Statewide Health Insurance Benefits Advisors Basic Training

SHIBA OFFICE of the INSURANCE COMMISSIONER WASHINGTON STATE

Updated December 2019

Welcome and a knowledge invitation

Welcome to the Statewide Health Insurance Benefits Advisors (SHIBA) Basic Training!

As a part of introductions, please share what you would like to learn during this training.

What questions would you like to have answered?

NOTE: Your trainer may adjust the following slides depending on your level of experience and/or if this is a one- or two-day training.

Basic Training table of contents

Medicare training acronyms

Here's a list of acronyms used in this presentation:

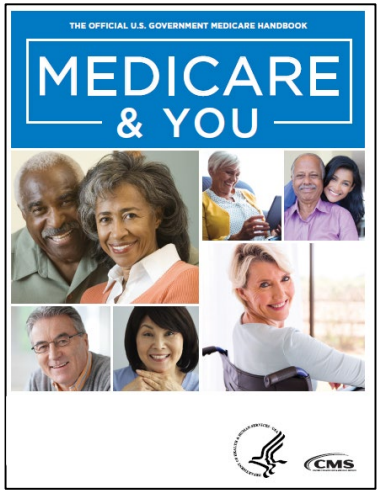
ESRD	End Stage Renal Disease
GEP	General Enrollment Period
HMO	Health Maintenance Organization
IEP	Initial Enrollment Period
LIS	Low Income Subsidy (Extra Help)
LPR	Legal Permanent Resident
MA	Medicare Advantage (Part C)
MAPD	Medicare Advantage Plans with Prescription Drug Coverage
MIPPA	Medicare Improvements for Patients and Providers Act
MSP	Medicare Savings Program
OEP	Open Enrollment Period
OIC	Office of the Insurance Commissioner
OM	Original Medicare (Parts A & B)
OTC	Over-the-Counter
PDP	Prescription Drug Plan
PFFS	Private Fee-for-Service
PPO	Preferred Provider Organization
RTC	Regional Training Consultant
SEP	Special Enrollment Period
SHIBA	Statewide Health Insurance Benefits Advisors
SHIP	State Health Insurance Assistance Program
SMP	Senior Medicare Patrol
SNP	Special Needs Plans
SSA	Social Security Administration
STARS	SHIP Tracking and Reporting System
SSDI	Social Security Disability Insurance
VC	Volunteer Coordinator

A more detailed list is included with your training materials. Training acronym lists are also available on My SHIBA at www.insurance.wa.gov/my-shiba.

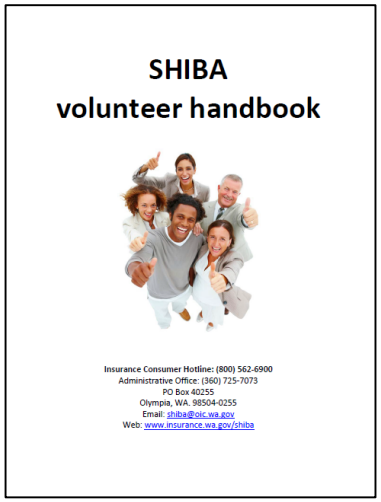
Goals for this training

- Provide you with a broad higher level overview about:
  - SHIBA
  - Medicare
  - Senior Medicare Patrol (SMP)
- Assure you're a confident candidate and have the basic training you need to move on to the SHIBA Path to Certification. The SHIBA Path includes the steps you'll complete before you start advising clients on your own.

Primary training references



Medicare & You 2020
(www.medicare.gov/pubs/pdf/10050-medicare-and-you.pdf)
is referenced throughout this presentation with corresponding page numbers.



The ***SHIBA Volunteer Handbook*** (www.insurance.wa.gov/media/1548) is your guide for working in your SHIBA role.

Your training checklist

Here's a list of materials you'll receive today:

- ❑ 3-ring training binder with basic advisor training packet
- ❑ *Medicare & You*
- ❑ Glossary of health care coverage and medical terms
- ❑ Medicare Help rainbow chart
- ❑ Extra Help/LIS copay levels & costs
- ❑ Checklist for SHIBA Open Enrollment counseling
- ❑ SHIBA volunteer coordinator's mentoring certification checklist
- ❑ Path to SHIBA Certification tracking sheet
- ❑ SHIBA STARS Beneficiary Contact Form
- ❑ Quick Referral Guide
- ❑ Frequently-used acronyms
- ❑ Your Medicare coverage choices
- ❑ Medicare Part A & B covered services
- ❑ Approved Medicare Supplement (Medigap) plans chart
- ❑ What you need to know about Medigap plans
- ❑ Comparing Medicare Supplement (Medigap) and Medicare Advantage plans
- ❑ Medicare Part D stand-alone prescription drug plans
- ❑ Medicare Help rainbow chart
- ❑ Extra Help/LIS copay levels & costs
- ❑ Checklist for SHIBA Open Enrollment counseling
- ❑ SHIBA volunteer coordinator's mentoring certification checklist
- ❑ Path to SHIBA Certification tracking sheet
- ❑ SHIBA STARS Beneficiary Contact Form
- ❑ Quick Referral Guide

Basic training learning objectives

Learning objectives

At the end of your basic training, you should be able to:

- Explain SHIBA's scope and mission.
- Describe the basic framework of Medicare, including the four parts.
- Explain at least five ways a SHIBA volunteer can help and advocate for people who need help with Medicare.
- Describe the PlanFinder, where to find it and how it can help a client.
- Explain the differences between Medicare Advantage (MA) plans and Original Medicare, and list the components of each.

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Learning objectives *(continued)*

- Explain the importance of confidentiality and SHIBA's expectations.
- List at least 10 authoritative Medicare resources and where to find them.
- List and describe the four main enrollment periods.
- Describe how to know if a Medicare resource is authoritative.
- Explain your boundaries within SHIBA's scope and your role with SHIBA.

Continued on next slide

Learning objectives *(continued)*

- Be able to answer basic questions about Medicare, such as:
  - How and when do I enroll in Medicare?
  - What are the basic differences between Original Medicare and Medicare Advantage plans?
  - What is a Medigap?
- Explain what you know about Medicare and what you do not yet know about Medicare.
- Describe what'll be included in your 10 hours of mentoring.

Certification

- After you complete this training, you'll take an open book exam.
- Get more information about the exam from your Volunteer Coordinator (VC) or Regional Training Consultant (RTC).
- After you pass the exam and successfully complete mentoring, we'll certify you as a SHIBA volunteer.
- This is not the end of your training, it's the start of a rewarding journey!

SHIBA advisor orientation

Volunteer advisor orientation basics

Thank you for your interest in serving as a volunteer advisor for SHIBA!

Your work and commitment will contribute to helping the lives of thousands of people across the state as they navigate their way through Medicare.

Volunteer advisor orientation overview

This section of slides will cover:

1. Who we are and what we do – our mission
2. When we started – some history and funding info
3. A note about SHIPs, SMPs and MIPPA
4. SHIBA's scope
5. Who's an advisor?
6. Duties and work scope
7. Referrals
8. Volunteer roles
9. Types of cases
10. How we'll help you: Staff and training
11. Next steps and advisor mentoring

SHIBA and our mission statement

SHIBA is the **S**tatewide **H**ealth **I**nsurance **B**enefits **A**dvisors and we're part of the Washington state Office of the Insurance Commissioner.

SHIBA's Mission

SHIBA provides free, unbiased information about health care coverage and access to help improve the lives of all Washington residents.

We cultivate community commitment through partnership, services and volunteering.

SHIBA history

- The first State Health Insurance Assistance Program (SHIP) began in our state in 1979.
- All states have a SHIP program.
- SHIBA is funded by the federal government.
- In Washington state, we are also funded by the state legislature.

SHIBA history – how it works

- Funding comes to SHIBA through federal and state resources.
- SHIBA uses these funds to award grants to sponsors in our state to provide SHIBA services statewide.
- SHIBA provides volunteer training and education.
- Each sponsor site has a volunteer coordinator who manages the SHIBA program in their area.
- These programs are mainly staffed by volunteers.

A note about SHIPs, SMPs and MIPPA

- SHIBA is a State Health Insurance Assistance Program (SHIP).
- Senior Medicare Patrols (SMPs) empower and assist Medicare beneficiaries, their families and caregivers to prevent, detect and report health care fraud, errors and abuse.
- The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 is a piece of legislation related to Medicare. One important provision of MIPPA was the allocation of federal funding to help low-income beneficiaries apply for programs that make Medicare affordable.

SHIBA's scope: Work expectations

It's important that SHIBA volunteer advisors, sponsors and staff provide the same level of service across the state to ALL clients and work within the program's service scope.

It's also important to know when to ask for help for questions you cannot answer and when to refer a client to a colleague or another agency.

Unless specifically stated, volunteer policies apply to all volunteers in all SHIBA programs and projects. This includes volunteer involvement that's organized and managed by sponsor organizations.

(Volunteer handbook page 41)

Volunteer duties & scope

Duties within a volunteer's scope

- Screen clients' eligibility for various health care coverage options.
- Provide unbiased information about Medicare and health insurance options.
- Advise points to think about with regard to Medicare and health insurance options.
- Educate about Medicare fraud identification and prevention.
- Counsel and/or enroll in Medicare programs and plans when eligible and appropriate.
- Help low-income clients research their prescription and co-insurance options.

Who's a SHIBA volunteer advisor?

Volunteer advisors are the foundation of our Statewide Health Insurance Benefits Advisors (SHIBA) program.

A SHIBA volunteer advisor can be anyone who:

- Is interested in committing the time it takes to advise and counsel others about Medicare.
- Is not a licensed insurance agent
- Passes a background check
- Can bring honesty, integrity and confidentiality to their role

Confidentiality

Protecting client information is expected and required.

