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Fall Open Enrollment

October 15 - December 7

During Fall Open Enrollment, people with Medicare can make unrestricted changes to their coverage options. They can make as many changes as they need, and the last change they make on or before December 7 will take effect on January 1, 2019.

Remember Medicare Enrollment!
How to make plan changes

The best way to enroll in a new plan is to call 1-800-MEDICARE.

Enrolling in a new plan directly through Medicare is the best way to protect yourself if there are problems with enrollment. Write down everything about the conversation when you enroll through Medicare, including the date, the representative you spoke to, and any outcomes or next steps.

Before you enroll in a new plan, follow some simple advice to find the best plan for your situation.

- Use Medicare’s Plan Finder tool if you need help finding Part D plans. The Plan Finder tool compares plans based on the drugs you need, the pharmacy you visit, and your drug costs.

- If you want to join a Medicare Advantage Plan, call 1-800-MEDICARE to find out which plans are in your area. When you receive the list of plans, check the plans’ websites or call them to see which best fits your needs.

- If you research a plan online, also call the plan itself to confirm what you have learned. Make sure the plan includes your doctors and hospitals in its network. Confirm that the plan covers all your drugs, and that your pharmacies are in the preferred network.

Write down everything about your conversation, including the date, the representative you spoke to, and any outcomes or next steps. This information may help protect you in case a plan representative gives you misinformation.
What you need to know

UPDATES FOR 2019

Medicare Part B Premiums

The Medicare Trustees predict that in 2019, the standard Medicare Part B premium will remain at about $134 per month. The Center for Medicare & Medicaid Services (CMS) will release the official premium later this year.

People with higher incomes will pay higher Part B and Part D premiums. Individuals with incomes over $85,000 ($170,000 for couples) will pay the higher premiums.

People who did not enroll in Part B or D when they were first eligible may also have higher premiums as a result of premium penalties. To find out more about penalties and how to avoid them, see Medicare Part B late enrollment penalty and Will I be penalized for delaying enrollment in the Medicare prescription drug benefit (Part D)?
The New Medicare Advantage (MA) Open Enrollment and Disenrollment Period

Beginning in 2019, the Medicare Advantage Disenrollment Period (MADP) will be replaced with a MA open enrollment and disenrollment period that lasts from **January 1 through March 31** each year.

During this time, people with MA may make the following changes one time:

- Switch between MA plans
- Or, switch to Original Medicare with or without Part D

A change made during the MA open enrollment and disenrollment period is effective on the first of the following month.

Changes to the Special Enrollment Period for People with Extra Help

In 2019, individuals enrolled in the **Low Income Subsidy (LIS)**, also known as Extra Help, are limited to changing their Part D plan once per calendar quarter in the first three quarters of each year. Any changes made during this special enrollment period are effective on the first of the following month.

People with LIS may use the Fall Open Enrollment period during fourth quarter to make changes to their coverage, with changes effective January 1.
Part D Costs

The average Medicare prescription drug plan premium is projected to remain stable in 2019 at about $32.50 per month, down from $33.50 in 2018. However, premiums for specific plans and regions vary from year to year. It is important for people with Medicare to examine their Annual Notice of Change (ANOC) carefully to determine if and how their plan’s costs or benefits are changing, and if it makes sense to explore other options.

In 2019, Medicare beneficiaries will have a 75% discount on the cost of their brand-name drugs during the coverage gap (also known as the doughnut hole). The discount for generics during the doughnut hole will increase from 56% to 63%.

Part D formularies (lists of covered drugs) often change from year to year. Drugs and restrictions can be removed or added. It is important that a person checks the plan’s new formulary to see how the drugs they take will be affected. The ANOC should include a summary of the new formulary. A complete copy of the plan’s formulary should be available on the plan’s website or can be requested by calling the plan.
If there’s one mantra for the open enrollment season, it’s “review your options.” Every year, the Medicare Rights Center advises people with Medicare to carefully consider how they get their Medicare benefits; most people are allowed to make a change only during Fall Open Enrollment. Here is some tried-and-true advice we offer beneficiaries depending on their Medicare coverage.

- If you have Original Medicare and a supplemental plan (often called a Medigap) and are happy with your coverage, you do not need to make a change.

- If you have a Medicare Advantage or Part D plan, you should review all of your coverage options even if you are happy with your current coverage, because plans change their costs and benefits every year.

- Read your Annual Notice of Change (ANOC), which you should receive from your plan by September 30. It will list the changes in your plan, such as the premium and copays, and will compare the benefits in 2019 with those in 2018.

- Consider all of your options, since many plans make changes every year, and your current plan may not be your best choice for 2019.

- Shop around to find a plan that best meets your needs and makes the most financial sense to you.
Health care coverage

If you are considering enrolling in a Medicare Advantage (MA) plan:

Even if you are happy with your current coverage, you should review all of your options, including Original Medicare and a Medigap.

Before making your final choice during Fall Open Enrollment, call your State Health Insurance Assistance Program (SHIP) to find out if you will have the right to purchase a Medigap at this time, what options you have, and what consumer protections your state provides.

Make sure you understand how any plan you are considering works. Take the time to ask questions, such as:

- Will I be able to use my doctors or other providers I want to see?
- Are they in the plan’s network and are they taking new patients who have this plan?
- Which specialists, hospitals, home health agencies and skilled nursing facilities are in the plan’s network?
- How much will it cost to see my primary care physician? A specialist?

