

Medicare Open Enrollment Community Meeting

Presentation by:

Champaign County Health Care Consumers (CCHCC)

CRIS Healthy Aging

Family Services

OSF Medical

Welcome!



 CarleHealth



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HEALTHCARE

Before we get started:

- What coverage do you have right now?
 - Medicare
 - Marketplace
 - Medicaid
- Are you a State or University retiree?
 - CMS: 1-800-442-1300

Medicare Basics

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 \$1,632 (in 2024) per hospitalization.
 - 2025: At the time of this presentation, the 2025 deductible has not been released.
- Covers:
 - in-hospital (overnight) care,
 - skilled nursing facility (SNF) care,
 - hospice care,
 - and some home health care.

Medicare Part B: Medical Insurance

- Monthly premium is expected to be \$185, and will be deducted from your Social Security benefits each month under most circumstances.
- Original Medicare Part B has an expected annual deductible of \$257 (in 2025).
- 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 including chemotherapy, emergency room visits, ambulances, blood and lab work, mental health, 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

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 that starts the month after you sign up.

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.

2025 Part D Plans

- There are 15 plans offered from 6 different companies.
- The premiums range from \$0 to \$125 per month
- Deductibles range from \$0 to \$590
- Things to consider:
 - Does it cover all your medications?
 - Does it cover your pharmacy?
 - Can you afford the deductible?

Coverage Options: *Advantage Plans and Supplements*

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

- 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.
- Trial period: January 1-March 31

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).

Comparing Supplements & Advantage Plans

<u>Supplements</u>	<u>Advantage Plans</u>
<ul style="list-style-type: none">• Supplements Original Medicare	<ul style="list-style-type: none">• Replaces Original Medicare
<ul style="list-style-type: none">• Same benefits across companies	<ul style="list-style-type: none">• Benefits vary
<ul style="list-style-type: none">• Generally no network limitations	<ul style="list-style-type: none">• Generally has a network
<ul style="list-style-type: none">• Medicare pays first, then supplement, and then you pay any remaining costs• Only covers expenses covered by Medicare	<ul style="list-style-type: none">• Plan pays, and then you pay remaining co-pays or co-insurances• Can cover additional services, including vision, hearing and dental
<ul style="list-style-type: none">• Tend to be more expensive	<ul style="list-style-type: none">• Tend to be less expensive
<ul style="list-style-type: none">• Age and tobacco rating	<ul style="list-style-type: none">• No age or tobacco ratings
<ul style="list-style-type: none">• May have medical underwriting	<ul style="list-style-type: none">• No medical underwriting

**Medicare Annual
Open Enrollment
*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.

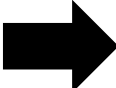
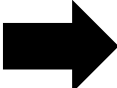
2025 Part D Prescription Plans

- 2025 Part D plans
 - 15 plans available
 - Premiums range from \$0.00 to \$125 per month
 - Max deductible is \$590, but varies between plans
 - Look at more than the premium: how does the plan cover your medications?
- Coverage Phases (*what you pay*)
 1. Deductible
 2. Initial coverage
 3. Catastrophic coverage (reached the \$2000 OOPM)

The Doughnut Hole

- There is no more doughnut hole thanks to the Affordable Care Act (ACA)!
- In 2025, Medicare no longer has any coverage gaps: Once a beneficiary and their insurance company has paid \$2,000, all covered medications will be paid for at 0 cost to the beneficiary for the remainder of the year.
- This new change has caused several companies to no longer cover certain higher cost medications!

The Doughnut Hole, cont'd.

1. Yearly Deductible	2. Copayment/ Coinsurance	3. OOPM Reached (Catastrophic)	4. NOTE
You pay the first \$590 of your drug plan before copays start to kick in.	You pay copays and your plan pays its share for each covered drug until combined amount (including the deductible) reaches \$2,000 .	Once you and your plan have paid \$2,000 , you have reached your OOPM for the year and all medications your plan covers will be paid for at \$0 cost to you for the remainder of the year.	Any medications not covered by your plan will not be covered in any phase.
			

New for 2025: Payment Plans

- The Medicare Prescription Payment Plan is a new payment option in the prescription drug law that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January–December).
- When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from your health or drug plan.
- This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.
- This option works best for those with higher medication costs.

New for 2025: Payment Plans Continued

How is my monthly cost calculated?

- Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year. All plans use the same formula to calculate your monthly payments.
- **Your payments might change every month, so you might not know what your exact bill will be ahead of time.**
 - Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.
- **In a single calendar year (January – December), you'll never pay more than:**
 - The total amount you would have paid out of pocket to the pharmacy if you weren't participating in this payment option.
 - The out-of-pocket maximum for prescription drugs that are covered by your plan (\$2,000 in 2025).

New for 2025: Payment Plans Continued

Is this new payment plan a good option for me?

- You're most likely to benefit from participating in the Medicare Prescription Payment Plan if you have high drug costs earlier in the calendar year.
 - You can start any time during the year.
- This payment option may **not** be the best choice for you if:
 - Your yearly drug costs are low.
 - Your drug costs are the same each month.
 - You're considering signing up for the payment option late in the calendar year (after September).
 - You don't want to change how you pay for your drugs.
 - You get or are eligible for Extra Help from Medicare.
 - You get or are eligible for Medicare Savings Program.
 - You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage.

2025 Advantage Plans

- There are 20 plans offered from 4 different companies.
- The premiums range from \$0 to \$188 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
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 (*we recommend using your pill bottles*).
- If you need help, all organizations present are here to assist or find a SHIP counselor near you.

Local SHIP Sites

Family Services

217-352-5100

OSF Heart of Mary Senior Programs (*now inside OSF
at the CRC*)

(217) 337-2778

CRIS Healthy Aging

(217) 355-1543

Champaign County Health Care Consumers

(217) 352-6533

Resources: Making Your Medicare Work

Assistance Programs

- Medicare Savings Program
 - Helps with Part B premiums and Medicare co-insurances
 - Administered through the Illinois Dept. of Human Services (abe.illinois.gov)
- Extra Help
 - An income and asset based program to help with prescription costs, administered by Social Security Administration.
 - \$0 premium (free!) plans;
 - With no deductible;
 - And no “coverage gap.”

Hospital Financial Assistance

- Carle Financial Assistance Program (Community Care)
 - May receive a discount of up to 100%
- Discount Program for OSF Heart of Mary hospital
 - Members can qualify for a discount of up to 100% off their out-of-pocket medical costs at participating OSF providers
 - If you have received a bill, contact us!
- CCHCC staff can help with completing applications

Thank You!

Champaign County Health Care Consumers

(217) 352-6533

healthcareconsumers.org

CRIS Healthy Aging

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agestrong.org

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famservcc.org

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