

Medicare and the Annual Election Period: 2022 Changes to Parts C & D



Presented by HICAP

**The Health Insurance Counseling
and Advocacy Program
& Legal Assistance for Seniors**



LOCAL HELP FOR PEOPLE WITH MEDICARE

Legal Assistance for Seniors



- Our mission is to ensure the independence and dignity of seniors by protecting their legal rights through education, counseling and advocacy.
- Our legal, community education, and individual Medicare counseling services are all **free** of charge.
- LAS is a 501(c)(3) agency (non-profit) that has served seniors and others in Alameda county since 1976.

LAS Helps With...

- Government Benefits
(Social Security, SSI, CAPI)
- Senior Immigrant Issues
- Elder Abuse Prevention
- Kin Caregiver Issues
- Planning for the Future
- Health Care Coverage
(Medicare & Medi-Cal)
- Housing (limited case-by-case basis)



Health Insurance Counseling and Advocacy Program (HICAP)



HICAP provides assistance with Medicare and related health insurance by offering **objective** information to consumers about their benefits and options.

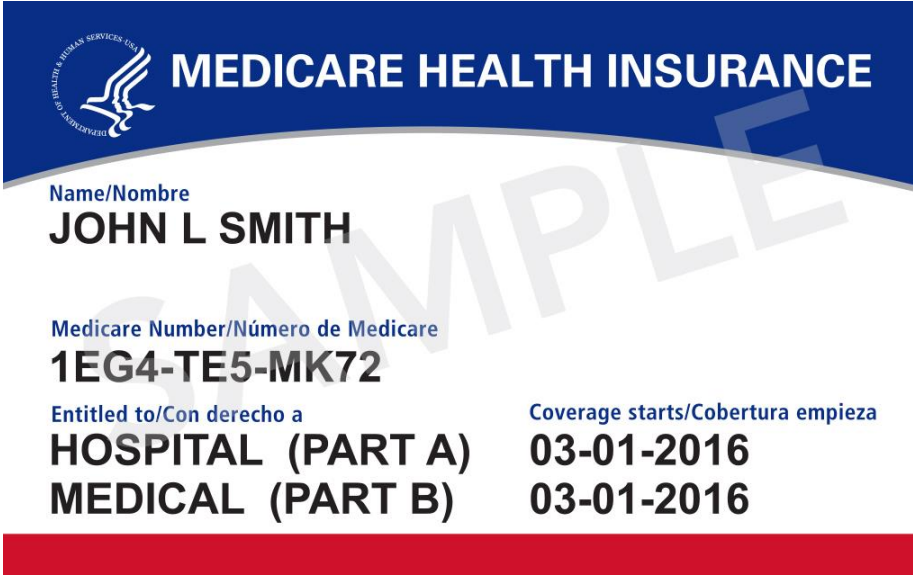
HICAP Services

- LAS receives HICAP federal and state funds through the Alameda County Area Agency on Aging
- HICAP Counselors are registered with the state of California & must fulfill continuing ed. requirements
- LAS offers HICAP appointments at 30+ locations throughout Alameda County. (Phone counseling only during the Public Health Emergency)
- LAS/HICAP provides educational presentations throughout the county to help Medicare beneficiaries know their rights and options
- Difficult cases can be referred to legal department
- All services are free



What is Medicare?

- Federal government insurance program
- Health insurance coverage for people 65 and older, and for people with disabilities
- No financial eligibility requirements



The image shows a sample Medicare Health Insurance card. At the top, there is a blue banner with the Medicare logo (an eagle) and the text "MEDICARE HEALTH INSURANCE". Below the banner, the cardholder's name is listed as "JOHN L SMITH". The Medicare Number is "1EG4-TE5-MK72". The card also lists the coverage for Hospital (Part A) and Medical (Part B), both starting on 03-01-2016. A large, light blue "SAMPLE" watermark is overlaid diagonally across the card. The card is set against a white background with a red bar at the bottom.

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

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

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

You are Eligible for Medicare if...

You are a U.S. citizen or legal permanent resident with **5** years continuous residence and...

