



- h. Limited podiatry
- j. Eyeglasses following cataract surgery
- k. Home health care (including therapy)
- l. Diabetic supplies
- 4. Preventive Service Coverage
  - a. Mammogram (20% co-pay; no deductible)
  - b. Welcome to Medicare physical exam
  - c. Nutrition therapy for renal disease
  - d. Prostate cancer screening
  - e. Flu shots
  - f. Pneumonia shots
  - g. Glaucoma screening
  - h. Bone mass measurement
  - i. Colorectal cancer screening
  - j. Ultrasound for aneurysms
  - k. Cardiovascular screening tests
- i. Limited chiropractic
- m. Prosthetic/orthotic items
- n. Smoking cessation
- o. Colorectal screening
- p. Outpatient mental health

### MediGap Policy Features

1. Sold by private insurance companies
2. Can cover copayments, coinsurance, and deductibles depending on the plan purchased
3. Must follow federal and state laws of standardization Plans A-L
4. **Two new MediGap Plans offered – Plans M and N starting June 1, 2010**
5. **Plans E, H, I, and J will no longer be available after June 1, 2010**
6. All plans must offer the same basic coverage – cost and service are important
7. Coverage for Plans A-L vary
8. Most comprehensive coverage – Plan F
9. Amount for high deductibles for Plans F and J for 2010 is \$2000.
10. Plan E, H, I, or J will no longer be available unless you have or purchase before June 1, 2010.
11. List of companies that offer insurance in Colorado
12. <http://www.dora.state.co.us/insurance/senior/2008/ship2008ColoGuidetoMedicare022808.pdf>; list also available in Senior Resource Guidebook
13. Guaranteed renewable
14. Pay 20% of the Medicare-approved charges for Part B after the annual deductible of \$155 is paid, except Plans K and L
15. No waiting period for pre-existing conditions for first time enrollees aged 65 or over
16. No more than a six-month waiting period, regardless of other circumstances
17. Have a 30-day fully refundable premium

### Medicare Advantage – Part C

1. Types
  - a. HMO (Health Maintenance Organization)
    - Risk and Cost Plans  
*Contract with a network of physicians, hospitals, nursing homes, home care agencies and pharmacies to provide services. Beneficiaries are required to use the network providers to receive services.*
  - b. PFFS (Private Fee-for-Service)

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*Do not have a network of providers, but rather the beneficiary can go to any willing provider who will accept payment from the PFFS. Gives the beneficiary flexibility to go providers of their choice, if the providers agree to take payment. The PFFS makes payment directly to the provider of choice.*

- c. PPO (Preferred Provider Organizations)  
*Establishes a network of providers. If the beneficiary uses the network of providers, their co-pays and deductibles are less; If the beneficiary goes outside of the network, the beneficiary pays the 20% co-pay they would be responsible for if they were enrolled in original Medicare without a Medicare supplement.*
- d. SNP (Special Needs Plans)  
*These are plans that focus on the Medicare/Medicaid population. They offer special services to this group, usually have low co-pays for office visits, pharmacy and other services. They work cooperatively with Medicaid to provide access to services for this population. It may be an institutional or community based program.*
- e. PACE (Program for the All-Inclusive Care of the Elderly)  
*A special program with limited enrollment that offers a day program as the focal point of service delivery. Individuals are taken to the day program on a regular basis for care and follow-up. They have their own primary care providers on staff and use a network for other services. Focus on keeping individuals at home.*

## 2. Enrollment Guidelines

- a. Annual Enrollment Period (AEP)
  - November 15, 2009 to December 31, 2009
- b. Open Enrollment (OEP)
  - January 1, 2010 to March 31, 2010
  - Changes effective first day of following month
  - Cannot be used to start or stop Medicare drug coverage
- c. Special Election Period
  - Individual circumstances change

## 3. “Lock-In” Provisions

- a. Individuals can only change MAs or PDPs during the AEP (November 15 – December 31) annual
- b. Once change is effective on January 1, 2010, enrollment period is over
- c. **Enrollment** in a new plan uses the one opportunity
- d. **Disenrollment** -- Should not disenroll first, as that uses the one opportunity; enrollment in a new plan automatically triggers disenrollment from the old plan – no need to worry about disenrollment

## 4. “Lock-In” Exceptions

Individuals may have exceptions to “lock in” if they:

- a. Involuntarily lose creditable coverage
- b. Change in residence
- c. Become eligible for

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- Full Medicaid benefits through SSI, HCBS, or Nursing home placement
- Medicare Savings Program

**Medicare Prescription Drug Plan – Part D**

1. Eligibility

- a. All Medicare beneficiaries
  - Entitled to Part A or enrolled in Part B
- b. Must live in plan’s service area
  - PDPs – Colorado only
  - MHPs – Colorado/New Mexico
- c. Enrollment is voluntary
- d. Enrollment penalties for persons who wait
  - Exception for those already covered by a Rx plan “as good as or better than” Medicare Rx plans (“creditable coverage”); waived for those on Extra Help starting in 2010; Penalty is 1% per month for every month the individual is not enrolled.

