ROADMAP TO MEDICARE 2015

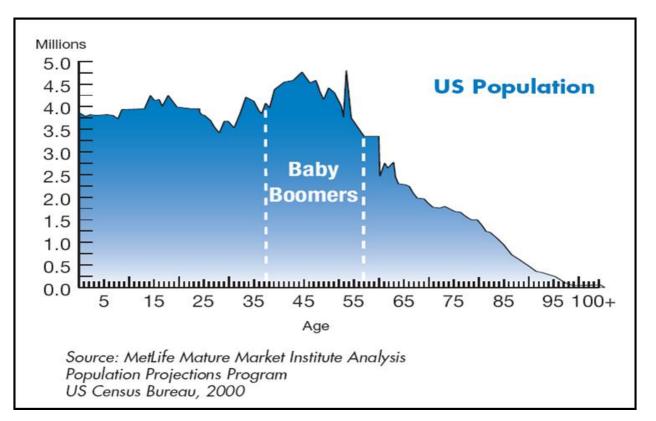
Presented by HICAP

Health Insurance Counseling & Advocacy Program

HICAP is funded in part by a grant from California Department of Aging and Centers for Medicare & Medicaid Services



Silver Tsunami







Non Profit Serving Seniors 41 Years

87% of every dollar goes directly to programs & services. Promoting the independence, health and dignity of adults through compassion, education and advocacy.

CORE PROGRAMS

Impact	Programs
Advocacy and Protection	HICAPOmbudsmanFAST
Education and Outreach	EducationAnswers GuideSmileMakers
Socialization	ReConnectFriendly Visitor



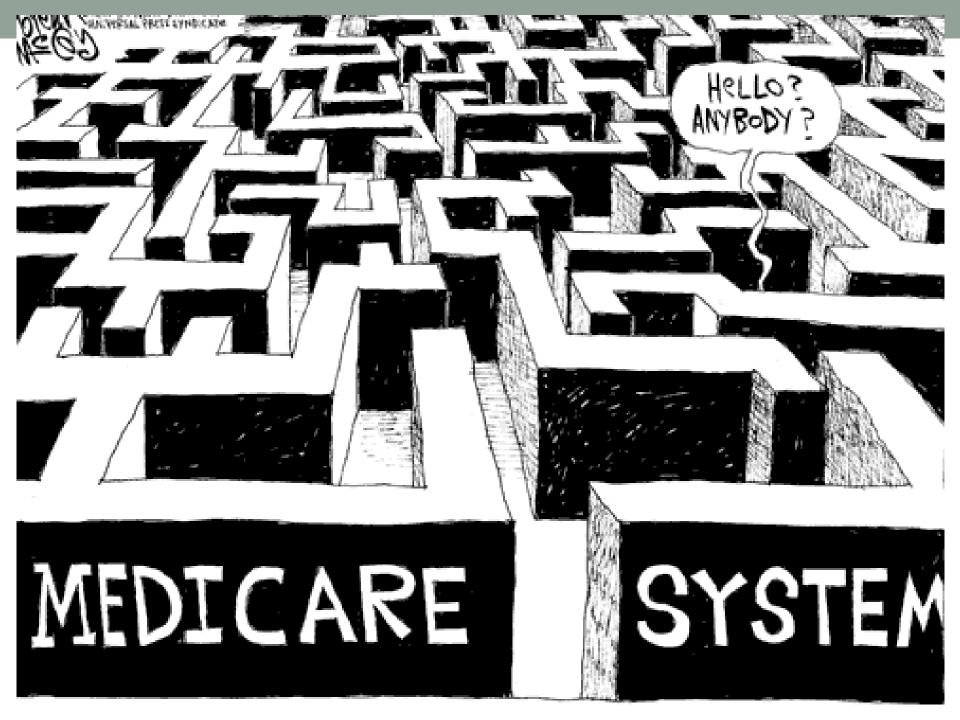
History of Medicare

July 1965, President Johnson

- Medicare Title XVIII of the <u>Social Security Act</u> to provide health insurance to people age 65 and older, regardless of income or medical history.
- Many seniors had no health insurance.
- Unavailable or unaffordable because older adults paid 3 x's for health insurance as younger people.
- In 1966, Medicare facilitated racial integration of waiting rooms, hospital floors, and physician practices by making payments to health care providers conditional on <u>desegregation</u>.



