

Medigap (Medicare Supplement) plans



Agenda

- What's new? (5 minutes)
- Sharing time (15 minutes)
- July training (120 minutes)
- Wrap-up (30 minutes)

Things to remember:

- We'll be conducting continuing education via Zoom until further notice.
- In-person counseling: Work with your VC & sponsor to decide when it's safe to meet with clients face-to-face.



Learning objectives

- 1. Explain how people with Original Medicare (OM) will have costs that could be covered by a Medigap.
- 2. Use SHIBA publications to explain the federal and state guaranteed issue rights available to Medicare beneficiaries.
- 3. Explain Medigap options for people who are under age 65 in WA state.
- 4. Describe illegal Medigap practices and how to educate Medicare beneficiaries about their rights and options.



What's new?



Note from Tim Smolen (SHIBA program manager)

- I want to **thank you** for your continued service to the SHIBA program.
- Changes we're making now for example assignments of RTC's – is about the long-term health and success of the SHIBA program. We do appreciate that changes are a big deal.
- We're going to have a Town Hall program at the end of July for all volunteers to talk about where we're at – new contracts – and what comes next – Open Enrollment.
- Keep an eye out for an email about the Town Hall.



UPDATED SHIBA job aid: Medicare & PHE

Medicare & Medicaid during the Public Health Emergency (PHE)

- https://www.insurance.wa.go v/media/10085
- Job aid explains how to assist people who are transitioning from MAGI Medicaid to Medicare and Classic Medicaid.



SHIBA job aid

Medicare & Medicaid during the Public Health Emergency (PHE)

The Centers for Medicaid Services (CMS) is allowing states to continue Medicaid for diciaries to support continued care needs during the PHE.

Medicaid for process.

Medicaid prior to enrollment in Medicare during the PHE



JAIBAI aid

eligibi will be redetermined for Medicaid but the Railyoow Chart (www.insurance.wa.gov/media/5

Beneficiary eligibility for Medicare Savings Plans can change during the change of income/assets.

You can verify client Medicaid/MSP eligibility by calling the Health Care Authority (HCA) phone system (www.insurance.wa.gov/media/1720).

Medigap enrollment issues

- By law, carriers and agents and brokers cannot sell a Medigap policy to someone on Medicaid.
- If a client wants to use their once-in-a-lifetime, six-month Medigap Open Enrollment Period and enroll in a Medigap plan, they can contact the HCA directly and ask to be dis-enrolled from Medicaid. When the client calls HCA, make sure they mention



CMS Medicare Unique ID

- If you have a Medicare Unique ID, you will soon receive an email asking you to take annual privacy training.
- If you want a Medicare Unique ID for OEP, you need to request one by August (email your VC to request it).
- If your Medicare Unique ID has expired, you will need to ask your VC to reissue it and take the privacy training.



Resource: CMS Medicare Unique IDs

What would you like to share? (15 minutes)

- VC shares any updates.
- Volunteers welcome to share anything!



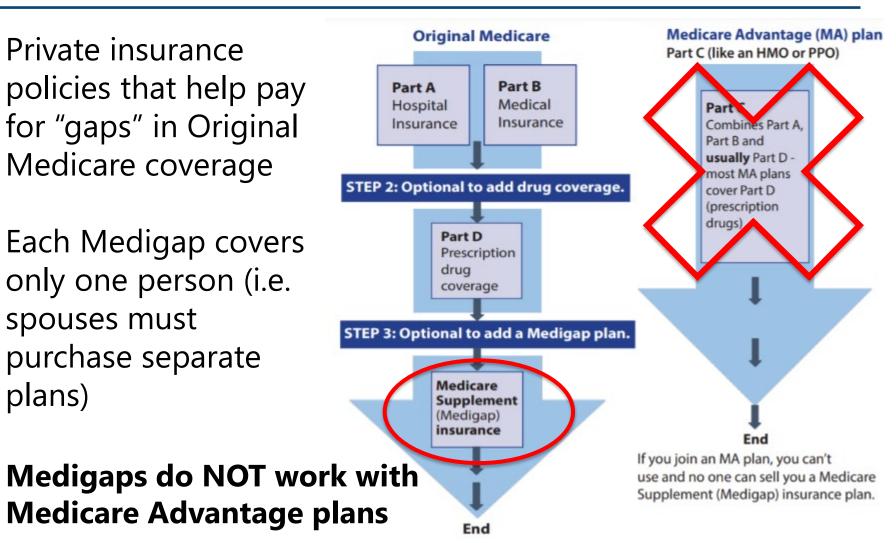


Medigap (Medicare Supplement) plans



What's a Medigap?

