



State of Illinois  
Illinois Department on Aging



# Let's Talk Medicare Open Enrollment & New Laws



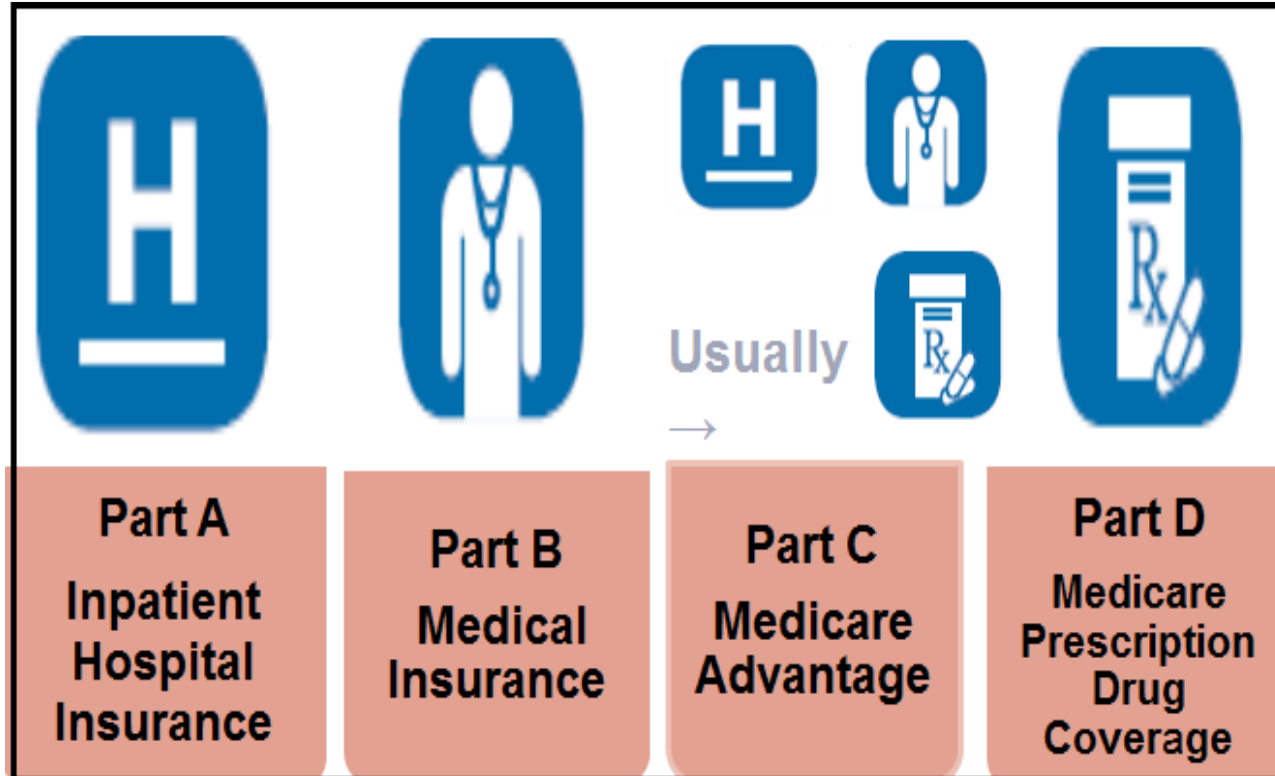
**Email with Questions to:**  
[Aging.SHIP@illinois.gov](mailto:Aging.SHIP@illinois.gov) – or  
[Sandy.Leith@illinois.gov](mailto:Sandy.Leith@illinois.gov) - or  
[Cell phone: 217-900-0004](tel:217-900-0004)

# What is SHIP?

## Senior Health Insurance Program

- ❑ Established in 1988 ***36 years of service!***
- ❑ Free Medicare Counseling Program
- ❑ Sponsored by the State of Illinois, Department on Aging
- ❑ Do not sell or solicit insurance (no affiliation or recommendations)
- ❑ Dedicated to educating people with Medicare
- ❑ SHIP trains volunteer counselors throughout Illinois – 1,000 counselor currently
- ❑ Provide one-on-one counseling
  - With Medicare Beneficiaries, family members and caregivers
- ❑ Enroll beneficiaries into various Medicare programs such as
  - Medicare Prescription Drug Coverage, SSA “Extra Help”, ...etc.
- ❑ Through community-based sites ***Over 300 sites and growing!***





## Medicare Basics

- Part A** – Hospital Insurance
- Part B** – Medical Insurance
- Part D** – Prescription Drug Coverage
- Part C** – Medicare Advantage – (Managed Care)
  - HMO, PPO, SNP

# 2023 Original Medicare Part A



## Part A Hospital Insurance

\*Beneficiary must be hospitalized under Part A inpatient hospital coverage for at least **three consecutive days** for the same illness prior to admission to the Medicare-approved SNF.

