

## Medicare Minute Teaching Materials — September 2024

### Medicare's Open Enrollment Period

#### 1. What is Medicare's Open Enrollment? What changes can I make during this time?

Medicare's Open Enrollment, also known as the Annual Election Period or Fall Open Enrollment, runs from October 15 through December 7 each year. During this time, you can make certain changes to your health insurance coverage, including adding, dropping, or changing your Medicare Advantage and Part D coverage. Even if you are happy with your current health and drug coverage, Open Enrollment is a good time to review what you have, compare it with other options, and make sure that your current coverage still meets your needs for the coming year.

You can make as many changes as you need to your Medicare coverage during Open Enrollment. The changes you can make include:

1. Joining a new Medicare Advantage Plan
2. Joining a new Part D prescription drug plan
3. Switching from Original Medicare to a Medicare Advantage Plan
4. Switching from a Medicare Advantage Plan to Original Medicare (with or without a Part D plan)
  - a. Note that if you switch to Original Medicare and you want to purchase a Medigap policy to supplement coverage, your Medigap options may be limited (see question 8).

Depending on where you live, you may be able to buy a Medigap policy, which helps pay Original Medicare costs. Limitations apply as to who can buy a Medigap policy and when. Call your State Health Insurance Assistance Program (SHIP) or [State Department of Insurance](#) to ask about state specific Medigap rights. Contact information for your local SHIP is on the last page of this document.

The last change you make will take effect on January 1, 2025. It is usually best to call 1-800-MEDICARE (633-4227) or go to [www.Medicare.gov](http://www.Medicare.gov) when making any changes to your health and/or drug coverage.

#### 2. How should I review my current Medicare health and drug coverage?

Regardless of how you receive your Medicare coverage, you should consider:

- Your access to health care providers you want to see
- Your access to preferred pharmacies
- Your access to benefits and services you need
- The total costs for insurance premiums, deductibles, and cost-sharing amounts
- The quality of the customer service you receive

If you have Original Medicare, visit [Medicare.gov](http://Medicare.gov) or read the 2025 *Medicare & You* handbook to learn about Medicare's benefits for the upcoming year. You should review any increases to Original Medicare premiums, deductibles, and coinsurance charges. The *Medicare & You* handbook is mailed to all Medicare households each September. If you don't receive your *Medicare & You* handbook, you can call 1-800-MEDICARE and request that a copy with information for your area be sent to you. If you would like to receive your handbook electronically, you can log into (or create) your Medicare account to sign up for electronic handbooks. You can also download a general version of the handbook at [Medicare.gov](http://Medicare.gov).

If you have a Medicare Advantage Plan or a stand-alone Part D plan, read your plan's Annual Notice of Change (ANOC) and/or Evidence of Coverage (EOC). Review these notices for any changes in: a) the plan's costs, b) the plan's benefits and coverage rules, or c) the plan's formulary (list of drugs your plan covers). Make sure that your drugs will still be covered next year and that your providers and pharmacies are still in the plan's network. If you are unhappy with any of your plan's changes or your plan's performance, you can enroll in a new plan. If you want assistance reviewing your options, contact your State Health Insurance Assistance Program (SHIP) for unbiased counseling. Contact information for your local SHIP is on the last page of this document.

Even if you are happy with your current Medicare coverage, consider other Medicare health and drug plan options in your area. For example, even if you do not plan to change your Medicare Advantage or Part D plan, you should check to see if there is another plan in your area that will offer you better health and/or drug coverage at a more affordable price. Research shows that people with Medicare prescription drug coverage could lower their costs by shopping among plans each year; there could be another Part D plan in your area that covers the drugs you take with fewer restrictions and/or lower prices.

