

Original Medicare 2021

PART A: In-Patient Hospital & Skilled Nursing Care Coverage. No Premium for enrollees.
 Hospital: \$1,484 deductible; \$0 copay/day, days 1-60, \$371 copay/day days 61-90, \$742 copay/day, days 90-150
 Skilled Nursing: \$0 copay days 1-20, \$185.50 copay/day, days 21-100

PART B: Medical Care Coverage, Premium \$148.50 (Standard Premium)
 20% Co-insurance. No Maximum Out of Pocket (MOOP); \$203 annual deductible

People who buy Part A will pay a premium of either \$259 or \$471 each month in 2021 depending on how long they or their spouse worked and paid Medicare taxes. If you choose NOT to buy Part A, you can still buy Part B.

How will you pay for the 20% and other gaps in original Medicare coverage?

Option 1

MEDIGAP INSURANCE (PLAN G) (AKA: Medicare Supplement)

- Higher monthly premium
- + No copays, Only (annual) Part B deductible
- + No coinsurance
- + No network! Use any provider that accepts Medicare!
- + Reliable - Guaranteed renewable

PRESCRIPTION DRUG COVERAGE (PART D)

- Purchased Separately
- + Freedom to change your drug coverage without affecting your medical coverage.

Option 2

Advantage Plan (Part C)

- + Lower monthly premiums (in most cases)
- + May have extra benefits. Vision, hearing, dental, gym membership, etc...
- May require co-pays, deductibles, and coinsurance.
- Networked - restricted list of providers
- Changes yearly – One year contracts and dependent on government subsidies.

PRESCRIPTION DRUG COVERAGE (PART D)

- + Most often included in the same package.
- Usually must change the entire plan to get different drug coverage.

*Premiums, costs, and other features can vary depending upon income and other circumstances. Refer to Medicare, its publications, and a knowledgeable, licensed agent to help with the details of your personal situation and available options.

Medicare Options Simplified

HMO Health Maintenance Organization	PPO Preferred Provider Organization	PPOI(ship) Preferred Provider / senior hospital Organization / indemnity plan	Medigap AKA - Medicare Supplement Plan (Plan G)
↓ Premium ↓	↓ In-Net Lower \$ Out-Net Higher \$ ↓	↓	↓ Premium ↓
↓ Network ↓	↓ In-Net Lower \$ Out-Net Higher \$ ↓	↓	↓ Network no-network! ↓
↓ MOOP's ↓	↓ in network MOOP's are lower. ↓	↓	↓ No MOOP! Only Part B deductible ↓
↓ Risk ↓	↓	↓	↓ Risk ↓