Daily Union Article
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Title: SHICK and Medicare Open Enrollment

Did you know that in the United States, 10,000 people turn 65 every day? This statistic was shared by the trainers at one of the many SHICK trainings I participate in each year. SHICK stands for Senior Health Insurance Counseling for Kansas. It is a federal program under the direction of the Department of Health and Human Services and the Centers for Medicare and Medicaid Services.

Some people with Medicare have problems identifying ways to address their rising health insurance premiums, feel overwhelmed with the paperwork generated as a result of using health insurance, struggle to pay for their prescription medication, or simply don't know where to go to get answers for their Medicare questions. For this reason, Congress created State Health Insurance Assistance Programs (SHIPs.) There is a SHIP in every state as well as in Guam, Puerto Rico, the Virgin Islands, and the District of Columbia. The SHICK program is our state's version of this federally funded service. SHICK provides free assistance to Medicare beneficiaries by helping individuals make informed decisions about their health care coverage during their retirement years.

The SHICK program is designed to provide two primary services: 1) Provide information and education about Medicare A, B, C & D, Medicare supplement insurance, long-term care insurance, and other insurance-related topics. 2) Provide one-on-one confidential counseling sessions with trained counselors that focus on specific information or problems related to Medicare and related health insurance concerns.

You may be wondering – "What should I know about Medicare?" It can be overwhelming, but I thought I would offer some of the basics on Original Medicare and the two additional parts of the program added in the 2003 Medicare Modernization Act, to begin with. It is a federally administered health insurance program that was establish by law in 1965 and implemented for the first time in 1966. The rules that govern Medicare are uniform throughout most states, although there are some rules that are applied in specific states or regions and payments vary from one region to another.

The program is not free for the people, called beneficiaries, who benefit from Medicare. Rather, it is a program that has a shared cost between the beneficiaries and the federal government. These costs are shared through premiums, deductibles, coinsurance, and payment for non-covered (excluded) services and items. In order to be eligible for Medicare, a person must fall in to one of three groups: 1) those who are 65 and older; 2) those who are disabled; or 3) those who have end-stage renal disease (ESRD.)

Eligibility for receiving Medicare benefits is not based on financial need but rather is tied to the length of employment. For example, Medicare Part A's Hospital Insurance

benefits are funded by the FDIC withholding tax that comes out of people's wages. A person has to work and contribute FDIC withholding taxes for a total of 40 calendar quarters. If they don't meet this minimum requirement, they can still enroll in Medicare but will be required to pay for the insurance coverage on a prorated scale.

Let's take a look at the various parts of Medicare to understand what you are getting for the taxes you have paid during you times of employment:

Medicare Part A provides hospital insurance. For those who worked 40 quarters, there is no cost to enroll in Part A. **Medicare Part B** is medical insurance that covers such services as doctor visits and outpatient hospital treatment plus other services. Everyone who enrolls in Medicare Part B will have to pay a monthly premium - $134 for 2017. Medicare Part A and B comprise the original Medicare legislation implemented in 1965 and remains in place today, along with Parts C & D.

Medicare Part C, added in 2003, is another term for the Medicare Advantage Program. It is a system for delivering Medicare benefits to beneficiaries who enroll in plans offered by private companies. These plans agree to coordinate the care beneficiaries receive and reduce costs by focusing on prevention and limiting the use of services. In contrast, the Original Medicare program usually pays for care on a fee-for-service basis. The most recent program to be added to Original Medicare is **Medicare Part D**. This program coverage became effective in 2006 for the purpose of providing prescription drug coverage to Medicare beneficiaries through private insurance companies called plan sponsors. People with Medicare Parts A, B or both, are eligible to join a prescription drug plan through Medicare Part D.

If you have questions or concerns about your Medicare eligibility, benefits, or coverage feel free to contact me, Deb Andres, at the Geary County K-State Research and Extension office at 785-238-4161.

Additionally, Medicare Open Enrollment Period (OEP) is right around the corner. OEP is the time of year when Medicare Beneficiaries who are currently enrolled in a Part D prescription can review their current Medicare prescription plan and determine if they want to stay with the same company and/or plan. It is important that these folks look at their plan during OEP **every year**. Sometimes the companies drop coverage of certain medications or change the level of coverage they offer to a current medication listed on their formulary. To review their prescriptions during OEP, October 15 – December 7, they need to visit with a SHICK counselor. Call our office professional, Bailey, at the Geary County Extension Office at 238-4161 and let her know you need to make your Medicare appointment with me for Open Enrollment. She will put you on the OEP appointment calendar and send you the information needed to move forward with the review process. Until next time, keep living resourcefully!