



Presented by
Managed Care
Partners Inc.
on behalf of
Hannibal Regional

The ABCs of Medicare & Medicare Advantage



Hannibal Regional



Today's Topics



- Decisions, Decisions, Decisions!
- When can I sign up for Medicare
- Medicare Alphabet: A, B, C & D
- Comparison of Original Medicare & Medicare Advantage
- Medicare Advantage Enrollment
- Medicare Part D & Medicare Advantage Rx
- Which ID Card do I need to Carry?

Decision Calendar



September 15, 2024	Plan Annual Notice of Change – (ANOC) The ANOC includes any changes in coverage, costs, and more that will be effective in January.
October 1, 2024	Start comparing your current coverage with other options.
October 15 to December 7, 2024 Annual Enrollment Period (AEP)	If it makes sense, change your Medicare health and prescription drug coverage. This includes returning to Original Medicare or joining a Medicare Advantage plan.
January 1, 2025 Effective Date	New coverage begins if you made a change. If you kept your current plan, cost and benefit changes, if any, are also effective January 1.
January 1 to March 31, 2025 Open Enrollment Period (OEP)	Only if you are in a Medicare Advantage plan, you can make one change to a different plan or return to Original Medicare and join a stand-alone Rx plan. Changes will be effective on the first of the month after the plan receives your request.

Medicare Enrollment Periods

	Initial Enrollment Period	General Enrollment Period	Annual Enrollment Period	Open Enrollment Period	Medigap Open Enrollment Period	Special Enrollment Period
Who Needs	Turning 65	Missed IEP	Medicare Plan Enrollees	Medicare Advantage or prescription drug plan enrollees	Medicare Plan enrollees	Various special circumstances
Purpose	Enroll in Original Medicare	Enroll in Medicare Part A or B	Re-evaluate coverage & make changes	One-time change to MA plan	Enroll in Medigap Plan without underwriting	Enroll or make changes to existing plan
When	3 months before 65th birthday until 3 months after	Jan 1st - Mar 31st	Oct 15th - Dec 7th	Jan 1st - Mar 31st	From the month of 65 birthday until 5 months after	Varies by circumstance

When can I sign up for Medicare?



- **Your first chance to sign up (Initial Enrollment Period)**

Most people sign up for Part A (Hospital) and Part B (Medical Insurance) when they turn 65.

- **General Enrollment Period**

You can sign up between January 1 – March 31 each year. You may pay an enrollment penalty if you do not qualify for a **Special Enrollment Period**.

- **Still working past 65?**

Starts: The first month after your initial Enrollment Period ends.

If you already have Part A, go to <https://www.ssa.gov/medicare/sign-up/part-b-only> to sign up for Part B.

You have 8 months after the group health plan coverage or employment ends, whichever happens first.

Guaranteed Issue Rights

Guaranteed Renewal



- **Guaranteed Issue Rights** – These are rights you have in certain situations when insurance companies must offer you certain Medigap policies. In these situations, an insurance company must sell you a Medigap policy, cover all pre- existing health conditions and provide the best available rate. Jan 10, 2024
- **Guaranteed Renewable Rights** - Any new Medigap policy issued since 1992 is guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medigap policy as long as you stay enrolled and pay the premium. You may have additional rights under state law.
- **Medicare Advantage plans** are guaranteed renewable, but benefits may change significantly from year to year. This means that if you don't make changes during open enrollment and you continue to pay your premiums, your plan will renew. However, your coverage might change.

State Specific Guaranteed issue rights?

Missouri



- Missouri has a unique rule called Missouri Medicare Supplement Anniversary Guaranteed Issue Rule
- You have the right to switch insurance companies each year during the 30 days before or after your policy's anniversary date (the date on which your policy started).
- If you change to the same-lettered-plan, Plan G with AYZ to Plan G with ABC, the new insurer cannot deny you coverage and cannot impose a waiting period based on pre-existing conditions.
- If you change to a plan with fewer benefits, move from Plan F to Plan G for example, you may or may not be subject to underwriting when an insurance company considers your health. Not all insurers allow you to change to a plan with fewer benefits.
- If you elect to go with more extensive coverage you will likely be subject to underwriting, and may be denied coverage or the insurance company may impose a waiting period, based on a pre-existing condition, for any new benefits under your new plan.