- You are 65 or older
- You are under 65 and have been getting Social Security disability income (SSDI) for at least 24 months
- No waiting period if:
 - You have kidney failure (end stage renal disease)
 - You have ALS (amyotrophic lateral sclerosis), also known as Lou Gehrig's disease

Apply through the Social Security Administration:

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

Medicare Coverage Components:

Part A = Hospital Insurance

Part B = Medical Insurance

Part C = Medicare Advantage Plans

Part D = Prescription Drug Plans



Medicare Part A Costs

Free if eligible for Social Security benefits:

- with 40 quarters (10 yrs) or more of work
- through spouse or former spouse
(previous marriage of 10 years or more)

If not automatically eligible, premium is:

-\$259/month with 30-39 quarters

-\$471/month with 29 or fewer quarters



*These are 2021 costs and may go up in 2022

Medicare Part A Covers

Inpatient Hospital Care

- Deductible: \$1,484 per benefit period

Skilled Nursing

- Days 1-20: \$0 co-pay
- Days 21-100: \$185.50/day



Home Health Care

- Intermittent **skilled care** prescribed by doctor

Hospice

- Pain management program for terminally ill

*These are 2021 costs and may go up in 2022

Medicare Part B Costs

Part B / Premium A IEP Example

- The Initial Enrollment Period is a 7-month window. It begins 3 months before your birth month, continues through your birth month, and lasts 3 months after your birth month.
- Most Medicare beneficiaries will pay a standard premium of **\$148.50/month** in 2021.

Jan 1	Feb 2	Mar 3	Apr 65 th Birth Month	May 5	Jun 6	July 7 end of IEP	Aug XX	Sept XX	Oct XX	Nov	Dec
Application filed →			Starts Apr 1st								
			Filing month →	Starts next month							
				Filing month →		Starts 2 nd month					
					Filing month →			Starts 3 rd month			
						Filing month →			Starts 3 rd month		

- There are 2 costs associated with Part B:

Annual deductible = **\$203**

Co-insurance = **20%**

*These are 2021 costs and may go up in 2022

Medicare Part B Premium Costs

Individuals with incomes over \$88,000 and couples over \$176,000 pay more:

Beneficiaries who file an individual tax return with income:	Beneficiaries who file a joint tax return with income:	Total monthly premium amount per person
Greater than \$88,000 and less than or equal to \$111,000	Greater than \$176,000 and less than or equal to \$222,000	\$207.90
Greater than \$111,000 and less than or equal to \$138,000	Greater than \$222,000 and less than or equal to \$276,000	\$297.00
Greater than \$138,000 and less than or equal to \$165,000	Greater than \$276,000 and less than or equal to \$330,000	\$386.10
Greater than \$165,000 and less than \$500,000	Greater than \$330,000 and less than \$750,000	\$475.20
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$504.90

*These are 2021 costs and may go up in 2022

Medicare Part B Covers

- Physicians
- Diagnostic Tests
- Rehabilitation Services
- Durable Medical Equipment
- Ambulance
- Mental Health Visits
- Outpatient physical, occupational, speech therapy



Aside from preventive benefits, care must be *medically necessary and reasonable*.

Medicare pays 80% of approved charges.

Preventive Benefits Under Part B Covered in Full

- Welcome to Medicare Exam
- Annual Wellness Visit
- Breast Cancer Screening
- Cervical Cancer Screening including Human Papillomavirus (HPV) Testing
- Colon Cancer Screening
- Annual Fecal Occult Blood Test (for people 50 and over)
- Colonoscopy
- Flexible Sigmoidoscopy
- Diabetes Screening
- Heart Disease Screening
- Nutritional Therapy for people with diabetes, ESRD, or a kidney transplant
- Osteoporosis Screening
- Prostate Cancer Screening
- Smoking Cessation Counseling
- Vaccinations
 - Flu
 - Pneumonia
 - HEP C (high risk)
 - COVID-19



New Preventive Benefits Under Part B in 2022

- Bariatric Surgery when certain conditions related to morbid obesity exist
- Cognitive Assessment & care plan services
- Blood-based biomarker test
- COVID-19 related services
- Added opioid risk assessment in “Welcome to Medicare” and yearly “Wellness” visit



