

WELCOME

THE PRESENTATION WILL BEGIN SHORTLY

While You Wait...

Who is Joining us Today?

- 1 - Medicare Beneficiary
- 2 - Advocate / Social Work Professional
- 3 - Family or Friend of Beneficiary

YOU CAN USE THE CHAT OPTION TO ANSWER





MEDICARE OPEN ENROLLMENT 2025

PRESENTED BY: Kern County HICAP
Health Insurance Counseling &
Advocacy Program

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aginginfo@kerncounty.com



1-800-434-0222





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.**



WHAT YOU WILL LEARN TODAY

AGENDA

- Medicare Options - The Basics
- What is The Open Enrollment Period?
- The Changes Coming in 2025
- Changes you Can Make during Open Enrollment
- Part D Prescription Plan Considerations
- Part C Medicare Advantage Plan Considerations
- Part D Plan Cost & Benefits
- NEW! Medicare Prescription Payment Plan
- Financial Help with Prescription Costs
- What to do if your Prescription is Not Covered
- How to Protect Yourself Against Plan Marketing Violations and Enrollment Fraud



MEDICARE COVERAGE OPTIONS

ORIGINAL MEDICARE

- Covers Part A + Part B
- No referrals needed
- 20% Coinsurance
- Need a Supplement
- You MUST enroll in a stand-alone Prescription Drug Plan (Part D)



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A) Coverage starts/Cobertura empieza
03-01-2016

MEDICAL (PART B) **03-01-2016**

Prescription Drug Plan (PDP)

Medicare Prescription Drug Plan (PDP)

RxBIN: 610011
RxPCN: CTRXMEDD
RxGRP: EGWPS041
Issuer (80840): 9151014609
ID: 1234MEMID
Name: FIRSTNAME MI LASTNAME

9999999999

MedicareRx
Prescription Drug Coverage
88841-803



MEDICARE ADVANTAGE

- Also known as Part C
- This option offers Part A + Part B + Part D
- All-in-One Plan
- Often HMO plans/copays
- Need referrals
- Specialty services must be approved by your Medical Group
- If you change plans you may have to change doctors

Medicare Advantage Plan (HMO)

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

Member:
SUBSCRIBER BROWN Payer ID: 87726

GROUP NAME
ABC Medical Group

Copay: PCP \$XX Spec \$XX ER \$XX
H9999 PBP# 999

UnitedHealthcare Group Medicare Advantage (PPO)
Plan pays up to Medicare Limiting Charges.

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

WHAT IS OPEN ENROLLMENT?



OCTOBER 15 - DECEMBER 7

- ✓ Annual Election Period
- ✓ Review Your Current Coverage
- ✓ Evaluate Your Options
- ✓ Opportunity to Make Changes if your plan is changing or going away in 2025





Some of the Changes we Know About...

- Many Part D plans will be **raising Monthly Premiums**
- All **Mutual of Omaha** prescription plans will go away in 2025
- **Clear SpringHealth Value** prescription plan “Sanctioned”
- Some **SilverScript plans** are being consolidated -New Plan \$53
- **AARP MedicareRx Walgreens** from UHC won't be offered
- **Cigna SecureRx changes name to Cigna Healthcare AssuranceRX**, and also changes its formulary
- Significant **Network changes** for some Medicare Advantage Plans
- Some **Medical Groups will stop contracting** with Medicare Advantage Plans



MEDICARE PLANS CHANGE EACH YEAR

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



CHANGES YOU CAN MAKE

Mark your calendar with these key dates!



✓ **Join** a new Part C 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, 2024

Start comparing your current Medicare health or drug coverage with options for 2025. You may be able to save money or get extra benefits.

 [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)

October 15 to
December 7, 2024

OPEN ENROLLMENT



Change your Medicare health or drug coverage for 2025, if you decide to. You can join, switch or drop a Medicare Advantage Plan or Medicare drug plan, or switch to Original Medicare during this Open Enrollment Period each year.