State Specific Guaranteed issue rights Illinois



Guaranteed issue for people over 65

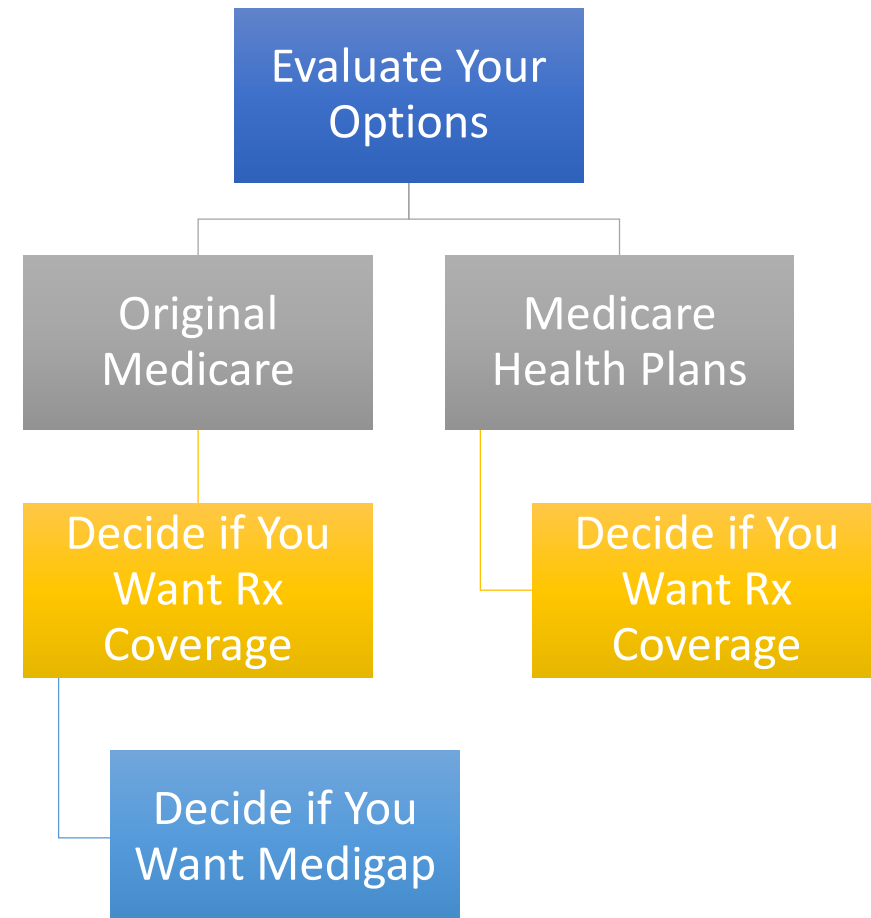
- Illinois is a guaranteed issue state, meaning that anyone over the age of 65 in any health condition cannot be declined for a Medicare Supplement.

“The Birthday Law”

- If an individual is at least 65 years of age, but no more than 75 years of age, and has an existing Medicare supplement policy the individual is entitled to a New Medicare Supplement Annual Open enrollment period. This Annual Open Enrollment period begins on the individuals’ birthdate each year and lasts for 45 days. The individual may purchase any Medicare Supplement policy with the same company/issuer that offers benefits equal to or lesser than those provided by the previous coverage. During this open enrollment period, if an individual currently has a Medicare Supplement policy, then the policy cannot deny or place conditions on the individual holding the policy or effectiveness of Medicare Supplemental coverage, nor discriminate in the pricing of coverage, because of health status, claims experience, receipt of health care, or a medical condition of the individual.

Two Roads to Medicare

Which works best for you?



