

MA Health Care Training Forum Fall 2024 Meeting
Medicare in 2025 Transcription

[Medicare in 2025]

(Sue Kane) Good morning, everyone. Welcome to the Medicare in 2025 meeting. Thank you for joining us today. I'm Sue Kane from the Massachusetts Health Care Training Forum team and I'll be facilitating today's meeting. Our presenter today is Kathleen Gouveia, the SHINE Training Coordinator and the subject matter expert joining us during the Q&A portion of this meeting is Cindy Phillips, the SHINE Program Director.

(Kathleen Gouveia) So as Sue said, my name is Kathleen Gouveia. I am the SHINE Training Coordinator at the Executive Office of Elder Affairs. Thank you for having me here today. We really enjoy being here and being able to present on Medicare and any sort of updates that we can provide.

[Learning Objectives]

So, I just want to review some of the learning objectives today.

So, a couple of things is that I will be reviewing what Medicare is, who is eligible for Medicare, where somebody would apply for Medicare and of course, their options that they have. I will also be reviewing why it is important to review your Medicare options every year. I will also be providing additional resources that are available to Medicare beneficiaries and their caregivers. And then lastly, where to go for additional help.

[Agenda]

All right. So now the agenda so that I will be providing a SHINE overview. So, talking a little bit about the SHINE program. I will also be talking about or conducting a Medicare 101. So, giving you some information about Medicare, some of the basics of it. I will be discussing your Medicare coverage options and what's available to you. I will be discussing the changes in 2025 because as you may know there are some changes that have occurred for 2025. The Medicare Plan Finder will be something that I will be reviewing as well. And then lastly, I will be discussing additional programs and resources that are available to you.

[SHINE Overview]

So first I want to just talk about what SHINE is if you're not familiar with what the SHINE program is. So, SHINE stands for Serving the Health Insurance Needs of Everyone, meaning everyone on Medicare. We are a federally funded program by the Administration for Community Living, which is a part of the US Department of Health and Human Services.

Every state in the United States has a SHIP program, SHIP stands for the State Health Insurance Assistance Program. And ours here in Massachusetts is the SHINE program. So, you may have other colleagues or other Medicare beneficiaries who work with their SHIP program in another state, but their SHIP program may have a different name.

Our mission is to provide free, unbiased health insurance information, counseling, and assistance to Massachusetts Medicare beneficiaries of all ages and their caregivers.

We do provide screening for public benefits programs, for example, MassHealth, Medicare Savings Programs, Extra Help, just to name a few.

The SHINE program has 13 regional offices that are across the state of Massachusetts. We also have the Greater Boston Chinese Golden Age Center, which is a statewide program. Our program has over 700 certified SHINE counselors, about 57% of them are volunteers who are volunteering their time to help Medicare beneficiaries and their caregivers. We have 90 bilingual counselors who offer counseling in 23 languages and dialects.

[What SHINE Does]

So, what do we do? What does SHINE do? Our goal is to educate consumers, the community, and professionals on understanding Medicare and MassHealth rights and benefits because, as you know, Medicare and MassHealth can be complicated for us to understand. So being able to explain the programs to beneficiaries is really critical. And then how they work together because Medicare and MassHealth are two separate entities.

We also help discuss Medicare health insurance options because, it's not just one

option, there are a few options that somebody could choose, and it really comes down to what it's going to look like for that beneficiary. And it's really individualized.

We also again, public benefits programs, we review, we screen beneficiaries for those programs that may help pay for some of the Medicare cost. And just to name a few of them here on the slide, that would include MassHealth Standard, Extra Help, and Medicare Savings Programs. So, those programs may be able to provide really just some additional support financially for Medicare beneficiaries.

And also, just to mention too on that list there MassHealth Standard, Extra Help, Medicare Savings Program so, that's a mix of both state and federal programs. So again, we screen for both state and federal programs that may be available to a Medicare beneficiary.

[Poll Question 1]

(Sue Kane) Kathleen, we have our first polling question.

(Kathleen Gouveia) So, I like to start these out by trying to read the audience and see who is here today. So, I just wanted to know how familiar are you with the different parts of Medicare? A. Very familiar, B. Somewhat familiar, and C. I am not familiar with Medicare. (Sue Kane) I'm going to end the poll and share the results.

(Kathleen Gouveia) So, it looks like we're kind of, we have a lot of somewhat familiar with, with, Medicare and the Medicare program. So, I'd like to, I hope that after this presentation here today that you do learn something and, of course, there's a few people that are not familiar with Medicare at all so I'm excited that you can hopefully learn some more information about Medicare from this presentation today.

[Medicare 101]

All right. So, I always like to start out with a Medicare 101. Just to start right from the beginning. And what is Medicare? So, Medicare is the federal health insurance program for individuals who are age 65 and over, who are U.S. citizens or who have met legal residency requirements.

You would obtain Medicare once you are age 65 if you have 40 work credits through your payroll tax. This would entitle you to premium-free Part A. Also, I just want to note here too that you may qualify through a spouse or ex-spouse. Now, if you're not sure if you have met your 40 work credits you can always check with the Social Security Administration, because the Social Security Administration is where you actually go to enroll in Medicare A and B.

Also, Medicare, the Medicare insurance program is there for individuals who are under the age of 65 who have received 24 months of Social Security Disability payments or SSDI. So, that's another way that somebody would be able to and have Medicare coverage. Medicare is not a comprehensive health insurance program. There are many gaps in Medicare. And so, we'll talk a little bit more about those when we talk about some of the options and the costs as well.