Volunteer Coordinators (VCs) and volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a staff member, a volunteer, a client or others, or involves the overall business of SHIBA.

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Confidentiality *(continued)*

VCs and volunteers should take all steps necessary to safeguard the confidentiality of all SHIBA and client-related information and to prevent personal client information from falling into the possession of unauthorized people.

VCs and volunteers should only use any information collected or obtained in the course of their SHIBA work to assist the client or otherwise fulfill VC and volunteer role responsibilities.

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Confidentiality *(continued)*

VCs and volunteers must use secure and encrypted methods when sending emails that contain personally identifiable client information.

Anyone who collects and obtains information while doing SHIBA work cannot disclose that information unless clearly approved by an authorized SHIBA representative. There is zero tolerance for breaches of confidentiality in connection with work at SHIBA.

Roles for SHIBA volunteers

There are lots of opportunities for SHIBA volunteers. Many of you will be involved with advising and counseling clients.

Work with your volunteer coordinator to determine the training you'll need to be a:

- Medicare advisor
- Medicare fraud advisor
- Presenter for SHIBA outreach
- Data entry and administrative support staffer

Types of cases you might receive

For counseling advisor roles, you might receive one or more of these kind of cases:

- New to Medicare
- How and when to enroll in Medicare
- How to interpret billing paperwork and appeal denials
- Questions about covered and non-covered benefits provided by Original Medicare, Parts A & B, Medicare advantage plans, Medigaps or Part D
- Plans or service needs that we refer to other agencies
- Requests to use Medicare Plan Finder for help with getting medications covered and at lowest cost
- Complex cases that could require a referral, such as those for billing errors and fraud

Referrals and providing more insurance help

You can also help your clients by letting them know about the OIC's statewide toll-free Insurance Consumer Hotline at: 1-800-562-6900.

The Consumer Hotline is a free service where clients can get help with all types of insurance, such as home, auto, health, life, disability coverage, long-term care and even annuities.

Clients can also find more information at: www.insurance.wa.gov

How we'll help you

- SHIBA staff include specialists in training, program management, communications, grant management, Medicare complaints and program administration.
- Volunteer coordinators will provide supervision, mentoring and training.
- Regional training consultants will provide monthly Medicare training and support.
- Training sources include SHIBA sponsor locations and the My SHIBA website at www.insurance.wa.gov/my-shiba.

Next steps include:

- Taking the certification exam
- Mentoring (see the next slide and the Mentoring Certification Checklist in your binder)
- Knowing how to access and use the Volunteer Handbook.
- Asking for help
- Locating tools for you to succeed
- Getting to know your colleagues
- Knowing important rules
- Being recognized annually for your work

Your volunteer coordinator will help you on your path to certification! See your binder for the Path tracking sheet.

What are your expectations and questions?

Advisor mentoring

Advisors receive specific on-the-job training, which provides the information and skills they need to perform their volunteer assignment.

After you complete Basic Training, the volunteer coordinator will set up mentoring training to provide skills and techniques for those who've chosen to become a counselor. You'll receive more information on each of these as you progress through training. Some training tools may include:

- Medicare.gov and Medicare Plan Finder
- STARs database
- Department of Enterprise Services, Fulfillment Center
- SHIP Technical Assistance Center
- CMS National Training Program
- Senior Medicare Patrol

Knowledge check

Q1 What are examples of the type of cases you might receive as a SHIBA advisor?

Q2 What are some examples of duties within a SHIBA advisor's scope of work?

Q3 What is the primary purpose for protecting client confidentiality?

Q4 What is a referral number you can give to clients if they need help with Medicare?

Insurance terms and acronyms

Health coverage and medical terms

Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your **plan** or **health insurance** policy. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold** text indicates a term defined in this Glossary.
- See page 6 for an example showing how **deductibles**, **coinsurance** and **out-of-pocket limits** work together in a real life situation.

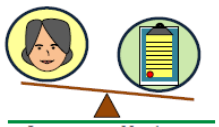
Allowed Amount
Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal
A request that your health insurer or **plan** review a decision that denies a benefit or payment (either in whole or in part).

Balance Billing
When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A **preferred provider** may ***not*** balance bill you for covered services.

Claim
A request for a benefit (including reimbursement of a health care expense) made by you or your health care **provider** to your health insurer or **plan** for items or services you think are covered.

Coinsurance
Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the **allowed amount** for the service. You generally pay coinsurance ***plus*** any **deductibles** you owe. (For example, if the **health insurance** or **plan's** allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)



(See page 6 for a detailed example.)

Complications of Pregnancy
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

Copayment
A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost Sharing
The general term that refers to the share of costs for services covered by a **plan** or **health insurance** that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of types of cost sharing include **copayments**, **deductibles**, and **coinsurance**. Other costs, including your **premiums**, penalties you may have to pay or the cost of care not covered by a plan or policy are usually ***not*** considered cost sharing.

Cost-sharing Reductions
Discounts that lower **cost sharing** for certain services covered by individual **health insurance** purchased through the **Marketplace**. You can get these discounts if your income is below a certain level, and you choose a Silver level health **plan**. If you're a member of a federally recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation, you can qualify for cost-sharing reductions on certain services covered by a Marketplace policy of any metal level and may qualify for additional cost-sharing reductions depending upon income.

Please reference the handout in your binder.

It is also posted on My SHIBA.

Insurance terms activity

What is the definition of each of the following terms?

- Appeal
- Coinsurance
- Copayment
- Cost Sharing
- Deductible
- ESRD
- Formulary
- Health Insurance
- Medically Necessary
- Network
- Plan
- Preferred Provider
- Premium
- Provider
- Screening
- Specialist

Insurance acronyms

- See the list at the beginning of this slide presentation.

- Acronym lists and a glossary of terms are available on My SHIBA (www.insurance.wa.gov/my-shiba). Search for "acronym" or "glossary."

- Medicare.gov also has a training glossary.

Medicare introduction

Medicare 101

Medicare is our country's health insurance program for people age 65 or older, and certain people under age 65 with disabilities. The program helps with the cost of health care but it doesn't cover all medical expenses or the cost of most long-term care.

Clients have choices for how they get Medicare coverage. If they choose to have Original Medicare (OM) coverage, they can buy a Medicare supplement policy (Medigap) from a private insurance company to cover some of the costs that Medicare does not.

Continued on next slide

Medicare 101 *(continued)*

Medicare has four parts:

1. Part A is hospital insurance
2. Part B is medical insurance
3. Part C is Medicare Advantage
4. Part D is Medicare prescription drug coverage

If clients can't afford to pay Medicare premiums and other medical costs, they may be able to get help from their state.

Continued on next slide

Medicare 101 *(continued)*

States offer programs for people eligible for or entitled to Medicare who have low income.

Some programs may pay for Medicare premiums and some pay Medicare deductibles and coinsurance.

To qualify, they must have Medicare Part A and have limited income and resources.

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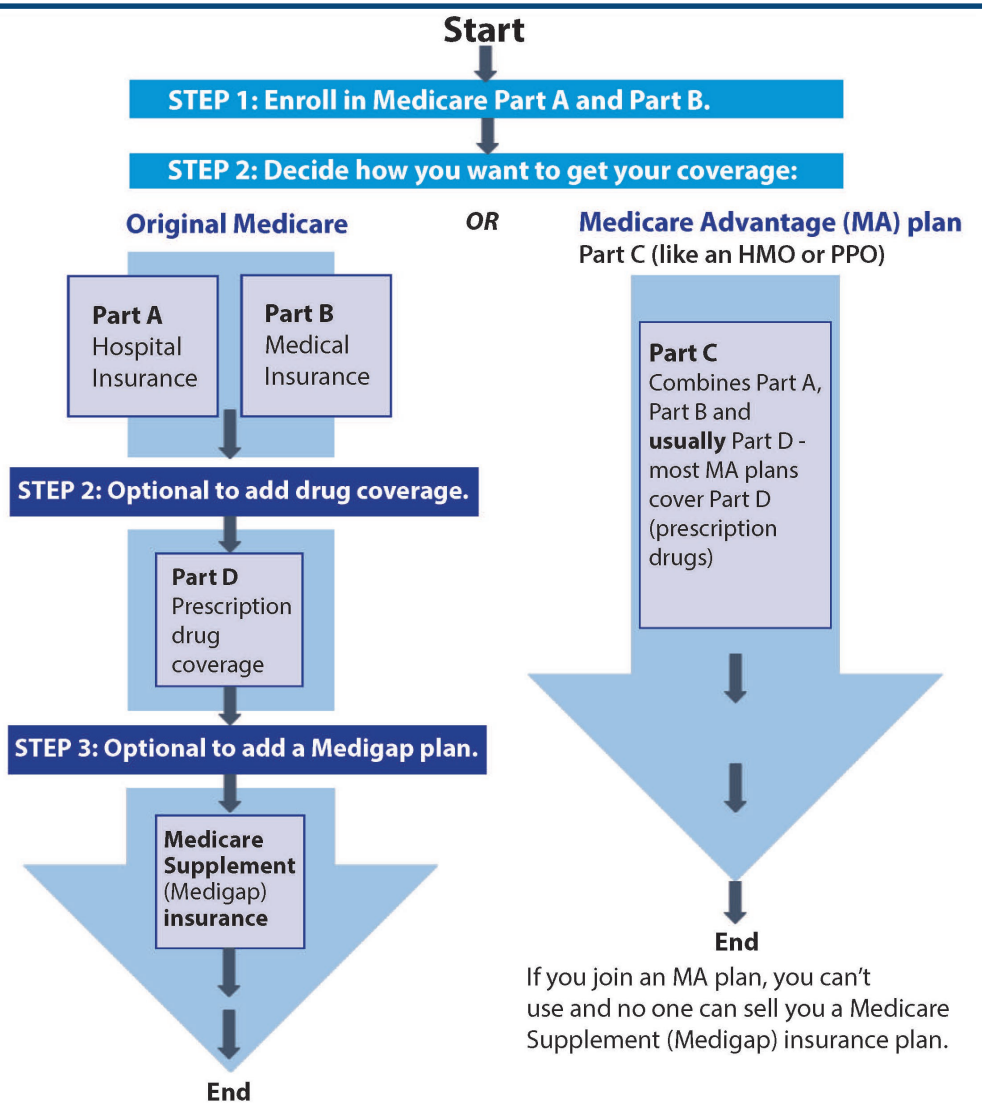
Medicare 101 *(continued)*

Medicare clients have options.