Exclusions from Medicare Coverage

- Routine dental care
- Routine vision care
- Routine hearing care
- Routine foot care
- Cosmetic Surgery
- Experimental Procedures
- Personal care at home or in a nursing home
(long term care)



Medicare Part D Benefit

- Separate insurance plans to cover prescription drugs
- Offered through private insurance companies
- In California in 2022
 - **25 stand-alone plans**
 - **5 Benchmark plans**



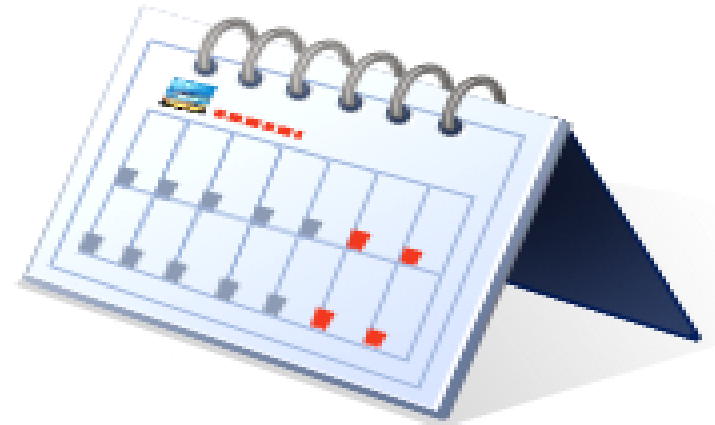
***8 stand-alone Medicare prescription drug plans will offer lower out-of-pocket insulin costs through the Part D Senior Savings Model**

- Plans vary in premiums, co-insurance, and formularies (lists of covered drugs)
 - Must offer at least two choices in each drug category
 - Different pricing tiers of drugs
- Pharmacy network for each plan
- Exceptions (appeals) process for non-formulary drugs
- Can use www.Medicare.gov Plan Finder

Medicare Part D Enrollment

Annual Election Period:

- October 15th - December 7th
- Enrollment takes effect January 1
- Enroll through www.medicare.gov or directly with the company



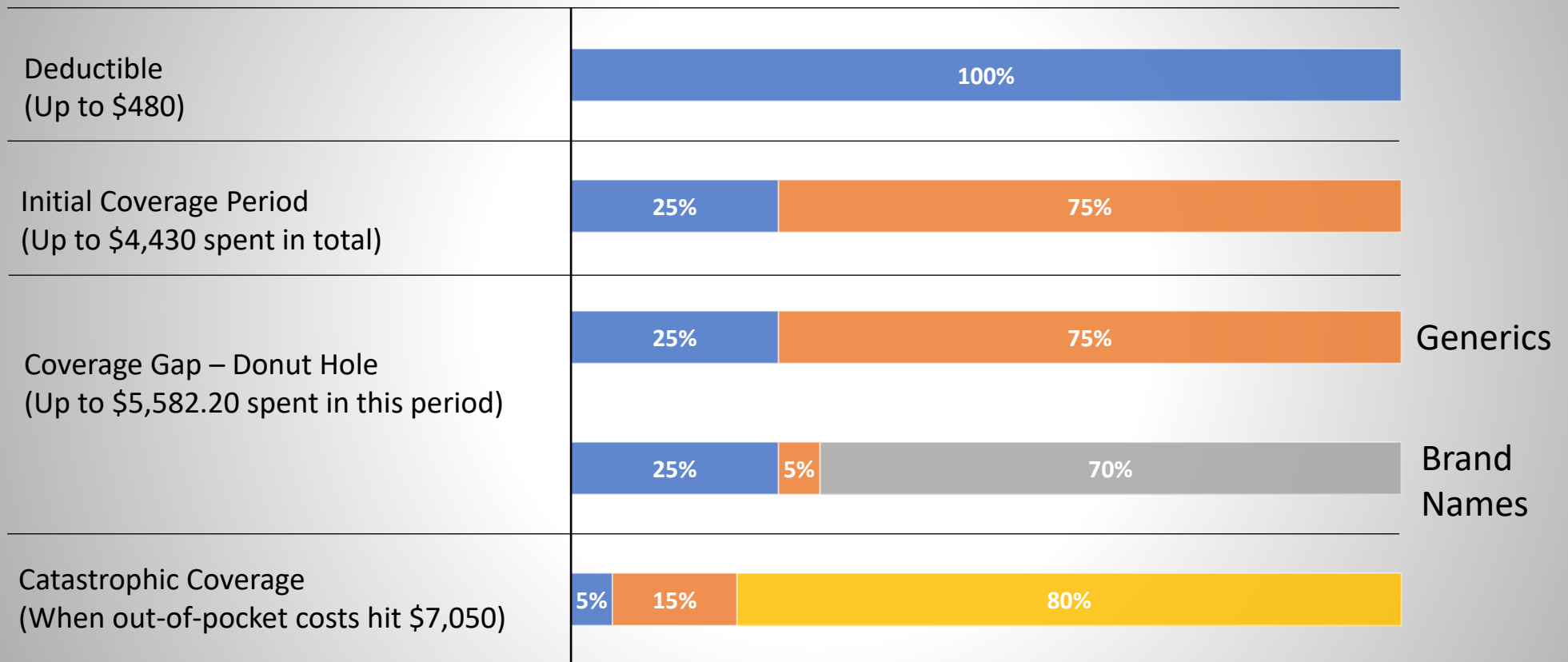
Penalty for late enrollment unless one has *creditable coverage* (other coverage that is as good as or better than standard Part D benefit)

