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RSVP helps meet the critical human needs of Montgomery County through volunteerism

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Make Sure You Have Adequate Medicare Coverage

If you are approaching your 65th birthday, you probably already know that you will soon be eligible for Medicare. Many adult children suddenly find themselves responsible for making important decisions for the health care for their parents. Are you prepared?

Medicare options and choices can be overwhelming for many making these important decisions. How will you know what you are eligible for? Can you predict what services you may need? What about comparing prescription plans? These questions, and more, are best answered by trained counselors who can help you navigate the complex maze of Medicare options.

RSVP of Montgomery County provides the public with knowledgeable and dedicated volunteers who are trained through the State Health Insurance Assistance Program and are versed in the various insurance options available, given your specific and unique set of circumstances. Counseling sessions are free and confidential and are offered throughout the county at various sites, or can be scheduled to meet individually or in a group setting.

Upcoming meetings scheduled:

1. Lower Providence Library, 50 Parklane Drive, Eagleville – March 21 at 7:00 p.m.
2. Giant Supermarket's Community Room, 315 York Road, Willow Grove – March 31 at 1:30 p.m.
3. Community Bible Fellowship, 426 Main Street, Red Hill – April 5 at 7:00 p.m.
4. check www.rsvpmc.org for regularly scheduled meetings throughout the county.

Understanding the basic coverage that Medicare offers is important. Medicare Part A covers hospitalization expenses. Part B covers doctor appointments, lab

tests, x-rays, therapy and equipment. Part D covers prescriptions and medications. It's understanding what Medicare doesn't cover that causes confusion.

If a Medicare beneficiary needs additional coverage outside of basic Medicare, there are many plans, even several low-income assistance plans to consider. For low-income seniors, the choices are to receive coverage through a managed care, Medicare Advantage plan or to supplement Medicare coverage through a Medigap plan.

Medicare Advantage plans are funded through a fixed amount per enrollee each month and is paid by the government. The Part B premium paid monthly by all beneficiaries with managed care and supplement plans plus an additional monthly premium is paid by the member.

These contracts are approved annually by Centers for Medicare & Medicaid Services. The Medicare Advantage plan provider becomes your Medicare provider and must cover at least what Medicare provides plus whatever additional benefits they add.

When visiting a doctor, it is the Medicare Advantage card that should be shown. There is a network of medical care providers associated with the plan and you must use these providers unless it is a medical emergency. Referrals are often needed to see specialists.

In Montgomery County, most of these plans also offer prescription coverage. Unless you qualify for coverage through the state Pace/Pacenet program, VA or Extra Help program and you wish to sign up for that prescription coverage, it must be taken through your Medicare Advantage plan.

The monthly Medicare Advantage premium rate is not based on age or medical condition and the rate approved by CMS for that plan will remain the same throughout the year

Medigap or Supplement plans do exactly as the name indicates. They supplement or fill in the gaps that Medicare does not cover on approved Medicare procedures. When the member goes to the doctor, both the Medicare card and the Supplement card will be shown. The Medigap plans are funded by the premiums paid by the policy holder. The member continues to pay the Part B premium. Medigap plans pay eligible expenses not paid for by Medicare such as the 20% copay, or based on your plan, it covers the deductibles.

You may choose any doctor or medical provider that accepts Medicare. Once you are a member of a plan it can not be terminated provided that you pay for the premium on time. Premium rates are based upon age, sex and in many cases, your zip code.

Prescription drug coverage does not come with these plans and a beneficiary will want to look for what is known as a PDP or stand-alone drug plan, meaning that it is not attached to a health plan.

In this case the beneficiary may choose a drug plan from one company and the medical coverage through another.

Once you are beyond the initial guaranteed enrollment period, the plan can also consider your health status as part of the cost determination if you are looking to become a member of the plan. Your health status is not considered once you are a member.

The Medigap plans are standardized and they differ in coverage. The plans are sold by private insurance companies and there is no universal price for each standardized plan but is determined by the individual insurance company.

Feel free to contact a counselor to let them know what topic(s) may be of particular interest to you. RSVP Apprise Medicare counselors can be reached for a consultation any time of the year. Regularly scheduled meetings are posted on RSVP's website (www.rsvpmc.org) or consumers can call 610-834-1010, ext. 20 to schedule an appointment.