



MEDICARE

UPDATE TRAINING 2010

10 Middle Street
Bridgeport, CT 06604
203 -333-9288

www.swcaa.org

Presented by
The Southwestern CT Agency on Aging

What is CHOICES



- State Health Insurance Assistance Program
- Senior Medicare Patrol
- Information and Referral Counseling
- Eligibility Screening
- Volunteer Opportunities

What is CHOICES?

- CHOICES is a one-stop shop for information about aging & long-term care services.
- CHOICES counselors help Connecticut's older adults and younger adults with disabilities understand their Medicare coverage and healthcare options including:
 - Medicare
 - Medicaid
 - Prescription drug benefits
 - Supplemental Medigap Policies

You Have
CHOICES



LOCAL HELP FOR PEOPLE WITH MEDICARE
1-800-994-9422

What will we cover?

Changes to the following programs:

- ❑ Medicare Parts A & B
- ❑ Medicare Savings Programs
- ❑ ConnPACE
- ❑ Medicare Part D
- ❑ Medicare Advantage Plans
- ❑ Changes to LIS (Extra help) in 2010
- ❑ Changes to Medicaid (Title 19)

Medicare Part A

- Hospital Deductible - \$1,100 per benefit period
- Hospital Co-insurance –
 - Days 1-60 : \$0
 - Days 61-90: \$275 / day
 - Days 91-150: \$550 / day
- Skilled Nursing Facility Co-insurance –
 - Days 1-20 : \$0
 - Days 21-100: \$137.50 / day

Medicare Part B

- Annual deductible of \$155
- No increases in Part B premium for most existing Medicare beneficiaries.
- Newly eligible Medicare beneficiaries as of 1/01/2010 will have a Part B premium of \$110.50 per month.
- Those with incomes over \$85,000 /year will also have higher premiums.

MEDICARE SAVINGS PROGRAMS-

what are they?

- MSP are a group of programs that assist Medicare beneficiaries in paying their Medicare expenses.

- Three programs under MSP are:
 - QMB (Q01) – pays the Medicare Part B premium, co-pays and deductibles.
 - SLMB (Q03)- only pays the Medicare Premium
 - ALMB (Q04) – only pays the Medicare Premium and is subject to available funding..

Changes to MSP PROGRAMS

- New legislation has increased the income limits for all three programs AND has eliminated the asset test for all 3 programs. Effective 10/01/2009
- New Income Limits are:
 - QMB - \$1,778.91 / single person and \$2,393.55 / couple
 - SLMB - \$1,959.51 / single person and \$2,636.55 / couple
 - ALMB - \$2,091.67 / single person and \$2,816.67 / couple
- The ALMB limits correspond to the ConnPACE limits, therefore anyone on ConnPACE will now qualify for a Medicare Savings Program.
- Elimination of estate recovery effective 01/01/2010

What are the benefits of enrolling in a MSP ?

- In addition to the payment of the Part B premium the following also apply:
 - Individuals on any of the MSP automatically qualify for the full LIS (extra help) under Medicare Part D.
 - This means your co-pays for formulary drugs will be between \$2.50 - \$6.30 per prescription
 - You will not have a donut hole for formulary drugs
 - Those on QMB may have their deductibles and 20% co-insurance under Medicare covered **if they go to a Medicare and Medicaid provider**. This may mean they no longer need to keep their Medigap policy.
 - Only QMB members will get a grey CONNECT CARD.

How does one apply for a MSP?

- Short application with no income verification required.
- All you need to submit is the application
- Applications will be available by calling CHOICES at (800) 994-9422 or logging onto our website at www.swcaa.org
- You may also call Infoline at 2-1-1

ConnPACE

- ❑ No more coverage for non-formulary drugs
- ❑ Annual premium going up from \$30 to \$45
- ❑ ConnPACE now has an Annual Open Enrollment Period to coincide with Medicare Part D's Open Enrollment Period (for new members only).
- ❑ Other special enrollment periods will be within 31 days of becoming eligible for Medicare.

CONNPACE continued

- ConnPACE enrollees must be in a Part D benchmark plan. (see landscape of plans for the 12 Part D plans to choose from in 2010)
- Remember just because a plan's premium is under the benchmark amount of \$34.57 does NOT mean it is a benchmark plan.
- ConnPACE will continue to cover those drugs that are excluded from Part D coverage such as benzodiazepines and barbituates

Medicare Part D in 2010

- 46 prescription drug plans offered in CT
- Lowest vs. Highest Cost Plan:
 - First Health Secure - \$10.80 / month (not a benchmark plan)
 - Humana Complete - \$100.80 / month
- Only 3 plans have premiums below \$30
- There are 20 plans with premiums below \$40
- There are 12 benchmark plans
- The Part D deductible is \$310
- Initial coverage limit is \$2,850
- Member then pays 100% of next \$3,610 in Rx costs during the donut hole
- Catastrophic coverage begins when member has paid a total of \$4,550 out of pocket

Medicare Advantage plans

- There are 28 MA plans being offered in CT in 2010. (see Landscape of Plans in your folder)
- Only one MA – PD is a benchmark plan
- Five of the plans offer \$0 premiums
- Highest premium plan is Today's Option Premier with Universal American at \$175 per month.
- Wellcare under sanctions not allowed to accept new enrollees.

Changes in Low Income Subsidy (LIS) under Medicare Part D

- There are two new exemptions in determining eligibility for LIS.
 1. In-kind support provided by family or friends
 2. The cash surrender value of a life insurance policy.
- These changes will take effect on 1/01/2010.
- All individuals found ineligible prior to Dec. of 2009 will be sent letters in Feb. of 2010 informing them of the changes and encouraging them to re-apply.

More on LIS

- Individuals who receive the Low income subsidy (extra help) are excused from paying any late enrollment penalty for a Part D plan.
- As of Jan. 1, 2010 all individuals who submit an application for LIS will automatically have their application sent to DSS for screening of a MSP program. (unless individual refuses)
- As required by pre-existing Medicaid law, the state must process the application within 45 days of receipt of the LIS data from SSA.

Why is it beneficial to be on LIS if eligible?

- co-pays for formulary drugs are \$2.50 for generic and \$6.30 for brand name
- If you are in a benchmark plan you have no monthly premium
- You have no donut hole (gap in coverage)
- You qualify for Special Enrollment Periods when you can change your plan throughout the year.

Medicaid (Title IX)

- Individuals on Medicaid and Medicare are automatically eligible for the LIS.
- Co-pays for formulary drugs will be between \$2.50 and \$6.30 per prescription (per month)
- Medicaid will no longer pay for any non-formulary drugs.
- Some excluded drugs will continue to be paid by Medicaid such as Benzodiazepines and Barbiturates.

Things to remember:

- If you don't qualify for any special program such as LIS, Medicaid or a Medicare Savings Program, you only have between November 15th to Dec. 31st to enroll or change your Part D plan coverage for the following year.
- Anyone who qualifies for one of the above mentioned programs can change their drug coverage each month if they wish to do so.

More things to remember:

- Plans change year to year. Everyone should evaluate their current coverage to make sure they are in the best plan for the coming year.
- You can do plan comparisons and look at the costs from 2009 to 2010 on www.medicare.gov on the Plan Finder
- You can also call CHOICES at (800) 994-9422 to speak to a certified counselor who can help you evaluate your coverage and explain your options.