### 3. What are some things I should consider when choosing a Part D prescription drug plan?

Ask yourself the following questions before choosing a Part D drug plan:

- Does the plan cover all the medications I take?
- Does the plan have restrictions on my drugs (i.e. prior authorization, step therapy, or quantity limits)?
  - **Prior authorization** means that you must get approval from your Part D plan before the plan will pay for the drug.
  - **Step therapy** means that your plan requires you to try a cheaper version of your drug before it will cover the more expensive one.
  - **Quantity limits** restrict the quantity of a drug you can get per prescription fill, such as 30 pills of Drug X per month.
- How much will I pay for monthly premiums and the annual deductible?
- How much will I pay at the pharmacy (copay/coinsurance) for each drug I take?
- Is my pharmacy in the plan's preferred network? (You pay the least if you used preferred network pharmacies.)
- Can I fill my prescriptions by mail order?
- What is the plan's star rating?
- If I have retiree coverage, will the Medicare drug plan work with this coverage?

You may find it helpful to use Medicare's Plan Finder tool (see number 6), which gives you a list of Medicare Advantage and Part D plans, the drugs they cover, and their estimated costs for the year. You can access Plan Finder by going online at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) or by calling 1-800-MEDICARE.

Note that beginning in 2025, your annual out-of-pocket Part D costs will be capped at \$2,000. This includes what you pay for during the deductible period and as copays/coinsurance. After meeting the out-of-pocket limit, you pay \$0 for covered Part D drugs for the rest of the year. This change should be reflected in the Plan Finder tool as you compare Part D plans for 2025.

Also beginning in 2025, you will have the option to sign up for a payment plan for your Part D out-of-pocket costs. This program is called the Medicare Prescription Payment Plan, and you may also hear it referred to as

“smoothing” costs. It lets you spread your drug costs out throughout the year. If you sign up, your Part D plan will send you a monthly bill, and you will pay \$0 at the pharmacy. The payment plan does not reduce your out-of-pocket costs, but it can help people with high drug costs concentrated in the early months of the year manage their monthly expenses. To sign up for the payment plan, contact your Part D plan in 2025.

#### **4. What are some things I should consider when choosing a Medicare Advantage Plan?**

Ask yourself the following questions before choosing a Medicare Advantage Plan:

- How much are the premium, deductible, and coinsurance/copay amounts?
- What is the annual maximum out-of-pocket cost for the plan? This amount may be high but can help protect you if you have expensive health care costs.
- What service area does the plan cover?
- Are my doctors and hospitals in the plan’s network?
- What are the rules I have to follow to access health care services and my drugs?
- Does the plan cover additional health care benefits that are not covered by Original Medicare (see number 7)?
- What is the plan’s star rating?
- Will this plan affect any additional coverage I may have?

Medicare Advantage Plans usually include prescription drug coverage. You should also consider the questions listed in number 3 when choosing a Medicare Advantage Plan to make sure that the prescription drug coverage that the plan offers meets your needs.

Finally, remember that those with Medicare Advantage Plans cannot have a Medigap (see question 8). If you have Original Medicare and a Medigap and are considering switching to a Medicare Advantage Plan, know that you will lose your Medigap as well. If you choose to switch back to Original Medicare at a later time, you may face limitations with Medigap enrollment depending on the state in which you live. However, regardless of the state in which you live, you may have access to a Special Enrollment Period to re-enroll in a Medigap policy. You can use this SEP if you dropped your Medigap to enroll in a Medicare Advantage Plan for the first time and switch back to Original Medicare and a Medigap within 12 months of enrolling in the Medicare Advantage Plan. For more information on Medigap enrollment rules in your state, contact your SHIP. Contact information for your local SHIP is on the last page of this document.

#### **5. What are star ratings?**

Star ratings are quality ratings that provide a measure of a plan’s performance. Medicare scores Medicare Advantage Plans and Part D plans in several categories, including quality of care and customer service. Ratings range from one to five stars, with five being the highest. Medicare assigns plans an overall star rating to summarize the plan’s performance. Plans also receive separate star ratings in each individual category reviewed. The overall star rating provides a way to compare performance among several plans. To learn more about differences among plans, look at plans’ ratings in each category. Plan ratings change from one year to the next. Medicare reviews plan performances each year and releases new star ratings each October.