[Medicare Enrollment]

All right. So, like I said, Medicare enrollment is done through the Social Security Administration that is for Medicare Part A and Part B, and the eligibility determinations as well are done through the Social Security Administration. We have provided a phone number and the web address here as well.

Another helpful thing, anybody who has a Social Security Number can create an account on SSA.gov and they can view important documents or any information that they kind of need to know. So, it's just a helpful thing to have when looking at Social Security.

On the right-hand side, there is a just a picture of what a Medicare card looks like. The numbers on there or the dates on there may look different for other people, because some people may only have Part A, or they may only have Part B, but, on the right-hand side, that is what the Medicare card looks like. And you will see the coverage effective dates for Part A and Part B right on there.

[Three Parts of Medicare]

All right. So, the three parts of Medicare. So, there are three parts of Medicare. Part A is the hospital insurance and again if you have premium-free Part A you will not be having

a premium for your Part A. Part A is your hospital insurance, so, this is when you are admitted into the hospital generally things are going to be billed under Part A.

There is a deductible for Part A, and we do not have the 2025 numbers just yet, we're waiting on them from CMS, but for 2024, the Part A deductible was \$1,632. I believe that was the exact number. And so generally when somebody is admitted into the hospital, they're going to be responsible for that Part A deductible first, and then Medicare will kick in and pay for the services that they're receiving.

Now Part B is the medical insurance that if you are admitted into the hospital any physician that you are seeing in the hospital is actually going to be billed under Part B as in boy. Part B medical insurance does have a monthly premium.

Generally, if you are not somebody who is a higher earner or has IRMAA, your monthly premium would be \$174.70 in the year 2024. We do not have 2025 numbers yet for Part B premium. There is a Part B deductible as well in 2024, that number is \$240. So, generally at the beginning of the year somebody will be responsible for paying that \$240 first before Medicare would kick in and you would be paying generally about 20% of the cost of the Medicare covered service.

Then we have Part D, and this is the Medicare Prescription Drug Coverage. So, this is like your outpatient prescription drug coverage, going to a local pharmacy and picking up your prescription drugs. There are monthly premiums for Part D plans as well, there may be deductibles. And so, there is a lot of information to review when you're reviewing Part D plans, and you want to ensure that this is going to be the best plan that's going to work for you for coverage and cost.

So, then we have what's known as Medicare Advantage plans. That is Part C, and basically what that does is that combines your Part A, your Part B, and generally your Part D plan and that's what it rolls it all into one with one plan. And that's going to be your Part C.

Somebody who has just Part A and Part B is what's known as having original Medicare.

[Enrollment Periods]

Now I'm going to talk about the Enrollment Period. So, I'm going to start on the left-hand side where it says the Initial. And so, the Initial Enrollment Period. So, this is like the first opportunity for somebody to enroll in Medicare.

This is seven months surrounding somebody's 65th birthday and during this time period they can enroll in A, B, C or D. So, for example, if your birthday, actually on the next slide I have the Initial Enrollment Period that kind of has a picture of what it would look like, but basically three months before your birthday, the month of your birthday, and then three months after your birthday for the opportunity to enroll.

Now, some people are working past age 65, and they would be able to delay enrolling in Medicare, and they would be basically using the Special Enrollment Period for Part B and that is eight months after they have lost, after they know that they're going to be losing their employer group health coverage, whether it's through their employer group health coverage or their spouse, they will then have an eight month period to enroll in Medicare without having a penalty.

Now, if somebody misses their Initial Enrollment Period and maybe doesn't have the Special Enrollment Period for Part B the next opportunity that they would have is the General Enrollment Period. And this is the time period where someone can enroll in Part B, this is January 1st through March 31st, and this occurs every year. So, this is like the other the opportunity for somebody to enroll if they've missed those, those other enrollment periods.

Now I'm going to go back to Special Enrollment Periods. So, there are some other Special Enrollment Periods that I didn't cover. Those are for Part C and Part D and what those are, are Qualifying Events so, maybe somebody has moved to a new county or a new state and they no longer would have that coverage, that would give them a Special Enrollment Period or 63 days to enroll into a new plan.

Let's say they retire, so I've said that they would have eight months to enroll in Part B, but for Part C or Part D they would actually only have 63 days or two months to enroll in a Part C or Part D plan.

Then we have the Medicare Advantage Open Enrollment Period, and that period is for someone who is enrolled in a Medicare Advantage Plan any time between January 1st and March 31st.

So, it's almost like another opportunity for them to review their Medicare Advantage plan and switch plans if needed. Just, just to note too that if let's say they come to see somebody, a SHINE counselor, in January and they decide they're going to enroll in a new Medicare Advantage Plan, they would have the opportunity to enroll for a February 1st start date.

Now let's go to the Open Enrollment Period. This is the time period that we're currently in right now. It's October 15th through December 7th and this is the opportunity for every Medicare beneficiary to review their Part C or Part D plans and make a change and enroll in a new plan if they would like to for a January 1st start date. So, this is the most important time right now for Medicare beneficiaries to review their coverage and the cost that is associated with their coverage and really see if that's going to be the best plan for them in the following year.

