



# ADVOCATE

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## **WHAT IS A MEDICARE SUPPLEMENT POLICY?**

By Charles Clarkson, Esq., Project Director,  
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Persons who are first enrolling in Medicare have a choice in how they get their health coverage. They choose either Original Medicare (also known as Traditional Medicare) or a Medicare Advantage Plan. If you decide to choose Original Medicare, you should know that Original Medicare does not pay for everything. Usually Original Medicare will pay 80% of the cost and you, as a Medicare beneficiary, are responsible for the remaining 20% balance. To help pay this balance, beneficiaries on Original Medicare will buy a Medicare Supplement Plan. These plans pay for the gaps in Medicare coverage and, therefore, are also known as Medigap plans. These plans are sold by private companies and can help pay for some or all of the costs that Original Medicare doesn't, like copayments, coinsurance, and deductibles. Some Medigap policies also cover certain benefits Original Medicare doesn't cover, like emergency foreign travel expenses.

Medigap policies don't work with other types of health coverage, including Medicare Advantage Plans, stand-alone Medicare drug plans, employer/union group health coverage, Medicaid, or TRICARE. If you have Original Medicare and a Medigap policy, Medicare will pay its share of the Medicare-approved amounts for covered health care costs. Medicare should then send the claim to the Medigap plan. Then your Medigap policy pays its share. Medicare doesn't pay any of the costs of buying a Medigap policy. A Medigap policy is different from a Medicare Advantage Plan because those plans are another way to get your Part A and Part B benefits, while a Medigap policy only helps pay for the costs that Original Medicare doesn't cover.

Insurance companies generally can't sell you a Medigap policy if you have coverage through a Medicare Advantage Plan or Medicaid. All Medigap policies must follow federal and state laws designed to protect you, and policies must be clearly identified as "Medicare Supplement Insurance." Medigap policies are standardized, and in most states are sold by letter, plans A through N. Each standardized Medigap policy under the same plan letter must offer the same basic benefits, no matter which insurance company sells it. Cost is usually the only difference between Medigap policies with the same plan letter sold by different insurance companies. For more information to help find a policy that works for you, visit [Medicare.gov/medigap-supplemental-insurance-plans](https://www.Medicare.gov/medigap-supplemental-insurance-plans). If you need help comparing and choosing a policy, call your State Health Insurance Assistance Program (SHIP) for help. In New Jersey call 1-800-792-8820.

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Since January 1, 2020, Medigap plans sold to people new to Medicare aren't allowed to cover the Part B deductible (\$203.00 in 2021.) Because of this, Plans C and F are no longer available to people who are “new to Medicare” on or after January 1, 2020. If you already have either of these two plans (or the high deductible version of Plan F) you'll be able to keep your plan as long as you keep paying the premium. If you were eligible for Medicare before January 1, 2020, but have not yet enrolled, you may still be able to buy Plan C or Plan F.

Below is the chart of Medigap plans by letter and the coverages for each lettered plan. This chart may help you decide which lettered plan may work for you. This chart is also available in the Medicare & You booklet which is mailed each year to Medicare beneficiaries. The booklet can also be found online at the Medicare website: Medicare.gov. The booklet is also a valuable resource to people enrolling in Medicare for the first time. It will help explain your options.

**MEDIGAP CHART**

Benefits	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to 365 days after Medicare benefits are use)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled Nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%

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Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
Out-of-pocket limit in 2020							\$5,880	\$2,940		

\*Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments and deductibles) up to the deductible amount of \$2,340 in 2020 before your policy pays anything. (You can't buy Plans C and F if you were newly eligible for Medicare on or after January 1, 2020.)

\*\*For Plans K and L, after you meet your out-of-pocket yearly limit and your Part B deductible (\$203 in 2021), the Medigap plan pays 100% of covered services for the rest of the calendar year.

\*\*\*Plan N pays 100% of the Part B coinsurance. You must pay a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

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*Formerly NJ Foundation for Aging*

**NEW JERSEY ADVOCATES FOR AGING WELL**

The Senior Medicare Patrol of New Jersey (SMPNJ) works and partners with agencies across the state as part of its mission to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. In this issue we are highlighting the work of the New Jersey Advocates for Aging Well. Cathy Rowe, Executive Director, sits on the Advisory Committee of the SMPNJ.

**On aging...**

“Getting older” isn’t something that’s going to happen in the future — it’s happening every day, and becoming educated about what people face as they live and age in New Jersey is critical. Right now, more than 23% of New Jersey’s population is over 60.

By 2030, all baby boomers will be at least 65 years old. When they were born (post-World War II through 1964), the average life expectancy was still under 70 years. A child born today may easily see its 100<sup>th</sup> birthday. That is a **big** change and a **rapid** change.

