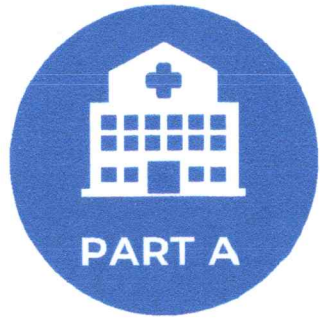


Different Parts of Medicare



PART A

Hospital Insurance

No Premium if the beneficiary meets the requirement



PART B

Medical Insurance

Standard monthly premium
\$164.90



PART C

Medicare Advantage Plans

Must have Parts A & B



PART D

Prescription Drug Coverage

Must enroll in Part A and/or B to enroll in Part D



Medicare Part A

Hospital Insurance helps cover hospital-related services:

- Emergency care
- Hospital care
- Hospice care
- Home health care
- Inpatient care
- Skilled nursing facility care

Individuals are generally responsible for premiums, deductibles & 20% of the coinsurance

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Medicare Part B

Medical Insurance helps cover doctor's visits:

- Primary and Specialist
- Outpatient care
- Home health care
- Durable medical equipment
- Many preventative services

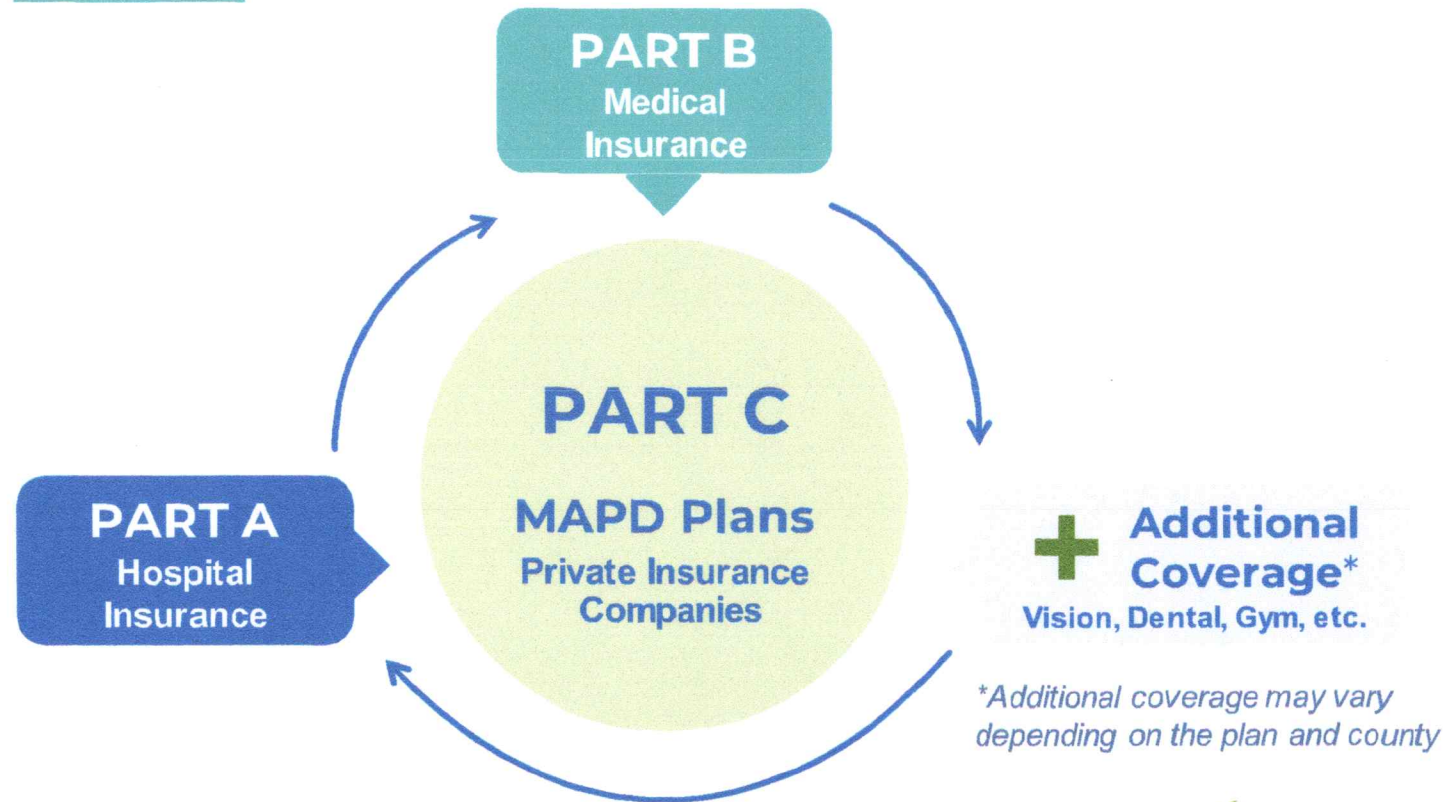
Individuals are generally responsible for 20% of the coinsurance.