[Initial Enrollment Period]

All right. So, the Initial Enrollment Period, again, this is the first opportunity really for someone to enroll in Medicare. It's seven months surrounding somebody's 65th birthday so it's three months prior to your birthday, the month you turn 65 and then three months after. Again, if somebody misses their Initial Enrollment Period, or maybe they do not have a Special Enrollment Period because they didn't have employer health coverage, the next opportunity that they would have would be the General Enrollment Period.

Now, for example, if somebody is 70 years old, they never enrolled in Medicare, and they did not have employer group health coverage the next opportunity that they would have to enroll in Medicare would be during the General Enrollment Period. But now they would also have penalties. And I'll talk about that. when we get a little bit further on in the presentation as well.

[Enrolling in Medicare]

All right, so enrolling in Medicare. It is a common myth that Medicare will know and remind somebody that when they are eligible to enroll in Medicare at age 65, this is not true unless the person is already receiving Social Security benefits. So, for example, somebody is on SSDI, Medicare is going to know, they're going to be automatically enrolled into Medicare on their 24th month of Social Security Disability payments. But otherwise, Medicare will not remind somebody that they need to enroll in Medicare. A person must call Social Security for an appointment. We've provided the phone number. They can enroll online, or you can go to the SSA.gov website or at the SSA.gov website, or they can go in person as well.

Medicare and Social Security are two entirely separate programs and just so you know, they will have to fill out a form to apply for Medicare. And then if they did have employer group health coverage, they will also have an additional form that will need to be filled out and basically signed by their employer stating that they did have health insurance.

[Delay Medicare Parts B & D]

So delaying Medicare Part B and D. So, I briefly spoke about this a little bit, but a beneficiary should always evaluate whether or not they should take Medicare A. There is no penalty if they are waiting, if the person is eligible from premium-free Part A. So this what this means is basically somebody who is 70 years old and is still working they don't necessarily have to enroll in Medicare A, they can wait until they are going to be losing their employer group health coverage and then they can enroll in A and B at that time.

Now, if somebody is currently contributing to an HSA, which is a Health Savings Account, they should delay. There are rules or regulations surrounding somebody is not able to contribute to an HSA, a Health Savings Account and be enrolled in Medicare Part A at the same time. So, they always want to evaluate that.

There is a lifetime penalty if you did not sign up for Medicare Part B when you are initially eligible. So, the example that I've been using is somebody is 70 years old, and

they did not enroll when they initially became eligible at 65; they did not have employer health coverage; they just did not have insurance at all. When they do decide to enroll in Medicare, which would be the General Enrollment Period, there will be a calculation for their Part B late enrollment penalty and that is 10% for every 12-month period that the person was not enrolled in Medicare Part B, and that is a lifetime penalty.

If you are enrolling late into Part D, there is also a lifetime penalty and this would be if you did not have prior creditable coverage. So, what are some examples of creditable coverage? Well, first of all, creditable coverage means that the coverage is as good as Medicare Prescription Drug Coverage. Examples of that would be retiree coverage, COBRA, VA and those are just a couple that I can think off the top of my head.

So, if you did have those types of prescription drug coverage that is considered creditable, and you would not have a late enrollment penalty when you do enroll in a Medicare Prescription Drug Plan. But if you did not have those, it would be a 1% penalty for every month that you did not enroll in a Medicare Prescription Drug Plan or didn't have other creditable coverage and that, again, is a lifetime penalty as well.

[Medicare Coverage Options]

So, the Medicare coverage options. So, on the left-hand side is what it would look like for someone on Original Medicare. So, this includes their Part A and their Part B; premium-free Part A for most Medicare beneficiaries if they've met their 40 quarters, Part B would have a monthly premium and of course, a few other out-of-pocket costs such as the deductible and any coinsurance.

Now a beneficiary can add Medicare Prescription Drug Coverage. I hate saying you can add, because again, if you don't take prescription drug coverage or you do not have creditable drug coverage when you do decide to take Medicare Prescription Drug Plan later on, whether it's years down the road, you will have that late enrollment penalty if you did not have creditable coverage.

So, somebody can enroll in Medicare Part D and then they also may want to add a Medigap, which is a Medicare supplement insurance. You may hear, different terms used for that, but basically there are I think in the next few slides I'll talk about Medigap

plans, but basically, they help with some of those out-of-pocket costs associated with Medicare costs.

On the right-hand side, we have the Medicare Advantage or Part C, and basically again, it rolls your Part A, your Part B, and generally your Part D as well. If you are someone who is looking for a prescription drug coverage and trying to avoid a penalty, you would want to find a plan that has a prescription drug coverage.

There may be some beneficiaries who receive their prescription drug coverage through the VA, for example, and they may be looking for a Medicare Advantage Plan for maybe some of those extra benefits so they would want to look for, or they may want to look for a Medicare Advantage Plan without that prescription drug coverage, but generally when we're looking with with beneficiaries, we're looking for a plan that includes all of that. And so, it's basically rolled all up into one plan.

[Medigap Choices in Massachusetts]

All right. So, the Medigap choices in Massachusetts. Massachusetts is pretty unique; we do have a Continuous Open Enrollment. So a beneficiary can, decide that they want to enroll in a Medigap plan, at any time during the year, but of course their coverage would be effective the first day of the following month.

So, if somebody was coming to see me today, their coverage would actually be effective on November 1st. And so here in Massachusetts, there are three standardized plans: it's Supplement 1, Supplement 1 A, and Core. Here in Massachusetts, there are seven insurance companies that offer these three standardized plans and so SHINE counselors can review the different cost and what it's going to look like for somebody.

