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KERN COUNTY HICAP PRESENTS:

MEDICARE OPEN ENROLLMENT 2024

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Navigating Medicare

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

ABOUT US

HICAP is part of the national **SHIP** network and is the most dependable source of unbiased and accurate Medicare related information. In addition to providing counseling, HICAP also assists beneficiaries with Medicare plan comparisons and educates them so that they can make informed decisions before they enroll in a plan.





HOW CAN HICAP HELP YOU?

OUR SERVICES

- New to Medicare orientation and review of options
- Comparison of prescription drug plans, Medicare health plans, and supplemental plans
- Medicare rights and how to appeal denials
- Detection, Prevention, and Reporting of Medicare Fraud
- Medi-Cal Share of Cost elimination for Medicare beneficiaries
- Application assistance for Medi-Cal, Medicare Savings Programs, and Extra Help



**HICAP DOES NOT SELL, ENDORSE,
PROMOTE OR RECOMMEND
COMMERCIAL INSURANCE
PRODUCTS OR SERVICES.**





Agenda

What will we discuss today?

- Medicare Basics : Original Medicare Vs Medicare Advantage
- What is the Open Enrollment Period?
- What Changes Can You Make?
- Things to Consider When Changing Plans?
- Part D Special Enrollment Periods
- Part D Cost and Benefits
- Low-Income Subsidy “Extra Help” Program
- How to protect yourself against plan marketing violations & Medicare fraud?
- Questions will be answered



Medicare Basics

Original Medicare vs. Medicare Advantage

Prescription Drug Plans
Medicare Advantage Plans

Medicare Part D Coverage Options

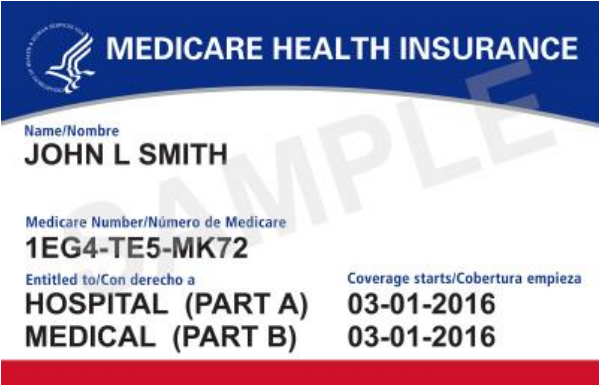
There are two ways to receive Medicare services. Each one has Part D available to beneficiaries.

Original Medicare

OR

Medicare Advantage Plan (MAPD)

“Straight Medicare” Covers Hospital (Part A) and Medical Insurance (Part B)



Must Enroll in a stand-alone Prescription Drug Plan (Part D)



- ✓ Also known as Part C
- ✓ This plan offers coverage for Part A, Part B, and Part D

What are Prescription Drug Plans ? (PDP)

- ✓ Prescription plans contract with Medicare to provide Part D benefits only
- ✓ Beneficiary will continue to use Original Medicare for Part A & Part B services
- ✓ Beneficiary can use any provider that contracts with Medicare and does not need referrals or prior authorizations for Hospital or Medical services
- ✓ Beneficiary will need to think about how to supplement Medicare Part A & B, or will be subject to deductibles and 20% cost sharing

Original Medicare



Medicare Advantage Prescription Drug Plans (MAPD)

- ✓ Plans contract with Medicare to provide all Medicare Part A, B, and D benefits
- ✓ When enrolled in an MAPD, beneficiaries assign their Medicare benefits to the plan
- ✓ Beneficiaries will have to work with their primary care doctor to manage their medical care
- ✓ All specialty services must be authorized by the plan medical group
- ✓ Medicare Advantage Plan beneficiaries can use out of network providers **only** for emergency and urgent care otherwise the plan will not cover the service and the beneficiary will receive a bill for those services.

Medicare Advantage Plan (HMO)

Health Plan (80840): **911-87726-04**
Member ID: 999999999-99 Group Number: 99999

Member: **SUBSCRIBER BROWN** Payer ID: 87726
Medical Group: **Mountain Family Medical Center (MFMC)**

Copay: PCP \$XX Spec \$XX ER \$XX

H9999 PBP# 999

Plan pays up to Medicare Limiting Charges.

