

What You Need to Know About

MEDICARE OPEN ENROLLMENT

Fall 2020



MEDICARE
RIGHTS **CENTER**
Getting Medicare right



Contents


When is Fall Open Enrollment?.....	1
How to make plan changes.....	2
What you need to know.....	3
Tried and true advice.....	8
Health care coverage.....	9
Drug coverage.....	10
Special Enrollment Periods.....	11
Medicare and Marketplace coverage	12
Get Medicare smart!.....	14



Fall Open Enrollment

OCTOBER 15 - DECEMBER 7

During Fall Open Enrollment, people with Medicare can make unrestricted changes to their coverage options. They can make as many changes as they need, and the last change they make on or before December 7 will take effect on January 1, 2021.



Remember
Medicare
Enrollment!

How to Make Plan Changes

The best way to enroll in a new plan is to call 1-800-MEDICARE (1-800-633-4227).

Enrolling in a new plan directly through Medicare is the best way to protect yourself if there are problems with your enrollment. Write down everything about the conversation when you enroll through Medicare, including the date, the representative you spoke to, and any outcomes or next steps.

Before you enroll in a new plan, follow some simple advice to find the best plan for your situation.

Use the Medicare Plan Finder tool to search for Medicare Advantage or Part D plans. You can use the Plan Finder tool to compare plans based on covered health care services, the drugs you need, the pharmacies you use, and drug costs.

You can also call 1-800-MEDICARE to find out which Medicare Advantage and Part D plans are available in your area. When you receive the list of plans, check the plans' websites or call them to see which best fits your needs.

Call a plan directly to confirm any information you read online. Make sure the plan includes your doctors, hospitals, and other providers in its network. Confirm that the plan covers all your drugs, and that your pharmacies are preferred and in-network.

When speaking with a plan representative, write down everything about your conversation, including the date, the representative you spoke to, and any outcomes or next steps. This information may help protect you in case a plan representative gives you misinformation.

WHAT DO YOU NEED TO KNOW

UPDATES FOR 2021



Medicare Coverage in Response to COVID-19

Medicare covers certain medically necessary services and items related to coronavirus, such as coronavirus testing, telehealth, and prescription refills.

Coronavirus testing

Coronavirus testing is covered under Medicare Part B. A beneficiary's doctor can bill Medicare for tests provided after February 4, 2020. A beneficiary pays nothing for the test if they have Original Medicare and see a participating provider, or if they have a Medicare Advantage Plan and see an in-network provider.

A coronavirus vaccine is currently not available, but if one is developed, it will be covered under Part B and have no cost-sharing (deductible, copayment, or coinsurance).



Prescription refills

During the coronavirus public health emergency, all Medicare Advantage and Part D plans must cover up to a 90-day supply of a drug when requested. Plans cannot use quantity limits on drugs that would prevent a beneficiary from getting a 90-day supply, if the beneficiary has a prescription for that quantity. However, some safety limits are still in place to prevent unsafe doses of opioids.

If a beneficiary takes medications that are covered by Medicare Part B, they should ask their doctor and plan for more information about ensuring they have an adequate supply.

Visit Medicare Interactive to learn more about Medicare coverage in response to the coronavirus public health emergency and the actions plans must take during a disaster or public health emergency.

Telehealth

Medicare generally only covers telehealth in limited situations, but has expanded coverage and access during the COVID-19 public health emergency. During this time, Medicare covers hospital and doctors' office visits, behavioral health counseling, preventive health screenings, and other visits via telehealth in settings that include a beneficiary's home. Standard cost-sharing may apply. If a beneficiary has a Medicare Advantage Plan, they should contact their plan to learn about its costs and coverage rules.

Telehealth services generally require both audio and video, but certain telehealth services can be delivered using only audio. These services include some behavioral health care and patient evaluation and management. If a beneficiary has questions about technology requirements for telehealth services, they should ask their provider.





Part D Costs and Coverage

The base premium for a Medicare Part D prescription drug plan is \$33.06 per month in 2021, up from \$32.74 in 2020.