January 1, 2025

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, 2025

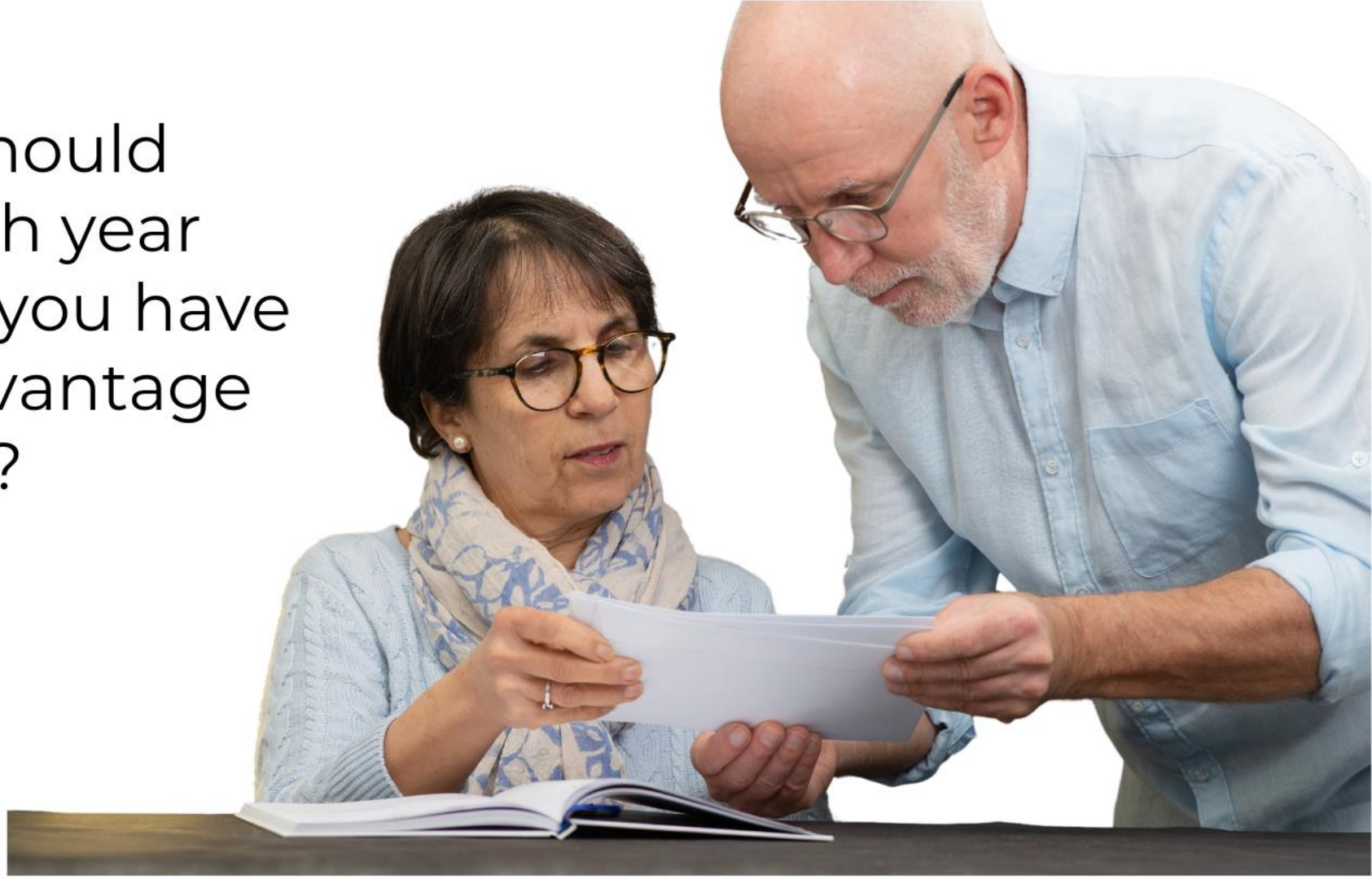
If you're in a Medicare Advantage Plan, you can change to a different **Medicare Advantage Plan** or switch to Original Medicare (and join a separate Medicare drug plan) once during this time. Any changes you make will be effective the first day of the month after the plan gets your request. Go to page 63.