- Private insurance policies that help pay for "gaps" in Original Medicare coverage
- Each Medigap covers only one person (i.e. spouses must purchase separate plans)





What do Medigaps cover?

- Medigaps help cover the 20% coinsurance in Original Medicare.
- Most Medigaps only pay towards Medicare-covered services.
- Medigaps are secondary coverage (i.e. Medigaps only pay if Medicare pays).
- Beneficiary pays the private insurance company a monthly premium for their Medigap policy in addition to their monthly Part B premium that they pay to Medicare. Beneficiaries contact the company to find out how to pay their premiums.



10 standardized Medigap plans chart

Plans available to all Medigan applicants									Medicare-eligi	ble before 2020
Basic benefits	Α	В	D	G*	K	L	М	N	С	F*
Part A: Hospital coinsurance (plus costs up to an additional 365 days after Medicare benefits end)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part A: Hospice care coinsurance or copay	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part B: Coinsurance or copay	✓	✓	✓	✓	50%	75%	✓	√***	✓	✓
Medicare preventive care Part B coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parts A & B: Blood (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Additional benefits	Α	В	D	G*	K	L	М	N	С	F*
Skilled nursing facility care coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible: \$1,484		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible: \$203									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (lifetime limit of \$50,000)			80%	80%			80%	80%	80%	80%
Out-of-pocket yearly limit**					\$6,220	\$3,110				

^{*} Plans F and G offer a high-deductible plan. You pay for Medicare-covered costs up to the deductible amount (\$2,370 in 2021) before your plan pays anything.

^{***} Plan N pays 100% of the Part B coinsurance except up to \$20 copays for some office visits and up to \$50 copays for emergency room visits (if the hospital admits you, the plan waives your emergency room copays).



SHIBA publication: 10 Standardized Medicare Supplement (Medigap) plans chart

^{**} After you meet your out-of-pocket yearly limit and Part B deductible, the plan pays 100% of covered services for the rest of the calendar year.

Medigaps – what's NOT covered

- Like Original Medicare, Medigaps don't cover:
 - ✓ Long-term care
 - ✓ Vision care and eyeglasses (in most cases)
 - ✓ Dental care
 - ✓ Hearing aids
 - ✓ Private-duty nursing
 - ✓ Outpatient prescription drugs (limited exceptions)
- Medigaps no longer offer drug coverage.
- You may encounter clients who have Plan I or J that have drug coverage, but that coverage is not creditable.



What about "extra benefits?"

- Some companies sell Medigaps with extras such as fitness memberships, dental plans, etc.
- These benefits are NOT regulated or required.
- These benefits can be canceled at any time.
- These are considered "inducements" or "enticements" to enroll into a Medigap.
- The OIC does not track which companies offer extra benefits,
- Volunteers should encourage clients to call companies to ask about these extras.



Who is eligible for a Medigap?

- Anyone who is eligible for Medicare Parts A & B:
 - ✓ Age 65+
 - ✓ Under 65 and receiving SSDI
 - ✓ ALS (Lou Gehrig's disease) or ESRD (End-Stage Renal Disease)

 A person may be eligible for a Medigap, but they may not have a guaranteed issue right into a Medigap.



When's the best time to buy a Medigap?

- Medigap Open Enrollment Period (6-month guaranteed issuance)
 - ✓ 6-months when insurance company must sell beneficiary a policy (once-in-a-lifetime event).
 - ✓ Their one OEP starts when they're 65 or older and enrolled in Part B.
- Best time to buy because companies can't:
 - ✓ Refuse to sell any Medigap policy
 - ✓ Delay coverage (one exception)
 - ✓ Charge more for past/present health problems



When's the best time to buy a Medigap?

- Companies can delay coverage up to 3 months for pre-existing conditions if beneficiary didn't have creditable coverage (i.e. other health insurance) before enrolling into Medicare
- If a person delays enrolling in Part B because they have group health coverage based on their (or their spouse's) current employment, their Medigap Open Enrollment Period won't start until they sign up for Part B for the first time.