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Medicare Part C Coverage



**Additional coverage may vary depending on the plan and county*

MAPD – Medicare Advantage Prescription Drug





Medicare Part C Coverage

- **Medicare approved private insurance companies**
 - Benefits may vary depending on the plan and county
 - Private Insurance companies have contracts
- **Plans may include:**
 - Prescription drug coverage (Part D)
 - Additional coverage (dental, gym, vision, etc.)
- **To apply for Part C, beneficiaries MUST have Medicare Parts A & B**

Medicare Advantage plans follow the rules set by Medicare but are not affiliated nor endorsed by Medicare.

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Original Medicare vs. Medicare Advantage

	Original Medicare	Medicare Advantage
Premium	Most people don't pay a monthly premium for Part A. The premium for Part B will vary based on the individuals' household income.	Varies depending on the plan. All plan enrollees (for specific plan and county) pay the same premium regardless of age or health history.
Doctors	Go to any doctor that accepts Medicare.	Choose a Primary Care Physician (PCP) within the specific Medicare Advantage Plan network.
Specialist	Go to any specialist that accepts Medicare.	Works together with the selected PCP to provide care.
Prescription Drugs	Choose a separate Part D Plan with a monthly premium.	Drug coverage is included in most plans. In many Medicare Advantage Plans, you don't need to join a separate Medicare drug plan.
Health Care Coordination	Medical and Hospital Only. No Part D or Coordinate Care	Medical, hospital, and Prescription drug data is centralized for better coordination.



Medicare Advantage



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It's easier to stay up to date with your immunizations now that **people with Medicare Part D pay nothing out of pocket for even more vaccines.** This means more people with Medicare can get protection against disease and severe illness.

Medicare Part D now covers these vaccines and more at no cost to you:

- Shingles
- RSV
- Tetanus/diphtheria (Td)
- Tetanus, diphtheria, and pertussis (whooping cough) (Tdap)
- Hepatitis A
- Hepatitis B, if you're at low risk for the virus

Also, Medicare still covers flu shots, COVID-19 vaccines, and pneumococcal shots.

COMPA NY	Moop	치과	침술,허리	안경	교통편	보청기	OTC	Flex Card
Aetna Prime II	\$599	\$3,000 Reimburse	Unlimited	\$355 Reimb.	12T	\$1,250	\$135/Q	\$800 운동 & other
Anthem Prime	\$499	\$1,600 N/W	24/12	\$150	20T	\$3,000	\$80/Q	\$500/안경, 치과
Alignment Platinum	\$198	Fee Schedule	Flex Card	\$300	42T	\$1,000 2 year	\$100/Q	\$500/6mo.
Astiva Premier	\$1,900	\$875 (Q) Rollover	96 times Massage 됴	\$300	52T	\$1,000 1 Year	\$50/m. or \$150/Q 치과	Gym \$50/mo.
AARP Focus	\$800	\$1,250 N/W	20/20	\$300	24T	\$99-\$249	\$50/Q	\$155 Reward
Central Premier II	\$1,199	Fee Schedule	\$3,000 까지	\$300	48T	\$2,000	\$50/m	\$25 Grocery
Clevercare Longevity	\$1,700	\$600 (Q) Rollover	\$2,500	\$200	24T	\$600 (1 ear/yr)	\$275/Q (otc, herb, fitness)	\$25 Grocery
Humana Legacy	\$800	\$1,500 N/W	20/12 (\$20 c/p)	\$300	36T	\$399-\$699	\$60/Q	Rewards Act
Scan Classic	\$199	Fee Schedule	30	\$345	32T	\$450-\$750	\$90/Q	

지난 한해동안 안녕히 지내셨는지요? 궁금해 하실 2024 년의 각 보험회사의 Option Coverage 를 간단히 보내드립니다.

