

THE Resource CENTER

1505 Avenue D
&
935 Lake Elmo
Billings, MT
(406)259.5212

Medicare A-

In-hospital cost – after \$1,408 deductible for 1-60 days - Extended and lifetime reserve hospital days have additional coinsurance.

Skilled Nursing Facilities -\$0 for 1-20 days/ 21- 100 days \$176 per day copay.

Home Health for home bound patients-medically necessary- to get you better – Covered 100%

Hospice Care for the terminally ill. Covered 100% except \$5 copay for outpatient Rx for pain and symptom management & 5% of in-patient respite care

Medicare B -

Physicians services, outpatient hospital services, lab services, X-ray, physical/speech/ occupational therapy, some vaccinations, limited ambulance service, durable equipment and additional services – see Medicare and You 2020 for complete details. Annual deductible of \$198 and then a 20% copay.

Medicare Supplemental (Medigaps)-

Private insurance that for an additional premium will cover the cost of copays and deductibles for Medicare A&B covered services.

Medicare C – Medicare Advantage –

Medicare and copay/deductible coverage from *private insurance source* – replaces original Medicare but must provide at a minimum all the same services as original Medicare. May change copay/deductible cost to the beneficiary. May cover services not offered by original Medicare.

Medicare D – Medicare Prescription Drug Program-

Private insurance that provides prescription drug cost assistance. Plans generally have a premium, deductible, and copays that the beneficiary pays. Most plans have a limited initial coverage amount after which the beneficiary pays greater cost share until they reach “catastrophic” level.

For all forms of private Medicare insurance you must maintain your enrollment in Medicare A and/or B. Generally there is no monthly premium cost for Medicare Part A. Currently the Medicare Part B premium is \$144.60 Medicare beneficiaries with annual single income of \$85,000/couple incomes of \$170,000 or greater in 2018 will face additional premium costs in 2020.

Medicare 2020

Two options are available: Original Medicare or a Health Plan

OR

| ORIGINAL MEDICARE | |
|-----------------------------------|---|
| Part A (hospital) | Part B (medical) |
| No premium for most people | Monthly premium of \$144.60 |
| \$1,408 deductible/benefit period | \$198 deductible/yr Penalty for late enrollment. May opt-out with primary employer coverage. |
| No copay for days 1-60. | 20% copay |

PLUS

| Prescription Drug Coverage |
|--|
| Also known as Part D |
| Monthly premiums vary by plan. |
| Deductible may apply. |
| Medicare approved private companies. |
| Open enrollment - when you first become eligible for medicare. |
| Penalty applies for late enrollment. |
| Plans cover different drugs. |
| * Review your coverage each year. |
| May change - Oct 15 - Dec 7. |

PLUS

| Supplemental/Medigap |
|---|
| Optional private plans which may be purchased for gaps in Parts A & B coverage. |
| Open enrollment - coincides with Part B coverage & continues for 5 mos after 65th birth month. |
| Monthly Premiums vary by company & plan (A-N). |
| Medicare covered services &/or deductibles are paid, depending on the plan you choose. |
| Does NOT work with Health plans or cover prescriptions. |



Check **2020 Medicare & You** for details.

| MEDICARE HEALTH PLANS |
|--|
| Advantage Plans or Part C |
| Private insurance which combines Part A (hospital) & Part B (medical) of Original Medicare - must cover the minimum of all services. |
| Monthly premiums, copays & deductibles vary depending on the individual plan. |
| ONE year trial - previous medigap policy can be recovered, or new one purchased, with return to original medicare within first year. |
| Plans may include preventive benefits for: Dental, Hearing, Vision &/or Health club memberships. |
| * Review your coverage each year. |
| May enroll or change plans: Oct 15- Dec 7 each year. |
| May include a prescription plan. If not, you may add Part D. |

BENEFIT CHART OF MEDICARE SUPPLEMENT PLANS

Note: ✓ = policy covers 100% of benefit
 % = policy covers that percentage of the benefit
 Blank = policy does not cover that benefit

| BENEFITS | Plans Available to All Applicants | | | | | | | | Medicare Newly Eligible before 2020 | |
|--|-----------------------------------|---|---|----|-----------|-----------|-----|------|-------------------------------------|----|
| | A | B | D | G* | K | L | M | N | C | F* |
| Part A: Coinsurance & hospital costs (up to an additional 365 days after Medicare benefits are used) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Part B: Coinsurance or copay | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Blood (First 3 pints) | ✓ | ✓ | ✓ | ✓ | 50% | 75% | | ✓*** | ✓ | ✓ |
| Part A: Hospice care coinsurance or copay | ✓ | ✓ | ✓ | ✓ | 50% | 75% | | ✓ | ✓ | ✓ |
| Skilled nursing facility care coinsurance | | | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ |
| Part A deductible | | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ | ✓ | ✓ |
| Part B deductible | | | | | | | | | ✓ | ✓ |
| Part B excess charges | | | | ✓ | | | | | | ✓ |
| Foreign travel emergency | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ |
| Out-of-pocket yearly limit | | | | | \$5,880** | \$2,940** | | | | |

Core benefits pay the patient's share of Medicare's approved amount for physician services 20% after a \$198 annual deductible in 2020, the patient's cost of a long hospital stay (\$352/day for days 61-90, \$704/day for days 91-150, all approved costs not paid by Medicare after day 150 to a total of 365 days lifetime) and charges for the first three pints of blood not covered by Medicare.

*Plans F and G also offer a High Deductible option which require first paying a plan deductible of \$2,340 in 2020 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. Plan G High Deductible does not cover the Medicare Part B Deductible. However, high deductible G counts your payment of the Medicare Part B deductible toward meeting the plan deductible.

**Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

***Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that do not result in an inpatient admission.

Rates - By Age

Non Tobacco Rates (Annual Premium)

Age 65

Plans

| Insurance Company Name† | A | B | C | D | F | FHD | G | K | L | M | N |
|--|---------|---------|---------|---------|---------|-------|---------|---------|---------|---------|---------|
| American Retirement Life Insurance Co | \$1,470 | NA | NA | NA | \$1,737 | NA | \$1,475 | NA | NA | NA | \$1,099 |
| Americo Financial Life and Annuity Insurance Co | \$1,404 | NA | NA | NA | \$1,737 | NA | \$1,362 | NA | NA | NA | \$1,103 |
| Assured Life Association | \$1,508 | \$1,741 | \$2,140 | \$1,648 | \$2,192 | NA | \$1,624 | NA | NA | NA | \$977 |
| Bankers Fidelity Life Ins Co (Issue Age - Plans A, F & F HD) | \$1,620 | NA | NA | NA | \$2,329 | \$551 | \$1,575 | \$857 | NA | NA | NA |
| Blue Cross Blue Shield of Montana | \$1,396 | NA | \$1,934 | NA | \$1,960 | \$893 | \$1,521 | NA | NA | \$1,644 | \$1,417 |
| Central States Health & Life Co. of Omaha | \$1,209 | NA | \$1,543 | NA | NA | NA | \$1,221 | NA | NA | NA | \$1,027 |
| Colonial Penn Life Insurance Co | \$1,980 | \$1,809 | NA | NA | \$2,243 | \$374 | \$1,574 | \$614 | \$1,310 | \$1,631 | \$1,062 |
| Continental Life Insurance Co of Brentwood, TN | \$1,298 | \$1,328 | NA | NA | \$1,804 | \$604 | \$1,329 | NA | NA | NA | \$1,045 |
| Globe Life And Accident Insurance Co | \$943 | \$1,456 | \$1,712 | NA | \$1,718 | \$387 | \$1,519 | NA | NA | NA | \$1,287 |
| GPM Health and Life Insurance Co | \$1,215 | NA | NA | NA | \$1,663 | NA | \$1,288 | NA | NA | NA | \$1,042 |
| Guarantee Trust Life Insurance Co | \$1,368 | NA | NA | NA | \$1,734 | NA | \$1,408 | NA | NA | NA | \$1,135 |
| Humana | \$1,505 | \$1,638 | \$2,057 | NA | \$2,099 | \$532 | NA | \$883 | \$1,254 | NA | \$1,396 |
| Humana Dental Insurance Co | \$1,299 | NA | NA | NA | \$1,727 | \$552 | \$1,289 | \$646 | NA | NA | \$1,197 |
| Individual Assurance Co, Life, Health & Accident | \$1,524 | NA | NA | NA | \$1,797 | NA | \$1,270 | NA | NA | NA | \$1,074 |
| Order of United Commercial Travelers of America (UCT) | \$1,769 | \$2,290 | \$2,560 | \$2,231 | \$2,732 | NA | \$2,157 | NA | NA | NA | \$1,877 |
| Renaissance Life & Health Insurance Co of America | \$1,205 | NA | NA | NA | \$1,568 | NA | \$1,283 | NA | NA | NA | \$1,093 |
| Reserve National Insurance Co | \$1,798 | NA | \$2,024 | NA | \$1,785 | \$633 | \$1,562 | NA | NA | NA | \$1,289 |
| S. USA Life Insurance Co, Inc. | \$1,293 | NA | NA | NA | \$1,602 | NA | \$1,318 | NA | NA | NA | NA |
| Sentinel Security Life Insurance Co | \$1,282 | \$1,410 | \$1,738 | \$1,406 | \$1,877 | NA | NA | NA | NA | NA | NA |
| State Farm Mutual Automobile Insurance Co | \$1,102 | NA | \$1,725 | \$1,434 | \$1,742 | NA | \$1,437 | NA | NA | NA | \$1,100 |
| Thrivent Financial for Lutherans | \$1,216 | \$1,262 | \$1,491 | \$1,283 | \$1,618 | \$312 | \$1,291 | NA | \$919 | \$1,213 | NA |
| Transamerica Life Insurance Co (Issue Age) | \$1,078 | \$1,424 | \$1,684 | \$1,557 | \$1,694 | NA | \$1,556 | \$776 | \$1,151 | \$1,418 | \$1,333 |
| United American Insurance Co | \$1,195 | \$1,908 | \$2,256 | \$2,080 | \$1,988 | \$343 | \$1,816 | \$1,009 | \$1,416 | NA | \$1,711 |
| United Healthcare Insurance Co (AARP) (Community Rated) | \$1,008 | \$1,486 | \$1,776 | NA | \$1,788 | NA | \$1,407 | \$540 | \$1,033 | NA | \$1,185 |
| USAA Life Insurance Company | \$1,278 | NA | NA | NA | \$1,798 | NA | \$1,326 | NA | NA | NA | \$1,246 |
| Western United Life Assurance Co | \$1,280 | NA | \$1,715 | NA | \$1,731 | NA | \$1,284 | NA | NA | NA | \$1,120 |

NA = Plan Not Available

†Only companies that chose to respond to our survey are included.

NOTE: Premiums are Attained Age unless otherwise stated. Your premiums may be higher depending on other factors & tobacco use.
Effective Dates for Rates are provided on the Company Contact page. Rates can change anytime throughout the year.

