

NASUAD Webinar, “Understanding Medicare” Answers to Participants’ Questions

1 “If one has a high deductible Plan F, can they switch to any other Plan later?”

Generally, the Medicare Supplement Open Enrollment Period is the only time when a Medicare beneficiary is guaranteed the right to buy a Medicare supplement insurance plan – such as a high deductible Plan F or another Medicare supplement plan. The Medicare Supplement Open Enrollment Period starts the first month that you are age 65 or older and enrolled in Medicare Part B, and lasts for 6 months. Some states have additional open enrollment periods or other situations in which your acceptance may be guaranteed.

So, the answer to your question is “maybe” – it will depend on your state and individual situation. Some states allow you to change plans at any time, but others don’t. Make sure to ask your insurer about their policy on changing plans. And, keep in mind that if you choose to change plans, you could be denied coverage, or charged a higher premium based on your health history.

To learn more, you may want to visit:

<https://www.medicaremadeclear.com/basics/medicare-supplement-insurance-costs-and-coverage>

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“A friend of mine voiced her anger about the fact that she cannot get a 90-day supply of her Adderall because of laws. She has to pay \$45 a month for a 30-day supply. If she had the 90-day option, it would cost her \$66 for 90 days! Also, one of her prescribed drugs, Xifaxan (60 pills), costs \$300. Plus \$78 for Part D every month! She cannot afford to fill the prescription. Also, when she needs a med stat, like antibiotics, she has to pay \$38, too. Prescription cough syrup is \$38, too! She could not wait for the mail order drug. Medicare does not refund her the cost of the urgent over-the-counter meds. The med and the policies regarding cost attribute to compliance issues. What can be done to save seniors’ money on their meds? What can be done about the med costs?”

Prescription drugs can be a significant expense for Medicare beneficiaries. Many Medicare prescription drug plans offer cost-saving benefits. Here are a few tips that may help:

- Understand your plan’s formulary. A formulary is a list of drugs covered by a health plan.
- Switch to generic drugs when possible. In many cases, a generic drug can be a viable low-cost alternative to a higher-priced brand name drug.
- Use network pharmacies. If your Medicare prescription drug plan has a pharmacy network, then you may save money by using it.
- Take advantage of mail-order pharmacy benefits when possible. Many Medicare plans offer a mail-order pharmacy service. Cost, as well as convenience, can make this service well worthwhile.
- See if you qualify for Extra Help. Extra Help is a Medicare program that helps people with limited income and resources pay Medicare prescription drug costs, including premiums, deductibles and co-insurance. You must be enrolled in a Medicare prescription drug plan or a Medicare Advantage plan with drug coverage to receive Extra Help.

To learn more you may want to visit:

- <https://www.medicaremadeclear.com/basics/medicare-coverage-and-costs/medicare-part-d>
- <https://www.medicare.gov/your-medicare-costs/help-paying-costs/save-on-drug-costs/save-on-drug-costs.html>
- <https://www.ssa.gov/pubs/EN-05-10508.pdf>

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“Do any Medicaid supplemental plans offer coverage for services that are not covered by the Medicaid FFS plan?”

We are not familiar with Medicaid supplement plans, but we suspect you meant to ask about Medicare supplement plans.

The sole purpose of a Medicare supplement insurance plan is to help pay some out-of-pocket costs not paid by Original Medicare (Parts A and B), like deductibles, co-pays and co-insurance. So, if you are referring to Original Medicare when you say “FFS plan,” then the answer to your question is yes. You can buy a Medicare supplement insurance plan to help with out-of-pocket Medicare costs.

To learn more about Medicare supplement insurance plans, you may want to visit:

<https://www.medicaremadeclear.com/basics/medicare-supplement-insurance-costs-and-coverage>

It’s important to note that Medicare supplement insurance plans can be used only with Original Medicare. You cannot use a Medicare supplement insurance plan if you have a Medicare Advantage plan (Part C), such as a Private Fee for Service plan (PFFS). So if you are referring to this type of plan when you say “FFS plan,” then the answer is no. A Medicare supplement insurance plan will not help with costs or offer additional coverage if you have a Medicare Advantage plan.

To learn about Medicare Advantage plans, you may want to visit:

<https://www.medicaremadeclear.com/basics/medicare-coverage-and-costs/medicare-part-c>

To learn more about the difference between Medicare supplement insurance and Medicare Advantage you may want to visit:

<https://www.medicaremadeclear.com/choosing-plan/coverage/medicare-supplement-vs-medicare-advantage>

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Do most people select a Medicare Advantage plan or a Medicare supplement plan or both?

To begin, it’s good to understand the differences between these two options:

- Medicare supplement insurance, or Medigap, is coverage that you can add to Original Medicare Parts A and B.
- Medicare Advantage (Part C) is an alternative to Original Medicare Parts A and B. It’s a different way to get your Medicare benefits.
- You cannot use a Medicare supplement insurance plan and a Medicare Advantage plan together.

