



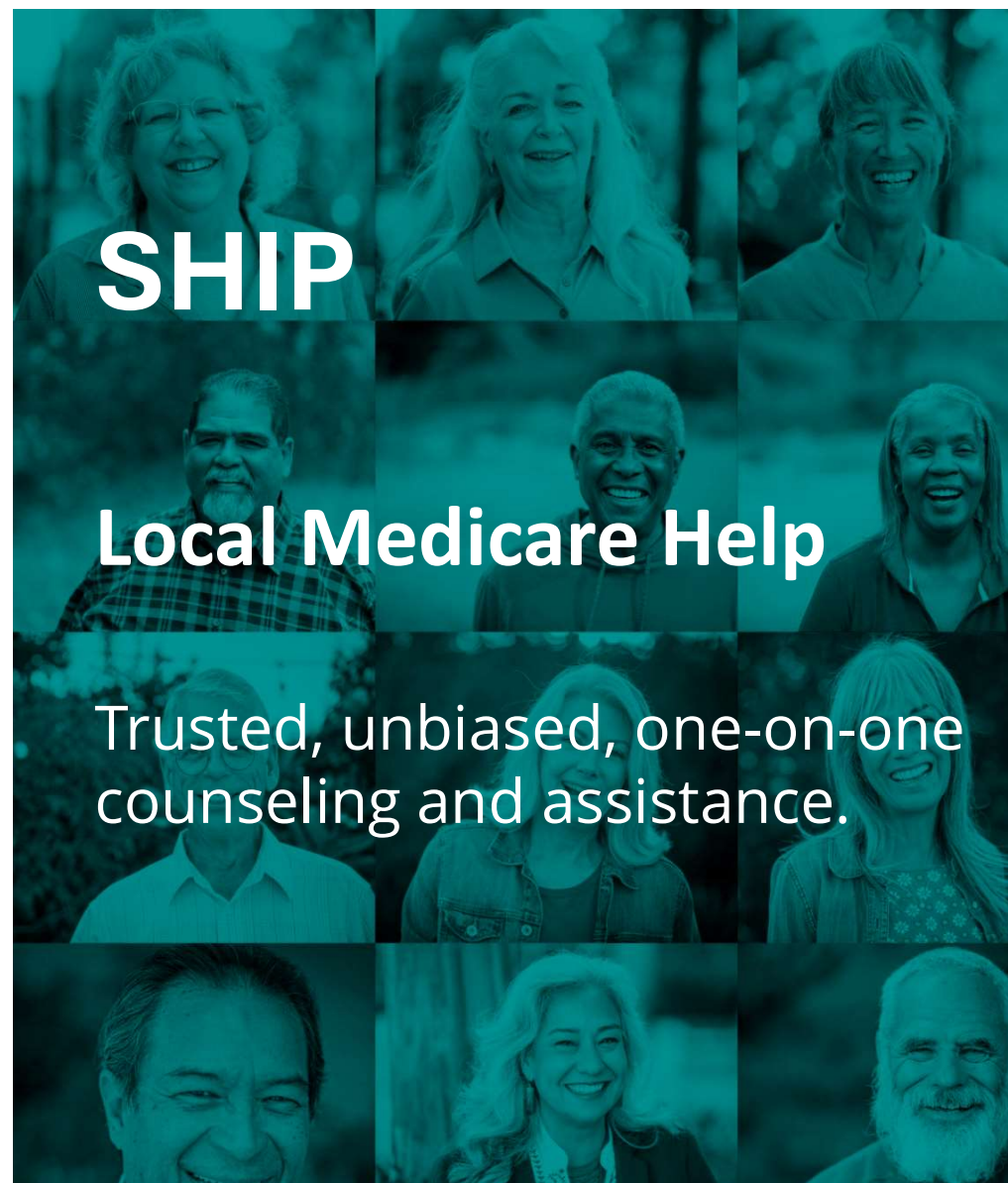
OLLI 2025 Medicare Update Pima County



John and Connie Lowy

- Volunteer SHIP/Medicare Counselors
 - At PCOA (Pima Council on Aging)
 - 10+ years
- Retired IBM / Merck employee
- Volunteers at Saguaro National Park
- Members of OLLI

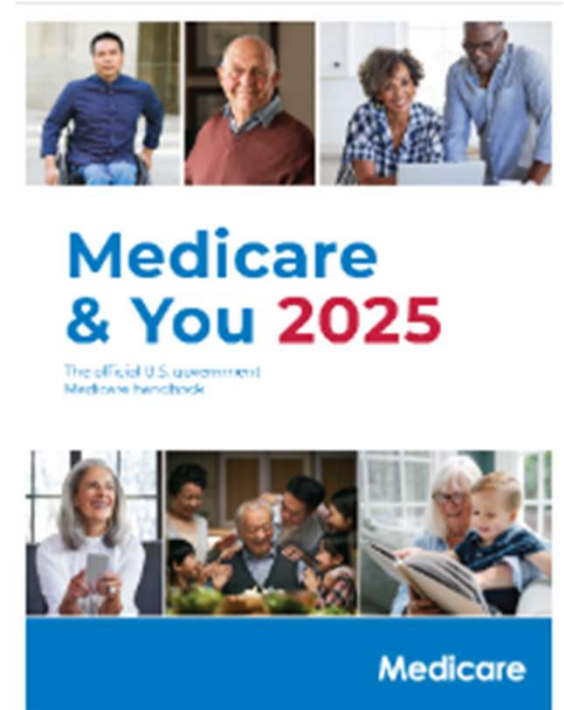
- SHIP is a federal government program to provide free local health coverage counseling to people with Medicare.
- SHIPs 12,500 counselors provide over **2.5 million** one-on-one health insurance counseling sessions annually
- *Roughly 40% of those contacts occurring during Open Enrollment Period (Oct 15th through Dec 7th)*
- PCOA is responsible for Pima County
 - Pima Council on Aging
 - 8467 E Broadway
 - (520) 546-2011



Medicare

Health insurance for:

- People 65 or older
- Certain people who are under 65 with disabilities (including ALS)
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)
 - Complicated ESRD rules for those with work insurance



★ **NOTE:** To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.

CMS Product No. 10050

Access to Health Coverage

Everyday, CMS ensures that **156.6 million*** people in the U.S. have health coverage that works.

Medicaid & CHIP

Over **80.8 million** enrollees:

- Medicaid: Nearly 73.8 million individuals
- CHIP: More than 7.0 million

Medicare

Over **67.4 million** enrollees:

- Fee-For-Service: More than 33.4 million
- Medicare Advantage Plans: Nearly 34.0 million
- 8 million Dual Eligible

Marketplace

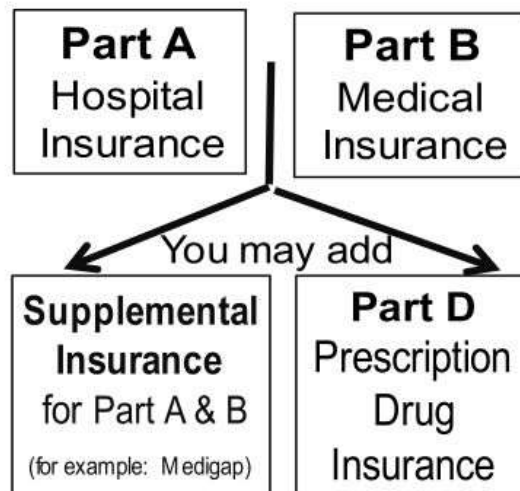
Over **16.4 million** consumers:

- State based & Federally-facilitated Marketplace plans selections

<https://www.cms.gov/pillar/expand-access>

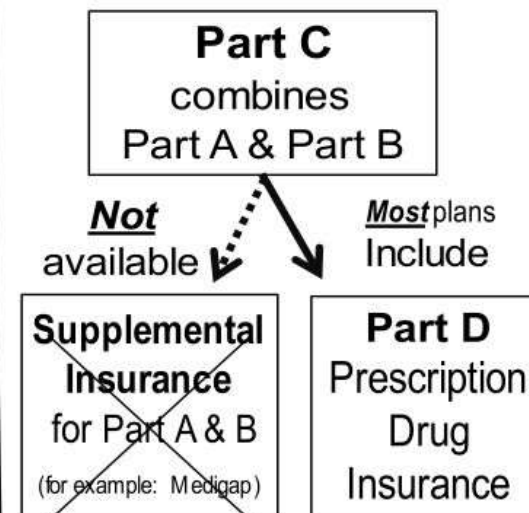
Your Medicare Choices

* Original Medicare



*Beneficiaries may see any Medicare provider in the United States who is accepting patients

Medicare Advantage



The BIG CHOICE**Original Medicare****Medicare Advantage
HMO / HMO-POS / PPO**

| | | |
|--------------------------------|---|--|
| Part A Premium | Usually \$0 | Usually \$0 |
| Part B Premium | **\$174.70 | **\$174.70 |
| Part D Premium | **\$0 - \$158.60 – 21 plans | **Included (except for 7 plans) |
| Plan Premium | Medigap: G \$112.00↑; G(HD) \$39.52↑ | \$0 - \$125 monthly |
| Part A & Part B share of cost | No Out-of- Pocket Limit Medigap/Supplement (if you have one), pays all or some of your copays, coinsurance, and deductibles | You pay copays & coinsurance up to \$2,300-\$11,300 Out-of-Pocket limit . After Out-of-Pocket Limit is reach, plan pays all costs thru Dec. 31 |
| Part A & Part B access to care | Any Medicare provider anywhere in the USA who accepts Medicare and is accepting new patients | HMO: must use in-network providers; your PCP is "gatekeeper" PPO: use of Out-of-Network providers usually costs more Exception: Emergency Care |
| Part D share of cost | <i>Separate Part D payment schedule</i> | |
| Foreign Travel Emergencies | Medigaps/Supplements D G M N | Most plans (ask plan) |
| Extra Benefits | Some Medigaps/Supplements (ask plan) | Dental, vision, gym, etc. (ask plan) |

**** Part B and Part D:** higher premiums for incomes >\$103K individual/\$206K married and late enrollment penalties apply to both Original Medicare & Medicare Advantage



Non-participating providers do not have to accept Medicare Advantage members – even if the member wants to pay out-of-pocket

This project was supported, in part by grant number 90SAPG0083, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

10/12/23 CK

How do you receive your Medicare Coverage?

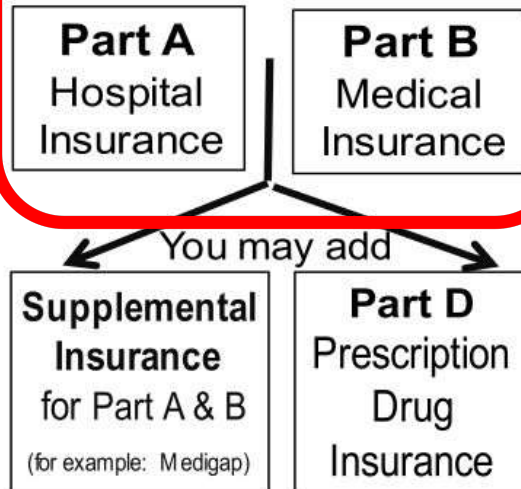
- Not yet enrolled in Medicare?
- Do you have?...
 - Original Medicare
 - Medicare Advantage Plan (HMO, PPO, MSA)
 - State or Federal Plan
 - VA or TriCare
 - Other (eg Employer)



Original Medicare Part A (Hospital Insurance) & Part B (Medical Insurance)

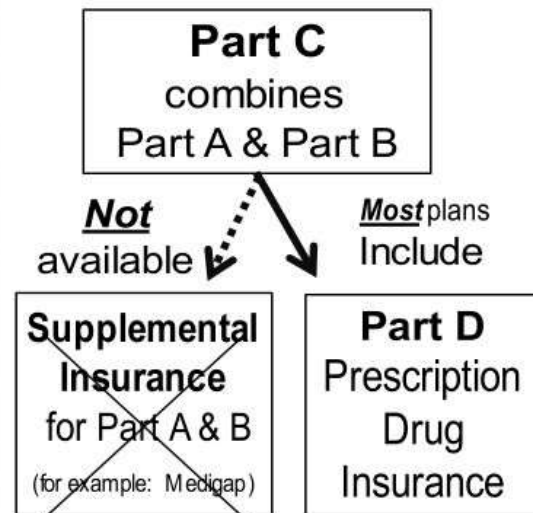
Your Medicare Choices

* Original Medicare



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Medicare Advantage



Part A (Hospital Insurance) Covers

- **Inpatient care in a hospital, including:**

- ✓ Semi-private room
- ✓ Meals
- ✓ General nursing
- ✓ Drugs (including methadone to treat an opioid use disorder)
- ✓ Other hospital services and supplies

- **Inpatient care in a skilled nursing facility (SNF)**
after a related 3-day inpatient hospital stay



Part A
Hospital Insurance

Part A (Hospital Insurance) Covers (continued)

Part A also helps cover:

Blood (inpatient)

Hospice care

Home health services

Inpatient care in a religious nonmedical health care institution (RNHCI)



Part A
Hospital Insurance

What You Pay in Original Medicare in 2024: Part A

Hospital Inpatient Stay

- \$1,632 deductible for each benefit period.
- Days 1–60: \$0 copayment for each day.
- Days 61–90: \$408 copayment each day.
- Days 91–150: \$816 copayment each day while using your 60 “lifetime reserve days.”
- After day 150: You pay all costs.

