

OPEN
ENROLLMENT
BOOTCAMP IX
October 18, 2023



Medicare Open Enrollment Basics

October 18, 2023
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Medicare

Important Dates

	Sign up Dates	Effective Dates
Medicare Advantage & Part D	October 15, 2023 – December 7, 2023	January 1, 2024
Covered California	November 1, 2023 – December 31, 2023	January 1, 2024
Calliornia	January 1, 2024 - January 31, 2024	February 1, 2024
Medicare Parts A & B	January 1, 2024 – March 31, 2024	First Month Following Enrollment



What is Medicare?

- Federal Health Insurance Program
 - 65 Years and Older
 - Under 65 and receiving SSDI Benefits for at least 24 months
 - Kidney Failure or End Stage Renal Disease (ESRD)
 - Lou Gehrig's Disease (aka ALS)



Medicare Parts

- Medicare has different parts
 - Part A = hospital insurance
 - Part B = medical/outpatient insurance
 - Part C = Medicare Advantage Plan
 - Part D = prescription drug coverage
- "Original Medicare" refers to Parts A, B, and D
- Can enroll in either Original Medicare or Medicare Advantage plan



Medicare Coverage

Step 1: Decide how you want to get your coverage. MEDICARE ADVANTAGE PLAN ORIGINAL MEDICARE Part C (like an HMO or PPO) Part A Part B Part C Combines Part A, Medical Hospital Insurance Part B, and usually Insurance Part D Step 2: Decide if you need to Step 2: Decide if you need to add drug coverage. add drug coverage. Part D Part D Prescription Prescription Drug Drug Coverage Coverage (Most Medicare Advantage Plans cover prescription drugs. You may be able to Step 3: Decide if you need to add add drug coverage in supplemental coverage. some plan types if not already included.) Medicare Supplement Insurance End (Medigap) If you join a Medicare Advantage Plan,

End



you can't use and can't be sold a Medicare Supplement Insurance (Medigap) policy.

Medicare Part A

Federal health insurance that covers medically necessary & reasonable:

- Inpatient hospital care
- Psychiatric hospital care
- Skilled nursing facility
- Home health care
- Hospice
- Blood transfusions in hospital







Medicare Part B

- Federal Health Insurance that Covers Medically Necessary & Reasonable:
 - Outpatient physician services
 - Diagnostic tests and procedures
 - Outpatient hospital care
 - Ambulance and Emergency Room
 - Durable medical equipment
 - Mental health services
 - Outpatient PT, OT, and speech therapy
 - Preventative services



- Includes annual deductible, monthly premiums, and coinsurance
 - Medicare Pays Only 80% of Approved Charges

Medicare Part B (cont'd)

- Medicare Part B <u>Does Not</u> Cover:
 - Routine dental care
 - Routine eye exams
 - Routine hearing care
 - Routine foot care
 - Except some diabetes care
 - Acupuncture
 - Cosmetic surgery
 - Long term/custodial care





Medicare Part D

- Private Health Insurance Plans that Cover:
 - Prescription drugs listed in plan-specific formularies
 - Plans must offer at least two choices in each drug category
 - Plans must offer 'substantially all' drugs in the following protected categories:
 - antidepressant, antipsychotic, anticonvulsant, anticancer or antineoplastic, immunosuppressant, and antiretroviral (HIV/AIDS)
 - Drugs are only available through a <u>plan-specific</u>, <u>pharmacy</u> network.
 - Drugs are classified into 'cost tiers'
 - Such as preferred generics, generics, preferred brands, non-preferred drugs, and specialty drugs
 - Includes annual deductible, monthly premiums, copays and coinsurance





Medicare Part D (cont'd)

Medicare Part D Does Not Cover:

- Agents used for weight loss or gain
- Agents used for cosmetic purposes (e.g., hair growth)
- Drugs for symptomatic relief of cough/colds (except to treat asthma cough)
- Non-prescription over the counter drugs (e.g., aspirin)
- Prescription vitamins & minerals (some exceptions)
- Agents used to promote fertility
- Agents use to treat sexual or erectile dysfunction



Part D Plans (cont'd)

- Considerations when choosing a Part D plan
 - Check formularies for client's prescription medication
 - Check any restrictions on the medication, i.e., prior authorizations or step-therapy
 - Review the premium price and cost-sharing associated with each plan
- ADAP can help with Part D plans too!
 - ADAP will pay for co-pays for prescriptions on ADAP's formulary
 - Can also enroll in CDPH's Medicare Part D Premium Payment (MDPP) program