New Jersey policymakers must prepare for this wave of aging adults, who will need information, resources, and services.

### **Our history...**

In 1998, our founding trustees — comprising County Office on Aging Directors and leaders in the aging field — recognized that services were needed to address the new and changing realities of aging in our state. Our certificate of incorporation as “New Jersey Foundation for Aging” included purposes to serve as a statewide voice for social policy to enhance services for older New Jersey residents and to encourage and maintain high standards of service in the field of aging to better serve older adults. In 2021 we embarked on a rebranding campaign, which included changing our name to New Jersey Advocates for Aging Well (NJAAW) to more accurately reflect our commitment to our home state. For more on our history, please visit our website at [njaaw.org/about-us/#history](http://njaaw.org/about-us/#history).

### **Our work...**

NJAAW provides leadership in public policy and education and works diligently to ensure that everyone can age well in the community of their choice. We focus solely on issues impacting older adults in the Garden State. We aren't a membership organization, and we don't sell anything.

We can connect across industry sectors that serve aging populations. NJAAW works with many partners and is engaged in talking about significant issues, such as age-friendly communities. We help shape state policy concerning older adults, as well as fostering and creating awareness of resources that can make a difference in New Jersey's ever-growing older adult population. Our social action issues include senior housing and hunger, elder economic security, older workers, and transportation.

### **How we help...**

- We provide expert testimony in Trenton ([njaaw.org/press-room/](http://njaaw.org/press-room/)).
- Since our founding in 1998, we've presented an annual conference offering development opportunities and best practices for professionals who work with older adults.
- Our educational forums/webinars address current issues and needs ([njaaw.org/events/](http://njaaw.org/events/)).
- Our monthly “Coffee & Conversation” virtual networking gives those serving our older adult population an opportunity to share ideas, make connections, and learn from one another and guest experts.
- Our bi-weekly e-newsletter includes the latest updates and happenings in the field ([njaaw.org/newsletter/](http://njaaw.org/newsletter/)).
- Our newly redesigned website is a portal to reliable information on programs and services available in New Jersey to help older adults live their lives to the fullest ([njaaw.org](http://njaaw.org)).
- Our blog offers insight into challenges faced by older adults and those who care for them ([njaaw.org/our-blog/](http://njaaw.org/our-blog/)).
- For 10 years, NJAAW has produced Aging Insights, an award-winning monthly TV program covering topics that range from the pandemic to personal finance and just about everything in between. Now hosted by NJAAW's new Executive Director, Cathy Rowe, DrPH, the half-hour show features local and national experts and connects seniors, their families, and caregivers to community-based services and resources. The program can be viewed on our website at [njaaw.org](http://njaaw.org), our YouTube channel at [youtube.com/c/njadvocatesforagingwell/](http://youtube.com/c/njadvocatesforagingwell/), and more than 70 public-access TV channels throughout New Jersey (check your local TV listings).
- Follow us on Facebook and Instagram ([njadvocatesforagingwell](https://www.facebook.com/njadvocatesforagingwell)) as well as Twitter ([njagingwell](https://twitter.com/njagingwell)).

NJAAW is prepared to provide much-needed information, research, and advocacy now and in the future as the demographics shift towards a larger, older population in New Jersey and across the nation. As New Jersey works

toward becoming an age-friendly state, we will increase our focus on policy and discussing age-friendly efforts and the changing needs of our state.

Contact us at [office@njaaw.org](mailto:office@njaaw.org) or 609-421-0206.

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### **GENETIC TESTING FRAUD ALERT**

Scammers are offering Medicare beneficiaries cheek swabs for genetic testing to obtain their Medicare information for fraudulent billing purposes or possibly medical identity theft. Genetic testing fraud occurs when Medicare is billed for a test or screening that was not medically necessary and/or was not ordered by a beneficiary's treating physician.

#### **Here are several ways genetic testing is advertised:**

- Cancer screening/test
- Hereditary cancer screening/test
- Pharmacogenetics (medication metabolism)
- DNA screening/test
- Dementia screening/test
- Parkinson's screening/test

#### **Report potential genetic testing fraud, errors, or abuse if:**

- A company offers you "free" or "at no cost to you" testing without a treating physician's order and then bills Medicare.
- A company uses "telemedicine" to offer testing to you over the phone and arranges for an unrelated physician or "teledoc" to order the test
- You see on your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB):
  - Charges (usually thousands of dollars) for a broad range of genetic tests that you did not request or possibly even receive
  - Charges for pharmacogenomic tests (to determine how you metabolize drugs) for drugs that do not apply to you
- A company requests your Medicare number (or possibly driver's license) at health fairs, senior centers, assisted living facilities, malls, farmers' markets, parking lots outside retail stores, home shows, or church-sponsored wellness events.

