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David Kee, CEO Double Health USA

Proud to serve Chrysler Retirees for over 36 years

What is Double Health USA?

- National Insurance and Consulting Organization (Not Part of Medicare).
 - Compensated by Insurance companies when client enrolls.
 - Never a fee to the client.
 - Insurance Premiums are the same when working with DHUSA or working directly with Insurance companies.
 - Based in Michigan.
 - Appointed with major of Michigan and National insurance companies.
 - Licensed in 31 States.
 - Principal was Vice President of Blue Cross Blue Shield of Michigan National Chrysler Account for 22 years.
 - 50 years in the insurance industry.
- Worked with the NCRO for over 14 years.

What Double Health USA can do for you

- Education and general assistance with Medicare.
- Analyzing your health, financial, healthcare provider, flexibility, and risk needs.
- Understanding the Medigap and Medicare Advantage strengths and issues.
- Reviewing your Medicare plan options, and insurance companies.
- Assisting you in selecting and enrolling in the best Medicare plan for you.
- Reviewing your current and/or future Rx drugs.
- Assisting you in selecting and enrolling in the best Rx drug plan for you.
- Assisting you in analyzing your dental insurance needs, plan selection, and enrollment.
- Assistance in changing your existing Medigap plan, including medical underwriting issues.



A Basic Understanding of Medicare and Medicare Plans in 12 Questions

Understanding the Basics to
Make the Best Choices



The Medicare 12 Questions

General Medicare Information

- 1) What does each part of Medicare cover?
- 2) What are Medicare Part D Rx Drug Plans?
- 3) What doesn't Medicare cover?

The Three Most common Medicare Strategies

- 4) What is Original Medicare with Part D Rx Drugs?
- 5) What are the strong points and possible Issues with Original Medicare and a Part D Rx plan?
- 6) What is Original Medicare with Part D Rx, and a Medicare Supplemental Plan?
- 7) What are the strong points and possible issues with Medicare A&B, Part D Rx and a Medicare Supplemental Plan?
- 8) What is a Medicare Advantage Plan with Rx Drugs?
- 9) What are the strong points and possible issues with Medicare Advantage Plans?
- 10) How do I find the best Medicare Advantage plan for me?

Making your Choices

- 11) What are Medicare and Medicare Plan features to consider in making your choices?
- 12) What are the personal issues you need to consider your choices?

How can Double Health USA help you?



Question #1 - What does Medicare Cover



- Medicare covers most of the health care expenses that beneficiaries may encounter.
- However, beneficiaries must have all Parts of Medicare to have this broad coverage.
- Examples of what each Medicare Part covers is shown on the next page.



Question #1 (continued) **Examples of What Medicare covers**

- **Medicare Part A** – primarily covers inpatient hospital, skilled nursing following a hospitalization, and hospice charges, such as hospital room and board; nursing services; hospice services and drugs for pain relief; skilled nursing facility or home care after a hospitalization.
- **Medicare Part B** – primarily covers in patient and outpatient physician, outpatient hospital, and other general care, such as emergency room charges; outpatient imaging, i.e., CAT scans and MRIs; durable medical equipment; ambulances, and outpatient physical therapy.
- **Medicare Part D** – primarily covers outpatient prescription drugs. Medicare Part D, also covers some outpatient injectable drugs.
- **Medicare Part C** – also called Medicare Advantage programs usually cover Medicare Parts A, B, and D, and sometime additional benefits such as limited dental and vision.



Some Additional Medicare Facts

- Medicare Part A is usually automatic for most workers and their spouses aged 65, who have worked and paid into Social Security for at least 10 years.
- Medicare Part B is voluntary and requires a monthly premium (**\$206.50** projected **2026**) for modified adjusted gross income less than or equal to \$106,000 individual or \$212,000 joint couple in **2025**) Less for Beneficiaries already receiving Social Security.
- Medicare Part D Rx is voluntary.
- There are late enrollment penalties for Medicare Part B and Part D

Just the
Facts

A blue magnifying glass icon is positioned over the word "the" in the "Just the Facts" text.



Question #2 – What are Medicare Part D Rx Drug Plans?