Penalty = 1% of national average premium (\$33.37) times the number of months eligible but not enrolled

Medicare Part D Standard Benefit 2022

Part D – Costs Break Down

■ Your Costs ■ Drug Plan ■ Drug Manufacturers ■ Government

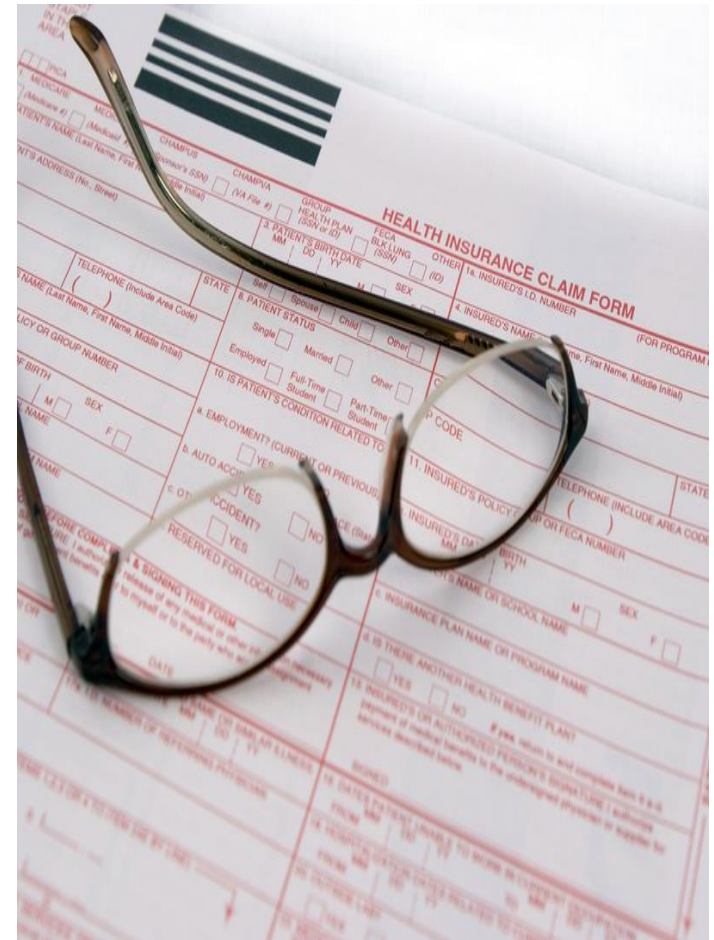


Extra Help for Part D Costs

- Also called the **Low-Income Subsidy (LIS)**
- For those with limited incomes and assets:
 - Individual: **\$1,615/month income; \$14,610/assets**
 - Couple: **\$2,175/month income; \$29,160/assets**
- Pays all or part of the prescription drug plan premiums, deductibles, and co-pays
- No gap or “donut hole”
- Can change Part D plans once/quarter in the first 9 months of the year
- Apply through Social Security: www.ssa.gov