We'll start by covering the basics of each part of Medicare and later we'll look more closely at the coverage options shown at the right.



The four parts of Medicare

Part A Hospital Insurance

Part B Medical Insurance

Part D Medicare Prescription Drug Coverage

OR

Part C Medicare Advantage Plans (Includes Parts A & B and sometimes Part D)

Medicare Parts A, B and D

What are the parts of Medicare?

Part A (Hospital Insurance)

Helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

See pages 25–28.

Part B (Medical Insurance)

Helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly "Wellness" visits)

See pages 29–49.

Part D (Prescription drug coverage)

Helps cover:

- Cost of prescription drugs (including many recommended shots or vaccines)

Part D plans are run by private insurance companies that follow rules set by Medicare.

See pages 73–82.

Here's another way to look at three of the four parts of Medicare.

You'll find this in your *Medicare & You* handbook.

***Medicare & You 2020*: Page 5**

Who is eligible for Medicare?

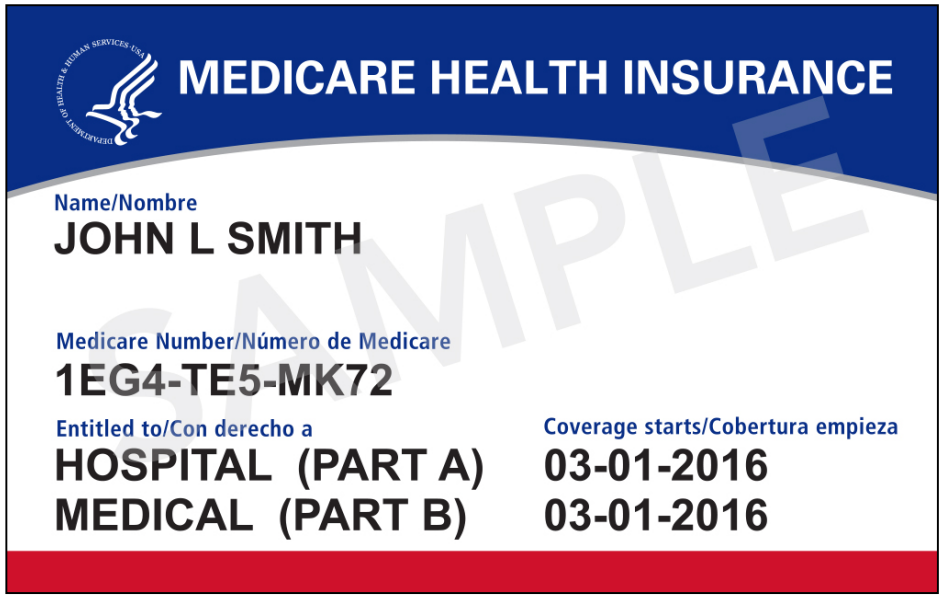
- Age 65 and older
- Under age 65 and deemed disabled (Social Security Disability Insurance) by the Social Security Administration (SSA)
  - 24-month waiting period
  - No waiting period if diagnosed with ESRD or ALS
- Must be a US citizen or legal permanent resident (LPR)
  - If a client is a LPR, they must be for 5 continuous years

***Medicare & You*: Page 15-17**

Medicare card

Are you using your new Medicare card?

Video: www.medicare.gov/blog/are-you-using-your-new-medicare-card



Knowledge check

Q1 What are the four parts of Medicare?

Q2 Who is eligible for Medicare?

Q3 What are the residency requirements to be eligible for Medicare?

Enrollment and enrollment periods

Some people are automatically enrolled

- Automatic enrollment for people who turn 65 and receive:
  - Social Security benefits
  - Railroad Retirement Board benefits
- Automatic enrollment also occurs for people:
  - Under age 65 who apply to SSA for SSDI disability benefits (SSDI is Social Security Disability Insurance). Most of those with SSDI must have received it for 24 months.
- Will receive an enrollment packet, including a Medicare card in the mail

***Medicare & You*: Page 15**

When enrollment is NOT automatic

- If client is **not** receiving Social Security Administration (SSA) retirement income
    - They will need to enroll with Social Security:
        - ❖ Online at www.ssa.gov
        - ❖ Call 1-800-772-1213
        - ❖ Visit local SSA office
- If a client has questions about enrollment, have them contact Social Security at www.ssa.gov.

***Medicare & You*: Page 16**

Three main Medicare enrollment periods

1. Initial Enrollment Period (IEP)
2. Special Enrollment Period (SEP)
3. General Enrollment Period (GEP)

There's also an Open Enrollment Period (OEP) that we'll cover in another section.

This is just the start. The client will have more decisions to make along their path!

***Medicare & You*: Pages 17-18**

Initial Enrollment Period

When the client is first eligible to sign up for Medicare – it's the 7-month window they have to sign up.

- Lasts 7 months
- Starts 3 months before client's 65th birthday
- Ends 3 months after client turns 65

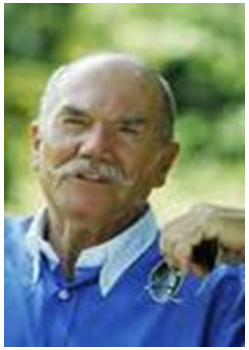
Initial Enrollment Period

3 months before the month you turn age 65	2 months before the month you turn age 65	1 month before the month you turn age 65	Your birthday (BD) month	1 month after you turn age 65	2 months after you turn 65	3 months after you turn 65
↓	↓	↓	 ↓	↓	↓	↓
Medicare starts BD month	Medicare starts BD month	Medicare starts BD month	Medicare starts next month	Medicare starts in 2 months	Medicare starts in 3 months	Medicare starts in 3 months

The later you enroll, the later your coverage starts.
There could be up to a 3-month wait.

***Medicare & You*: Page 17**

Examples of Initial Enrollment Period



George will turn 65 in May. He enrolled in Medicare in February and it will start on May 1.

Sally turned 65 in May as well, but she did not enroll in Medicare until August. Sally faces no penalty, but her Medicare will not start until November.

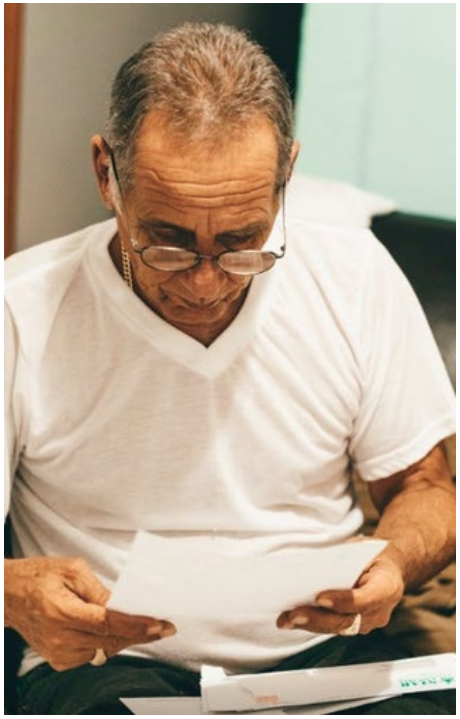
Special Enrollment Period

- Special Enrollment Period (lasts 8 months)
- Occurs **after** the Initial Enrollment Period (IEP) ends
- For people covered by a group health insurance plan based upon **current** employment
  - Their own, a spouse's or if disabled, then a family member's
- Can enroll in Medicare Part A and/or B
  - Any time still covered by the group plan
  - During the 8-month period that starts the month after employment ends or the coverage ends, whichever happens first

***Medicare & You*: Pages 17-18**

Example of Special Enrollment Period

Alec's been working for a large employer and is getting ready to retire this year. He is 68 years old and has not signed up to collect Social Security or Medicare.



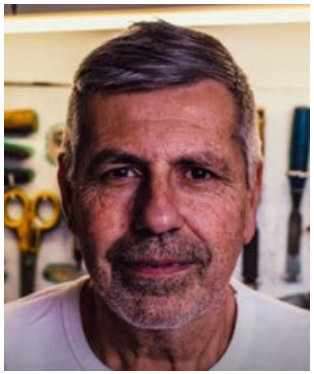
Alec can sign up for Medicare at any time now, using his Special Enrollment Period (SEP). His SEP will end when he has been retired for 8 months.

General Enrollment Period

- General Enrollment Period (GEP)
  - If client missed Initial Enrollment Period
  - If client missed, or is not eligible for a Special Enrollment period (i.e. employer coverage)
- Can enroll during the GEP
  - January 1 – March 31 each year
  - Coverage won't start until July 1 of each year
  - Possible higher premiums for Medicare Part A and/or Part B due to late enrollment

***Medicare & You*: Page 18**

Example of General Enrollment Period



Charlie is 68 years old. He stopped working over a year ago, and his employer doesn't offer any retiree health coverage. He is planning to sign up for Social Security when he turns 70 to get his maximum benefit. Since he is pretty healthy, he thought he would wait for then to enroll in Medicare. Now he needs knee surgery!

He is past his Initial Enrollment Period, and it's been more than 8 months since he was covered by **active** employer insurance, so he is past his Special Enrollment period.

Charlie will have to wait for the General Enrollment Period to enroll in Medicare.