Additional Ages are available on our website at www.csimt.gov

| 2020 | Blue Cross Medicare Advantage Classic (PPO) SM | | Blue Cross Medicare Advantage Optimum (PPO) SM | |
|---|--|---------------------------|--|------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Plan Premium | \$40 | | \$131 | |
| Doctors Office Visits | | | | |
| Primary Care Provider | \$15 copay | 50% coinsurance | \$10 copay | 50% coinsurance |
| Specialist | \$45 copay | 50% coinsurance | \$35 copay | 50% coinsurance |
| Prescription Drug Copay | Tier 1: \$0 – \$5 copay Full coverage of Tier 1 in gap | | Tier 1: \$0 – \$5 copay Full coverage of Tier 1 in gap | |
| Prescription Drug Deductible | \$435 Deductible Tiers 4 & 5 | | \$435 Deductible Tiers 4 & 5 | |
| Extra Health & Wellness Benefits | | | | |
| Optional Supplemental Benefits Premium | \$31.40* | | not available | |
| Dental | | | | |
| Preventive | *\$0 copay per visit; 2 exams, 2 cleanings, 1 X-ray | | \$0 copay 2 exams, 2 cleanings, 1 X-ray | |
| Comprehensive | *50% Basic Restorative; 70% Major Restorative \$1,000 Annual Maximum | | \$0 copay \$500 Annual Maximum | |
| Vision | | | | |
| Eye Exam | *\$0 copay | *\$40 allowance | \$0 copay | \$40 allowance |
| Eye Wear | *\$150 per year allowance | *\$150 per year allowance | \$100 two-year maximum | \$100 two-year maximum |
| Hearing | | | | |
| Hearing Exam | *\$0 copay | | not covered | |
| Hearing Aids | *\$1,000 three-year maximum | | | |
| Over-the-Counter (OTC) Purchase Allowance | \$50/quarterly | | not available | |
| Free SilverSneakers® Fitness Program | ✓ | | ✓ | |
| 24/7 NurseLine | ✓ | | ✓ | |
| Rewards & Incentives | ✓ | | ✓ | |

* These benefits only available with Optional Supplemental Benefit package and additional premium.

NOTE: Services with a * may require prior authorization from your doctor.

INPATIENT CARE**Inpatient Hospital Care***

- Our plan covers an unlimited number of days for an inpatient hospital stay.
- In-network: \$360 copay per day for days 1-5; \$0 copay per day for days 6-90; \$0 copay per day for days 91 and beyond
 - Out-of-network: 50% of the total cost per stay

- Our plan covers an unlimited number of days for an inpatient hospital stay.
- In-network: \$275 copay per day for days 1-5; \$0 copay per day for days 6-90; \$0 copay per day for days 91 and beyond
 - Out-of-network: 50% of the total cost per stay

OUTPATIENT CARE AND SERVICES**Outpatient Hospital Care/Surgery***

- Outpatient hospital
- In-network: \$0-\$250 copay
 - Out-of-network: 50% of the total cost
- Ambulatory surgical center
- In-network: \$200 copay
 - Out-of-network: 50% of the total cost

- Outpatient hospital
- In-network: \$0-\$240 copay
 - Out-of-network: 50% of the total cost
- Ambulatory surgical center
- In-network: \$190 copay
 - Out-of-network: 50% of the total cost

NOTE: Services with a * may require prior authorization from your doctor.

Skilled Nursing Facility (SNF)*

Our plans cover up to 100 days in a SNF.

- In-network: \$0 copay per day for days 1-20; \$178 copay per day for days 21-100
- Out-of-network: 50% of the total cost per stay

- In-network: \$0 copay per day for days 1-20; \$178 copay per day for days 21-100
- Out-of-network: 50% of the total cost per stay

Outpatient Rehabilitation*

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)

- In-network: \$50 copay
 - Out-of-network: 50% of the total cost
- Occupational therapy visit
- In-network: \$40 copay
 - Out-of-network: 50% of the total cost

- In-network: \$50 copay
 - Out-of-network: 50% of the total cost
- Occupational therapy visit
- In-network: \$40 copay
 - Out-of-network: 50% of the total cost

Physical therapy and speech and language therapy visit

- In-network: \$40 copay
- Out-of-network: 50% of the total cost

- Physical therapy and speech and language therapy visit
- In-network: \$40 copay
 - Out-of-network: 50% of the total cost

2020 Health Plan Benefits at a Glance

Humana Gold Plus® H6622-007 (HMO) Big Sky

| Plan Costs | With Medicare Only In - Network | With Medicare & State Cost-Share Protection |
|--|---|---|
| Monthly plan premium | \$44 | \$0 |
| Annual out-of-pocket maximum | \$4,900 | \$0 |
| Doctor Office Visits | | |
| Primary care provider (PCP) | \$0 copay | \$0 copay |
| Specialist | \$50 copay | \$0 copay |
| Preventive Care | | |
| Including: Medicare covered screenings | Covered at no cost when you see an in-network provider | \$0 copay |
| Inpatient Care | | |
| Acute inpatient hospital care | \$295 copay per day for days 1-5 \$0 copay per day for days 6-90 | \$0 deductible \$0 copay per day for days 1-60 \$0 copay per day for days 61-90 \$0 copay per day for days 91-150 |
| Lab Services | | |
| Lab tests from lab facility | \$10 copay | \$0 copay |
| Lab tests from outpatient hospital facility | \$10 copay | \$0 copay |
| Outpatient Care | | |
| Outpatient surgery at ambulatory surgical center | \$200 copay | \$0 copay |
| Physical therapy at therapy facility | \$40 copay | \$0 copay |
| X-rays at outpatient hospital facility | \$100 copay | \$0 copay |
| Diagnostic testing at outpatient hospital facility | \$100 copay | \$0 copay |
| Mental Health Services | | |
| Inpatient psychiatric hospital | \$260 copay per day for days 1-5 \$0 copay per day for days 6-90 | \$0 deductible \$0 copay per day for days 1-60 \$0 copay per day for days 61-90 \$0 copay per day for days 91-150 \$0 copay per day for days 150-190; 190 day lifetime limit in a psychiatric facility |
| Specialist's office | \$40 copay | \$0 copay |
| Outpatient hospital | \$100 copay | \$0 copay |
| Partial hospitalization | \$55 copay | \$0 copay |