NOTE: You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it’s medically necessary.

Mental Health Inpatient Stay

- \$1,632 deductible for each benefit period.
- Days 1–60: \$0 each day.
- Days 61–90: \$408 copayment each day.
- Days 91 and beyond: An \$816 copayment each day while using your 60 “lifetime reserve days.”
- Each day after the lifetime reserve days: All costs.
- 20% of the Medicare-approved amount for mental health services you get from doctors and other health care providers while you're a hospital inpatient.

NOTE: There’s no limit to the number of benefit periods you can have, whether you’re getting mental health care in a general or psychiatric hospital. However, if you're in a psychiatric hospital (instead of a general hospital), Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

Part A (Hospital Insurance) Costs in 2024 (continued)

Skilled Nursing Facility (SNF) Stay

- Days 1–20: \$0 for each benefit period.
- Days 21–100: \$204 copayment each day.
- Days 101 and beyond: You pay all costs.

Home Health Services

- \$0 for home health services.
- 20% of the Medicare-approved amount for durable medical equipment (DME) like wheelchairs, walkers, hospital beds, and other equipment.

Hospice Care

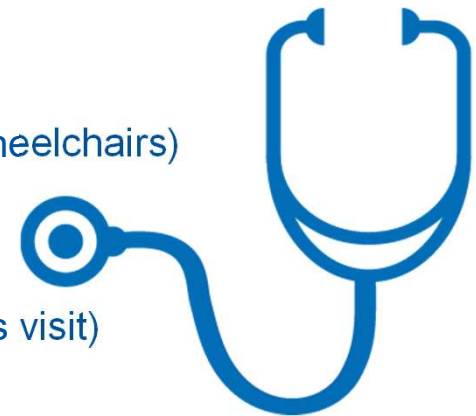
- \$0 for hospice care services.
- You may need to pay a copayment of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under Medicare drug coverage (Part D).
- You may need to pay 5% of the Medicare-approved amount for inpatient respite care.
- Medicare won't pay room and board for your care in a facility, unless the hospice medical team decides you need short-term inpatient care to manage pain and other symptoms. This care must be in a Medicare-approved facility, like a hospice facility, hospital, or skilled nursing facility that contracts with the hospice.

Blood

- If hospital gets it from a blood bank at no charge, you have no charge.
- If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else.

Medicare Part B (Medical Insurance) Covers

- Doctors' services
- Outpatient medical and surgical services and supplies
 - Covers "Observation" in hospital when not "admitted"
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
 - Insulin if you have a pump
- Preventive services (like flu shots and a yearly wellness visit)
- Home health services
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services
- Limited number of outpatient prescription drugs under certain conditions
- ✓ Lymphedema Compression treatment items (e.g. compression socks) New for 2024
 - Must have Lymphedema diagnosis



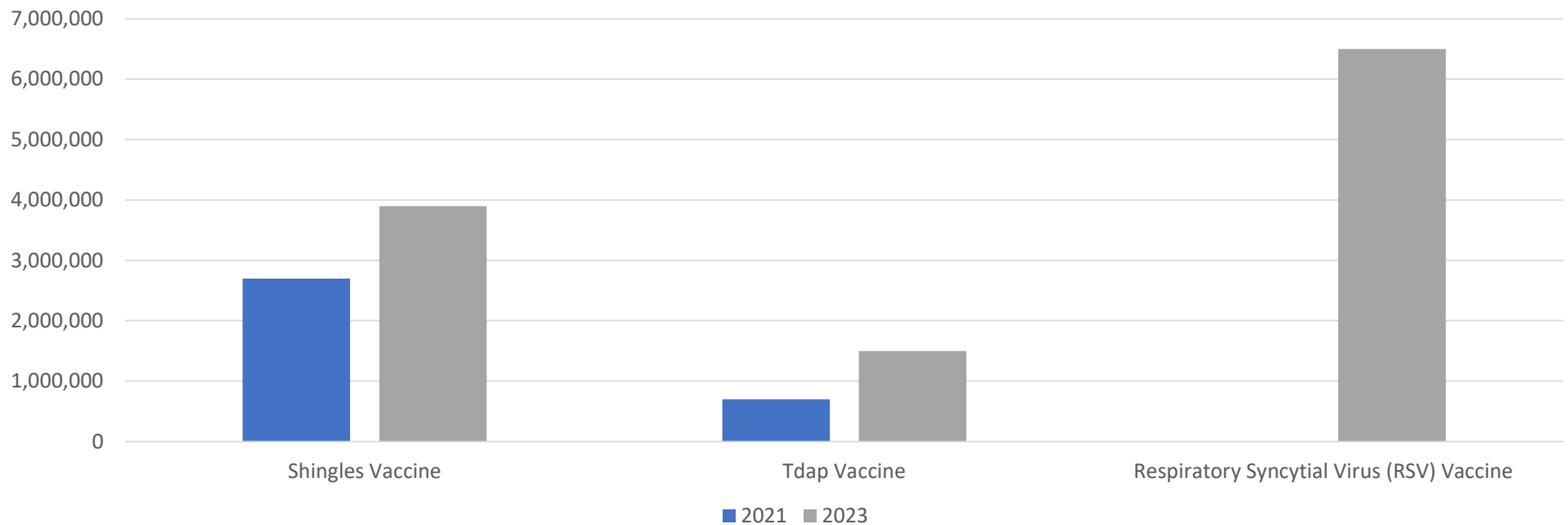
Part B
Medical Insurance

Part B: Preventive Services

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings & counseling
- Bone mass measurements
- Cardiovascular behavioral therapy
- Cardiovascular disease screenings
- Cervical & vaginal cancer screenings
- Colorectal cancer screenings *
- Counseling to prevent tobacco use & tobacco-caused disease
- Covid-19 vaccines
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma screenings
- Hepatitis B shots
- Hepatitis B Virus infection screenings
- Hepatitis C screenings
- HIV (Human Immunodeficiency Virus) screenings
- Lung cancer screenings
- Mammograms
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program
- Obesity behavioral therapy
- Pneumococcal shots
- Prostate cancer screenings
- Sexually transmitted infection (STI) screenings & counseling
- “Welcome to Medicare” preventive visit
- Yearly “Wellness” visit

Increased Immunization Use

ACIP-Recommended Adult Vaccine Rates Covered Under Medicare Part D Increased
Beginning in 2023 Cost Sharing was eliminated



Changes in Cost Sharing for Colon Cancer Screenings

- Medicare covers colon cancer screenings with \$0 out-of-pocket cost
- The minimum age for many of these screenings is now 45 (reduced from 50)
- Prior to 2023, if a polyp or tissue was found during a colonoscopy, 20% Medicare coinsurance for the removal generally applied
 - 2023 – 2026 coinsurance is 15%
 - 2027 – 2029 coinsurance is 10%
 - By 2030, no coinsurance

What's Not Covered by Part A & Part B?

Some of the items and services that Part A and Part B don't cover include:



- Eye exams (for prescription eyeglasses)
- Long-term care
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting them
- Concierge fees
- Covered items or services you get from an opt-out doctor or other provider
- Most dental care

They may be covered if you have other coverage, like Medicaid or a Medicare Advantage Plan that covers these services.

What You Pay in 2024: Part B Monthly Premiums

2024 Standard premium has been \$174.70



Some people who get Social Security benefits pay less based on income or due to the statutory hold harmless provision



Your premium may be higher if you didn't choose Part B when you first became eligible or if your income exceeds a certain threshold

Income Related Monthly Adjustment Amount (IRMAA)

2025 IRMAA not Available

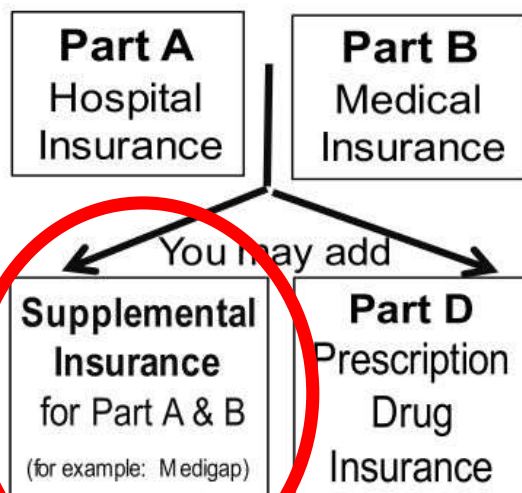
| 2022 individual tax return | 2022 joint tax return | Part B adjusted amount 2024 IRMAA | Part D adjusted amount 2024 IRMAA |
|---|--|--------------------------------------|--------------------------------------|
| \$103,000 or less | \$206,000 or less | \$0 | \$0 |
| greater than \$103,000 and up to \$129,000 | greater than \$206,000 and less than or equal to \$258,000 | \$69.90 | \$12.90 |
| greater than \$129,000 and up to \$161,000 | greater than \$258,000 and less than or equal to \$322,000 | \$174.70 | \$33.00 |
| greater than \$161,000 and up to \$193,000 | greater than \$322,000 and less than or equal to \$386,000 | \$270.50 | \$53.80 |
| greater than \$193,000 and less than \$500,000 | greater than \$386,000 and less than \$750,000 | \$384.30 | \$74.20 |
| \$500,000 or above | \$750,000 or above | \$419.30 | \$81.00 |



Medicare Supplement Insurance (Medigap) Policies

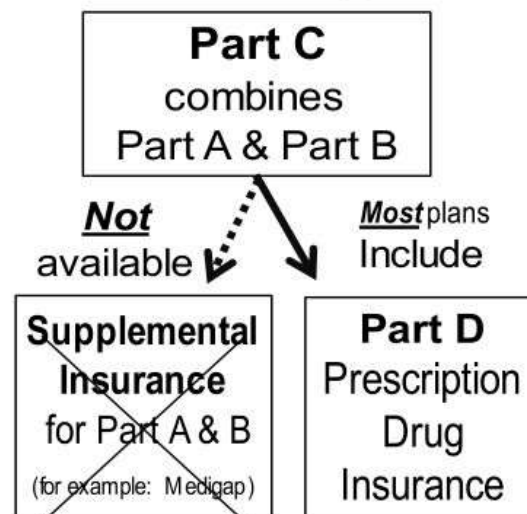
Your Medicare Choices

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Medicare Advantage



Medigap Policies

- Are sold by **private insurance companies**
- Fill **gaps in Original Medicare** coverage, like copayments, coinsurance, and deductibles
- Each **standardized** Medigap policy under the same plan letter:
 - Must offer the same basic benefits, no matter who sells it
 - May vary in costs
 - **Plan G** is now the most Comprehensive
- Another type of Medigap policy called Medicare SELECT (Will have “Select” in name, be careful)
- Plans are different in Minnesota, Massachusetts, and Wisconsin



Medicare Supplement
Insurance (Medigap)

Medigap Plan Coverage in 2024

Medicare Supplement Insurance (Medigap) plans

| Medigap Benefits | A | B | C | D | F* | G* | K | L | M | N |
|---|------|------|------|------|------|------|-------------------------------|-------------------------------|------|---------|
| Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Part B coinsurance or copayment | 100% | 100% | 100% | 100% | 100% | 100% | 50% | 75% | 100% | 100%*** |
| Blood (first 3 pints) | 100% | 100% | 100% | 100% | 100% | 100% | 50% | 75% | 100% | 100% |
| Part A hospice care coinsurance or copayment | 100% | 100% | 100% | 100% | 100% | 100% | 50% | 75% | 100% | 100% |
| Skilled nursing facility care coinsurance | | | 100% | 100% | 100% | 100% | 50% | 75% | 100% | 100% |
| Part A deductible | | 100% | 100% | 100% | 100% | 100% | 50% | 75% | 50% | 100% |
| Part B deductible | | | 100% | | 100% | | | | | |
| Part B excess charge | | | | | 100% | 100% | | | | |
| Foreign travel exchange (up to plan limits) | | | 80% | 80% | 80% | 80% | | | 80% | 80% |
| | | | | | | | Out-of-pocket limit in 2024** | Out-of-pocket limit in 2024** | | |
| | | | | | | | \$7,060 | \$3,530 | | |

* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,800 in 2024 before your policy pays anything. (Plans C and F aren't available to people who were newly eligible for Medicare on or after January 1, 2020.)

** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in inpatient admission.

Part B Excess Charges

| | Participating | Non-participating | | Opt-out |
|--------------------------------------|---|---|--------------------------------------|--------------------------------|
| If Medicare assigned amount is \$100 | agrees to accept Medicare's assigned amount | accepts Medicare but may charge more than Medicare's assigned amount | | formally opted out of Medicare |
| Doctor amount | \$100 | \$115 You may be asked to pay <i>more</i> than Medicare's assigned amount at the time of service. Medicare and Medigap will reimburse | | Not monitored by Medicare |
| Medicare pays 80% | \$80 | \$80 | | not applicable |
| Medigap Plan | A, B, C, D, F, G, & M | A, B, C, D, & M | F & G | not applicable |
| Plan pays 20% | \$20 | \$20 | \$35 (\$20+excess charges) | not applicable |
| You pay | \$0 | \$15 (excess charges) | \$0 | 100% |

Plans K, L, N -see chart for payment schedule

Provider Opt-outs

- 155 Providers in Tucson do not accept Medicare
 - 46 are Psychiatrists or Clinical Psychologists
 - 26 Mental Health Counselors
 - 9 Marriage and Family Therapists
 - 17 are Oral Surgeons
 - 13 Social Workers
 - 4 Concierge Physicians
- Overall Nationwide Physician opt-out rate is 1.1 % (AZ 1.4%)
 - In 2023, 7.7% of psychiatrists opted out of Medicare
 - 4.2% of physicians specializing in plastic and reconstructive surgery
 - 2.8% of physicians specializing in neurology

Additional Behavioral Health in 2024/25

- CMS is adding a range of behavioral health providers
- Specialists under this category will include:
 - Marriage and family therapists,
 - Mental health counselors,
 - Opioid Treatment Program providers,
 - Community Mental Health Centers,
 - Addiction medicine physicians, and
 - Other providers who furnish addiction medicine and behavioral health counseling or therapy services in Medicare.
- Permits Telehealth and Psychotherapy for Crisis Services outside a facility

Concierge Doctors

Small but growing number of doctors in Tucson

Fee is approximately \$1000 to \$2500 per year

“Doctors see fewer patients — fewer than 600 — and can dedicate more one-on-one time to addressing and anticipating your health needs and concerns. They also offer services like same-day or next-day appointments, convenient 24/7 reachability, in-depth wellness evaluations and more.”*

In fiscal 2024, Costco's membership fee revenue reached \$4.8 billion, accounting for about 65% of the company's net income in the year.

* <https://www.mdvip.com/physicians-directory/az/tucson>

When's the Best Time to Buy a Medigap Policy?

Medigap Open Enrollment Period (OEP):

- Begins the month you're 65 or older **and** enrolled in Part B (must also have Part A)
- Lasts 6 months

During your Medigap OEP, companies can't:

- Refuse to sell you any Medigap policy they offer
- Make you wait for coverage
- Charge more because of a past/present health problem

★ **NOTE:** You may also buy a Medigap policy whenever a company agrees to sell you one





Medicare Supplement (Medigap) Plans
65 years old - Guaranteed Issue - Non-Tobacco
Pima County



| Company Name | Website Address | Phone # | Rate Type | AM Best | | Approximate Monthly Rates as of April 2024 | | | | | | | | | | | | | | | |
|--|--|----------------|-----------|---------|---------|--|----------|---------|---------|----------|----------|----------|----------|----------|----------|----------|---------|----------|----------|--|--|
| | | | | Rating | Outlook | D | | G (HD) | | G | | K | | L | | M | | N | | | |
| | | | | | | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female | | |
| AARP Medicare Supplement (United Health Care) | www.aarphealthcare.com | 800-523-5800 | Community | A+ | Stable | | | | | \$148.36 | \$131.28 | \$47.56 | \$42.07 | \$98.34 | \$87.06 | | | \$119.54 | \$105.81 | | |
| Ace Property & Casualty Insurance Co. | www.chubb.com | 215-640-1000 | Issue Age | A++ | Stable | | | \$50.58 | \$45.00 | \$128.83 | \$114.50 | | | | | | | \$94.33 | \$83.83 | | |
| Aetna Health & Life Ins Co | www.aetnaseniorproducts.com | 844-795-3428 | Issue Age | A | Stable | | | \$55.06 | \$47.81 | \$166.68 | \$145.03 | | | | | | | \$120.70 | \$104.87 | | |
| Allstate Health Solutions | www.allstatehealth.com | 888-966-2345 | Issue Age | A+ | Stable | | | | | \$135.55 | \$120.00 | | | | | | | \$103.48 | \$91.56 | | |
| American Benefit Life Insurance Company | www.lbig.com | 833-504-0331 | Issue Age | A- | Stable | | | | | \$150.19 | \$130.60 | | | | | | | \$109.36 | \$95.09 | | |
| American Family Life Assurance Co. (AFLAC) | www.aflac.com | 855-207-2078 | Issue Age | A+ | Stable | | | | | \$159.77 | \$139.48 | | | | | | | \$113.51 | \$99.09 | | |
| American Financial Security Life Insurance Co. | www.afslc.com | 866-951-0686 | Issue Age | n/a | n/a | | | | | \$146.97 | \$127.80 | | | | | | | \$111.39 | \$96.86 | | |
| Bankers Fidelity Assurance Co. | www.bankersfidelity.com | 866-458-7504 | Issue Age | n/a | n/a | | | \$43.94 | \$37.18 | \$124.10 | \$108.17 | \$74.49 | \$62.81 | | | | | \$96.63 | \$84.26 | | |
| Blue Cross Blue Shield Of Arizona, Inc. | www.aoblue.com | 888-288-4398 | Community | n/a | n/a | \$171.32 | \$171.32 | | | \$147.52 | \$147.52 | | | | | | | \$125.26 | \$125.26 | | |
| Cigna National Health Insurance Co | www.cigna.com | 877-229-0293 | Issue Age | A | Stable | | | \$50.51 | \$45.10 | \$139.68 | \$124.71 | | | | | | | \$100.00 | \$89.29 | | |
| Elips Life Ins Co - Lumico Medigap Solutions | www.lumico.com | 866-440-4047 | Issue Age | A | Stable | | | \$57.58 | \$51.42 | \$146.75 | \$131.08 | | | | | | | \$109.50 | \$97.75 | | |
| Everence Association, Inc. | www.everence.com | 800-348-7468 | Community | n/a | n/a | | | | | \$254.66 | \$221.34 | | | | | | | \$216.32 | \$187.99 | | |
| Federal Life Insurance Company | www.federalife.com | 800-233-3750 | Issue Age | n/a | n/a | | | \$44.27 | \$39.52 | \$128.32 | \$114.58 | | | | | | | \$98.65 | \$88.09 | | |
| Globe Life And Accident Insurance Co | www.globelifeaccidentsupp.com | 800-801-6831 | Issue Age | A | Stable | | | \$58.00 | \$58.00 | \$227.00 | \$227.00 | | | | | | | \$158.50 | \$158.50 | | |
| Gpm Health And Life Insurance Company | www.gpmife.com | 800-929-4765 | Issue Age | A- | Stable | | | | | \$254.82 | \$221.59 | | | | | | | \$120.20 | \$104.52 | | |
| Guarantee Trust Life Insurance Company | www.gtlic.com | 800-338-7452 | Issue Age | A- | Stable | | | | | \$277.56 | \$247.82 | | | | | | | \$219.49 | \$195.97 | | |
| Humana Insurance Company (Direct) | www.humana-medicare.com | 888-310-8482 | Issue Age | A- | Stable | | | \$51.41 | \$49.40 | \$286.26 | \$275.22 | \$112.02 | \$107.67 | \$160.11 | \$153.93 | | | \$216.22 | \$207.86 | | |
| Humana Insurance Company (Achieve) | www.humana-medicare.com | 888-602-7443 | Community | A- | Stable | | | \$51.12 | \$44.36 | \$162.89 | \$141.57 | | | | | | | \$124.52 | \$108.19 | | |
| Humana Insurance Company (Value) | www.humana-medicare.com | 800-457-4708 | Issue Age | A- | Stable | | | \$52.27 | \$45.35 | \$182.13 | \$158.28 | \$80.22 | \$69.65 | | | | | \$144.42 | \$125.48 | | |
| Lifeshield National Insurance | www.lifeshieldnational.com | 800-851-5041 | Issue Age | B++ | Stable | | | | | \$140.48 | \$122.16 | | | | | | | \$103.56 | \$90.05 | | |
| Manhattan Life Assurance Company of America | www.manhattanlife.com | 866-669-9030 | Issue Age | B+ | Stable | | | | | \$173.25 | \$125.64 | | | | | | | \$120.25 | \$104.67 | | |
| Medico Corp Life Insurance Co. | www.completeplus.com | 866-891-9365 | Issue Age | A | Stable | | | \$50.73 | \$45.09 | \$147.70 | \$131.29 | | | | | | | \$108.90 | \$96.80 | | |
| MedMutual Protect | www.medmutual.com | 800-382-5729 | Issue Age | A- | Stable | \$155.00 | \$140.83 | \$48.42 | \$44.00 | \$152.25 | \$138.33 | | | | | | | \$96.33 | \$87.58 | | |
| Mutual of Omaha Insurance Company | www.mutualofomaha.com | 1-800-667-2937 | Issue Age | A+ | Stable | | | \$55.20 | \$48.00 | \$178.97 | \$155.63 | | | | | | | \$125.80 | \$109.39 | | |
| New Era Life Insurance Company | www.neweralife.com | 800-552-7879 | Issue Age | A- | Stable | | | \$44.41 | \$40.37 | \$150.21 | \$136.56 | | | | | \$101.50 | \$89.82 | \$111.00 | \$98.23 | | |
| Pekin Life Insurance Co. | www.pekininsurance.com | 888-353-3359 | Issue Age | A- | Stable | | | | | \$159.04 | \$144.52 | | | | | | | \$128.35 | \$111.63 | | |

Medigaps / Medicare Supplements

Medigap Plan Finder at Medicare.gov <https://www.medicare.gov/medigap-supplemental-insurance-plans>

Rate Type “Issue Age” policy rate determined by the age when you buy the policy.

Arizona is an “Issue Age” state now but companies are Grandfathered to allow Community Rated

Rate Type “Community Rated” policy rates are technically independent of age, HOWEVER...

Most “Community Rated” and Policies sold with “early enrollment discount” will have guaranteed yearly increases until the discount is gone

All plan rates may increase due to medical inflation

Ask about extra benefits or discounts

- Household, auto-pay discount
- Health club, etc
- Extra benefits are not guaranteed and may be discontinued

If you didn't have Medical Insurance prior to buying your Medigap, there may be up to 6 month waiting period



Medigap questions to ask

Years in Market _____ Rating _____ Date contacted _____

Premium \$ _____ for age _____ (may be affected by gender, age, and if applicant smokes)

Does the premium include an enrollment discount? YES NO

What is the enrollment discount for my first year? _____

How much does the enrollment discount decrease every year? _____

When does the enrollment discount end? _____

What is your household discount (if any)? _____

Does household member have to enroll in a Medigap with your company? YES NO

Other discounts (describe) _____

| | |
|----------------------|----------------------|
| Premium History | \$ _____ 3 years ago |
| \$ _____ last year | \$ _____ 4 years ago |
| \$ _____ 2 years ago | \$ _____ 5 years ago |

Do you have crossover billing? (Medicare automatically sends the claim to your company) YES NO

If you do NOT have a guaranteed issue and have a pre-existing condition, see if the plan will accept you.

My condition

Lookback period

Even if you are in your guaranteed issue period, if you are NOT currently covered by an insurance plan, there may be a waiting period for certain pre existing conditions.