Keep in mind that a plan’s star rating is only one factor to review when comparing plans in your area. Even though a plan has a high star rating, it may not be right for you. It is important to see whether the plan covers the health services and drugs you need and works with the pharmacies you use before considering its star rating.

Also note that the star ratings in the *Medicare & You* handbook are not necessarily the most recent. For the most up-to-date, comprehensive star ratings, you should call 1-800-MEDICARE or use the online Plan Finder tool at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

## 6. What is the Medicare Plan Finder?

The Medicare Plan Finder is an online tool that helps you look up and compare plans in your area. To access the Medicare Plan Finder, visit [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). Plan Finder gives you the option to search using your account or to continue a search without logging in.

- The personalized search requires you to log in to your Medicare account or make an account if you do not have one. Once you are logged in, Plan Finder will save your search results and you can access them later.
- The basic search requires your zip code and the type of plans you want to compare. Your search results will not be saved or accessible once you close the page.

Once you enter your information, you will be able to compare a list of plans available in your area. Before using Plan Finder, create a list of health care professionals you see, drugs you take, and pharmacies where you get your drugs. This will allow you to compare your options. Additionally, when you decide on a plan, you should call 1-800-MEDICARE or use Medicare.gov to enroll in that plan. It is helpful for Medicare to have the official enrollment record in case there are any problems. You can also call your SHIP for help using Plan Finder. Contact information for your local SHIP is on the last page of this document.

## 7. What kind of supplemental benefits do Medicare Advantage Plans offer?

A supplemental benefit is an item or service covered by a Medicare Advantage Plan that is not covered by Original Medicare. These benefits do not need to be provided by Medicare providers or at Medicare-certified facilities. Instead, to receive these items or services, you need to follow your plan's rules. Some commonly offered supplemental benefits are dental care, vision care, hearing aids, and gym memberships. These benefits can either be:

- Optional, meaning that they are offered to everyone who is enrolled in a plan, and you can choose to purchase the benefits if you want to, or
- Mandatory, meaning that they are covered for everyone enrolled in a plan and you cannot decline the coverage (even if you do not need to use the service).

Medicare Advantage Plans can also cover supplemental benefits that are not primarily health-related for beneficiaries who have chronic illnesses. These benefits are called Special Supplemental Benefits for the Chronically Ill (SSBCI), and they can address social determinants of health. A social determinant of health is part of your life that can affect your health in some way, such as not having access to transportation. Plans offer these types of benefits that are not primarily health-related such as meal delivery, transportation for non-medical needs, and home air cleaners. In order to be eligible for these benefits, you must be chronically ill.

Since Medicare Advantage Plans can create sets of supplemental benefits for people with specific chronic illnesses, not every member of a Medicare Advantage Plan will have access to the same set of benefits. For example, a plan might cover services like home air cleaning and carpet shampooing for members with severe asthma. A member of that plan who has severe asthma will be able to get those services covered, while a member who does not have asthma, or whose asthma is mild, will not.

These supplemental benefits mean that there may be more factors to consider when comparing Medicare Advantage Plan options during Medicare's Open Enrollment. Carefully review your Medicare Advantage Plan's Evidence of Coverage and any other materials from your plan. If you are considering a new plan that offers its members additional supplemental benefits, make sure to find out about the costs and coverage restrictions associated with those benefits. If you need help understanding your plan's benefits or reviewing your coverage options, call your SHIP for assistance. Contact information for your local SHIP is on the last page of this document.

**8. If I switch to Original Medicare during Medicare's Open Enrollment, can I purchase a Medigap policy to help with cost-sharing gaps?**

Medicare supplement insurance policies, commonly called Medigaps, are health insurance policies that offer standardized benefits to work with Original Medicare (not with Medicare Advantage). They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain cost-sharing "gaps" that remain after Original Medicare pays first. Depending on where you live and when you became eligible for Medicare, you have up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M, and N (policies in Wisconsin, Massachusetts, and Minnesota have different names). Each policy offers a different set of standardized benefits that ranges from basic to more comprehensive. Standardization means that policies with the same letter name offer the same benefits. Limits apply as to who can buy a Medigap and when. Usually, you will make your decision about whether to purchase a Medigap plan during your Initial Enrollment Period, not Open Enrollment.