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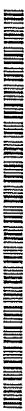
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Emergency Services

| | | |
|---|---------------------------|-----------|
| Urgently needed services at an urgent care center | \$35 copay | \$0 copay |
| Ground ambulance services | \$265 per date of service | \$0 copay |
| Emergency room | \$90 copay | \$0 copay |

Additional Benefits & Programs

| | | |
|-----------------------------------|---|--|
| Routine dental services DEN111 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details | |
| Routine vision services VIS734 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details | |
| Over-the-Counter (OTC) mail order | \$0 copay; up to \$25 every 3 months | |
| SilverSneakers® fitness program | Included | |
| Well Dine Meal Program | Included | |
| Routine hearing services HER937 | Included - cost share may apply. Please refer to the Summary of Benefits for additional details | |
| Rewards and Incentives by Humana | Rewards for completing preventive health screenings/activities | |



2020 Health Plan Benefits at a Glance

HumanaChoice® H5216-089 (PPO) Montana

| Plan Costs | With Medicare Only In - Network | With Medicare only Out-of-Network | With Medicare & State Cost-Share Protection |
|--|---|---|---|
| Monthly plan premium | \$68 | | \$0 |
| Annual out-of-pocket maximum | \$6,700 | \$10,000 combined | \$0 |
| Doctor Office Visits | | | |
| Primary care provider (PCP) | \$15 copay | 50% of the cost | \$0 copay |
| Specialist | \$45 copay | 50% of the cost | \$0 copay |
| Preventive Care | | | |
| Including: Medicare covered screenings | Covered at no cost when you see an in-network provider | Cost-sharing may apply for out-of-network providers | \$0 copay |
| Inpatient Care | | | |
| Acute inpatient hospital care | \$360 copay per day for days 1-5 \$0 copay per day for days 6-90 | 50% of the cost | \$0 deductible \$0 copay per day for days 1-60 \$0 copay per day for days 61-90 \$0 copay per day for days 91-150 |
| Lab Services | | | |
| Lab tests from lab facility | \$15 copay | 50% of the cost | \$0 copay |
| Lab tests from outpatient hospital facility | \$40 copay | 50% of the cost | \$0 copay |
| Outpatient Care | | | |
| Outpatient surgery at ambulatory surgical center | \$200 copay | 50% of the cost | \$0 copay |
| Physical therapy at therapy facility | \$40 copay | 50% of the cost | \$0 copay |
| X-rays at outpatient hospital facility | \$95 copay | 50% of the cost | \$0 copay |
| Diagnostic testing at outpatient hospital facility | \$95 copay | 50% of the cost | \$0 copay |

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Mental Health Services

| | | | |
|--------------------------------|---|-----------------|--|
| Inpatient psychiatric hospital | \$318 copay per day for days 1-5 \$0 copay per day for days 6-90 | 50% of the cost | \$0 deductible \$0 copay per day for days 1-60 \$0 copay per day for days 61-90 \$0 copay per day for days 91-150 \$0 copay per day for days 150-190; 190 day lifetime limit in a psychiatric facility |
| Specialist's office | \$40 copay | 50% of the cost | \$0 copay |
| Outpatient hospital | \$95 copay | 50% of the cost | \$0 copay |
| Partial hospitalization | \$55 copay | 50% of the cost | \$0 copay |

Emergency Services

| | | | |
|---|---------------------------|---------------------------|-----------|
| Urgently needed services at an urgent care center | \$25 copay | 50% of the cost | \$0 copay |
| Ground ambulance services | \$265 per date of service | \$265 per date of service | \$0 copay |
| Emergency room | \$90 copay | \$90 copay | \$0 copay |

Additional Benefits & Programs

| | | | |
|-----------------------------------|--|--|--|
| Over-the-Counter (OTC) mail order | \$0 copay; up to \$25 every 3 months | | |
| SilverSneakers® fitness program | Included | | |
| Well Dine Meal Program | Included | | |
| Rewards and Incentives by Humana | Rewards for completing preventive health screenings/activities | | |



2020 PacificSource Medicare Advantage

| Network | | MyCare™ Choice Rx 29 (HMO-POS) | |
|--|--|--------------------------------------|------|
| Benefit Highlights | | In-network | Out- |
| Monthly Premium | | \$10 | |
| Medical Deductible | | You pay: | |
| Primary Care Office Visit | | \$0 | |
| Specialist Office Visit (referrals not required) | | \$40 | |
| Inpatient Hospital Care | | \$360/day (1-5) \$0/day (6+) | |
| Outpatient Surgery | | \$360 | |
| Skilled Nursing Facility (SNF) | | \$0/day (1-20) \$178/day (21-100) | |
| Diagnostic Lab | | \$0-\$40 | |
| Diagnostic X-ray | | \$40 | |
| Advanced Diagnostics (e.g., MRI, CT, PET) | | \$300-\$450 | |
| Physical Therapy | | \$40 | |
| Durable Medical Equipment (DME) | | 20% | |
| Ambulance (worldwide coverage) | | Ground: \$275 Air: 20% | |
| Emergency (worldwide coverage) | | \$90 | |
| Urgent Care (worldwide coverage) | | \$40 | |
| Part B Drugs (for example, chemotherapy) | | 20% | |
| Annual Out-of-pocket Maximum (this is not a deductible) | | \$4,950 | |
| Extra Benefits | | You pay: | |
| Annual Physical | | \$0 | |
| Routine Vision Exam, once every 2 years | | \$40 | |
| Reimbursement for eyeglasses every 2 years | | \$200 reimbursement | |
| Hearing Aid Benefit (see page 9 for details) | | Included | |
| The Silver&Fit Program | | \$0 | |
| Part D Prescription Drugs (see page 6 for details) | | Included | |

These plans are available to residents of Yellowstone County, Montana

This is a brief summary. Contact us for plan details or to see a plan's Summary of Benefits.

