



MEDICARE BENEFIT SUMMARY - 2022

Medicare Eligibility

Medicare coverage is effective the first day of month in which you turn 65 years of age, unless your birthday falls on the 1st day of the month making Medicare effective the first day of the preceding month. This age eligibility is not tied to full retirement age for Social Security purposes.

Contact Social Security/Medicare approximately three months prior to your 65th birth month to begin the process of applying for Medicare or should you become eligible for Medicare prior to age 65. Medicare Part A and B must be in effect on the first day of your 65th birth month (or Medicare eligible month) in order to have full benefits under your State System's Annuitant Health Care Program (AHCP), Highmark Signature 65 Medicare Complement. If you were born on the 1st day of the month, Medicare will need to become effective on the 1st day of the month prior to your birth month. If you are currently receiving Social Security benefits, your Medicare card will be mailed to you automatically. You should receive the card approximately three months prior to your birth month.

If you turn 65 or are over 65 and still actively working for the State System, Medicare Part A will be considered a secondary carrier if you choose to enroll in Part A while still actively working. Active members should not enroll in Medicare Part B until retirement occurs (enroll 3 months prior to retirement month). There is a special enrollment period if one did not sign up for Part A and/or Part B when you were first eligible because you were covered under a group health plan based on current employment. Members can sign up for Part A and/or Part B as follows: Anytime that you or your spouse (or family member if you're disabled) are working, and you are covered by a group health plan through the employer or union-based group on that work; or during the 8-month period that begins the month after the employment ends or the group health plan coverage ends, whichever happens first. For State System retired members, you and/or your spouse must sign-up for Medicare benefits at least 3 months prior to the 65th birthday or, if active, 3 months prior to the member's retirement month.

There is a 10% penalty, compounded on an annual basis, for individuals who do not enroll in Medicare Part B on their effective date. You are not assessed a penalty if you enroll under the Special Enrollment Period (SEP) described above. Eligibility for Medicare may occur earlier if the member receives Social Security disability or under certain medical conditions.

Medicare Part A – Federally Mandated (no premium required for most*)

Medicare Part A covers inpatient hospital, skilled nursing facility, inpatient rehabilitation, hospice, and some home health care services with applicable deductibles and co-insurances. The Annuitant Health Care Program (AHCP) Highmark Signature 65 Medicare Complement covers the Medicare Part A deductible and co-insurance.

Staying overnight in a hospital does not always mean the visit qualifies as an inpatient stay. Inpatient is defined as the doctor formally admitting you to a hospital with a doctor's order. Always ask if you are considered an inpatient or an outpatient since it affects what you pay and whether you will qualify for Part A coverage in a skilled nursing facility. The deductibles and co-insurances are covered under your Highmark Medicare Complement. The deductibles and co-insurances change on an annual basis and typically become effective January 1.

2022 Part A Deductible and Coinsurance

Inpatient hospital deductible	\$1,556.00	Covered by Highmark Signature 65 Medicare Complement
Daily coinsurance for days 1-60 of hospitalization	\$0.00	
Daily coinsurance for days 61-90 of hospitalization	\$389.00	
Daily coinsurance for lifetime reserve days (91-150)	\$778.00	
Skilled nursing facility coinsurance for days 0-20	\$0.00	
Skilled nursing facility coinsurance for days 21-100	\$194.50	

You pay all hospitalization costs for each day after the lifetime reserve days. You pay all costs for days 101 and beyond in a skilled nursing facility.

*The Part A premium is free if you or your spouse paid Medicare taxes for 40 or more quarters. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium in 2022 is \$274 per month. If you paid Medicare taxes for less than 30 quarters, the standard Part A premium in 2022 is \$499 per month.

Medicare Part B – Federal Insurance (Premium Required)

Medicare Part B covers physician services, outpatient hospital services, certain home health, surgical services, durable medical equipment, and certain other medical and health services not covered by Medicare Part A.

The monthly premium is based on your gross income as reported on your IRS tax return from two (2) years prior to enrollment. The standard monthly premium for 2022 is **\$170.10** for those who filed an individual return of \$91,000 or less or a joint return of \$182,000 or less in 2020 (see end of document for more information).

The 2022 Medicare Part B **annual deductible is \$233**. After the annual deductible is satisfied for the benefit period (calendar year), Medicare Part B pays 80% of eligible services and the Highmark Signature 65 Medicare Complement picks up the 20% co-insurance. Medicare Part B's annual deductible may be an eligible expense under Major Medical.

