Caregiver's Checklist

HIGHMARK

Your loved one's health is what matters most to you.

Find the right plan — one check mark at a time.

This guide will break Medicare down into a few simple steps, so you can be sure you're making the right choice. Check off these to-dos and get ready to choose a Medicare plan.

Let's start by getting organized

Keep these important documents handy.

A quick overview of the Medicare basics

Here's a simplified summary of Medicare.

Understand Medicare options

Original Medicare (A and B) vs. Medicare Advantage vs. Medigap

Check that your loved one is covered

A place to find information about doctors, hospitals, and prescriptions.

Get expert help

Know what you need to be doing and when.

Know it's the right fit

Before the Annual Enrollment Period starts, get ahead by using this checklist to figure out what the right plan looks like.

Want to make things even easier?

Call **1-866-764-0519** (TTY users may call 711), 8 a.m. – 8 p.m., seven days a week, to schedule a time to have a Personal Medicare Advisor complete this checklist for you.

Let's start by getting organized.

Before we dive into the Medicare basics, take some time to gather your loved one's important documents — you'll need them to fill out paperwork during Medicare enrollment.

Make sure you have these forms:

- Birth certificates
- Marriage certificates or divorce decrees
- Citizenship papers
- Death certificates of spouses
- Military discharge papers
- Pension documents
- Insurance policies

Legal considerations to keep in mind

If you need to make medical decisions on your loved one's behalf — now or in the future — you'll need written documentation authorizing you as their official caregiver. They should have a **will** or **power of attorney (POA)** that designates you as their legal health care advocate.

A quick overview of the Medicare basics.

Medicare Parts A and B (also referred to as Original Medicare) is individual health insurance provided by the government for people 65 and older. However, those with certain disabilities or illnesses, like amyotrophic lateral sclerosis (ALS), are also eligible. Only United States citizens or legal residents who've lived in the U.S. for the past five years qualify for Medicare. Take a closer look below at the four basic parts of Medicare — A, B, C, D, plus Medigap. Keep in mind, not everyone requires each part.

Original Medicare

Part A
(Think hospital)

- Inpatient hospital care
- Skilled nursing care

Part B
(Think doctor's office)

- Outpatient services
- Testing and lab
- Doctor visits and preventive care
- Durable medical equipment and supplies
- Ambulance

Medicare Advantage Plans

Part C
(This replaces Original Medicare)

- Covers everything in Parts A+B
- Usually has Rx coverage
- Some have vision, dental, and hearing
- Additional benefits on top of Parts A+B

Prescription Drug Coverage

Part D
(So members don't pay full price for every medication)

- Original Medicare doesn't cover Rx
- Covered through an insurance company

Now let's review some important Medicare terminology.

If you're already up to speed on all the Medicare jargon, you can go to the next page.

Annual Enrollment Period

This is a set time between Oct. 15 and Dec. 7 when Medicare members can change their health or drug plan from a Medicare Advantage plan back to Original Medicare.

Special Enrollment Periods

These can happen any time throughout the year. While individual rules apply, events like losing existing coverage, moving, or changes in income can sometimes give people a special window to change coverage. These rules apply whether someone is new to Medicare or already has it.

Premium

This is the monthly amount a member pays for coverage, in addition to a Medicare Part B premium.

Deductible

This is the set amount a member pays for a health service or drug coverage before their plan starts paying.

Copay

This is the set amount a member pays for a covered service — such as $20 for a primary care doctor visit or $30 to see a specialist.

Maximum Out-of-Pocket

This is the most a member would pay for covered care. Once this amount is reached, the plan pays 100%.

Evidence of Coverage (EOC)

This provides detailed information on the plan's coverage, costs, and the member's rights and responsibilities.

Explanation of Benefits (EOB)

This document explains what medical treatments and/or services were paid for on their behalf. It's usually attached to a check or statement of electronic payment.

Prior Authorization

Some services or prescription drugs require approval from both the plan and doctor before the member can receive care or have a prescription filled. Check the plan to see which drugs or services require prior authorization.

Understanding Medicare options.