e Plans at a Glance

| | MyCare™ 30 (HMO) |
|---------------------------------|---|
| of network | In-network |
| | \$0 |
| | You pay: |
| | \$0 |
| 50% | \$0 |
| | \$30 |
| 50% | \$295/day (1-5) |
| | \$0/day (6+) |
| 50% | \$295 |
| 50% | \$0/day (1-20) |
| | \$178/day (21-100) |
| | \$0-\$40 |
| 50% | \$20 |
| | \$300-\$400 |
| 50% | \$30 |
| 50% | 20% |
| | Ground: \$275 |
| | Air: 20% |
| | \$90 |
| | \$40 |
| 50% | 20% |
| benefit limit, an emergency. | \$5,500 |
| | You pay: |
| 50% | \$0 |
| 50% | \$30 |
| | \$200 reimbursement |
| t covered | Included |
| | \$0 |
| | Not covered. |
| | You cannot combine Medicare Part D prescription drug coverage from any other company with this plan. |

Getting the Care You Need



We partner with doctors, medical centers, and hospitals to ensure our members get the best care possible. With a PacificSource Medicare plan, you can choose from a network of doctors who accept Medicare in your area.

Find providers in your area: www.Medicare.PacificSource.com

PacificSource and Billings Clinic: Working Together for You

We've partnered with Billings Clinic to make sure you get the quality healthcare you deserve. Montana's largest healthcare organization, Billings Clinic offers:

- 400+ physicians and advanced practitioners
- The region's largest multi-specialty group practice with over 50 specialties
- A 304-bed hospital
- A level II emergency and trauma center

In-network Hospitals and Clinics

- Billings Clinic
- Billings Clinic Cancer Center
- Billings Clinic Express Care
- Billings Clinic Surgery Center
- Billings Clinic Home Oxygen and Medical Equipment
- Advanced Care Hospital
- Dialysis Clinic, Inc., Billings



Additional providers and facilities specializing in the following:

- Behavioral Health
- Skilled Nursing
- Chiropractic
- Physical Therapy

And more

Plus, worldwide coverage for urgent care, emergency care, and ambulance.
In case of emergency, you can go to any hospital near you for care.

Part D Prescription Drug Benefits Included in the Following Plans

MyCare™ Choice Rx 29 (HMO-POS)

Stage 1

| | |
|--|-------|
| Pharmacy Deductible Tiers 1, 2, and 6 | \$0 |
| Pharmacy Deductible Tiers 3, 4, and 5 | \$295 |

Stage 2

When the total drug costs* are between \$0 and \$4,020, you pay:

| Pharmacy* Supply | Preferred Retail 30/90-day | Standard Retail 30/90-day | Preferred Mail Order 90-day SAVE! |
|--|-------------------------------|------------------------------|---|
| Tier 1 Preferred Generic | \$3/\$9 | \$8/\$24 | \$0 |
| Tier 2 Generic | \$12/\$36 | \$17/\$51 | \$24 |
| Tier 3 Preferred Brand | \$37/\$111 | \$47/\$141 | \$74 |
| Tier 4 Nonpreferred | 31% | 33% | 31% |
| Tier 5 Specialty (30-day supply only) | 27% | 27% | N/A |
| Tier 6 Select Care | \$0 | \$0 | \$0 |

Stage 3 ("coverage gap")

After total drug costs* reach \$4,020, you pay:

| | |
|---------------------|-------------------------|
| Most Generic | 25% |
| Most Brand | 25% |
| All Drugs in Tier 6 | \$0 during coverage gap |

Stage 4

After your out-of-pocket costs reach \$6,350,
the maximum you pay until the end of the calendar year is:

Whichever is the larger amount:

5% of the cost

OR

\$3.60 for generic drugs

\$8.95 all other drugs

All Covered Drugs

To find out what tier your medication is in, visit www.Medicare.PacificSource.com.

*Your cost may differ relative to the pharmacy's status as preferred or standard, mail order, long-term care, home infusion, or quantity.



1505 Avenue D 935 Lake Elmo Dr.
 Billings MT, 59102 Billings, MT 59105
 406.259.9666 406.606.1170

What are the differences between Medicare Supplemental Insurance and Medicare Advantage Plans?

| Medicare Supplement Insurance plans | Medicare Advantage Plans |
|--|---|
| Private insurance company working with original Medicare to provide cost coverage of all or most of the Medicare A&B copay and deductibles. | Private insurance company becoming your Medicare coverage provider with their own deductible and copay costs. |
| Coverage is fixed throughout the life of the policy – if covered initially will continue to be covered as long as the plan is active and premium is paid. | Coverage is set for one year periods and reviewed and changed annually. Usually some changes each year. |
| Premium cost generally higher- premiums at 65ys range from \$100-\$160 per month | Premium cost generally lower – in 2020 premium range from \$10-\$131 monthly. |
| Costs include Medicare Part B premium, Medicare Supplement premium and Medicare copays not covered by Supplement. Plan G covers all copay and deductible except \$198 Medicare B deductible. Other plans have lower premium cost but leave more possible out of pocket cost for you. | Costs include Medicare Part B premium, Medicare Advantage plan premium, copay and deductible cost set by plan. No Medicare Advantage provides total coverage without any out of pocket costs for the beneficiary. |
| Medicare Supplements only cover services that Medicare will cover. Medicare Supplements do not cover routine vision, dental, or hearing. Some plans do provide Health Club memberships. | Medicare Advantages plans can provide additional routine vision, dental, hearing coverage and Health Club memberships. Not all plans have this coverage. |
| Medicare Supplements do not provide any non-Medicare drug coverage. Would need to purchase Medicare Part D prescription drug plan to have drug coverage. Can choose any of the plans available in your region. | Medicare Advantage plans provide drug coverage as part of their services. You must use the drug plan provided by your Medicare Advantage plan even if it doesn't cover your medications well. |
| You enroll in these plans with Medicare Insurance Agents. | You enroll in these plans with Medicare Insurance Agents. You can also enroll in these plans at www.medicare.gov or by calling 1-800-Medicare. |

