

Medicare and More... The Importance of Understanding your Medicare Options

The Massachusetts SHINE Program

Presented by

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SHINE Overview

- SHINE= Serving the Health Insurance Needs of Everyone...on Medicare
- Mission: To provide no cost and unbiased health insurance Information, counseling and assistance to Massachusetts residents with Medicare and their caregivers
- 14 Regional Offices cover entire state and Greater Boston Chinese Golden Age Center
 - 600+ SHINE counselors (60% volunteers) available in most communities
 - 1-800-243-4636

SHINE@mass.gov

What SHINE Does

- Assist Medicare beneficiaries to understand their Medicare and MassHealth rights and benefits
- Educate people about all of their health insurance options
- Educate consumers with limited resources on how to pay for health care costs. For example: Low Income Subsidy & Medicare Savings (Buy-In) Programs
- Screen for public benefits (State and Federal)

First Things First...

Medicare is NOT free!

Education level does not determine level of understanding of Medicare & its parts...

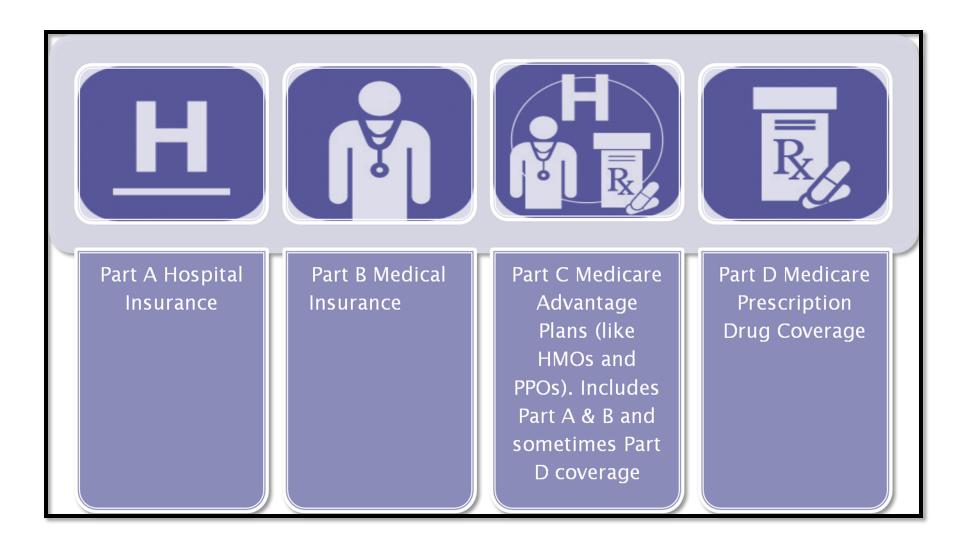
Everyone's situation is different!

Some rules vary by state

Medicare 101

- Federal health insurance program for:
 - Individuals age 65 and over
 - Individuals under age 65 with a disability
- NOT a comprehensive health insurance program
 - Gaps in Medicare coverage mean beneficiary must pay a portion of medical expenses
- 3 parts of Medicare:
 - Part A (Hospital Insurance)
 - Part B (Medical Insurance)
 - Part D (Prescription Drug Coverage
 Part C (Medicare Advantage) combines Parts
 A, B and usually Part D

Four Parts of Medicare





Medicare Eligibility and Enrollment

- Individuals aged 65 years or older who are U.S. citizens or legal permanent residents for at least 5 continuous years
 - If 40 work credits through payroll tax, entitled to premium-free Part A (may qualify through spouse or ex-spouse)
- Under 65 who has received 24 months of Social Security Disability (SSDI) payments
- Enrollments and eligibility determinations:

Social Security Administration

1-800-772-1213; <u>www.ssa.gov</u>

Create a My Social Security Account

Enrolling In Medicare

- Common myth that Medicare will know or remind a person to enroll when eligible at age 65. This is **NOT TRUE** unless the person is already receiving Social Security benefits
- A person must call Social Security for appointment at 1-800-772-1213 or enroll on line at <u>www.ssa.gov</u>.
 - Medicare and Social Security are two entirely separate programs

Original Medicare and Gaps

Part A – Hospital & Skilled Nursing Care

- Premium free for most people
- Gaps Hospital deductible & co-pays
 Limited Skilled Nursing Facility (Rehab)

Part B – Doctors' Visits, Outpatient Care & Preventive Services

- Premium varies by income
- Gaps Annual deductible, 20% co-pay for most Part B services, no coverage for routine hearing, vision, dental services, foreign travel

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Part B Free Preventive Benefits

- Mammograms
- Some pap smear and pelvic exams
- Colorectal Screenings
- Diabetes Self-Management Training/Tests
- Bone Mass Measurements
- Prostate Cancer Screening
- Obesity screening/counseling
- Depression screening/counseling
- Annual Wellness Visit
 - Update individual's medical & family history
 - Record height, weight, body mass index, blood pressure and other routine measurements
 - Provide personal health advice and coordinate appropriate referrals and health education

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What does Medicare cost in 2021?

