

Health Care Choices 2012: Important Considerations

1. Choosing a Medicare supplement, Medicare health plan or Medicare Part D plan takes time. Many health insurance companies offer Medicare supplements and Medicare health plan options in Minnesota. All plans included in Health Care Choices are approved to be sold in Minnesota. Rigorous federal and state standards must be met by each company in order to sell their policy or plan in Minnesota. Take time to find the policy or plan that is right for you. Make sure you do it within the allowed time periods to avoid penalties, health screening or being left without coverage. We encourage you to contact the specific companies for additional information that is not included in Health Care Choices due to space limitations.

2. Very few things are covered 100% by Original Medicare. Your out-of-pocket costs, including deductibles, co-insurance and co-pays can be significant. It is important to consider options that can help reduce your out-of-pocket costs. Medicare supplements (also known as Medigap), Medicare health plans (Advantage and Cost plans) and Part D plans can provide you the coverage and protection you may need.

3. Free comprehensive, objective, individualized assistance is available statewide in all 87 counties of Minnesota through the Minnesota Board on Aging Senior LinkAge Line®. The Senior LinkAge Line® service is provided locally through the Area Agencies on Aging. Call 1-800-333-2433 now for assistance or visit www.MinnesotaHelp.Info for a live chat with a Senior LinkAge Line® specialist.

As you review information about each plan, decide what you want and need. What is most important to you? Here are some tips of important areas to focus on when making your decision:

- **Service area.** Varies according to the policy or plan option. Some have provider networks; some do not. Make sure the plan serves your county or zip code. In most situations, you must live in the service area to purchase a Medicare health plan. In some cases using providers outside of the plans network can significantly increase your out-of-pocket costs.
- **Cost.** Carefully review total costs, including monthly premiums. Be aware that some plans with low-cost premiums have high out-of-pocket expenses, like high co-pays for doctor visits, diagnostic tests, hospital stays, emergency and urgent care, skilled nursing care or preventive care.
- **Choice of doctor, hospital or clinic.** Original Medicare lets you use any doctor who accepts Medicare. (Some doctors and clinics do not participate in Medicare, so ask first.) If you want to continue with a certain doctor, call the plan or check with your doctor's office to verify that the specific plan you are considering will cover services. This is important for all plans. Please be aware that plan networks vary. For example, if you are enrolling in Medicare and intend to enroll in a plan with the same company you had before Medicare, please DO NOT ASSUME your physician or clinic is a part of that specific Medicare plan network.
- **Travel.** Do you go south during the Minnesota winters? Is it important to you to have coverage when you travel? Does the plan allow you to travel extensively? Medicare does not cover foreign travel care, but most Medicare supplemental and Medicare Advantage health plans cover emergency care abroad. If you travel or live out of Minnesota for part of the year, check the plan's travel benefits.
- **Extras.** Does the plan offer optional dental or hearing aid coverage? Is there a fitness benefit that you might want to use? Does the plan include some non-Medicare covered preventive services?
- **Health screening.** Can the company or health plan screen you and deny coverage? Some plans can do health screening unless you enroll within six months of your Medicare Part B enrollment.
- **Special chronic disease plans.** Some plans provide care managers and other valuable services for people with certain chronic diseases.
- **Prescription drug coverage.** Medicare Part B covers a limited set of outpatient drugs, including some medications that are injected and also some oral anti-cancer, oral anti-emetic and oral immunosuppressive drugs. Most people will want to sign up for a Medicare Part D plan or Medicare health plan with Part D to get prescription drug coverage. Check each Medicare health care plan to see if Medicare Part D drug coverage is included, either in the monthly premium or as an add-on. If not, consider a Medicare Part D prescription drug stand alone plan (provides Medicare prescription drug coverage only).

- Medicare supplemental policies do not provide Medicare Part D prescription drug coverage, so if you want prescription drug coverage, enroll in a Medicare Part D stand alone prescription drug plan.
- Please be aware that some types of Medicare health plans require you to receive your Medicare prescription drug coverage (Part D) from the Medicare health plan and not through a separate Medicare Part D stand alone prescription drug plan.
- Enrolling in a separate Medicare Part D stand alone prescription drug plan could dis-enroll you from your Medicare health plan. Please review the plan information contained in Health Care Choices or call the Senior LinkAge Line® at 1-800-333-2433 for assistance.

Coverage still too expensive?

If you find that you cannot afford coverage other than Original Medicare; or you cannot afford to pay the Medicare Part B premium or the Part D premium and co-pays, you may want to find out if you qualify for other assistance or programs. See the Medicare Savings Programs, Extra Financial Help for Part D (LIS) and Medical Assistance information in Health Care Choices.

Questions?

Contact the Senior LinkAge Line® at 1-800-333-2433 if you have questions or would like more information about how to research your plan options.

What's New with Medicare in 2012? An Update

The Affordable Care Act passed in March 2010 resulted in major changes to the U.S. health care system. Many people are not aware that there were also many Medicare changes included in the Affordable Care Act. Important Medicare changes have already begun and will continue into future years. Below is information about the changes for 2012.

2012

Medicare Change 1: Annual Enrollment Period Changed Permanently

- Changed from October 15, 2011 through December 7, 2011
- More days to enroll and better chance that you will

- have your 2012 Medicare plan card in hand on January 1
- Cannot make any plan changes after December 7 unless special circumstances are met

Medicare Change 2: Star Ratings and Special Enrollment Period

- New Special Enrollment Period (SEP) for 5-Star Medicare Advantage and stand alone Prescription Drug Plans
- Begins December 8, 2011 and ends November 30, 2012
- Can only use 5-Star SEP once per calendar year
- Very few 5-Star plans nationwide in 2012
- Minnesota has one 5-Star Plan in 2012: Blue Cross Blue Shield of Minnesota MedicareBlue Rx
- 5-Star plans receive bonus payments from Medicare

Medicare Change 3: Exceptions and Appeals

- Medicare Advantage and Part D plans are required to use a single, uniform exceptions and appeals process for prescription drug coverage
- Begins January 1, 2012

Medicare Change 4: Eliminates Part D Cost Sharing for Dually Eligible individuals receiving home and community based services under a waiver

- In Minnesota, this includes people with Medicare and Medical Assistance enrolled in Elderly Waiver, Brain Injury Waiver, Community Alternative Care Waiver, Community Alternatives for Disabled Individuals Waiver, or Developmental Disabilities Waiver
- Do not have to pay any co-payment for prescription drugs covered under Medicare Part D
- Begins January 1, 2012

Medicare Change 5: Medicare Part D Donut Hole Discounts

- People with Medicare who hit the donut hole will receive 50% discount on brand name prescription drugs and 14% discount on generic prescription drugs
- Begins January 1, 2012

Medicare Change 6: Cost Sharing

- No cost sharing by Medicare Advantage plans for preventive services if there is no cost sharing under Original Medicare
- Begins January 1, 2012

For additional information about the Medicare changes, please call the Senior LinkAge Line® at 1-800-333-2433.