***Medicare & You*: Page 18**

Knowledge check

Q1 What is a Medicare:

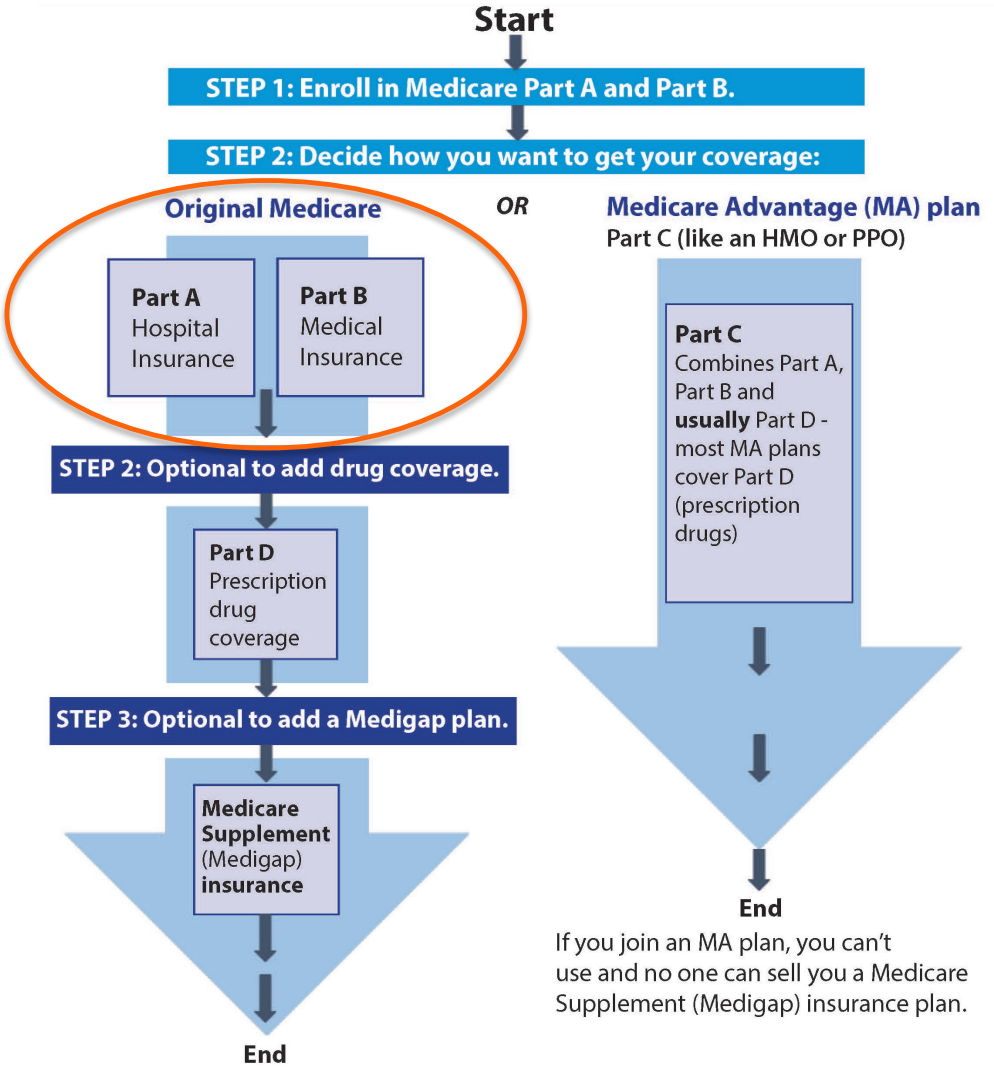
- Initial enrollment period?
- Special enrollment period?
- General enrollment period?

Q2 When enrolling during the GEP, what penalties might incur due to late enrollment?

Original Medicare

Parts A and B are referred to as Original Medicare (OM)

Original Medicare: Parts A and B



Original Medicare – Part A

Part A – Hospital insurance:

- Inpatient hospital
- Skilled nursing facility (limited)
- Home health care
- Hospice care
- Blood

***Medicare & You*: Pages 25-28**

Medicare hospital insurance (Part A)

Washington State Office of the Insurance Commissioner • Statewide Health Insurance Benefits Advisors (SHIBA)

2020 Medicare hospital insurance (Part A) covered services

Services	Benefit	Medicare pays	You pay
Hospitalization Semi-private room and board, general nursing and other hospital services and supplies (Medicare payments based on benefit periods) *(See comments 1 & 2)*	First 60 days	All but $1,408	$1,408 (Deductible per benefit period - *see comment 2*)
	61st to 90th day	All but $352/day	$352/day
	91st to 150th day *(60 reserve days may be used only once)*	All but $704/day	$704/day
	Beyond 150 days	Nothing	All costs
Skilled Nursing Facility Care Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies (Medicare payments based on benefit periods) *(See comments 1 & 2)*	First 20 days	100% of approved amount	Nothing
	Next 80 days	All but $176/day	up to $176/day
	Beyond 100 days	Nothing	All costs
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements for home health care benefits	100% of approved amount 80% of approved amount for durable medical equipment	Nothing for services 20% of approved amount for durable medical equipment
Hospice Care Pain relief, symptom management and support services for the terminally ill	For as long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
Blood♦ When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited during a benefit period if medically necessary	All but first 3 pints per calendar year	For first 3 pints

1 - Neither Medicare nor Medigap insurance pay for most nursing home care (See *Medicare & You* booklet, page 50).

2 - A benefit period starts the first day you receive a Medicare-covered service in a qualified hospital. It ends when you've been out of a hospital (or other facility that provides skilled nursing or rehab services) for 60 days in a row. It also ends if you stay in a facility (other than a hospital) that provides skilled nursing or rehab services, but do not receive any skilled care there for 60 days in a row. If you enter a hospital again after 60 days, a new benefit period starts.

♦ If the hospital gets blood from a blood bank at no charge, you won't pay for replacing it. If the hospital buys blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else.

Premium for Part A: Most people don't pay a premium, because they (or their spouse) worked for over 40 quarters. If you have fewer than 30 quarters of coverage, you pay $458/mo. For 30-39 quarters of coverage, you pay $252/mo.

Medicare Part A (hospital insurance)

What does Part A cost in 2020?

- Most people get Part A premium-free
  - They or their spouse must have paid FICA taxes for at least 10 years (40 quarters)
- **IF** they paid into Medicare less than 10 years, they:
  - Can pay a premium to get Part A
    - ❖ $458 per month (if worked fewer than 30 quarters)
    - ❖ $252 per month (if worked 30 -39 quarters)

(See bottom of your blue Medicare Part A chart)

***Medicare & You*: Page 21**

Examples of Medicare Part A

Evelyn is a widow and has contributed to Medicare for the last 20 years through her job. She's earned 40 working quarters throughout her active work. When Evelyn enrolls in part A, it'll be premium-free.

Vivian is single and has acquired only 35 quarters for Medicare, therefore she doesn't qualify for premium-free Part A. Vivian will have to pay a monthly premium of $252 (in 2020) to receive Part A. Vivian can also continue to earn more quarters.

Original Medicare – Part B

Part B – Medical insurance:

- Doctor visits
- Outpatient hospital services
- Tests, labs, x-rays, etc.
- Durable medical equipment (DME) and supplies
- Preventive services

***Medicare & You*: Pages 29-49**

Medicare medical insurance (Part B)

Washington State Office of the Insurance Commissioner • Statewide Health Insurance Benefits Advisors (SHIBA)

2020 Medicare medical insurance (Part B) covered services

Services	Benefit	Medicare pays	You pay
Medical Expenses Doctor services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, most outpatient mental health services, and other services	Unlimited if medically necessary	80% of approved amount (after $198 deductible)	$198 deductible,* plus 20% of approved amount and limited charges above approved amount**
Clinical Laboratory Services Blood test, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount* for durable medical equipment
Outpatient Hospital Treatment Services for the diagnosis or treatment of an illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital costs	20% of billed amount*
Blood♦	Unlimited during a benefit period if medically necessary	80% of approved amount (after $185 deductible and starting with 4th pint)	First 3 pints plus 20% of approved amount for additional pints♦*

* After you pay the yearly deductible of $198, you typically pay 20% of the Medicare-approved amount for most doctor services, outpatient therapy and durable medical equipment for the rest of the year.

** Federal law limits charges for physician services.

♦ If the hospital gets blood from a blood bank at no charge, you won't pay for replacing it. If the hospital buys blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else.

Monthly Part B premium: The standard Part B premium amount in 2020 is $144.60 (or higher depending on your income). However, a small number of people who get Social Security benefits will pay less due to the "hold harmless" provision. Social Security will tell you the exact amount you'll pay. For more information, go to: https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html.

We attempt to provide the most current information possible. Due to frequent changes, always check with Medicare at www.medicare.gov or at 1-800- MEDICARE (1-800-633-4227) for the latest premiums and deductibles. If you want personalized help, call SHIBA at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.

SHP520FR–SHIBA Part A&B-Rev. 11.12.19

Medicare Part B (medical insurance)

What does Part B cost?

- In 2020, most people will pay approximately $144.60 per month
  - People with higher incomes could pay more
- Social Security will notify clients if they have to pay more or less than the standard premium
  - The amount may change depending on the client's yearly income

***Medicare & You*: Page 22-24**

Examples of Medicare Part B

William enrolled in Medicare in 2013. His Part B premium in 2020 is $144.60.

Natasha's Medicare started in 2018. Her income is over $87,000 per year. Her Part B premium in 2020 is $202.40.

New Medicare premiums are announced each fall for the next calendar year. Social Security notifies individual enrollees of their premium. Factors affecting the amount include:

- Current income (higher or lower may pay more or less)
- If there's a cost-of-living adjustment to people's Social Security benefit in the new year

Does a client need Part B?