GROUP NAME	
MedicareRx Prescription Drug Coverage	
RxBIN:	610097
RxPCN:	9999
RxGrp:	COS





What is Open Enrollment?

Also known as Annual Election Period (AEP)
October 15 – December 7

Medicare Part D and Part C Plans Change Each Year

- Each year Medicare plans can change costs, coverage, and benefits
- Some plans may choose to leave Medicare
- Plans mail or provide electronically
 - **Annual Notice of Change (ANOC)** explains changes from last year's coverage
 - **Explanation of Coverage (EOC)** explains coverage and costs for following year



Changes you can Make

- **Join** a new Medicare Advantage Plan or Part D prescription Drug Plan
- **Switch** from Original Medicare to a Medicare Advantage Plan
- **Drop** a Medicare Advantage Plan and switch to Original Medicare (You need Part D to get prescriptions)



October 1, 2023	Start comparing your current coverage with other options. You may be able to save money or get extra benefits. Visit Medicare.gov/plan-compare .
October 15 to December 7, 2023	Change your Medicare health or drug coverage for 2024 if you decide to. You can join, switch or leave a Medicare Advantage Plan or a Medicare drug plan during this Open Enrollment Period each year.
January 1, 2024	New coverage begins if you made a change. If you kept your existing coverage and your plan's costs or benefits changed, those changes also start on this date.
January 1 to March 31, 2024	If you're in a Medicare Advantage Plan, you can change to a different Medicare Advantage Plan or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. Any changes you make will be effective the first of the month after the plan gets your request.

Things to Consider When Comparing Prescription Drug Plans (PDP)

- Does the plan cover all the medications I take?
- Does the plan have restrictions on my drugs, such as prior authorization, step therapy, or quantity limits?
- How much will I pay for monthly premiums and the annual deductible?
- How much will I pay at the pharmacy for each drug I take?
- Is my pharmacy in the plan's preferred network?



Things to Consider When Comparing Medicare Advantage Plans (MAPD)

Medicare Advantage Plans usually include prescription drug coverage, but since they also include your Medical and Hospital services you should consider asking:

- How much do I have to pay for office visits, hospital care, or specialty services?
- What is the annual maximum out-of-pocket cost?
- Are my doctors and hospitals in the plan's network?
- What are the rules I must follow to access health care services and my medications?
- Does the plan cover additional health care benefits that are not covered by Original Medicare?
- Will this plan affect any other coverage I may have?



Check-in Question

When does Fall Open Enrollment Period begin and end?

★ You can submit your answer in the chat or think about the answer in your head

Check-in Question

When does Fall Open Enrollment
Period begin and end?

October 15 to December 7

An elderly couple is sitting at a table in a modern, well-lit room. The woman, on the left, has grey hair and is wearing a dark blue sweater. The man, on the right, has grey hair and a beard, wearing a patterned shirt. They are both looking down at a document the woman is holding. On the table are several other papers and a pen. In the background, there is a large window with sheer curtains, a potted plant, and a modern lamp with a yellow shade. A dark wooden shelving unit is also visible.

Part D *Special* Enrollment Periods

You can change your Part D drug plan
outside of Open Enrollment in certain
situations

Can I change my coverage in the coming year?

During the 2024 **Medicare Advantage** Open Enrollment Period

- From January 1 – March 31
- Switch to a different MAPD plan or to Original Medicare

Special Enrollment Period (SEP) for “Extra Help” and “Medi-Cal” recipients

- If you qualify for the Part D Low Income Subsidy “Extra Help” program, or the Medi-Cal program, you can change your Part D plan once a quarter during the first 9 months of the year

Certain Situations

- Lose employer, retiree or union-group drug coverage
- Move out of your Part D service area
- Enter or leave a nursing home
- If you lose Extra Help



"Extra Help" **Program**

Also known as the Low-Income
Subsidy (LIS) Program



2024 Part D Plan Costs & Benefits

What you pay for prescriptions depends on:

- ✓ Which prescriptions you take
 - ✓ Which Medicare drug plan you choose
 - ✓ Whether you qualify for any low-income assistance
-
- California Part D plan Monthly Premiums range from **\$0.40** to **\$188.40**
 - The Part D drug plan annual deductible ranges from **\$0** to **\$545**



2024 Part D Plan Costs & Benefits

Initial Coverage Period

- After the deductible, plan pays **75%**, you pay **25%** of the total retail cost for generic and brand name prescription drugs. When the total drug costs reach **\$5,030**, next phase