My condition

Waiting period

List optional riders and/or additional benefits below

2023 to 2024 Medigap Rate Chgs 65 y/o Guar Issue

| | G (HD) | | G | | N | |
|--|--------|--------|-------|--------|-------|--------|
| | Male | Female | Male | Female | Male | Female |
| AARP Medicare Supplement (United Health Care) | | | 12.9% | 12.9% | -3.3% | -3.6% |
| Ace Property & Casualty Insurance Co. | 7.9% | 8.0% | 12.0% | 12.0% | 8.0% | 8.0% |
| Aetna Health & Life Ins Co | 0.0% | 0.0% | 9.0% | 9.0% | 9.0% | 9.0% |
| Allstate Health Solutions | | | 8.2% | 8.2% | 4.4% | 4.4% |
| American Benefit Life Insurance Company | | | 8.0% | 8.0% | 8.0% | 8.0% |
| American Family Life Assurance Co. (AFLAC) | | | 11.0% | 11.0% | 6.5% | 6.5% |
| American Financial Security Life Insurance Co. | | | 8.0% | 8.0% | 6.0% | 6.0% |
| Blue Cross Blue Shield Of Arizona, Inc. | | | 6.0% | 6.0% | 0.6% | 0.6% |
| Cigna National Health Insurance Co | 3.0% | 3.0% | 3.0% | 3.0% | 3.0% | 3.0% |
| Elips Life Ins Co - Lumico Medigap Solutions | 8.0% | 7.9% | 9.0% | 9.0% | 8.0% | 7.8% |
| Everence Association, Inc. | | | 6.0% | 6.0% | 6.0% | 6.0% |
| Federal Life Insurance Company | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Globe Life And Accident Insurance Co | 0.0% | 0.0% | 9.0% | 9.0% | 7.3% | 7.3% |
| Gpm Health And Life Insurance Company | | | 25.0% | 25.0% | 25.0% | 25.0% |
| Guarantee Trust Life Insurance Company | | | 19.9% | 19.9% | 19.9% | 19.9% |
| Humana Insurance Company (Direct) | 0.0% | 0.0% | 12.0% | 12.0% | 10.0% | 10.0% |
| Humana Insurance Company (Achieve) | 0.0% | 0.0% | 9.5% | 9.5% | 3.0% | 3.0% |

2023 to 2024 Medigap Rate Chgs 65 y/o Continued

| | G (HD) | | G | | N | |
|---|--------|--------|--------|--------|-------|--------|
| | Male | Female | Male | Female | Male | Female |
| Lifeshield National Insurance | | | 9.0% | 9.0% | 9.0% | 9.0% |
| Manhattan Life Assurance Company of America | | | 12.0% | -6.6% | 4.9% | 5.0% |
| Medico Corp Life Insurance Co. | 32.9% | 30.0% | 32.9% | 30.0% | 31.4% | 28.6% |
| MedMutual Protect | 9.8% | 9.8% | 9.9% | 9.9% | 9.9% | 9.9% |
| Mutual of Omaha Insurance Company | 0.0% | 0.0% | 12.0% | 12.0% | 12.0% | 12.0% |
| New Era Life Insurance Company | 0.0% | 0.0% | 9.7% | 9.7% | 7.5% | 7.5% |
| Pekin Life Insurance Co. | | | 9.5% | 9.5% | 6.0% | 6.0% |
| Physicians Life Insurance Company | -23.9% | -11.1% | -11.1% | -11.1% | | |
| Royal Arcanum | | | 15.0% | 15.0% | 15.0% | 15.0% |
| State Farm Mutual Automobile Ins. Company | | | 10.0% | 10.0% | 10.0% | 10.0% |
| The American Home Life Ins. Co. | | | 9.0% | 9.0% | 9.0% | 9.0% |
| Transamerica Life Insurance Company | | | 9.5% | 9.5% | 9.5% | 9.5% |
| United American Insurance Company | 16.1% | 14.3% | 10.0% | 9.5% | 5.1% | 4.9% |
| Universal Fidelity Life Insurance Co. | | | 0.0% | 0.0% | 0.0% | 0.0% |
| USAA Life Insurance Company | | | 8.0% | 8.0% | 10.0% | 10.0% |
| Washington National Insurance Co. | 0.0% | 0.0% | 4.5% | 4.5% | 0.0% | 0.0% |
| WMI Mutual Insurance Company | | | 0.0% | 0.0% | 0.0% | 0.0% |
| Wellcare (Centene) | | | 9.0% | 4.6% | 4.6% | 4.6% |

Find a Medigap policy that works for you

In Original Medicare, you generally pay some of the costs for approved services. Medicare Supplement Insurance (**Medigap**) is extra insurance you can buy from a private company that helps pay your share of costs.

ENTER YOUR ZIP CODE

Start

How to buy a Medigap policy

Step 1

Decide which plan you want

Medigap policies are standardized, and in most states are named by letters, Plans A-N. Compare the benefits each plan helps pay for and choose a plan that covers what you

<https://www.medicare.gov/medigap-supplemental-insurance-plans/#/m/?year=2024&lang=en>

When Can You Buy or Switch Medigap Policies?


- When you start taking Part B you have a 6-month “Guaranteed Issue” period
 - can buy any policy from any company
 - can’t be denied or charged a higher premium based on pre-existing or current health
- You may purchase certain Medigap Plans within 63 days of these events:
 - o You leave your Advantage plan’s coverage area
 - o Your Medicare Advantage or Medigap plan is discontinued
- You can always be asked if you’re a smoker, your age, gender, zip code

If you don’t have a “Guaranteed Issue”...Anytime an insurance company will sell one to you

- You will be subject to underwriting, health questions
- You may have to pay more because of your age and health
- It is illegal for the insurance company to sell you a policy if you are on AHCCCS/Medicaid

More Medigap Rights: MA Trial Periods

“1st Time on Medicare Advantage” Trial Periods

- You joined a Medicare Advantage plan when you were first eligible for Medicare at 65:
 - You have 1 year to “try out” the Medicare Advantage plan. During this first year, you may switch to Original Medicare. You are guaranteed the right to buy any Medigap policy sold in your area. (Note: You will not have this Trial Right if you delay taking Part B past your first Medicare Eligibility at Age 65)
 - You have Original Medicare and a Medigap policy, then decide to switch to a Medicare Advantage Plan for the first time:
 - You have 1 year to “try out” the Medicare Advantage plan. During this 1st year, you may switch back to Original Medicare. You are only guaranteed the right to get your former Medigap plan back.
- 

Medigap Rights Vary by State

Arizona follows only the Federal Minimum Standards along with 14 other states

- Wisconsin, Minnesota and Massachusetts have their own Medigap Standard Plans
- 4 States have continuous Guaranteed Issue protections
 - CT, MA, ME (one month/year) and NY
- Some states provide rights to Current Medigap Policyholders
 - 5 States have some Medigap “Birthday Rule”
 - Allows change to a plan of equal or lesser benefit
 - Residents of California, Oregon, Illinois, Nevada and Idaho
- Some states give special enrollment rights to those losing Medicaid Coverage
- 8 States require all premiums to be Community Rated
- 35 States require companies to make one type of Medigap available to those under 65
 - Not all covered; Rules vary by state and disability (ESRD)
- 8 States do not allow (or limit) excess charges.
 - Connecticut, Massachusetts, Minnesota, New York, Ohio, Pennsylvania, Rhode Island, and Vermont

<https://www.aarp.org/health/medicare-qa-tool/medigap-insurance-under-65/>
<https://www.kff.org/medicare/issue-brief/medigap-enrollment-and-consumer-protections-vary-across-states/>

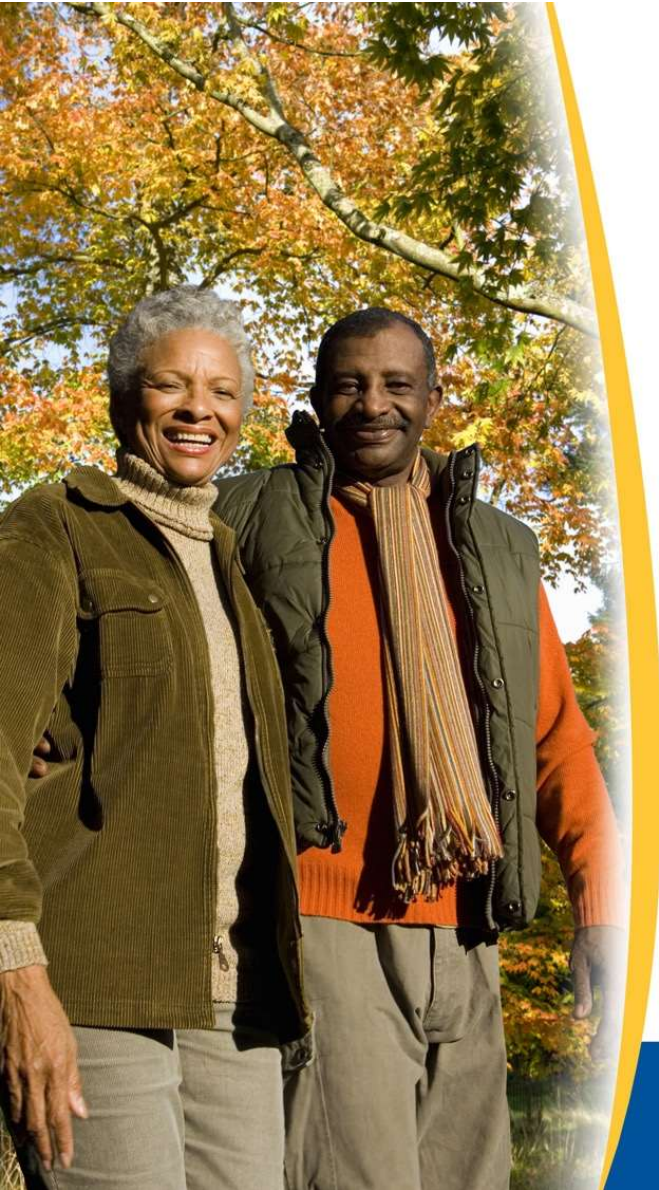
Medigap Rights Vary by State

Arizona follows only the Federal Minimum Standards along with 14 other states

- Wisconsin, Minnesota and Massachusetts have their own Medigap Standard Plans
- 4 States provide continuous Guaranteed Issue protections
 - California, Colorado, Connecticut and NY
- Some states provide rights to current Medigap Policyholders
 - 5 States prohibit the “Birthday Rule”
 - Allow for a plan of equal or lesser benefit
 - Residents of Alaska, Arizona, Georgia, Illinois, Nevada and Idaho
- Some states offer enrollment rights to those losing Medicaid Coverage
- 8 States require rates to be Community Rated
- 35 States require companies to make one type of Medigap available to those under 65
 - No underwriting; Rules for end stage and disability (ESRD)
- 8 States do not allow (or limit) extra charges.
 - Connecticut, Massachusetts, Minnesota, New York, Ohio, Pennsylvania, Rhode Island, and Vermont

NOT IN ARIZONA!

<https://www.aarp.org/health/medicare-ga-tool/medigap-insurance-under-65/>
<https://www.kff.org/medicare/issue-brief/medigap-enrollment-and-consumer-protections-various-states/>



Medicare Drug Coverage (Part D)

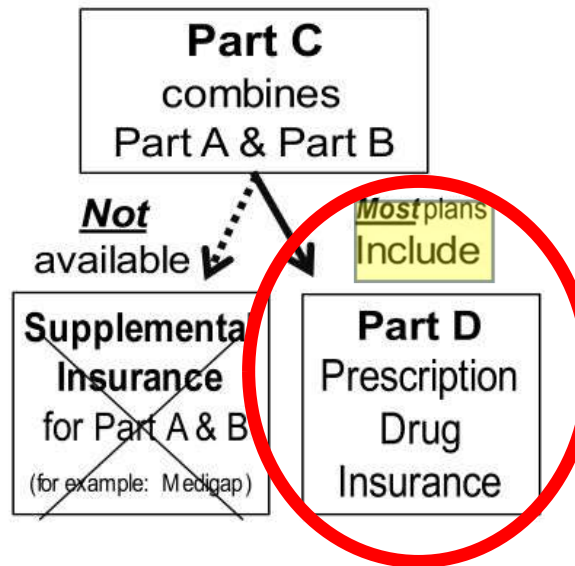
Your Medicare Choices

* Original Medicare



*Beneficiaries may see any Medicare provider in the United States who is accepting patients

Medicare Advantage



Changes for 2025 – Part D Cap

- The new cap of \$2000 on enrollees' annual out-of-pocket spending on prescription drugs starts in 2025.
 - More than 3 million (8.4%) of Part D enrollees are expected to benefit
 - 56,000 in AZ
- \$2000 cap does not include monthly premiums
- Very few Medicare beneficiaries (11%) report awareness of the upcoming Medicare Part D cap

<https://www.aarp.org/content/dam/aarp/ppi/topics/health/prescription-drugs/new-medicare-part-d-out-of-pocket-spending-cap-important-improvement-for-enrollees-facing-high-prescription-drug-costs.doi.10.26419-2fppi.00335.001.pdf>

Medicare Prescription Payment Plan in 2025

The Inflation Reduction Act (IRA) 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.

- **A Voluntary Program.**
- **Does not save money**
- Start January 1, 2025
- Program participants will pay \$0 to the pharmacy for covered Part D drugs.
- Part D plan sponsors will then bill participants monthly for any cost sharing they incur while in the program.
- Pharmacies will be paid in full by the Part D sponsor in accordance with Part D prompt payment requirements.
- Enrollees with high cost sharing earlier in the calendar year are more likely to benefit from the program.
- For people with Medicare drug coverage eligible for Extra Help (also known as LIS), enrollment in Extra Help is more advantageous than the Medicare Prescription Payment Plan.