It depends. Potentially no, if:

- They have coverage through **active** employment
  - Their own job, their spouse's job, or if disabled and under 65, then another family member's job

Things to consider:

- Some of the decision is based upon rules about when Medicare would pay BEFORE the employer plan pays.
- People should check with their employer, in some cases, small employers will pay AFTER Medicare pays, even with active employment.
- Delaying Part B may mean:
  - Higher premiums (late enrollment penalty)
  - Waiting for GEP
  - Paying for their health care out-of-pocket

***Medicare & You*: Pages 18-21**

Examples of Part B coverage considerations

Maggie plans to keep working until she's 68. She's covered by her employer's insurance. Maggie will sign up for Part A, but defer Part B until she stops **actively** working.

Barbara retired at age 63 and has been paying for a private insurance plan. At age 65, she will start her Medicare Parts A and B.

Paying for Medicare Parts A and B

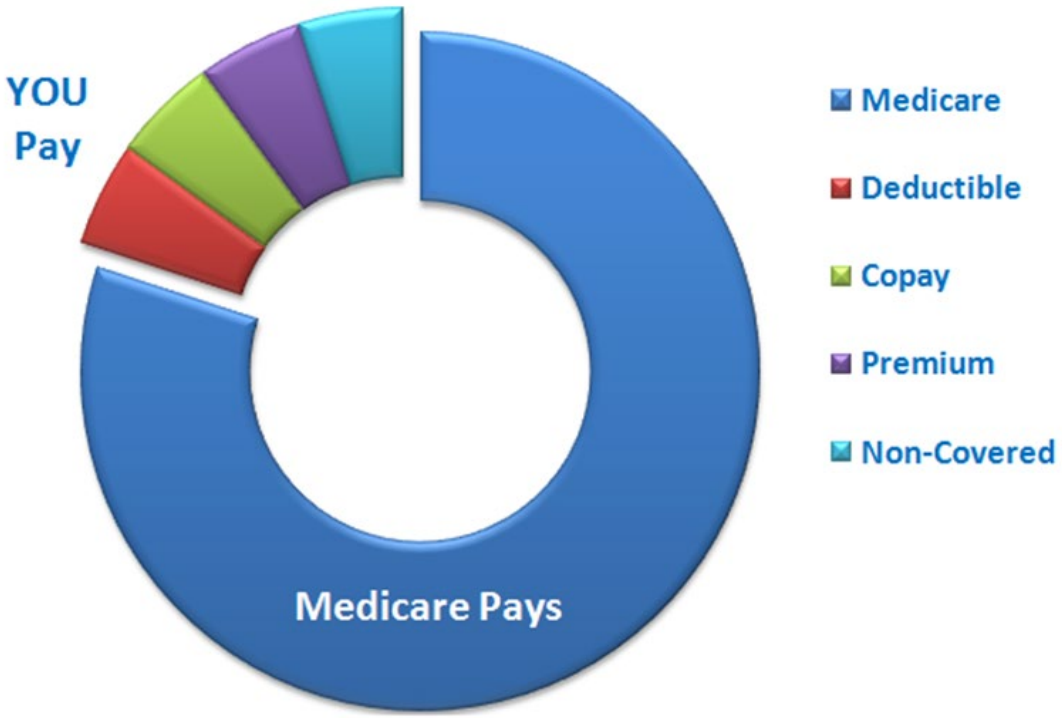
In addition to Part B premiums (and sometimes Part A), client pays:

- Part A hospital deductible
- Part B yearly deductible
- 20% coinsurance for most services
- May be other costs

***Medicare & You*: Pages 25-29**

Remember!

Medicare (generally) covers 80% of the cost for services that are “medically necessary”



Example: Coverage for "medically necessary"

Sara is diagnosed with glaucoma. Medicare does not cover eye exams related to prescribing glasses (with the exception that it does cover eyeglasses after cataract surgery).

Medicare does consider covering regularly scheduled eye exams to monitor Sara's eye health as "medically necessary."

Medically necessary
Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.
Medicare & You, page 114

Help paying for Medicare Parts A and B

There is a program to help clients pay for Medicare Parts A and B:

- It's called the Medicare Savings Program (MSP)
- Available to clients with limited income and resources
- Find MSP at: www.washingtonconnection.org

***Medicare & You*: Pages 86-87**

Example of help paying for Medicare

Sam receives Social Security retirement of $1,000 per month, and has less than $7,000 in the bank. The Medicare Savings Program will pay his Part B premium – $144.60 per month x 12 months – saving him over $1,735 per year.

Knowledge check

Q1 What parts of Medicare are known as Original Medicare?

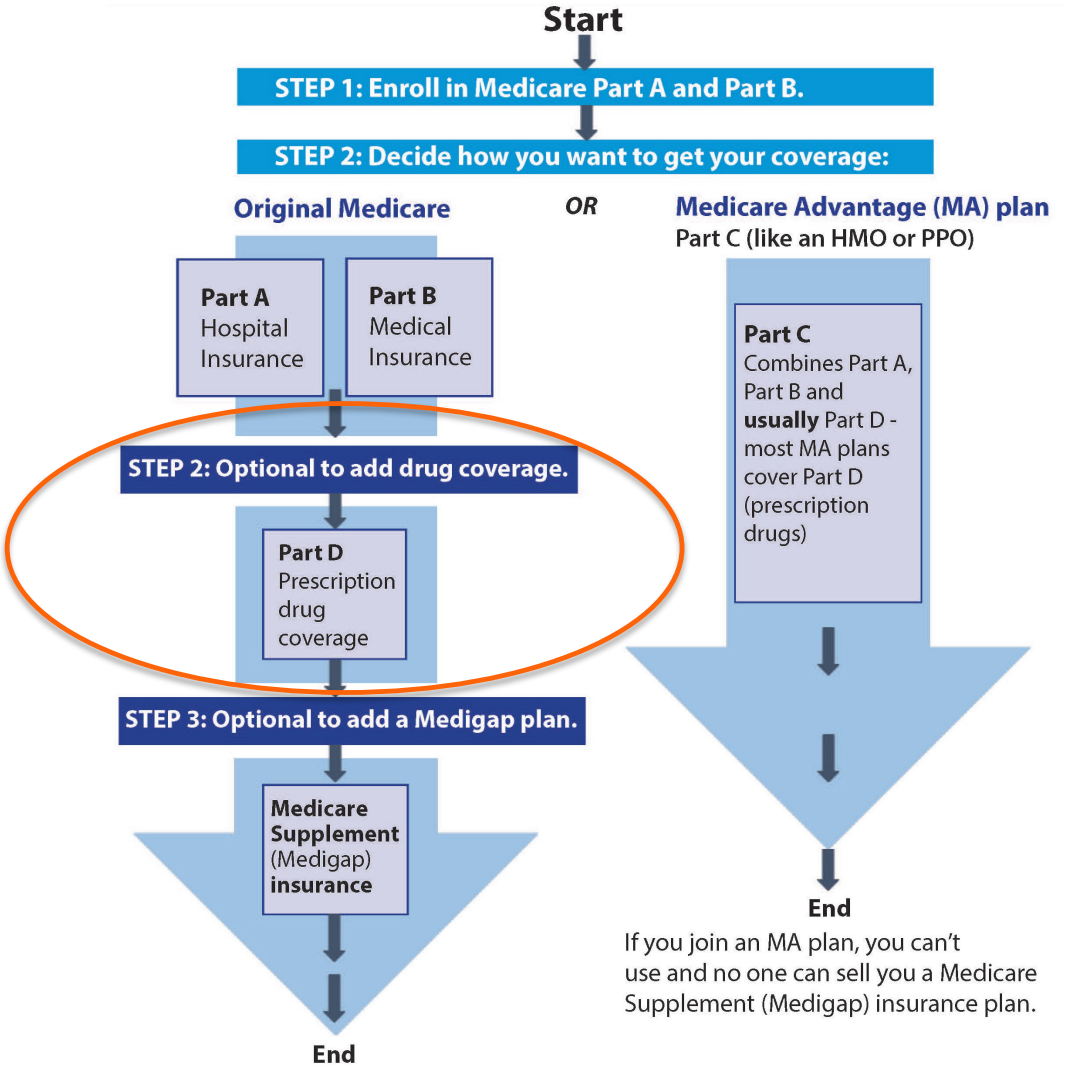
Q2 Does Part B cover hospital or medical?

Q3 What is the name of the program that can help clients pay for Medicare Parts A and B?

Medicare prescription drug coverage

Also called Part D

Medicare Part D



Medicare Part D

- Medicare prescription drug coverage (Part D) helps clients pay for both brand-name and generic drugs. Drug plans are offered by insurance companies and other private companies approved by Medicare.
- Available for all people with Medicare Parts A and/or B.
- Provided through:
  - Stand-alone Part D plans (PDP)
  - Medicare Advantage Plans (MAPD)

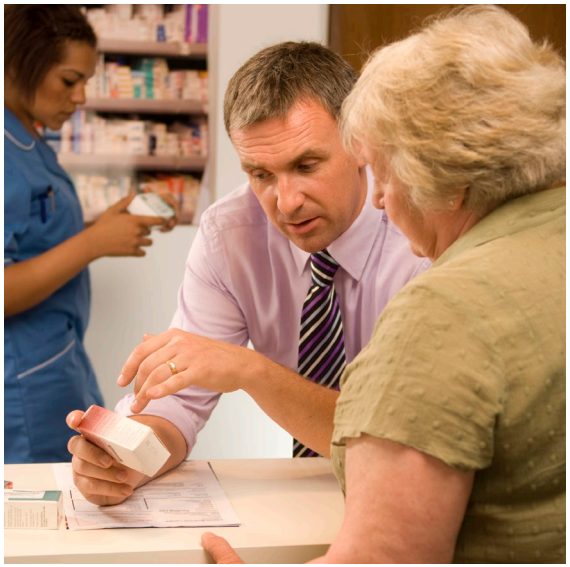
***Medicare & You*: Pages 73-75**

Who can enroll in Part D?