Program of the Adult Resource Alliance of Yellowstone County

IMPORTANT FACTS ABOUT MEDICARE-D—PRESCRIPTION DRUG PLANS

- They are voluntary insurance plans that will cover some of your prescription drug costs.
- All people on Medicare A and/or B are eligible—there are no income qualification for Medicare D plans.
- Annual Enrollment is Oct. 15th—Dec 7th each year to allow people to change plans or for those who missed initial enrollment to enroll late, with penalty.
- If you chose not to enroll in Medicare D when it is first available to you, you will face an on-going penalty for late enrollment

BASIC PLAN: Available to all Medicare clients:

Doesn't include "Extra Help" from Social Security for folks with modest means

Monthly Premiums— \$13.20—\$89.60

Deductible—1st \$435 of your drug costs

From \$435 to \$4,020 of actual drug costs: Your cost = copay designated by plan

From \$4,021– \$9,038 (next \$5,017 of drug cost): Your cost = 25% of actual brand cost
25% of actual generic cost

From \$9,038 on: Your cost = 5% of actual drug cost or \$8.95 Brand /\$3.60 generic
Insurance Plan/ US Gov = 95% of actual drug cost

Social Security "Extra Help"

Single: Monthly income less
than \$1,561 per month/ Assets of
less than \$14,390

Couple: Monthly Income less
than \$2,113 per month/ Assets of
less than \$28,720

\$400 additional income per month for
each additional individual in household

**State of Montana Big Sky Rx
For assistance with premium cost only**

Single: Monthly income below
\$2,081 per month

Couple: Monthly income below
\$2,818 per month

NO ASSET LIMIT

Benefit for 2020
\$35.40



September 2019

Thank you for your interest in having the Resource Center staff help you explore your Medicare Part D Prescription Drug plan options for 2020. The enclosed sheets must be completed and returned to the Resource Center before we will be able to begin your drug plan option review.

Once we receive it we will use the information provided to assess if your current plan is a good choice for 2020 or if you should possibly change to another plan. We will begin processing in early October 2019. If a new plan is a better choice, we can make an appointment to assist you with enrollment if you like.

You must complete **ALL** portions of the worksheet for us to be able to run a drug plan comparison.

- The first section requests personal information including the information from your Medicare card. We need all this information to locate your information in the Medicare database.
- The information regarding your pharmacy, whether you receive VA drug benefit and what your current plan is and its premium cost all help us decide if your current plan is a good choice or not.
- We ask if you are currently receiving Medicare, Medicaid, Extra Help or Big Sky Rx because these factors can also affect your plan choice.
- We ask about your household income and resources. We want to be sure you are receiving all the assistance possible for your medications. These figures let us know if you might be eligible for assistance. Remember to include your monthly income for all social security, pensions, and interest income. If you are still working include ½ of your wages. Social Security pays your Medicare Part B premium before you receive your benefit at the bank and must be added back for your monthly income. For most folks this will be \$135.50 each month.
- You must now turn over the pink sheet and make a complete list of all prescription medications you are currently taking including your dosages and the amount you take each day OR provide a medication list from your pharmacist for the last 1- 3 months.
- **2020 brings a new step to the comparison. You must have a MyMedicare.gov account to do a personal search. See attached sheet for more information. It must also be returned to do your review.**
- Finally, please read and then sign and date the white "Client Agreement and Authorization" form.

Please return completed worksheets to: PO Box 20895, Billings, MT 59104. **Remember we process the Worksheet in order of arrival.** While the Adult Resource Alliance - Resource Center does not charge any fees for its services your donation will help us continue these important services and are always greatly appreciated. Thank you for your help in getting us the information we need to help you explore your options.

The Resource Staff

**Meals
on Wheels**

Billings:
(406) 259-9666
Laurel:
(406) 628-7571

**Senior Dinner
Program**

(406) 259-9666

**Resource
Center**

(406) 259-5212

**Transportation
Services**

(406) 259-9666

**AVP Volunteer
Program**

(406) 245-6177

AllianceYC.org

1505 Avenue D, Billings, MT 59102

PH (406) 259-9666 FAX (406) 259-9666



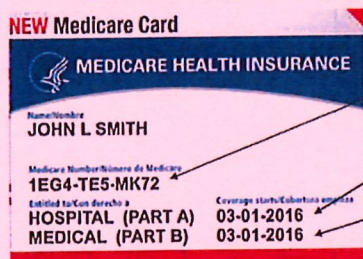
Please return completed worksheet to:
 1505 Avenue D / P.O. Box 20895
 Billings, MT 59104
 (406)259-5212

**Resource Center
 2020 Medicare Part D Drug Plans
 Assessment Worksheet**

Name on Medicare Card _____

Address _____ Zip code _____

Phone # _____ Birth Date _____



| | |
|-----------------------|-----------------------|
| MEDICARE # | _____ - _____ - _____ |
| Effective Date Part A | _____ - _____ - _____ |
| Effective Date Part B | _____ - _____ - _____ |

- Name & Address of preferred Pharmacy _____
- Number of individuals in Household including dependents (please circle) **1 2 3 4 5**
- Are you currently eligible for VA drug benefits (please circle) **Yes No**
- Name of your current Medicare Part D prescription plan (Examples: Humana Walmart, First Health Part D Value Plus, SilverScript Choice, AARP MedicareRx SaverPlus, Wellcare Classic, etc)

- Your current Medicare Part D Prescription Drug plan monthly premium _____

Your Health Care Programs

(Please circle answer that applies)

- | | | |
|--|----------|----|
| Do you currently have Medicare? |Yes | No |
| Do you currently have Medicaid? |Yes | No |
| Do you currently have Social Security "Extra Help" ? |Yes | No |

Might you qualify for Extra Help?