But a Supplement 1 is only available to those eligible for Medicare before January 1st, 2020, whether they have already enrolled or maybe they deferred enrolling. It does cover all copays and Part A and Part B deductibles. Then we have Supplement 1 A and this is available to all Medicare beneficiaries it's the same as a Supplement 1 except it does not cover the Part B deductible. That Part B deductible is \$240 in 2024.

Now, Core is the least expensive out of the three standardized plans, it does cover

copays only and the beneficiary would be responsible for those four deductibles, such as the Part A deductible, the Part B deductible. So, for example, the Part A deductible was a little over \$1,600 and then we have the Part B deductible which is \$240 in 2024.

[Medigap Updates]

So, as of October 8th we were able to provide the Medigap updates. In 2025 the monthly premiums range from \$129.81 up to \$295.25 so, there's kind of a wide range of what the premiums will look like. And again, this is between the Core, Supplement 1 and Supplement 1A.

There were rate increases across all of the available plans, the lowest Core price in 2025 is Blue Cross Blue Shield at \$129.81; the lowest Supplement 1A price in 2025 is Blue Cross Blue Shield, at \$212.23; the lowest Supplement 1 price in 2025 is Humana at \$257.53. And then I just wanted to note that the Fallon rates for January 1st were not approved at the time that we submitted this presentation, but we do have the Fallon rates now.

[What is Medicare Open Enrollment?]

So, I know I briefly talked about what is Open Enrollment and Open Enrollment again, is that one time of year when all people with Medicare can review, compare, enroll, or disenroll in their Part C Medicare Advantage plans or their Part D Prescription Drug Plans. Some important dates to note here. Again, Open Enrollment starts on October 15th, and it ends on December 7th. And then any changes that are made, or enrollments that are made, the coverage would be effective on January 1st.

[Why is Open Enrollment Important?]

So why is Open Enrollment important? Again, this is the annual opportunity to review your health and drug plans. It's important because your health needs may change from year to year so you may find that you're looking for a little bit more coverage, maybe you have some health conditions that are, that now you're seeing more doctors and, and using the health care system a little bit more. Also, the health or drug plans change the costs, the benefits and drug coverage that they offer every year. So, the example I

usually use is a beneficiary goes to the pharmacy in January, and they find that now their prescription that they've been taking for years and maybe they've been on the same plan for years, but now they find that their prescription drug is no longer covered or better example too is now they go to their doctor in January, and they find out that their doctor no longer takes that Medicare Advantage Plan. So that's why it's so important to see a SHINE counselor or review your own Medicare coverage to see if this is going to be the best plan for you the following year for 2025.

And just like I said, providers change contracts, and preferred pharmacies change and that can really have a cost, a large cost associated with it for a beneficiary and, of course, again, there is a potential to save money and ensure the appropriate coverage.

Also, back in the spring, the Medicare Savings Program no longer has an asset test, so, sometimes meeting with the SHINE counselor, we can again screen you for a public benefits programs and really review what's available to you. So having the open communication about what's going on in your situation, what your coverage is looking like and the cost is looking like is important.

[Medicare Advantage Open Enrollment Period]

All right. So, I spoke about the Medicare Advantage Open Enrollment Period, but just a reminder, the beneficiaries that are in a Medicare Advantage Plan any time during January 1st through March 31st can make one change during that time period. So, let's say they find that their Medicare Advantage Plan is no longer working for them for different reasons, they can enroll in a new plan for an effective date of the first day of the following month. So, if they see you in February and enroll in a new Medicare Advantage Plan their coverage would be effective March 1st. And this occurs every year. So, I know I have the date 2025, but this occurs, every year January 1st through March 31st.

Another thing to note too is not only could they change from one MA plan to another, they could dis-enroll from their MA plan, their Medicare Advantage plan, and get a standalone drug plan. And if they wanted to they can also enroll in a Medigap plan if needed or wanted.

So, another example, just that George, George's PCP, primary care physician, belongs to a medical practice that drops George's Medicare Advantage plan February 1st. George can change to a different MA plan before March 31st or go back to Original Medicare with or without a Medigap or a drug plan.

[Part C and D Special Enrollment Periods (SEP)]

So, some of the Part C Medicare Advantage plans or Part D Special Enrollment Periods or SEP. Just for an example, someone can enroll, dis-enroll, or change their Medicare Advantage plan or Part C plan, but they must have qualifying events or circumstances and then also the length of the Special Enrollment Period depends on the qualifying event. So, for example, somebody who's retiring would only have 63 days or two months to enroll into a new Part C or Part D plan.

Some of the examples of SEP's: 5 Star plans, currently in 2025 there are no 5 Star plans, but if they were available, somebody could enroll into a 5 Star plan and that would be a Special Enrollment Period; Prescription Advantage membership does allow someone to change plans one time per year; and then having Extra Help which is the Low-Income Subsidy, that's another opportunity or that's another Special Enrollment Period for somebody to, again, enroll in a new plan.

[SEP Changes]

So, we wanted to highlight some of the Special Enrollment Period changes in 2025. So, previously there was a quarterly Special Enrollment Period, and this was for all duly eligible beneficiaries who were also on the Low-Income Subsidy and the prior rules that they were able to change Medicare Advantage plans or Prescription Drug plans every quarter.