Ways to Supplement Medicare

- Medigap Plans
- Medicare Advantage Plans
- Employer/Retirement Plans
- Tri-Care for Life
- VA Benefits
- Medi-Cal
- Medicare Savings Programs



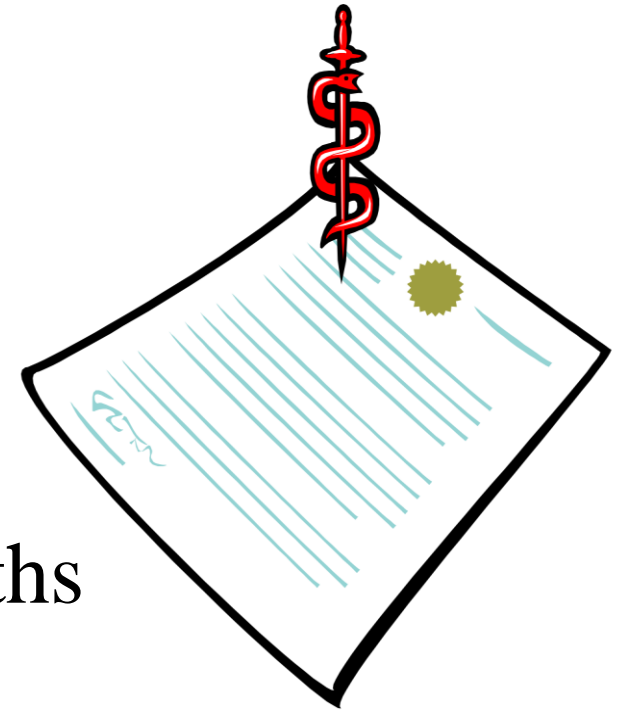
In the Fee-for-Service System: (Original Medicare)

- First, the person receives treatment from a Medicare provider of their choice.
- Then Medicare, the supplemental insurance plan, and the person are billed.



Medigap Policies and the Fee-for-Service System

- 11 “standardized” policies
- Policies pay after Medicare pays
- No network restrictions
- Policies fill Medicare “gaps,”
 - Co-insurance, deductibles
- Guarantee Issue Period for 6 months from the date Part B starts
- All companies must offer Plan A (the basic benefit package)



Part C: Medicare Advantage Plans



- Insurance companies contract with Medicare on annual basis...
 - and create networks of local medical groups & hospitals

The MA plan receives an upfront monthly payment from Medicare for each enrollee

Then the MA plan provides and coordinates the services to its members.

Plan offerings and costs vary by county

Premiums and benefits can change annually

Compare health and drug plans at:
www.medicare.gov

MA Enrollment and Eligibility

- Annual Election Period:
October 15 - December 7
- Medicare Advantage Open Enrollment Period
January 1 – March 31
- Generally, people can change plans only once a year
- Enroll through www.medicare.gov or directly with the company
- Eligibility: Must have Medicare Part A & Part B
 - Beneficiaries who have ESRD are eligible as of 1/1/2021
 - Most MA plans include Part D drug coverage

Medicare Advantage Plans

- **Health Maintenance Organizations (HMOs)**
- **Preferred Provider Organizations (PPOs)**
- **Private Fee For Service Plans (PFFS)**
- **Medical Savings Accounts (MSAs)**
- **Special Needs Plans (SNPs)**

*Some plans may include Part D coverage



Alameda County

Medicare Advantage Plans 2022

Aetna:

Medicare Plus HMO	\$0
Medicare Eagle HMO	\$0 (no RX coverage)
Medicare Elite PPO	\$0