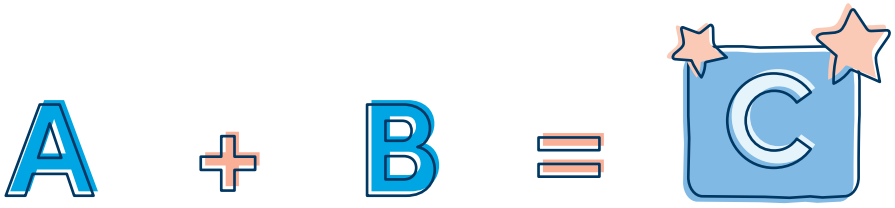
Medicare offers a variety of plans with unique **features** and **benefits**, depending on location:

1. **Medicare Advantage (MA) plans** include **Original Medicare Parts A and B**, plus some amazing additional benefits. Most MA plans offer **prescription drug coverage** with a low or $0 monthly plan premium, plus a **copay** or **coinsurance** to get care.

2. **Medigap** is an option that lets members visit any doctor or hospital in the country and pays Original Medicare's deductibles and coinsurance. However, members may still need to purchase extra prescription drug coverage and benefits, such as dental or vision.

The advantage of Medicare Advantage plans

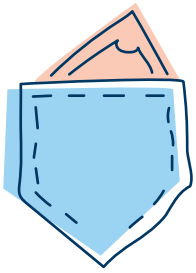
Referred to as **Medicare Part C**, Medicare Advantage combines Parts A and B and adds extra benefits through Highmark.



Medicare Part A provides hospital coverage while **Medicare Part B** covers things like doctor visits, outpatient care, and home health care.

Medicare Advantage plans offer a wide array of additional benefits, such as prescription drug coverage, routine vision and dental exams, chiropractic care, and even access to fitness programs.

Why choose Medicare Advantage?



Limit annual out-of-pocket costs

While Original Medicare (Parts A and B) does provide coverage for hospital and medical costs, the member is responsible for some of those costs, no matter how high they get in a given year. Medicare Advantage plans set a limit on how high costs can get before the plan begins to pay. These annual limits make it easier to plan and predict how much care will cost.

More benefits than Original Medicare

Many Medicare programs include prescription drug coverage (**Medicare Part D**) in their plans. Medicare Advantage plans often combine hospital, doctor, and prescription drug coverage with extra benefits to help with other health and wellness services and costs.

Aren't all Medicare Advantage plans the same?

Medicare Parts A and B

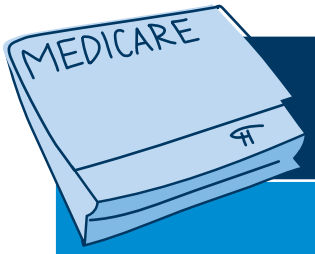
Not entirely. While they all cover **Medicare Parts A and B,** different plans may have different doctor and hospital networks. Some plans also limit coverage for prescription drugs and require members to pay out of pocket before the plan starts paying for covered services. Some also require a referral to see a specialist, while others won't pay for services if the member is traveling.

Medicare Advantage

All Medicare Advantage plans add benefits beyond what **Medicare Parts A and B** offer, such as nationwide emergency care. And many of the large carriers, like Highmark, provide access to large provider networks when traveling out of state. **Just be sure to review all plan options before making a final choice.**

What's the difference between an HMO and a PPO?

Many people looking for a Medicare Advantage plan make their choice based on the doctors and hospitals that are in a plan's network. These networks are usually organized as either a health maintenance organization (HMO) or as a preferred provider organization (PPO). Here are some of the differences between them:



	HMO	PPO
Description	HMO plans can be an affordable option for people who see a variety of physicians, and for those who like coordinated care across a network of local providers.	PPO plans are a good option for individuals who value more flexibility and choice when accessing provider services.
Network	Usually consists of providers who are well connected and able to manage patient care.	Usually consists of a wide network of providers.
Flexibility	Includes specialists to cover member needs; the choice of specialists is narrowed to keep costs lower.	Gives flexibility to visit doctors, specialists, or hospitals that are out of network, but it may cost more.
Primary Care	In most cases, members need to choose a primary care doctor.	In most cases, members are not required to have a primary care doctor.
Referral	In most cases, members need a referral to see a specialist.	In most cases, members do not need a referral to see a specialist.