Medicare Prescription Payment Plan: Example 1

Juan starts the payment plan in January. He fills a \$500 prescription each month:

| Month | Juan's drug costs | Juan's monthly payment | Notes |
|-----------|-------------------|------------------------|--|
| January | \$500 | \$166.67 | Juan's first month's bill is based on the "maximum possible payment" calculation. |
| February | \$500 | \$75.76 | After the first month, a different calculation is used |
| March | \$500 | \$125.76 | |
| April | \$500 | \$181.31 | Juan has reached the annual out-of-pocket maximum (\$2,000 in 2025). |
| May | \$0 | \$181.31 | Juan continues to get his \$500 drug each month but won't add any new costs since he's reached the annual out-of-pocket maximum. |
| June | \$0 | \$181.31 | |
| July | \$0 | \$181.31 | |
| August | \$0 | \$181.31 | |
| September | \$0 | \$181.31 | |
| October | \$0 | \$181.31 | |
| November | \$0 | \$181.31 | |
| December | \$0 | \$181.31 | |
| TOTAL | \$2,000 | \$2,000 | |

Medicare Prescription Payment Plan: Example 2

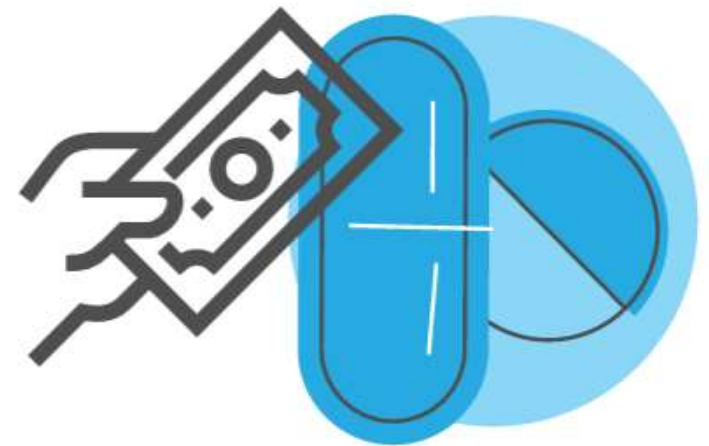
Carmen takes several drugs totaling \$80 out-of-pocket each month. She started participating in January. Her first fill at the pharmacy is in January:

| Month | Carmen's drug costs | Carmen's monthly payment | Notes |
|--------------|---------------------|--------------------------|---|
| January | \$80 | \$80 | Carmen's first month's bill is based on the "maximum possible payment" calculation. |
| February | \$80 | \$7.27 | After the first month, a different calculation is used. |
| March | \$80 | \$15.27 | |
| April | \$80 | \$24.16 | |
| May | \$80 | \$34.16 | |
| June | \$80 | \$45.59 | |
| July | \$80 | \$58.93 | |
| August | \$80 | \$74.92 | |
| September | \$80 | \$94.93 | |
| October | \$80 | \$121.59 | |
| November | \$80 | \$161.59 | |
| December | \$80 | \$241.59 | |
| TOTAL | \$960 | \$960 | |

The Medicare Drug Price Negotiation Program

Medicare is negotiating directly with participating drug companies for the price of certain high-expenditure brand-name drugs covered under Medicare Part B or Part D that don't have generic or biosimilar competition

- Medicare selected and negotiated maximum fair prices for 10 drugs covered under Part D (prices will be effective in 2026)
- Future selections include:
 - Up to 15 drugs covered under Part D in 2025 (for prices effective in 2027)
 - Up to 15 drugs covered under Part B or Part D in 2026 (for prices effective in 2028)
 - Up to 20 drugs covered under Part B or Part D in 2027 (for prices effective in 2029)
 - Up to 20 drugs covered under Part B or Part D in 2028 (for prices effective 2030)



The Medicare Drug Price Negotiation Program (continued)

The following drugs covered under Part D were selected for the first cycle of maximum fair price negotiations for 2026:

- Eliquis
- Jardiance
- Xarelto
- Januvia
- Farxiga
- Entresto
- Enbrel
- Imbruvica
- Stelara
- Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog FlexPen; NovoLog PenFill

Medicare Drug Price Negotiation Program

- Discounts range from 38% to 79% off of list prices
- Projected savings to the Medicare program of \$6 billion
- plus \$1.5 billion in out-of-pocket
- Prices take effect 2026
- Negotiations for 15 additional drugs for 2027
 - Ozempic??

| Drug Name | Negotiated price | List price in 2023 | Discount of negotiated price |
|------------------------------|------------------|--------------------|------------------------------|
| Januvia | \$113.00 | \$527.00 | 79% |
| NovoLog/Fiasp (several pens) | \$119.00 | \$495.00 | 76% |
| Farxiga | \$178.50 | \$556.00 | 68% |
| Enbrel | \$2,355.00 | \$7,106.00 | 67% |
| Jardiance | \$197.00 | \$573.00 | 66% |
| Stelara | \$4,695.00 | \$13,836.00 | 66% |
| Xarelto | \$197.00 | \$517.00 | 62% |
| Eliquis | \$231.00 | \$521.00 | 56% |
| Entresto | \$295.00 | \$628.00 | 53% |
| Imbruvica | \$9,319.00 | \$14,934.00 | 38% |

August 2024

<https://www.cms.gov/newsroom/fact-sheets/medicare-drug-price-negotiation-program-negotiated-prices-initial-price-applicability-year-2026>

Understanding Medicare

| Drug Name | Participating Drug Company | Commonly Treated Conditions | Agreed to Negotiated Price for 30-day Supply for CY 2026 | List Price for 30-day Supply, CY 2023 | Discount of Negotiated Price from 2023 List Price | Total Part D Gross Covered Prescription Drug Costs, CY 2023 | Number of Medicare Part D Enrollees Who Used the Drug, CY 2023 |
|--|----------------------------|--|--|---------------------------------------|---|---|--|
| Januvia | Merck Sharp Dohme | Diabetes | \$113.00 | \$527.00 | 79% | \$4,091,399,000 | 843,000 |
| Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill | Novo Nordisk Inc | Diabetes | \$119.00 | \$495.00 | 76% | \$2,612,719,000 | 785,000 |
| Faniga | AstraZeneca AB | Diabetes; Heart failure; Chronic kidney disease | \$178.50 | \$556.00 | 68% | \$4,342,594,000 | 994,000 |
| Enbrel | Immunex Corporation | Rheumatoid arthritis; Psoriasis; Psoriatic arthritis | \$2,355.00 | \$7,106.00 | 67% | \$2,951,778,000 | 48,000 |
| Jardiance | Boehringer Ingelheim | Diabetes; Heart failure; Chronic kidney disease | \$197.00 | \$573.00 | 66% | \$8,840,947,000 | 1,883,000 |
| Stelara | Janssen Biotech, Inc. | Psoriasis; Psoriatic arthritis; Crohn's disease; Ulcerative colitis | \$4,695.00 | \$13,836.00 | 66% | \$2,988,560,000 | 23,000 |
| Xarelto | Janssen Pharms | Prevention and treatment of blood clots; Reduction of risk for patients with coronary or peripheral artery disease | \$197.00 | \$517.00 | 62% | \$6,309,766,000 | 1,324,000 |
| Eliquis | Bristol Myers Squibb | Prevention and treatment of blood clots | \$231.00 | \$521.00 | 56% | \$18,275,108,000 | 3,928,000 |
| Entresto | Novartis Pharms Corp. | Heart failure | \$295.00 | \$628.00 | 53% | \$3,430,753,000 | 664,000 |
| Imbruvica | Pharmacyclics LLC | Blood cancers | \$9,319.00 | \$14,934.00 | 38% | \$2,371,858,000 | 17,000 |

Note: Numbers other than prices are rounded to the nearest thousands. List prices are rounded to the nearest dollar and represent

2025 CMS Arizona Fact Sheet

Medicare Part D (Standalone Plans):

- 14 stand-alone Medicare prescription drug plans are available in 2025.
 - Number of plans down from 21 in 2024 and 28 in 2023
 - Number of plans is down 26% nationally YTY
 - Several plans have name or other changes (cross-walking)
 - 2 Blue and 3 Mutual of Omaha Plans will not be offered in 2025
 - Clients will need to select a new plan
 - 5 plans have increased premiums
 - 9 plans have lower or the same premium
 - 2 Clear Springs plans are sanctioned (cannot enroll new members)
- 2 Plans with \$0 monthly premium, another at \$0.80/mo



2025 ARIZONA STAND-ALONE PART D PRESCRIPTION DRUG PLAN ORGANIZATIONS

compiled by PCOA from information on www.medicare.gov as of October 1, 2024

Pima Council on Aging (520) 546-2011

*In order to qualify for a Stand-Alone Part D plan, a beneficiary may have Part A only, Part B only or both Parts A & B.

| Company Name and Phone Number | Plan Name and ID Numbers | Star Rating | Benefit Type Detail | \$0 Premium with Full Low-Income Subsidy | Monthly Drug Premium | Annual Drug Deductible |
|---|--|----------------|---------------------|--|----------------------|------------------------|
| Aetna Medicare 1-833-526-2445 | SilverScript Choice (S5601-056-0) | 2.5★ | Basic | | \$44.90 | \$590 |
| Cigna 1-800-735-1459 | Cigna Healthcare Saver Rx (S5617-378-0) | 2.5★ | Enhanced | | \$16.40 | \$590 |
| | Cigna Healthcare Extra Rx (S5617-273-0) | 2.5★ | Enhanced | | \$57.90 | \$175 |
| | Cigna Healthcare Assurance Rx (S5617-138-0) | 2.5★ | Basic | • | \$0.00 | \$590 |
| Clear Spring Health * 1-877-317-6082 | Clear Spring Health Value Rx (S6946-023-0) | under sanction | Basic | • | \$10.40 | \$590 |
| | Clear Spring Health Premier Rx (S6946-089-0) | under sanction | Enhanced | | \$73.20 | \$590 |
| Humana Insurance Company 1-800-706-0872 | Humana Basic Rx Plan (S5884-146-0) | 3.5★ | Basic | | \$64.40 | \$590 |
| | Humana Premier Rx Plan (S5884-174-0) | 3.5★ | Enhanced | | \$133.30 | \$0 |
| | Humana Value Rx Plan (S5884-207-0) | 3.5★ | Enhanced | | \$27.90 | \$573 |
| United Healthcare Insurance Co. 1-888-867-5564 1-800-753-8004 | AARP MedicareRx Saver from UHC (S5921-380-0) | 2★ | Basic | | \$47.90 | \$590 |
| | AARP MedicareRx Preferred from UHC (S5921-409-0) | 2★ | Enhanced | | \$82.10 | \$0 |
| Wellcare 1-800-270-5320 | WellCare Classic (S4802-092-0) | 3.5★ | Basic | • | \$0.80 | \$590 |
| | WellCare Value Script (S4802-134-0) | 3.5★ | Enhanced | | \$0.00 | \$590 |
| | WellCare Medicare Rx Value Plus (S4802-231-0) | 3.5★ | Enhanced | | \$102.40 | \$590 |

Total of 12 Plans available

LIS Benchmark Subsidy 2025 = \$30.10

National Base Premium 2025 = \$36.78

* Plan under sanction cannot enroll new members

* This project was supported, in part by grant number 90SAP0083, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.*

Medicare Part D Funding

- Part D is financed ...
 - primarily by general revenues (74%)
 - beneficiary premiums (15%)
 - an additional 11% of revenues coming from state payments for beneficiaries enrolled in both Medicare and Medicaid
 - It is not funded by the Medicare payroll tax
 - There is No Part D Medicare Trust Fund
- Higher-income enrollees pay a larger share of the cost of Part D coverage, as they do for Part B.
 - Part D IRMMA

Part D – Tips for Saving Money

- Run the Drug Plan Finder at <https://www.medicare.gov/plan-compare> during open/special enrollment periods!
 - Don't focus simply on tiers or premium or deductible! Plan Finder calculates all these for you
 - A higher premium doesn't mean it's a better plan for you.
- If you don't take any prescriptions, good choices in 2025 are
 - Wellcare Value Script at \$0/mo
 - Cigna Assurance Rx at \$0/mo
 - Wellcare Classic at \$0.80/mo
- Costs are usually lowest if you use the plan's Preferred Pharmacies, followed by network pharmacies, and highest with out-of-network pharmacies
 - Start Plan Finder searches with common Preferred Pharmacies: WalMart, Walgreens & Mail Order