The premium for Medicare Part B is adjusted annually with an effective date of January 1. If you are receiving Social Security, the Medicare Part B premium is automatically deducted from your SSI. If not, you are billed quarterly. The Annuitant Health Care Program (AHCP) program premium, which covers the cost of the Highmark Signature 65 Medicare Complement, is deducted from your SERS check or a designated bank account, depending on your retirement program.

As a result of the Affordable Care Act, Medicare now covers many services without cost to patients, including the new Annual Wellness Visit that was created under the Affordable Care Act. Detailed information about coverage and limitations is available on the Medicare website at <https://www.medicare.gov/> and via the "Medicare What's Covered" mobile app. The annual [Medicare & You booklet](#), available for download from the Medicare website, is a great resource.

Medicare Part D

Your prescription drugs are eligible under the Major Medical portion of the Highmark Signature 65 Medicare Complement." You will be assessed your annual deductible and co-insurance based on the CBA in effect at the

time of retirement. Under the Highmark Signature 65 Medicare Complement, you are required to purchase your prescription(s) based on retail cost and submit for reimbursement. Highmark will reimburse 80% of the eligible services after the Signature 65 Major Medical deductible is satisfied. Once you have satisfied the annual coinsurance limit, Highmark will reimburse at 100%.

If you are eligible for the PASSHE Annuitant Health Care Program (AHCP), you do not need to enroll in Medicare Part D since this is considered “creditable coverage.”

Medicare Summary Notices

If you get a Medicare-covered service, you will get a Medicare Summary in the mail **every 3 months**. The summary shows all your services or supplies that providers and suppliers billed to Medicare during the 3-month period, what Medicare paid, and what you may owe the provider. Review the Medicare summary and your Highmark statement for the following:

- Highmark Medicare Complement plan coordinated and processed accordingly
- Check to ensure that you indeed did receive all services, supplies, or equipment listed
- If there are any denied services, call your doctor’s or other health care provider’s office to make sure they submitted the correct information
- You can view your Medicare Summary Notice within about 24 hours after processing at www.MyMedicare.gov (must register for access).

Travel (health care needed when traveling outside the United States)

Generally speaking, Medicare doesn’t cover health care while traveling outside the U.S. (The “U.S.” includes the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.) There are some exceptions, including cases where Medicare may pay for services you receive while on board a ship within the territorial waters adjoining the land areas of the U.S. Medicare may pay for inpatient hospital, doctor, or ambulance services you get in a foreign country in these rare cases:

- You’re in the U.S. when an emergency occurs, and the foreign hospital is closer than the nearest U.S. hospital that can treat your medical condition.
- You’re traveling through Canada without unreasonable delay by the most direct route between Alaska and another U.S. state when a medical emergency occurs, and the Canadian hospital is closer than the nearest U.S. hospital that can treat the emergency.
- You live in the U.S. and the foreign hospital is closer to your home than the nearest U.S. hospital that can treat your medical condition, regardless of whether an emergency exists. Medicare may cover medically necessary ambulance transportation to a foreign hospital only with admission for medically necessary covered inpatient hospital services. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

If medical assistance/services are required while travelling outside the United States and Medicare does not cover the service(s), secure those medical services and retain all necessary documentation from the provider/facility. When you return to the US, submit copies of the bills and documentation to Highmark Signature 65 Major Medical using the Member Submitted Major Medical claim form (the same form used for Rx reimbursement). Note that foreign claims do not need to be submitted to Medicare for a denial prior to submission to Highmark Blue Shield.

For members who are not yet eligible for Medicare, international claims should be submitted through the Global Core program. Visit www.bcbsglobalcore.com for more information.

Medicare Premium

Medicare Part B's premium can be adjusted based on your annual income. The following is information that has been taken from Medicare's web site which explains how Social Security/Medicare will calculate each individual's rate of premium for Medicare Part B. For complete details and information go to www.medicare.gov.

The standard Part B premium amount in 2022 is \$170.10. Most people pay the standard Part B premium amount. If your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

2022 Medicare Part B Premiums (taken from www.medicare.gov website):

<i>If your yearly income in 2020 (for what you pay in 2022) was</i>			Total monthly premium amount for 2022
File individual tax return	File joint tax return	File married & separate tax return	
\$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	Not applicable	\$238.10
Above \$114,000 up to \$142,000	Above \$228,000 up to \$284,000	Not applicable	\$340.20
Above \$142,000 up to \$170,000	Above \$284,000 up to \$340,000	Not applicable	\$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

For beneficiaries who do not receive Social Security retirement benefits, the Part B premium is billed quarterly.