap Insurance</p> <p><i>Also known as Medicare Supplement Insurance.</i></p> 	<p>A supplement policy would be in addition to your Original Medicare. Medicare pays 80 percent of what it approves; a supplement policy helps cover the remaining 20 percent. You may select one of several standardized policies available through private insurance companies.</p>	<ul style="list-style-type: none"> • You pay a premium for your policy. • Each plan has a different set of benefits. • All policies, except A, offer some deductible and coinsurance coverage. • Extra benefits are offered by some policies not otherwise covered by Medicare (e.g., hospice, skilled nursing coinsurance, etc.). • Medicare “SELECT” policies usually cost less because you must use specific hospitals and doctors.
<p>Medicare Advantage Plans</p> <p><i>Choices include plans with or without prescription drug coverage.</i></p> 	<p>A Medicare approved network of doctors, hospitals, and other health care providers who agree to provide care in return for a set monthly payment from Medicare.</p> <p>The plan options available in Florida are:</p> <p>HMO (Health Maintenance Organization)</p> <p>PPO (Preferred Provider Organization)</p> <p>PFFS (Private Fee-For-Service)</p> <p>SNP (Special Needs Plan)</p>	<ul style="list-style-type: none"> • Most plans charge a monthly premium. • A referral may be required for specialists. • Doctors may join or leave the plan at any time. • Most plans offer benefits that Medicare does not (e.g., dental care and eye care). • HMOs require you to use their network of doctors, hospitals, and other providers. • PPOs allow more flexibility to go outside the network for a higher monthly premium. • PFFS plans allow you to go to any provider who accepts the plan. The private company (not Medicare) decides how much it will pay and what you pay for services received. • SNP plans are for individuals with chronic diseases, have both Medicare and Medicaid, or live in certain institutions.