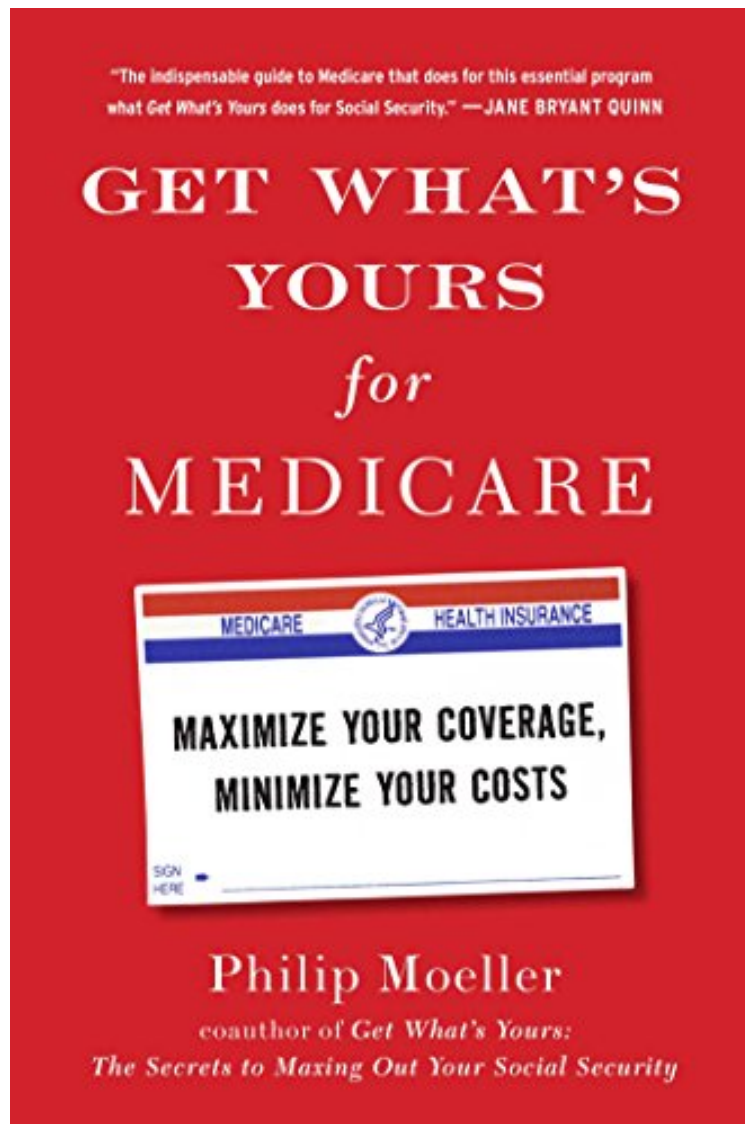


(Library ebook) Get What's Yours for Medicare: Maximize Your Coverage, Minimize Your Costs (The Get What's Yours Series)

## Get What's Yours for Medicare: Maximize Your Coverage, Minimize Your Costs (The Get What's Yours Series)

*Philip Moeller*

*ePub | \*DOC | audiobook | ebooks | Download PDF*



**DOWNLOAD**



**READ ONLINE**

#3739 in Books Simon Schuster 2016-10-04 2016-10-04 Original language: English PDF # 1 8.25 x 1.00 x 5.50l, .0 #File Name: 1501124005304 pages Simon Schuster | File size: 26.Mb

**Philip Moeller : Get What's Yours for Medicare: Maximize Your Coverage, Minimize Your Costs (The Get What's Yours Series)** before purchasing it in order to gauge whether or not it would be worth my time, and all praised Get What's Yours for Medicare: Maximize Your Coverage, Minimize Your Costs (The Get What's Yours Series):