- Part A: premium free for most (has hospital benefit period deductible (\$1,484) and co-pays)
- Part B: premium of \$148.50 /month/person, those with higher incomes pay up to \$504.90 (has annual deductible (\$203) and co-insurance)
- Part C*: Medicare Advantage premiums range from \$0-\$267 month/person (has copays and co-insurance)
- Part D: Drug plan premiums range from \$7.20-\$135/month, those with higher incomes pay up to \$76.40 more (may have deductible, co-pays, coinsurance)
- **Medigap** (Supplement)*: premiums range from \$107.88-\$180.82 for Core plan; \$180.00 to \$282.20 for Supplement 1A plan and from \$215.45-\$293.70 for Supplement 1 plan

^{*}Must still pay Part B premium

Enrollment Periods

 Jan. 1-March 7 months 31 if Part B around 65th enrollment birthday Initial missed General A,B,C,D В MA OFP-Medicare Advantage Open **Enrollment Period** Jan. 1st- March 31st if enrolled in an Special OPEN MA plan as of 1/1. C,D B,C,D Oct. 15-Dec. Qualifying 7, change events (move,

retire, etc.)

health or drug

plan

How Does the Enrollment Process Work?

- The *Initial Enrollment Period* for Medicare is a 7 month period starting 3 months before month of your 65th birthday
- If you are already receiving Social Security (SS) benefits when you turn 65, you are automatically enrolled in Medicare Parts A & B (not Part D)
- If you are NOT receiving SS benefits when you turn 65, you will NOT be automatically enrolled and you <u>must enroll through SS</u> (may apply on-line)

Delayed Enrollment in Medicare

Part A: Most people enroll in Part A* when they turn 65 since it is usually premium free

Part B: You may delay enrollment without penalty if you are covered by an employer group health plan (EGHP) through your own or a spouse's *current employment***

Part D: You may delay enrollment without penalty if you have "creditable" drug coverage (as good as Medicare Part D)**

**Otherwise, lifetime late enrollment penalties may apply

Special Enrollment Period Delayed Part B Enrollment

- If you delay enrollment in Part B because you (or your spouse) are currently employed and covered by an EGHP, you have an <u>8 month Special Enrollment Period</u> when you stop working or lose health insurance, if you are out of your Initial Enrollment Period
- You must enroll in Part B while employed or during the 8 months after to avoid the late enrollment penalty*
- If the Special Enrollment Period is missed, you must wait until the General Enrollment Period (January 1st to March 31st) to apply for coverage beginning the following July 1st

^{*} The Part B Penalty is a <u>lifetime</u> increased premium of 10% for each 12 months of delayed enrollment!

Special Enrollment Period Delayed Part D Enrollment

- If you delay enrollment in Part D because you have union/employer "creditable" drug coverage, you have a 2 month Special Enrollment Period after your "creditable" drug coverage ends
- Medicare beneficiaries (whether working or not) must have "creditable" drug coverage to avoid the Part D late enrollment penalty*
- If you do not have a Special Enrollment Period for Part D, you must wait until the Open Enrollment Period (October 15th to December 7th) to enroll for coverage January 1st

^{*} The Part D Penalty is a <u>lifetime</u> increased premium of 1% per month for each month of delayed enrollment!



Medicare Advantage Open Enrollment Period

- People in Medicare Advantage plans on January 1st can make one change January 1- March 31, 2022
- Change from one MA to another MA plan or disenroll from MA plan and get stand-alone drug plan (and Medigap plan if needed)
- Ex. Martha's PCP belongs to a medical practice that drops Martha's MA plan February 1. Martha can change to a different MA plan before 3/31 or go back to Original Medicare with or without a Medigap or drug plan

Part C and D Special Enrollment Periods (SEP)

- Can enroll, disenroll, or change Part C
 (Medicare Advantage HMO or PPO) or Part D
- Must have qualifying events or circumstances
- Length of SEP depends on the qualifying event
- Penalty may apply
- 5 Star plans or Prescription Advantage membership allow person to change plans 1x



COBRA Coverage & Medicare

- Most people may continue health care insurance for a limited time through COBRA when they leave their job
- COBRA does NOT qualify as current employment and <u>does NOT</u> protect you from the Part B late enrollment penalty
- COBRA usually includes "creditable" drug coverage and <u>does</u> protect you from the Part D late enrollment penalty
- In most cases, COBRA is considered secondary to Medicare coverage (may need Part B)

Medicare Coverage Choices

Option 1: Original Medicare

Option 2: Medicare Advantage (Part C)

This includes Part A and/or PartB.