Depending on where you live, you may be able to purchase a Medigap policy during Medicare's Open Enrollment, but certain limitations apply as to who can buy a Medigap and when. There are federal protections for people over 65 to purchase a Medigap in certain situations, and some states offer additional enrollment protections.

You may run into problems if you try to buy a Medigap outside of your protected Medigap enrollment period. For instance, companies can refuse to sell you one or impose certain medical requirements. If a company does agree to sell you a policy, you may need to pay a higher monthly premium and be subject to a six-month waiting period before the Medigap will cover pre-existing conditions. Be sure to contact Medigap insurers in your state to learn if they will sell you a Medigap policy outside protected enrollment periods.

Also note that in some states, if you currently have Original Medicare and a Medigap, you may not be able to purchase a Medigap again in the future if you drop Original Medicare to enroll in a Medicare Advantage Plan. However, regardless of the state in which you live, you may have access to a Special Enrollment Period (SEP). This SEP is to re-enroll in a Medigap policy if you dropped your Medigap to enroll in a Medicare Advantage Plan for the first time and switch back to Original Medicare and a Medigap within 12 months of enrolling in the Medicare Advantage Plan.

Contact your SHIP to learn about Medigap enrollment rights in your state. Contact information for your local SHIP is on the last page of this document.



## 9. Will I have opportunities to change my coverage in the coming year?

You should make any necessary changes to your Medicare coverage by December 7, 2024, in order for the changes to take effect January 1, 2025. If you need to change your Medicare coverage in 2025, you may have the opportunity to make changes if:

- **You have a Medicare Advantage Plan.** You will be able to make one change to your coverage between January 1 and March 31. This enrollment period is called the Medicare Advantage Open Enrollment Period. During this time, you can switch from one Medicare Advantage Plan to another or switch from a Medicare Advantage Plan to Original Medicare, with or without a Part D prescription drug plan. This enrollment period is only for people who are enrolled in a Medicare Advantage Plan. If you are enrolled in Original Medicare, you will not be able to make changes during this time.
- **You have Extra Help.** If you have Extra Help, the federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage, you will have a Special Enrollment Period (SEP) to enroll in or switch Part D plans. Starting in January 2025, this is a once-per-month SEP to elect a standalone Part D plan. (Previously, this SEP was once per quarter in the first three quarters of the year.)

There are other circumstances when you can be eligible for a Special Enrollment Period to change your Medicare health or drug coverage. For example, if your Medicare Advantage Plan leaves your service area, or if you want to change into a plan with a five-star rating in your service area, you may be able to access an SEP to make changes outside of normal enrollment periods.

## 10. How can I protect myself from potential marketing violations and misleading marketing?

During Medicare's Open Enrollment, health insurance companies try to reach people in various ways, like television commercials, radio ads, events, mailings, phone calls, and texts. The Centers for Medicare & Medicaid Services (CMS) has rules for marketing Medicare Advantage Plans and Part D plans, though. These rules protect Medicare beneficiaries from aggressive or misleading marketing. Plans are allowed to send you mail. They can also email or call you about other health plans and products, as long as you are already a plan member and haven't asked them not to call or email. emails and/or direct mailings, but they are not allowed to call you or visit you in person to market their products without your permission. Plans who call or send emails must provide an opt-out option for people who no longer wish to receive them. Watch out for people who:

- Pressure you to join their plan
- Tell you they represent Medicare or are calling on behalf of Medicare
- Visit you at home without your permission
- Offer free consultations only to people with Medicare and ask for your Medicare number
- Inform you that you will lose your Medicare benefits unless you sign up for a certain plan
- Require you to provide personal information or try to sell you a plan at an educational event (Note that contact information provided for raffles or drawings may only be used for that purpose.)