2. Standard Benefit

Deductible	\$ 310
Initial Coverage	\$ 2,830
Out of Pocket Threshold	\$ 4,550

3. How Much the Consumer Pays before Catastrophic Coverage Begins?

<b>Standard Benefit – What the Beneficiary and PDP Pays</b>		
	<b>Consumer</b>	<b>PDP</b>
Deductible	\$310	0
Drug Payments (co-pay by consumer)	\$ 630	\$2,405
<b>TOTALS paid by Consumer and PDP</b>	<b>\$950</b>	<b>\$2405</b>
Consumer Pays During the Gap	\$3610	0
<b>TOTAL Paid by Consumer and PDP During the Gap</b>	<b>\$4550</b>	<b>\$2405</b>
Catastrophic Coverage Begins*	\$6440	\$2405
<i>*Consumer pays 5% or \$2.50/\$6.30 per prescription; PDP pays 95% of the cost of prescription</i>		

4. Minimum Drugs on Formulary

- a. At least 2 drugs under each treatment category (therefore, not all drugs are covered)
- b. All or substantially all drugs in 6 treatment categories
  - Antidepressants
  - Antipsychotics
  - Anticonvulsants
  - Antiretrovirals (AIDS treatments)
  - Immunosuppressants
  - Antineoplastics (Cancer drugs)

5. Drugs Excluded on the Formulary (*although the plans can offer at their discretion*)

- a. Benzodiazepines/Barbiturates
- b. Weight loss/gain

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- c. Erectile dysfunction
  - d. Promote fertility
  - e. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
  - f. Over the counter drugs, i.e. cough syrups, cold meds
  - g. Cosmetic purposes/hair growth
6. Vaccines
- a. At the pharmacy
    - Purchase of vaccine and administration at pharmacy is covered i.e. Shingles vaccine should be administered at the pharmacy, rather than the physician's office for Part D to cover the cost
  - b. At the physician's office
    - Flu or pneumococcal vaccine is covered by Part B and can be administered at MD office
7. Medication Management
- a. Prior Authorization
    - Doctor must have permission from drug plan to prescribe certain drugs
  - b. Quantity Limits
    - Dosage may be limited per month; doctors can request additional quantities
  - c. Step Therapy
    - Doctors required to prescribe drugs; consumers required to fail at a lower cost drug before being able to prescribe drug at higher cost

**Extra Help/Medicare Savings Program**

1. New Limits January 1, 2010

	Medicare Savings Program		Extra Help	
	Income	Resources		Resources
<b>Single</b>	\$16,245/year	\$8,100	\$16,245/year	\$12,510 with funeral allowance
<b>Couple</b>	\$21,855/year	\$12,910	\$21,855/year	\$25,010 with funeral allowance

2. Extra Help – Exemptions
- a. House or land
  - b. Automobiles
  - c. Collectibles
  - d. Life Insurance (new in 2010)
  - e. In-Kind Support and Maintenance (new in 2010)
3. Extra Help - Co-pays
- a. Out of pocket expenses

- a. Premiums – zero (some people pay on a sliding scale)
- b. Deductibles (some people may have to pay up to \$62/year) – zero
- c. Initial Coverage (Between \$1.10 and \$6.30)
- d. Coverage in the gap – zero (some people may have to pay 15%)
- e. Catastrophic coverage – \$1.10 - \$6.30 in co-pays

### **Resources during the Gap**

- 1. Many of the pharmaceutical companies will make name brand drugs available to individuals during the coverage gap through the Partnership for Prescription Assistance Program at [www.pparx.org](http://www.pparx.org). Physician often has to sign the form that is available at the website
- 2. A discount card is available from [www.rxassist.org](http://www.rxassist.org) that can help with drug costs that are not on the formulary.
- 3. Coverage for generics
- 4. Suggest use of \$4 programs at local retailers Colorado Drug Card; Almost all drugs are on the preferred list; Free card by downloading at [www.coloradodrugcard.com](http://www.coloradodrugcard.com) (or get at King Soopers); Discounts of 10-50% on name brands; Discounts of 35-75% on generics; Subscriber Help 1-877-321-6755

### **For More Help . . .**

- 1. CGS Counselors: 303-333-3482
- 2. Medicare & You Handbook
- 3. [www.medicare.gov](http://www.medicare.gov) (1-800-MEDICARE or 1-800-633-4227 )
- 4. [www.ssa.gov](http://www.ssa.gov) (1-800-772-1213)
- 5. Senior Health Insurance Assistance Program
  - a. Statewide: 1-888-696-7213
  - b. Statewide: 1-866-665-9668 (En Español)

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