President Johnson signing the Medicare amendment. Former President Harry S. Truman (seated) and his wife, Bess, are on the far right



What is Medicare?

Government health insurance for the following:

- People over 65 or older
- People under 65 with certain disabilities
- People of any age with End-Stage Renal Disease
- No income eligibility requirements
- 50M enrollees

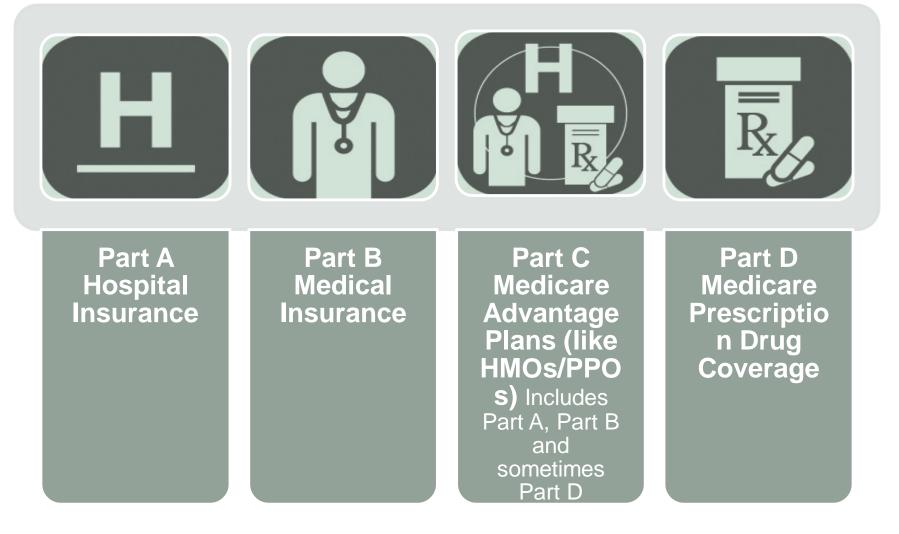
What is Medicare?

Established in 1965

Administered by the Centers for Medicare & Medicaid Services (CMS)

- Enrollment by:
 - Social Security (SSA) or
 - Railroad Retirement Board (RRB)
 - Must be U.S. citizen or Resident Visa in U.S. for 5 consecutive years

The Four Parts of Medicare



Medicare Part A (Hospital Insurance)

- In patient hospital
- Inpatient skilled nursing facility
- Home health care
- Hospice care

Medicare Part B (Medical Insurance)

- Doctor services
- Durable medical equipment
- Home health care
- X-rays, lab services
- Outpatient services
- Preventive services

Medicare Part C (Medicare Advantage)

- Combines Part A hospital insurance and Part B medical insurance providing all benefits through their providers at their facilities.
- Some Medicare Advantage programs also include Medicare Part D (Medicare Prescription Drug Coverage) and extra services not covered by Medicare

- Medicare Part D (Medicare Prescription Drug Coverage)
 - Prescription drugs

What Medicare Does Not Cover

- Routine dental care
- Routine vision care
- Routine hearing care or hearing aids
- Routine foot care
- Custodial care at home or in nursing home

Medicare Enrollment

- Initial Enrollment Period (IEP)
 - Part A & B
 - Seven months to enroll
 - Three months before age 65, month of, and 3 months following
 - Automatic for those receiving
 - Social Security benefits
 - Railroad Retirement Board benefits
 - Premium penalty for late enrollment
 - 10% for as long as the person has Part B
 - Enroll on line
 - www.socialsecurity.gov and click on "Apply for Benefits".
 - Enroll by phone or in person
 - 1-800-772-1213
 - Appointment with SSA