More Medicare beneficiaries select Medicare Advantage plans (Part C) than Medicare supplement plans. According to the Centers for Medicare & Medicaid Services, more than 17.5 million of the more than 57 million Medicare beneficiaries have chosen to enroll in Medicare Advantage.¹ The current projection of Medicare beneficiaries who will choose a Medicare supplement plan is 13 million.²

Since Medicare Advantage plans and Medicare supplement plans are two different options, there is no reason to have both plans — they are two alternate ways to get your Medicare benefits.

To learn more, you may want to visit:

<https://www.medicaremadeclear.com/choosing-plan/coverage/medicare-supplement-vs-medicare-advantage>

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“Could you type the resources?”

- Visit [MedicareMadeClear.com](https://www.medicaremadeclear.com) for information, videos, quizzes, tools, Medicare news and more
- Go to [Medicare.gov](https://www.medicare.gov) or call **1-800-MEDICARE (1-800-633-4227)**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week
- Call your State Health Insurance Assistance Program (SHIP) or go to shiptacenter.org

For more helpful links, you may want to visit:

<https://www.medicaremadeclear.com/information/medicare-resources>

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“When a person did not enroll in Part B when they were 65 and want to enroll now (years later), when can they enroll in Part B?”

Medicare provides a General Enrollment Period (GEP) every year for people who missed signing up when they were first eligible. It’s like make-up time for Medicare enrollment. The GEP is January 1 – March 31, every year. Here’s what you need to know:

- You can enroll in Part A, Part B or both during this time.
- Coverage begins on July 1 of the same year.
- You may have to pay a late enrollment penalty.
- You may be eligible to enroll in a Medicare Advantage (Part C) or a prescription drug (Part D) plan April 1 – June 30 of the same year.

Some people qualify for a Special Enrollment Period (SEP) that allows them to sign up for Part B without penalty. To learn more, you may want to visit: <https://www.medicaremadeclear.com/enroll/missed-medicare-enrollment>

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“What if a 65 year old has creditable employer-based health insurance? Must you still enroll in Part B? Is there a premium for A?”

If you plan to work past your 65th birthday and have active employer group insurance, you may not need to enroll in Medicare Part B (doctor and outpatient coverage) until you retire or otherwise lose your current coverage.

Most people enroll in Medicare Part A (hospital coverage) when they turn 65, whether they are working or not. This is because Part A is premium free as long as you or your spouse worked and paid Medicare taxes for at least 10 years.

It’s very important to find out how Medicare might work with your employer plan before making your Medicare enrollment decisions. Your employer coverage must be “creditable,” which means it’s at least as good as Medicare, in order for you to be able to postpone enrolling in Part B without penalty. Also, some employers require employees to get full Medicare benefits (Parts A and B) at age 65. Be sure to talk to your benefits administrator to learn more.

To learn more, you may want to visit: https://blog.medicaremadeclear.com/youre-65-working-what-medicare/?_ga=1.37016544.1594414585.1470425893

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“On the Part C enrollment slide, it mentions that financial status and health can determine enrollment. How so? Also, what Medicare supplement plans (Medigap) are available for those with ESRD (End-Stage Renal Disease) as it was mentioned in Medicare supplement eligibility?”

Eligibility for Medicare Advantage (Part C) plans is not affected by health or financial status, but there are special rules for end-stage renal disease (ESRD). See slide 23 of the webinar presentation.

People with ESRD may be able to join a Medicare Special Needs Plan (SNP), a type of Medicare Advantage Plan, if one is available in their area.

Regarding Medicare supplement plans for those with ESRD, all beneficiaries are guaranteed the right to buy a Medicare supplement plan during the Medicare Supplement Open Enrollment Period. You cannot be denied coverage if you apply during this period.

The Medicare Supplement Open Enrollment Period begins the first month that you are age 65 or older and enrolled in Medicare Part B. It lasts for 6 months.

To learn more about Medicare Advantage and Medicare supplement plans, you may want to visit:

- <https://www.medicaremadeclear.com/basics/medicare-coverage-and-costs/medicare-part-c>
- <https://www.medicaremadeclear.com/basics/medicare-supplement-insurance-costs-and-coverage>

To find a Medicare supplement plan in your state, you may want to visit:

<https://www.medicare.gov/find-a-plan/questions/medigap-home.aspx>

9 “In order to be eligible for Medicare, in addition to living in the U.S. for 5 years, do you have to have employment history?”

You do not have to have employment history to be eligible for Medicare. Anyone who meets the Medicare eligibility requirements may enroll in Part A, Part B or both.

The main thing to know about employment is that if you (or your spouse) worked and contributed payroll taxes to Medicare for at least 10 years, then you would qualify for premium-free Part A. You would still have to pay the Part B premium to Medicare.

If you or your spouse did not contribute payroll taxes, then you would have to pay a monthly premium for Part A as well as one for Part B.

You’re eligible to join Original Medicare (Parts A and B) if:

- You’re 65 years old OR you’re under 65 and qualify on the basis of disability or some other special situation.

AND

- You’re a U.S. citizen or a legal resident who has lived in the U.S. for at least 5 consecutive years, including the 5 years just prior to applying for Medicare.

To learn more, you may want to visit:

<https://www.medicare.gov/eligibilitypremiumcalc>

¹CMS Data, Sept. 2016

²CSG Actuarial, The Future of Medicare Supplement, 2016