Coverage Gap

- You pay **25%** for generic and brand name drugs, plan pays **75%** of the cost of generic and **5%** brand name and manufacturer provides a **70%** discount on brand-name drugs. This happens until your total drug costs are **\$8,000**, next phase

Catastrophic Coverage

You pay:

- **\$0** for generic drugs and brand name drugs
- **100%** paid by plan
- Beneficiary to remain in catastrophic coverage until 12/31/24



Financial Help with Medicare Part D Costs

- If you have Medicare and Medi-Cal, you must have a Part D plan. If you do not sign up for a Part D plan, Medicare will assign you to a plan.
- If you have Medicare and Medi-Cal, you will automatically be enrolled in the Extra Help program, which lowers Part D prescription drug cost
- Your Part D plan copayments will be no more than
 - \$1.55** for Generic drugs
 - \$4.69** for Brand name drugs
 - * These are 2024 Extra Help prices*
- ✓ You may qualify for help with Part D expenses even if you are not eligible for Medi-Cal
- ✓ The program is called the Low-Income Subsidy Program or Extra Help Program



Low Income Subsidy “Extra Help” Program

This program can help you pay for Medicare drug costs (Part D) including premiums, deductibles and copayments.

Full Subsidy	2023 Monthly Income Limit	2023 Asset Limit
Single	\$1,843	\$16,600
Married	\$2,485	\$33,240



- In 2024, Generic copays **\$4.50** and brand name copays **\$11.20**
- No coverage gap or late enrollment penalty if you qualify for Extra Help
- To receive Extra Help, you must enroll in a Medicare Part D plan or a Medicare Advantage plan
- Beneficiaries with retiree benefits must check with their plan administrator first.

What happens if a prescription is not covered by my Part D Plan ?

Transition Fill

You may be entitled to a 30 day “transition fill” of the drug if:

- The medication is **not** a new prescription,
- You are in the **first 90 days** of being in the plan.

Exception Request

- If you are not entitled to a transition fill, ask your doctor about switching to a drug that is covered by your plan
- If other drugs are not appropriate, file an “Exception Request”
- The doctor must explain the medical need for the requested drug and explain why other covered drugs are not appropriate
 - ✓ A standard review will take 72 hours
 - ✓ An expedited review will take 24 hours, if you suffer from serious health conditions
 - ✓ If your exception request is denied, you have the right to appeal

Patient Assistance Programs can help you pay in full for the drug and might be available through the manufacturer of the drug, HICAP can assist in finding a program.

Check-in Question

True or False?

Beneficiaries who receive both Medicare and Medi-Cal do not have to apply for the “Extra Help” program.

★ You can submit your answer in the chat or think about the answer in your head

Answer

True.

Medicare beneficiaries who receive full Medi-Cal benefits will automatically receive “Extra Help”.



Medicare Marketing Violations and Enrollment Fraud

Protect, Detect, and Report Medicare Fraud!

Medicare plans must follow rules when they market plans,
They cannot:

- **Pressure you to join their plan** by saying things like “you have to join this plan, or you won’t have coverage next year”
- **Tell you they represent Medicare** and want to offer you a service for free and in exchange they ask for your Medicare number
- **Call you or visit your house** without your permission to offer plan enrollment, services, or free medical equipment
- **Offer you cash or groceries** to join their health plan
- **Sign a health plan enrollment form for you**



Protect, Detect and Report Medicare Fraud!



If you feel you have experienced marketing violations or enrollment fraud:

1. Save all documents or suspicious information including marketing materials, business cards, voicemails, brochures, post cards.
2. If you have been misled into joining a plan or your plan was changed without your consent, please call our office for assistance at **661-868-1000**
3. Contact the **California Senior Medicare Patrol (SMP)** at **855.613.7080** or visit **www.smpresource.org**

“Never give your MEDICARE NUMBER to a stranger or to anyone you don’t trust”



1. **Contact HICAP at 661-868-1000 to request an unbiased plan comparison**
2. **Call 1-800-MEDICARE to change your Medicare coverage or to ask questions about the changes you made**
3. **Use the Plan Finder tool to run your own comparison on Medicare.gov**

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Thank You

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661.868.1000 or 800.434.0222



Kern County HICAP