Inpatient Hospital Insurance (Without Medigap or Secondary coverage)			
Service	Benefit	Medicare Pays	Beneficiary Pays (Per benefit period) <b>2023</b>
<b>Inpatient Hospitalization</b> Semi-private room and board, general nursing, inpatient drugs and miscellaneous hospital services and supplies (You begin a new Part A benefit period after you have been home for 60 consecutive days.)	First 60 days	All but \$1,600.00	<b>\$1,600.00</b>
	61st to 90th day	All but \$400.00 a day	<b>\$400.00 a day</b>
	<b>Lifetime Reserve Days</b>		
	91st to 150th day (these 60 reserve days may be used only once in your lifetime)	All but \$800.00 a day	<b>\$800.00 a day</b>
	Beyond 150 days	Nothing	<b>All Costs</b>
<b>Skilled Nursing Facility Care (SNF)* (Custodial care not covered)</b>	First 20 days	Full cost of services	<b>Nothing</b>
	21st day through 100th day	All but \$200.00 a day	<b>\$200.00 a day</b>
	Beyond 100 days	Nothing	<b>All costs</b>
<b>Home Health Care</b> (After a prior inpatient hospital stay; up to 100 visits)	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	<b>Nothing</b>
<b>Hospice Care</b> Available to terminally ill	Unlimited renewable benefit period	All but limited costs for outpatient drugs and inpatient respite care	\$5.00 for each outpatient prescription drug and 5% of Medicare-approved amount for respite care

# 2023 Original Medicare Part B

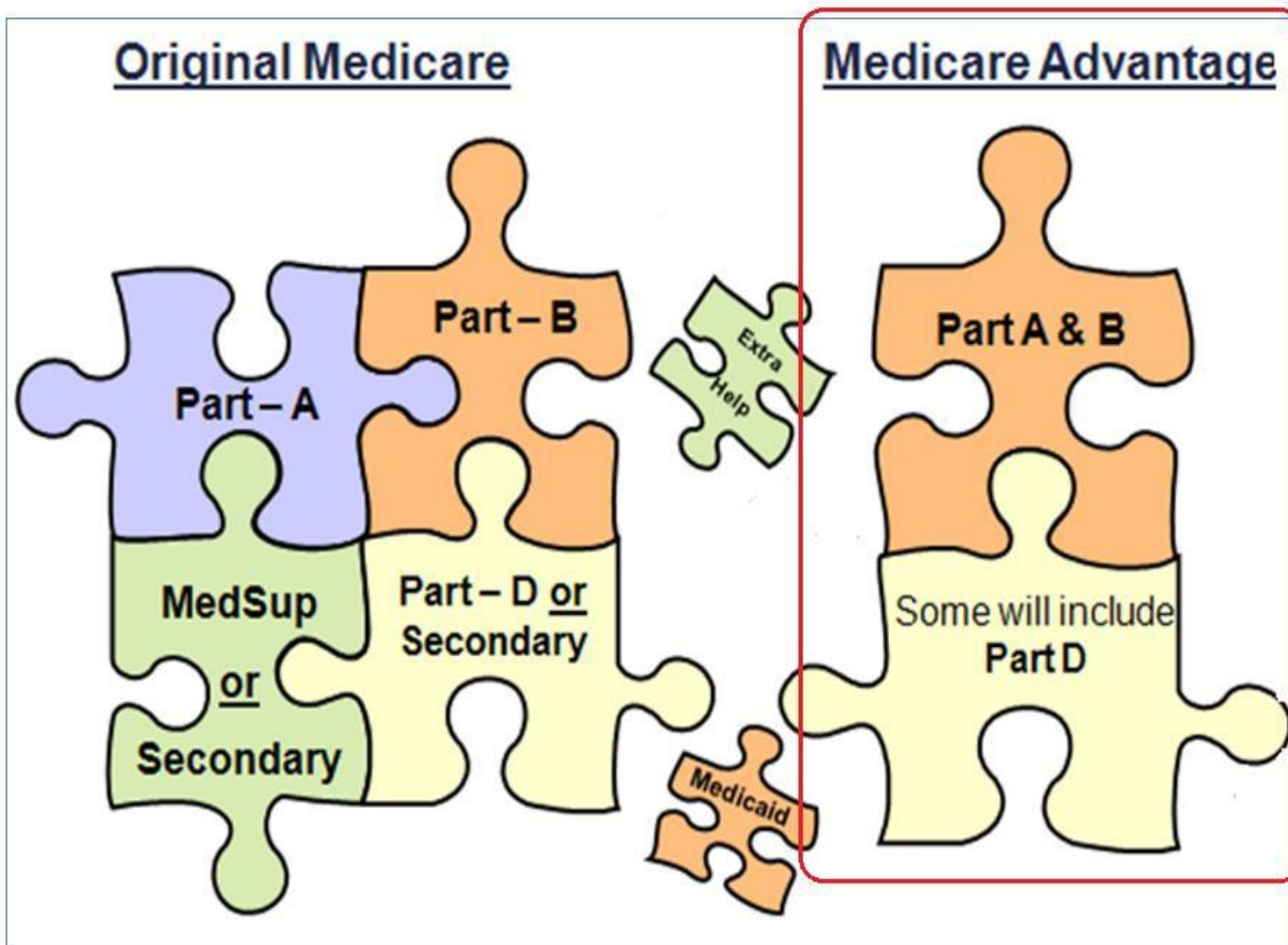
## 2023 Original Medicare (Part B): Medical