Clients must:

- Have Part A **or** Part B **or** both
- Live inside the U.S. and can't be incarcerated

Enrollment is not automatic for most.



***Medicare & You*: Pages 73-74**

Do all clients need Part D?

It depends…

- Do they already have creditable drug coverage from another source?
- Creditable means it's as good as Medicare Part D
  - For example, through an employer plan
- Without creditable coverage, client may have:
  - To wait to enroll
  - A penalty

***Medicare & You*: Pages 73-74 & 77-78**

What Part D covers

- Prescription brand-name and generic drugs only
- Each plan has its own formulary (a list of covered prescription drugs, also called a drug list.)
- Plans must cover a range of drugs in each category
- Coverage and rules vary by plan

Note: Part D does not cover over-the-counter drugs.

***Medicare & You*: Pages 79-81**

Examples of Part D plan coverage

Bob was told by his doctor to take a low-dose aspirin daily. Since this is an over-the-counter (OTC) medication, Part D plans do not cover it.

Samantha takes several brand-name and generic prescriptions. The Plan Finder will help her see if there's a plan that will cover these and if there are any coverage rules, such as:

- Quantity limits
- Prior authorization
- Step-therapy

***Medicare & You*: Page 79**

Medicare drug plan costs

What do clients pay?

- Cost varies by plan
- Most people pay:
  - A monthly premium
  - A yearly deductible
  - Copayments or coinsurance
    - Amounts vary over the course of the year based on cost of drugs

***Medicare & You*: Pages 75-78**

When can clients enroll in Part D?

- During 7-month Medicare Initial Enrollment Period (IEP)
- During Open Enrollment Period (OEP)
  - October 15 – December 7
  - Coverage starts January 1
- Can possibly join at other times
  - Special Enrollment Period (SEP)
    - ❖ Examples: Move to a new area, gain or lose employer or retiree coverage, are eligible for Extra Help/Low Income Subsidy (LIS)

***Medicare & You*: Page 74**

Help paying for Part D

- "Extra Help" or "Low-income-subsidy" (LIS) is a program available to clients with limited income and resources.
- Extra Help or LIS will pay for part or all of premiums, deductible and copay for eligible clients.
  - Part D penalties waived for LIS clients
  - LIS enrollees can change plans more than once per year
  - Find LIS applications at: www.ssa.gov

***Medicare & You*: Pages 83-85**

Example of help paying Part D premium

Samantha receives $1,400 per month in Social Security retirement. She has less than $10,000 in savings. Extra Help could save her a lot of money. The program:

- Could help pay some or all of her Part D premium
- Pay most or all of her deductible
- Make it so she has small drug co-pays
- Could allow her to change her drug plans more than once per year

How do clients choose a Part D plan?

Call SHIBA for help at 1-800-562-6900.

Research the online Plan Finder at: www.medicare.gov

Contact the plan to find out if their medications are on the plan formularies and ask about costs.

Additional training is offered to SHIBA volunteers in this area – it's the best way for clients to compare plans.

Knowledge check

Q1 In a word or two, what does part D cover?

Q2 When can a client enroll in Part D?

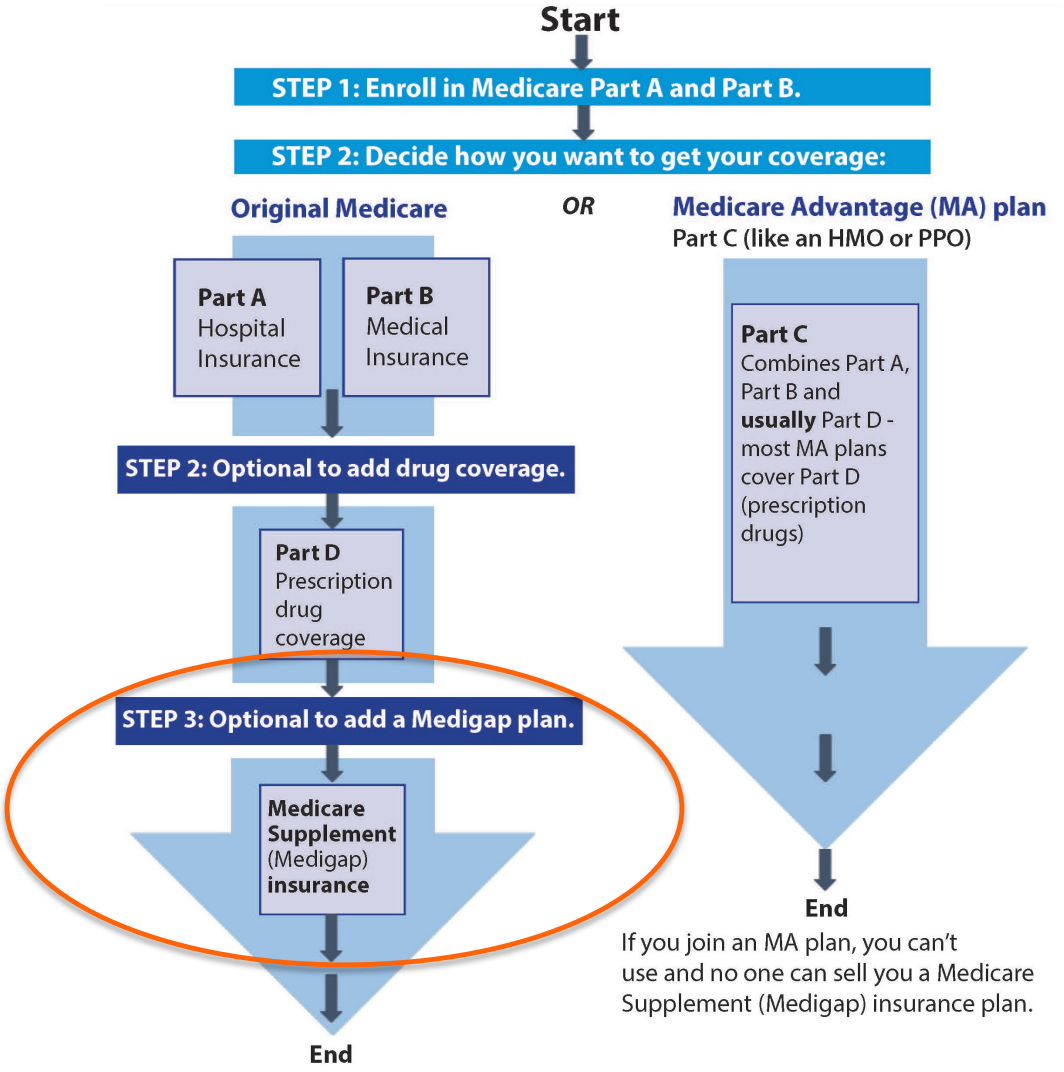
Q3 What is LIS?

Q4 What is the Medicare Plan Finder and where do you find it?

Medigaps

Also called Medicare Supplement plans

Medigap (Medicare Supplement)



What is a Medigap plan?

- Medigaps (also called Medicare Supplement plans) are sold by private insurance companies.
- They help pay for "gaps" in Original Medicare.
- Gaps include:
  - Deductibles, coinsurance and copayments
- Medigaps are standardized and designated by letters A-N.

***Medicare & You*: Pages 69-72**

How to compare Medigap plans

Benefits	Medicare Supplement Insurance (Medigap) plans									
	A	B	C	D	F*	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	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%
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 2018**			
							$5,240	$2,620		

Letters A - N

***licare & You*: Page 70**

Example of Medigap plan

Willem has Original Medicare Parts A and B and a Medigap plan. As long as Willem's doctor accepts Medicare and Medicare Parts A and B cover the care he gets, his Medigap will pay its part after Medicare pays. Then, if there's anything left over, Willem will be billed for the remaining.

Medicare coordinates its payments with most Medigap plans, so the doctor or Willem most likely will not have to take any other action to get the Medigap to pay.

Who is eligible for a Medigap?

- Any Medicare client with both Parts A and B
- Medicare clients under age 65 have limited choices
  - There are no "guaranteed issue" protections for people under age 65 in Washington state

***Medicare & You*: Page 71**

Do clients need a Medigap?

If a client is NOT covered under an employer plan (active or retired) and does not have any other source to pay for the balances after Original Medicare has paid, they may want to consider a Medigap.

***Medicare & You*: Pages 69-72**

When to enroll in a Medigap

- Clients may enroll in a Medigap any time after they enroll in Medicare Parts A & B <u>if a company agrees to sell them one</u>.
- Medigaps don't have an annual Open Enrollment Period (OEP).
- Each individual gets their own one-time six-month OEP (see next slide).

***Medicare & You*: Page 71**

When to enroll in a Medigap

- Clients are guaranteed to get a Medigap without a written health screening:
  - During the six-month period that starts the first day of the month that they're 65 or older AND enrolled in Part B. Medicare calls this the "Medigap Open Enrollment Period."
  - If they currently have a Medigap plan B through N, they can join any Medigap plan – except Plan A
  - If they currently have Medigap Plan A they can join any Medigap Plan A

***Medicare & You*: Pages 71-72**

Examples of Medigap OEP

Toby is 69 years old and just enrolled in Medicare Part B. Toby is retiring from his job, therefore he is going to use his Special Enrollment Period. His six-month Medigap Open Enrollment Period starts as soon as his Medicare Part B starts.

Samantha is 63 years old, disabled and on SSDI. She was automatically enrolled in Medicare Parts A and B because she has been on SSDI for 24 months. Her six-month Medigap Open Enrollment Period will not start until the month she turns 65.