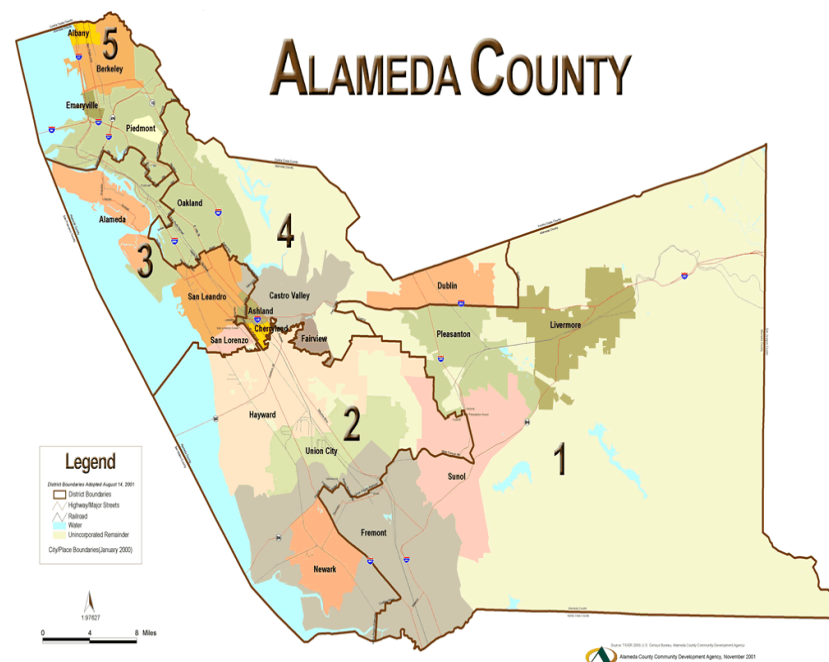
Anthem Blue Cross:

MediBlue Select HMO	\$0
MediBlue Coordination Plus HMO	\$16.30/\$0
MediBlue Plus HMO	\$49

Blue Shield of CA:

Blue Shield Inspire HMO	\$0
Blue Shield Inspire PPO	\$99

“**Mirror/Look Alike**” are for any beneficiary for a monthly premium. For those with Medicare and full Medi-Cal (duals); they have **\$0** premiums and few co-pays and they include Part D coverage with the full subsidy:



Alameda County

Medicare Advantage Plans 2022

Brand New Day:

Classic Care II HMO \$0

Essence Health Care (formerly Stanford Healthcare Advantage):

Essence Advantage Gold HMO \$59

Essence Advantage Platinum HMO \$89

Imperial Health Plan of CA:

Imperial Traditional HMO \$0

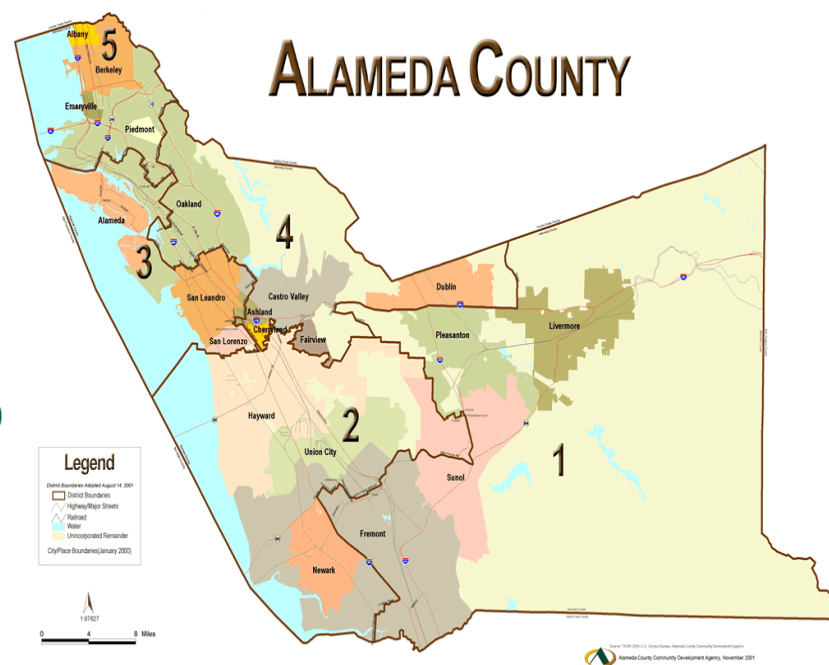
Imperial Strong HMO \$0

Imperial Traditional Plus HMO \$33.20/\$0

Kaiser:

Senior Advantage Basic Alameda HMO \$19

Senior Advantage HMO \$79



Alameda County

Medicare Advantage Plans 2022

SCAN Health Plan:

SCAN Classic HMO \$0

United Health Care:

AARP Secure Horizons Plan 1 HMO \$110

Canopy Health Medicare Advantage HMO \$69

Medicare Advantage Assure HMO \$29.70/\$0

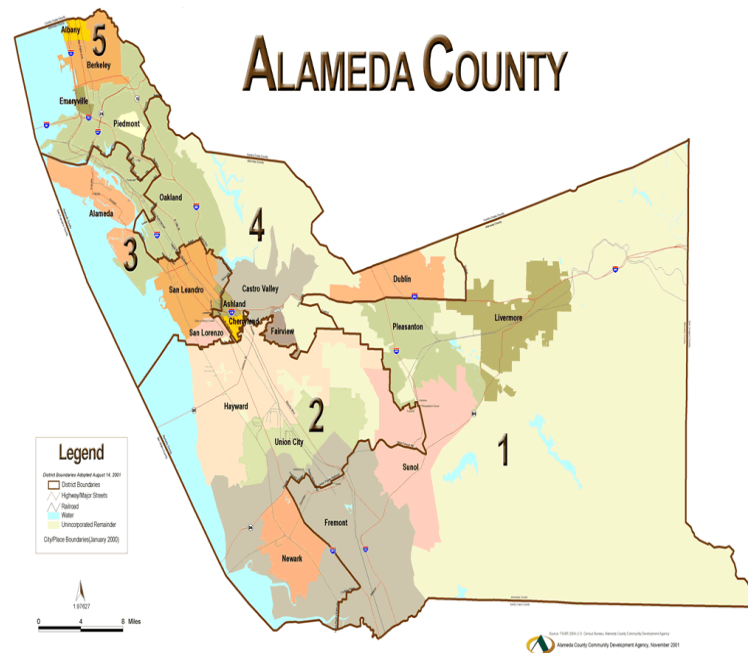
Wellcare by Health Net:

Patriot Giveback HMO \$0 (no RX coverage)

Premium Ultra HMO \$121

No Premium HMO \$0

Plus Sapphire II HMO \$33.20/\$0



“**Mirror/Look Alike**” are for any beneficiary for a monthly premium. For those with Medicare and full Medi-Cal (duals); they have **\$0** premiums and few co-pays and they include Part D coverage with the full subsidy:

Alameda County MA Plans for people with Special Needs in 2022

- **C-SNPs, D-SNPs, and I-SNPs** are for those with certain chronic conditions, those with Medicare and full Medi-Cal (duals), or those in skilled nursing/long-term care facilities. D-SNPs have **\$0** premiums and few co-pays and they include Part D coverage with the full low-income subsidy:

Aetna:		Brand New Day:	
Medicare Preferred (Medi-Medi) D-SNP	\$0	Dual Access D-SNP	\$0
Align:		Embrace Care Plan C-SNP	\$0
Connect C-SNP	\$0	Embrace Choice Plan C-SNP	\$33.20
Premier I-SNP		Select Care II I-SNP	\$0
Thrive I-SNP		Select Choice I SNP	\$33.20
Anthem Blue Cross:			
MediBlue Dual Advantage D-SNP	\$0		

Alameda County MA Plans for people with Special Needs in 2022

Imperial Health Plan of CA:

Dual Plan D-SNP	\$0
Senior Value C-SNP	\$0

Kaiser

Medicare Medi-Cal North (Medi-Medi)	\$0
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SCAN:

Balance C-SNP	\$0
Heart First C-SNP	\$0

United Health Care

Dual D-SNP	\$0
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Wellcare

Dual Liberty Amber D-SNP	\$0
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PACE plans operate like SNPs, but provide additional services and have more eligibility restrictions

