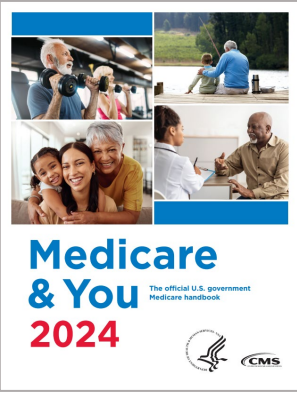





This information outlines the various options available for Medicare beneficiaries to receive their health insurance coverage. The SHINE (Serving Health Insurance Needs of Elders) Program offers free, unbiased health insurance counseling to elders, caregivers, family members, and individuals with disabilities. For more information and assistance, please 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 is available nationwide. Typically, you are charged a fee for each healthcare service or supply you receive.</p>	<ul style="list-style-type: none"> • The Part A (hospital) deductible is \$1,632. • The standard Part B (medical) premium amount in 2024 is \$174.70. • The Part B annual deductible is \$240. • You may go to any provider who accepts Medicare. • If a provider does <u>not</u> accept the 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, so you may have to pay some out-of-pocket costs.
<p>Prescription Drug Coverage</p> 	<p>Medicare offers 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. • Choose either a stand-alone Prescription Drug Plan (PDP) to accompany 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 is designed to complement your Original Medicare. While Medicare pays 80 percent of approved costs, a supplement policy helps cover the remaining 20 percent. You can choose from several standardized policies offered by private insurance companies.</p>	<ul style="list-style-type: none"> • You pay a premium for your policy. • Each plan has a unique set of benefits. • All policies, except Plan A, offer some deductible and coinsurance coverage. • Some policies provide extra benefits not covered by Medicare, such as hospice care and skilled nursing coinsurance. • Medicare SELECT policies usually cost less because they require you to 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 consists of doctors, hospitals, and other health care providers who agree to offer care in return for a set monthly payment from Medicare. The plan options available in Florida include:</p> <p>HMO (Health Maintenance Organization)</p> <p>HMO-POS (HMO with Point-of-Service option)</p> <p>PPO (Preferred Provider Organization)</p> <p>PFFS (Private Fee-For-Service)</p> <p>SNP (Special Needs Plan)</p> <p>MSA (Medicare Medical Savings Account)</p>	<ul style="list-style-type: none"> • Most plans charge a monthly premium. • A referral may be required to see a specialist. • Doctors may join or leave the plan at any time. • Most plans offer benefits not covered by Medicare, such as dental 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, usually for a higher monthly premium. • PFFS plans let you visit any provider who accepts the plan. The private company (not Medicare) decides how much it will pay and what you pay for services. • SNP plans are designed for individuals with chronic diseases, those who have both Medicare and Medicaid, or those living in certain institutions.