

Medicare Open Enrollment Community Meeting

Presentation by:
Champaign County Health Care
Consumers (CCHCC)



Welcome!



Medicare Basics

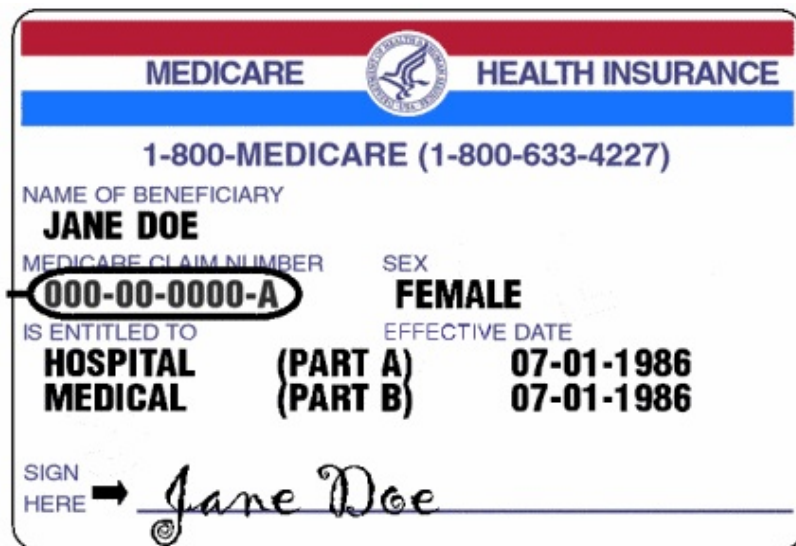
By Claudia Lennhoff

What is Medicare?

- Medicare is a federal health insurance program for:
 - people age 65 and older,
 - people under age 65 with certain disabilities (approved by Social Security),
 - and people of any age with end-stage renal disease.
- You pay into Medicare while you work through your payroll (FICA) taxes.

The Medicare Card

- The Medicare health insurance card is the red, white and blue card.
- There are different coverage parts to Medicare.
- Between April 2018 & 2019, Medicare will be mailing new cards to every beneficiary.



The image shows an old Medicare Health Insurance Card for Jane Doe. The card has a red top border, a white center, and a blue bottom border. It features the Medicare logo and the text "MEDICARE HEALTH INSURANCE". The card number is 000-00-0000-A. The beneficiary's name is JANE DOE, and her sex is FEMALE. She is entitled to HOSPITAL (PART A) and MEDICAL (PART B) coverage, both effective as of 07-01-1986. The card is signed by Jane Doe.

MEDICARE HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
JANE DOE

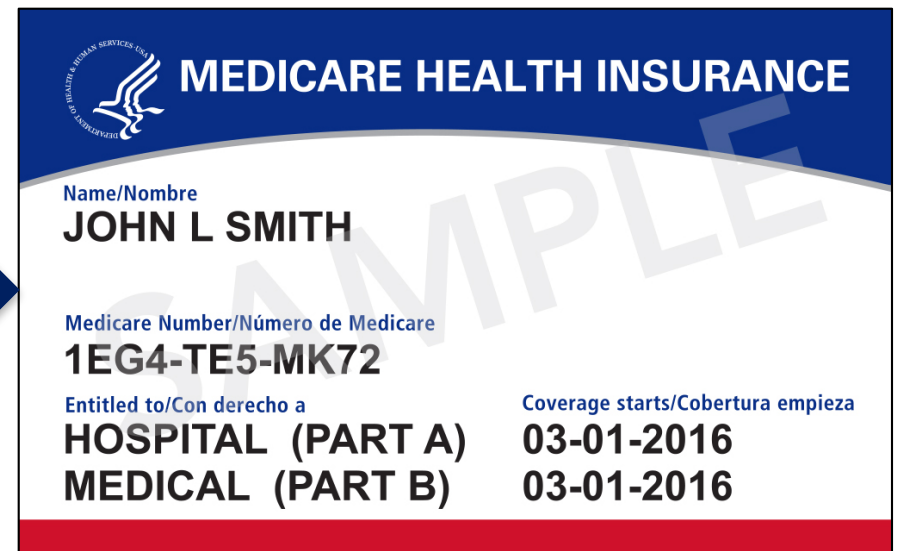
MEDICARE CLAIM NUMBER
000-00-0000-A

SEX
FEMALE

IS ENTITLED TO
HOSPITAL (PART A)
MEDICAL (PART B)