- age 55+
- at risk of institutionalization
- **Center for Elders Independence: \$0**
 - for those with Medicare and full Medi-Cal
 - North & Central County only
- **On Lok Lifeways: \$0**
 - for those with Medicare and full Medi-Cal
 - South County only

Medi-Cal



- California's version of Medicaid
- For those who have low incomes and limited assets
- Pays for “medically necessary” health care and treatment
- Always the payer of last resort
- Income limits for aged, blind, disabled:
 - **\$1,468/individual; \$1,983/couple**
- Asset limits for Medi-Cal:
 - **\$2,000/individual; \$3,000/couple**

Medicare Savings Programs

Federal programs for those who have low incomes and limited assets:



Qualified Medicare Beneficiary (QMB)

- Pays Medicare Part A & B premiums, deductibles, and co-insurances
- Income Limits: **\$1,083 (single); \$1,457 (couple)**
- Asset Limits: **\$9,360 (single); \$14,800 (couple)**

Medicare Savings Programs

Specified Low Income Beneficiary (SLMB)

- Pays Medicare Part B premium
- Income Limits: **\$1,296 (single); \$1,744 (couple)**
- Asset Limits: **\$9,360 (single); \$14,800 (couple)**

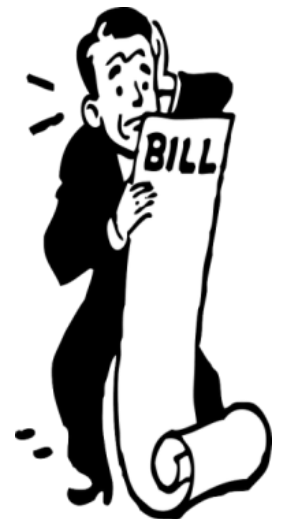
Qualified Individual 1 Program (QI-1)

- Pays Medicare Part B premium
- Income Limits: **\$1,456 (single); \$1,960 (couple)**
- Asset Limits: **\$9,360 (single); \$14,800 (couple)**

Balance Billing

Not Allowed for Full Duals

- Can your provider bill you if you have Medicare and Medi-Cal and/or the Medicare Savings Program called QMB???
- This is called “**Balance Billing**” and is **not allowed**.
- Some providers are not aware that they cannot bill for deductibles, co-payments, or co-insurance.
- Federal and State laws say that Medicare and Medi-Cal payments received by the provider must be considered payment in full.
- You have no legal obligation to pay anything further for any Medicare cost sharing.
- **Do not ignore the bills** that may come;
 - Talk to the doctor’s office or **call HICAP** for help.



A Word About Medicare Fraud

Every year the Medicare program loses **billions** of dollars to waste, fraud, and abuse

-estimated at 10% of Medicare budget

Fraud fighting efforts:

-Federal Task Force = HEAT

www.stopmedicarefraud.gov

-Senior Medicare Patrol Programs



Report Medicare Fraud

HICAP: 1-800-434-0222

CA Senior Medicare Patrol:

1-855-613-7080

Medicare: 1-800-MEDICARE

Office of Inspector General:

1-800-447-8477

FTC ID Theft Hotline:

1-877-438-4338



More Resources



Medicare www.medicare.gov **1-800-MEDICARE**

Comparison and quality of care information on Medicare Advantage and Prescription Drug Plans; questions and complaints related to Medicare; help with plan comparisons and enrollment

CA Department of Insurance www.insurance.ca.gov **1-800-427-9357**

Consumer information, including marketing guidelines for the AEP; Medigap company list and sample premiums; long term care insurance info; complaints regarding insurance policies and agents; marketing advisories

California Health Advocates www.cahealthadvocates.org

Consumer information about Medicare and related health insurance topics for California beneficiaries (Fact sheets by subscription)

For an Appointment

with a HICAP Counselor in your area,
call **(510) 839-0393** or statewide **(800) 434-0222**

www.lashicap.org



Are you looking for rewarding volunteer opportunities? Call our office and ask to speak with the Volunteer Coordinator for more information about how you can become a Medicare counselor with HICAP.

If you would like us to present this information to a group or organization you know, please call our office and ask for the community education department or speak to us before you leave.