When's the best time to buy a Medigap?

- There's no yearly open enrollment period for Medicare Supplement (Medigap) plans.
- If a person's already enrolled in a Medigap plan, they may apply to buy or switch plans at any time.
- However, if they're not currently enrolled in a Medigap but want to buy one, they may have to pass a written health screening questionnaire.



Standardized Medigaps

- Each plan with the same letter must offer the same basic benefits.
- For example, all Medigap Plan A policies
 - ✓ Offer the same benefits
 - ✓ Only the monthly premium will vary between companies
- A person must pay the Medigap premium and their Part B premium.



How much do Medigaps cost?

- Each state has different rules about Medigap pricing.
- WA state is community-rated.
- There are 3 types of rating:

Type of rating	Explanation
Community-rated	• Everyone pays same premium regardless of age.
Issue-age-rated	 Premium based on age when Medigap's purchased. Premium does NOT go up automatically as people get older.
Attained-age-rated	 Premium based on current age Premium goes up automatically as people get older



Other types of Medigaps

Medicare SELECT plans

- ✓ A type of Medigap with a network.
- ✓ Must use **specific** hospitals and doctors for Medigap to pay.
- ✓ UnitedHealthcare is the only company in WA state which sells Medicare SELECT plans (4 plans available).

High-deductible F & G plans

- ✓ Same standardized benefits as Plan F and G.
- ✓ Premiums are lower because beneficiary must meet annual deductible (2021: \$2,370) before plans will pay.



Can I get a Medigap Plan C or F?

- To buy a Medigap plan C, F or high-deductible F, a beneficiary must've been eligible for Medicare (due to age, disability, ALS, ESRD) before Jan. 1, 2020.
- If a person first became eligible for Medicare due to disability or ALS/ESRD before Jan. 1, 2020, and turns age 65 on or after Jan. 1, 2020, they're still eligible to buy a Medigap Plans C, F or high-deductible F.
- A person can still buy a Medigap Plan C, F or highdeductible F if it is available.



Can I keep my Medigap if I move from WA?

- If beneficiary bought a Medigap plan from WA state, they can keep that Medigap plan (i.e. portability) if they move to another state.
- If a person travels or moves outside the USA, remember that Medicare does not work outside the USA and only some Medigaps offer limited foreign travel emergency coverage.



Illegal Medigap practices

- Pressure beneficiary to buy a Medigap policy or lie to get them to switch to a new company or policy.
- 2. Sell beneficiary a second Medigap policy when they know beneficiary already has one. (They can sell them a policy if beneficiary states in writing, they plan to cancel their existing policy.)
- 3. Sell beneficiary a Medigap policy if they know they have Medicaid, except in certain situations.
- 4. Sell beneficiary a Medigap policy if they know they're in a Medicare Advantage (MA) plan. (They can sell them a policy if their MA plan coverage will end before the Medigap policy's effective date.)



Illegal Medigap practices

- 5. Claim that a Medigap policy is part of the Medicare program or any other federal program. Medigap is private health insurance.
- 6. Claim that a Medicare Advantage plan is a Medigap policy.
- 7. Claim to be a Medicare representative if they work for a Medigap insurance company.
- 8. Sell beneficiary a Medicare Advantage plan when they say they want to keep Original Medicare and buy a Medigap policy. A Medicare Advantage plan isn't the same as Original Medicare. If beneficiary enrolls in a Medicare Advantage plan, they'll be disenrolled from Original Medicare and can't use a Medigap policy.