Medicare Enrollment

If you or spouse is working and covered by employee or union benefits

- Contact benefits administrator confirm how your coverage works with Medicare
- Enroll in Part A and delay Part B enrollment without penalty

When Medicare Part A & B Becomes Effective

If you enroll in this month of your initial enrollment period (IEP):	Part A & B coverage starts:
One to three months before you reach age 65	The month you reach age 65
The month you reach age 65	One month after the month you reach age 65
One month after you reach age 65	Two months after the month of enrollment
Two or three months after you reach age 65	Three months after the month of enrollment

Medicare Enrollment

If you didn't sign up when first eligible

- General Enrollment Period (GEP)
 - Part A & B
 - January 1 through March 31
 - Coverage begins July 1
- Penalties apply

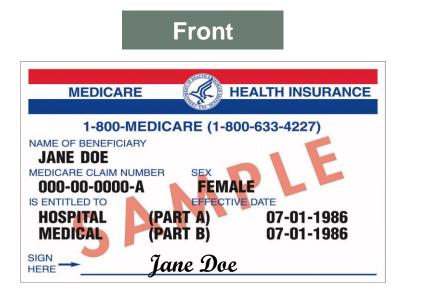
Medicare Enrollment

If you didn't sign up for Part B when first eligible because your covered under group health plan based on current employment (your own, a spouses) you can sign up

- Special Enrollment Period (SEP)
 - 8 month period that begins employment ends or coverage ends
- Penalties do not apply
 - Learn more at; Medicare.gov/publications "Enrolling in Medicare Part A & B"

Medicare Card

- Keep it and accept Medicare Part A and Part B
- Return it to refuse Part B
 - Follow instructions on back of card



 Carry your card with you when you are away from home. Let your hospital or doctor see your card when you require hospital, medical, or health services under Medicare. 		I DO NOT WANT MEDICAL INSURANCE Check Here		
3. Your card is good wherever you live in the United States. WARNING: Issued only for use of the named beneficiary, Intentional misuse	Written Signature (or Legal Representative) SIGN			
	ke the offender liable to penalty. If found,	HERE Signature by Mark (X) Must Be Witnessed		
CMS/	If you have questions about Medicare,	Signature of Witness		
call 1-800-MEDICARE (1-800-633-4227;	Address of Witness			
Centers for Medicare & TTY/TDD: 1-877-486-2048) Medicaid Services Baltimore, MD 21244-1850 rem CM8-1980 k1/3020;				
If you DO NOT want Med				
off the Medicare card	. It would be improper to use it s	return the entire form in the enclosed envelope. Do NOT tear ince you do not want Medical Insurance. You must return the		
2. Since you are entitled	edical Insurance effective date st I to Hospital Insurance even thou a have Hospital Insurance only.	iown on the card. Igh you do not want Medical Insurance, we will send you a new		

Back

Medicare Choices

- 1. Original Medicare80/20
- 2. Medicare Supplement Plans (Medigap)
- 3. Medicare Prescription Drug Plans (PDP)
- 4. Medicare Advantage Plans (MA)
- 5. Retiree and Other Coverage

Your Medicare Coverage Choices at a Glance

There are two main ways to get your Medicare coverage: Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage.

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

Decide how you wish to take your Medicare

If you join a Medicare Advantage Plan, you don't need and can't be sold a Medicare Supplement Insurance (Medigap) policy.