- Medicare Part D Rx Drug Plans cover outpatient (non-inpatient hospital) Rx Drugs that are typically obtained at a pharmacy or through mail order.
- The Medicare Part D Rx Plan is voluntary (although there are late enrollment penalties, if you don't enroll when you are eligible).
- The Federal Centers for Medicare and Medicaid Services (CMS) sets requirements and regulates Medicare Part D programs, but they are administered by many insurance companies, Pharmacy Benefit Managers, and others.
- Not all Rx drugs are covered under each Part D Rx Drug Plan.
- Each plan has a drug formulary, which describes what drugs are included in the plan and the benefits for each Rx Drug.
- If a drug is not covered in the Plan formulary, you'll pay 100% of the cost.
- **It is, therefore, very important to check a Plan formulary to make sure that each specific Rx drug, which is important to you is covered.**



Question #2 - What is a Part D Rx Plan? (continued)

- CMS sets minimum standards that all plans must meet, but the actual benefit plans offered are wide and varied.
- Most plans have a deductible.
- Rx drug plans will also have different co-pays for different types of drugs such as generics, preferred brands, non-preferred brands, and specialty drugs.
- Once you have incurred out of pocket **\$2,100 (expected for 2026)** for covered Rx drugs, they will be paid 100% for the rest of the calendar year.
- Because benefits and covered drugs are different, premiums are different as well ranging from a low of about \$0 a month to over \$160 a month.



More on Medicare Rx Drug Plans

- Medicare Rx plans will also offer an option of paying for out-of-pocket RX cost on a capped monthly basis called the Medicare Prescription Payment Plan. So instead of paying \$2,100 in drug costs in the beginning of the year, payments could be spread out over 12 months at about \$175 month for the Rx drugs plus the monthly premium.
- **However, if a Rx drug is NOT on the Rx drug Plan's formulary these changes will NOT apply and you'll pay 100% of the cost of the Rx drug.**
- **The Rx drug formulary may also have rules on Rx drugs such as quantity limits. Rx drugs may not be covered if the rules are not followed the R drug may not be covered.**



Question #2 What is Medicare Part D (continued) Important Issues

- Medicare Part D Rx Drug Plans are essentially the same, whether as stand alone plans or imbedded into Medicare Advantage Plans.
- The total cost of Part D Rx Drug plans are
 - 1)premium costs
 - 2)benefit copays, deductibles, etc.
 - 3)plan drug costs, since copays and co-insurance are often a % of plan costs for non-generic drugs.
- Even if a plan does not cover a drug and you pay 100%, the plan Rx drug costs (the cost you pay) can vary widely
- The Medicare Plan finder is a good source for analyzing these costs.
- Pharmaceutical Co. cost assistance (coupon) plans, usually for expensive Rx drugs should be considered, if available.
- TV advertised individual discount plans should also be considered.
- A combination of using plan benefits and individual discount plans, sometimes yields the best approach depending on what Rx drugs you use.



Question#3 - What Doesn't Medicare Cover (projected 2026)



- Medicare Part A Hospital **\$1,796** deductible
- **\$432** per day co-pay (day 61-90)
- **\$864** per day co-pay reserve day after 90 days (60 lifetime reserve days)
- **Full cost**, any days after reserve days are used up
- Skilled Nursing Facility **\$204** co-pay days 21-100
- Skilled Nursing Facility after 100 days.
- **\$288** Medicare Part B deductible
- **20%** of Medicare Part B expenses after the **\$288** deductible
- Costs in the Medicare Rx Part D “donut hole”
- Charges not covered by Medicare i.e. experimental procedures.
- Long Term Care