For more questions to ask, see What questions should I ask before joining a Medicare private health plan?
Drug coverage options

If you are considering switching to a new Part D plan, either as part of an MA plan or as a stand-alone prescription drug plan (PDP):

Review your ANOC and pay particular attention to the summary of the new formulary (list of covered drugs).

If you use the online Plan Finder tool at www.medicare.gov to select the best plan for your needs, call the plan and confirm the information you’ve gathered with a plan representative. This will help avoid making a decision based on inaccurate information.

Don’t go by the price of the plan alone. Check to see if the plan you are considering covers all the medications you are taking. Also, see if the plan requires special permission before it will cover your medication (such as prior authorization, step therapy, or quantity limits).

For more information, see How do I compare Medicare private drug plans?
Special Enrollment Periods

Other Times to Enroll

Special Enrollment Period (SEP) for Five-Star Plans

You have an SEP to switch into a five-star plan from your current plan. The five-star SEP encourages Medicare Advantage Plans to improve their quality ratings. You can enroll into a new Medicare Advantage Plan or stand-alone Part D plan that was given an overall plan performance rating of five stars for the year 2018. You may only use this SEP once per calendar year. You must also be eligible to join the plan (i.e., live in the plan’s service area).

For more information on this and other SEPs, visit Medicare Interactive.

Recap: Special Enrollment Period for People with Extra Help

Individuals enrolled in the Low Income Subsidy (LIS), also known as Extra Help, can also change their Part D plan once per calendar quarter in the first three quarters of each year. Previously, people with Extra Help could make drug plan changes once per month.

Any changes made during this special enrollment period are effective on the first of the following month.

People with LIS may use the Fall Open Enrollment period during fourth quarter to make changes to their coverage, with changes effective January 1.
Recap: The Medicare Advantage (MA) Open Enrollment and Disenrollment Period

Beginning in 2019, the MADP will be replaced with a continuous Medicare Advantage (MA) open enrollment and disenrollment period that lasts from January 1 through March 31 each year. During this time, MA-eligible beneficiaries may make the following changes:

- Switch between MA plans
- Or, switch to Original Medicare with or without Part D

Any changes made during the MA open enrollment and disenrollment period are effective on the first of the following month.

Previously, individuals in MA who were unsatisfied with their plan could use the MADP to enroll in Original Medicare. These individuals now have the option of switching to another MA Plan if they are unsatisfied with their current plan. There is no change for people with Original Medicare.

For more information about the MA open enrollment and disenrollment period and other changes in 2019, visit Medicare Interactive.
Moving from the Health Insurance Marketplace to Medicare

The Health Insurance Marketplaces created by the Affordable Care Act (ACA) allow people to shop for coverage online or over the phone. The Marketplaces may also be known as Exchanges. Health insurance plans sold in the Marketplaces are called Qualified Health Plans (QHPs).
Common Marketplace Questions

If you have Medicare or will soon qualify for it, you may wonder how the Health Insurance Marketplaces will affect you. Explore the scenarios below and see which situation applies to you.

1. I already have Medicare and do not have coverage through my own or my spouse’s current employer. Should I make any changes to my Medicare because of the new Marketplaces?

No. You should not make any changes to how you currently get your insurance. This means you should not enroll in a QHP for individual health coverage if you already have Medicare.

2. I have individual QHP coverage that I bought through the Marketplace. What should I do when I become eligible for Medicare?

Visit Medicare Interactive for an outline of the steps you should take when you become eligible for Medicare.

3. I already have Medicare Part B, and I have coverage from my own or my spouse’s current employer. Do the Marketplaces affect how Medicare works with my employer coverage?

No. The way your coverage from a current employer works with Medicare should be the same, whether or not the employer decides to shift coverage to a Small Business Health Options (SHOP) plan in the Marketplace. A SHOP plan is an employer plan purchased through the Marketplace.

Depending on the size of your employer, Medicare either pays first or second on health insurance claims. If Medicare pays first, it is especially important that you keep Medicare. If you drop your Medicare coverage when Medicare is paying first, your employer plan may give you little or no coverage at all.
4. I have QHP coverage that was purchased by my own or my spouse’s employer through the SHOP. What should I do when I qualify for Medicare?

You should talk to your employer to see whether you need Medicare in addition to your employer coverage. After speaking to your employer, confirm what you have learned with the Social Security Administration (800-772-1213). Get all answers in writing.

Depending on the size of your employer, Medicare pays either first or second to SHOP plans. Keep in mind, a SHOP plan is an employer plan purchased through the Marketplace. If Medicare pays first, you will need to take Medicare. On the other hand, if your SHOP plan pays first, you may be able to delay enrolling in Part B.

Be aware that there may be different rules for purchasing health coverage through the Marketplaces for people with End-Stage Renal Disease (ESRD) or for those who would need to pay a premium for Medicare Part A. If you have Medicare due to ESRD or you pay a premium for Medicare Part A (hospital insurance), you may be able to purchase a QHP through the Marketplaces and to qualify for tax credits to help you pay for premiums.
Become Medicare Smart

LEARN ALL ABOUT MEDICARE ON MEDICARE INTERACTIVE PRO (MI PRO)

MI Pro is an online Medicare curriculum designed to empower any professional to better help their own clients, patients, employees, retirees, and others navigate a multitude of Medicare questions. MI Pro is structured as a four-level Core Curriculum, with four to five courses in each level.

View Courses
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