This has now been eliminated, they've eliminated it, but now the new, the new Special Enrollment Period is a new monthly Special Enrollment Period. And this is for all duly eligible Low-Income Subsidy beneficiaries. And so, this does modify the prior quarterly SEP although there are some there is a restriction. So, what they can do with this new monthly Special Enrollment Period is they can dis-enroll from a Medicare Advantage Plan with prescription drug coverage and enroll in a standalone Prescription Drug Plan

and Original Medicare, or they could switch standalone prescription drug plans. This does not allow someone to switch to another Medicare Advantage plan.

So bottom line, there's this new monthly Special Enrollment Period, but it does not allow someone to switch to another Medicare Advantage plan. Just a reminder that beneficiaries who are on a Medicare Advantage plan can use the MA OEP or the Medicare Advantage Open Enrollment Period January 1st through March 31st to switch Medicare Advantage plans.

Lastly, there is a new integrated SEP, so this is for beneficiaries who are fully duly eligible. And this is new in 2025. And this is a monthly Special Enrollment Period to enroll in certain integrated D-SNPs or what's known in Massachusetts as SCOs, Senior Care Options. This actually came from Justice in Aging, it's a great resource here, so, there is a link here on this slide that really provides a lot of information.

[Medicare Advantage Plans in 2025]

All right. So, highlighting the Medicare Advantage Plans in 2025. So, there are currently ten insurance carriers that are offering Medicare Advantage plans in 2025, three of the carriers from last year have left the Massachusetts Medicare Advantage Plan market. I just want to highlight that that is the Medicare Advantage Plan market.

Those plans are Wellcare, Senior Whole Health, Commonwealth Care Alliance. Plans do continue to expand on certain benefits, so we hear from the plans every year about dental allowances, over-the-counter spending or flex cards. The quarterly amounts and spending limitations do vary from plan to plan, from company to company. There were no significant hospital network updates to share.

One thing that we did notice is that on some of the Tier 3, so for the prescription drug coverage aspect, some of them were going from a copayment to a coinsurance. And some of those plans include Aetna, Blue Cross Blue Shield and Tufts. So, for example, the copayment might have been \$47, but now they're going up to a percentage.

Also, there are no 5 Star plans in 2025, I know it says pending on here, but we have received news that there are no 5 Star plans.

[Medicare Prescription Drugs]

So, a couple of MTFs ago we decided that it would be important to add in this slide about Medicare Prescription Drugs because you may hear that their prescription drugs are covered on different aspects of Medicare, different parts of Medicare.

So, we just wanted to highlight some important things to note, so Medicare Part A covers prescriptions, prescriptions during a Medicare covered stay, whether it's in an acute care setting like a hospital or a skilled nursing facility; Part B, Medicare Part B covers most prescriptions that are administered by a provider, but the provider or facility must purchase and supply the drugs.

So, for example, this may be a chemotherapy it also may be again a prescription drug or vaccine that is administered in the doctor's office by a health care professional. Also, Part B does cover some but not all of the chemotherapy drugs. Another example of Part B is if somebody is a diabetic and they take insulin through a insulin pump, which is a durable medical equipment, that would actually be billed under Part B as in boy, but if somebody takes insulin through a syringe or a pen that is actually going to be billed under Part D as in dog.

So, there's definitely some different ways that the prescription drugs are covered. Part D again, as a reminder, it covers most outpatient drugs that are filled at a pharmacy, a local pharmacy.

[2025 Part D Standard Benefit]

All right. So, 2025 Part D Standard Benefits, the prescription drug benefit. In 2025 the coverage gap or donut hole is eliminated, there are only three phases that remain. It is the deductible and that's if it's applicable. Some plans do not have a deductible and again some beneficiaries' drugs do not actually are affected by the deductible as well. Then we have the Initial Phase and the Catastrophic Phase. The standard deductible, so if a plan does have a deductible, the most that they could have for deductible is \$590.

That's up from \$545 in 2024. and as many of you may know, the out-of-pocket spending limit has gone from \$8,000 down to \$2,000. So that is going to be an incredible savings

for many Medicare beneficiaries. And then once they hit that \$2,000 out-of-pocket spending limit, their copays will be \$0 on all of the formulary drugs so that means that the drugs have to be covered on that prescription drug plan and that is for the remainder of the year.

[PDPs in 2025]

So just a highlight of the prescription drug plans in 2025, there are a total of 6 companies that offer 14 plans in 2025, that is a decrease from 2024 where we had about 20 prescription drug plans. The monthly premium ranges from \$12.40 all the way up to \$190.80.

There are 3 plans with a \$0 deductible, and there are 6 plans that do not apply the deductible to all the tiers. When I say deductible again, that's that \$590, it could be less than that \$590 as well. And then again, there are no 5 Star plans in 2025.

[Poll Question 2]

(Sue Kane) We have our second polling question, Kathleen, if you want to read it out loud, then I'll bring it up.

(Kathleen Gouveia) Sure. In 2025, which out of pocket amount would a beneficiary to reach in order to get to catastrophic and pay \$0 for their prescription drugs for the rest of the year? And when I say out-of-pocket amount, I mean for prescription drug coverage. A. \$5,030 B. \$2,000 C. \$8,000 and D. \$2,500.

[Poll Answer 2]

All right. So, we threw in some trick numbers in there, but most of you did get it right, it is B. \$2,000. So, a beneficiary would have to reach \$2,000 in order to get to the catastrophic fees and then they would pay \$0 for their prescription drugs for the remainder of the year. And remember, that number was \$8000 last year.