If you are a single person is your monthly gross income less than \$1,561 and
 your assets (not counting your house or car) less than \$14,390.....Yes No

If you are a couple is your monthly gross income less than \$2,114 and
 your assets (not counting your house or car) less than \$28,720.....Yes No

Do you currently have "Big Sky Rx" ?Yes No

Might you qualify for Big Sky Rx?

If you are a single person is your monthly gross income less than \$2,081.....Yes No
 If you are a couple is your monthly gross income less than \$2,818.....Yes No



OFFICE USE ONLY:

Date Received _____ Entered by _____ Reviewed by _____ Appt. needed Y / N Date/time _____ w/ _____

Please list all of your Rx medications on the following list. Be sure to include all letters and numbers in addition to the name of the drug. If your medication is in vials or tubes, please list the number of vials or tubes you need in one month.

[illegible]

Please read and complete the two additional white sheets in their entirety and return them with pink sheet.

PLEASE COMPLETE THIS SHEET AND RETURN WITH RX WORKSHEET**MyMedicare.gov Registration**

There has been a change to how personal information will be stored by Medicare. To be able to retrieve your drug information, it must be stored in your personal MyMedicare.gov account. This means if we want to find out what drug plan you currently have, what your medications currently cost, and if you have any assistance with your medication cost, you will have to establish a MyMedicare.gov account. This can be accomplished one of two ways:

OPTION ONE: You log on to MyMedicare.gov and establish your account yourself.

Then include on this sheet your Username _____

And Password _____

OPTION TWO: We will set up your MyMedicare.gov account for you.

I give permission for the Resource Center staff to complete MyMedicare.gov registration.

Signature _____ Date _____

MY MEDICARE.GOV ENROLLMENT INFORMATION

We will provide your completed account information to you by mail or at your appointment. To insure you will be able to access your account if you forget your password, you will need a secret word code. **The secret word code is the answer to any ONE of these following questions. Pick ONE question that has an answer that will be easy for you to remember**

1)What is your favorite vacation spot? _____

OR

2)What is the name of the first street you lived on? _____

OR

3)What was the name of your first pet? _____

OR

4)What is your best friend's last name _____

OR

5)What is the title of your favorite book? _____

Please retain this
card for your records.

A card will be placed here after review



LOCAL HELP FOR PEOPLE WITH MEDICARE

STATE HEALTH INSURANCE ASSISTANCE PROGRAM

Client Agreement and Authorization

This program is intended to provide information regarding Medicare (Part A, Part B, and Prescription Drug Coverage), Medigap, Long Term Care Insurance, Medicare Advantage, Medicaid, and other health benefit programs and health options to empower you to be informed of viable choices; exercise your individual rights and protections; and become a pro-active partner in your own health care decisions.

- Services are provided by trained volunteers/counselors who are acting in good faith and information given shall not be construed to be legal advice.
- Volunteers / Counselors do not sell, recommend, or endorse any specific insurance product, agent, company, Medicare Advantage Plan, or Prescription Drug Plan nor may they be actively affiliated with the insurance industry, financial planning industry, or pharmaceutical industry. Any potential conflict of interest will be clearly disclosed to you.
- Volunteers / Counselors will seek from you any and all information necessary to provide comprehensive counseling assistance and you acknowledge that the information provided by the counselor will be based upon the accuracy and completeness of the information provided by you.
- Volunteers / Counselors will use information collected only in pursuit of assisting you and will not divulge confidential data to external sources other than Medicare, service providers, or insurance carriers in conjunction with counseling or assistance duties.
- Upon your request, the volunteers / counselor will assist you with applications for and enrollment into health care benefits, including Medicare Prescription Drug Coverage, and premium assistance programs. The decision to enroll in or apply for a specific health care benefit or insurance coverage is solely your choice. Assistance provided by the counselor will be to follow the application/enrollment instructions and fill in the application/enrollment form with information provided directly you. Any information provided by you during the process is assumed to be complete, truthful and accurate.
- Volunteers / Counselors assume no responsibility for decisions made or actions taken by you and you agree to hold harmless the Montana State Health Insurance Assistance Program, Missoula Aging Services or other Montana Medicare Advocacy organizations, and the volunteer / counselor for any liability arising out of services provided within the program guidelines.

I agree and understand to the provisions and guidelines of the Montana State Health Insurance Assistance Program (SHIP) or Adult Resource Alliance of Yellowstone County.

Please Print your name: _____

Your Signature: _____

Date: _____



**Alliance Resource Center
1505 Ave. D, Billings, MT 59102
406-259-5212**

INSURANCE AGENT LIST

The Resource Center, a program of Adult Resource Alliance of Yellowstone County, provides this information for reference purposes only. We are not directly affiliated or endorsing any individual or organization.

Independent Agents Providing MULTIPLE Companies Information

AFFILIATED MEDICAL AGENCY, INC.

1324 O'Malley Dr., Billings, MT 59102

| | |
|-----------------------|--------------|
| General Office..... | 406-252-3529 |
| Becki Maki-Loney..... | 406-670-7256 |
| Joel Parker..... | 406-252-3529 |
| Kevin Parker..... | 406-690-4192 |
| Jose Bustos Jr..... | 406-697-3518 |
| William Fried..... | 406-855-5572 |

ALLEN & ASSOCIATES INSURANCE, INC.