End

Original Medicare Premiums, Coinsurance & Deductibles

- Medicare Part A (Hospital Insurance)
 - \$0 monthly premium with
 - 40 Social Security quarters
 - Up to \$407/month with fewer than 40 quarters
 - \$1,260 deductible for hospital stays up to 60 days
- Medicare Part B (Medical Insurance)
 - \$104.90 monthly premium
 - \$147.00 annual deductible
 - 20% coinsurance for most part B services

Original Medicare Premiums, Coinsurance & Deductibles Medicare Part D (Prescription Drug Plans)

- \$33.00/mth premium (Est)
- Introduced January 1, 2006
- Provided through
 - Medicare Prescription Drug Plans (PDP)
 - Medicare Advantage Plans
 - Some employers and unions
- 31 PDP's in Southern California 2014
- 5 Benchmark Plans
- Caution
 - Not required for those in a Medicare Advantage plan

Part B Medicare Income Based Premiums 2015

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Total Monthly Premium Amount:
Less than or equal to \$85,000	Less than or equal to \$170,000	\$104.90
\$85,001 - \$107,000	\$170,001 - \$214,000	\$146.90
\$107,001 - \$160,000	\$214,001 - \$320,000	\$209.80
\$160,001 - \$214,000	\$320,001 - \$428,000	\$272.70
Above \$214,000	Above \$428,000	\$335.70

*Sliding scale based on MAGI (Modified Adjusted Gross Income) is your adjusted gross income and tax-exempt interest income.

IRMAA Adjustment Form

Form Approved OMB No. 0960-0784

Medicare Income-Related Monthly Adjustment Amount -Life-Changing Event

If you had a major life-changing event and your income has gone down, you may use this form to request a reduction in your income-related monthly adjustment amount. See page 5 for detailed information and line-by-line instructions. If you prefer to schedule an interview with your local Social Security office, call 1-800-772-1213 (TTY 1-800-325-0778).

Name	Social Security Number

You may use this form if you received a notice that your monthly Medicare Part B (medical insurance) or prescription drug coverage premiums include an income-related monthly adjustment amount (IRMAA) and you experienced a life-changing event that may reduce your IRMAA. To decide your IRMAA, we asked the Internal Revenue Service (IRS) about your adjusted gross income plus certain tax-exempt income which we call "modified adjusted gross income" or MAGI from the Federal income tax return you filed for tax year 2012. If that was not available, we asked for your tax return information for 2011. We took this information and used the table below to decide your income-related monthly adjustment amount.

The table below shows the income-related monthly adjustment amounts for Medicare premiums based on your tax filing status and income. If your MAGI was lower than \$85,000.01 (or lower than \$170,000.01 if you filed your taxes with the filing status of married, filing jointly) in your most recent filed tax return, you do not have to pay any income-related monthly adjustment amount. If you do not have to pay an income-related monthly adjustment amount, you should not fill out this form even if you experienced a life-changing event.

If you filed your taxes as:	And your MAGI was:	Your Part B monthly adjustment is:	Your prescription drug coverage monthly adjustment is:
-Single, -Head of household, -Qualifying widow(er) with dependent child, or -Married filing separately (and you did not live with your spouse in tax year)*	\$ 85,000.01 - \$107,000.00 \$107,000.01 - \$160,000.00 \$160,000.01 - \$214,000.00 More than \$214,000	\$ 42.00 \$ 104.90 \$ 167.80 \$ 230.80	\$ 12.10 \$ 31.10 \$ 50.20 \$ 69.30

Medicare Premiums

Original Medicare

- Part A Premium Free
- Part B \$104.90 & Up
- GAP Premium Est. \$150
 Part D Est. \$33

Medicare Advantage

- Part A Premium Free
- Part B \$104.90 & Up
- Plan Premium \$0 & Up
- Part D Included

Supplementing Original Medicare

Supplemental insurance (Medigap) covers Original Medicare's copayments and deductibles

Medicare approved services only

- During IEP:
 - Guaranteed issue no pre-existing conditions
 - 6 months to buy Medigap policy at the lowest price for your age
 - No underwriting required
 - Go to any doctor or specialist