(Without Medigap or Secondary coverage)

Service	Benefit	Medicare Pays	You Pay in 2023
<b>Medical Expenses</b>	Physician's services, some diagnostic tests, physical and speech therapy, ambulance, etc.	80% of approved Amount (after <b>\$226.00</b> deductible)	<b>\$226.00</b> deductible* plus 20% of approved amount (plus any charge above approved amount)**
<b>Home Health Care</b>	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	<b>Nothing</b>
<b>Outpatient Hospital Services</b>	Medically necessary treatment such as outpatient surgery, diagnostic procedures, emergency room, etc.	A set amount for each specific procedure	Subject to <b>deductible plus copayment or coinsurance</b> for each procedure
<b>Durable Medical Equipment (DME)</b>	Medically necessary equipment and supplies such as walkers, wheelchairs, hospital beds, etc.	80% of approved amount (after <b>\$226.00</b> deductible)	<b>20% of approved amount plus \$226.00 deductible</b> , plus charges above approved amount unless supplier accepts assignment

\* Once you have had \$226.00 of expenses for covered services, the Part B deductible is met for the rest of the calendar year.

\*\* You pay for charges higher than the amount approved by Medicare unless the doctor or supplier agrees to accept Medicare's approved amount as payment in full (accepts assignment). Excess charges for physician services cannot exceed 15% of the Medicare-approved amount.



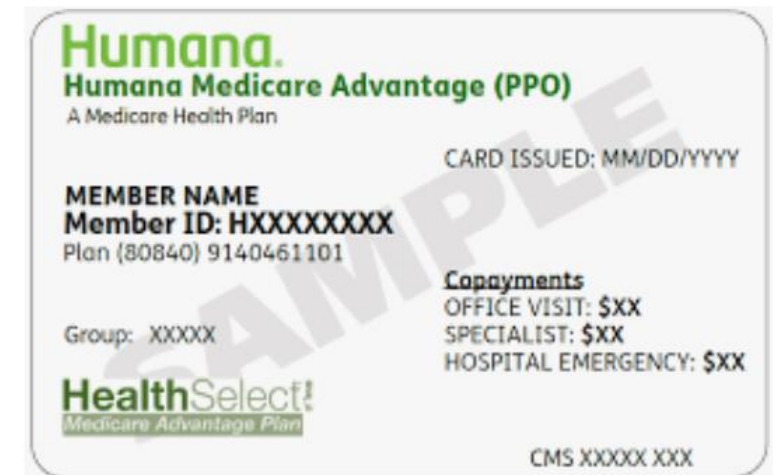
# Part C – Medicare Advantage (MA) Plans

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Medicare Advantage (Part C) is another way to get your Medicare:

- Different delivery and cost share structure
- May offer *additional benefits* such as: Hearing, Vision, Dental, Fitness Program, etc.