To maximize benefits, enroll in a Benchmark plan



Medicare Part C Medicare Advantage Plans

- Federally-approved private health insurance plans
- Replaces Original Medicare (Parts A and B)
- Most include prescription drug (Part D) coverage
- Utilizes doctor and hospital networks
 - Usually have to stay within network and get a referral to see specialist. Providers may leave plans at anytime.
- Many cover additional benefits, such as dental, vision and gym memberships
- Lower out-of-pocket costs

Includes annual deductible, monthly Part B plus Part C premiums, copays and coinsurance.



Medicare Part C Medicare Advantage Plans (cont'd)

Eligibility Requirements:

- Enrolled in Original (Parts A and B) Medicare
 - Individuals with kidney failure or End Stage Renal Disease (ESRD) are excluded
- Medicare Special Needs Plans (SNP) also require enrollment in full scope Medi-Cal



Original Medicare vs. Medicare Advantage

ORIGINAL MEDICARE

- Parts A, B, & D
- Can buy Medigap policy
- Can see any doctor or hospital who accepts Medicare
- No referrals needed for specialists or prior authorization for services
- No Out-Of-Pocket limit
- Deductibles & co-payments (usually 20% of Medicare approved cost for outpatient care) or coinsurance
- No care coordination
- No supplemental benefits

MEDICARE ADVANTAGE

- Pay Part B premium + plan premium
- May be limited to in-network doctors/hospitals
- May need referral for specialist and/or prior authorization for certain services
- Maximum Out-Of-Pocket limit (MOOP)
- Deductibles and/or copay for services usually fixed
- Plan cost-sharing different than Original Medicare but cannot charge more for chemotherapy, renal dialysis or skilled nursing care
- HMO coordinates care
- May offer supplemental benefits (dental, vision, gym...)



Medicare Open Enrollment

Open Enrollment is from October 15, 2023 – December 7, 2023

During the Open Enrollment period, you can:

- Switch from Original Medicare to Medicare Advantage
- Switch Medicare Advantage plans
- Enroll in a Part D plan
- Change Part D plans

Changes or new enrollment effective January 1, 2024

Open Enrollment for Medicare Parts A & B

January 1, 2024 – March 31, 2024



 For more information about enrolling in Parts A & B, contact PRC at (415) 777-0333 or HICAP at (415) 677-7520

Helping Clients During Open Enrollment

- No action needed if client does not wish to change or enroll in Advantage or Part D plans
- However, <u>best practice</u> is to review current coverage!
 - Check for changes to formulary or provider network
 - Check for changes in premium amount
 - Use the Plan Compare Tool!
- Medicare is required to send clients notices of changes, or cancellations of coverage
 - Remind clients to check their mail!

If client wants to enroll in or switch their Advantage or Part D plan, they can do this using the Plan CompareTool

Plan Compare Tool

- Go to <u>Medicare.gov/plan-compare</u> to review coverage options for clients!
- Search using your client's information, or no information, to review coverage options
- Be sure you are looking at the correct year's plans
- Select which comparisons you need
- Enter prescription information to compare formularies



Using Plan Compare tool on Medicare.gov



- Once the plans come up, select "Plan Details"
- This takes you to the plan's overview page where you can quickly see important details such as:
 - Premiums
 - Deductible
 - Co-pays for doctor visits, lab services, urgent or emergency care
 - Further down you will see Drug Coverage priced by Tiers
 - Extra benefits such as preventative dental, vision, or hearing (if available)



Explore your Medicare coverage options

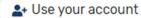
Pick your 2024 plan from Oct. 15 - Dec. 7.



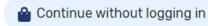


First time joining a Medicare health or drug plan?

Find Medicare health & drug plans



Save time by logging in



Choose the year you need coverage and enter your ZIP code:



You're viewing 2024 plans. Show me 2023 plans.