Knowledge Check

YOU CAN SUBMIT YOUR ANSWERS IN THE CHAT



What **notice** should you review each year **for changes** if you have a Medicare Advantage or Part D plan ?



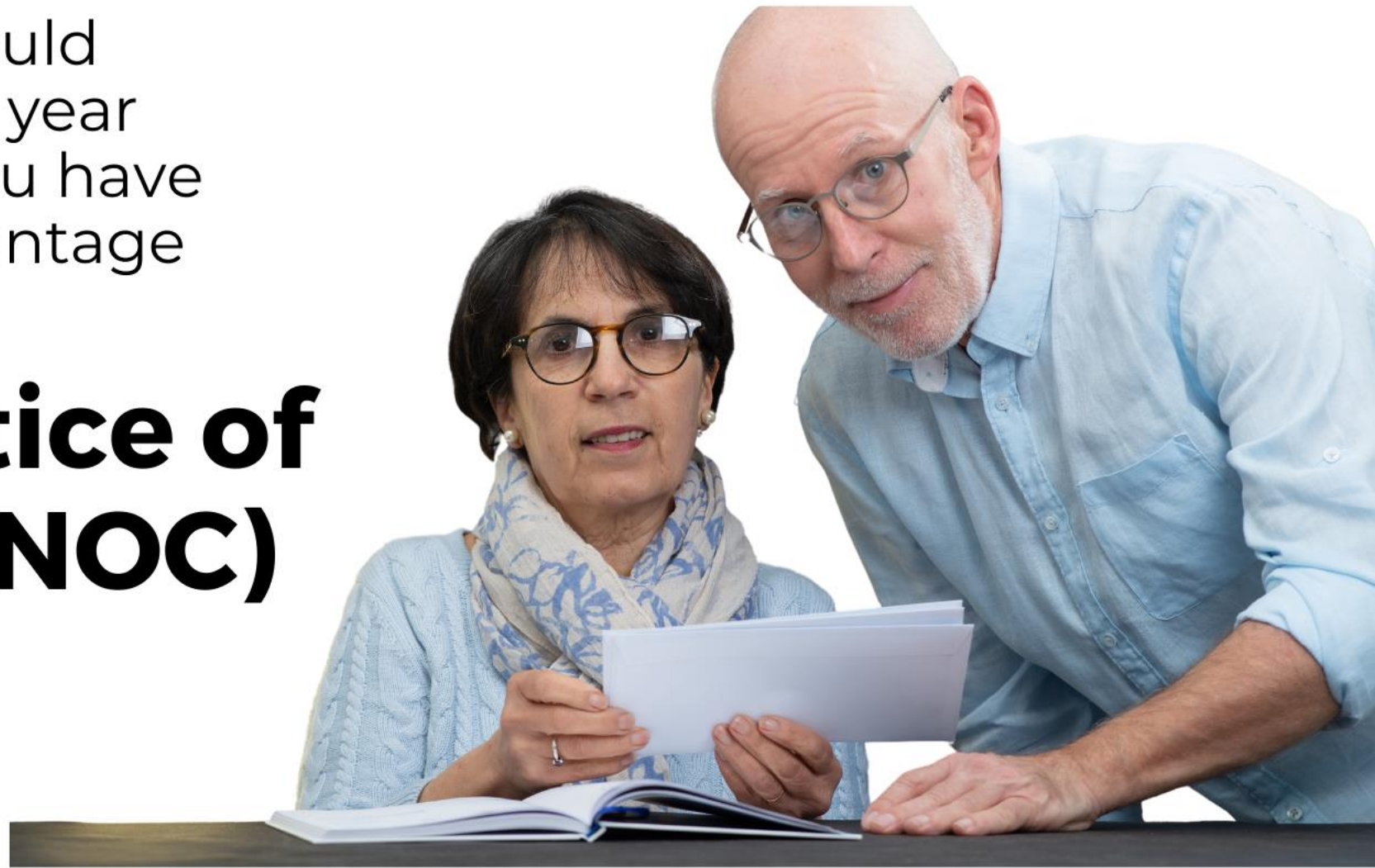
Knowledge Check

YOU CAN SUBMIT YOUR ANSWERS IN THE CHAT



What notice should you review each year for changes if you have a Medicare Advantage or Part D plan ?