Before you enroll in a plan, make sure you understand what the plan covers, how it affects your Medicare benefits and other health benefits (like Medicaid or your retiree/union coverage), and whether it covers the drugs you need. Contact a plan directly to confirm if it will cover certain services for you, and make sure that you get everything in writing. You can also call your local SHIP for unbiased answers to coverage questions.

Remember that an agent or broker should never pressure or mislead you into joining a plan. If you feel an insurance agent has potentially violated Medicare's marketing rules, you should save all documents (such as an agent's business card or marketing materials) or other suspicious information, such as recorded messages. You should report marketing violations to your local Senior Medicare Patrol (SMP, [www.smpresource.org](http://www.smpresource.org) or 877-808-2468) or State Health Insurance Assistance Program (SHIP, [www.shiphelp.org](http://www.shiphelp.org) or 877-839-2675). Your local SMP or SHIP can help you review the incident, report it to the correct authorities, and continue spotting marketing violations.

## 11. Who can I contact if I have questions?

**State Health Insurance Assistance Program (SHIP):** Contact your SHIP if you have questions about any notices you receive. SHIP counselors can also help you use the Medicare Plan Finder to review your options and pick a plan that meets your needs. SHIPs also specialize in understanding Medigap rights in your state or territory. Contact information for your local SHIP is on the last page of this document.

**Senior Medicare Patrol (SMP):** Contact your SMP if you have experienced potential Medicare fraud, errors, or abuse. SMP representatives can teach you how protect yourself. Contact information for your local SMP is on the last page of this document.

**1-800-MEDICARE (800-633-4227):** Contact Medicare if you want to change your coverage during Open Enrollment. You can also call Medicare for help finding plans in your area. Medicare will send you a new *Medicare & You* handbook in the mail each fall, containing information specific to your region. If you do not receive your copy, contact Medicare to request another one.

**Medicare Advantage Plan/Part D plan:** Contact a plan directly if you have questions about its benefits, coverage, or costs. If you do not receive your ANOC or EOC, contact your plan to request copies.

### SHIP case study

Greg turned 65 and enrolled in Medicare this summer. He currently only has Original Medicare Part A and Part B. His husband, Rick, has been enrolled in Medicare for two years and is very happy with his Medicare Advantage Plan. Greg would like to enroll in that plan, too.

### What should Greg do?

- Greg should call his State Health Insurance Assistance Program (SHIP) for assistance.
  - If he doesn't know how to reach his SHIP, he can call 877-839-2675 and say "Medicare" when prompted, or visit [www.shiphelp.org](http://www.shiphelp.org).
- The SHIP counselor can let Greg know that although Rick's plan might work well for him, that does not mean that it's the best choice of plan for Greg. For example, Greg's doctors may not be in-network for the plan that Rick has.
  - The SHIP counselor can also advise Greg to remind Rick to evaluate the Evidence of Coverage (EOC) and Annual Notice of Change (ANOC) that he received from his plan to ensure that his plan will still meet his needs in the coming year.

- For Greg’s coverage, the SHIP counselor can provide Greg with more information about the difference between Original Medicare and Medicare Advantage, and they can speak to Greg about the option of having a stand-alone Part D plan and Medigap with his Original Medicare coverage.
  - Since Greg just turned 65 and enrolled in Part B this summer, he is likely in his Medigap Open Enrollment period, the time in which he must be allowed to purchase a Medigap plan. The SHIP counselor can help him consider the Medigap plan options available in his state. SHIP counselors have access to an expanded **Medigap** Plan Finder tool for SHIPs through the national SHIP Technical Assistance Center (login at <https://portal.shiptacenter.org/Login.aspx>).
- The SHIP counselor can check if Greg has creditable drug coverage. If not, they can help him use the Medicare Plan Finder tool to find a Part D or Medicare Advantage Plan that covers all of the prescription drugs Greg takes.
  - To use the Medicare Plan Finder tool, Greg should make a list of the prescription drugs he takes, along with their dose and quantity, and a list of the pharmacies that he can go to.
- If Greg is interested in enrolling in a Medicare Advantage Plan, the SHIP counselor can advise him to speak to his providers to ask them which plans they are in-network for.
- Once Greg makes a decision about how he wants to get his Medicare coverage, he can call 1-800-MEDICARE to enroll in a Part D or Medicare Advantage Plan. He should do this between October 15 and December 7 in order to get coverage effective January 1, 2025.