70 of 72 people found the following review helpful. You really have no idea, and the more you know, the less you

knowBy David WinebergFrom those wonderful people who brought you Get What's Yours For Social Security, (see my review) comes the companion volume on Medicare. Social Security handles Medicare registration, which sadly does not simplify the process, and often complicates it as we start those programs at different ages. The bizarre healthcare system, which is the biggest cause of personal bankruptcy in the USA, is not simplified by the act of turning 65 or retiring. The games just change. Hence the screaming need for this book. New games. New hurdles. New penalties. We all need to know what we're getting into, and precious few of us do. Philip Moeller has plumbed the depths for us, and he's not happy about all the entanglements he found. Here are some samples:-Medicare Part B has a 20% copay that is never satisfied. Patients with multiple appointments and procedures continually pay 20%. And 20% these days can bankrupt you by itself.-Only 25% purchase Medigap insurance to cover the copays.-COBRA does not delay the need to sign up for Medicare- Health Savings Account contributions must cease six months prior to Medicare enrollment-Although Social Security will send money anywhere in the world, Medicare is only available in the USA-The penalty for late registration of Part D (drugs) is 1% per month you are late and added to all your monthly payments for life.-On the other hand, if you take no drugs, you save nearly \$1000 a year in the premiums and deductibles of Part D coverage.-Unlike original Medicare, private Medicare Advantage plans usually end at the state line. They are the same sort of network HMO plans we despise, and that many can't wait to abandon for Medicare. But they are subsidized by Medicare (\$10,000 per person) and so have smaller premiums than Medicare.-Even if they've dropped a drug from the formulary, plans are supposed to provide transitional fulfillment, and/or your doctor can apply for a continued supply.-All Part D plans provide free Meds Therapy Management for those with multiple conditions and prescriptions. This can help prevent meds battling each other or causing unintended new conditions.-If a provider tells you in advance you are not covered, you must ask them to file a claim with Medicare anyway. That puts you in the appeals process. If they don't apply, you have nothing to appeal.-Only 1% of appeals come from beneficiaries. 99% come from providers. There is a separate track for beneficiaries that takes them to the head of the line.The endnotes in Get What's Yours for Medicare are much more valuable than usual. They include deep links to the specific webpage where the form or information is available, stats that show how many people choose what plans, how much they spend and so on. They are a valuable tool themselves. There isn't a person in the world who has a complete understanding of Medicare. This book is critical to having an overview of the paths, the pitfalls, and the misconceptions about the program. And fortunately, it is easy and engaging reading.David Wineberg2 of 2 people found the following review helpful. Seven month window is only the first potential gotchaBy Michael M. WaltonThere is more complexity to making the right decisions than one might think. Lots of references for further, individualized research.1 of 1 people found the following review helpful. Great book! True to the facts Easy to understandBy Ms. MaryI bought this book for my husband. He has gotten so much correct info from it. He said, the information in this book by far, has been the most complete yet. If you are confused and not sure if the info you are getting is enough or right on, this is the book for you.

A coauthor of the New York Times bestselling guide to Social Security Get What's Yours authors an essential companion to explain Medicare, the nation's other major benefit for older Americans. Learn how to maximize your health coverage and save money.Social Security provides the bulk of most retirees' income and Medicare guarantees them affordable health insurance. But few people know what Medicare covers and what it doesn't, what it costs, and when to sign up. Nor do they understand which parts of Medicare are provided by the government and how these work with private insurance plans—Medicare Advantage, drug insurance, and Medicare supplement insurance. Do you understand Medicare's parts A, B, C, D? Which Part D drug plan is right and how do you decide? Which is better, Medigap or Medicare Advantage? What do you do if Medicare denies payment for a procedure that your doctor says you need? How do you navigate the appeals process for denied claims? If you're still working or have a retiree health plan, how do those benefits work with Medicare? Do you know about the annual enrollment period for Medicare, or about lifetime penalties for late enrollment, or any number of other key Medicare rules? Health costs are the biggest unknown expense for older Americans, who are turning sixty-five at the rate of 10,000 a day. Understanding and navigating Medicare is the best way to save health care dollars and use them wisely. In Get What's Yours for Medicare, retirement expert Philip Moeller explains how to understand all these important choices and make the right decisions for your health and wealth now—and for the future.

