

This includes screening for hearing impairments and your risk of falling. Your doctor must also assess your ability to perform activities of daily living such as bathing and dressing and also your level of safety in your home.

- Give health advice and referrals to health education or preventive counseling services or programs aimed at reducing identified risk factors and promoting wellness. These include weight loss, physical activity, smoking cessation, fall prevention, and nutrition.

Annual Wellness Visits after your first visit will be slightly different. During subsequent wellness visits, your doctor will:

- Update your medical and family history.
- Check your weight and blood pressure.
- Update your list of current medical providers and suppliers.
- Screen for cognitive issues.
- Update your written screening schedule that you received at your first wellness visit.
- Update your list of risk factors and conditions and the care you are receiving or that is recommended.
- Provide health advice and referrals, to health education or preventive counseling services or programs.

There is no co-insurance or deductible if you see doctors or other health care providers who accept the Medicare approved amount in full.

Note: If you receive any additional services or screenings during the Annual Wellness Visit, then you may have an additional charge for those services. Services not included in the Annual Wellness Visit will be billed separately. You may be charged your usual co-pay and deductible if the additional service is covered by Medicare.

If you receive any additional services not covered under Medicare, such as a routine hearing exam, then you or your supplemental insurance will be responsible for 100 percent of its cost.

Minnesota Medicare Supplement Insurance (Medigap)

What is a Medicare Supplement? A Medicare Supplement is private health insurance that is sold by private insurance companies to supplement Original

Medicare and cover the “gaps.” Minnesota Medicare Supplement plans are offered by multiple insurance companies.

Enrollment: If the Medicare beneficiary chooses a Medicare Supplement, enrollment must take place within 6 months of enrolling in Part B. Otherwise health screening will be applied and the application may be denied. If the beneficiary has “guaranteed issue rights,” the insurance company is required by law to sell or offer a Medicare Supplement even if the applicant has pre-existing health conditions

Cost Sharing:

- **Premium** Member pays a monthly premium to the Medicare Supplement Insurance company. In Minnesota, everyone pays the same premium regardless of age, medical condition, or when the policy was purchased (Minnesota Community Rating Law). A company may charge different premiums for urban vs. rural and smoker vs. non-smoker. The member must also pay the monthly Medicare Part B premium.
- **Deductibles and Co-insurance** Part A and Part B deductibles and co-insurance are “gaps” in Original Medicare. The amount of coverage for these gaps is dependent on the Medicare Supplement the member chooses.
- **Co-pay** A co-pay is a set amount that a member pays at the time a service is received. Among the Medicare Supplements, only Plan N imposes co-pays.
- **Part B excess** The Part B excess charge applies only to physician services received outside of Minnesota and durable medical equipment (DME) providers who do not accept assignment. In Minnesota, the Limiting Law prohibits Minnesota physicians from charging the Part B excess.

Benefits:

- All Minnesota Medicare Supplement options are standardized and must offer the same benefits regardless of which insurance company the member purchases their policy from. For instance, all “Basic” policies offer the same benefits – only the policy cost will vary between companies.
- Basic, Basic w/ Riders, Extended Basic, and Alpha Plan F, K, L, M, & N members are not limited by a provider network and may see any doctor or medical provider that accepts Medicare payment. Medicare SELECT Plan members must use specific hospitals and in some cases network doctors to get full insurance benefits.

If a member does not use a Medicare SELECT provider for non-emergency services, they may have to pay what Medicare does not pay (deductible and co-insurance amounts).

- A Medicare Supplement is “portable.” If the member moves out of Minnesota, coverage may continue so long as premiums are paid.

Benefits Excluded:

- Minnesota Medicare Supplement Plans do not include prescription drug coverage. Members should enroll in a separate prescription drug plan (stand alone PDP) for coverage of these expenses.
- Minnesota Medicare Supplement Plans do not cover dental preventive care or offer comprehensive dental insurance, unless the dental service is covered by Medicare.

Once the Medicare beneficiary chooses the insurance company and the policy, they then apply and the insurance company must provide an “outline of coverage”. The applicant may return the policy within 30 days of receipt and receive a full refund if not satisfied.

Medicare Supplements: Basic, Basic w/Riders, Extended Basic and Alpha Plans (F,K,L,M,N)

Coverage Plans	Part A Hospital Co-insurance	Part A SNF Co-insurance	Part A Hospice Co-insurance	Part A Home Health Care Co-insurance	First 3 pints of blood	Part B Co-insurance	Rider 1 Part A Deductible paid (\$1,132)	Rider 2 Part B Deductible paid (\$162)	Rider 3 Part B Excess	Rider 4 Add'l Preventive Benefits	Foreign Travel Emergency	Annual Out of Pocket Limit
Basic	•	•	•	•	•	•					80%	none
Basic + Rider 1	•	•	•	•	•	•	•				80%	none
Basic + Rider 2	•	•	•	•	•	•		•			80%	none
Basic + Rider 3	•	•	•	•	•	•			•		80%	none
Basic + Rider 4	•	•	•	•	•	•				•	80%	none
Extended Basic	•	•	•	•	•	•			80% (100% after out of pocket met)	•	80% (100% after out of pocket met)	\$1,000
F High Deductible	100% after \$2000 deductible	100% after \$2000 deductible	100% after \$2000 deductible	100% after \$2000 deductible	100% after \$2000 deductible	100% after \$2000 deductible	100% after \$2000 deductible	100% after \$2000 deductible			100% after \$2000 deductible	You pay first \$2000 of expense
K	•	50%	50%	50%	50%	50%	50%					\$4,660
L	•	75%	75%	75%	75%	75%	75%					\$2,330
M	•	•	•	•	•	•	50%				80%	none
N	•	•	•	•	•	•	•				80%	none