Three of the Most Common Medicare Choices

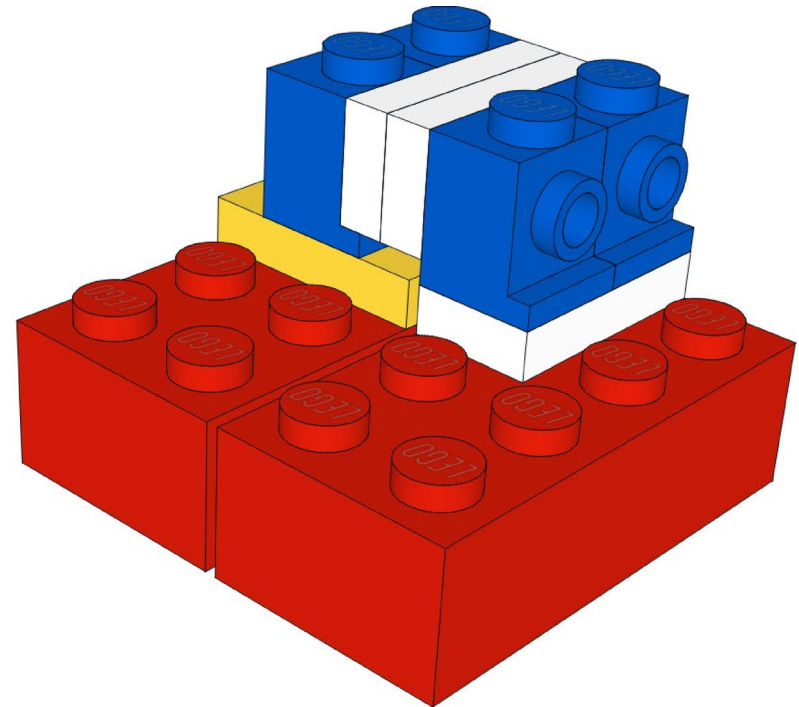
- Medicare enrollment and selecting Medicare Plans often seems like a mysterious and daunting process. However, the most common basic choices are as follows:
 - 1) Original Medicare with Part D Rx Drugs.**
 - 2) Original Medicare with Medicare Supplemental with Part D Rx.**
 - 3) Medicare Advantage with Rx Drugs.**

Although Medicare and Medicare Plans are complex, understanding of the three most common basic choices should provide a good basic understanding of Medicare and Medicare Plans.

Additional details on each choice will be given as follows.

Question #4 - What is the Original Medicare with Part D Rx Drugs?

- A Basic Choice
- Includes the Basic Parts of Medicare only.
- Medicare Part A (Inpatient Hospital).
- Medicare Part B (Voluntary Doctors and Outpatient)
- Medicare Part D Rx Plan (Pharmacy and Mail Order Rx Drugs)





Question #5 – What are the Strong Points and Possible Issues with Original Medicare and a Medicare Part D Rx ?

Strong Points

- Medicare is accepted nationwide by any Hospital or Dr. that accepts Medicare.
- Covers approximately 80% of Hospital and Medical Costs.
- The least costly alternative.

Possible Issues

- Medicare Beneficiary responsible for approximately 20% of hospital and medical costs.
- There are no out of pocket limits, so long and/or expensive treatment could have substantial out of pocket costs.
- After the Initial Enrollment Period (typically 3 months before, the month of and 3 months after you turn 65) you would be subject to pre-existing and medical underwriting if you want a Medicare Supplemental Plan later.

Question #6 - What is Original Medicare with Medicare Part D Rx and a Medicare Supplement Plan?

- A Cadillac Choice
- Medicare Part A (Inpatient Hospital).
- Medicare Part B (Doctors and Outpatient).
- Medicare Part D Rx Plan (Pharmacy and Mail order Rx Drugs).
- A Medicare Supplemental Plan would cover some to most of hospital and medical services NOT covered in full by Original Medicare.
- A summary of Medicare Supplemental Plans are shown on the next slide.





Plan	A	B	C	D	F	G	K \$5,880 OPM	L \$2,940 OPM	M	N \$20 OV \$50 ER
A copays 365 Days Covered	X	X	No for DOB after 2020	X	No for DOB After 2020	X	X	X	X	X
Part B 20% Co- insurance	X	X		X		X	50%	75%	X	X
Blood 1st 3 pints	X	X		X		X	50%	75%	X	X
Hospice	X	X		X		X	50%	75%	X	X
Skilled Nursing copay				X		X	50%	75%	X	X
Part A Deductible		X		X		X	50%	75%	50%	X
Part B Deductible										
Excess Charge						X				
Foreign Emergency				X		X			X	X

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Question #7 – What are the Strong Points and Possible Issues with Original Medicare, Medicare Part D Rx and a Medicare Supplemental Plan?

Strong Points

- Medicare Supplemental Plans are accepted nationwide by any Hospital or Dr. that accepts Medicare.
- Medicare Supplemental Plans are standardized.
- There are different plans for different budgets.
- The richer Medicare Supplemental Plans pay for almost all your hospital and medical expenses, when combined with Medicare Parts A&B, except for the Medicare Part B deductible.