The managed care plan will handle your coverage and issue you a benefits card



# Medicare Advantage (MA) Plan Examples

Services delivered in a different way and with a different cost structure

General Overview of MA Plan Choices		
	Accessibility or Restrictions	Monthly Premiums and other costs
<b>HMO</b>	Most restrictive. Must use in-network providers. Referrals needed for specialists.	Generally lowest cost option
<b>PPO</b>	More flexibility. Can see in-network or out-of-network providers. Local and Regional PPO service area options may be available.	Usually higher cost than HMOs. Have specific in-network and out-of-network costs for services. Out-of-network costs will be higher. Regional PPO service areas may cost more than a Local PPO.
<b>SNP</b>	Provides focused care management, special expertise plan providers, and benefits tailored to the enrollees' condition(s). May not be available in all areas. Must include prescription drug coverage.	Costs will vary.



# Part C - Enrollment Periods



## Annual Open Enrollment Period

**October 15 until December 7** each year.

**During the Open Enrollment Period you can:**

- Switch from Original Medicare to Medicare Advantage or vice versa.
- Switch from one Medicare Advantage plan to another or from one Medicare Part D plan to another
- Review your current Medicare Advantage and Drug coverage

If you enroll during the Open Enrollment Period, your **coverage starts January 1.**

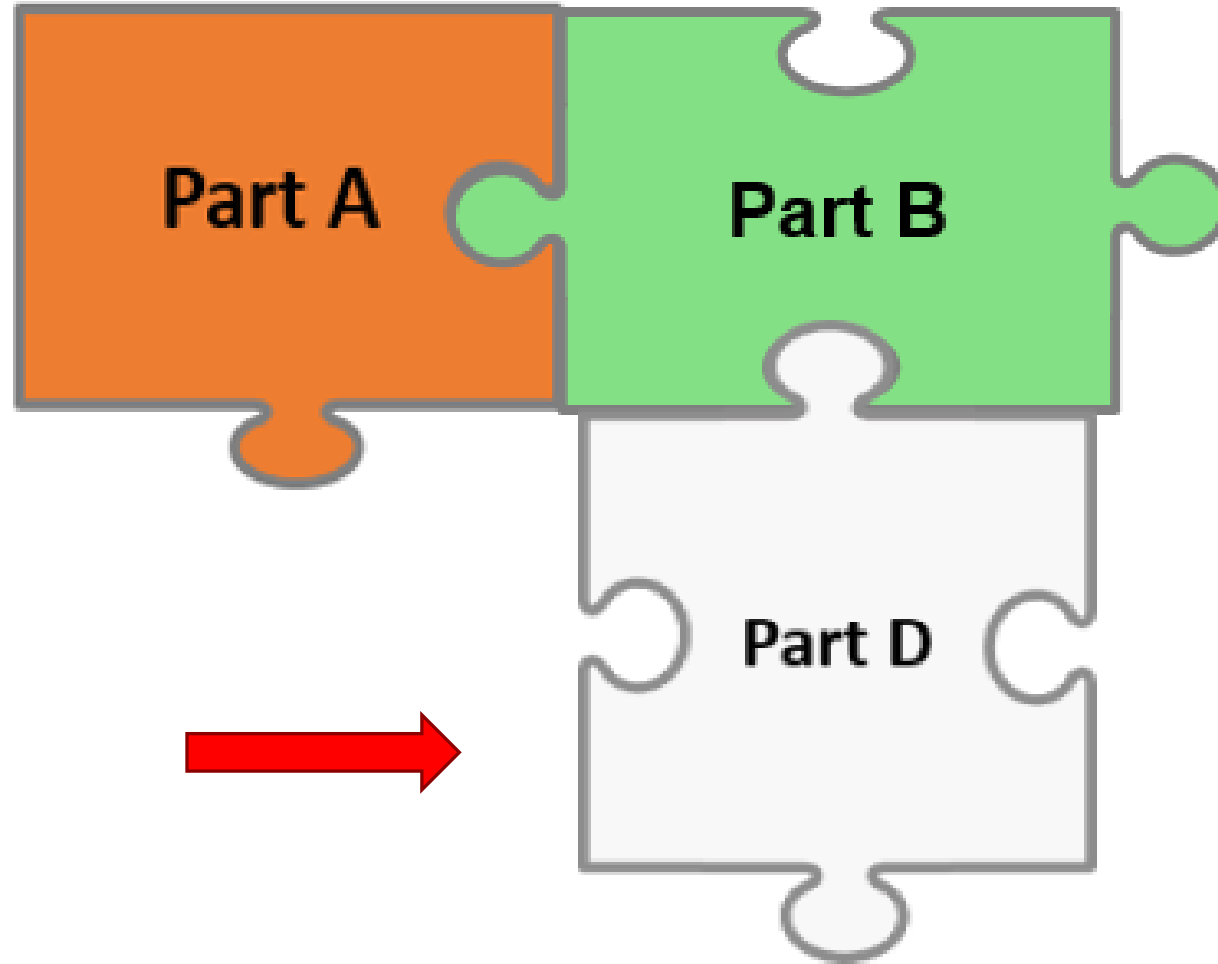
## Medicare Advantage Open Enrollment Period (MA-OEP)