Examples of Medigap enrollment rules

Lin bought a G plan with Pear Company. Lin now wants an N plan that Pear Company provides. She can call Pear Company and buy the N plan to replace her G plan.

Lee bought a G plan with Pear Company, but wants a G plan from Grape Company. He can call the Grape Company and enroll. Once his new plan activates, it is **his responsibility** to cancel with Pear Company.

Approved Medigap plans and rates

Washington State Office of the Insurance Commissioner • Statewide Health Insurance Benefits Advisors (SHIBA)

January 2020 Approved Medicare Supplement (Medigap) plans

By federal law, high-deductible plans G and F have a $2,340 deductible for the year 2020

The best time to enroll in a Medigap plan is during the first six months you have both Medicare Parts A and B.

People enrolled in Original Medicare who have:

- A Medigap plan B through N can join any Medigap plan – except Plan A.
- Medigap Plan A can join any Medigap Plan A.
- More comprehensive health coverage than the Medigap plan they're buying, can join any comprehensive Medigap plan – except Plan A.

There's no yearly open enrollment period for Medicare Supplement (Medigap) plans. If you're already enrolled in a Medigap plan, you may apply to buy or switch plans at any time. However, if you're not currently enrolled in a Medigap but want to buy one, rules vary whether insurers may require you to pass a written health screening questionnaire. Not sure if you'll need to take a health screening? Call our Insurance Consumer Hotline at: 1-800-562-6900.

Company	Pre-X[1]	Health screen[2]	Standardized benefit plans & monthly costs								Plans C & F*	
AMERICAN NATIONAL 1-888-290-1085			A	B	D	G	K	L	M	N	C	F
Age 65 and older	No	Yes	$152			$177				$147		$212
With a high deductible	No	Yes										$63
ASURIS NORTHWEST HEALTH 1-844-278-7472			A	B	D	G	K	L	M	N	C	F
Age 65 and older	No	Yes	$154		$218	$185	$117			$145	$218	$219
Notes about Asuris Northwest: These plans are offered in the following counties: Adams, Asotin, Benton, Chelan, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, and Whitman counties.												
COLONIAL PENN 1-800-800-2254			A	B	D	G	K	L	M	N	C	F
Age 65 and older	No	Yes	$150	$183	$187	$274	$103	$177	$163	$173		$296
With a high deductible	No	Yes										$72

***To buy a Medigap plan C or F, you must have been eligible for Medicare before Jan. 1, 2020.**

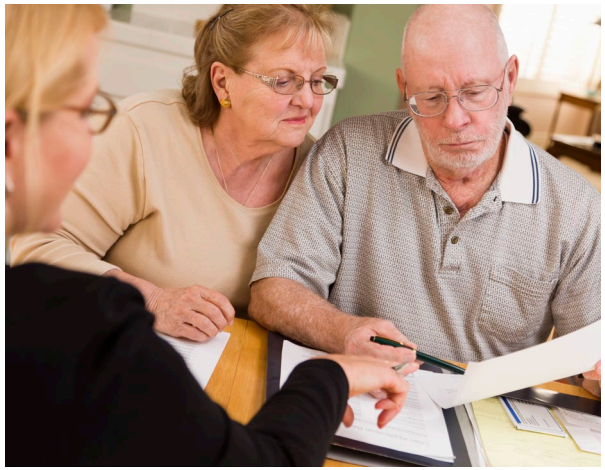
Note: Plans and premium costs listed are filed and approved by the Washington State Office of the Insurance Commissioner. Premiums listed are for monthly payments through automatic funds transfer, if available. The premium costs may differ for different modes or methods of payment, so be sure to check with the company.

Companies may change their rates at various times throughout the year, so always check with the company for the latest availability and premiums. Plans issued before June 1, 2010 have different rates due to changes in Medicare.

Questions? Call our Insurance Consumer Hotline at 1-800-562-6900

Things to consider about Medigaps

- Medigaps are good nationwide
- A client should make sure the providers they use will accept patients with Original Medicare
- Once a client buys a Medigap, it's theirs as long as they pay the premium
- There is portability in Medigaps
- Plans C & F are only available to people who were eligible for Medicare prior to Jan. 1, 2020.



Continued on next slide

***Medicare & You*: Pages 69-72**

Things to consider about Medigaps *(continued)*

- Insurance companies can only sell the client a "standardized" plan (letters A – N)
- Medicare standardizes Medigaps:
  - Plans with the same letter designation all cover the same benefits
  - Different insurance companies may charge different premiums for the exact same plan
- Medigaps sold today DO NOT pay for prescription drugs
  - Most should consider buying a drug plan (Part D)

***Medicare & You*: Pages 69-72**

How to find the right Medigap plan

Call SHIBA for help at 1-800-562-6900.

Research what benefits each plan letter provides.

Compare the plan costs to what is affordable to the client.

Knowledge check

Q1 Which part(s) of Medicare do Medigaps help cover?

Q2 What are some examples of “gaps” that are helped with Medigap coverage?

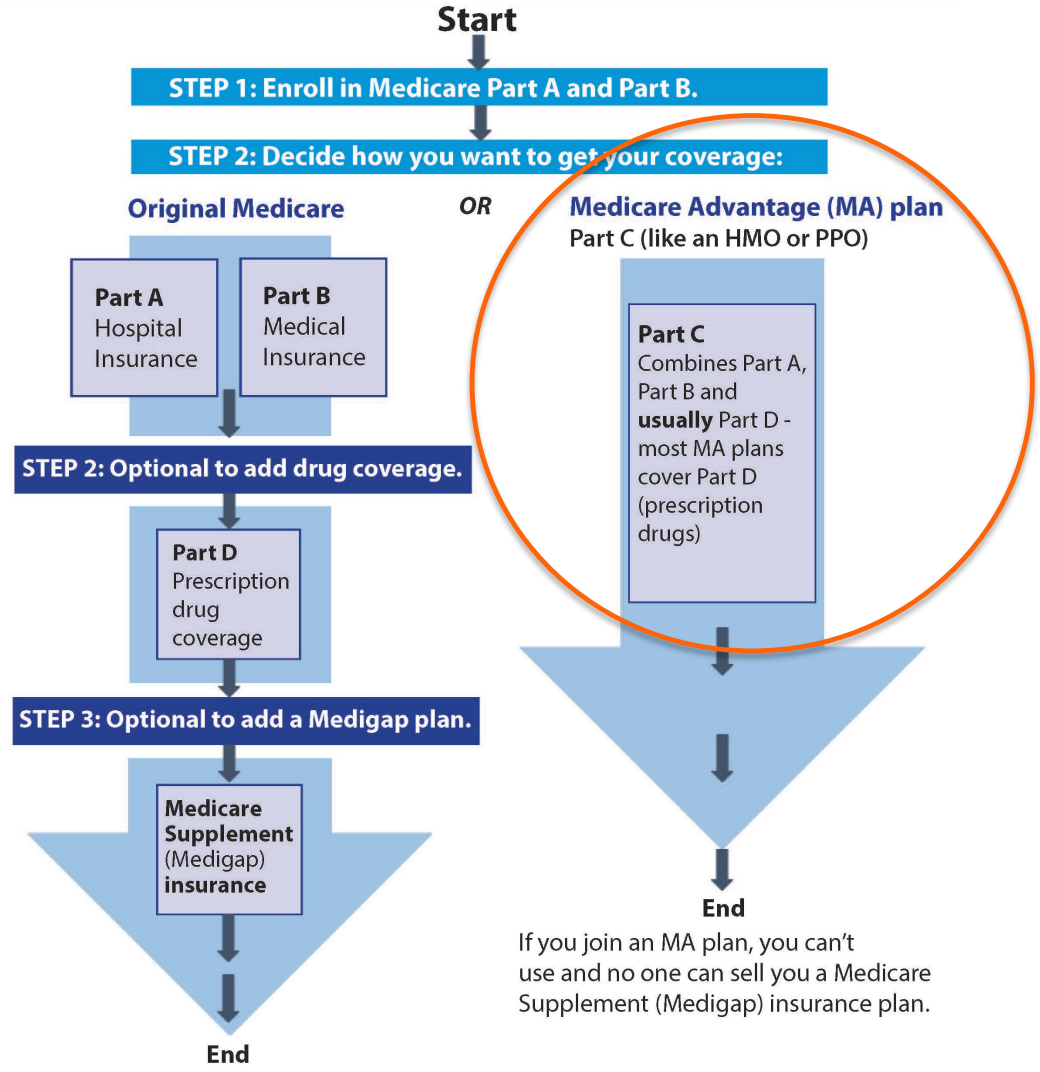
Q3 When can a client enroll in a Medigap?

Q4 What are three (of several) things a client should consider when purchasing a Medigap?

Medicare Advantage (MA) plans

Also called Medicare Health Plans or Part C

Medicare Advantage



Medicare Advantage (Part C)

Part C (Medicare Advantage) is another way to get Medicare coverage.