These plans are like HMOs or PPOs and typically include Part D.







Hospital Insurance

Medical Insurance

You can add:



Medicare prescription drug coverage

You can also add:



Medicare Supplement Insurance







Hospital Insurance Medical Insurance



Medicare prescription drug coverage

Your Medicare Coverage Choices

Step 1: Decide how you want to get your coverage

ORIGINAL MEDICARE

Part B
Medical

Insurance

OR

MEDICARE ADVANTAGE PLAN

(like an HMO or PPO)

Part C

Combines Part A, Part B and usually Part D

Step 2: Decide if you need a Prescription Drug Plan

Part D

Part A

Hospital

Insurance

Stand Alone PDP

Step 3: Decide if you need to add supplemental medical coverage

Medigap
Supplement Core,
Supplement 1A or
Supplement 1

Part D

Drug coverage is limited to plan offered by HMO or PPO.

If you join a Medicare Advantage Plan with drug coverage (MA-PD), you cannot join another drug plan and you don't need and cannot be sold a Medigap policy.

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Medicare Supplement Plans (Massachusetts Medigaps)

- Sold by private insurance companies
- Three options CORE, Supplement 1A and Supplement 1*
- Coverage for Medicare deductibles and coinsurance
- No referrals needed
- Drug coverage is <u>NOT</u> included
- Continuous open enrollment

Medicare Advantage Plans (MA)

- Also called Medicare Part C or replacement plans
- HMOs and PPOs available
- Coverage provided through private plans with networks
- Usually have premiums, co-pays and coinsurance
- Prescription drug coverage usually included

Medicare Supplement vs. Medicare Advantage

Original Medicare Medigap Supplement 1	Medicare Advantage Plan
Higher monthly premium but no co-pays/co-insurance	Generally lower premiums but has co-pays
Freedom to choose doctors	Generally restricted to network
No referrals necessary	May need referrals for services
Some SNF stays and some routine services not covered (annual physical, vision, hearing)	May include extra benefits (annual physical, vision, hearing)
Covered anywhere in U.S. and for foreign travel	Only urgent and emergency services provided outside certain area



Medicare Prescription Drug Coverage (Part D)

- Part D provides outpatient prescription drugs and is optional, but penalty may apply for late enrollment
- Medicare beneficiaries with Part A and/or Part B are eligible
- Provided by stand alone plans or Medicare Advantage plans

Part D Standard Benefit

Coverage phase	Beneficiary's cost
Deductible	Full cost
Initial Coverage Period	25% of plan's retail cost. Varies by plan.
Coverage Gap ("donut hole")	25% of plan's retail cost
Catastrophic Period	Co-pays/co-insurance greatly reduced

Beneficiary advances after reaching certain \$ limits

What is Medicare Open Enrollment?

- Medicare Open Enrollment is the ONE TIME OF YEAR when <u>all</u> people with Medicare can review, compare, enroll or dis-enroll in:
 - Part C (Medicare Advantage)
 - Part D (Prescription Drug Plans)
- Medicare Open Enrollment dates:

October 15th: Open Enrollment begins

December 7th: Open Enrollment ends

January 1st: Health/drug coverage begins

Why Is Open Enrollment Important?

- This is the annual opportunity to review health and drug plans. This is important because:
 - Health needs may change year to year
 - Health or drug plan change the costs, benefits, and drug coverage they offer every year
 - Providers change contracts and preferred pharmacies change
- By reviewing plans costs and benefits & comparing them with other options available for the upcoming year, there is potential to save money & ensure appropriate coverage

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Choosing a Part D Plan

- Plans vary in
 - □ Cost
 - □ Covered drugs (i.e. formulary)
 - Restrictions- quantity limits, prior authorization or step therapy
 - □ Pharmacy networks- some have preferred pricing
- Find the one that covers the drugs you take, with the lowest cost and fewest restrictions
- Use the Medicare Plan Finder on medicare.gov (best results if log in to MyMedicare.gov account)