EFFECTIVE DATE
07-01-1986
07-01-1986

SIGN HERE → *Jane Doe*



The image shows a new Medicare Health Insurance Card for John L Smith. The card has a blue top border, a white center, and a red bottom border. It features the Medicare logo and the text "MEDICARE HEALTH INSURANCE". The beneficiary's name is JOHN L SMITH, and his Medicare Number is 1EG4-TE5-MK72. He is entitled to HOSPITAL (PART A) and MEDICAL (PART B) coverage, both starting on 03-01-2016. The card is marked as a sample.

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza
03-01-2016
03-01-2016

SAMPLE

Medicare Parts

- Part A: Hospital insurance
- Part B: Medical Insurance
- Part D: Prescription Drug Plan (PDP)

We'll talk about Part C later!

Medicare Part A: Hospital Insurance

- Free (no premium) for most people who qualified based on disability, have worked and paid in to Medicare for at least 40 quarters, or are/were married to someone who qualifies.
- If you do not qualify for free Medicare Part A, there are ways to pay in, as well.

Medicare Part A: Hospital Insurance

- Original Medicare Part A has a deductible of \$1,316 (in 2017) per hospitalization.
- Covers:
 - in-hospital (overnight) care,
 - skilled nursing facility (SNF) care,
 - hospice care,
 - and some home health care.

Medicare Part B: Medical Insurance

- Typically costs \$134.00 per month, and will be deducted from your Social Security benefits each month under most circumstances.
- Original Medicare Part B has an annual deductible of \$183 (in 2017).
- There is a penalty if you do not sign up for Part B when you become eligible and if you do not have other “creditable” coverage.

Medicare Part B: Medical Insurance

- Covers doctors' services, outpatient hospital care, emergency room visits, ambulances, blood and lab work, durable medical equipment, diabetes testing supplies, some home health care, and covered preventive services.
- This is really the bulk of your coverage!

What Medicare Does Not Cover

- Vision
 - *Covers cataract surgeries, and glasses in between surgeries; does not cover glasses or contact lenses in most situations.*
- Dental
- Hearing aids
- Long-Term Care / Custodial Care

Medicare Part A & B Enrollment

- Enrolling in Medicare Parts A & B is through the Social Security Administration.
- You will be automatically enrolled if you are drawing SSA retirement benefits or after you have been receiving SSDI disability payments for 24 months.
- Social Security will send your Medicare card in the mail.

Signing Up for Medicare

- If you are not taking your Social Security benefits, you need to actively sign up for Medicare through Social Security.
- Your Initial Enrollment Period (IEP) is:
 - 3 months before you turn 65
 - The month of your 65th birthday
 - 3 months after you turn 65

Who Needs to Enroll During Their Medicare IEP?

- If you do not have insurance.
- If you have Medicaid, or have a Marketplace plan, you do need to enroll during your IEP.
- *Adani is going to talk more about this transition in the next presentation.*

General Enrollment Period

- If you miss your Initial Enrollment Period and do not have a Special Enrollment (due to loss of coverage, etc.), you can enroll during the General Enrollment Period.
 - January 1 to March 31 of each year for coverage starting July 1 of that year.

Part D: Prescription Coverage

- Medicare-approved private insurance companies offer plans with varying premiums.
- Helps cover the cost of prescription drugs.
- Each plan has different formularies and tiers (list of medications that they help cover) and different pharmacy networks.