Resource: 10 illegal Medigap practices to watch for

Understanding the Approved Medigap chart

Company	Pre- X ¹	Health screen ²	Stand	dardize	ed ben	efit pla	ns & r	nonthly	y cost	s	Plans (% F*
Lilac Company			Α	В	D	G	K	L	М	N	С	F
Age 65 and older	Yes	Yes	\$171	\$235	\$251	\$226				\$210	\$264	\$294
With a high deductible	Yes	Yes				\$44						\$44
Under age 65 Medicare disability	Yes	Yes		\$459								
Tulip Company			А	В	D	G	К	L	М	N	С	F
Age 65 and older	No	Yes	\$145	\$214		\$210	\$66	\$147		\$171	\$253	\$254
Medicare Select Plan*	No	Yes				\$199				\$163	\$238	\$239
Violet Company			А	В	D	G	ĸ	L	М	N	С	F
Age 65 and older	No	Yes	\$196			\$221				\$146		\$294
With a high deductible	No	Yes				\$54						\$70

Resource: July - September 2021 Approved Medicare Supplement (Medigap) chart



Understanding the Approved Medigap chart

Pre-X

(Pre-existing condition) is a health problem beneficiary had within the **three months** before the effective date of their new plan.

For this condition, a company cannot exclude benefits for that condition for more than three months after the coverage effective date.

If beneficiary replaces their policy and their previous policy was in effect for at least three months, they have **no waiting period** for any pre-existing conditions.

Health Screen

"Yes" health screen means the insurance company will ask beneficiary health questions to decide if they will enroll them in its plan.

Remember – beneficiaries do not have to take a health screen if they have a guaranteed issue right.



Knowledge Check – Question #1 (Zoom Poll)

Washington state Medigaps are priced using what type of rating?

- A. Attained-age-rated (i.e. premium based on beneficiary's current age and premium goes up automatically as they get older).
- B. Community-rated (i.e. everyone pays the same premium regardless of age).
- C. Issue-age-rated (i.e. premium based on age when Medigap's purchased, and price does not automatically increase each year).

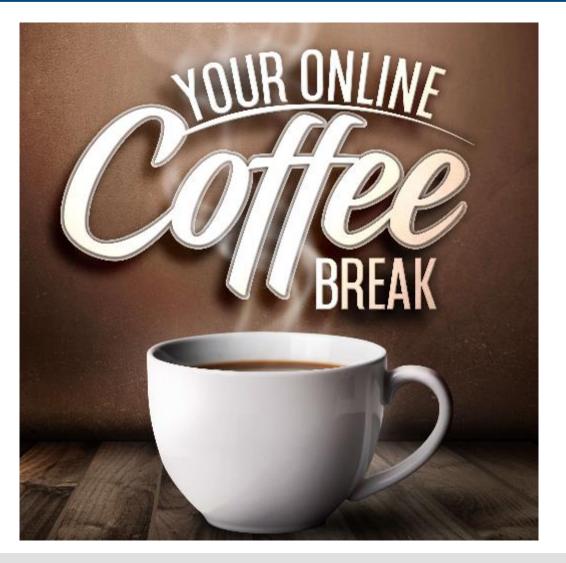


Knowledge Check – Question #2 (Zoom Poll)

Which of the following statements about Medigaps is **FALSE**?

- A. Sometimes, Medigap companies can exclude coverage for pre-existing conditions for 3 months.
- B. There are only four Medicare SELECT plans in WA.
- C. Beneficiary has only one 6-month guaranteed issuance (i.e. Medigap Open Enrollment Period) which starts when they sign up for Part B.
- D. High-deductible plans G & F cover fewer benefits than regular plans G & F.

Let's take a 5-minute break





What you need to know about Medigap (Medicare Supplement) plans





- This publication is WA state specific.
 - Provides overview of all guaranteed issue rights (both federal and state).
 - Give this publication to any beneficiary who has or is considering a Medigap plan.

Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
1. They're age 65+ and within the first 6 months of their Part B effective date. (Medicare calls this their Medigap Open Enrollment Period.) Up to a 90-day wait period for pre-existing conditions.	Any OIC- approved Medigap plan that's sold in Washington state by any insurer.	Within the first 6 months of their Part B effective date.	RCW 48.66.025 (leg.wa.gov)



Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
2. They're in a Medicare Advantage (MA) plan (like an HMO or PPO, or a PACE plan) and their plan's leaving Medicare or stops giving care in their area, or they move out of the plan's service area. No pre-existing condition wait period.	An OIC- approved Medigap Plan B-N sold in Washington state by any insurer.	As early as 60 calendar days before their coverage ends, but no later than 63 calendar days after their coverage ends. Their Medigap can't start until their MA plan ends.	RCW.48.66.05 5 (3)(b)(i) (leg.wa.gov)



Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
3. They have Original Medicare and an employer group health plan (including retiree, COBRA or union coverage) that pays after Medicare pays and that plan is ending. No pre-existing condition wait period.	An OIC- approved Medigap Plan B-N sold in Washington state by any insurer If they have COBRA, they can either buy a Medigap plan right away or wait until the COBRA coverage ends.	No later than 63 calendar days after the latest of these 3 dates: 1) Date coverage ends. 2) Date on notice they get telling them the coverage is ending. 3) Date on a claim.	RCW.48.66.055 (3)(a) (leg.wa.gov)



Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
4. They have Original Medicare and a Medicare SELECT plan; they move out of the SELECT service area; call the Medicare SELECT plan insurer for more information about their options. No pre-existing condition wait period.	An OIC-approved Medigap Plan B-N (including high- deductible plans) sold by any insurer in Washington state or the state they're moving to.	As early as 60 calendar days before the date their Medicare SELECT coverage will end, but no later than 63 calendar days after their Medicare SELECT coverage ends.	RCW 48.66.055(3) (c)(i) (D)(ii) (leg.wa.gov)



Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
5. They have a "trial right" if they joined an MA plan (like an HMO or PPO) or PACE plan when they first became eligible for Medicare Part A at age 65, and within the first year after joining, they decide to switch to Original Medicare. No pre-existing condition wait period.	Any Medigap plan that's OIC-approved to sell in Washington state by any insurer.	As early as 60 calendar days before coverage ends, but no later than 63 calendar days after coverage ends.	RCW 48.66.055(3)(f) (leg.wa.gov)



Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
6. They have a "trial right" if they dropped a Medigap plan to join an MA plan (PACE or Medicare Select) for the first time; they've been in the plan less than a year and they want to switch back. No pre-existing condition wait period.	The Medigap plan they had before they joined the MA plan or Plan B-N that's OIC- approved to sell in Washington state by any insurer.	As early as 60 calendar days before the date their coverage will end, but no later than 63 calendar days after their coverage ends.	RCW 48.66.055 (3)(e)(i) (leg.wa.gov)



Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
7. They have a Medigap Plan A . No pre-existing condition wait period if they've had 90 days of coverage prior.	Any other Medigap Plan A that's OIC- approved to sell in Washington state by any insurer.	At any time.	RCW 48.66.130 (leg.wa.gov)



Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
8. They have a Medigap plan other than Plan A (includes High-deductible Plan F). No wait period if they've had 90 days of coverage prior.	Any other Medigap Plan B-N that's OIC-approved to sell in Washington state by any insurer.	At any time.	RCW 48.66.045, WAC 284- 66.064(4a) (leg.wa.gov)



Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
9. They want to replace a more comprehensive health insurance plan (i.e., a retiree or employer plan) with a Medigap plan.	Any Medigap Plan B-N that's OIC-approved to sell in Washington state (except the HCA Blue Cross	At any time.	RCW 48.66.045, WAC 284- 66.064(4a) (leg.wa.gov)
Doesn't apply to the Health Care Authority Blue Cross Premera plans. No wait period if they've had 90 days of coverage prior.	Premera plans).		



Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
10. Their Medigap insurer goes bankrupt and they lose their coverage, or their Medigap plan coverage ends through no fault of their own. No pre-existing condition wait period.	Any Medigap Plan B-N (including high- deductible Plans F and G) that's OIC- approved to sell in Washington state by any insurer.	No later than 63 calendar days from the date their coverage ends.	RCW 48.66.055 (3)(D)(i)(A) & (B) (leg.wa.gov)



Beneficiaries don't have to take a written health screen if:	Beneficiaries have the right to buy:	Beneficiaries can/must apply for a Medigap policy:	WA state law
11. They leave an MA plan or drop a Medigap plan because the insurer didn't follow the rules, or it misled them. No pre-existing condition wait period	Any Medigap Plan B-N that's OIC-approved to sell in Washington state by any insurer	No later than 63 calendar days from the date their coverage ends	RCW 48.66.055(3)(d) (ii)(iii) (leg.wa.gov)



Right to suspend Medigap (EGHP)

- Beneficiaries can suspend their Medigap up to 2
 years if they're under age 65 while enrolled in
 their or their spouse's employer group health
 plan (EGHP).
- Get their Medigap back at any time.
 - Notify insurer within 90 days of losing employer plan.
 - No waiting period.