***MOOP 는 가입자의 Maximum 내실 금액인데 병원입원 가료가 많을분들은 이 금액이 적은 회사를 선택하십시오.

***AETNA/PRIME II : 치과, 안경이 많아졌고, Flex card \$800.추가—Gym member fee, golf fee, National parking fee, Tennis, Pickle ball, Kayaking, Bowling, Dance class, Camping tent, Hiking pole, Fishing rod, Bowling ball, Ski poles, Snow shoes, Kayaks, Helmet , Knee pads, Jump rope, Yoga mat, Foam rollers, Exercise bikes, /영수증첨부후 신청하면 받음.

***Anthem--Flex card(1)\$500(안경,치과 보청기에사용). (2)의료 안전기구\$500. (3)교통편 60 번. (4)Chronic 환자는 Grocery \$50. (5)Utility \$150/Q

*** Humana/AARP: 운동하는것을 전화기에 등록하시어서 걷기등을 하시면 일년후에 상품권카드 나옵니다.

***Central—침술 사용이 \$3,000 으로 바뀜

***Astiva—96 번 침술, 척추 그리고 Massage 됴/치과는 Roll over 됴으로 \$3500 까지 사용.

***Clever Care—치과 Roll over max. \$2,400/flex \$275(Q)-OTC, FITNESS, HERBAL(한약) 함께사용-No roll over.

***Clever Care & Astiva –회사가 생긴지 오래되지 않아 Center of Medicare 의 별표 등급이 아직 없습니다.

***모든 Grocery 보상은 Chronic condition 있는분께 해당됩니다 (심장, 폐, 신장, 당뇨, 치매, 파킨슨등)

***현재 SCAN/VENTURE /REBATE PLAN 가입자분의 Rebate 액수는 \$86.50 으로, OTC 는 \$65(Q)로 바뀌고 다른 것은 동일—병원입원시 부담액 없어서 가지고 계시길 권장합니다. 다른 플랜 비교 원하시면 알려주세요. \$164.90 Rebate 회사도 있습니다.

전화: (626) 224-2117

이메일: sharonheeja@yahoo.com

궁금한점을 Email 이나 전화, 카톡으로 보내주세요. 항상 응원해주셔서 감사합니다. 샤론 양 드림.

Savings Plan (Part B – Rebate)

Carrier	Alignment	Astiva	Central	Clever Care	Humana	Scan
Plan name	Smart HMO 013	Savings 001	Saving 19	Care Value	Gold Saving	Venture
Rebate amt.	\$164.90	\$164.90	\$120.00	\$130.00	\$100.00	\$86.50
주치의/전문의	0/5	0/0	0/10	0/10	0/25	
Max. out of pocket	\$2,499	\$2,500	\$2,900	\$2,900	\$2,500	\$1,000
In Hospital	\$0	\$200 (d11 - d22)	\$150 (d1 – d5)	\$120 (d1 – d5)	\$175 (d1 – d5)	0
Outpatient hospital	\$50 - \$100	\$75 - \$200 c/p	\$0 - \$225 c/p	0	\$150 - \$250	0-\$25
Skilled nursing	\$100 (d21 – d100)	\$200 (d21 – d100)	\$200 (d21 – d100)	\$188 (d21 – d100)	\$150c/p (d21–d100)	\$100c/p (d21-d100)
Lab/EKG/X-Ray	0	0	0	0	0	0-\$75
CT scan/MRI	0 - \$75	\$75	\$75	\$75	0 - \$75	\$155
Ambulance	\$100 / \$200 Air	\$150	\$150	\$150	\$200	\$90
Emergency	\$70	\$125	\$135	\$110	\$125	0
Urgent care	0	0	0	0	\$10	
교통편 제공	N/C	52t	24t	16t	N/C	\$24
침술/척추	N/C	마사지포함 96 번	Unlimited	\$1,200/한약포함	척추-medicare	24/24
안경	\$200 /1Y	\$125 /2Y	\$150	\$200 /1Y	\$150	\$250 /2Y
OTC/비처방약	\$15 /Q	N/C	\$40 /m. 한방카드	\$100 /Q. card	N/C	\$65 /Q
보청기	N/C	N/C	\$699 - \$999 - /1E	\$600 - 1E/1Y	\$499 - \$799 c/p	\$450-750
치과	Basic	\$250 /Q. - \$1,000 /Y	Fee schedule	\$200 /Q - \$800 /Y	\$500	Fee shchedule
Gym		\$50 /m. card	\$20 /m. card	Flexcard	Silver Sneakers	Silver Sneaker
처방약 Preferred	0/0/30/100/33%/5	0/15/45/98/33%/0	0/0/47/100/33%/0	0/10/47/99/33%/0	0/0/47/100/33%	0/0/35/95/33%/\$11
처방약 Standard			Healthy food. N/C	Flexcard, Gym member, Golf, Grocery \$100, \$25/chronic, OTC, 탁구, 요가, 타이치, 인삼.	Flexcard \$250	

