

# **PrimeTime Health Plan Medicare Advantage Plans 2023**

# Goals of the Meeting

- Medicare Overview
- How Medicare works with Supplemental Plans
- Part D Prescription Drug Coverage
- Medicare Advantage Plan
  - PrimeTime Health Plan specific



# Medicare Alphabet

## Original Medicare

### Part A

- Hospital
- Skilled Nursing
- Hospice
- Home Health Care

### Part B

- Outpatient Services
  - Doctor visits
  - Emergency Room
  - Lab services

### Part C

- Medicare Advantage Plans
- Combining Part A & B
- Sometimes Includes Part D

### Part D

- Prescription Drug Coverage

# Original Medicare Premiums

## 2022 Part A Premium:

- \$0 – Worked for 40 quarters (10 years)
- \$274 – Worked for 30-39 quarters
- \$499 – Worked less than 30 quarters

## 2022 Part B Premium:

- \$170.10 per month is the standard premium

**Premium may be higher based on income**

# High Income Medicare Part B Premiums

Your Yearly Income in 2020			You Pay in 2022
File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	Total Monthly Premium Amount
\$91,000 or Less	\$182,000 or less	\$91,000 or less	\$170.10
Above \$91,000 up to \$114,000	Above \$182,000 up to \$228,000	N/A	\$238.10
Above \$114,000 up to \$142,000	Above \$228,000 up to \$284,000	N/A	\$340.20
Above \$142,000 up to \$170,000	Above \$284,000 up to \$340,000	N/A	\$442.30
Above \$170,000 and less than \$500,000	Above \$340,000 and less than \$750,000	Above \$91,000 and less than \$409,000	\$544.30
\$500,000 or above	\$750,000 or above	\$409,000 or above	\$578.30

# High Income RX Part D Monthly Premiums

Your Yearly Income in 2020			You Pay in 2022
File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	Additional Premiums Amounts
\$91,000 or Less	\$182,000 or less	\$91,000 or less	\$0.00
Above \$91,000 up to \$114,000	Above \$182,00 up to \$228,00	N/A	\$12.40 in addition to plan premium
Above \$114,000 up to \$142,000	Above \$228,000 up to \$284,000	N/A	\$32.10 in addition to plan premium
Above \$142,000 up to \$170,000	Above \$284,000 up to \$340,000	N/A	\$51.70 in addition to plan premium
Above \$170,000 and less than \$500,000	Above \$340,000 and less than \$750,000	Above \$91,000 and less than \$409,000	\$71.30 in addition to plan premium
\$500,000 or above	\$750,000 or above	\$409,000 or above	\$77.90 in addition to plan premium

# Original Medicare – Part A Hospital

## Your Out-of-Pocket Costs

- **2022 Part A Deductible**

- \$1,556 (Inpatient Hospital Stay)
- 60 days of each benefit period

- **2022 Inpatient**

- Days 61-90
- \$389 per day copay

- **2022 Inpatient Lifetime Reserve**

- Days 91-150
- \$778 per day copay

- **Skilled Nursing Facility\* (SNF)  
[For Each Benefit Period]**

- Days 1-20: \$0 per day copay
- Days 21-100: \$194.50 per day copay
- Days 101+: Not covered

- **Home Health Care** – Covered 100%

- **Hospice** – Covered 100%

*\*short term stay, not long term care*

# Original Medicare – Part B Medical Your Out-of-Pocket Costs

- Examples of Part B services: doctor office visits, lab services, emergency room, urgent care, chemo and radiation, diagnostic testing, medical supplies, outpatient surgery, outpatient rehabilitation, ambulance
- **Part B Deductible:** \$233 per year
- After the deductible is met, Medicare pays 80% the remainder of the year and you pay 20%