Supplementing Original Medicare

Guaranteed renewable – cannot be canceled due to health conditions

- Can be canceled due to non-payment of premium
 - 10 standardized Medigap plans
 - Premiums vary by company, plan, location
 - Benefits the same regardless of company selling the plan
 - A,B,C,D,F,G,K,L,M and N
 - E,H,I and J eliminated in 2010
 - California birthday rule
 - Cannot move up in coverage
- Continue to pay Medicare premiums

Decision: Do I need a Medigap policy? Maybe

Consider

- It only works with Original Medicare
- Do you have other supplemental coverage?
 - If so, you might not need Medigap
- Can you afford Medicare deductibles and copayments?
- What does the monthly Medigap premium cost?

Changing Medigap Plans

This rule requires you must:

Live in California
 Have an active
 Medigap plan
 Switch to a plan
 Switch to a plan
 With same or lesser
 benefits
 Be within 30 days
 of your birthday







MA Landscape for Orange County 2015

- 37 Medicare Advantage Plans
 - 33 MA-PD premiums = \$0-\$176.00/mth
 - 3 PPO's premiums = \$108.00-\$139:00/mth
 - *Aetna Medicare Choice
 - *Aetna Medicare Select Plus
 - *Anthem Medicare Preferred Standard
 - 1 MA Only without PDP premium = \$0
- Continue to pay Medicare Premiums
 - 21 Special Needs Plans (SNP)
- Regional breakdown Medicare Advantage Plans
 - 46% Orange County
 - 27% Nationally
- MOOP



Medicare Part C (Medicare Advantage)

Run by private companies

- Medicare pays a set amount to plan for your care
 - Use plan network only
 - All Part A and Part B covered services
 - Most plans include Part D (Rx Drug) coverage
- Some Extra Benefits
 - Vision, hearing, dental services
 - You are still in the Medicare program
 - You still have all Medicare rights and protections
 - You still get all regular Medicare-covered services

Medicare Part C (Medicare Advantage)

Initial 12 month trial period

- Return to Original Medicare and still qualify for a supplemental insurance plan (MediGap) with Guaranteed issue
- After 12 months if you return to Original Medicare you no longer get a Guaranteed issue
- Annual Disenrollment January 1 February 14
 - Can leave MA plan and switch to Original Medicare
- Special Enrollment
 - 5 Star Plans Anytime
 - Following Certain "Trigger Events"

Part D *IRMAA for Higher Income Part D Enrollees – 2015

Income bracket (single)	Income bracket (file jointly)	IRMAA
≤\$85,000	≤\$170,000	n/a
>\$85,000 but ≤\$107,000	>\$170,000 but ≤\$214,000	+\$12.30
>\$107,000 but ≤\$160,000	>\$214,000 but ≤\$320,000	+\$31.80
>\$160,000 but ≤\$214,000	>\$320,000 but ≤\$428,000	+\$51.30
>\$214,000	>\$428,000	+\$70.80

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Medicare Part D (Prescription Drug Plans) PDP

- Optional
- Consider joining even if you don't take prescription drugs
- If you don't join when first eligible and you don't have:
 - Creditable prescription drug coverage
 - Extra help
- Subject to a late enrollment penalty

*Lifetime Premium Penalty for Late Enrollment = 1% of Avg. Nat'l Monthly Premium x Mos. Late + Part D Plan Premium

Medicare Part D (Prescription Drug Plan) PDP

Enroll when first eligible for Medicare

- Not automatically enrolled if on Social Security
- Join, switch or drop Prescription Drug Plan (PDP)
- Annual Enrollment Period October 15 December 7
 - New Policy takes effect January 1
- HICAP offers over 60 enrollment clinics
 - Special Enrollment Involuntary Loss/Reduction of Coverage
 - 5 Star Plans Anytime (Medicare Advantage Only)

Medicare Part D (Prescription Drug Plan)

Costs vary by plan

- Premium \$33.00 (Est)
- Deductible \$320 (Year)
- Enter the initial coverage phase
 - You pay copayment or coinsurance
 - Your plan pays it's share for covered drugs
- Once you and your PDP have spent \$2,960
 - You enter the gap or donut hole
 - 100% of the cost

Gap in Coverage (Prescription Drug Plan)

Discounts 2015

- Brand 55% discount
 You pay 45%
 Generic 35% discount
 - You pay 65%

Total out of pocket spend is \$4,700 leave the gap, donut hole

Includes copayment, coinsurance deductible.

