Medigap Helpline Services

(1-800-242-1060)

The State of Wisconsin **Medigap Helpline (1-800-242-1060)** is a free, confidential counseling service for Medicare beneficiaries that is a part of the Wisconsin Board on Aging and Long Term Care. The insurance counselors at the Medigap Helpline can assist Medicare beneficiaries with questions about the many health insurance coverage options available to them. Listed below are some of the various health insurance options available to Medicare beneficiaries.

Original Medicare

Medicare is a federally sponsored health insurance program for individuals aged 65 and older; individuals younger than 65 with a disability, and those with end-stage renal disease (ESRD). Medicare provides coverage for hospital care (Part A) and medical services (Part B).

Medicare Supplement Policies

Medicare was never intended to pay 100% of your medical bills but instead was created to offset your most pressing medical expenses by providing a foundation of benefits. Thus, while it will pay a significant portion of your medical bills, Medicare does not cover all services that you might need. Even those services that are covered are not covered in full.

Insurance companies sell policies that pay some of these remaining Medicare-covered expenses if you are enrolled in both Part A and Part B of Medicare. These policies are referred to as "Medicare supplement" or "*Medigap*" policies and are private insurance policies designed to help cover the out-of-pocket coinsurance and deductibles after Original Medicare (Parts A & B). They also include State Mandated Benefits which Medicare does not cover.

Medicare Advantage Plans

Medicare Advantage Plans (Part C) are private insurance plans which replace Original Medicare (Part A & B). These plans are offered by private insurance companies and pay for the same healthcare services as Original Medicare. They are designed to offer comprehensive coverage under one private company. Medicare Advantage plans may or may not include drug coverage. It is important to know that a beneficiary may choose to stay in original Medicare if satisfied with that program, they do not need to enroll in a Medicare Advantage Plan.

With any Medicare Advantage plan, a beneficiary needs to understand the costs associated with the private health plan. There may be copays for every medical service (i.e. doctor visits, hospital stays, durable medical equipment, lab work, chemotherapy, etc). Every plan has a maximum out-of-pocket amount for copays and coinsurance with most if not all services included. There are also specific enrollment periods when a beneficiary may elect to enroll in a Medicare Advantage Plan.

Employer-Sponsored Plans

Individuals may also have the option to have employer-sponsored health plans, whether from "Active" work, retirement, or Cobra/continuation coverage from loss of coverage. Depending on circumstances, it may or may not coordinate well with Medicare. As with any health insurance



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coverage, understanding the costs and benefits of an employer-sponsored health insurance plan is important in determining which coverage is best for each beneficiary's needs.

Military or Veteran Coverage

There may be coverage for veterans or military retirees and/or their dependents which coordinates with Medicare. The most common examples of this type of coverage are:

- Veteran's Benefits (does NOT coordinate with Medicare, if waiving B, will incur penalty later on and may have gaps in coverage i.e. emergencies)
- Tricare for Life (military retirees)
- Civilian Health and Medical Program of VA (ChampVA) for dependents of a living veteran with 100% service-connected disabilities or who died as a result of the service-connected disability

Limited Resource Programs

Individuals with limited resources may be eligible for programs offered through Wisconsin Medicaid and/or Extra Help with your drug costs from the Social Security Administration. These programs can help with paying the premiums for Medicare or covering the out-of-pocket coinsurance left after Medicare pays. Some programs can also assist with the costs of health care before an individual becomes eligible for Medicare.

Long-Term Care Insurance

Long-term care insurance is a type of insurance developed specifically to cover the costs of longterm care services, most of which are not covered by traditional health insurance or Medicare. These include services in your home such as assistance with Activities of Daily Living as well as care in a variety of facility and community settings.

More Information

For information on insurance options contact the **Medigap Helpline 1-800-242-1060** or email an insurance counselor at <u>BOALTCMedigap@Wisconsin.Gov</u>. Please feel free to visit our website at <u>www.longtermcare.wi.gov</u> for more information.

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