“The indispensable guide to Medicare that does for this essential program what Get What's Yours does for Social Security.” (Jane Bryant Quinn, author of How to Make Your Money Last and Making the Most of Your Money Now)“Medicare, like Social Security, has become ridiculously complicated. Which makes a new book about the health-insurance program all the more valuable. . . . [Get What's Yours for Medicare] should be required reading for everyone approaching age 65.” (Glenn Ruffenach The Wall Street Journal)“Phil Moeller is my pick as travel guide for smarties who had no idea how many potholes we could encounter in the back roads and highways of elder care.” (Ellen Goodman)About the AuthorJournalist Philip Moeller writes about retirement for Money and authors the Ask Phil Medicare column for PBS. He also is a

Research Fellow at the Center on Aging Work at Boston College and the founder of Insure.com, a leading site for insurance information. Excerpt. copy; Reprinted by permission. All rights reserved. Get Yours for Medicare 1 NO ONE TOLD ME Glen didn't retire until he turned 70 in 2010. He and his wife, Margie, were covered until then by his employer's health plan. Glen read the annual Medicare You guide put out by the Centers for Medicare Medicaid Services (CMS). His clear understanding from the guide was that he had been automatically enrolled in Medicare since he turned 65. This was not true. Glen made a big Medicare mistake by not asking anyone to confirm his understanding. In fact, Glen had no Medicare coverage as of 2010. Neither did Margie. But they didn't know this. "No one told me" is a scary cautionary Medicare tale that could be the subtitle of this book. It is repeated in countless calls for help from people like Glen and Margie (not their real names) to Medicare consumer counselors and call-center staffers around the country. And it is voiced even by people who consider themselves otherwise smart and well informed. As it turns out, there can be little about Medicare that is automatic or clear or, especially in the midst of a medical emergency, logical or perhaps even fair. Despite widespread contrary beliefs, people are free never to get Medicare and can simply pay their own health bills without insurance. However, if you forgo Medicare and later change your mind, there can be steep late-enrollment penalties and many months may pass before Medicare insurance takes effect. Even for people who want health insurance, Medicare usually isn't even required at age 65 or, indeed, at any later age, so long as a person—or their spouse—is still working and has group health insurance coverage from a current employer. Social Security is supposed to send out Medicare cards to some people when they turn 65. Maybe it did send out a card to Glen. Maybe he thought this meant he was covered. But this doesn't always happen, especially when a person has not yet started taking their Social Security retirement benefit. There are three really big deals about getting Medicare right: 1. Enroll at the right time. Medicare has a bewildering mix of enrollment periods. You need to use the right one. 2. Choose the right mix of Medicare coverage. There are only two main paths here. One is Original Medicare (Parts A and B), perhaps with a Medigap supplemental policy, plus a Part D prescription drug plan. The other is a Medicare Advantage plan, usually including a Part D plan. 3. Understand what these various parts of Medicare cover and how to use them. For nearly four years, Glen and Margie had no health problems serious enough to have caused them to file a claim with Medicare and learn about