**No Out-of-Pocket Maximum for Part A & B**



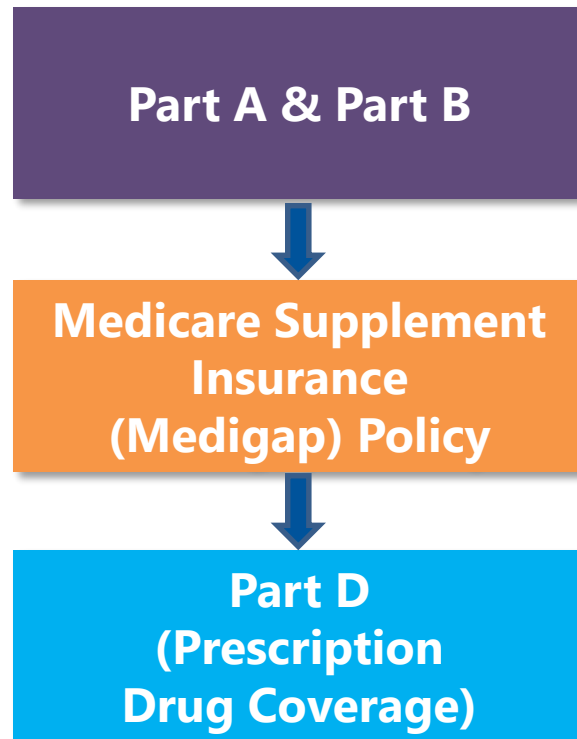
# Medicare Enrollment

- If you are receiving benefits from Social Security or the Railroad Retirement Board (RRB) prior to age 65, you will be automatically enrolled in Medicare A & B on the first day of your birthday month (unless your birthday is the 1<sup>st</sup> day of the month).
- If you are not receiving benefits from Social Security and want Medicare the month you turn 65, you must enroll by contacting Social Security.
- You may also enroll in Medicare through Social Security after being awarded Disability under age 65 after 24 months.\*

\* *Exceptions: ALS, ESRD, etc.*

# Options to Enhance Your Medicare Benefits

**Original Medicare with  
Medigap and/or Part D**



**OR**

**Medicare Advantage Plans**

**Also called "Part C Plans"**

**This option combines Part A,  
Part B, and (*sometimes*) Part D  
Prescription Drug Coverage.**

# Medicare Advantage Plans

## **“Part C Plans”**

**This option combines:**

**your Part A (Hospital) and Part B (Outpatient Services)  
and *sometimes* Part D (Prescription Drug Coverage)**

Insurance companies approved and subsidized by Medicare manage your benefits. Premiums usually start at \$0 per month, but you pay cost share as you utilize the plan benefits. MA plans may also add extra benefits such as dental, vision and gym memberships.

# Eligibility Requirements

- You must be enrolled in Medicare A **and** B (you must continue to pay your Medicare Part B premium)
  - Review Income Related Monthly Adjustment Amount (IRMAA)
- You must live in the service area of the plan
  - Carroll, Columbiana, Harrison, Holmes, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas, and Wayne counties.

**CMS (Medicare) contracts with private insurance companies to manage your Part C benefits**

# PrimeTime Health Plan HMO-POS

- **Health Maintenance Organization (HMO):**

- Medicare Contract
- No referrals for network Specialist
- Provider Directory
  - [www.pthp.com](http://www.pthp.com)
- Exceptions for emergencies, urgent care, and dialysis

- **Point of Service:**

- Lab work (except genetic testing), dental and vision



PrimeTime Health Plan HMO-POS has a Medicare contract. Enrollment in PrimeTime Health Plan depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat PrimeTime Health Plan members, except in emergency situations.

Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

# 2023 Benefits

Benefit Category	Basic MA Only	Aultimate	Classic	Plus
	2023	2023	2023	2023
Plan Premium	\$0	\$0	\$39	\$89
Medical Deductible	\$0	\$0	\$0	\$0
Max Out of Pocket	\$3,400	\$4,300	\$4,100	\$3,900
Part B Buy Down	\$25	\$0	\$0	\$0
Inpatient Stay	days 1-6:\$275	days 1-6:\$310	days 1-6:\$295	days 1-6:\$285
Skilled Nursing Facility	days 1-20: \$20, days 21-39: \$150, days 40-100:\$0	days 1-20:\$0, days 21-45: \$150, days 46-100:\$0	days 1-20: \$0, days 21-45: \$135, days 46-100, \$0	days 1-20: \$0, days 21-45: \$120, days 46-100: \$0
Home Health Care	\$20 copay	\$0 copay	\$0 copay	\$0 copay
PCP	\$0 copay	\$5 copay	\$0 copay	\$0 copay
Specialist	\$40 copay	\$40 copay	\$35 copay	\$30 copay
Chiropractic	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Ambulance	\$200 copay	\$230 copay	\$210 copay	\$200 copay
Outpatient/Ambulatory Surgery	25% coinsurance up to \$1200 OOPM	\$350 copay	\$300 copay	\$200 copay
Emergency Care	\$110 copay	\$110 copay	\$110 copay	\$110 copay
Urgent Care	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Diagnostic Radiology (MRI,CT, PET)	\$250 copay	\$190 copay	\$190 copay	\$175 copay
Diagnostic Tests	\$100 copay	\$100 copay	\$80 copay	\$60 copay
Outpatient Rehabilitation (PT,OT, Speech Therapy, Acupuncture)	\$35 copay	\$30 copay	\$30 copay	\$20 copay
DME	20%	20%	20%	20%
Lab Services	\$0-\$35 copay	\$0-\$35 copay	\$0-\$30 copay	\$0-\$25 copay
Therapeutic Radiology	20%	20%	20%	20%
Dialysis	20%	20%	20%	20%

•This information is not a complete description of benefits. Call customer service at 330-363-7407 or 1-800-577-5084. TTY users should call 711, Monday through Friday 8:00am to 8:00pm. From October 1 – March 31, we are available 7 days a week, from 8:00 a.m. to 8:00 p.m.

• You must continue to pay your Part B premium

# Quick Glance at Pharmacy & Formulary Information

- **Formulary**

- [www.pthp.com](http://www.pthp.com)
- Tiers (5), Step Therapy (ST), Prior Authorization (PA), and Quantity Limit (QL)
- Insulins Savings Program
- Pharmacy Exceptions
- Part D Vaccines

- **Preferred Pharmacies**

- 30 and 90 day supplies available

- **Part D Coverage Stages**

- Deductible
- Initial Coverage
- Coverage Gap
- Catastrophic

- **Extra Help**

- Premiums, Deductibles, Copayments, Coinsurance, Coverage gap
- Apply through Social Security

- **Late Enrollment Penalty (LEP)**

# Preferred Pharmacy Part D Pricing

Annual Deductible	Aultimate		Classic		Plus	
	\$150 Tiers 3,4, & 5		\$125 Tiers 3,4,& 5		\$75 Tiers 3,4, &5	
Tier	Aultimate		Classic		Plus	
	30 day	90 day	30 day	90 day	30 day	90 day
1- Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
2- Generic Drugs	\$15 copay	\$45 copay	\$8 copay	\$24 copay	\$8 copay	\$24 copay
3- Preferred Brand	\$42 copay	\$126 copay	\$42 copay	\$126 copay	\$ 42 copay	\$126 copay
* Insulin Savings Program	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$35 copay	\$105 copay
4- Non preferred	\$95 copay	\$285 copay	\$95 copay	\$285 copay	\$95 copay	\$285 copay
5- Specialty	29% of the cost	Not available	30% of the cost	Not available	31% of the cost	Not available

\* Deductible does not apply to the Insulin Savings Program. For PrimeTime Health Plans, you will have coverage through the gap for generics at your normal co-pays and pay 25% for brand name. Our plan covers most Part D vaccines at no cost to you, even if you haven't meet your deductible. Call Member Services for more information. Some of our Preferred Pharmacies include: Discount Drug Mart, Giant Eagle, Sam's Club, Walmart, Rite Aid, & Walgreens. Please refer to the Pharmacy Directory at [www.pthp.com](http://www.pthp.com) for a complete list of Preferred and Standard Pharmacies.