2048 Overland Avenue, Ste. 203, Billings, MT 59102

| | |
|--------------------------------|--------------|
| Dave Allen and Eric Allen..... | 406-656-2324 |
|--------------------------------|--------------|

ANGELA L STILLER INSURANCE AGENCY

2646 Grand Avenue, Ste. 9, Billings, MT 59102

| | |
|---------------------|--------------|
| Angela Stiller..... | 406-294-8226 |
|---------------------|--------------|

ASK INSURANCE

3429 Central Avenue, Ste. A, Billings, MT 59102

| | |
|-------------------------|--------------|
| Wendy Schermerhorn..... | 406-969-3000 |
|-------------------------|--------------|

BANKERS/COLONIAL PENN LIFE

1350 Avenue C, Billings, MT 59102

| | |
|----------------------|--------------|
| Abby Koehler..... | 720-289-3350 |
| Sarah Mackenzie..... | 406-259-2732 |

BASS INSURANCE AGENCY

| | |
|---------------------------------------|--------------|
| Vern Bass – Call for appointment..... | 406-694-2708 |
|---------------------------------------|--------------|

DIFRONZO & COMPANY

2310 Broadwater Avenue, Ste. 6, Billings, MT 59102

| | |
|----------------------|--------------|
| Mario Di Fronzo..... | 406-656-0606 |
| Pat Di Fronzo..... | 406-656-0606 |

406 MEDICARE

Rimrock Mall, 1302 North 24th St, Box 259, Billings, MT 59102

| | |
|---|--------------|
| Gail Snyder.....gail@406medicare.com..... | 406-414-9950 |
|---|--------------|

GARY RICHARDS INSURANCE

2310 Broadwater Avenue #3, Billings, MT 59102

| | |
|--------------------|--------------|
| Gary Richards..... | 406-652-6085 |
|--------------------|--------------|

GLENN FRENCH

Call for appointment.....406-697-1261

MICHAEL L. YOUNG INSURANCE

2310 Broadwater Ave, Ste. #5, Billings, MT 59102

Michael L. Young.....406-652-9469

ROGER DANIEL AGENCY

2047 Broadwater Ave, Ste. 1, Billings, MT 59102

Roger Daniel.....406-252-3411

Bobbi Roberts.....406-252-3411

Chris Mercier.....406-252-3411

RM INSURANCE

1701 Avenue E, Ste. E, Billings, MT 59102

Rae Ann Mall.....406-702-1380 or 406-861-0277

SENIOR INSURANCE SOLUTIONS

Chris Fuqua – Call for appointment.....406-698-5317

SURWILL & COMPANY INSURANCE SERVICES INC

208 North Broadway, Ste. 348, Billings, MT 59101

Ben Surwill.....ben@surwill.us.....406-248-3956

SUSAN WALTERS AGENCY

323 North 24th Street West, Ste. C

Susan Walters.....406-294-5888

TERRY MCGUINNESS INSURANCE

Terry H. McGuinness.....406-294-2111

Hart Albin Building, 208 North Broadway, Ste. 413, Billings, MT 59101

Does make home appointments, if necessary.

Local Representatives for Specific Companies

STATE FARM INSURANCE AGENCIES

DON LILLIS STATE FARM INSURANCE

1948 Grand Avenue, Billings, MT 59102

Don Lillis.....don.lillis.b619@statefarm.com.....406-252-1915

ED K SMITH STATE FARM INSURANCE

1655 Shiloh Rd, Ste. B, Billings, MT 59106

Ed K. Smith.....ed@edksmithinsurance.com406-245-6374

KARI JONES STATE FARM

895 Main Street, Ste. 2, Billings, MT 59105

Kari Jones.....kari.looper-jonesUYL3@Statefarm.com.....406-248-6556

THOMAS MAACK INSURANCE AGENCY INC.

21 1st Avenue, Laurel, MT 59044

Tom Mack.....tom.maack.nseh@statefarmcom.....406-628-8618

Victoria Hayes State Farm Agency

3133 Central Ave, Ste. 4, Billings, MT 59102

Victoria Hayes.....victoria.hayes.nxnt@statefarm.com.....406-656-6405

Advantage Plan's Choice of Local Representatives

BLUE CROSS/BLUE SHIELD AGENTS

DIFRONZO & COMPANY

Pat or Mick Di Fronzo.....406-656-0606

HUMANA INC. AGENTS

Call or email for an appointment

Tina Biggs.....tbiggs@humana.com.....406-694-1418

PACIFIC SOURCE AGENTS

RM INSURANCE

Rae Ann Mall.....406-702-1380 or 406-861-0277

ROGER DANIEL AGENCY

Bobbi Roberts.....406-252-3411

TEN TIPS FROM

26



&



- 1) Do not give your Medicare number to anyone except your trusted provider.
- 2) Ask friends/neighbors to pick up mail while you are away.
- 3) Shred important documents before throwing them away.
- 4) Read your Medicare Summary Notice (MSN) carefully for mistakes.
- 5) Use a calendar or Health Care Journal to record all doctor visits.
- 6) Compare your calendar with your Medicare Summary Notice –MSN
- 7) Count your prescription pills! If they are short go back and tell the pharmacist.
- 8) Medicare Part D plans change annually
- 9) Do not speak to anyone claiming to be a Medicare representative about Medicare.
- 10) Medicare loses billions of dollars a year. It is up to you to help fight fraud.



**Call and answer 2 questions
For a chance to win a \$50 gas
Card from Montana SMP!
Adult Resource Alliance
Ask for Emily or Sue 406-259-5212**

If you think you're the victim of health care fraud or would like to volunteer, call the Montana Senior Medicare Patrol in your area at the Alliance Resource Center at (406)259-5212. Montana SMP works to educate and empower seniors to prevent health care fraud by providing education and advocacy to help people understand and track their medical bills. We can also help you protect yourself and your loved ones from being the victim of a Medicare scam.

This project was supported, in part by a grant from the U.S. Administration for Community Living, Department of Health and Human Services, Washington D.C. 20201. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy. Flyer based on one created originally by Anita Nahal, Ph.D., CDP, SMP-NJ Volunteer