



advocacy  
CHATS

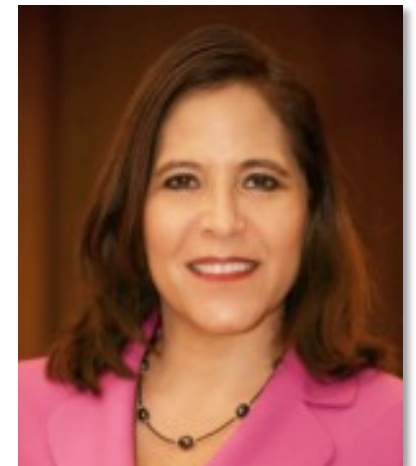
# Health Insurance Open Enrollment: What Patients Need to Know

## Today's Chat Agenda

- **Updates: Community Oncology Alliance (COA) and COA's Patient Advocacy Network (CPAN)**
- **Introduction: Kathy Oubre, Pontchartrain Cancer Center**
  - **What is Open Enrollment**
  - **The ABCs of Medicare**
  - **What common types of coverage you can expect to see**
  - **What type of coverage is best for you**
  - **Medicare's limits**



Kathy Oubre  
Chief Executive Officer  
Pontchartrain Cancer Center



Rose Gerber, MS  
Director of Patient Advocacy & Education  
Community Oncology Alliance

A close-up photograph of a pen writing on a document. A dark, rounded rectangular overlay box is centered on the page, containing white text. The background is a blurred document with a pen tip visible. Light blue circuit-like lines are overlaid on the image, extending from the left and right sides towards the center.

# OPEN ENROLLMENT

WHAT YOU SHOULD KNOW

Signature \_\_\_\_\_

Date \_\_\_\_\_



# WHAT IS OPEN ENROLLMENT?

EVERY YEAR, MOST PEOPLE HAVE THE ABILITY TO MAKE CHANGES TO THEIR HEALTH INSURANCE COVERAGE, INCLUDING THROUGH MEDICARE, THE MARKETPLACE OR AN EMPLOYER. THESE CHANGES ARE MADE DURING “OPEN ENROLLMENT.” DEPENDING ON THE TYPE OF COVERAGE YOU HAVE OR ARE APPLYING FOR, THERE ARE DIFFERENT OPEN ENROLLMENT PERIODS:

**Employers:** each employer has their own open enrollment period, but it often occurs in the fall. Sometimes an employer offers more than one plan to choose from, and you can switch plans during open enrollment. You can ask the person at work who handles the health insurance for more information.

**Medicaid:** applications are accepted year-round.

**ACA marketplace:**

- Nov 1: Open Enrollment starts
- Dec 15: Last day to enroll for coverage that starts on Jan 1
- Jan 15: Last day to enroll. Open Enrollment for 2024 coverage ends
- Note: dates may vary by state, so check your state's website
- <https://www.healthcare.gov/quick-guide/dates-and-deadlines/>

**Medicare:**

- Open enrollment is Oct 15-Dec 7
- Information on 2024 insurance will be available in October
- For Medicare plan information or to compare plans:  
• 1.800.MEDICARE or <https://www.medicare.gov/>

# IT'S ALL IN THE DETAILS

## TYPES OF PLANS

**Fee-for-service:** a healthcare provider is paid a fee for each service provided. With these plans, you can go to any provider willing to see you. You pay for a portion of your care, and the insurer pays the rest.

**Managed care:** healthcare providers contract with a health insurance company to be part of its network.

## MANAGED CARE PLANS

**Health Maintenance Organizations (HMOs):** your health care services start with your primary care physicians, and you will usually need a referral before you can see any other health care provider. Generally, HMOs have smaller networks or providers, and providers outside of this network will not be covered by your HMO.

**Preferred Provider Organizations (PPOs):** generally, you do not need to start with your primary care physician. While most PPOs have some out-of-network coverage, staying inside is less expensive.