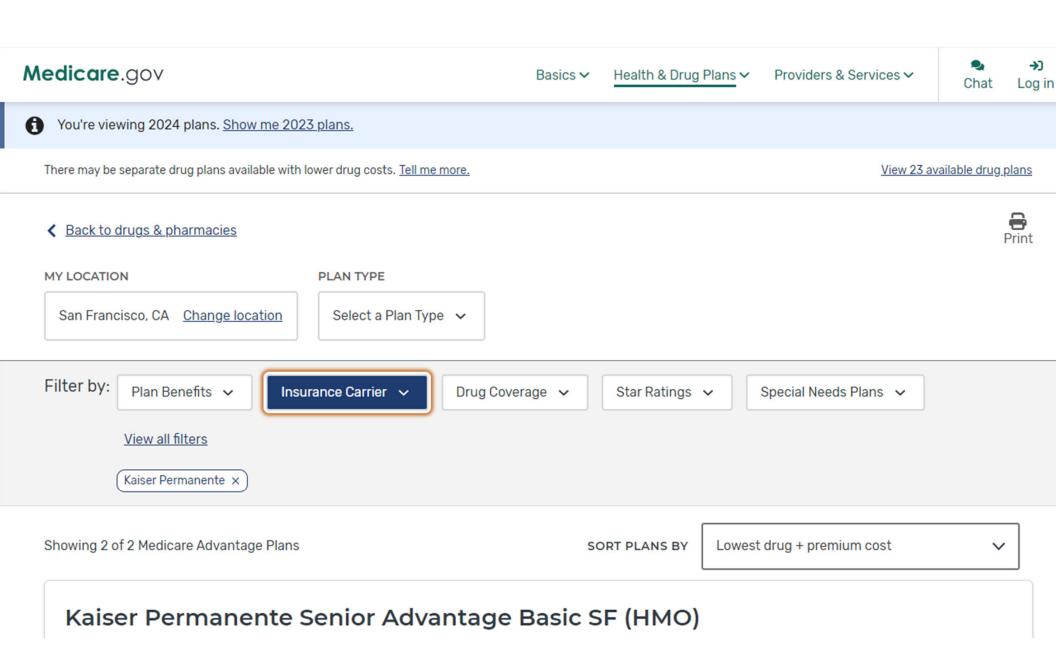
Help with your costs

Do you get help with your costs from one of these programs?

\bigcirc	Medicaid
\bigcirc	Supplemental Security Income
\bigcirc	Medicare Savings Program
\bigcirc	Extra Help from Social Security
\bigcirc	I'm not sure







Kaiser Permanente Senior Advantage Basic SF (HMO)

Kaiser Permanente | Plan ID: H0524-060-0

Star rating: ★★★☆

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$174.70 Standard Part B premium

TOTAL DRUG & PREMIUM COST (for the rest of 2024)

\$0.00 Only includes premiums for the whole year when you don't enter any drugs

OTHER COSTS

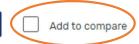
\$0 Health deductible

\$0.00 Drug deductible

\$6,000 In-network Maximum you pay for health services

Enroll

Plan Details



PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- X Hearing
- **X** Transportation
- X Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

See more benefits 🗸

COPAYS/COINSURANCE

Primary doctor: \$10 copay per visit

Specialist: \$15 copay per visit

DRUGS

Add your prescription drugs

Enter drugs you take regularly (if any) to see your

estimated drug + premium cost

Kaiser Permanente Senior Advantage Basic SF (HMO)

\$0.00

Medicare Advantage and drug monthly premium

Enroll

Plan Details

Kaiser Permanente Senior Advantage Alam., SF, Napa (HMO)

\$70.00

Medicare Advantage and drug monthly premium

Enroll

Plan Details

Aetna Medicare Core Plan (PPO)

\$0.00

Medicare Advantage and drug monthly premium

Enroll

Plan Details

Overview

	Star rating	***	★★★☆☆	****
	Health deductible	\$0	\$0	\$0
	Drug plan deductible	\$0.00	\$0.00	\$0.00
	Maximum you pay for health services	\$6,000 In-network	\$3,900 In-network	\$8,950 In and Out-of-network \$5,900 In-network
	Health premium	\$0.00	\$28.90	\$0.00
	Drug premium	\$0.00	\$41.10	\$0.00
	Part B premium	\$174.70	\$174.70	\$174.70



Low Income Subsidy (LIS) Extra Help

Federal program that pays all, or part of, prescription drug premiums, deductibles, & copays

- Individuals on full scope Medi-Cal are automatically eligible for LIS
- Pays for costs in the "donut hole"
- Can change plans at any time



AIDS Drug Assistance Program (ADAP)

- ADAP pays deductibles, copays and coinsurance for drugs on the ADAP formulary
- ADAP's Medicare Premium Payment Program (MPPP) can pay:
 - Part D monthly premiums
 - Part C monthly premiums
 - Medigap monthly premiums
 - Part B outpatient, out-of-pocket costs (MOOP)



MPPP

The Medicare Premium Payment Program (MPPP) provides assistance to qualified Medicare eligible clients.