### **SMP case study**

Luis has Original Medicare and a Part D prescription drug plan. In late October, he received a call from someone who said they were from an unnamed Medicare Advantage Plan and wanted to help him save money on his coverage. The caller asked for Luis’s Medicare number, and at first, he refused. He felt pressured by the caller, who said he could lose his Medicare coverage, so he gave out his Medicare number. After the call ended, Luis was not sure what he might have signed up for—or if the caller was even a plan representative at all.

### **What should Luis do?**

- Luis should call his Senior Medicare Patrol (SMP) to report the call. Medicare Advantage Plan representatives are not allowed to make unsolicited phone calls to beneficiaries. This person could also have been acting like they were from a plan only as a way to steal Luis’s medical identity and falsely bill Medicare.
  - If Luis doesn’t know how to contact his local SMP, he can call 877-808-2468 or visit [www.smpresource.org](http://www.smpresource.org).
- The SMP will assist Luis in contacting 1-800-MEDICARE to report his Medicare number as compromised. The SMP will empower Luis to review his Medicare statements like a Medicare Summary Notice (MSN) or an Explanation of Benefits (EOB) to monitor whether there are charges for services he did not receive.
- The SMP may also make additional referrals if applicable.
- The SMP can refer Luis to his local SHIP for help reviewing his coverage for 2025 through 1-800-MEDICARE or the Medicare Plan Finder. If it appears he had been enrolled in a new plan for 2025 without his knowledge, the SHIP will report it to CMS and help him understand how to legitimately return to his current Part D plan for 2025 or select a new Part D plan for 2025 that might better meet his needs.



Local SHIP Contact Information	Local SMP Contact Information
<p><b>SHIP toll-free:</b> 800-247-4422</p> <p><b>SHIP email:</b> <a href="mailto:idahoshiba@doj.idaho.gov">idahoshiba@doj.idaho.gov</a></p> <p><b>SHIP website:</b> <a href="http://shiba.idaho.gov">shiba.idaho.gov</a></p> <p><b>To find a SHIP in another state:</b> Call 877-839-2675 and say “Medicare” when prompted or visit <a href="http://www.shiphelp.org">www.shiphelp.org</a>.</p>	<p><b>SMP toll-free:</b> 800-247-4422</p> <p><b>SMP email:</b> <a href="mailto:idahoshiba@doj.idaho.gov">idahoshiba@doj.idaho.gov</a></p> <p><b>SMP website:</b> <a href="https://aging.idaho.gov/stay-safe/senior-medicare-patrol-fraud-prevention">https://aging.idaho.gov/stay-safe/senior-medicare-patrol-fraud-prevention</a></p> <p><b>To find an SMP in another state:</b> Call 877-808-2468 or visit <a href="http://www.smpresource.org">www.smpresource.org</a>.</p>
<p><i>This document was supported, in part, by grant numbers 90SATC0002 and 90MPRC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.</i></p> <p>SHIP Technical Assistance Center: 877-839-2675   <a href="http://www.shiphelp.org">www.shiphelp.org</a>   <a href="mailto:info@shiptacenter.org">info@shiptacenter.org</a>  SMP Resource Center: 877-808-2468   <a href="http://www.smpresource.org">www.smpresource.org</a>   <a href="mailto:info@smpresource.org">info@smpresource.org</a>  © 2024 Medicare Rights Center   <a href="http://www.medicareinteractive.org">www.medicareinteractive.org</a></p> <p><i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center.</i></p>	