their earlier mistake. But then, in 2014, Margie got sick and was diagnosed with terminal cancer. They then began trying to file claims for what eventually would be enormous medical expenses. That's when they found out that neither of them had Medicare coverage. Glen called the nonprofit Center for Medicare Advocacy seeking help. Glen had missed his original window to sign up for Medicare after he retired in 2010. Margie may have assumed she was automatically covered by Medicare as well. The details aren't clear, although it became clear in hindsight that they never really understood that there is no family coverage under Medicare, as is routinely the case with employer health insurance. Glen and Margie needed to file individually for Medicare. When they realized their error in 2014, they had missed one of the many enrollment periods available during the year, and were told they had to wait until the beginning of 2015 to file for Medicare. Under its rules, their coverage would not become effective until July 2015. Glen and Margie had to face her cancer with no insurance whatsoever. Instead of being able to focus on Margie's care and spending as much quality time with her as possible, Glen's life instead included the prospect of crushing medical bills and the need to worry about how he would pay for his wife's care. Medical expenses are, sadly, a leading cause of personal bankruptcy. After the center said it had no immediate solution to their problem, Glen broke off contact. More than a year later, the center reached him again. "He is a defeated man," a staffer recalled. "Things had turned out terribly. He did, indeed, lose his wife." And he still didn't know if he had Medicare. CAROL The Medicare rules say that private Medicare Advantage insurance plans must cover at least the same things that Original Medicare (Parts A and B) covers. Many people naturally assume this means the two approaches to Medicare are the same. Big mistake. Carol's husband, Ernesto, had a Medicare Advantage plan in Texas, when he was diagnosed in June 2014 with pancreatic cancer. Little more than six months later, Ernesto would be dead following complications from surgery. During this time, when Carol wanted to spend as much time as possible with her partner, she instead had to fight insurance company rules and respond to unexpected surprises about what his Medicare Advantage plan did not cover. Her problems stemmed from the fact that Medicare Advantage plans restrict coverage to those doctors, hospitals, and other caregivers who are in the plan's provider network. Original Medicare, by contrast, insures covered medical services from any provider who accepts Medicare. When Carol was forced to take over as the main caregiver for her husband, she didn't know about these restrictions. Even after she learned about some limitations, new ones kept cropping up. "The gastroenterologist who diagnosed my husband met with us, explained the diagnosis, and called MD Anderson [the University of Texas MD Anderson Cancer Center] to refer him to a specialist. He was told that neither the doctor nor the facility accepted Medicare Advantage. Medicare, yes; Medicare Advantage no," she recalls. His insurer said it could not help her find a center with pancreatic cancer expertise, and that Carol would have to make these calls herself, which she did. "All the time I took to figure out how to track down information, and to do it, took time away from being with my husband. We even found that the local oncologist we chose told us that he would accept the plan and was in-network," she adds, "but for the entire six months he