Four Parts of Medicare Coverage



Original Medicare

- Three Parts to original Medicare A , B, and D
- Part A = Inpatient hospital services
- Part B = Outpatient services
- Part D = Retail Prescription Drug

<https://www.medicare.gov>

Medicare Advantage

- Part C = Medicare Advantage plans
- Replaces Original Medicare A, B and usually D, you cannot use a Medigap or retiree plan
- Plans may offer some extra benefits that Original Medicare doesn't cover.
- Medicare Advantage + ~~Stand Alone Part D~~
- Medicare Advantage + ~~a Medigap Plan~~

Multiple Plan Options



Original Medicare

- Ten Standardized Medigap Plans:
A, B, D, F, G*, K, L, M, N**
 - **Plan F only available if your 65th birthday occurred before 1/1/2020
 - * G High Deductible plan
- You can use an employer or government retiree program as a “gap” plan
- Price and customer service is the difference
- Part D Rx plan needs to be purchased, 15 plan options available

Medicare Advantage

- Enroll in a HMO, PPO, PFFS or SNP with an insurance company available in zip code
 - County Specific 15 to 50 Plan Options
- Plans are sold by Insurance companies, Blue Cross Blue Shield, Health Alliance, Humana, AARP/UHC, are most popular in your area
- Many MA programs wrap in Part D- you will not need a standalone Part D plan.

Provider and Hospital Network Participation



Original Medicare

- Majority of Hospitals and Providers participate with Medicare
- <https://www.medicare.gov/care-compare>
- Out of state coverage as long as Medicare participation
- In most cases you don't need a referral to see a specialist
- Emergency care is same across all states

Medicare Advantage

- Many hospitals and Providers do not participate with Medicare Advantage Plans
- Must confirm participation through insurance company websites
- HMO plans exclude coverage for out of network providers and hospitals except for Emergency care
- You may need to get a referral to a specialist
- Limited Travel or out of state coverage except for Emergency care

“Pay me now or Pay me later.”



Original Medicare

- Part B Premium \$174.40 for most beneficiaries
- Monthly cost for medigap plan chosen
- Part A deductible paid by medigap plan
- Part B deductible of \$240 paid annually
- Part D deductible \$590 plus 25% coinsurance to maximum out of pocket of \$2,000.
- Maximum out of pocket; paid premium, plus Part B deductible. Except High Deductible Plan G \$2,800, Plan K \$7,060, Plan L \$3,530

Medicare Advantage

- Part B Premium \$174.40 for most beneficiaries
- Potential zero premium plans
- No deductibles
- Copays generally range from \$0 to \$250
- Maximum out of pocket (MOOP) is \$9,350. but may be lower for some plans. PPO plans must cap MOOP at \$14,000 for in or out of network services provided

What is the actual cost of care?



Original Medicare

- Part A – Most Medi-gap plans pay 100% of care along with Medicare.
- Part B –covered services, you usually pay 20% of Medicare- approved amount after you meet the deductible.

Medicare Advantage

- Part A - is subject to daily copays up to a maximum number of days (5-7) admitted; depending on plan purchased.
- Part B - Out-of-pocket costs vary – plans may have lower or higher out-of-pocket costs for certain services. You may also have an additional premium.

Medicare Advantage **Part B** Reduction Plan



Medicare Advantage Give Back or Buy Back Benefit



A premium **reduction** of Part B Premium



Only Participates with Social Security as a premium reduction on your monthly withdrawal – NOT a reimbursement



Available in all States, but not all Zip Codes

Which Road do You Choose?



- A
- A + B (Original Medicare)
- A + B + Supplement (Medigap A - N)
- A + B + D (Rx Coverage)
- A + B + D + Supplement
- C (Medicare Advantage)
- C including D
- C + ~~Stand Alone D~~*
- C + ~~Supplement~~

*MSA + Stand Alone D is permitted

Medicare Part D – Prescription Drugs



Medicare Part D

Retail Pharmacy Coverage



Medicare Part D 2025



Medicare Part D allows you to purchase your prescriptions from a retail or mail order pharmacy.



A newly defined standard Part D benefit design consisting of three phases: **annual deductible**, **initial coverage**, and **catastrophic coverage**;



ANNUAL DEDUCTIBLE; The enrollee pays 100% of their gross covered prescription drug costs (GCPDC) until the deductible of \$590 for CY 2025 is met. 25% coinsurance for covered Part D drugs

INITIAL COVERAGE Phase; The enrollee pays 25% coinsurance for the covered Part D drugs. .