# Part D Standard Pharmacy Pricing

Annual Deductible	Aultimate		Classic		Plus	
	\$150 Tiers 3, 4, & 5		\$125 Tiers 3, 4, & 5		\$75 Tiers 3, 4, & 5	
Tier	Aultimate		Classic		Plus	
	30 day	90 day	30 day	90 day	30 day	90 day
1- Preferred Generic	\$10 copay	\$30 copay	\$10 copay	\$30 copay	\$10 copay	\$30 copay
2- Generic	\$20 copay	\$60 copay	\$18 copay	\$54 copay	\$16 copay	\$48 copay
3- Preferred Brand	\$47 copay	\$141 copay	\$47 copay	\$141 copay	\$47 copay	\$141 copay
*Insulin Savings Program	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$35 copay	\$105 copay
4- Non-preferred	\$100 copay	\$300 copay	\$100 copay	\$300 copay	\$100 copay	\$300 copay
5- Specialty	29 % of the cost	Not Available	30 % of the cost	Not Available	31% of the cost	Not Available

\* Deductible does not apply to the Insulin Savings Program. For PrimeTime Health Plans, you will have coverage through the gap for generics at your normal co-pays and pay 25% for brand name. Our plan covers most Part D vaccines at no cost to you, even if you haven't meet your deductible. Call Member Services for more information. Some of our Preferred Pharmacies include: Discount Drug Mart, Giant Eagle, Sam's Club, Walmart, Rite Aid, & Walgreens. Please refer to the Pharmacy Directory at [www.pthp.com](http://www.pthp.com) for a complete list of Preferred and Standard Pharmacies.

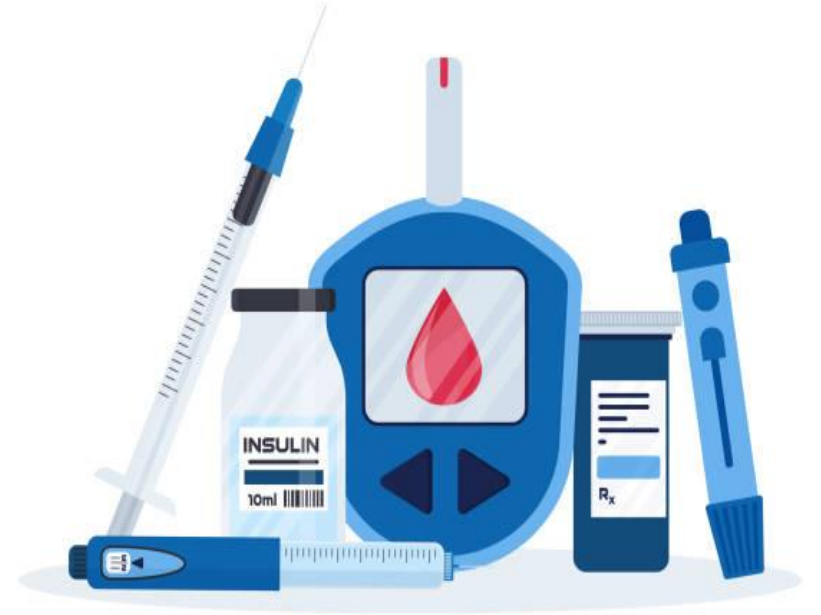
# Part D Mail Order Pricing

Annual Deductible	Aultimate		Classic		Plus	
	\$150 Tiers 3, 4, & 5		\$125 Tiers 3, 4, & 5		\$75 Tiers 3, 4, & 5	
Tier	Aultimate		Classic		Plus	
	30 day	90 day	30 day	90 day	30 day	90 day
1- Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
2- Generic	\$15 copay	\$45 copay	\$8 copay	\$20 copay	\$8 copay	\$20 copay
3- Preferred Brand	\$45 copay	\$125 copay	\$45 copay	\$125 copay	\$45 copay	\$125 copay
* Insulin Savings Program	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$35 copay	\$105 copay
4- Non-preferred	\$95 copay	\$285 copay	\$95 copay	\$275 copay	\$95 copay	\$275 copay
5- Specialty	29 % of the cost	Not Available	30 % of the cost	Not Available	31% of the cost	Not Available

\* Deductible does not apply to the Insulin Savings Program. For PrimeTime Health Plans, you will have coverage through the gap for generics at your normal co-pays and pay 25% for brand name. Our plan covers most Part D vaccines at no cost to you, even if you haven't meet your deductible. Call Member Services for more information. Some of our Preferred Pharmacies include: Discount Drug Mart, Giant Eagle, Sam's Club, Walmart, Rite Aid, & Walgreens. Please refer to the Pharmacy Directory at [www.pthp.com](http://www.pthp.com) for a complete list of Preferred and Standard Pharmacies.