[Comparing Medicare Options]

All right. So, SHINE counselors use the Medicare Plan Finder tool on Medicare.gov to

compare plans, because as I just said, there are ten Medicare Advantage companies, there are six prescription drug companies with, you know, 14 prescription drug plans to choose from. There are many different Medicare Advantage plans to choose from. So, it can be very overwhelming to try to figure out what's going to be potentially the best plan for a beneficiary.

So, the tool that we use is the Medicare Plan Finder. Anyone can go on there. You can do an anonymous search if you wanted to, just to play around with it if you're not familiar with it and you are helping, beneficiaries, I urge you to get on there on the anonymous search and, and just play around and look at what's on there, but SHINE counselors are trained to use the Medicare plan finder tool.

And again, right now we may have beneficiaries that are looking for coverage for the remainder of 2024, but generally during Open Enrollment we're looking at coverage for 2025. The information is released on the Plan Finder on October 1st so, we're able to kind of look ahead before October 15th when Open Enrollment begins.

Now, you must, in order to get more of a personalized look at what your current situation is when you're looking at like your zip code or any of the drugs you may have previously or recently filled, you may want to create a Medicare.gov account. It's very, very helpful. I always ask beneficiaries when I'm working with them, Do you have a Medicare.gov account, because it's, it's it has a lot of detail on there; it will tell me if they have Extra Help, which is an incredible savings for somebody; it will tell me what their current plan is so, I kind of know what they're looking at; and then it will tell me again if they've filled any prescription drugs recently; it's also super helpful for the beneficiary because they can see some of their Medicare summary notices.

So, creating a Medicare.gov account is, is very helpful and in order to create a Medicare.gov account you do need to have Medicare, you could have just Medicare Part A and create a Medicare.gov account.

One important thing to note, I know I spoke about doing an anonymous search, is you cannot save a drug list if you do an anonymous search. So, you know, that can be time consuming if you do not have an account and you are looking through and having to put

in all of the drugs and then maybe come back a few days later and inputting it all over again. So just wanted to note that, that that's important to know.

[Medicare Plan Finder]

So, this is just the landing page of the Medicare Plan Finder, so you have a little familiarity with it. So, on the left-hand side you'll see that you can save time by logging in and then on the, if you do not already have an account, it says don't have an account, you can create one. Again, you need a Medicare number.

And on the right-hand side is where you can continue without logging in and you would start by putting in the year that you're looking for coverage, because we're in Open Enrollment, and the zip code. The Plan Finder tool is really helpful because it does allow beneficiaries to search for the lowest cost options for health and prescription drug coverage that's available in their area.

So, a couple of important things to note as we're looking at their zip code, we're looking at their prescription drug coverage, and then of course, if they're looking at a Medicare Advantage plan, we're always going to ask about, you know, their, provider network and who their providers take for Medicare Advantage plans, so just a few important things to highlight.

[Medicare Plan Finder Medicare Prescription Payment Plan]

All right, so this is something that's new in 2025. It's the Medicare Plan Finder Medicare Prescription Payment Plan and this is a result from the Inflation Reduction Act and this requires all Medicare drug plans to offer the option to pay out-of-pocket drug costs in monthly payments instead of all at once to the pharmacy.

So, for example, you may go to the pharmacy in January or February, and you may have incredibly high drug costs. I know that it has been capped at \$2,000, but sometimes even a \$600 cost for a prescription drug at the pharmacy in January can be incredibly, just something that somebody may not be able to do. So, what this does is it takes their prescription drug costs and spreads it out over the 12 months so, it starts from January 1st through December 31st, and it spreads it out and so that means that every month

that they go into the pharmacy and fill their prescription drug cost it's going to be added to this payment plan and that's what they're going to be paying. And it's going to look different because remember, they could be filling prescriptions, they could be no longer taking a prescription, it's going to look different for each individual person.

Now this is voluntary, so somebody does not need to, they're not required to enroll in this if they don't want to, but they can also enroll at any time during the year. We've been told that it's more beneficial to enroll at the beginning or, or the first nine months of the year, because that's when you're going to see really a difference, because again, it's going to be spreading your high cost of your drugs across the year. Beneficiaries will pay \$0 to the pharmacy for all of their Part D drugs on the plan's formulary.

And then the next couple slides I actually have an example of what it's going to look like for a beneficiary going to the pharmacy. Now, right now, during Open Enrollment during October, all of the plans were sending out their annual notice of change so, if somebody had some really high drug cost, they would have received a letter from their current plan just stating that they are likely to benefit from this program.

Just letting them know about it. But, beneficiaries may be deciding during Open Enrollment that they're going to change plans so, they may not want to enroll in it right now until they find out what plan they're going to be in and if they do the enrollment now for January 1st, they can also, they'll also find out more information about enrolling in this Prescription Payment Plan for January 1st.

Again, it does not save a beneficiary money, they're going to be paying the same amount that they would be paying for the year, but they are just spreading that amount out throughout the 12 months and on a payment plan. Again, their total that they would be paying is \$2,000 for 2025. This is a separate bill so that they're going to have a premium if their plan has a premium, they're going to have a premium bill and then if they enroll in this Medicare Prescription Payment Plan, they're going to have an additional bill. And that's going to come separately from the plan.

Again, I've said that the monthly bill may change every month, it depends on filling prescriptions, it depends on the changes in retail cost of the drugs and I'll talk a little bit more about the Plan Finder, having a tool that can kind of give you estimates.