Part D NO MORE “Donut Hole”



NO MORE DONUT HOLE!



Maximum Out-of-Pocket is \$2,000 per person per year.



CATASTROPHIC Phase: The enrollee pays no cost sharing for covered Part D drugs. Plan pays 60% Manufacturer pays 20% and CMS pays 20% with a 40% equivalent cost of all other covered Part D drugs that are not applicable drugs.

Part D - Standard Benefit Plan for 2025



Catastrophic Coverage

Enrollee pays \$0

\$2000
(out-of-pocket threshold)

Initial Coverage

Enrollee Pays 25% of prescription
drug costs

\$590
(deductible)

Deductible

Enrollee pays 100%

Part D - Extra Help – Low Income Subsidy (LIS)



- **Low Income Subsidy (LIS)** helps people with Medicare pay for prescription drugs and lowers the costs of Medicare Prescription drug coverage.
- **Who qualifies?** People who have limited income and resources may still qualify for Extra Help, but they must apply to find out.
- **Apply online** for Medicare Part D Extra Help program
<https://www.ssa.gov/medicare/part-d-extra-help>
- This program is more advantageous than the new **Medicare Prescription Payment Plan**.

Part D - Medicare Prescription Payment Plan



- **The Medicare Prescription Payment Plan** is a new payment option created under the Inflation Reduction Act that requires Part D plan sponsors (carriers) to provide their enrollees with the option to pay out-of-pocket prescription drug costs in the form of monthly payments over the course of the plan year instead of all at once to the pharmacy.
- **Goal of Medicare Prescription Payment Plan;** allow beneficiary on fixed income to afford high-cost drugs early in the year before deductible or out-of-pocket is being fully met.

Medicare Drug Coverage (Part D) *Late Enrollment Penalty*



3 ways to avoid paying a penalty:

- Enroll in Medicare drug coverage when you are first eligible.
- Enroll in Medicare drug coverage if you lose other creditable coverage.
- Keep records showing when you had other creditable drug coverage and tell your plan when they ask about it.

Medicare Advantage & Medicare Part D



- If you have a Medicare Advantage HMO or PPO, you **may not** have a stand-alone prescription drug plan even if your HMO or PPO does not include Rx coverage.
- Members in a Medicare Advantage private-fee-for-service plan may purchase a stand-alone Rx plan if their PFFS plan does not include Rx.
- If you have a Medicare Advantage HMO or PPO and you enroll in a stand-alone prescription drug plan, your Medicare Advantage plan **will automatically be terminated.**

Membership in Medicare Advantage



- You are not required to join a Medicare Advantage plan & may stay on Original Medicare.
- There is not a penalty if you do not join a Medicare Advantage plan.
- You decided & control if or when you join.
- To join a Medicare Advantage plan, you must have Medicare Part A and Part B, live in the plan's service area & except for Special Needs Plans, not have ESRD (End Stage Renal Disease).

If You Want to Bail Out ... Special Enrollment Periods



- Special rules on joining or switching apply if:
 - You move out of the plan's service area
 - You have both Medicare and Medicaid
 - You qualify for Extra Help
 - You live in a skilled nursing facility
 - You disenroll from an employer group health plan
 - You switch to a 5-Star Medicare Advantage plan
- After January 1, you may move back to Original Medicare or switch to a different Medicare Advantage plan if you do so before March 31st.
- *Beginning April 1st, you are "locked-into" a plan until the end of the year, except for the situations listed above.*

Medicare Advantage ID Cards



Front of Model Member ID Card

<Health Plan Name and/or Logo>

<Plan Name> is a managed care plan that contracts with both Medicare and Rhode Island Medicaid.¹

Member Name: <Cardholder Name>

Member ID: <Cardholder ID#>

Health Plan (80840): <Card Issuer Identifier>

Effective Date: <Coverage Start Date>

PCP Name: <PCP Name>³

PCP Phone: <PCP Phone>³

MEMBER CANNOT BE CHARGED⁴

Copays: PCP/Specialist: \$0 ER: \$0 insert if applicable: Rx: \$0

<CMS Contract #> <Plan Benefit Package #>

<Medicare Logo>¹

MedicareRx

Prescription Drug Coverage

RxBIN: <RxBIN#²>

RxPCN: <RxPCN#²>

RxGRP: <RxGRP#²>

RxID: <RxID#²>

¹ Plans may add **both** the Medicare logo and the statement, but plans may **not** add only one or the other.