# Insulin Savings Program

- **\$35 copay for covered insulins**
- Deductible and coverage gap stages do not apply (member pays \$35 through the deductible, initial coverage and coverage gap stages) If member reaches the Catastrophic Stage, normal catastrophic copays will apply.
- Program is not included on the Basic MA-Only plan (no Part D coverage)



# The Medicare Coverage Gap

Stage 1 Annual Deductible	Stage 2 Initial Coverage	Stage 3 Coverage Gap	Stage 4 Catastrophic
During this stage, <b>you pay the full cost</b> of your Tiers 3, 4, & 5 drugs. You stay in this stage until you have paid the deductible amount for your Tiers 3, 4, & 5 drugs according to the plan you are enrolled into.	During this stage, the plan pays its share of the cost of your Tier 1 and Tier 2 drugs and <b>you pay your share of the cost</b> . After you (or others on your behalf) have met your Tiers 3, 4, & 5 deductible, the plan pays its share of the costs of your Tiers 3, 4, & 5 drugs and you pay your share. You stay in this stage until your year-to-date <b>"total drug costs"</b> (your payments plus any Part D plan's payments) total <u>\$4,660</u> .	During this stage, <u>typically</u> you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. You stay in this stage until your year-to-date <b>"out-of-pocket costs"</b> (your payments) reach a total of <u>\$7,400</u> . This amount and rules for counting costs toward this amount have been set by Medicare.  * For PrimeTime Health Plans you will have coverage through the gap for generics at your normal co-pays and pay 25% of brand name medications.	During this stage, <b>the plan will pay most of the cost</b> of your drugs for the rest of the calendar year (through December 31, 2022).  You pay <u>5%</u> of drug costs or <u>\$4.15</u> for generic and <u>\$10.35</u> for all others. <u>(Whichever is greater)</u>

# Part D Low Income Subsidy (LIS) “Extra Help”

- **Extra Assistance to help with:**

- Part D Premium
- Part D Deductible
- Part D Copayment/Coinsurance
- Help in the Coverage Gap
- Special Enrollment Period (Limitations Apply)



- **You may qualify if you are:**

- Single or married with limited resources

- **How Do I Apply?**

- Apply online: [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Visit your local Social Security office
- Call Social Security at 1-800-772-1213
- TTY: 1-800-325-0778

# Part D Penalty

- **Medicare** calculates the **penalty** by multiplying 1% of the "national base beneficiary premium" \$32.74 in **2023** times the number of full, uncovered months you didn't have **Part D** or creditable coverage.
  - Penalty begins at the time of enrollment
- You can avoid paying the penalty if:
  - You have "Creditable Rx Coverage" (such as VA)
  - "Extra Help" (Low Income Subsidy)
  - You sign up when first eligible and not go without drug coverage longer than 63 days