Annual Notice of Change (ANOC)



CONSIDER THIS WHEN COMPARING PRESCRIPTION DRUG PLANS

- ✓ Does the plan cover all my prescriptions?
- ✓ Does the plan have restrictions on my drugs, such as prior authorization, step therapy, or quantity limits?
- ✓ How much will I pay for monthly premium and the annual deductible?
- ✓ How much will I pay at the pharmacy?
- ✓ Is my pharmacy in the plan's Preferred Network?

**To Explore your options, use the
Medicare Plan Finder tool at**

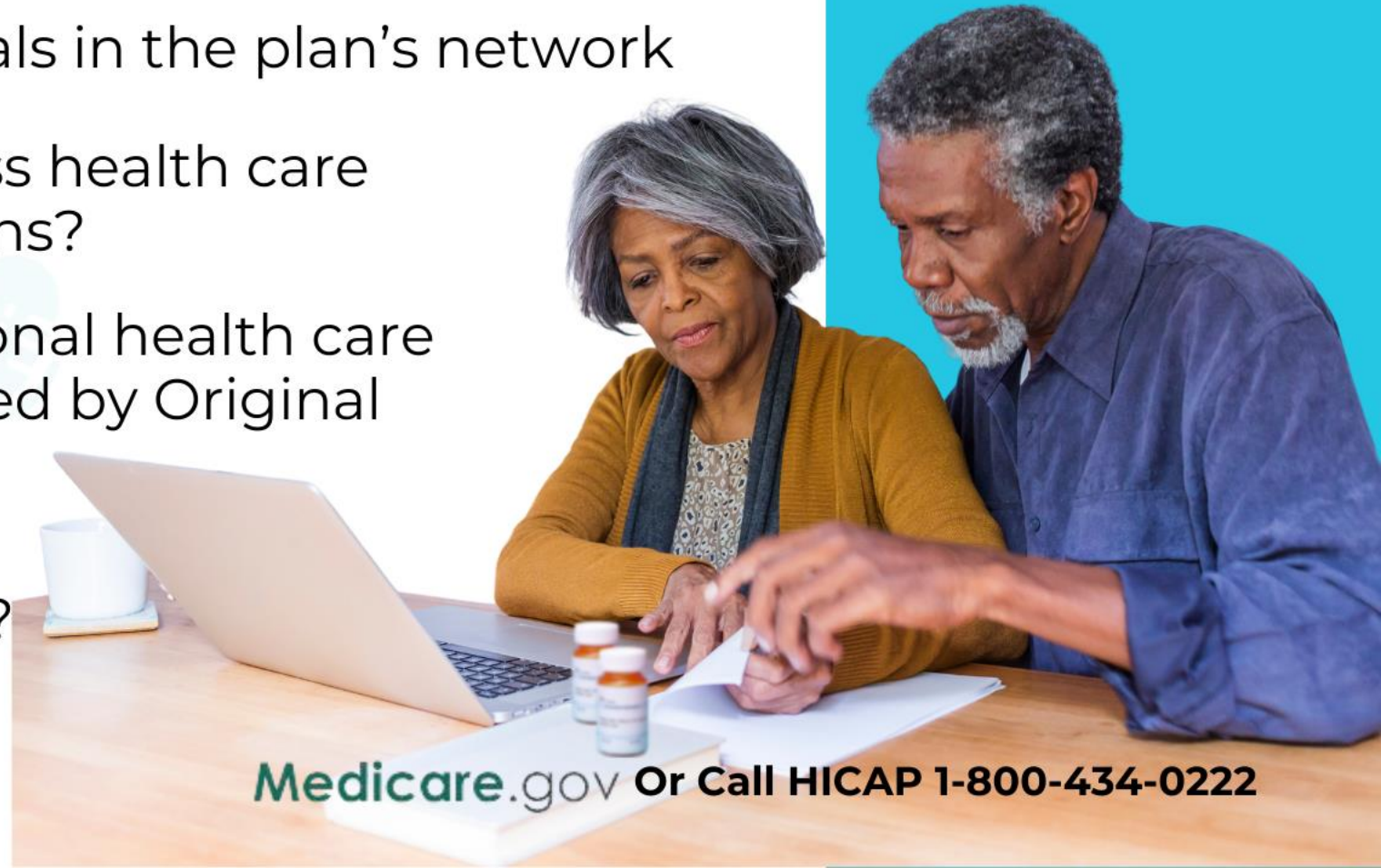
Medicare.gov

Or Call HICAP 1-800-434-0222



CONSIDER THIS WHEN COMPARING MEDICARE ADVANTAGE PLANS

- ✓ 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 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?
- ✓ Are my prescriptions covered?



Medicare.gov Or Call HICAP 1-800-434-0222

Knowledge Check

YOU CAN SUBMIT YOUR ANSWERS IN THE CHAT



This is Anthony, he is currently in Original Medicare and he is enrolled in a stand-alone Prescription Drug Plan



Anthony received a notice indicating that his Prescription Plan will have a change in the monthly premium, it will go up from \$2.40 per month to \$53 per month in 2025



Anthony wants to save money and he knows he can find a Part D plan with a lower monthly premium, but wants to make sure his prescriptions will be covered. **Where can Anthony get help?**

Knowledge Check



