MEDICARE: Guidance through the maze is available locally

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plans include Part D prescription drug coverage.

With Part C coverage, you are in a local network so you must use the providers who are part of that network. If you seek medical care outside of your network (another county or state), you are responsible for 100 percent of the charges. With Part C you can lose control of your healthcare decisions — the freedom to be treated where and by whom you choose.

Part D (Prescription drug plans): These are insurance plans designed to cover part or all of the cost for prescription drugs. The coverage period runs from January 1 – December 31 each year. Simply stated, find a wellranked company (one to five stars) with low premiums where you can use the pharmacy of your choice. But there are lots of factors to take into consideration when choosing the best drug plan for you, like restrictions on quantity limits and step therapy. If it doesn't work out the way you expected, you can change plans each October 15 – December 7.

There are several ways to obtain Part D. A stand-alone policy (PDP), which is not linked to any other part of Medicare, can be purchased. Each year you can shop for a new policy without making any changes to any other part of Medicare. If you are happy with your plan you need do nothing. It will just roll over, but things change every year so it's a good idea to make sure your plan still meets your needs. With Medicare Advantage plans, Part D is bundled with the plan (MAPD). You have no choice of carriers and can't make changes. You also cannot have a stand-alone drug plan with your Medicare Advantage plan.

Each company has its own formulary, which is the list of drugs covered by the company's plans. Each plan has five tiers or levels of cost sharing based on generic and preferred brand-name drugs and the relationship that the

CORRECTION

One of the project funders identified in The Nugget's story "Locals raising funds for Link Creek" (October 28, page 3) was incorrectly identified. Funding for the project also came from Portland General Electric through their Pelton Dam Fund, which supports conservation, water quality and promotes fish passage and improved habitats for fish above the dam.

Medicare definitions

Annual election period (Open Enrollment) -

every year the period of October 15 – December 7 to make changes to your coverage.

Deductible – Amount you pay out of packet before the plan pays.

Co-insurance – percentage of bill you have to pay after deductible and co-pay, usually 20 percent of charge.

Premium – amount you pay to have insurance if Part B, C, or D.

insurance company has with

the drug manufacturers. Each

plan has different premiums,

and different prices for each

drug, and may utilize a dif-

ferent network of pharma-

cies. All insurance companies

are regulated to meet certain

minimum requirements for

drug categories and six pro-

tected classes of drugs, but

they can each cover different

prescriptions and can charge

If you have Parts A and B,

and can afford it, adding a

supplemental policy can help

avoid large medical expenses

because it puts a cap on

charges. These plans are sub-

servient to Medicare A and B.

They are offered by a number

of private insurance compa-

nies but are regulated because

these policies are written into

Medicare law. There are 10

different plans available,

Medigap (supplemental):

different prices.

strategies of the companies.

Co-pay – portion of bill you

pay, after deductible is met.

Original Medicare -

foundation of Medicare.

Includes Parts A and B. Is

accepted in any state for any

Medicare. Provides personal

specialists). Doesn't by itself

doctor or facility accepting

control over your health

care and gives consumer

the freedom to choose

their doctor (including

limit (put a cap on) your

financial exposure. Large

medical costs could create

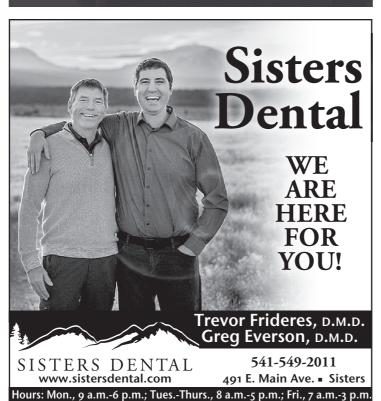
financial hardship.

They each have their own premiums depending on the coverage offered and the amount of the deductible. No permission is needed for medical services, so the policy holder has control. If a provider accepts Medicare, they will accept your Medigap insurance. This coverage is especially good at paying the 20 percent that Medicare doesn't, so you aren't stuck with paying a big balance.

There is a six-month window to get a supplemental plan of your choice without going through medical underwriting. The window starts the day you enroll in Medicare B and extends for

denoted by letters like F, G, and N. Each plan is identical from one company to another in what they offer. The differences are in price and pricing





Local resources

Linda Alldredge, **Country Financial** 178 South Elm St., Sisters 541-549-6946

Senior Health Insurance Benefits Association

• Oregon Guide to Medicare Insurance Plans available online at www. healthcare.Oregon.gov • Statewide number to talk

with SHIBA representative for free, 1-800-722-4134

For first-time Medicare applicants – www.medicare startsat65.oregon.gov

Council on Aging of Central Oregon 373 NE Greenwood Ave., Bend 541-678-5483

Social Security

- 1-800-772-1213 for Medicare A & B questions
- 1-800-633-4227 for Part D questions

Matthew Classen CMT

YouTube series on all aspects of Medicare www.medigapseminars.org 1-800-847-9680

six months. After the sixmonth window, you can still get a supplemental plan, but you have to get medically qualified. The insurance company looks at your significant medical history, and if it includes serious conditions, you may not be able to get

coverage. Many people new to Medicare think, because they are healthy and have low medical expenses, they don't need a Medigap policy. But as the years pass, serious medical conditions can arise and then you will be unable to qualify.