**Jan 1 – Mar 31:**

- Can switch MA Plans,
- Can disenroll from MA plan and go back to Original Medicare with Part D



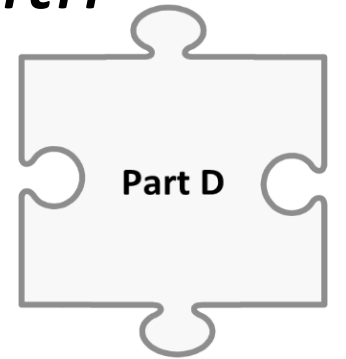
# MEDICARE PART D





## What is Medicare Part D?

Part D is coverage by private companies, *contracted with Medicare*, to provide prescription drug coverage



- Available to anyone enrolled in Medicare Part A and/or Part B
- Plans normally have a monthly premium and a copay or coinsurance for each drug purchased and an annual deductible
- Each plan is a 12-month contract – beneficiaries can change plans annually

# Medicare Part D Enrollment Periods

- ❑ Initial Enrollment Period (IEP)
- ❑ Annual Open Enrollment Period (AOEP)
- ❑ Special Enrollment Period (SEP)

**Annual Open Enrollment Period**  
is from  
**October 15 until December 7**  
each year.



## During the Open Enrollment Period you can:

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# NEW IN 2023

A few changes are included in the “**Inflation Reduction Act of 2022**” that will impact future Medicare Part D prescription drug plan coverage and costs.

Here is a summary of some of the top Medicare Part D plan changes for 2023:



- **Drug price increases tied to inflation:** Drug companies will be required to pay rebates to Medicare if retail drug prices (for Part B and Part D drugs) rise faster than inflation (CPI-U).
- **No co-pay vaccines:** Medicare Part D beneficiaries will have no cost sharing for vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP).
  - **For 2023 the Shingles vaccine (Shingrix) = zero dollars\$!**