saw my husband for chemotherapy and related studies," the benefit statements from the insurer showed he was not. Inaccurate billing statements flew back and forth, making it impossible for Carol to keep up with expenses and payment schedules. "In the meantime we paid bills, got refunds, and completely lost track—if there really was a track—of where we were on the maximum out-of-pocket payments," she says. "Incidentally, this was not how I wanted to spend my time, and was not what either my husband or I needed in order for him to continue to live well and enjoy life as long as he possibly could." Carol, not surprisingly, thinks that no one should ever get a Medicare Advantage plan. But millions of people do and find no problems with their coverage and service. However, if a serious medical issue arose, they may be no more equipped to deal with possible shortcomings in their plans' provider network than was she. "It can be difficult in the midst of a crisis to figure out what you can control and what you cannot," she cautions. "My husband and I shared a great life," Carol now says. "He lived well up until the moment he died, and even his manner of dying was a gift to me. Mostly what I relive are warm and appreciative memories. Occasionally, of course, the bad stuff surfaces. . . ."

**PHYLLIS** Let this story be your cautionary guide for the more practical roadblocks that Medicare may erect. Phyllis is pretty much always the sharpest tack in the box. While she loved being a partner in a big corporate law firm, she finally retired from the firm when she turned 75. Like many sharp tacks, however, Phyllis was no match for Medicare. And when she explained her problems to me, she repeatedly used the phrase "No one told me." Fortunately, Phyllis's efforts to properly enroll in and use Medicare have not had disastrous consequences—no financial or health care catastrophes. She got covered in time, seems to have avoided late-enrollment penalties, and more or less got the coverage she wanted. But as she makes clear, these results are due primarily to her remaining healthy and needing to take a grand total of one prescription medication—an inexpensive blood pressure pill. Phyllis's employer did provide her notice of the impending end of her employer health coverage. But its statement did not explain the specifics of her existing coverage and the things she would need to replace with Medicare. Phyllis never would assume what a legal client needed or how opposing lawyers might behave. But she, like too many other Medicare newcomers, did assume that Medicare was a relatively straightforward process. "I absolutely did not make that assumption, she recalls. "My assumption was that thirty days or so before I needed Medicare, I could go and apply and everything would be taken care of. At the outset, she did not know she needed to contact Social Security and not Medicare to enroll in Medicare. She did not know about prescription drug coverage or that it was called Part D of Medicare. She did not even know that Medicare Advantage plans existed. And she did not know that her cell phone needed to have a full charge before calling Medicare for help, because her wait times often would be so long that her phone would run out of juice while she was still on hold! No one told her. "I had Part A," because she already was receiving Social Security retirement benefits. "I thought all I needed was Part A. I thought I could get Part B automatically. I did not know I needed to apply to Social Security for Part B." Phyllis's first phone call with the Social Security Administration (SSA) began to make her see that thirty days was a laughably short time frame, even for someone as skilled as she in figuring out how things worked. Social Security, it turns out, does a lot of Medicare enrollment work and is the official Medicare traffic cop when it comes to determining if people have enrolled for various parts of Medicare on a timely basis. Adding Part B, which covers doctors, outpatient and medical equipment expenses, along with Part A hospital insurance, would provide her with what's called Original Medicare coverage. It also would qualify her to purchase other types of Medicare insurance, including a Part D drug plan and either a Medigap policy or a Medicare Advantage plan. After waiting on hold for more than an hour, Phyllis was told by the SSA representative that she could apply for Part B online. She was uncomfortable with that, so the rep provided her detailed instructions about how to download and complete a Part B application form. This guidance included how she should address and mark the envelope to make sure it went to the right place. She did this weeks in advance of her employer coverage ending. After waiting and waiting for a response, she finally called the local office again, waited on hold for more than an hour a second time, and was told no one at that office had ever seen her application form. During the first of what became three trips to a Social Security office, Phyllis tried to sign up for Medicare. The office was located in a congested area, with street parking whose meters permitted no more than two hours of parking time. So, Phyllis thought it would be prudent if she scheduled an appointment. The Social Security website provides information on how to do this, but she was told by someone in the local office that it did not do visits by appointment. Being a walk-in, as she later learned, guaranteed long delays. And when she wanted to go refill her parking meter and avoid a possible parking ticket, she was told she would lose her place in line if she left the office. Phyllis found another Social Security office farther away, where parking was not a problem. While she was signing up for Part B, no one told Phyllis about the need for Part D prescription drug coverage or even about the existence of Medicare Advantage plans, which are formally designated as Part C of Medicare. They have become an increasingly popular alternative to Original Medicare, and now are the choice of more than 30 percent of Medicare users. More than 40 million people have Part D drug plans. But the first that Phyllis learned about signing up for a Part D plan was shortly before being dinged with a late-enrollment penalty. Four months after signing up, she had still not seen any evidence that she actually had a Part D plan, and acknowledged that penalties might still be possible. Phyllis wound up with Original Medicare, the hoped-for Part D

plan, and a Medigap policy. This is one of two classic paths into Medicare. The other involves a Medicare Advantage plan, usually bundled with Part D drug coverage. She later admitted she chose her Medigap insurer because it was the only company that answered the phone when she called. "All my assumptions were wrong," she says. Although her coverage didn't begin until August 2015, Phyllis quickly realized she might have made key mistakes, and began a new round of research to get ready for Medicare's annual open enrollment period, which runs each year from October 15 to December 7. Open enrollment is the annual equivalent of a Medicare do-over. It permits people to choose new plans, usually with no adverse coverage or pricing consequences. It's a great deal, but like much else about Medicare, people often don't understand how it works. No one told them. Read on, and consider yourself told.