# Additional Benefits (Not Covered By Medicare)

<u>Benefit Category</u>	<u>Basic MA Only Plan</u>	<u>Aultimate Plan</u>	<u>Classic Plan</u>	<u>Plus Plan</u>
<b>Routine Vision</b>	\$0 Routine vision exam on all the plans  \$200 per year eyewear benefit	\$0 Routine vision exam on all the plans  \$300 per year eyewear benefit	\$0 Routine vision exam on all the plans  \$300 per year eyewear benefit	\$0 Routine vision exam on all the plans  \$300 per year eyewear benefit
<b>Routine Dental</b>	\$200 per year	\$550 per year	\$800 per year	\$1,100 per year
<b>Routine Hearing Exam Hearing Aid</b>	\$100 allowance per hearing aid every 3 years. Contact Amplifon for discounted hearing aids \$595, \$695 & \$895	\$100 allowance per hearing aid every 3 years. Contact Amplifon for discounted hearing aids \$595, \$695 & \$895	\$100 allowance per hearing aid every 3 years. Contact Amplifon for discounted hearing aids \$595, \$695 & \$895	\$100 allowance per hearing aid every 3 years. Contact Amplifon for discounted hearing aids \$595, \$695 & \$895
<b>Gym Membership</b>	Silver&Fit Program	Silver&Fit Program	Silver&Fit Program	Silver&Fit Program

# Additional Benefits (Not Covered By Medicare)

<u>Benefit Category</u>	<u>Basic MA Only Plan</u>	<u>Aultimate Plan</u>	<u>Classic Plan</u>	<u>Plus Plan</u>
<b>Over-the-Counter (OTC) Items</b>	Not Included	\$50 per quarter	\$50 per quarter	\$75 per quarter
<b>Companion Care Service</b>	Papa Pals	Papa Pals	Papa Pals	Papa Pals
<b>Meal Delivery</b>	Included after inpatient hospital stays and observation	Included after inpatient hospital stays and observation	Included after inpatient hospital stays and observation	Included after inpatient hospital stays and observation



# Medicare Advantage Election Periods

## Initial Election Period (IEP)

- 3 months before; the month of; and 3 months after your 65<sup>th</sup> birthday month

## Annual Enrollment Period (AEP)

- October 15<sup>th</sup> through December 7<sup>th</sup>

## Medicare Advantage Open Enrollment Period

- January 1<sup>st</sup> to March 31<sup>st</sup> (MAOE)

## Special Election Periods

- You are losing employer coverage
- You move in or out of the plan's service area
- You qualify for Medicaid or Extra Help



# Important Information

- Health and Wellness
- Services that are not covered
- Disease & Case Management
- Enrollee Rights & Responsibilities
- Notice of Privacy Practices
- Grievance & Appeals Medical / Prescription
- Multi-Language Interpreter Services / Non-Discrimination Notice



Our plan does not discriminate based on race, color, national origin, sex, age, or disability in its health programs

# Plan Star Rating

- Every year Medicare evaluates plans based on a 5-Star Rating System
  - More information visit [www.Medicare.gov](http://www.Medicare.gov)
- PrimeTime Health Plan is a **5-Star Rated plan for 2022**  
Every year, Medicare evaluates plans based on a 5-Star Rating System.



# How To Enroll and Pay Plan Premium

## Enrollment Options:

- [www.pthp.com](http://www.pthp.com)
- Mail in the enrollment application
- Drop off application
  - Morrow House 2600 Sixth St. SW Canton OH 44710
- [www.medicare.gov](http://www.medicare.gov)

## Billing Options:

- Direct Bill
- Electronic Funds Transfer (EFT)
- Social Security withdraw
- Pay online

## Confirmation of Enrollment:

- Welcome packet
- I.D. Card
- Compensation for Agent/Broker disclaimer



# Why Choose PrimeTime Health Plan?

- Local, quality care
- Easy access to personalized customer service
- One ID Card
- Care Coordination services
- In-network benefit levels for services provided at over 50 hospitals, including Cleveland Clinic and University Hospital Health System locations
- Telehealth services, including Aultman Now
- No-cost Medicare education by trained specialists
- Worldwide coverage for emergency and urgent care
- Silver&Fit Health and Fitness Program®



# How To Tell Which Plan Is Right For You...

- Review plan benefits
- Verify providers and pharmacies are in network
- Review Formulary (make sure your drugs are covered)





# PrimeTime Health Plan – Customer Service

## Phone:

330-363-7407 or 1-800-577-5084

## TTY:

711

## Hours of Operation:

Monday through Friday 8:00 a.m. to 4:30 p.m. for walk-ins. From October 1- March 31, the Call Center is open 7 days a week from 8:00 a.m. to 8:00 p.m.



# Questions?