² RxBIN is always required. RxPCN and RxGRP are required when needed by the drug plan. RxID is required only when different from the medical plan Cardholder ID#.

³ PCP Name and Phone are optional during the member's continuity of care period but are required thereafter.

⁴ Plan may add this statement along with the \$0 copay information on the next line to increase provider awareness of the prohibition of inappropriate or improper billing of Medicare-Medicaid enrollees.

UnitedHealthcare

UCard™

Your UnitedHealthcare Plan Name (HMO) with Dental

Sample A Sample

Member Number 123456789-00

RxBIN 99999

RxPCN 9999

RxGRP XXXXXX

Group Number: 12345 H0000-000-000

PCP: Dr. Sample A Sample MD

PCP: 999-999-9999

Sample Facility Name

Copay: PCP \$XX Specialist \$XX

MedicareRx

Prescription Drug Coverage

BlueCross BlueShield of Illinois

Blue Cross Medicare Advantage (PPO)

Name: SAMPLECARD

ID: NOD123456789

Plan (80840): 9101000211

Office Visit: \$

Specialist: \$

Emergency Room: \$

RxBIN: RXBIN

RxPCN: RXPCN

RxGrp: RXGROUP

RxID: RXID

Plan: Blue Cross Medicare Advantage Flex (PPO)

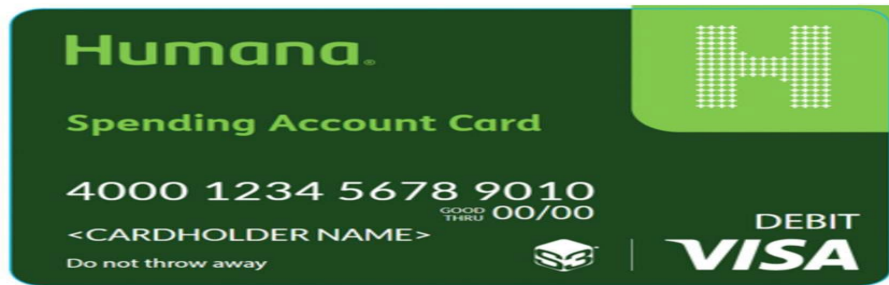
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MA PPO

MedicareRx

Prescription Drug Coverage

Spend Account Cards



Identity Theft and Fraud



Important!

- Medical identity theft is when someone steals or uses your personal information (like your name, Social Security Number, or Medicare Number) to submit fraudulent claims to Medicare and other health insurance companies without your permission. When you get health care services, record the dates on a calendar and save the receipts and statements you get from providers to check for mistakes.
- **If you've contacted the provider and you suspect that Medicare is being charged for a service or supply that you didn't get, or you don't know the provider on the claim, call 1-800-MEDICARE.**

Identity Theft and Fraud



Important!

- **Call 1-800-MEDICARE to report any plans or agents that:**
 - Ask for your personal information over the phone or email
 - Call to enroll you in a plan
 - Visit you unexpectedly
 - Use false information to mislead you
- You can also call the Medicare Drug Integrity Contractor (MEDIC) at 1-877-7SAFERX (1-877-772-3379). The MEDIC fights fraud, waste, and abuse in [Medicare Advantage Plans](#) and

Helpful Links:



<https://www.hannibalregional.org>

<https://www.medicare.gov>

<https://www.ssa.gov>

<https://www.shiphelp.org> (Missouri)

<https://ilaging.illinois.gov/ship.html> (Illinois)

Thank You



Hannibal Regional