Note Preferred Pharmacies

| PLAN NAME PLAN NUMBER | DEDUCTIBLE STAR RATING | COMPANY NAME PHONE NUMBER | MONTHLY PREMIUM | PREFERRED PHARMACIES ** |
|---|---------------------------|---|--------------------|----------------------------|
| AARP Medicare Rx Preferred from UHC S5921-409 *** | \$0 | UnitedHealthcare 800 753-8004 www.aarpmedicareplans.com | \$82.10 | Costco, Fry's, Mail Order, |
| | | | LIS | Osco, Safeway |
| | 2.0 | | \$52.00 | Walgreens, Walmart |
| AARP Medicare Rx Saver from UHC S5921-380 | \$590 | UnitedHealthcare 888 867-5564 www.aarpmedicareplans.com | \$47.90 | Costco, Fry's, Mail Order, |
| | | | LIS | Osco, Safeway, |
| | 2.0 | | \$17.80 | Walgreens, Walmart |
| | | | | |
| Aetna Medicare SilverScript Choice S5601-056 | \$590 | Aetna Medicare 833 526-2445 www.aetnamedicare.com | \$44.90 | No Preferred Pharmacies |
| | | | LIS | |
| | 2.5 | | \$14.80 | |
| | | | | |
| Cigna Healthcare Assurance Rx S5617-138 | \$590 | Cigna Healthcare 800 735-1459 www.cignamedicare.com | \$0.00 | Banner, Evernorth, |
| | | | LIS | Mail Order, Safeway, |
| | 2.5 | | \$0.00 | Osco, W'greens, W'mart |
| Cigna Healthcare Extra Rx S5617-273 *** | \$175* | Cigna Healthcare 800 735-1459 www.cignamedicare.com | \$57.90 | Banner, Evernorth, |
| | | | LIS | Mail Order, Safeway, |
| | 2.5 | | \$27.80 | Osco, W'greens, W'mart |
| Cigna Healthcare Saver Rx S5617-378 *** | \$590* | Cigna Healthcare 800 735-1459 www.cignamedicare.com | \$16.40 | Evernorth, Mail Order, |
| | | | LIS | Osco, Sam's Club, |
| | 2.5 | | \$16.40 | Walgreens, Walmart |

| PLAN NAME PLAN NUMBER | DEDUCTIBLE STAR RATING | COMPANY NAME PHONE NUMBER | MONTHLY PREMIUM | PREFERRED PHARMACIES ** |
|---|---------------------------|--|--------------------|--|
| Humana Basic Rx Plan S5884-146 | \$590 | Humana 800 706-0872 www.humana.com/medicare | \$64.40 | Mail Order |
| | | | LIS | |
| | 3.5 | | \$34.30 | |
| Humana Premier Rx Plan S5884-174 *** | \$0 | Humana 800 706-0872 www.humana.com/medicare | \$133.30 | Costco, Mail Order, Sam's Club, Walmart |
| | | | LIS | |
| | 3.5 | | \$103.20 | |
| Humana Value Rx Plan S5884-207 | \$573* | Humana 800 706-0872 www.humana.com/medicare | \$27.90 | Costco, Mail Order, Sam's Club, Walmart |
| | | | LIS | |
| | 3.5 | | \$15.90 | |
| | | | | |
| Wellcare Classic S4802-092 | \$590 | Wellcare 800 270-5320 www.wellcare.com/pdp | \$0.80 | Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walgreens |
| | | | LIS | |
| | 3.5 | | \$0.00 | |
| Wellcare Medicare Rx Value Plus S4802-231 | \$590* | Wellcare 800 270-5320 www.wellcare.com/pdp | \$102.40 | Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walgreens |
| | | | LIS | |
| | 3.5 | | \$72.30 | |
| Wellcare Value Script S4802-134 | \$590* | Wellcare 800 270-5320 www.wellcare.com/pdp | \$0.00 | Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walgreens |
| | | | LIS | |
| | 3.5 | | \$0.00 | |

** Plans may have additional Preferred Pharmacies

Part D - More Tips for Saving Money

- Mail order is sometimes, but not always, less expensive
- Compare the cash price with your Part D copay. If paying cash, check for discounts from websites such as www.goodrx.com or others
- If your medication is in a high tier ask your plan for a tiering exception
- Ask your doctor about samples. Know that your doctor may not be able to provide samples for long
- If your medication is not on the plan's formulary ask your plan for a formulary exception
- Ask your pharmacist or doctor if there are generics or other medications on the plans formulary that you can take
- Compare plan coverages during open/special enrollment

Variety of On-Line Pharmacies / Savings Cards that Medicare Beneficiaries can use

Not part of Medicare



<https://www.costco.com/cmpp>

Member price may be less than insr price



<https://www.samsclub.com/pharmacy/rxsavings?xid=vanity:rxsavings>

Plus Members get better prices on some drugs



<https://www.walmart.com/cp/4-prescriptions/1078664>



www.goodrx.com



www.costplus.com



pharmacy.amazon.com



www.singlecare.com

Many others....

57

Stop overpaying
for your prescriptions!

Save up to 80% with GoodRx!
Just take this FREE card
to your pharmacy.

FOLD AND DETACH CARD HERE

GoodRx Prescription Drug Savings Card

Save up to 80% on prescription drugs at virtually every U.S. pharmacy!

| | | | |
|-------|---------|-----------|-----------|
| BIN | 610602 | MEMBER ID | |
| PCN | NVT | | CN8886566 |
| GROUP | GRX3000 | | |

Customer Questions Call: 1-844-292-1232
Pharmacist Questions Call: 1-866-809-9382

Check goodrx.com to find the lowest prices on all FDA-approved drugs.

FOLD AND DETACH CARD HERE

Examples of the great savings
you'll enjoy with GoodRx:

| Prescription | Estimated Retail Price (With No Insurance) | GoodRx Discount Price | Pharmacy | Your Instant Savings* |
|--------------|--|-----------------------|-----------------|-----------------------|
| Crestor | \$174.99 | \$29.18 | Target (CVS) | 83% |
| Celebrex | \$190.99 | \$21.93 | Kroger Pharmacy | 89% |
| Clindamycin | \$75.86 | \$34.67 | Walmart | 54% |
| Valacyclovir | \$111.52 | \$28.32 | Kroger Pharmacy | 75% |
| Prednisone | \$11.84 | \$9.82 | Walgreens | 17% |
| Seroquel | \$82.99 | \$20.12 | CVS Pharmacy | 76% |

*This is based on the discount from the retail price which is the price those without insurance coverage typically pay. Prices are as of August 2018. All prices are for generics. Prices are subject to change.

Alert [Learn how the prescription drug law impacts you](#)

It's Open Enrollment - now to December 7

[Find Plans](#)

Find & Compare

[Find health & drug plans](#)

[Compare coverage options](#)

[Find a Medicare Supplement Insurance \(Medigap\) policy](#)

Learn

[Medicare health plans](#)

[Medicare Supplemental Insurance \(Medigap\)](#)

[How Medicare works with other coverage](#)

[Drug coverage \(Part D\)](#)

My Information

[Looking for your health & drug plan information?](#)

[Log in/create an account](#)



Welcome to Medicare

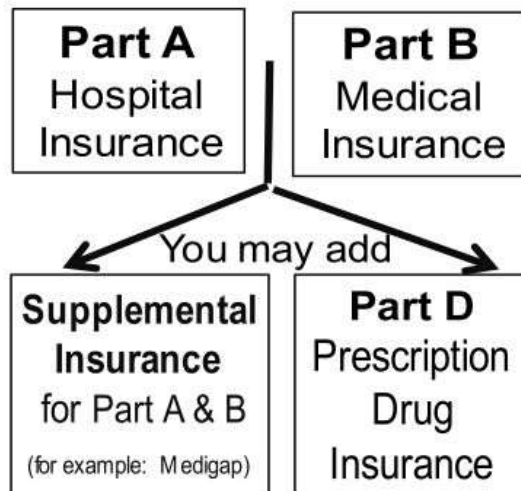
| Resource | Description |
|---|---|
| Pharmaceutical manufacturer assistance programs | https://www.medicare.gov/plan-compare/#/pharmaceutical-assistance-program |
| Extra Help for Medicare patients | The Extra Help Program—based on limited income Visit medicare.gov/basics/costs/help/drug-costs . |
| Charitable patient assistance foundations | Charitable patient assistance foundations, https://www.panfoundation.org/ |



Medicare Advantage Health Plans

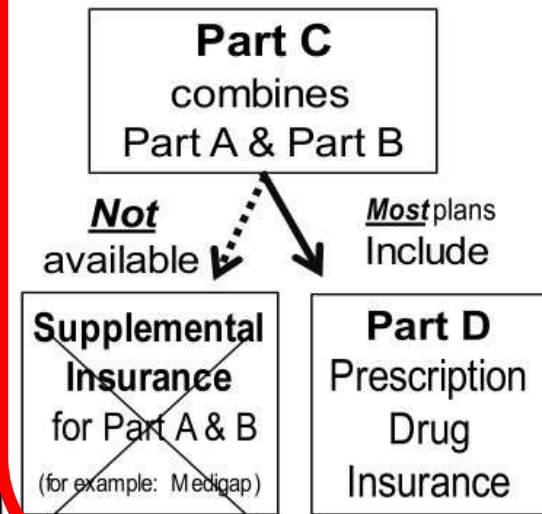
Your Medicare Choices

* Original Medicare



*Beneficiaries may see any Medicare provider in the United States who is accepting patients

Medicare Advantage



Medicare Advantage Plans (Part C)

☒ Part A

☒ Part B

Most plans include:

☒ Part D

☒ Some extra benefits

Some plans also include:

☐ Lower out-of-pocket costs

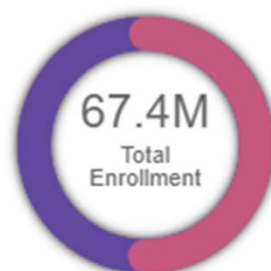


- Another way (other than Original Medicare) to get your Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) **coverage**
- Offered by Medicare-approved **private companies** that must follow rules set by Medicare
- Most **(but not all)** Medicare Advantage Plans include drug coverage (Part D)
- In most cases, you'll need to use health care providers who participate in the **plan's network** (some plans offer non-emergency coverage out of network, but typically at a higher cost)

Hospital/Medical

Prescription Drug

MA: 34.0M
(50% of total)



FFS: 33.4M
(50% of total)

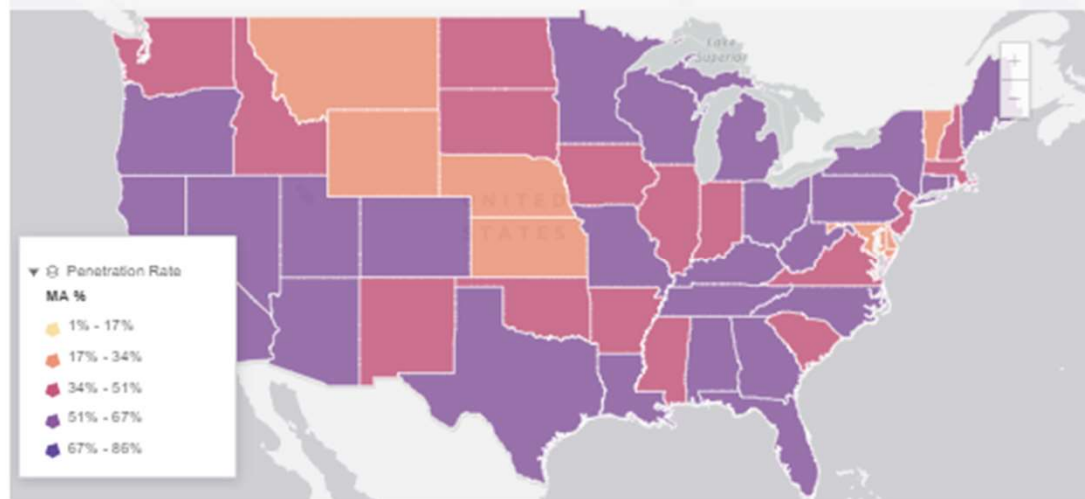
Map/Graphs

Grid

All Areas

Counties

Medicare Advantage (MA) & Other Health Plans Penetration Rate



Esri, TomTom, Garmin, FAO, NOAA, USGS, EPA, USFWS

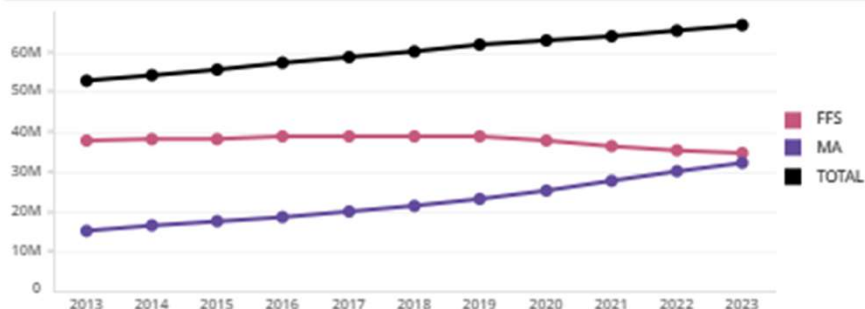
Powered by Esri

*Map includes data for all 50 United States plus Washington D.C. Click to view state level information. See "Grid" for additional US territories.