Beneficiaries can disenroll from this payment plan at any time, but they will still owe any outstanding balances. So, let's say they do decide to go to with a different plan during the middle of the year, if they have a Special Enrollment Period and they change plans, they will still owe any outstanding balances. If the beneficiary fails to make a payment after two months on this payment plan it will result in the plan disenrolling the beneficiary from the payment plan, not the Prescription Drug Plan. So just the payment plan, but not the Prescription Drug Plan.

Beneficiaries again will still owe any outstanding balances on the Prescription Payment Plan. So, remember this is just a payment plan. Many beneficiaries who have high drug cost are going to benefit from this if they want to take advantage of it. For example, on the next slide,

[Who May Benefit from the Prescription Payment Plan?]

Who May Benefit? So again, high cost sharing earlier in the calendar year or more likely to benefit from the program. Beneficiaries who are enrolled in Extra Help they may not benefit from the Medicare Prescription Payment Plan because their prescription drug payments are much lower because of the Extra Help. So again, this really is going to look, more beneficial for someone who has really high drug cost, especially in the beginning of the year when they go to the pharmacy and they're going to be paying hundreds of dollars, and they want to maybe spread that out over the 12 months of the year.

And if a Part D enrollee has cost sharing for a single covered Part D drug of \$600 or more, the Part D plan is required to notify the pharmacy that the individual is likely to benefit, so the beneficiary actually may receive one a notice from the Part D plan, but also from the pharmacy as well. Now there is no enrolling in the Prescription Payment Plan at the pharmacy. This would actually have to be done, separately on their own.

[A Medicare Beneficiary's experience at the Pharmacy counter]

All right, so I just wanted to provide this, this was from a CMS presentation. So, I just wanted to provide this because it just walks you through what it's going to look like.

So, Part D Enrollee presents to the pharmacy and the beneficiary has cost sharing for a single covered Part D drug of \$600 or more, the Part D Sponsor, the Part D Plan is required to notify the pharmacy that the beneficiary is Likely to Benefit from the Medicare Prescription Payment Plan. The pharmacy is then required to provide the Part D Enrollee with the Medicare Prescription Payment Plan Likely to Benefit notice and then the enrollee or the beneficiary must decide whether they want to pay out-of-pocket for that prescription drug now or do they want to enroll in the Medicare Prescription Payment Plan.

Now again, they cannot do this at the pharmacy counter, they would have to call their Part D Plan to discuss participating in the Medicare Prescription Payment Plan and they would then wait to pick up the prescription once the participation is confirmed. And we have asked how long does that turnaround time for somebody. And that is actually about 24-hour turnaround time so then the beneficiary could go back to the pharmacy counter and pick up their prescription for a \$0. Now that does not mean that the cost is \$0 it's just \$0 at the counter and then of course, that cost that the beneficiary would be paying is now going to be on that payment plan.

So again, Option A the beneficiary goes to the pharmacy counter and now leaves with the prescription. Or again they leave the pharmacy without the prescription and enroll in the Medicare Prescription Payment Plan and then return. The beneficiary then returns to the pharmacy after participation is confirmed they're going to pay \$0 the pharmacy counter and leave with the prescription and again, that's going to go now on the Prescription Payment Plan.

[Programs that Can help Pay Medicare and/or Drug Costs]

So, some programs that help pay Medicare and or drug, some of the drug costs, are: MassHealth, which is our Medicaid program here in Massachusetts; we also have the Medicare Savings Program, some people may be familiar with QMB or Qualified Medicare Beneficiary, or SLMB or QI those are just some of the names of the other programs for Medicare Savings Programs. But those may help with some of the either, depending on the level, some of the, the Medicare costs. So, it could be like the copays, deductibles.

Two of the Medicare Savings Program levels pay for the Part B premium and also provide Extra Help which Extra Help is the federal prescription drug assistance program that really subsidizes the cost of some of these prescription drugs. Just an example there.

Also, there are many manufacturer patient assistance programs and then there are also some coupon, some companies that offer coupons for some of the cost as well. Some of these things are done outside of the Medicare Prescription Drug Coverage, but there are some, some programs that we are aware of.

And also, we work very closely with the Massachusetts College of Pharmacy and Health Sciences, the Pharmacy Outreach Program. Anybody in Massachusetts of any age can contact them and they can really do a individualized counseling session reviewing prescription drugs. They're also SHINE counselors as well so they're very familiar with Medicare. So that's just some more of the resources that, that are out there for, for people. And again, SHINE counselors can screen for these and other programs as well.

(Sue Kane) Okay. We have our last polling question, Kathleen.

[Poll Question 3]

(Kathleen Gouveia) All right. So, I just wanted to check, I wanted to focus on just checking the last few slides about one of the new programs here, but a Medicare beneficiary who takes several expensive drugs goes to the pharmacy on January 10th, 2025, to fill their prescriptions.

They are told that their total copays at the pharmacy in January will be over \$1,000. They are not sure how they will be able to afford these monthly payments. What options might they have? A. They can contact SHINE to be screened for programs that may assist with the cost, B. Contact their Medicare Prescription Drug Plan to enroll in the Medicare Prescription Payment Plan; C. Call their plan directly to pay the cost; or D. both A and B?

[Poll Answer 3]

If you did say A. or B., you are correct technically, but the answer we were looking for is both of them. So again, somebody may want to meet with a SHINE counselor to be screened for programs that may assist with the cost, but then whether or not they qualify for them, they may also want to enroll in the Medicare Prescription Drug Plan if they do not qualify maybe for some of those additional programs that may help them with again, spreading out those, that high drug cost across the year.