Possible Issues

- Medicare Supplemental Plans will usually increase in price as you age, but increases have been moderate in recent years.
- Except for the 6-month period after you turn 65 and some other circumstances, Medicare Supplemental Insurance companies can apply pre-existing condition limitations and medical underwriting, with some exceptions.
- If you need a Rx Drug Plan, you must purchase it separately.
- A rich Medicare Supplemental Plan with a Rx drug plan is usually the most expensive option.

Question #8 - What is a Medicare Advantage Plan with Rx Drugs?

- Medicare Advantage Plans are replacements for original Medicare
- Covers Medicare Part A and B and usually Medicare Part D Rx, as well as additional benefits such as limited dental.
- Usually but not always based off of a PPO or HMO network.
- Typically have co-pays and deductibles, but also have an annual out-of-pocket limit.
- The lowest cost option in many markets.





Common Medicare Advantage Features

- Co-pays for doctor's office visits.
- May or may not have deductibles.
- Per day co-pays for inpatient hospital confinements, up to a limit, i.e. 5 days.
- Per day co-pays for skilled nursing care for post hospital confinement days.
- Co-pays for emergency room visits.
- Co-pays for imaging and diagnostic testing.
- Co-pays for therapeutic radiation.
- 20% co-insurance for outpatient chemotherapy, in hospital doctor visits, and other services without co-pays.
- **Typically, all benefits will be less if out of network providers are used.**
- Some types of HMO based Medicare Advantage plans may provide no benefits for non-network providers except for emergencies.
- May have benefits for plans not covered by Medicare such as dental, vision and hearing.
- **Has an annual out of pocket maximum(s) to limit medical costs.**

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Medicare Advantage Extra Benefits

- Imbedded Basic Dental.
- Optional (extra cost) dental.
- Hearing.
- Vision.
- Transportation.
- Home Care.
- Over the Counter and Health Products Allowances.
- Meals.
- Emergency Travel.
- Long Stays outside of Home State i.e. Michigan.
- ***Medicare Premium reduction, waiver, or more generous home care, as advertised on TV are generally for low-income beneficiaries only.***





Question #9 – What are the Strong Points and Possible Issues you when choosing a Medicare Advantage (MA) Plan?

Strong Points

- MA plans are typically, but not always, less expensive than Medicare Supplemental and Part D Rx plans.
- MA plans usually have all inclusive benefits.
- MA plans usually have some extra benefits like limited dental and hearing.
- MA plans have network contracted hospitals and doctors, who cannot charge more than negotiated rates.
- MA plans do not have pre-existing condition limitations or medical underwriting.
- MA plans have maximum out-of-pocket limits, which cap annual out-of-pocket costs, except for Rx drugs.

Possible Issues

- MA plans did not get the payment increase they wanted from Medicare. They also have increased cost for the 2025 Rx plans, which could be passed back to Medicare Advantage members.
- MA plans have network restrictions, so that all Medicare participating providers do not necessarily participate in each MA plan. **It is important to make sure your doctors and hospitals are in the MA plan network**
- Depending on the MA plan, there may not be access to out-of-area regional or nationally known hospitals and doctors.
- MA plans typically have more deductibles, co-pays, and co-insurance than higher end Medicare Supplemental plans.



Question #10 - How do find the best Medicare Advantage Plan for me?