## INSURANCE TERMS


**Monthly premium:** what you pay each month to have insurance coverage.

**Annual deductible:** the amount you have to pay out-of-pocket each year before your insurer starts paying.

**Co-payment:** a fixed dollar amount you pay when you get medical care. For example, you may have a \$20 copay to see your primary care MD, and \$40 if you see a specialist.

**Co-insurance:** a % difference in what your insurer pays for your medical expenses and what you pay.

**Out-of-pocket maximum:** a fixed dollar amount that is the most you will pay for your medical expenses during the year.



# THE ABC'S OF MEDICARE

**Part A:** Hospital Insurance. Includes hospital care, skilled nursing facilities, nursing homes, hospice, and home health services.

**Part B:** Medical Insurance. Includes services from doctors, including chemotherapy/treatment infusions and injections, outpatient care, lab tests, ambulance services, and durable medical equipment.

**Part C:** Advantage Plans. Part C is an alternative to Parts A & B and includes benefits and services covered under Parts A & B, and usually Part D. You can select a PPO or HMO plan that is run by a Medicare-approved private insurance company. Make sure to select a plan which covers your health care needs and includes your current health care providers.

**Part D:** Prescription Drug Coverage. You have different plans to choose from depending on where you live, with different premiums, and formularies. Make sure to select a plan which covers the drugs you take.

# MEDICARE ABC'S DEEP DIVE

- **Part A:** If you have paid into Medicare while working over your lifetime, the monthly premium is free. If you didn't pay into the system, the Part A monthly premium may be up to \$500. The deductible is \$1600. You may also be responsible for paying a cost share depending on the # of days in the hospital.
- **Part B:** The Part B monthly premium was \$164.90, with an annual deductible of \$226 per year in 2023. The cost share for Part B coverage is 80/20, which means that once you have paid your deductible, Medicare will cover only 80% of your costs. With Part B coverage, there is also NO out of pocket maximum.

# MEDICARE DEEP DIVE, CONT

- **Part C:** As an alternative to Parts A & B, and sometimes D; the premiums for these plans are usually the same as Part B, but vary on the plan you choose. The deductibles, cost share, and out of pocket maximums will vary.
- **Part D:** The premiums for prescription drug coverage vary by plan. In 2024, the maximum deductible will be \$545. In 2024, costs in the catastrophic phase will change: the 5% coinsurance will be eliminated.



# WHAT ARE MEDIGAP PLANS??

- A Medigap plan is supplemental insurance which helps pay for your deductibles, co-payments, and cost share amounts incurred in Medicare A&B.
- Plans are labeled A through N, and each plan with the same letter must offer the same basic benefits. The premiums and deductibles vary with each plan. Remember, if you have chosen original Medicare (Parts A & B), there is a 20% cost share amount, so a Medigap plan may help pay for those expenses. For more information about Medigap plans:

<https://www.medicare.gov/health-drug-plans/medigap/basics/compare-plan-benefits>

Medigap Benefit	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G*	Plan K	Plan L	Plan M	Plan N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up										
Part B coinsurance or copayment							50%	75%		***
Blood (first 3 pints)							50%	75%		
Part A hospice care coinsurance or copayment							50%	75%		
Skilled nursing facility care coinsurance							50%	75%		
Part A deductible							50%	75%	50%	
Part B deductible										
Part B excess charge										
Foreign travel exchange (up to plan limits)			80%	80%	80%	80%			80%	80%
Out-of-pocket limit**	N/A	N/A	N/A	N/A	N/A	N/A	\$6,940 in 2023	\$3,470 in 2023	N/A	N/A

- **Compare the benefits offered by each plan:**
- **Note:** Plan C & Plan F aren't available if you turned 65 on or after January 1, 2020, and to some people under age 65. You might be able to get these plans if you were eligible for Medicare before January 1, 2020, but not yet enrolled.
- \*Plans F & G offer a high deductible plan in some states.
- \*\*Plans K & L show how much they'll pay for approved services before you meet your out-of-pocket yearly limit and Part B deductible. After you meet them, the plan will pay 100% for approved services.
- \*\*\*Plan N pays 100% of the costs of Part B services, except for copayments for some office visits and some emergency room visits.