Part D: Prescription Coverage

- There is a penalty if you do not sign up for Part D when you become eligible and do not have other creditable coverage.
- Enrollment is through Medicare, during your IEP, when you lose creditable coverage, as well as the Annual Open Enrollment Period.



Coverage Options: *Advantage Plans and Supplements*



Coverage Options

- It's important that you have some form of hospital, medical, and prescription coverage to access the care you may need, and to avoid penalties later on.
- You have options! You can set up your coverage in different ways that best meet your financial and health needs.

Coverage Options

Your Medicare Coverage Choices

Original Medicare

(red, white and blue card)

Part A (hospital) & Part B
(medical)

Pick a **Part D** plan
(prescriptions)

Decide if you want additional
coverage through a Supplement
(Medigap) policy

Medicare Advantage Plan (Part C)

Usually a private HMO or PPO plan
that combines Part A, Part B, and
Part D (prescriptions)

Part C: Advantage Plans

- Part C gives you the option to have private coverage for your Medicare benefits through Medicare Advantage plans, which are offered by private insurance companies that have a contract with Medicare.

Part C: Advantage Plans

- When you enroll in an Advantage plan, the insurer takes care of your Part A and Part B benefits, and typically Part D as well.
- Advantage plans may offer additional benefits, not covered by original Medicare, including some hearing, vision, and/or dental benefits.

Supplement (Medigap) Plans

- Supplement or Medigap policies cover what Medicare covers and go where Medicare goes.
- They help reduce the 20% co-insurance and deductibles.
- They do not include prescription coverage (Part D plan).

Supplement Policy Levels

- Supplement policies are organized and sold by Plan levels. This is helpful in comparing plans because a Plan F policy from one company is the same as a Plan F policy from another company.
- Some companies do not sell policies at all levels, but they must offer at least a Plan A policy. While Plan F policies tend to be the most expensive, Plan F policies also provide the most coverage. *See handout for chart!*

Supplement Policy Enrollment

- The Supplement/Medigap Open Enrollment Period is a one-time six-month period when a Medicare beneficiary first enrolls in Medicare Part B.
- As long as you apply during this period, you cannot be turned down for coverage (guaranteed issue), regardless of health status, claims, or medical condition(s).

Supplement Policy Rights

- Policies must be sold guaranteed renewable. They cannot be cancelled due to increasing age or change in health. They can, however, be cancelled due to late payment or false statements made on the initial application.
- With these policies, the goal is to get a plan and stick with it. You are not switching these plans every year. After your initial enrollment, there aren't annual enrollment periods.

Supplement Policy Rights

- If you are receiving Medicare due to disability, you will pay the highest premium allowed before age 65. When you turn 65, you have a second open enrollment opportunity to seek out and receive the same premium rate charged to people at age 65.

Comparing Supplements & Advantage Plans

Supplements

- Supplements Original Medicare
- Same benefits across companies
- Generally no network limitations
- Medicare pays first, then supplement, and then you pay any remaining costs
- Only covers expenses covered by Medicare
- Tend to be more expensive
- Age and tobacco rating
- May have medical underwriting

Advantage Plans

- Replaces Original Medicare
- Benefits vary
- Generally has a network
- Plan pays, and then you pay remaining co-pays or co-insurances
- Can cover additional services, including vision, hearing and dental
- Tend to be less expensive
- No age or tobacco ratings
- No medical underwriting

Trial Options: Advantage Plans

- When you first qualify for Medicare, due to turning 65, and join a Medicare Advantage plan, you have a trial period. You can drop that Advantage plan within the first 12 months and get a Medicare Supplement with guaranteed issue and with no pre-existing wait period.

Trial Options: Supplements

- When you first purchase a Supplement policy, you have a free-look period of 30 days. During that time, you can cancel your policy and you will be refunded your full premium.

You can't have both a Supplement and an Advantage plan.



