

# Medicare Open Enrollment Community Meeting

Presentation by:  
Champaign County Health Care Consumers  
(CCHCC)

*Welcome!*



# 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.
- 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 \$174.70 (in 2024), and will be deducted from your Social Security benefits each month under most circumstances.
- Original Medicare Part B has an annual deductible of \$240 (in 2024).
- 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, 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 65<sup>th</sup> 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.

# 2024 Part D Plans

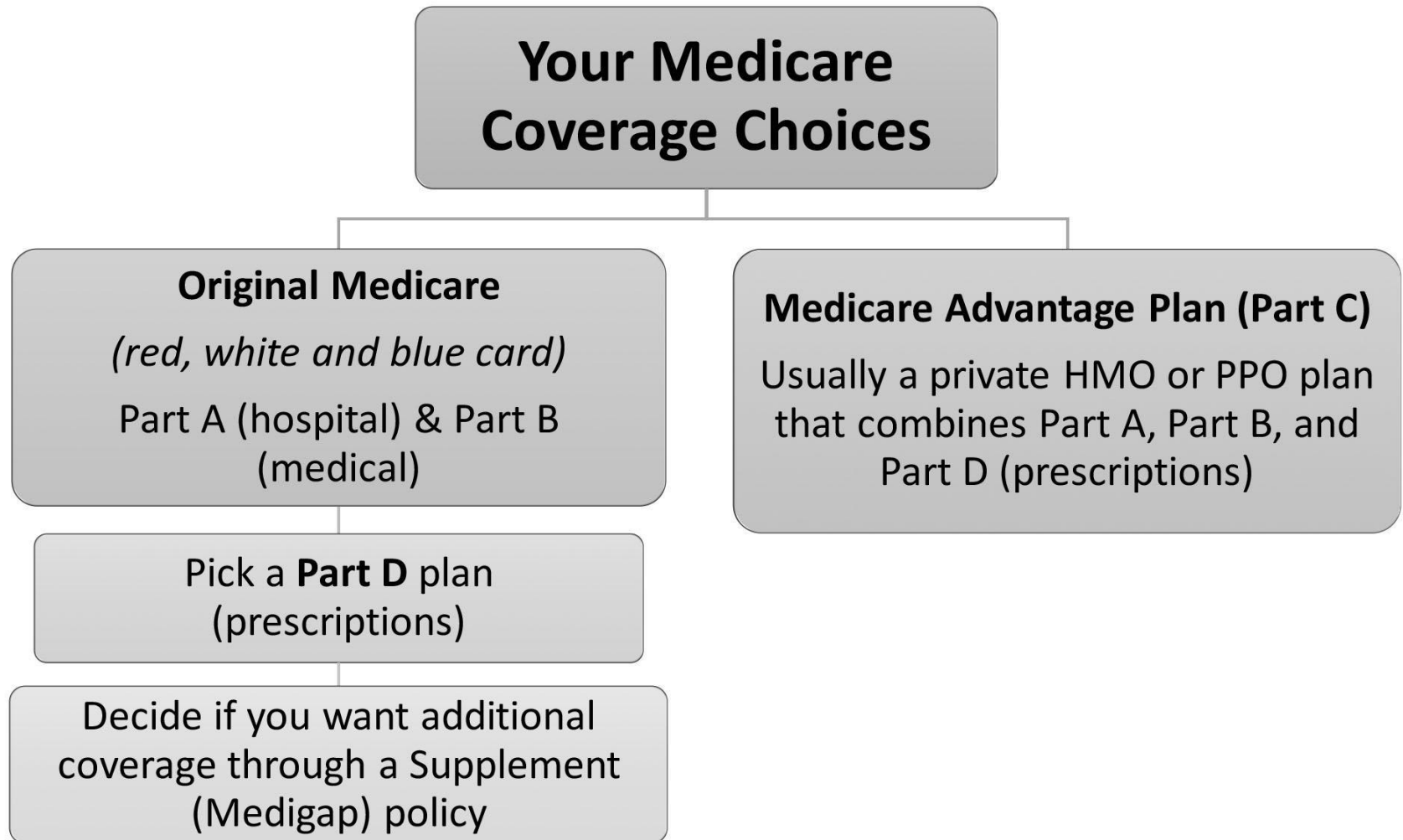
- There are 22 plans offered from 8 different companies.
- The premiums range from \$0 to \$109 per month
- Things to consider:
  - Does it cover all your medications?
  - Does it cover your pharmacy?
  - Can you afford the deductible?

# Coverage Options:

## *Advantage Plans and Supplements*



# Coverage Options



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

# **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.

# 2023 Part D Prescription Plans

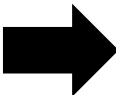
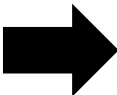
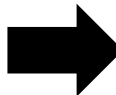
- 2023 Part D plans
  - 24 plans available
  - Premiums range from \$4.90 to \$103.90 per month
  - Max deductible is \$505, but varies between plans
  - Look at more than the premium: how does the plan cover your medications?
- Coverage Phases (*what you pay*)
  1. Deductible
  2. Initial coverage
  3. Catastrophic coverage

# The Doughnut Hole

- There is no more doughnut hole thanks to the Affordable Care Act (ACA)!
- Instead, there is a “coverage gap” phase after you meet your deductible and after you and your prescription company spend a combined \$5,030.
- In this “coverage gap” you’ll pay up to 25% (instead of 100%) of the cost of brand-name and generic drugs until you reach \$8,000 when catastrophic coverage kicks in and then you pay \$0 (new for 2024).



# The Doughnut Hole, cont'd.

1. Yearly Deductible	2. Copayment/ Coinsurance	3. Coverage Gap	4. Catastrophic
You pay the first <b>\$545</b> of drug costs before your plan starts to pay.	You pay copays and your plan pays its share for each covered drug until <b>combined</b> amount (including the deductible) reaches <b>\$5,030</b> .	Once you and your plan have paid <b>\$5,030</b> , you are in the coverage gap and you pay 25% for your covered drugs.	After you and your plan have spent <b>\$8,000</b> , you enter the catastrophic phase which means you pay <b>\$0</b> for covered drugs.
			

# 2024 Advantage Plans

- There are 18 plans offered from 4 different companies.
- The premiums range from \$0 to \$165 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](http://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, CCHCC is here! Set up an appointment with one of our assisters or find a local SHIP counselor.

# Local SHIP Sites

Champaign County Regional Planning Commission

(217) 328-3313

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

(217) 337-2778

CRIS Senior Services – Urbana

(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](http://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](http://healthcareconsumers.org)