# Part D Insulin Savings in 2023



## Insulin Costs at \$35 Per Month or Less

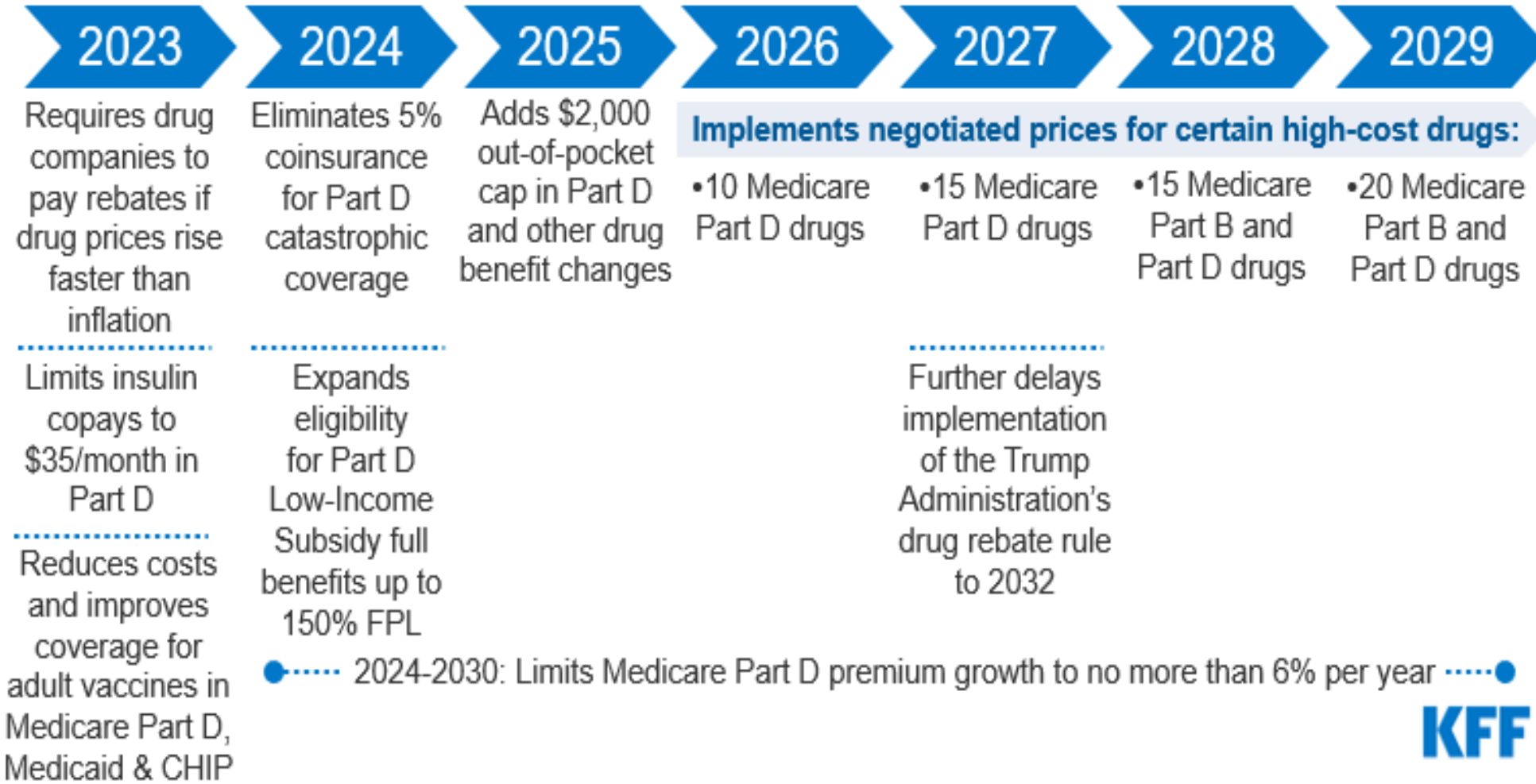
- Medicare drug and health plans must not charge over \$35 per insulin prescription per month as of January 1, 2023.
  - This is due to the **Inflation Reduction Act of 2022.**
  - Includes all insulins in vials, pens, and compounded insulins
  - You must ensure your insulin is on the Plan's formulary.
  - Insulin is not subject to the plan deductible.
  - If you use insulin through a durable medical equipment **insulin pump**, the \$35 cap will begin July 1, 2023.
- Plans can offer certain insulin at lower costs than \$35 per month through special **Senior Savings model** plans.
  - Not all insulins may be covered at this lower cost
  - Check with your plan on costs, or
  - Do a price comparison on Medicare.gov



# Inflation Reduction Act (IRA): Part D Savings in 2023

- Requires drug companies to pay **rebates if prices rise faster than inflation** for drugs used by Medicare beneficiaries - 2023
- **Eliminates cost sharing for adult vaccines** covered under Medicare Part D and improves access to adult vaccines under Medicaid and CHIP – 2023
- Limits monthly cost sharing for **insulin products to \$35** for people with Medicare – 2023
- **Eliminates 5% coinsurance** for catastrophic coverage in Medicare Part D in **2024**, adds a **\$2,000 cap on Part D out-of-pocket spending** in **2025**, and limits annual increases in Part D premiums for **2024-2030**
- **Expands eligibility** for **Medicare Part D Low-Income Subsidy** full benefits (Extra Help program) **2024**
- For the first time, **requires the federal government to negotiate prices** for some top-selling drugs covered under Medicare

# Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act



## Inflation Reduction Act (IRA) Timeline:





# Comparing Plans on Medicare.gov

## Creating an Account for a Personalized Medicare Plan Finder Experience

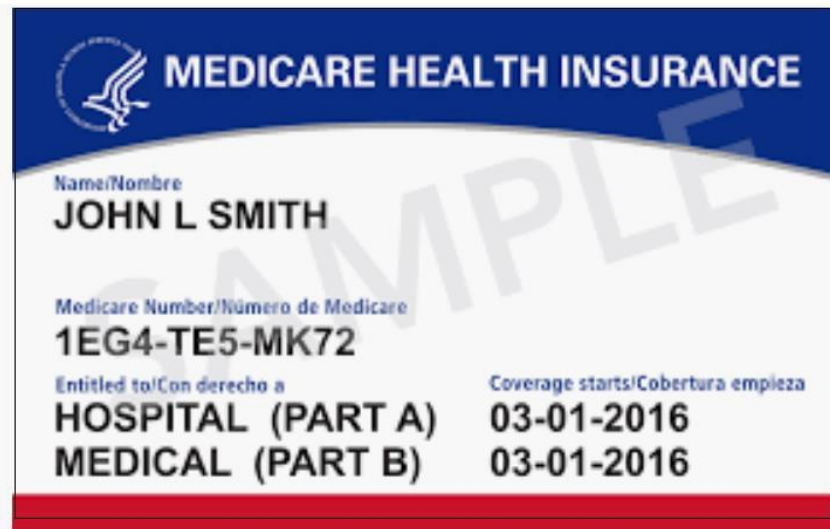
### When you create a Medicare account, you can:

- Compare Drug plans and Medicare Advantage plans side- by-side using your personal data and medication list
- Build a drug list. Medicare makes suggestions based on prescriptions you filled within the last 12 months
- Modify your drug list and save changes
- Compare benefits and costs in your current plan to other plans available in your area
- See prices based on any extra help you get with drug costs



# Medicaid & Medicare are Separate Programs.

Primary payer



Always pays last

Example: **Illinois Medicaid Card** (paper)

**iHFS** State of Illinois – Healthcare and Family Services  
**MEDICAL CARD**

For questions or to report changes call:  
Para preguntas o reportar cambios llame al:  
DHS 1-800-843-6154, or  
HFS 1-800-226-0768  
(TTY 1-877-204-1012)

(CASE NAME AND ADDRESS)

Keep this card and the separate notice we send about your medical coverage.  
Guarde esta tarjeta y el aviso separado que le enviamos sobre su cobertura médica.

HFS 469 (R-9-12) IL478-0234

CASE NAME AND ADDRESS

To check your eligibility using the 24 hour automated system, call:  
Para comprobar su elegibilidad usando el sistema automatizado de 24 horas, llame al:  
1-855-828-4995

**THE FOLLOWING PERSONS ARE COVERED:**  
V2 JOHNNY SAMPLE ID# 00000001 DOB: 01-01-1970

\*\*\*\*\*  
TOTAL NUMBER OF COVERED PERSONS: (1)

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR PAYMENT.**  
Medical providers must verify identity and eligibility when you need care.  
**ESTA TARJETA NO GARANTIZA LA ELEGIBILIDAD O PAGO.**  
Los proveedores médicos deben verificar la identidad y elegibilidad cuando necesite atención médica.



# “Extra Help” with Part D Costs



Program from Social Security to help beneficiaries pay for Medicare Part D prescription drug costs

- For people with limited income and resources
  - Single = **\$1,699** Monthly Income for 2022 (**\$20,385** annually)
  - **Married couple** = **\$2,288** Monthly for 2022 (**\$27,465** annually)
  - **Resources** must be limited to **\$15,510** individual/**\$30,950** couple
- Choice of plans that offer **\$0** premiums / **\$0** deductibles
- Pay no more than **\$10.35** for each brand name drug your plan covers in **2023** (for generics = **\$4.15** or less)
- Apply for Extra Help at the Social Security Website
  - Note: Medicaid recipients auto-enrolled



**Note:** 2023 income amounts not released yet

Note: Also called Low Income Subsidy (LIS)

# Contact Information



## SHIP, Illinois Department on Aging

- o (800) 252-8966
- o [Aging.SHIP@illinois.gov](mailto:Aging.SHIP@illinois.gov) - where you can ask a SHIP rep!
- o <https://www2.illinois.gov/aging/ship>

## Social Security

- o 1-800-772-1213
- o [www.ssa.gov/onlineservices](http://www.ssa.gov/onlineservices)
- o [www.ssa.gov/locator](http://www.ssa.gov/locator)

## Medicare

- o 1-800 –Medicare (1-800-633-4227)
- o Medicare.gov

## Department of Human Services (DHS) - Medicaid

- o (800) 843-6154
- o (866) 324-5553 TTY/Nextalk or 711 Illinois Relay
- o Email Link: <https://www.dhs.state.il.us/page.aspx?module=16&type=2>