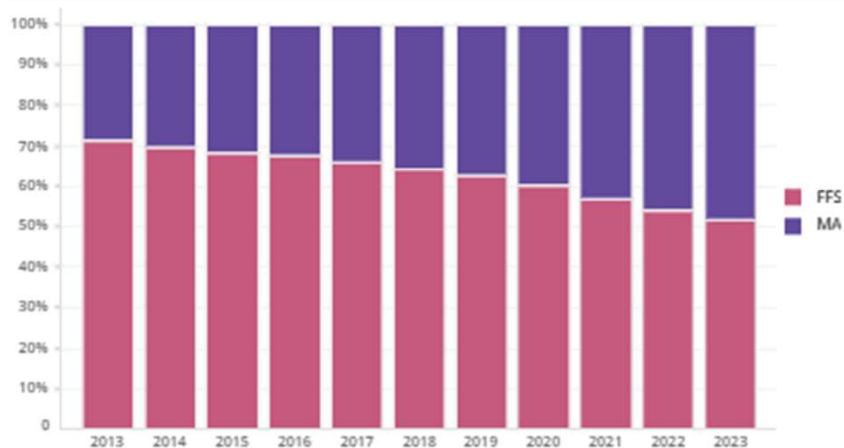
Yearly Trend

12-Month Trend

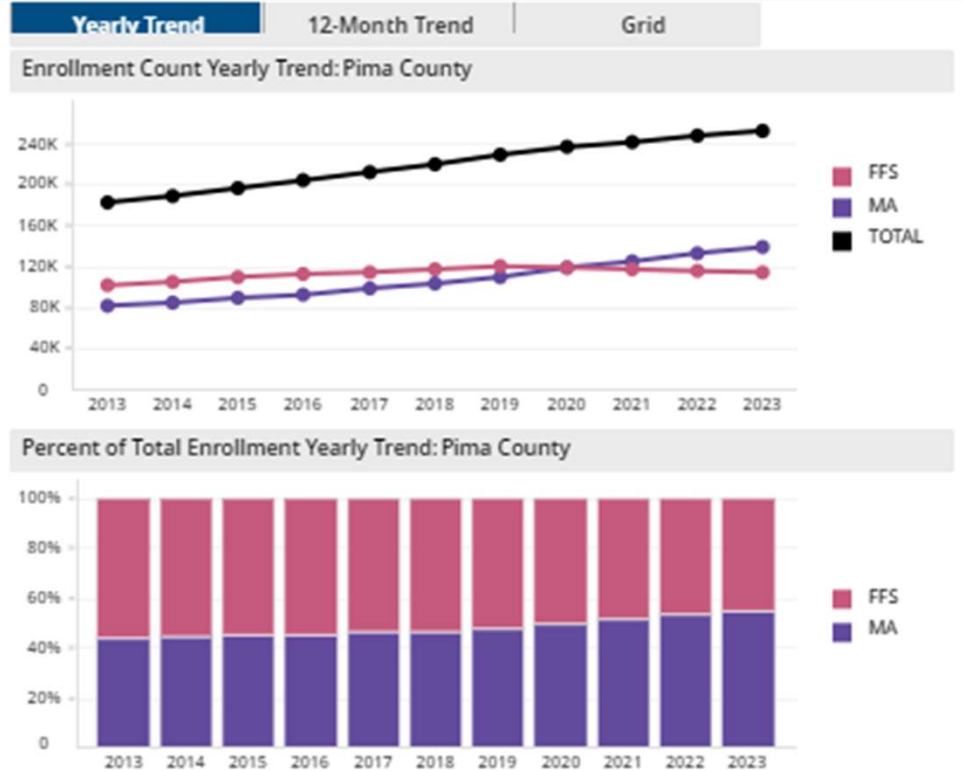
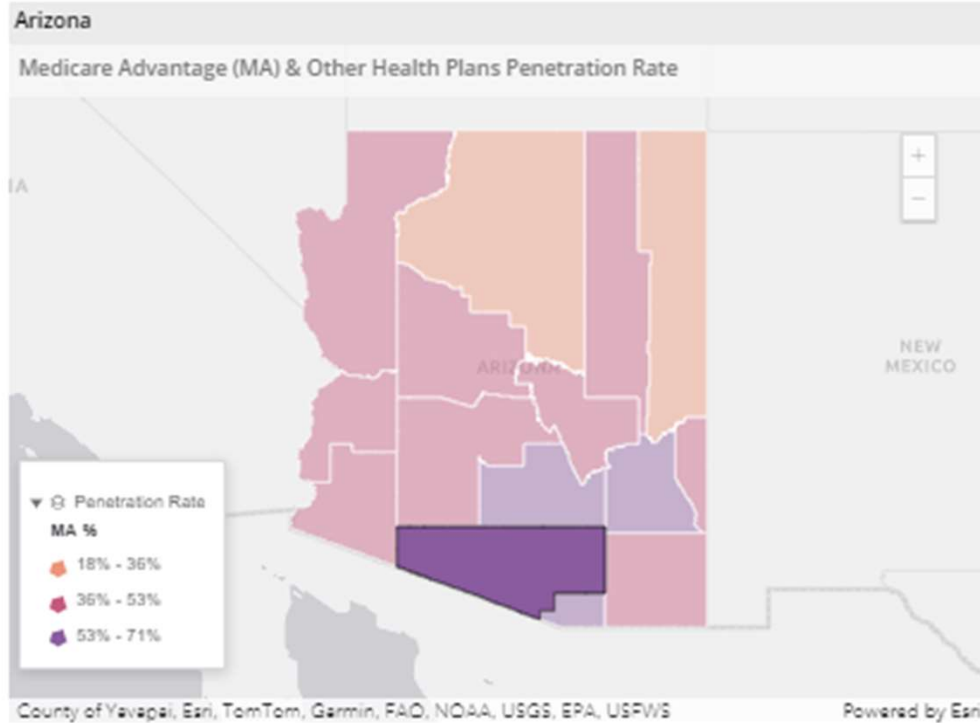
Enrollment Count Yearly Trend: All Areas



Percent of Total Enrollment Yearly Trend: All Areas



ARIZONA (15 counties) | TOTAL: 1,484,871 | FFS: 732,729 (49% of total) | MA: 752,142 (51% of total)



<https://data.cms.gov/tools/medicare-enrollment-dashboard>

Trend in Private and Public Plans to MA

- State of Arizona Retiree plans and many private industry retiree plans provide only MA options
 - Generally, individuals may elect Original Medicare outside their Employer Retiree Plans
- The Postal Service Reform Act of 2022 established a new health benefit program for postal workers
- Postal Service annuitants who retire and become eligible for Medicare after December 31, 2024, and their eligible family members will be required to enroll in Medicare Part B as a condition of eligibility for PSHB
 - See OPM.gov for many details

2026 Required Notice by all MA Plans

- Almost all MA plans offer supplemental benefits (Dental, Vision & Hearing)
 - Many offer 20+ supplemental benefits (OTC, meals, rides, etc)
- But, a 2024 Commonwealth Fund survey found that three out of 10 MA recipients didn't use any available benefits
- **Mid-year supplemental benefits notice** – Beginning January 1, 2026, MA organizations must send notification annually, between June 30 and no later than July 31 of the plan year, to each enrollee with unused supplemental benefits
 - The benefit's scope
 - Cost-sharing for the benefit
 - Instructions on how to access the benefit
 - Network information
 - Customer service number to call for more information

2025 CMS Arizona MA Fact Sheet

In Arizona, 1,484,871 individuals are enrolled in Medicare.

Medicare Advantage:

- The average monthly Medicare Advantage plan premium changed from \$11.44 in 2024 to \$8.10 in 2025.
- 60 Standard Medicare Advantage plans are available in Pima County in 2025
 - 13 new plans
 - HMO, HMO-POS, and PPO
 - plans without Part D (for those with VA/Tricare or other drug benefit)
 - In addition to “street plans” there are SNP (Special Needs Plans) and Dual (AHCCCS/Medicare) Plans
- Many \$0 monthly premium Medicare Advantage plans
 - There are many plans with partial “Give Back” of Part B premium

2025 Pima County Medicare Advantage HMO Plans

| Health Maintenance Organization (HMO) Plan Name | Monthly Premium (includes the Part B premium) | Max Out of Pocket (including deductible) | Drug Coverage/ Deductible* | Copays for Medicare-covered Benefits | | | | | | | | Additional Benefits | | | | | | | |
|---|--|---|----------------------------------|--------------------------------------|---------------------|---|------------------------|--------------------------------|-------------------------|---------------------|---------------------|--------------------------|-----------------|-----------------|--------------------|--------------------------------|-------------------------------------|---|---------|
| | | | | PCP | Specialist | ER / Urgent Care | Hospital Copay/Days | PT, OT or Speech Therapy | Diabetes Supplies | Podiatry | Chiro- practic | Vision Eye- wear # | Hearing Aid | Dental* | Rides ¹ | Quarterly OTC Allowance* | Foot- care (copay/ visits) | Chiro- practic (copay/ visits) | Fitness |
| AARP Med Adv CareFlex from UHC AZ-17 (3) (4) | \$0 | \$6,700 | Y/\$495 | \$0 | \$50 | \$125/\$55 | \$495/5 | \$45 - \$50 | \$0 - 50% | \$45 | \$20 | Y | Y | \$1,000 | N | \$30 | \$45/6 | N | Y |
| AARP Med Adv Essentials from UHC AZ-1 (4) | \$0 | \$2,400 | Y/\$255 | \$0 | \$15 | \$140/\$65 | \$225/7 | \$15 | \$0 - 20% | \$15 | \$10 | Y | Y | \$1,000 | N | \$45 | \$15/6 | \$10/12 | Y |
| AARP Med Adv Extras from UHC AZ-4 (2) (4) | \$0.40 rebate | \$2,900 | Y/\$340 | \$0 | \$25 | \$140/\$55 | \$275/7 | \$25 | \$0 - 20% | \$25 | \$10 | Y | Y | \$3,000 | N | \$75 | \$25/6 | \$10/12 | Y |
| AARP Med Adv from UHC AZ-0013 (4) (5) | \$20 | \$4,300 in \$10,000 out | Y/\$0 | \$10 in \$35 out | \$30 in \$70 out | \$120/\$40 | \$250/7 in 40% out | \$20 in \$70 out | \$0 - 20% in 50% out | \$30 in \$70 out | \$15 in \$70 out | Y | Y | \$1,000 | N | \$40 | \$30/6 in \$70/6 out | N | Y |
| Aetna Medicare Platinum (4) (6) | \$0 | \$4,900 | Y/\$590 | \$0 | \$30 | \$125/\$55 | \$190/7 | \$30 | \$0 - 20% | \$0 | \$20 | Y | Y | \$2,500 | N | \$30 | N | N | Y |
| Aetna Medicare Premier -004 (4) (6) | \$0 | \$4,150 | Y/\$590 | \$0 | \$30 | \$140/\$50 | \$445/7 | \$25 | \$0 - 20% | \$30 | \$20 | Y | Y | \$1,000 | N | N | N | N | Y |
| Aetna Medicare Sunrise -146 (2) (4) (6) | \$7 rebate | \$2,700 | Y/\$590 | \$0 | \$30 | \$140/\$50 | \$175/5 | \$5 | \$0 - 20% | \$0 | \$20 | Y | Y | \$2,000 | N | \$45 | N | N | Y |
| Aetna Medicare Value Plus -177 (4) (6) (8) | \$9.90 | \$2,700 | Y/\$590 | \$0 | \$25 | \$140/\$50 | \$195/7 | \$25 | \$0 - 20% | \$25 | \$20 | Y | Y | \$2,500 | N | \$50 | N | N | Y |
| Alignment Health smartHMO (2) | \$125 rebate | \$3,900 | Y/\$590 | \$0 | \$20 | \$120/\$0 | \$375/7 | \$0 | 0% - 20% | \$5 | \$10 | Y | N | Prev | N | N | N | N | Y |
| Alignment Health the ONE + Walgreens -002 | \$0 | \$2,499 | Y/\$0 | \$0 | \$0 | \$75/\$0 | \$125/6 | \$0 | 0% - 20% | \$0 | \$0 | Y* | Y | \$2,000 | 24* | \$25/mth* | N | \$0/24 | Y |
| Banner Medicare Advantage Prime -002 | \$0 | \$2,995 | Y/\$0 | \$0 | \$15 | \$120/\$0 | \$275/5 | \$0 | \$0 - 20% | \$25 | \$20 | Y | Y | Prev | N | \$55 | N | \$35/6 | Y |
| Blue Best Life Classic -008 (2) (6) | \$6 rebate | \$2,800 | Y/\$0 | \$0 | \$5 | \$90/\$25 | \$125/5 | \$10 | \$0 - 20% | \$5 | \$10 | Y | Y | \$2,000 | N | \$75 | N | \$15/30 | Y |
| Cigna Alliance Medicare (2) (6) | up to \$5 rebate | \$2,300 | Y/\$0 | \$0 | \$5 | \$140/\$10 | \$150/7 | \$5 | \$0 | \$5 | \$20 | Y | Y | \$3,000 | 50 | \$125 | \$5/12 | \$20/12 | Y |
| Cigna Preferred Full Savings Medicare (2) (6) | up to \$174.70 rebate | \$6,800 | Y/\$0 | \$0 | \$45 | \$110/\$45 | \$450/4 | \$35 | \$0 - 20% | \$45 | \$15 | Y | Y | \$500 | 10 | \$25 | N | N | Y |
| Cigna Preferred Medicare (2) (6) | up to \$5 rebate | \$2,900 | Y/\$0 | \$0 | \$30 | \$140/\$30 | \$225/7 | \$30 | \$0 | \$30 | \$20 | Y | Y | \$20,000 | 24 | \$80 | \$25/12 | \$20/12 | Y |
| Cigna Preferred Savings Medicare (2) (6) | up to \$105 rebate | \$3,300 | Y/\$0 | \$0 | \$30 | \$140/\$30 | \$295/7 | \$30 | \$0 | \$30 | \$20 | Y | Y | \$1,300 | 10 | \$25 | \$30/12 | \$20/12 | Y |
| Devoted CORE Arizona -016 | \$0 | \$2,700 | Y/\$590 | \$0 | \$20 | \$140/\$45 | \$225/7 | \$20/\$50 | \$0/35% | \$20 | \$20 | \$1,000 Flex | Y | \$1,000 Flex | N | N | N | N | Y |
| Devoted GIVEBACK Arizona -013 (2) | \$157 rebate | \$8,300 | Y/\$590 | \$0 | \$45 | \$110/\$45 | \$395/5 | \$45/\$50 | \$0/20% | \$45 | \$15 | \$250 Flex | Y | \$250 Flex | N | N | N | N | Y |
| eternalHealth Grand Give Back (2) | up to \$80 rebate | \$4,550 | Y/\$400 | \$0 | \$15 | \$120/\$25 | \$325/5 | \$30 | 0%/20% | \$25 | \$20 | Y | Y | \$3,000 | U | \$70 | N | \$25/20 | Y |
| eternalHealth Horizon (3) | \$0 | \$3,350 | Y/\$200 | \$0 | \$0 | \$135/\$0 | \$150/7 | \$20 | 0%/20% | \$20 | \$20 | Y | Y | \$3,500 | U | \$60 | N | N | Y |
| eternalHealth Valor Give Back (2) (4) (5) | up to \$100 rebate | \$5,500 in \$9,000 out | N | \$0 in \$0 out | \$0 in \$25 out | 20% - \$120 in 20% - \$125 out | Part A amounts | \$30 in 50% out | 20% in 50% out | 20% in 50% out | \$20 in 50% out | Y | Y | \$2,500 | 24 | \$50 | N | \$25/20 in 50%/20 out | Y |
| Gold Kidney Gold Advantage (2) (4) | \$55 rebate | \$3,400 | Y/\$0 | \$0 | \$15 | \$135/\$45 | \$195/7 | \$35 | \$0, 20% | \$15 | \$20 | \$2,100 Flex | \$2,100 Flex | \$2,100 Flex | N | \$50/mth | \$15/12 | \$20/6 | Y |
| Gold Kidney Gold Loyalty (2) (4) | \$75 rebate | \$5,500 | N | \$0 | \$45 | \$125/\$45 | \$300/7 | \$35 | \$0, 20% | \$45 | 20% | \$2,500 Flex | \$2,500 Flex | \$2,500 Flex | N | \$50/mth | \$45/12 | N | Y |
| Humana Gold Plus -021 (2) | up to \$3 rebate | \$3,900 | Y/\$250 | \$0 | \$30 | \$140/\$55 | \$340/7 | \$50 | \$0 - 20% | \$30 | \$15 | Y | Y | Prev | N | N | \$30/6 | N | Y |
| Humana Gold Plus -074-2 (2) | up to \$5 rebate | \$2,950 | Y/\$0 | \$0 | \$25 | \$140/\$65 | \$195/6 | \$25 | \$0/10%-20% | \$25 | \$20 | Y | Y | \$2,000 | N | \$50 | \$25/6 | N | Y |
| SCAN Classic | \$0 | \$2,800 | Y/\$0 | \$0 | \$0 | \$90/\$0 | \$75/5 | \$0 - \$10 | \$0 | \$0 | \$0 | Y | Y | \$2,000 | \$4 | \$100 | N | \$10/20 | N |
| SCAN MyChoice | \$0 | \$2,800 | Y/\$0 | \$0 | \$0 | \$90/\$0 | \$75/5 | \$0 - \$10 | \$0 | \$0 | \$0 | Y | Y | \$2,000 | N | \$80 | N | \$10/20 | N |
| SCAN Venture (2) | \$50 rebate | \$2,999 | Y/\$0 | \$0 | \$0-\$30 | \$90/\$20 | \$250/6 | \$0 - \$30 | \$0 | \$0 - \$30 | \$20 | Y | Y | Prev | N | \$55 | N | \$5/20 | N |