Right to suspend Medigap (Medicaid)

- If beneficiary has both Medicare and Medicaid, they generally can't buy a Medigap plan.
- They can suspend their Medigap within 90 days of getting Medicaid for up to 2 years.
- They can start it up again at any time without medical underwriting or waiting periods.
- If they suspend their Medigap, they will **not** pay **monthly premiums** and the **Medigap will not pay benefits**. They may not want to suspend their Medigap if they want to see doctors who don't accept Medicaid.



Options for people under age 65

- Federal law does **not** require insurance companies to sell Medigap policies to **people under 65**.
- In WA state, there is no guaranteed issue right into Medigaps for people under age 65.
- When a person turns 65 years old, they'll have a 6-month guaranteed issuance (i.e. Medigap Open Enrollment Period) and can choose any Medigap at this point.



Options for people under age 65

 There are 3 options for people on SSDI and Medicare in WA state:

Medigaps (under 65)	Non-Medigap option
Washington State HCA Blue Cross Premera Plan G	Washington State Health Insurance Pool (WSHIP)
United American Plan B	



Options for people under age 65

Washington State HCA Blue Cross Premera Plan G.

WASHINGTON STATE HEALTH CARE AUTHORITY (HCA) BLUE CROSS PREMERA PLANS 1-888-208-6264			A	В	D	G
Age 65 and older No No					\$189	
Under age 65 Medicare disability No No					\$321	

- If a person wants to apply, they can only apply via paper application.
- You can give people a link to the enrollment kit: https://www.premera.com/documents/P202088.pdf



Basic eligibility requirements: HCA Medigap plan G

Basic eligibility requirements for state resident applicant of the HCA Blue Cross Premera Medigap plan G:

- 1. No earlier than **30 days** before they become eligible for Part A and B of Medicare.
- 2. Within six months of initial enrollment in Medicare Part B provided they're replacing a health plan with no lapse in coverage of more than 63 days.
- 3. Within six months of attaining age 65 or older and is enrolled in Medicare Part B.



Basic Eligibility Requirements: HCA Medigap plan G

- 4. Within **63 days** of establishing Washington state residency.
- 5. Within **63 days** of losing coverage under a retiree group health plan, a Medicare Advantage plan, a health care prepayment plan, a Program of All-Inclusive Care for the Elderly, a Medicare supplement or Medicare SELECT plan, or a Medicare risk or cost plan for reasons that qualify under federal law. Their answers in section C of the application will determine if they qualify.
- 6. When replacing coverage or enrolling during a guaranteed issue period, as allowed by law, their answers in Section C of the application will determine if they qualify.



Options for under age 65

United American Plan B

UNITED AMERICAN INSURANCE CO 1-800-755-2137			Α	В
Age 65 and older	Yes	Yes	\$167	\$230
With a high deductible	Yes	Yes		
Under age 65 Medicare disability	Yes	Yes		\$449

- No guaranteed issue into this plan.
- A beneficiary may be **declined** after taking a health screen.

Options for under age 65: WSHIP

WSHIP is our state's high-risk insurance pool. WSHIP's Medicare-eligible plan continues to be open to new enrollment.

This plan provides supplemental coverage to **people** enrolled in Medicare and unable to obtain comprehensive supplemental coverage.

Read more about WSHIP here:

https://wship.org/medicare_eligibility.asp



Options for under age 65: WSHIP eligibility

- Must be a resident of Washington state;
- Must be enrolled in Medicare Part A and Part B;
- Rejected for coverage by a health carrier, offered substantially reduced coverage on a Medicare supplemental insurance policy, or they do not have comprehensive Medicare supplemental coverage available to them; <u>and</u>
- Do not have access to a reasonable choice of Medicare Advantage Plans (Part C).



Options for under age 65: WSHIP

The Washington counties below have been determined to have reasonable choice of Medicare Advantage plans.

If a person lives in one of these counties, they are <u>not</u> eligible for WSHIP <u>unless</u> their health care provider is not included as a member of at least one of the HMO or PPO benefit plans available to them.

Counties with reasonable choice of Medicare Advantage plans in 2021: Clark, Cowlitz, King, Pierce, Snohomish, Spokane, Thurston, Yakima



Group activity (5-10 minutes)

What resources do you use when counseling or educating beneficiaries about Medigaps?