Eligibility

- Enrolled in ADAP
- Be enrolled in a Medicare Part D Prescription Drug Plan* or a Medicare Part C/Medicare Advantage Plan
- Not be receiving 100 percent assistance from Medicare Extra Help/Full Low-Income Subsidy (LIS) (does not apply to PartC/Medicare Advantage plans)
- Not be receiving full-scope Medi-Cal



What if I miss Open Enrollment for Medicare Advantage & Part D?

Special Enrollment

- If you miss Open Enrollment, you can enroll in or switch Advantage or Part D plans when you have Qualifying Life Event (QLE)
- Qualifying Life Event includes:
 - Moving
 - Becoming eligible for Medi-Cal
 - Qualifying for Extra Help
 - Losing other coverage such as Medi-Cal or Cobra
 - Losing employer or union coverage
 - Health plan changes its Medicare contract



Enrollment

Period

What if I don't enroll in Medicare?

It's very important to elect Medicare Part D when you become eligible!

- If you don't choose a Part D plan during initial enrollment and later enroll, there is a penalty that remains with you throughout your enrollment
- Part D Penalty
 - 1% of the national base beneficiary premium times the number of months the individuals lacked covered
 - Added to monthly premium
- Exceptions
 - Have prescription drug coverage through another plan
 - If you lose employer or other drug coverage, you have 63 days to sign up for a Part D plan without facing a penalty



What if I have Medicare and Medi-Cal?

Clients who are Medi-Medi have additional protections

- If they have full-scope Medi-Cal (no Share of Cost), they are automatically enrolled in Extra Help and will receive the Medi-Cal State Buy-In
 - Medi-Cal pays for Parts A, B, & D premiums
 - Clients qualify for low or no co-pays/cost-sharing for prescription drugs
 - Clients qualify for LINET program to provide prescription coverage during transition periods
- Medi-Medi clients can
 - Change plans at any time
 - Enroll in Special Needs Plans
 - Enroll in ADAP



Medicare Resources

- > 1-800-MEDICARE www.medicare.gov
 - ► Plan finder tool to find Part C and D plans
- >SSA 1-800-772-1213 / www.ssa.gov
- ➤ PRC Equal Access to Healthcare Program (EAHP) 415-777-0333
- HICAP 415-677-7520 http://www.hicap.org
- ➤ California Health Advocates 916-231-5110 www.cahealthadvocates.org

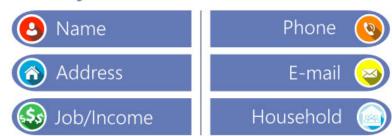


Thank you!

- Questions?
 - Call PRC's EAHP
 - (415) 777-0333
 - www.prcsf.org
 - Call HICAP
 - (800) 434-0222
- Reminder
 - Use Plan Finder to evaluate options
 - Enroll at Medicare.gov/find-a-plan

Keep Your Medi-Cal

Make sure that the county has your current information.



Report any changes right away to:

Human Services Agency of San Francisco 1440 Harrison Street, San Francisco, CA 94103 (415) 558-4700 phone | (415) 355-2432 fax SFMedi-Cal@SFgov.org

Did You Know?

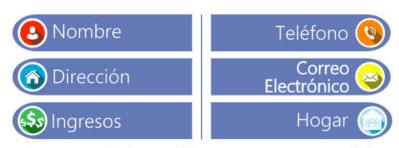
You can complete your annual renewal and report changes to your Medi-Cal case online.

Create your account today at MyBenefitsCalwin.org



Mantenga su Medi-Cal

Asegúrese de que el condado tenga su información actual.



Reporte cualquier cambio cuanto antes sea posible.

Human Services Agency of San Francisco 1440 Harrison Street, San Francisco, CA 94103 (415) 558-4700 teléfono | (415) 558-2432 fax SFMedi-Cal@SFgov.org

¿Sabía usted?

Usted puede realizar su renovación anual y reportar cambios a su Medi-Cal en línea.

Abra su cuenta en MyBenefitsCalwin.org