Catastrophic coverage

On Extra help MSP gap, donut hole doesn't apply





Retiree Plans

- Benefits and costs vary widely
- Retiree plans differ from employer group health plans (EGHPs)
- Can change each year
- Generally three types of retiree plans:
 - Fee for service
 - Non Medicare Managed Care plans
 - Medicare Advantage plans

Retiree Plans

Meet with benefits administration

- Prescription drug coverage is often included
- Once on Medicare it is your primary coverage
- Your retiree benefits pay after Medicare pays
- Coordinate with Medicare retiree plans aren't Medigap plans
- Some plans cover what Medicare does not
 - Vision, dental, hearing
- California Health Advocates
 - www.cahealthadvocates.org
 - Medicare topics
 - Other health Insurance

Affordable Care Act People With Medicare

- Medicare benefits aren't changing
- Marketplace does not affect your Medicare coverage
- Medicare is not part of the Marketplace
- Additional benefits
 - Free Annual Wellness Visit
 - Prevention Plan
 - More Help with Prescription Drugs
 - Coverage Gap closed 2020

Affordable Care Act People With Medicare

- Free Annual Wellness Visit
 - Prevention Plan
- More Help with Prescription Drugs
 - Coverage Gap closed 2020
- Medicare Advantage Plans
 - MOOP maximum
- Other
 - Efficiencies
 - Coordination of benefits
 - Fraud

Medicare Fraud and Abuse

Intentional Deception or Misrepresentation Resulting in Unauthorized Benefit

- Don't Become a Victim
 - Review Medicare Summary Notices (MSNs)
 - Check with Providers on Billing Discrepancies
 - Don't Give Out Your Medicare number
 - Medicare will never call you.....
- Report
 - HICAP at 1-800-434-0222

Help for People with Limited Income and Resources

- Medicaid/Medi-Cal
- Medicare Savings Programs
- Extra Help

Apply at HICAP 1 (714) 560.0424

www.socialsecurity.gov, or state Medical Assistance office



HICAP Benefit Enrollment Centers

Community based on site facilities HICAP counselors assist with the application process Centers designed to help low income seniors enroll

- Benefits
 - Medicare Part D Extra help
 - Medicare Savings Programs
 - Cal/Fresh Food Stamps
 - Medi-Cal for those on Medicare
 - Utilities Assistance Program
 - Other

Applicant Monthly Income Limit

- Single
 - e \$1,580
- Married \$2,133



Help with open enrollment

Open Enrollment 2015

- Oct 15 to Dec 7
- Join, switch or drop plans
- 35 Senior Centers 2014
 - Assisted 832 seniors
 - Saved over \$1.4M

www.coaoc.org



For More Information

Council on Aging-Orange County

Health Insurance Counseling and Advocacy Program (HICAP) 1-714-560-0424

www.coaoc.org

Medicare

1-800-MEDICARE www.medicare.gov www.healthcare.gov

Social Security Admin.

1-800-772-1213 www.ssa.gov

Covered California

1-800-300-1506 <u>www.coveredca.com</u>





Veterans or TRICARE for life

Veterans Services Office to Check Eligibility 1 (714) 567-7450 <u>www.veterans.ocgov.com</u>



We Understand • We Care • We Help

Contact Information 1971 E. 4th Street, Suite 200 Santa Ana, CA www.coaoc.org

714-479-0107