Typical Decision Criteria Components

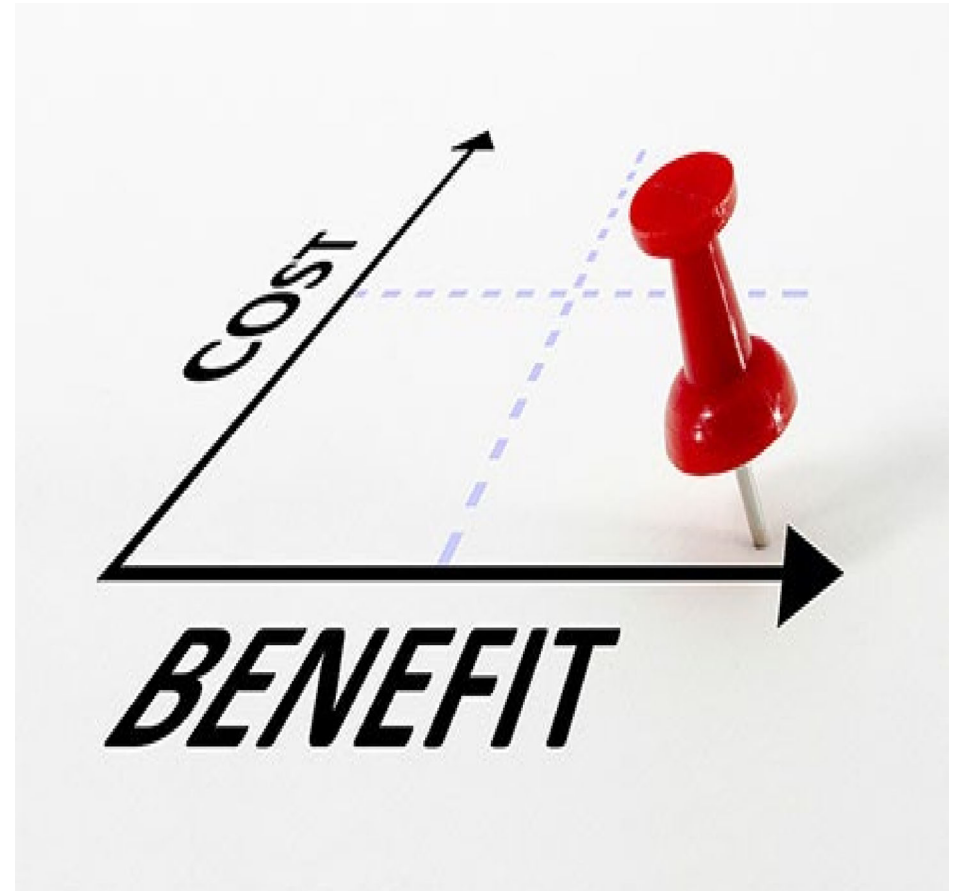
- Premium Cost.
- Benefits.
- Desired providers in Network.
- Out of state networks and benefits.
- Network rules.
- Rx Drug coverage, benefits, and out of pocket costs.
- Extra Benefits.

A Decision Algorithm to Consider

- Establish “must have” decision criteria components.
- Establish secondary decision criteria components.
- Develop a list of plans from different companies that may meet the decision criteria.
- Compare Plans.
- Select Plan that best meets your needs.

Question #11– What are Medicare and Medicare Plan Features to consider when making your choice?

- Premium costs, separately and in combination with other plans.
- Access to help care providers.
- Late enrollment penalties.
- Ability and cost of change
- Plan Benefits.
- Formularies for Rx Drug Plans.





Question #12 – What are the personal issues you need to consider in making your choices?

- Everyone has a unique situation that should be considered when making choices. Consider issues like the following:
 - 1) Your ability to withstand potential health care costs not covered by insurance.
 - 2) The likelihood that you will incur health care costs equal or greater than premium costs.
 - 3) Your desire to budget health care costs rather than assume risks.
 - 4) Your desire to have as little to worry about as possible with health care costs.
 - 5) Your desire to have access to health care providers that you use now or may want to use in the future.
 - 6) How much you can afford for monthly premiums.

Bonus Question

Should you consider changing your existing plan?



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- You may be able to find a plan comparable to your existing plan at a lower price.
- If your plan rates continue to increase, other plan options may be more expensive later.
- Later, if your health status changes and your plan rates increase, the cost of your health options may be more limited.
- If you have a Medicare Advantage Plan, you may want to see if the benefits and the costs still best suit your needs. (In most cases you can only make changes during the annual open enrollment periods)



How can Double Health USA help you?

- 1) Provide a basic understanding of Medicare and Medicare Plans.
- 2) Advise and assist with Medicare enrollment and eligibility issues.
- 3) Discuss and analyze your personal desires and requirements, including desired health care providers and needed Rx drugs.
- 4) Present Health plan options that meet your personal desires and requirements.
- 5) Assist you with making the decision on what plan(s) best meet your needs.
- 6) Assist you with the Medicare plan enrollment process.
- 7) Trouble shoot any issues that may arise as long as you are a Double Health USA client.
- 8) Provide ongoing information and support.
- 9) ***There are no cost for Double Health USA services, insurance companies pay Double Health USA if clients enroll through Double Health USA.***
- 10) ***The costs i.e. premiums for the consumer is the same if a client enrolls through Double Health or directly with the insurance company.***



Contact Double Health USA



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We Hope to hear from You!

**THANK
YOU**