P.P.O. Plan (2024)

양 샤론 (626)224-2117

email: sharonheeja@yahoo.com

Carrier	A.A.R.P.	A.A.R.P.	Anthem	Aetna	Aetna
Plan name	CA 0027 PPO	CA 0027 PPO	PPO (Orange)	Core PPO	Choice PPO
보험료	\$42	\$0	\$163	\$0	\$77
Ded./주치의/전문의	0/0/10	0/0/25	10/35	0/0/30	0/0/30
Max. out of pocket	\$2,900	\$4,500	\$6,700	\$3,900	\$5,500
In-hospital	\$295 (D1-D6)	\$375 (D1-D5)	\$175 (D1-D7)	\$350 (D1-D4)	\$350 (D1-D4)
Outpatient hospital	\$0-\$245	\$0-\$325	\$175	\$350	\$350
Skilled nursing	\$203c/p (D21-D100)	\$203c/p (D21-D100)	\$140c/p (D21-100)	\$10c/p (D1-D20) \$203c/p (D21-D100)	
Lab/EKG/X-Ray Scan/CT/MRI	\$0-\$250c/p	\$0-\$110	\$25-\$75	\$40-295	
Ambulance	\$290	\$215	\$325	\$265	\$275
Emergency	\$135	\$120	\$90	\$120	\$120
Urgent care	\$40	\$40	\$30	\$40	\$40
교통편 제공	N/C	N/C	N/C	N/C	N/C
침술/척추	20/20	N/C	\$15c/p	N/C	N/C
안경	\$300 1Y	\$250 1Y	\$69 Cover	\$150	\$150
O.T.C/비처방약	\$40 (Q)	N/C	안경 N/C	\$45 (Q)	\$45 (Q)
보험기	\$99-\$1,249 2/1Y	\$99-\$1,249 2/1Y		\$1,250	\$1,250
치과	\$1,250	Cleaning, X-ray only		\$1,000 Network	\$1,500 Network PPO
Gym	Renew Active	Renew Active	Silver Sneaker	Silver Sneaker	Silver Sneaker
Podiatry	6T. \$10c/p	6T. \$25c/p	\$35c/p		
처방약 (Preferred)	0/9/47/100/33%	0/12/47/100/33%	\$370Ded.	0/10/20%/50%/33%	0/50/47/100/33%
처방약 (standard)			4/8/42/95/27%/0		
	PERS	NO PERS	P/T \$25c/p	Occupational & P/T \$40 copay	
Reward	\$155				
	Telehealth 0	Telehealth 0		\$600 Activity, Fee, Supply, Equip.	No Activity extra
예방검진 \$0 Copay	T2: Vitamin D(50,000IU), Sildenafil(Viagra), Folic Acid(1mg), Cyanocobalamin(V12)	<ul style="list-style-type: none"> Renal Dialysis; 20% Co-insurance Chemotherapy; 20% Co-insurance Physical Therapy; \$10 Co-pay 		A.A.R.P.	