Anthony can go to [Medicare.gov](https://www.Medicare.gov) and use the Plan Finder Tool to compare plans



He can call his local HICAP at 1-800-434-0222 and request a plan comparison



PART D PLAN COSTS 2025

What you pay for prescriptions depends on:

- ✓ The **prescriptions** you take
- ✓ The Medicare drug **plan** you choose
- ✓ The **pharmacy** of choice
- ✓ Whether you qualify for any **low-income assistance**

MEDICARE PART D (PDP)

16 Stand-Alone Prescription Plans in Kern County

MONTHLY PREMIUM: \$1.80 - \$183.50

ANNUAL DEDUCTIBLE: \$0 - \$590

PRESCRIPTION COPAYS: \$VARY

After deductible is met you pay a copay based on Tier



NEW! \$2,000 MAX OUT-OF-POCKET COST FOR 2025



New! Medicare Prescription Payment Plan

Starting in 2025, The MPPP will allow you to **spread out -of-pocket drug cost** throughout the calendar year

HOW DOES IT WORK?

- **Offered by ALL Medicare plans with drug coverage.**
- Allows you to spread your copays across the year
- **You will receive a separate bill from your plan for your prescriptions**, rather than paying at the pharmacy.



HOW IS YOUR MONTHLY BILL CALCULATED?

- Based on your prescription costs and last month's balance, divided by the remaining months in the year.
- New prescriptions can increase future payments.
- **You will never pay more than \$2000 in a year for covered prescriptions.**