Ice-breaker questions:

- What are the most common questions you receive from beneficiaries about Medigaps?
- What do you find most challenging when it comes to counseling people about Medigaps?
- Any other ideas for educating people about their guaranteed issue rights?





Case studies



Group activity – Solve and share

In breakout rooms or one large group, consider the following questions as you solve the case studies:

- How would you help this client? Can you list the steps of how you would counsel them?
- What questions would you ask the client? What further information would you need to assist them?
- What SHIBA job aids, CMS documents or other resources would you use to counsel them?
- Do you need to refer this client somewhere else? If so, how and to whom would you refer them?

Be prepared to share your answers with the entire group!



Case #1: "How would you help them?"



Additional Information:

- They both have Medicare Advantage plans with drug coverage included.
- They plan on living in New Mexico 3-4 months per year.

Michael (70) and Holly (68) have lived in Vancouver, WA, for the last 30 years; however, they're getting ready to move to Yakima in August. Currently, they both have the same Medicare Advantage plan.

They've called SHIBA for help because they want to know what Medicare option would work best for them. They heard from a friend that a Medigap might be best, but they're concerned Holly wouldn't pass a health screen because she's had cancer.

What are their options?
How would you help them?



Case #2: "How would you help them?"



Additional Information:

- When they get married, Erin would like to have Andy covered by her employer GHP.
- Andy works part-time.

Andy (33) and Erin (28) are engaged and will get married next year. Currently, Andy is on MAGI Medicaid and has been receiving SSDI for 2 years. He will transition to Medicare 8/1/21.

Andy has muscular dystrophy and frequently sees various doctors. He's concerned about the out-of-pocket expenses associated with Medicare. They've called SHIBA because they'd like to know which Medicare option would be most cost-effective for Andy.

What are their options?
How would you help them?



Wrap-up



Group review & share – learning objectives

- 1. Explain how people with Original Medicare (OM) will have costs that could be covered by a Medigap.
- 2. Use SHIBA publications to explain the federal and state guaranteed issue rights available to Medicare beneficiaries.
- 3. Explain Medigap options for people who are under age 65 in WA state.
- 4. Describe illegal Medigap practices and how to educate Medicare beneficiaries about their rights and options.

Please share ONE item you learned today ONE way you will use this training in counseling clients or outreach?



Additional resources on My SHIBA

- SHIBA publication: <u>July September 2021 Approved</u>
 <u>Medicare Supplement (Medigap) chart</u>
 (www.insurance.wa.gov)
- SHIBA publication: What you need to know about Medigap (Medicare supplement) plans (www.insurance.wa.gov)
- SHIBA publication: <u>Comparing Medicare supplement</u> (<u>Medigap</u>) and <u>Medicare Advantage</u> (www.insurance.wa.gov)



Medigap publications for clients

Publications

- 2021 Guide to Choosing a Medigap Policy (www.medicare.gov)
- Comparing Medicare

 supplement (Medigap) and
 Medicare Advantage
 (www.insurance.wa.gov)
- July September 2021
 Approved Medicare
 Supplement (Medigap)
 chart
 (www.insurance.wa.gov)

- Medicare Supplement
 Insurance: Getting Started
 (www.medicare.gov)
- What you need to know about Medigap (Medicare supplement) plans (www.insurance.wa.gov)



2021 continuing education topics

Month	Topic (subject to change as needed)	Medicare & You
January	A look at what's new for 2021 and a broad overview of M&Y 2021.	All sections
February	Medicare rights, protections and appeals.	Section 8
March	Medicare and other insurances.	Section 1
April	Volunteer recognition! Special topic: Volunteers!	N/A
May	SMP (Senior Medicare Patrol)	N/A
June	Medicare and Medicaid	Section 7
July	Medigap plans (Medicare supplements)	Section 5
August	NO TRAINING	N/A



Evaluation

- □ Did you find today's training helpful or useful for your SHIBA counseling or outreach?
- ☐ What would have made this training better for you?

Please send your thoughts or suggestions to:

SarahC@oic.wa.gov

or

Fill out this anonymous survey:

https://www.surveymonkey.com/r/P33NQVD



