

Daily Union Article
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Title: Medicare Open Enrollment

With October right around the corner, maybe you are thinking of the changing season with falling leaves, cooler mornings (surely they will come soon, right?), and pumpkin latte. For me, October also brings on a new season...Open Enrollment Season for Medicare Part D.

Part D Prescription Plans were added to Medicare benefits in 2006 to help beneficiaries pay for the rising costs prescription medication. Twelve years later, the program remains as a good option for individuals who either currently use prescription medications to help manage their health or for those who anticipate they will need this option in the future.

These plans, sometimes called "PDP's", add drug coverage to Original Medicare (Parts A & B). You are qualified for prescription coverage through a Medicare Part D plan when you eligible for Medicare Part A and/or B. It is a decision that is typically made when I person turns 65 OR when they lose credible coverage through their employer or through retiree benefits. If a beneficiary doesn't sign up when they are first eligible, they could pay more for coverage in the future.

CMS (Centers for Medicare and Medicaid Services) charges a late enrollment penalty to Part D-eligible beneficiaries when they do not have Part D plan or creditable coverage. The penalty is assessed if and when these beneficiaries enroll I Part D. CMS calculates the penalty based on the number of months as eligible beneficiary was not enrolled in Part D or other creditable coverage.

For those who have made the choice to be on a Part D drug plan, Open Enrollment offers the opportunity for beneficiaries to look over their current prescription plan and determine if their plan has provided adequate coverage in a cost-effective way. It is also the time in which someone can add Prescription Plan D to their benefits if they did not take out a plan when first eligible.

Open Enrollment falls on the same dates each year – October 15 – December 7. During the Open Enrollment season, beneficiaries can look at plans with several factors in mind:

- 1) What prescription medications are they currently taking?
- 2) What is the premium for the most affordable plans that fit with their medication list?
- 3) Is there a deductible for the plan(s) they are considering?

- 4) How much is the copayment or coinsurance for each of the prescriptions on their medication list? This is the amount paid by the beneficiary for each of their prescriptions after the deductible has been paid.
- 5) Does the plan have a coverage gap? This means that when the beneficiary and the drug plan have spent a certain amount of money for their covered drugs, the beneficiary must start paying for all the drug costs. For 2018, the threshold for entering the coverage gap is \$3,750 worth of drug costs. Once a Medicare beneficiary reaches that limit, he or she is in the coverage gap and will have to pay 44% of the cost of generic drugs 35% of the cost of brand-name drugs. They remain in the coverage gap until their total out-of-pocket total reaches \$5,000. Once that limit is reached, they have reached catastrophic coverage will pay no more than 5% of their drug costs for the rest of the year. But there is good news! The Affordable Care Act, passed in 2010, provided for closing this gap in 2020. Even better, in February, 2018 President Donald Trump signed legislation that closes the coverage gap in 2019. Next year, if a beneficiary reaches the coverage gap, they will pay a25% of the cost of all their prescription drugs until they reach catastrophic coverage.

If you want help finding answers to these questions and working you way through the Medicare maze, there is a free program available.

Senior Health Insurance Counseling for Kansas (SHICK) is a program offering Medicare Beneficiaries an opportunity to talk with trained counselors to get answers to questions about Medicare and other insurance issues. This free service is available all year long, but is especially helpful to those looking over their Medicare Prescription coverage and plans. SHICK counseling is unbiased, confidential, and available to anyone with questions about Medicare. Trained counselors are available to assist with:

- Medicare questions
- Medicare claims and appeals
- Medicare fraud
- Medicare Prescription Drug Plans
- Medicare Advantage Plans
- Medicare Supplement Insurance
- Medicaid
- Medicare Savings Programs
- Extra Help (financial assistance) with prescription drugs

As part of my work with Geary County K-State Research and Extension, I acquired my initial certification as a SHICK counselor in 2013 and have maintained that credential since then. I enjoy working with this population and look forward to seeing them during open enrollment from year to year. Last year during Open Enrollment season, of

the 125 beneficiaries I was able to work with, the average annual savings per person was \$417. I am not the only SHICK counselor who is also employed through their local K-State Research & Extension Unit. In fact, there is an entire network of SHICK counselors and volunteers across the state who have been trained to work with Medicare Beneficiaries and those that will soon become one. SHICK counselors are affiliated with an Area Agency on Aging who serve as sponsors of the federally funded program.

Everyone wants to get the most out of every dollar they spend. If you are a Medicare Beneficiary on a Part D plan or Medicare Advantage Plan, make an appointment to review your options and make sure you're getting the most bang for your buck. Call the Geary County K-State Research & Extension office at 785-238-4161. Until next time, keep living resourcefully!