Premiums for specific plans and regions vary from year to year and may be higher or lower than the base premium amount. It is important for people with Medicare to examine their Annual Notice of Change (ANOC) carefully to determine if and how their plan's costs or benefits are changing, and if it makes sense to explore other options.

In 2021, Medicare beneficiaries will enter the coverage gap after their total drug costs reach \$4,130 (up from \$4,020 in 2020). Once in the coverage gap, beneficiaries have a 75% discount on the cost of their brand-name and generic drugs. They will reach catastrophic coverage after paying \$6,550 out of pocket on drugs (up from \$6,350 in 2020). During this period, beneficiaries pay significantly lower copayments or coinsurance for covered drugs.

Part D formularies (lists of covered drugs) often change from year to year. Drugs and restrictions can be removed or added. It is important that individuals check the plan's new formulary to see how the drugs they take will be affected. The ANOC should include a summary of the new formulary. A complete copy of the plan's formulary should be available on the plan's website and can be requested by calling the plan.

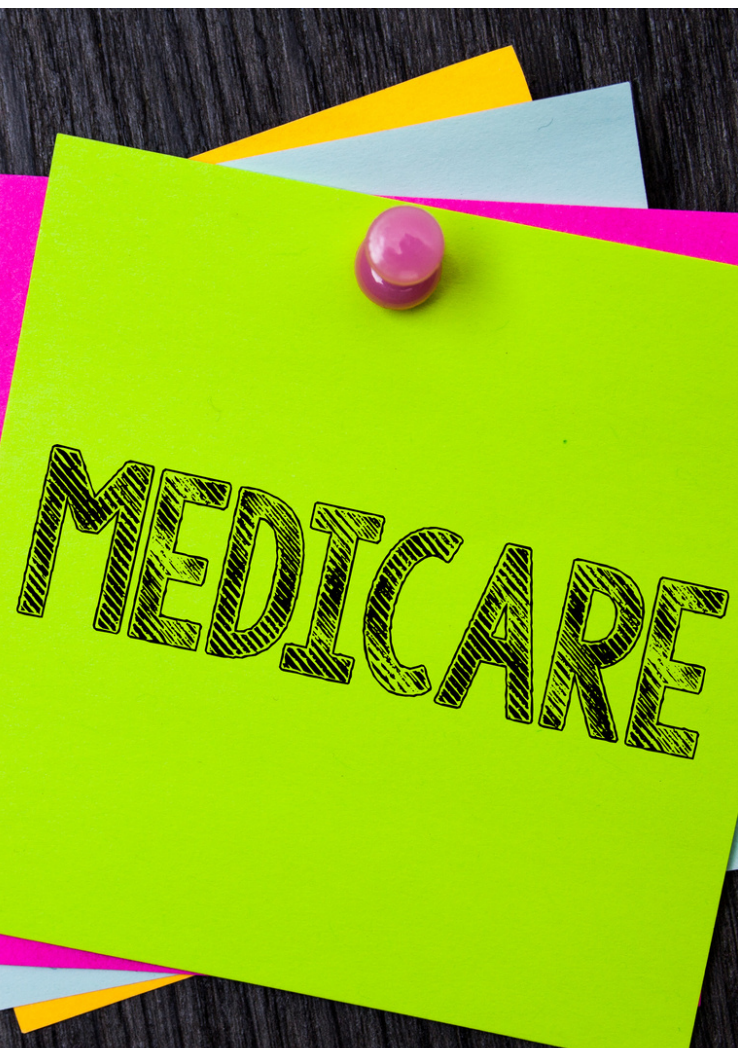


Prescription Drug Cost Savings

A new program called the Part D Senior Savings Model will begin in 2021. Under this program, people with Medicare will be able to enroll in a Part D plan that charges no more than a \$35 copayment per insulin prescription each month. Drug plans are not required to participate in this program, so you should use the Medicare Plan Finder or contact a drug plan directly to learn if it is participating in this program.