Medicare Advantage Open Enrollment Period (MA OEP)

Use this if you chose the wrong MA Plan during Open Enrollment!

January 1st through March 31st

3-Month period each year during which you can:

- ✓ Switch MA Plans (Medicare Advantage Plan with prescription drug coverage (MA-PD) to MA, or MA to MA-PD)
- ✓ Drop MA Plan and return to Original Medicare
 - If you do, you can enroll in a Part D plan
 - You won't have a Guaranteed Issue Right for a Medigap policy

You must already be enrolled in an MA Plan (at any time) during the first 3 months of the year to use this enrollment period.

(Doesn't apply to Medicare Savings Account (MSA) type of MA)

| Plan Name / ID Number / Star Rating | Alignment Health Plan the ONE + Walgreens HMO (H3443-002-0) 3.5★ | Alignment Health Smart HMO (H3443-005-0) 3.5★ | Banner Medicare Advantage Prime HMO (H5843-002-0) 3.5★ |
|--|--|--|--|
| Plan Contact | Prospective Members Current Members | 1-888-979-2247 1-866-634-2247 | 1-844-549-1858 1-844-549-1857 |
| Website Address | https://www.alignmenthealthplan.com | https://www.alignmenthealthplan.com | https://www.bannerhealth.com/medicare |
| Monthly Premium | \$0 | \$0 (\$125/month Part B premium rebate) | \$0 |
| Out-of-Pocket Limit (excludes Part D) | \$2,499 | \$3,900 | \$2,995 |
| Drug Plan Deductible | \$0 | \$590 (applicable to Tier 5) | \$0 |
| Acupuncture (Medicare Covered) for chronic lower back pain | \$0 | \$0 | please call plan for info |
| Ambulance | \$100 | \$100 | \$250 |
| Chiropractic Services (Medicare Covered) | \$0 | \$10 | \$20-\$35 |
| Dialysis | 20% | 20% | 20% |
| Diabetes Supplies | \$0 | \$0 | \$0 |
| Diagnostic Tests, Lab & Radiology Services & X-Rays | \$0 Diagnostic Radiology Svcs (MRIs, CT Scans) \$0 Diagnostic Tests & Procedures \$0 Lab Services; \$0 Outpatient X-Rays | \$0 Diagnostic Radiology Svcs (MRIs, CT Scans) \$0 Diagnostic Tests & Procedures \$0 Lab Services; \$0 Outpatient X-Rays | \$125 - \$200 Diagnostic Radiology Svcs (MRIs, CT Scans) \$0 - \$10 Diagnostic Tests & Procedures \$0 - \$10 Lab Services; \$0 Outpatient X-Rays |
| Doctor's Office Visits | \$0 Primary Care Physician visit \$0 Specialist visit | \$0 Primary Care Physician visit \$20 Specialist visit | \$0 Primary Care Physician visit \$15 Specialist visit |
| Durable Medical Equipment (Wheelchairs, Oxygen, etc) | 0%-20% | 20% | 20% |
| Emergency Care | \$75 | \$120 | \$120 |
| Home Health Care | \$0 | \$0 | \$0 |
| Inpatient Hospital Care | Days 1 - 6 \$125 per day Days 7 - 90 \$0 per day | Days 1 - 7 \$375 per day Days 8 - 90 \$0 per day | Days 1 - 5 \$275 per day Days 6 - 90 \$0 per day |
| Skilled Nursing Facility (SNF) | Days 1 - 20 \$0 per day Days 21 - 100 \$100 per day | Days 1 - 20 \$0 per day Days 21 - 100 \$100 per day | Days 1 - 20 \$0 per day Days 21 - 100 \$178 per day |
| Outpatient Mental Health | \$0 - \$20 Group Therapy or Individual Therapy | \$10-\$20 Group or Individual Therapy | \$25 Group or Individual Therapy |
| Outpatient Rehabilitation | \$0 Occupational Therapy \$0 Physical Therapy, Speech & Language Therapy | \$0 Occupational Therapy \$0 Physical Therapy, Speech & Language Therapy | \$0 Occupational Therapy \$0 Physical Therapy, Speech & Language Therapy |
| Outpatient Hospital | \$40 - \$85 | \$0-\$200 | \$200 |
| Podiatry (Medicare Covered) | \$0 | \$5 | \$25 |
| Prescriptions (30-day supply) | Standard Pharm: Tier 1 \$0; Tier 2 \$0; Tier 3 \$30; Tier 4 \$90; Tier 5 25% | Standard Pharm: Tier 1 \$0; Tier 2 \$0; Tier 3 \$30; Tier 4 \$90; Tier 5 25% | Standard Pharm: Tier 1 \$0; Tier 2 \$5; Tier 3 \$47; Tier 4 \$100; Tier 5 33% |
| Preventive Services | \$0 | \$0 | \$0 |
| Prosthetic Devices (Braces, Artificial Limbs, etc.) | 20% | 20% | 20% |
| Urgent Care | \$0 | \$0 | \$0 |
| Extra Benefits & Costs | | | |
| Annual Physical Exams | \$0 | \$0 | \$0 |
| Dental Services | \$2,000 coverage limit per year for preventive & comprehensive combined | \$0 Exam, Cleaning, Fluoride per 6 months; \$0 x-ray per 3 yrs | \$1,000 combined coverage/year for preventive & comprehensive svcs |
| Hearing Services | \$195-\$1,750 copay; 2 hearing aids every year | not covered | \$1,000 max coverage/year for hearing aids, repairs, parts & fitting |
| Vision Services | \$300 coverage limit for glasses/contacts per year | \$100 coverage limit for glasses/contacts every 2 years | \$250 allowance towards frames or contact lenses |
| Emergency Response Device | \$0 | not covered | not covered |
| Fitness Benefit | no-cost membership at participating fitness centers | no-cost memberships at participating fitness centers | Silver & Fit |
| Home Safety Devices & Modifications | not covered | not covered | not covered |
| In-Home Support | 12 hours per quarter; 48 hours per year | not covered | not covered |
| Meals for short duration | not covered | not covered | 14 meals following surgery or after inpatient stay in hospital or SNF |
| Over the counter drug benefits | \$25 per month | not covered | \$55 every 3 months |
| Telehealth | some coverage - please call plan | some coverage - please call plan for info | \$0 - \$25; 24/7 Nurse Advice Line |
| Transportation | 24 one-way trips per year (within a 25-mile radius) | not covered | not covered |
| Worldwide Emergency | \$10,000.00 coverage limit per year | not covered | \$120 copay; \$25,000 coverage limit |

Prior Authorization

- Requiring providers to obtain approval before a service or other benefit will be covered by a patient's insurance
- A tool to contain spending and prevent people from receiving unnecessary or low-value services
- May create unnecessary barriers and delays to care; administrative burden to providers
- Original Medicare requires Prior Auth on a limited number of services
 - Blepharoplasty (eyelid), Botox, Vein ablation, cervical fusion, and others
 - Part D drug plans generally have Prior Auth for some drugs
- Varies by specific Medicare Advantage plan
 - Commonly require Prior Auth for High Cost Services
 - Such as chemotherapy, skilled nursing facility stays, Dialysis, Cochlear Implants, Some DME
 - Pet, CT, MRI scans, X-Rays, Phys & Ocp & Cardiac & Radiation Therapy, Second Opinions
 - Home Health, Mental Health, Bariatric, Surgeries, Sleep Studies, Transplants, Pain Mgmt
 - etc etc <https://www.optum.com/content/dam/optum4/resources/pdf/colorado-prior-authorization-list.pdf>
- Generally, no Prior Auth for Routine / Preventative Services including Colonoscopy

Prior Authorization

- More than 46 million prior authorization requests were submitted to Medicare Advantage insurers on behalf of Medicare Advantage enrollees in 2022, up from 37 million in 2019.
- In 2022, there were 1.7 prior authorization requests per Medicare Advantage enrollee,
- In 2022, insurers fully or partially denied 3.4 million (7.4%) prior authorization requests
- Just one in ten (9.9%) prior authorization requests that were denied were appealed in 2022
- The vast majority of appeals (83.2%) resulted in overturning the initial prior authorization denial.
- Medicare Advantage insurers vary in their use of prior authorization.

<https://www.kff.org/medicare/issue-brief/use-of-prior-authorization-in-medicare-advantage-exceeded-46-million-requests-in-2022/>

Review your Coverage Every Year!

Most Beneficiaries do NOT explore their Options during OE

Nearly 7 in 10 Medicare Beneficiaries Did Not Compare Medicare Coverage Options During Open Enrollment Period for Coverage in 2022

Share of Medicare beneficiaries who did not compare their Medicare insurance plan with other Medicare coverage options that were available during the 2021 open enrollment period:



Note: Analysis excludes Medicare beneficiaries living in long-term care facilities, beneficiaries with Parts A or B only, those with Medicare as a secondary payer, and beneficiaries who just signed up for Medicare. Numbers may not sum to 100% due to rounding.

Source: KFF analysis of CMS Medicare Current Beneficiary Survey, 2022 Survey File.



OTHER MEDICARE TOPICS

New Marketing Regulatory Requirements

- Effective June 5, 2023
- Applicable September 30, 2023, for calendar year 2024
- Categories of Changes
 - Beneficiary Contact
 - Marketing Requirements
 - Third-Party Marketing Organization (TPMO) Requirements