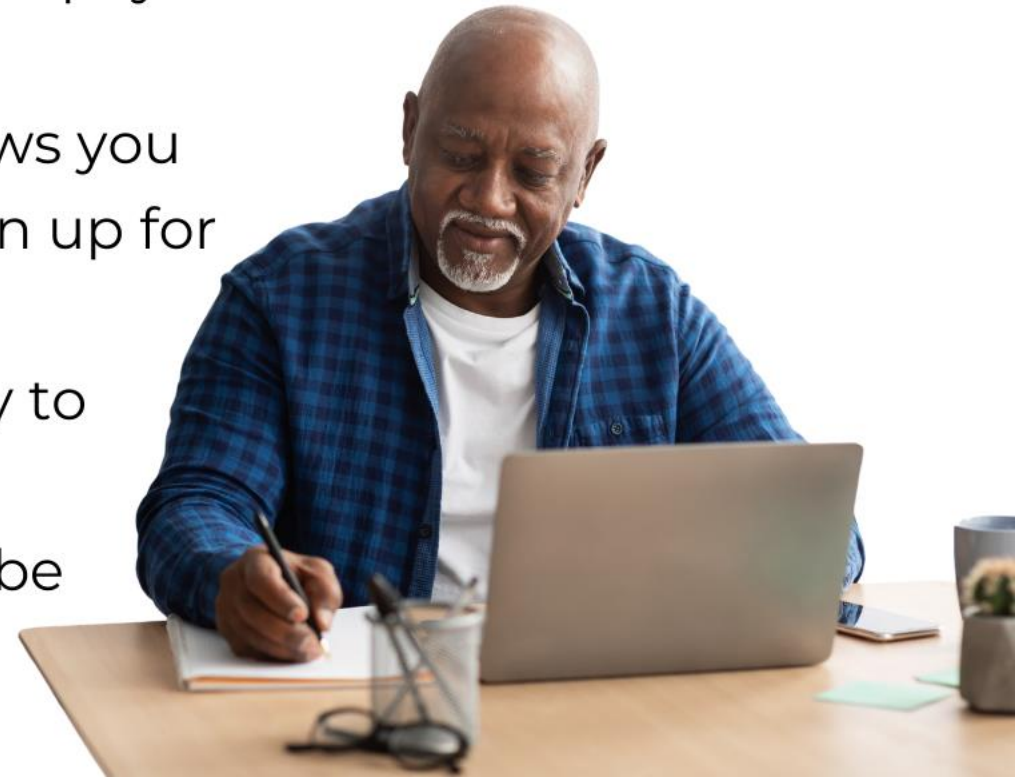
IS THIS A GOOD OPTION FOR YOU?

- **Yes** - If you have high drug expenses early in the calendar, this will help.
- **No** - If your annual drug expenses are low or you receive "Extra Help"
- **This is an option to help you manage your expenses, not to save you money.**

New! Medicare Prescription Payment Plan

KEY POINTS

- You can enroll at any time in the year.
- If you miss a payment you will receive a few reminder notices.
- If you continue to miss payments you will be terminated from the program.
- You can re-enroll in the plan , but first you need to pay the past-due balance.
- If you have a Special Enrollment Period that allows you to change plans later in the year, you have to sign up for the MPPP again with the new plan.
- Your plan will communicate with your pharmacy to inform that you are enrolled in the MPPP.
- Your pharmacy should remind you that you will be receiving a bill for your copays.



Financial Help with Prescription Cost

- ✓ If you have Medicare and **Medi-Cal**, you must have a Part D or C plan. If you do not sign up for a plan, Medicare will auto assign you to a stand-alone PDP
- ✓ If you have Medicare and **Medi-Cal, SSI, or Medicare Savings Program**, you will Automatically be enrolled in the Extra Help program, which lowers Part D prescription drug cost.



WHAT WOULD BE YOUR PRESCRIPTION COST?

- ✓ Your Part D plan copayments will be no more than
 - \$1.60 For Generic drugs**
 - \$4.80 For Brand name drugs**
- ✓ Even if you are not eligible for Medi-Cal, you may still qualify for help with Part D cost
- ✓ The program is called the Low-Income Subsidy Program or “Extra Help”

Low Income Subsidy “Extra Help” Program

This program can help you pay for Medicare prescription cost including premiums, deductibles, and copayments.

EXTRA HELP	MONTHLY INCOME LIMIT	ASSET LIMIT
Single	\$1,903	\$17,220
Married	\$2,576	\$34,360



WHAT WOULD BE YOUR PRESCRIPTION COST?

✓ Your Part D plan copayments will be no more than

\$4.90 For Generic drugs

\$12.15 For Brand name drugs

✓ Must enroll in Part D or in a Part C - No late enrollment Penalties.

✓ Beneficiaries with retiree benefits must check with plan administrator first.