# WHEN SHOULD I BUY A MEDIGAP PLAN?



To qualify for a Medigap plan, you must be enrolled in Medicare A & B.



You can buy a Medigap plan during your Medicare initial enrollment period (IEP), which automatically begins 3 months before the month you turn 65 and lasts 7 months. If you sign up for a Medigap plan during the IEP, you cannot be denied coverage.



If you wait to buy a plan outside of the IEP, you may face a pre-existing condition exclusion period up to 6 months and/or the plan may cost more.



Once you have a Medigap plan, it is automatically eligible for renewal, regardless of any health problems.



Your Medigap plan can only be canceled if you fail to pay the premiums.



## SOME LITTLE KNOWN FACTS

Free annual wellness visits and free preventive care are covered for Medicare beneficiaries.

Medicare does NOT cover: long term-care, dentures, cosmetic surgery, acupuncture, hearing aids, most dental care and eye exams related to prescription glasses



# HOW DO I ENROLL?

- **Most people are automatically enrolled in Medicare Parts A & B when they become eligible.**
- **In some cases, you may need to sign up for Medicare during a 7-month initial enrollment period, which begins 3 months before you turn 65, includes the month you turn 65, and end 3 months after.**
- **If you didn't sign up during your Initial Enrollment period, there is a General Enrollment period from January 1 to March 31, but your coverage will not begin until the month after you enroll, and you may face late enrollment penalties.**
- **You can also make changes to your coverage every year during Open Enrollment which runs October 15 to December 7.**

# SWITCHING BETWEEN MEDICARE OPTIONS



**Switching from original Medicare to a Medicare Advantage plan.** Make sure your providers are “in-network” with the MA plan you select. Also be aware that you will likely be subject to more management of your care: Some plans require referrals and MA plans often require prior authorization for many services such as chemotherapy and diagnostic tests.



**Switching from Medicare Advantage back to original Medicare.** The rules let you do this, but there’s a big caveat: If you want to go back to original Medicare, you may not be able to get a supplemental (Medigap) plan.



**Switching between MA plans.** This is the time of year to review your current MA plan to determine if it still suits your healthcare needs.

# WHAT CHANGES CAN BE MADE DURING THE ANNUAL ENROLLMENT PERIOD?

Switching

Switching from Original Medicare (Part A & Part B) to a Medicare Advantage plan

Switching

Switching back to Original Medicare

Choosing

Choosing a different Medicare Advantage plan

Switching

Switching from a MA plan that includes prescription drug coverage to one that does not or vice versa.



## WHAT OTHER TIMES CAN I CHANGE MY MEDICARE PLAN?

- Medicare Advantage Open Enrollment period (Jan 1 - March 31)
  - If you already have a MA plan, you may change your coverage during the MA OE period.
- Medigap Open Enrollment period
  - This is the 6 month period which starts the 1<sup>st</sup> day of the month you're 65 and signed up for Part B. After this period, your options to buy a Medigap policy may be limited and cost more.



# PREPARING FOR OPEN ENROLLMENT





**THANK YOU**

**AND GOOD LUCK!!**

**Thank You to Kathy Oubre & Our Listeners!**

**Don't miss our next Advocacy Chat on**

**Wednesday, October 11 at 12:00 pm ET**

**The Role of Pharmacists in Community Oncology**



Jonas Congelli, PharmD  
Chief of Pharmacy  
Hematology-Oncology Associates of  
Central NY



Judy Alberto, MHA, RPh, BCOP  
Director of Clinical Initiatives  
Community Oncology Alliance