Medicare.gov account

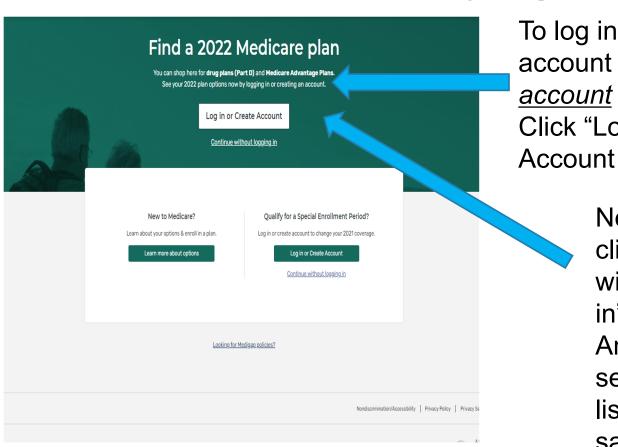
- If you don't already have an account, go to Medicare.gov and click "Create Account" (you will need your Medicare #)
- When using the Medicare Plan Finder tool, log in to Medicare.gov account to access personal data and save your drug list
- Will also allow you to view claims, including drug claims data

Comparing Medicare Options

- Use the Medicare Plan Finder tool on Medicare.gov for 2021 and 2022 plans
- You must log in to the Plan Finder with your Medicare.gov account username and password to access personalized features and to save your drug list
- Go to Medicare.gov/plan-compare to create an account

Note: you cannot save a drug list if you do an Anonymous search

Medicare Plan Finder Homepage



To log in with an existing account or to <u>create a new account</u>
Click "Log in or Create

Note: you can click "Continue without logging in" to do an Anonymous search, but drug lists can't be saved.

Programs that Can Help Pay Medicare and/or Drug Costs

- MassHealth (Medicaid)
- Medicare Savings Programs
- Extra Help/Low Income Subsidy (LIS)
- Prescription Advantage
- Manufacturer plans, NeedyMeds.org etc
- Discount Cards like GoodRX

SHINE Counselors can help screen for these and other programs



Transitioning from the Health Connector to Medicare

- For those in a Health Connector who become eligible for Premium free Medicare Part A (which means they earned 40 credits working under Social Security and paying into Medicare):
 - They should sign up for Medicare
 - They will lose their Health Connector coverage
 - They will lose any tax credits they are receiving
 - If they don't sign up for Medicare, they may be subject to a late enrollment penalty



Public Benefit Programs

- There are programs to help pay for the costs of Medicare
- Programs are based on income and/or assets
 - Assistance with Medicare premiums and deductibles
 - □ Assistance with prescription drug coverage costs
 - □ Expanded eligibility for these programs in 2020!

A SHINE Counselor can help determine program eligibility and assist with applications!



Traditional MassHealth Coverage Types for 65 & Over Living in the Community

- Standard
- CommonHealth
- Senior Buy-In (QMB)
- Buy-In
- QI-1 (Qualified individual)
- Health Safety Net

Medicare Part B (2021) is \$148.50 for most people.

MassHealth can be a secondary payer for Medicare beneficiaries



2021 Income & Asset Standards for MassHealth Coverage 65 & Over Living in the Community

Income Assets

Individual \$1074/ mo \$ 2,000

Couple \$1452 /mo \$3,000

Applicants over income will receive a six month deductible



Other MassHealth Waivers and Programs

- Home- and Community-Based Services Waiver (FEW)
 (300% of the Federal SSI Rate) 60+ \$2382 monthly
- Personal Care Attendant (receives income disregard) 65+
- Senior Care Options (SCO) 65+
- One Care (19-64)

MassHealth Regulations for other waiver programs can be found at 130 CMR: 519.007

Additional program information can also be found at www.mass.gov/masshealth

Buy-In Programs Increased in 2020 to 165% FPL

Income And Asset Limits Effective January 1st, 2021

- Single Individual \$1771. assets \$15,940
- Couple: \$2,396. Asset Limit is \$23,920

Take Aways...

- Don't miss deadlines to sign up for Medicare
 - Plans are improving notification to members approaching 65 through data matching
- Dis-enroll from Health Connector plan by calling the plan
- Remember to review Medicare plans every year during the Open Enrollment: 10/15 – 12/7

Where to Go For Help



Social Security Administration:

1-800-772-1213

- To enroll in Medicare
- www.ssa.gov
- SHINE: 1-800-243-4636
 - Multiple languages!
- **Medicare:** 1-800-MEDICARE (1-800-633-4227)
- MCPHS Pharmacy Outreach Program:

1-866-633-1617

 Review of meds & drug coverage, refers affordable prescription drug programs