Knowledge Check

YOU CAN SUBMIT YOUR ANSWERS IN THE CHAT



- ★ This is Consuelo and Octavio, they have very little income (about \$2,000 a month)
- ★ Consuelo only has two prescriptions and they are very low cost. Octavio on the other hand, has 13 prescriptions and some of them are brand name medications.
- ★ **What would be a good option for Octavio to reduce the cost of his prescriptions?**

Knowledge Check



-  Consuelo and Octavio can qualify for the **Extra Help program** because their income is below the threshold.
-  Their Part D premiums, deductibles, and copays for prescriptions will be reduced. Both will benefit from this program.

Plan Formulary Coverage Issues

WHEN YOUR PLAN DOESN'T COVER YOUR MEDICATION OR HAS RESTRICTIONS YOU CAN REQUEST A COVERAGE DETERMINATION

Drug is Off Formulary

- The drug is not covered by your plan (not in formulary).
- You can request a “Formulary Exception” if other drugs are not appropriate.
- Doctor must explain medical need for the drug.

Prior Authorization

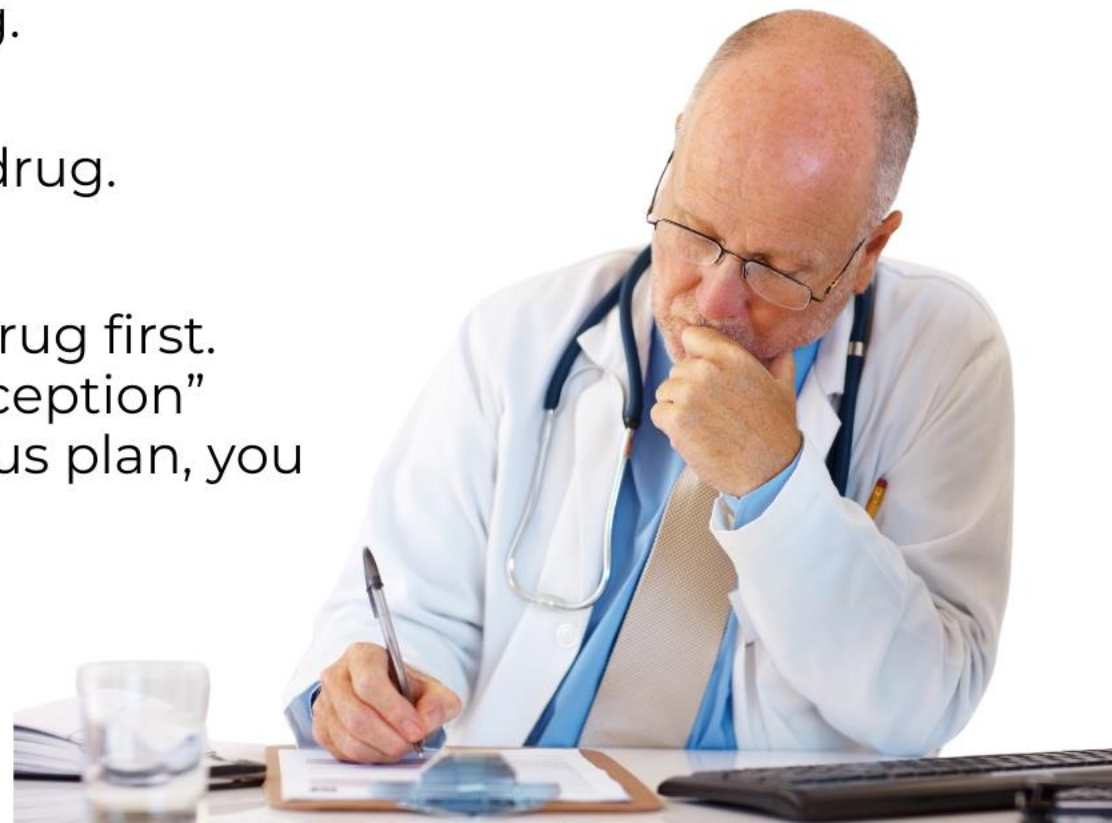
- Request approval from your plan to cover the drug.