End-Stage Renal Disease (ESRD) and Medicare Advantage

Individuals who have Medicare and End-Stage Renal Disease (kidney failure requiring transplant or dialysis) will be able to enroll in Medicare Advantage Plans for 2021. In the past, people with ESRD were restricted in the types of Medicare Advantage Plans they could enroll in. Individuals with ESRD who are interested in enrolling in a Medicare Advantage Plan should make sure their providers are in a plan's network and learn how much the plan charges for services such as dialysis.





REMINDER

Expansion of Medicare Advantage Supplemental Benefits

Some Medicare Advantage Plans cover extra services that are not covered by Original Medicare. These are known as supplemental benefits. Common supplemental benefits include dental care, vision care, and hearing aids.

Since 2019, Medicare Advantage Plans have been granted more flexibility in the extra benefits they are allowed to offer to their members, including:

- benefits for all plan enrollees that are not directly considered medical care, such as nutrition services, in-home supports, and home modifications.
- benefits for certain plan enrollees with chronic conditions, such as transportation for non-medical needs and home air cleaners.

These changes mean that there may be more factors to consider when comparing Medicare Advantage Plan options during Fall Open Enrollment. Individuals should carefully review their Medicare Advantage Plan's Evidence of Coverage and any other materials from the plan. If someone is considering a new plan that offers its members additional supplemental benefits, they should make sure to find out about the costs and coverage restrictions associated with those benefits.

Tried and True Advice

From Medicare Rights counselors

If there's one mantra for the open enrollment season, it's "review your options." Every year, the Medicare Rights Center advises people with Medicare to carefully consider how they get their Medicare benefits because most people are allowed to make changes only during Fall Open Enrollment. Here is some tried and true advice we offer beneficiaries depending on their Medicare coverage.

If you have Original Medicare and a supplemental plan (often called a Medigap) and are happy with your coverage, you do not need to make a change.

If you have a Medicare Advantage or Part D plan, you should review all of your coverage options even if you are happy with your current coverage, because plans change their costs and benefits every year.

Wondering what type of coverage is best for you?

Visit [Medicare Interactive](#) to learn about the differences between Original Medicare and Medicare Advantage.

Read your Annual Notice of Change (ANOC), which you should receive from your plan by September 30. It will list the changes in your plan, such as the premium and copays, and will compare the benefits in 2021 with those in 2020. Your plan may send your ANOC in an email, rather than a hard copy in the mail. If you would like a hard copy, call your plan to request one be mailed to you.

Consider all of your options, since many plans make changes every year, and your current plan may not be your best choice for 2021. Shop around to find a plan that best meets your needs and makes the most financial sense to you.



Health Care Coverage

If you are considering enrolling in a Medicare Advantage (MA) Plan

Even if you are happy with your current coverage, you should review all of your options, including Original Medicare and a Medigap.

Before making your final choice during Fall Open Enrollment, call your [State Health Insurance Assistance Program \(SHIP\)](#) to find out if you will have the right to purchase a Medigap during Fall Open Enrollment, what options you have, and what consumer protections your state provides. Make sure you understand how any plan you are considering works.

Take the time to ask questions such as:

- Are my doctors and other providers in the plan's network? Are they taking new patients who have this plan?
- Does this plan cover any services that Original Medicare does not, like dental, vision, or hearing services?
- How much will it cost to see my primary care physician? A specialist?

For more questions to ask before joining a Medicare Advantage Plan, visit [Medicare Interactive](#).



Drug Coverage Options

If you are considering switching to a new Part D plan, either as part of an MA Plan or as a stand-alone prescription drug plan (PDP)

Review your ANOC and pay particular attention to the summary of the new formulary (list of covered drugs).

If you use the online Medicare Plan Finder tool at www.medicare.gov to select the best plan for your needs, call the plan directly and confirm the information you read online. This will help you avoid making a decision based on inaccurate information.