Check that your loved one is covered.

Prescription medications

Prescription medications are important for staying healthy and recovering from illness. However, having a limited income or limited available resources can make it challenging to pay for medications.

The good news is that some members may qualify for **Extra Help** from Medicare to cover prescriptions. In fact, some may qualify for coverage of up to 75% or more of drug costs, including monthly drug premiums, deductibles, and coinsurance.

We understand that being able to see the same doctors is important, too. To see a list of participating providers, visit **medicare.highmark.com**. You can also use our **provider search tool** to find a doctor or hospital nearby.

To learn more about the Extra Help Program, contact the Social Security Administration at 1-800-772-1213 or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, seven days a week.

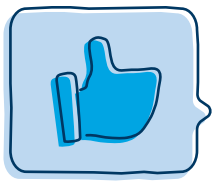
Get expert help.

We know how important it is to find the right Medicare plan for your loved one. We're here to support you through every step of enrollment. Our Personal Medicare Advisors will help you find a budget-friendly plan that checks all the boxes — including prescription coverage and access to the same doctors.

Attend an event

Go to one of our virtual or in-person group events and learn about Medicare basics and Highmark plan options.

Or, get the information you need by popping in at one of our open house events where our advisors can answer any of your questions with no appointment necessary.



Highmark Direct stores

Visit a Highmark Direct store to have your questions answered by a Personal Medicare Advisor with no obligation to buy. Go to **HighmarkHelp.com** to see if there's a Highmark Direct store in your area.

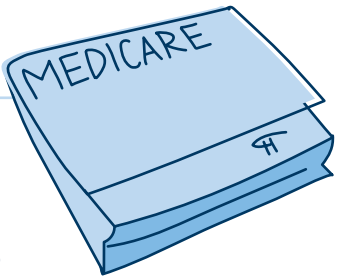
One-on-one consultation

Our Highmark advisors are ready to review your loved one's prescriptions and local providers to find a plan that fits their needs and budget. Whether it's virtual, or at your loved one's home or favorite coffee shop, a Personal Medicare Advisor is ready to answer any questions.

Visit HighmarkHelp.com or call 1-866-764-0519 (TTY call 711) to speak to a Personal Medicare Advisor.

Know it's the right fit.

You want the best for your loved one and their health. Here are some key questions to consider before helping them choose their new Medicare plan:



- **Does the plan let them choose the doctors and hospitals they want to go to?**
- **Does it fit their budget and protect their savings?**
- **Does it cover prescriptions and offer extra saving on generics?**
- **Does it provide any extras such as a no-cost gym membership, travel coverage, over-the-counter benefits, or enhanced dental benefits?**

To learn more, talk to a Personal Medicare Advisor by calling 1-866-764-0519 (TTY call 711) or visiting us online at HighmarkHelp.com.

Plan comparison chart

Fill in the chart below to compare benefits with other plans.

	Plan comparisons		
	Your current plan:	**Comparison plan**	**Comparison plan**
Premium			
Part B Premium Buyback			
PCP (in network/ out of network)			
Specialist (in network/ out of network)			
In-network Hospital			
Outpatient Surgical ASC/Facility (in network/ out of network)			
Advanced Imaging (in network/ out of network)			
31-day preferred retail Rx scripts			
Comp Dental			
OTC			

Plan comparisons			
Comparison plan	Comparison plan	Comparison plan	Comparison plan

There is no obligation to enroll.

For accommodations of persons with special needs at meetings, call 1-800-350-4135 and TTY may call 711.

Highmark Choice Company and Highmark Senior Health Company are Medicare Advantage plans with a Medicare contract. Highmark Health Insurance Company is a PDP plan with a Medicare contract. Enrollment in Highmark Choice Company, Highmark Senior Health Company and Highmark Health Insurance Company depends on contract renewal.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Senior Health Company, or Highmark Health Insurance Company, all of which are independent licensees of the Blue Cross Blue Shield Association. All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-844-679-6930. (TTY:711)

请注意：如果您说中文，可向您提供免费语言协助服务。請致電 1-844-679-6930。(TTY:711)

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