**Medicare Annual
Open Enrollment**
By Adani Sanchez

October 15 – December 7



Open Enrollment

- October 15 – December 7 of each year, for plans for the next calendar year.
- For Advantage and Part D prescription plans (not Supplement policies).
- If you have Extra Help or full Medicaid, you can switch throughout the year, so you have more flexibility.

2018 Part D Prescription Plans

- 2018 Part D plans
 - 24 plans available
 - Premiums range from \$17 to \$181 per month
 - Deductible is \$400 for most plans
 - Look at more than the premium: how does the plan cover your medications?
- Coverage Levels (*what you pay*)
 1. Deductible
 2. Initial coverage
 3. Coverage gap (*aka the doughnut hole*)
 4. Catastrophic coverage

The Doughnut Hole

- The doughnut hole is a coverage gap that some beneficiaries encounter during the year once they reach \$3,700 (in 2017) in total drug costs (*between what they and the plan pay*).
- It ends when they reach \$4,950 (in 2017).
- The cost you pay during the coverage gap is capped at a percentage of what the plan pays for that drug.
- The doughnut hole is being phased out so it is getting smaller each year, until 2020, when it will go away!

2018 Advantage Plans

- There are 11 plans offered from 3 different companies
- The premiums range from \$0 to \$157 per month
- Things to consider:
 - Does it cover your doctors and hospitals?
 - How does it cover the services you use regularly?
 - Does it cover your medications?
 - Look at more than just the premium each month

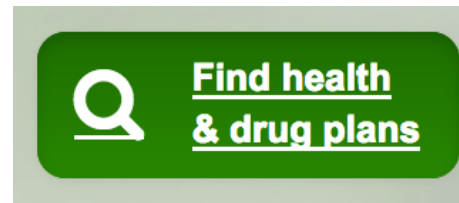
Getting Ready & Tips

- Read your Annual Notice of Changes (ANOC) from your current plan to see about plan changes like premiums.
- Review notices from Social Security and Medicare sent out in the fall regarding eligibility for different programs.
- Check your plan! Even if you love it, check it. The networks and covered medications CAN and DO change every year.

How To Review & Switch Plans

1. Online at www.medicare.gov

- *Click on this button*



2. By phone by calling 1 (800) MEDICARE
3. In person with a SHIP Counselor

What You Need for Open Enrollment

- When reviewing your options, you need:
 - your Medicare card,
 - your list of doctors (*names and phone numbers*),
 - and your list of medications (*I recommend using your pill bottles*).
- If you need help, set up an appointment for in-person assistance with a SHIP counselor.

Local SHIP Sites

Champaign County Regional Planning Commission
(217) 819-4097

Family Services Senior Resource Center
(217) 352-5100

Presence Center for Health (*now inside Presence
hospital at CRC*): (217) 337-2022

Advertising of Medicare Plans

- Companies that sell Medicare Advantage and Part D plans must follow certain rules when promoting their products.
- Companies can market their plan through direct mail and radio, television and print advertisements.
- Agents can even visit your home under certain circumstances, but only if you have invited them.

What Plans Cannot Do

- Some things plans cannot do:
 - Call you if you did not ask them to do so.
 - Send you unsolicited e-mails.
 - Ask for financial or personal info if they call you.
 - Market their plans at educational events or in health care settings (except in common areas).
 - Compare their plan to another plans by name in advertising materials;

What Plans Cannot Do *(continued)*

- Some things plans cannot do:
 - Sell you life insurance or other non-health related products at the same appointment. This is called cross selling and it is prohibited unless you request the non-health related product information.
 - Imply that they are calling on behalf of Medicare. Plans are not allowed to give you the impression that Medicare asked them to call you.

Transitioning to Medicare

Medicare and Employer Coverage

- If you have employer coverage, talk to your employer to find out what you need to do. Sometimes you need to sign up for Medicare.
- Your employer can tell you if you need to, and if it will be your primary or secondary insurance.
- *Make sure that it is creditable coverage!*

Medicare and Employer Coverage

- Typically, if the employer has less than 20 employees, you do need to sign up for Medicare A & B and it is primary.
- After you stop working or your employer group coverage ends (whichever is first), you have 8 months to sign up for Medicare without penalty.