- Sold by private insurance companies
- Most plans require clients use a defined provider network
- Clients can get a coverage determination from the plan before they get a service to find out if it's covered and get an estimate of costs
- Choice of plans varies depending on what county the client lives in
    - Some counties don't offer plans

***Medicare & You*: Pages 55-68**

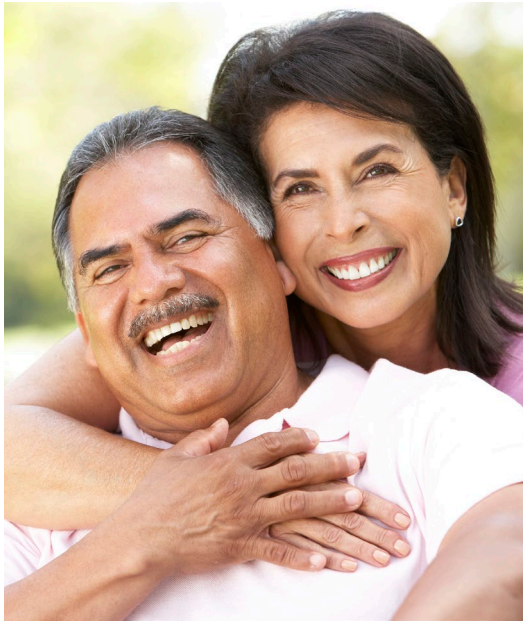
How Medicare Advantage plans work

- Provides all the same rights and protections as Original Medicare.
- Delivers Part A and B benefits, but rules can vary.
- Generally must use network providers for best coverage.
- Medicare pays a private plan to provide the services.
  - Client pays Part B premium and may also pay plan premium.
  - An annual maximum out-of-pocket limit can protect clients from catastrophic health costs.
- Most include Part D prescription drug coverage.
- May include extra benefits:
  - Vision, dental, hearing and health club memberships

***Medicare & You*: Pages 55-68**

Who is eligible?

- Anyone enrolled in Original Medicare Parts A and B who has not been diagnosed with End Stage Renal Disease (ESRD) and lives in the plan's service area.
    - The only health screening question plans will ask is if the client has ESRD.



***Medicare & You*: Pages 57-58**

When can clients enroll in an MA plan?

- During seven-month Medicare Initial Enrollment Period (IEP)
- During Open Enrollment Period (OEP)
  - October 15 – December 7
  - Coverage starts January 1
  - May be able to join at other times
  - Special Enrollment Period (SEP)
    - ❖ Examples: Move to a new area, gain or lose employer or retiree coverage, are eligible for Extra Help/Low Income Subsidy (LIS)
- Depending on what county the client lives in, MA plans may not be available

***Medicare & You*: Pages 65-66**

Examples of Medicare Advantage plan

Sally checked with her doctor's office about Medicare and they told her they only accept three Medicare Advantage (MA) plans. They gave her the list. They do not accept Original Medicare. Sally wants to continue to see her doctor when her Medicare starts, so she will choose one of these MA plans.

Bob checked with his doctor's office about Medicare and they told him that they only accept Original Medicare. They do not accept any MA plans. Bob wants to continue to see his doctor when his Medicare starts, so he will not enroll in an MA plan.

***Medicare & You*: Pages 55-68**

Example of Medicare Advantage plan

Morgan is 57 years old and is on Medicare because he's disabled. He has a lot of health problems and is not able to buy a Medigap plan. He does not have End Stage Renal Disease (ESRD). Choosing an MA plan can help protect him from catastrophic health care costs.

***Medicare & You*: Pages 55-68**

What are Medicare Advantage plan costs?

Medicare pays a fixed monthly payment to the private plan for the client's care. Clients pay:

- Part A premium (if any)
- Part B premium
- MA plan's monthly premium (if any)
- Copays
- Coinsurance
- Deductible
- Non-covered services – (not calculated in maximum out-of-pocket)

Note: "Maximum out-of-pocket" limits costs of covered care to enrollee.

***Medicare & You*: Page 59**

Four most common types of MA plans

1. Health Maintenance Organization (HMO) plans
2. Preferred Provider Organization (PPO) plans
3. Special Needs Plans (SNPs)
4. Private Fee-for-Service (PFFS) plans.
   In 2020, there are no PFFs plans in WA state

***Medicare & You*: Pages 61-64**

Things to consider about MA plans

- Medicare Advantage (MA) plans offer comprehensive coverage (including Part D coverage)
- May require a referral to see a specialist
- Doesn't work with Medigap plans
- Not all providers are included in the MA's network
- MA plans require clients to pay some of the cost

***Medicare & You*: Pages 55-68**

Shopping for MA plans

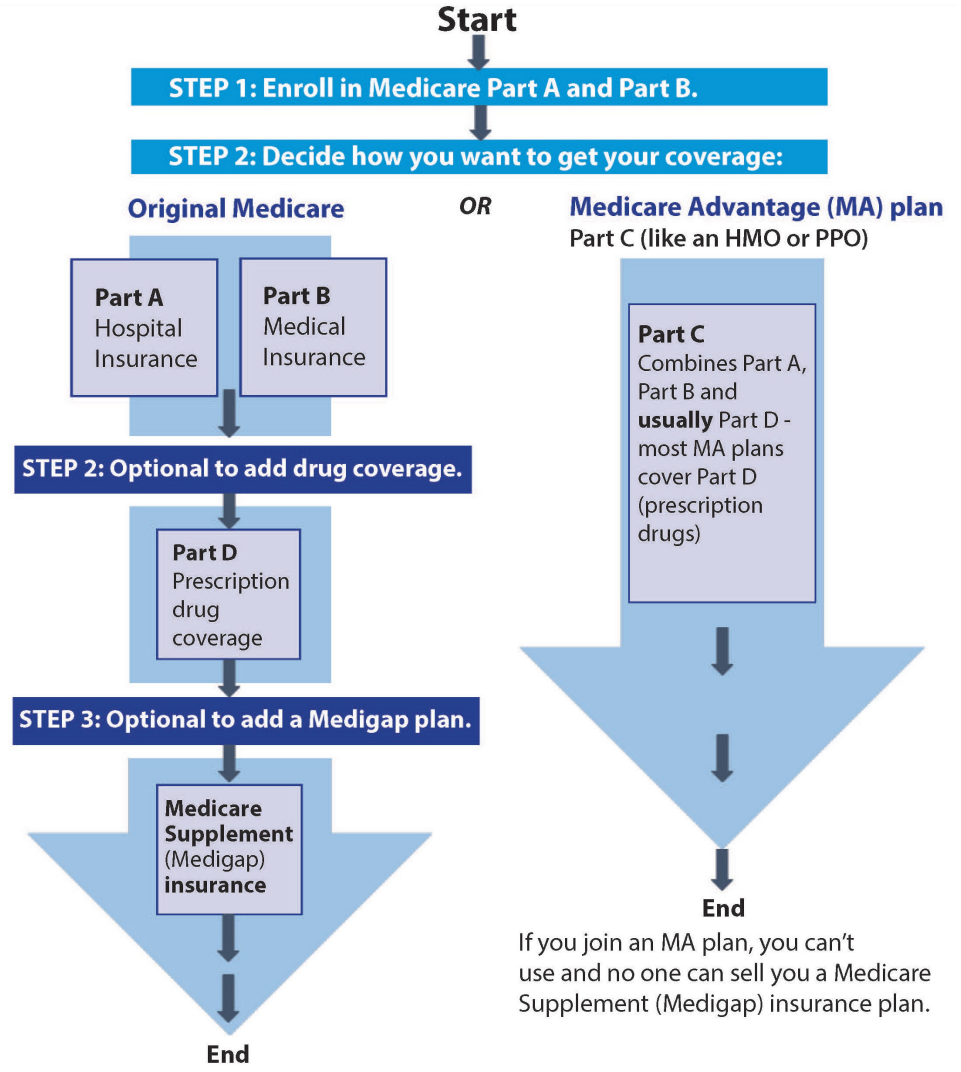
- Look at **BOTH** the health benefits and drug benefits of each plan separately.
- Clients can do this on the medicare.gov website (SHIBA volunteers may assist with this).
- Look at MA plans' websites for summary of benefits and provider lists.
    - Always verify **provider participation** by contacting the provider

Where do clients enroll?

- Call SHIBA at 1-800-562-6900
- 1-800-633-4227 (1-800-MEDICARE)
- Call the plan

- Online at www.medicare.gov
- Contact a licensed agent

We can help clients choose their path!



Training tools and wrap-up

Plan Finder

[Medicare Plan Finder](#) (medicare.gov)

Test your basic Medicare knowledge

Your trainer will lead an activity or quiz for a knowledge check.

Final thoughts and questions

- What questions do you have?
- Did we answer your questions from the start of training?
- Where do you hope or plan to go from here?
- What can we do to help?

Contact SHIBA:

shiba@oic.wa.gov 800-562-6900

www.insurance.wa.gov/my-shiba Login required

Primary authoritative resources

- Medicare & You
- medicare.gov
- My SHIBA login required
- oic.wa.gov
- cms.gov
- shiptacenter.org
- ssa.gov
- Medicare saving program
- Washington healthplanfinder
- SHIBA staff including your Volunteer Coordinator (VC) and Regional Training Consultant (RTC)
- SHIBA Volunteer Handbook
- Volunteer Risk and Program Management Handbook (VRPM)
- SHIBA Program Operations Manual
- PEBB
- WA Apple Health (Medicaid)
- Managed Care
- smpresource.org
- acl.gov

Evaluation

Please take a few minutes to fill out the evaluation to provide your feedback on SHIBA's Basic Training for new volunteer advisors.

Your comments will help us in developing stronger content for our counseling program.

We appreciate your feedback!


thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
merci
obrigado
dziękuję
bedankt
go raibh maith agat
sukriya
kop khun krap
terima kasih
grazie
arigatô
dakujem
спасибо
рахмат
Баярлалаа
faafetai lava
kiitos
dankie
nandri
nanni
dhanyavad
bayarlalaa
gràcie
hvala
mauruuru
köszönöm
enkosi
dank je
vinaka
спасиби
blagodaram
misaotra
matondo
paldies
grazzi
mahalo
tapadh leat
хвала
asante
manana
obrigada
tenki
murakoze
djiere dieuf
tau
mochchakkeram
дякую
mamnun
chnorakaloutioun
gracies
sulpáy
akun
dankon
aciû
mesi
sagolun
didi madloba
najis tuke
kam sah hamnida
তোমাকে ধন্যবাদ
ありがとう
tanemirt
rahmet
diolch
dhanyavadagalu
shukriya
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мерси
takk
trugarez
taiku
ευχαριστώ
xiexie
감사합니다
welalin
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spas