[Future Impacts of the Inflation Reduction Act]

We always want to put in the future impacts of the Inflation Reduction Act. So of course, you may have known that Medicare has selected and is negotiating maximum fair prices for 10 drugs covered under Part D, but these prices will not be in effect until 2026. So, more information to come on that. But on the right-hand side we did just want to provide that list of those drugs.

So those may be some drugs that you may be familiar with if you're working with beneficiaries who maybe take those really high-cost drugs.

[Reminder: Transitioning from the Health Connector to Medicare]

We always want to put in a reminder that if somebody is on the Health Connector and they become eligible for premium-free Medicare Part A, that they should sign up for Medicare, they should not stay on their Health Connector plan.

If they stay on their Health Connector plan and let's say they stay on it until they're 70 and now they enroll in Medicare during the General Enrollment Period, they are now going to have a lifetime penalty for those past five years that they did not enroll in Medicare if they were eligible for premium-free Medicare Part A. They will lose their health care coverage once they do sign up for Medicare, they will lose any tax credits that they are receiving and again, I just spoke about the late enrollment penalty.

But I just wanted to highlight this last bullet here, if you are not eligible for Premium Medicare Part A you can stay on the Health Connector plan. So, I just wanted to note that there.

[Senior Medicare Patrol]

Senior Medicare Patrol. This is one of the other agencies that we work really closely with and their mission is to reach and educate Medicare and Medicaid beneficiaries, family members, caregivers and professionals on the importance of becoming engaged health care consumers to protect, detect and report health care fraud, error, fraud and abuse. They do offer many different presentations.

They have counselors who work with beneficiaries on looking at is there a potential that this is fraud or abuse or, or an error and so just some of the, the things that they highlight are some of the fraud, like Covid fraud or vaccine fraud, braces was a really popular one a few years ago, and deceptive marketing. So, those are just some of the things that they really try to provide. the public with information on. So, I have their contact information here. Their website is great. I urge you to take a look at it. And if you have any questions to please, feel free to reach out to them as well.

[MyOmbudsman]

My Ombudsman, they assist individuals to address concerns or conflicts that may interfere with enrollments with a MassHealth Managed Care Plan, this would include One Care, which is for beneficiaries under the age of 65; SCO, which is Senior Care Options for beneficiaries over the age of 65; and then PACE which is another program as well. They work with MassHealth and plans to help members resolve concerns and ensure access to benefits and services. So, they're really a great advocate there for beneficiaries. I provided their phone number, their email and also their website as well. So, I urge you to take a look at their website too.

[Mass College of Pharmacy and Health Sciences]

I know I spoke briefly about Mass College of Pharmacy and Health Sciences, but they have the Pharmacy Outreach Program, and they're SHINE counselors as well.

They offer free information and referral services to help people take medications appropriately. Their mission is to promote medication adherence for the community through cost solutions and education as well. Again, they have pharmacists, SHINE

counselors, and pharmacy students that are on staff and they are funded by the Executive Office of Elder Affairs, the City of Boston, Central Mass Agency on Aging and the Massachusetts College of Pharmacy and Health Sciences.

So, they're really a great resource, for really helping more Medicare beneficiaries with with some of these things.

[Mass Options]

Then we have Mass Options, and this is at the Executive Office of Elder Affairs. Really if you're not sure where to look for resources we usually tell people to start with their Council on Aging or their senior center, but if they're really not sure they can also go to Mass Options and they'll be able to connect them with the places to learn about additional resources, resources such as housing, food, caregiver support, health and wellness, insurance, which is SHINE as well, transportation and in-home supports and it really connects older adults, individuals with disabilities and their caregivers with those agencies and organizations that will best meet their needs. So, we have the 800 number here and also the website as well. So, I urge you to take a look at that website, because there's a lot of great information on there.

[Take Aways]

So, I know I spoke for a long time, really have gone through a lot of information today, including some resources as well.

But some of the really key takeaways that we want you to have here is to not miss deadlines to sign up for Medicare. If somebody is not sure they should contact the Social Security Administration to find out if you have met your 40 quarters and if you are eligible to enroll in Medicare. If you are turning 65 and you're eligible for premium-free Part A and you are on the Health Connector you should be disenrolling from the Health Connector and enrolling in Medicare. Consumers that are receiving Social Security Disability will be auto enrolled into Medicare after 24 months of Social Security Disability payments. Always want to ensure that your doctors and hospitals are in network of the Medicare health plan that you are choosing and be sure that your current medications are on your plan's formulary. And lastly, remember to review your

Medicare plans every year during the Open Enrollment Period, which is right now, October 15th through December 7th.

[Where to Go for Additional Help]

Where to go for additional help. So, we wanted to provide the Social Security Administration, they are the place where you would enroll in Medicare Part A and Part B, and to check eligibility; the SHINE program, that's our 1-800 number, it's Mass Options, our email address. Again, we can assist beneficiaries, we have multiple languages that are available; the Medicare phone number 1-800 Medicare; and the Mass College of Pharmacy and Health Sciences Pharmacy Outreach Program, which again is a great resource for beneficiaries.

[Thank You]

And I just want to thank you. Thank you for having me here today. Thank you, Kathleen. Well, thank you everybody for joining us today. Special thanks to Kathleen and Cindy.

I hope you have a wonderful rest of the day and enjoy this seasonally warm weather.