Step Therapy

- Your plan requires you to try a less expensive drug first.
- If alternative drug is ineffective, request an “exception”
- If you completed Step Therapy with the previous plan, you need to let the new plan know.

Quantity Limits

- Plan only covers a certain amount of a drug over a certain period (like 30 pills per month)

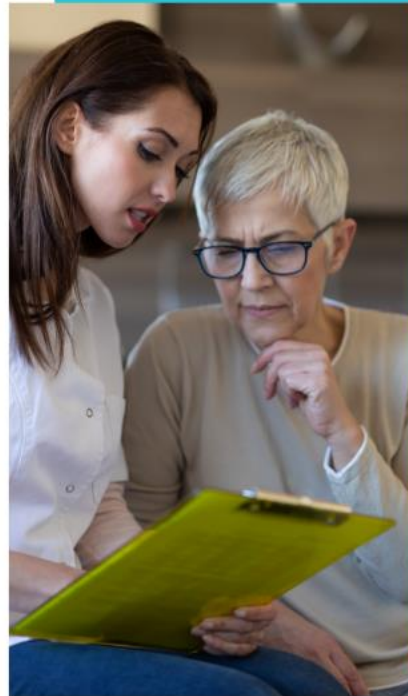


GENERAL MEDICARE ASSISTANCE AVAILABLE

HICAP CAN HELP YOU?

HICAP is only a phone call away. We are ready to assist you and answer your questions, we can help you with the plan review and explanation of benefits.

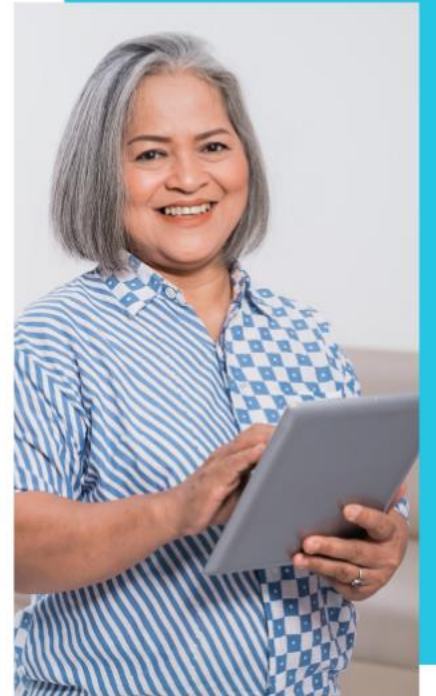
- ✓ Unbiased plan review and plan research, explain coverage issues
- ✓ Unbiased plan comparisons using Medicare.gov's Plan Finder Tool
- ✓ Assistance completing and submitting Extra Help Applications to Social Security
- ✓ Assistance completing and submitting Medi-Cal application as well as Medicare Savings Programs.



In Person



By Phone



Via Zoom

1-800-434-0222

Watch Out for Open Enrollment SCAMS



Medicare's
Open Enrollment
is from
Oct 15- Dec 7th



For more info on common
scams, scan QR code or visit
CaliforniaSMP.org
1-855-613-7080



Preventing Medicare Fraud

Medicare Plans and Agents Must Follow Rules

- **They cannot** pressure you to join their plan
- **They cannot** tell you they represent Medicare
- **They cannot** call you or visit your house without your permission
- **They cannot** offer you cash or groceries
- Beware of **“Flex Card”** or **“\$2,000 grocery card”**

If You Feel You Have Experienced Marketing Violations or Enrollment Fraud:

- Save all documents or suspicious information including marketing materials, business cards, voicemails, brochures and post cards.
- If you have been misled into joining a plan or your plan was changed without your consent, please **call HICAP for assistance at 1-800-434-0222 or California Senior Medicare Patrol at 1-855-613-7080**

Never give your Medicare Number to anyone you don't trust



KERN
COUNTY
AGING & ADULT SERVICES

1-800-434-0222

THANK YOU

aginginfo@kerncounty.com

Please take a moment to fill out our survey, it will pop up on your screen after the presentation