

ORIGINAL MEDICARE



PART A

Hospital Insurance ⁴

Inpatient hospital services, skilled nursing, and hospice

Costs ⁵

- No premium for most
- \$1,632 deductible
- Coinsurance for stays over 60 days



PART B

Medical Insurance ⁶

Medically necessary and preventive services and supplies not covered under Part A

Costs ⁷

- \$174.70 monthly premium (more for high incomes)
- \$240 deductible, then 20% coinsurance



PART C

Medicare Advantage

- Replaces Original Medicare (covers same benefits)
- Offered by private insurers
- Plans often include supplemental benefits

Costs

- Monthly premiums range from \$0 to \$100+
- Part B premium
- Cost sharing (variable plan design), with max spend



MEDIGAP

Supplemental Plan

- "Wraparound" insurance that covers a portion of cost sharing under Original Medicare
- Standardized plans identified in most states by letters ⁸
- Purchased separately from Original Medicare
- Offered by private insurers

Costs (Plan G)

- Nationwide average monthly premium of \$172
- No cost sharing other than Part B deductible

For other lettered Medigap plans (A-N), premiums are generally lower and cost sharing is generally higher than Plan G.



PART D

Prescription Drugs

- Add-on to Original Medicare or Integrated with Part C
- Offered by private insurers

Costs

- Monthly premiums range from \$0 to \$200 (more for high incomes)
- Deductible of \$0-\$545
- Cost sharing (variable plan design), with max spend

Milliman Health Cost Guidelines

Stephen D. Brink



Milliman Health Cost Guidelines:

Federal Register ,2006 *The Paul Wellstone Mental Health and Addiction Equity Act of 2007 (H.R. 1424)* United States. Congress. House. Committee on Education and Labor. Subcommittee on Health, Employment, Labor, and Pensions,2008 *State Coverage Initiatives* United States. Congress. House. Committee on Ways and Means. Subcommittee on Health,2009 *Contingencies* ,2004 **Group Insurance** William F. Bluhm,2012 This text is a comprehensive treatment of all aspects of group insurance in the United States and Canada It addresses life and health insurance as well as government programs and more specialized forms of insurance Emphasis is placed on the actuarial aspects of this important field of insurance including pricing regulation underwriting financial reporting and modeling Since its original publication in 1992 Group Insurance has become the resource of choice for experts as well as beginners It is an essential tool for anyone who wishes to practice in the group benefits field The Sixth Edition has been updated for the industry and regulatory changes which have occurred since 2007 Of particular note is the impact that healthcare reform in the United States will have on all facets of this topic **Population Health Analytics** Martha L. Sylvia,Ines Maria Vigil,2021-08-02 As the focus of the health care delivery system continues to move toward a coordinated and accountable system there is an increasing need for a single resource that focuses on analytics for population health Population Health Analytics addresses that need by providing detailed information and a how to guide for achieving population health analytics Comprehensive current and practical this logically organized text builds from understanding data sources to contextualizing data modeling data and glean insights from that data which is a natural progression for organizations in progressing to higher levels of analytic capabilities Furthermore these frameworks for the population health process and analytics are grounded in an evidence base that is also aligned with theories and processes used in healthcare disciplines This first of its kind text will prepare students to improve health outcomes understand patterns of health behavior and more **Review and Evaluation of the VA Enrollee Health Care Projection Model** Katherine M. Harris,James P. Galasso,Christine Eibner,2008 The Department of Veterans Affairs relies on the Enrollee Health Care Projection Model EHCPM to project veteran enrollment enrolled veterans use of health care services and the cost of providing those services This evaluation of the EHCPM examines its accuracy and validity identifies potential model enhancements and assesses the risks and benefits posed by the VA s reliance on the model for budgeting and planning **Managed Care, Outcomes, and Quality** Steven F. Isenberg,1998 The first section leads us through the complicated and risky business of capitation and examines reimbursement in a managed care environment The idiosyncrasies of managed care contracts are detailed and you will learn how to negotiate with managed care companies There is a focus on practice profiling and the presentation of an expertise on referral guidelines The final chapter explores the ethical issues of managed care In section II you will find a description of outcome research and youseful information for the implementation of outcomes research in community based office practices The third section begins with two chapters on

improving office efficiency and managing staff in a managed care environment The next chapter leads us through the important and complicated software selection process for the individual practitioner s needs A private practitioner offers his insight into managing a medical practice and the section completes with some helpful pointers to avoid malpractice claims Section IV provides the physicians response to managed care The legal issues of mergers and networks are discussed Several practicing physicians outline their personal experiences in the rapidly changing world of physician network development The book s final chapter leaves us with an expertise on how physicians can take back healthcare **Best's Review** ,1997

Code of Federal Regulations, Title 38, Pensions, Bonuses, and Veterans' Relief, Pt. 0-17, Revised as of July 1 2005 Office of the Federal Register (U.S.) Staff, Office of the Federal Register, 2005-10 The Code of Federal Regulations is a codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the United States Federal Government **EBRI Issue Brief** ,1992 **Pensions, Bonuses, and Veteran's Relief** U S Office of the Federal Register, 2011-09-23 The Code of Federal Regulations is a codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the United States Federal Government

BNA Pension & Benefits Reporter ,2009 **Trustees Handbook** Marc Gertner, 2006 Marc Gertner editor and contributor Written by over 30 experts skilled in various facets of multiemployer benefit plans this updated volume provides a basic comprehensive reference for both new and experienced trustees and professionals who serve multiemployer funds This compilation of collective wisdom offers the chance to learn from each other on a wide range of topics in 50 chapters New topics in this edition include pension plan mergers internal controls reading and understanding employee benefit plan financial statements managed prescription drug benefit programs trends in multiemployer health plan design and recent regulations in compliance regarding HIPAA and COBRA International Foundation 536 pages 2006 **Managed Care and Medical Cost Containment in Workers' Compensation** ,2001 Health Risks and Behavior Stephen D. Brink, 1987

Managed Care Contracting Douglas A. Conrad, 1996 However successful managed care contracting is a daunting challenge requiring a range of skills from creating an organizational vision and strategy to pricing specific services Managed Care Contracting provides all the necessary tools to meet the challenge of managed care contracting *The Managed Health Care Handbook* Peter Reid Kongstvedt, 1996 Considered the bible of the managed care industry this third edition is greatly expanded with 30 new chapters and extensively updated double the size of the last edition the Managed Health Care Handbook is a key strategic and operational resource for use in planning and decision making it includes first hand advice from experienced managers on how to succeed in every aspect of managed care quality management claims and benefits administration managing patient demand As well as risk management subacute care physician compensation and much more This seminal resource is a must for providers purchasers and payers for everyone involved in the managed care industry

BNA Pension Reporter ,1992-07 *Statistical Record of Health & Medicine* Charity Anne Dorgan, 1995 Indicators

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