Medicare and Retiree Coverage

- If you have retiree insurance, it is important to talk to your benefits coordinator to find out what you need to do and what is offered.
- They may often have different plan options than what we will be discussing today.

Medicare and Retiree Coverage

- Also, be aware that if you choose an Advantage plan or supplement that is not part of your retiree benefit package, you may jeopardize benefits you are receiving including health coverage or pension/annuity payments.
- Once you opt out of their benefits, you rarely can get back in.

Medicare and TRICARE / VA

- If you have TRICARE for Life (TFL), you need Medicare Parts A and B, but rarely need additional coverage. For questions regarding TFL, please contact 1 (866) 773-0404.
- If you have VA benefits, it counts as creditable prescription coverage. You want Medicare so that you are covered at non-VA facilities. For questions regarding VA benefits, please call 1 (877) 222-8387.

Marketplace to Medicare

- You must terminate your Marketplace coverage when starting Medicare.
- Coverage can be terminated online at [Healthcare.gov](https://www.healthcare.gov) or by phone at 1-800-318-2596.
- You can terminate your plan as early as 60 days before your Medicare starts.
- It takes 14 days, so do not wait until the last minute.

Medicaid to Medicare

- You can have both Medicaid and Medicare, but the requirements change.
 - Income has to be at 100% of the federal poverty level
 - Assets are now considered when reviewing eligibility.

Dual Medicare + Medicaid Requirements	
<u>Monthly Income</u>	<u>Assets</u>
\$1005 (1 person)	\$2000
\$1354 (2 people)	\$3000

Medicaid to Medicare

- Medicaid would be secondary and cover things that Medicare does not, like vision and dental.
- If you have both Medicare and Medicaid, you still need to have a Part D plan for prescription coverage.
- If you qualify for Medicaid, you don't really need a supplement or advantage plan.



Resources: Making Your Medicare Work

By Chris Garcia



Know Your Rights

- Medicare Summary Notices (MSN)
 - If you have original Medicare, keep your MSNs. They will tell you if a service was not covered by Medicare. This will be an Explanation of Benefits (EOB) from an Advantage plan.
- Appeals & Grievances
 - If you have original Medicare: appeal through Medicare. For Part D and Advantage plans: start with plan's internal appeal process.

Assistance Programs

- **Prescription Assistance**
 - assistance with copayment while searching for long term solution
- **Dental Referral Program**
 - Discount program with participating local dentist
- **One Sight Vision Program**
 - Exam and glasses free or at low cost at local provider

Medicare Savings Program

- Medicare Savings Program
 - to help with Part B premiums and Medicare co-insurances
 - administered through the Illinois Dept. of Human Services (abe.illinois.gov)
 - CCHCC staff can provide information on eligibility and assist with application

Extra Help for Part D

- Extra Help is an income and asset based program to help with prescription costs, administered by Social Security Administration.
- If you qualify for full Extra Help, you can get
 - \$0 premium (free!) plans;
 - With no deductible;
 - And no doughnut hole.

Grab a handout from our table for more info!

Hospital Financial Assistance

- Carle Financial Assistance Program (Community Care)
 - may receive a discount of up to 100%
- Medicare 100/Plus Discount Program for Presence hospital
 - members can pre-qualify for a discount of up to 100% off their out-of-pocket medical costs at participating Presence providers
- CCHCC staff can help with completing applications

Other CCHCC Services

- Redetermination with DHS
- Change of address with DHS
- Report income changes to DHS
- SNAP benefits
- Termination of Marketplace plans
- Prescription Assistance
- Safelink phones
- And MORE!!!

Thank You!

Champaign County Health Care Consumers (CCHCC)



(217) 352-6533



healthcareconsumers.org

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