#### **Cardiovascular Genetic Testing Fraud**

Cardiovascular genetic testing fraud occurs when Medicare is billed for a cardio type of test or screening that was not medically necessary and/or was not ordered by a beneficiary's treating physician.

#### **Here are several ways cardiovascular genetic testing is advertised:**

- Cardio/cardiac genetic screening/test
- Comprehensive cardiovascular panel
- Cardiovascular disease genetic kit
- Cardiovascular genetic screening/test
- Comprehensive cardiomyopathy NSG
- Hereditary cardiovascular profile

#### **Report potential cardiovascular genetic testing fraud, errors, or abuse if:**

- A company offers you "free" or "at no cost to you" testing without a treating physician's order and then bills Medicare.

- A company uses “telemedicine” to offer testing to you over the phone and arranges for an unrelated physician or “teledoc” to order the tests.
- Medicare is billed (usually thousands of dollars) for a broad range of cardiac genetic tests that you did not request or possibly even receive.
- A company calls you stating your doctor or cardiologist requested that you have the testing done and it will send you a testing kit.

Need assistance with Medicare fraud, waste, or abuse? Call the Senior Medicare Patrol of New Jersey at 732-777-1940 or the hotline at 877-SMP-4359.



### ASK CHARLES

Charles Clarkson is the Project Director of the Senior Medicare Patrol of NJ.

### **How do I enroll in Medicare for the First Time? It's so confusing.**

I get this question all the time. It's true. Medicare is confusing and can be daunting with all of your options. If you are still working, there are still more decisions to make. Let start with the basics. You are turning 65 in three months. If you're eligible at age 65, your initial enrollment period begins three months before your 65th birthday, includes the month you turn 65, and ends three months after the month of your 65<sup>th</sup> birthday.

If you are retired and collecting Social Security benefits, you will be automatically enrolled in Medicare. A Medicare card will be mailed to you (usually three months prior to your 65<sup>th</sup> birthday), enrolling you in both Part A (hospital coverage) and Part B (medical coverage.) If you are still working (i.e. actively employed by an employer with 20 or more employees) you may be able to delay enrolling in Part B, in which case you will follow the instructions that come with the card and send the card back. If you keep the card, you keep Part B and will pay the Part B monthly premium. If you are working for an employer with 19 or fewer employees, you will need to keep Part B because Medicare will be your primary insurer. When you retire and are no longer actively employed you will have an eight-month Special Enrollment Period to add Part B without any penalty.

If you are not collecting Social Security benefits, you will need to enroll in Medicare. You can do this by (i) calling the Social Security Administration to enroll, (ii) going online to the Social Security Administration ([ssa.gov](http://ssa.gov)) to enroll or (iii) going online to [Medicare.gov](http://Medicare.gov) to enroll. The Medicare web-site in the bottom left has "APPLY FOR MEDICARE," which links you to the Social Security Administration's website to enroll. Remember, if you enroll in Medicare during the month of your birthday or the three months after your birthday, the effective date of your Medicare eligibility will be delayed. So don't wait to sign up for Medicare. Sign up during the first three months before your 65<sup>th</sup> birthday so your eligibility will be effective the month you turn 65.

When you enroll in Medicare for the first time and receive your Medicare card you then have to: (1) decide on Original (Traditional) Medicare with a supplement (Medigap) plan and a Part D drug plan or (2) enroll in a Medicare Advantage plan with drug coverage. That decision is for another Ask Charles column.

My best advice, however, is to speak or meet with a State Health Insurance Assistance Program (SHIP) counselor to assist you in enrolling in Medicare and help you determine the best choices for you. Every state has a SHIP program, which may have different names. You can reach the SHIP in New Jersey by calling 800-792-8820. You will then be referred to the SHIP program in your county to set up an appointment.



### **STAY CONNECTED**

The Senior Medicare Patrol of New Jersey has a website. You can reach our site at:

<http://seniormedicarepatrolnj.org/>



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#MedicareMaven

## **Serve your community; learn about Medicare by volunteering for the New Jersey Senior Medicare Patrol**

SMP of New Jersey is currently recruiting Volunteer Community Liaisons to speak to small groups of their peers and help provide Medicare education at community events.

The role of the Community Liaison is to share information that can help others PREVENT, DETECT, and REPORT Medicare fraud, waste, and abuse.

**Free Training Available**

For more information please contact Michelle Beley-Bianco,  
SMP-NJ Coordinator of Volunteers, 732-777-1940 or

[michelleb@jfsmiddlesex.org](mailto:michelleb@jfsmiddlesex.org)

## *SMP - Empowering Seniors to Prevent Medicare Fraud*

### Senior Medicare Patrol of New Jersey

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