Don't go by the price of the plan alone. Check to see if the plan you are considering covers all the medications you take. Also, see if the plan has any coverage restrictions, such as prior authorization, step therapy, or quantity limits.

For more information about questions to ask when comparing Part D plans, visit [Medicare Interactive](#).

Special Enrollment Periods

Other times to enroll

Special Enrollment Period (SEP) for Five-Star Plans

You have an SEP to switch into a five-star plan from your current plan. The five-star SEP encourages Medicare Advantage Plans to improve their quality ratings. You can enroll into a new Medicare Advantage Plan or stand-alone Part D plan that was given an overall plan performance rating of five stars for the year 2019. You may only use this SEP once per calendar year. You must also be eligible to join the plan (i.e., live in the plan's service area).

For more information on this and other SEPs, visit [Medicare Interactive](#).

Special Enrollment Period for People with Extra Help

Individuals enrolled in the Low-Income Subsidy (LIS), also known as Extra Help, can change their Part D plan once per calendar quarter in the first three quarters of each year. Any changes made during this Special Enrollment Period are effective on the first of the following month.

People with LIS may use the Fall Open Enrollment period during fourth quarter to make changes to their coverage, with changes effective January 1.

Note: Additional or extended Special Enrollment Periods as a result of FEMA-declared emergencies are available in 2021.

The Medicare Advantage Open Enrollment Period (MA OEP)

The MA OEP occurs each year from January 1 through March 31. During this time, individuals enrolled in a Medicare Advantage Plan may make a single change:

- Switch between MA Plans, or
- Switch to Original Medicare with or without a Part D plan.

Any change made during the MA OEP is effective on the first of the following month. For more information about the MA OEP, visit [Medicare Interactive](#).

Health Insurance Marketplaces and Medicare

Health Insurance Marketplaces are forums where uninsured and underinsured people can purchase health insurance.

The important thing to know is that Marketplaces do not affect your Medicare. Medicare Advantage Plans, Part D plans, and Medigap policies are not sold through the Marketplace.

If you are eligible for Medicare, you should not use the Marketplace to get health and drug coverage.

There are two exceptions. If you are eligible for Medicare because you have End-Stage Renal Disease (kidney disease that requires dialysis or transplant), or you have to pay a premium for Medicare Part A (hospital insurance), you can choose to enroll in a Qualified Health Plan (QHP) through the Marketplace instead of Medicare.

Note that you should consider all consequences carefully before deciding to take a Marketplace plan instead of Medicare. You cannot have any part of Medicare when purchasing a Marketplace plan. If you decide to enroll in Medicare later, you may have to wait for the General Enrollment Period (GEP) to sign up. Using the GEP to enroll means you may experience gaps in coverage and incur late enrollment penalties.

If you enroll in a Marketplace plan before you qualify for Medicare, make sure to disenroll from the Marketplace plan and enroll in Medicare when you first qualify to avoid gaps in coverage or late enrollment penalties. For more information on Medicare and the Marketplaces, visit Medicare Interactive.

It is important to remember that plans offered through the Marketplace are not the same as Medicare, even though the Marketplace enrollment period overlaps with Medicare's Fall Open Enrollment. You should use the Medicare Fall Open Enrollment Period to review and make changes to your Medicare health and drug coverage. You should not use the Marketplace open enrollment period.



Medicare Interactive (www.medicareinteractive.org) is a resource of the Medicare Rights Center, a national, nonprofit consumer service organization and the largest and most reliable independent source of Medicare information and assistance in the United States. For more information, visit www.medicarerights.org.

MEDICARE INTERACTIVE PRO

Powered by the Medicare Rights Center



Get Medicare Smart

LEARN ALL ABOUT MEDICARE ON
MEDICARE INTERACTIVE PRO

Medicare Interactive Pro (MI Pro) is an online Medicare curriculum designed to empower any professional to better help their own clients, patients, employees, retirees, and others navigate a multitude of Medicare questions. MI Pro is structured as a four-level Core Curriculum, with four to five courses in each level.

[VIEW COURSES](#)