



Medicare & employer plans



Why this program and these presenters?

- The ground is shifting under our feet
- This **is** our work
- We'd like to help you feel prepared
- It's a great learning experience, about Medicare, in general
- Laura has practical experience at HCA

Very important

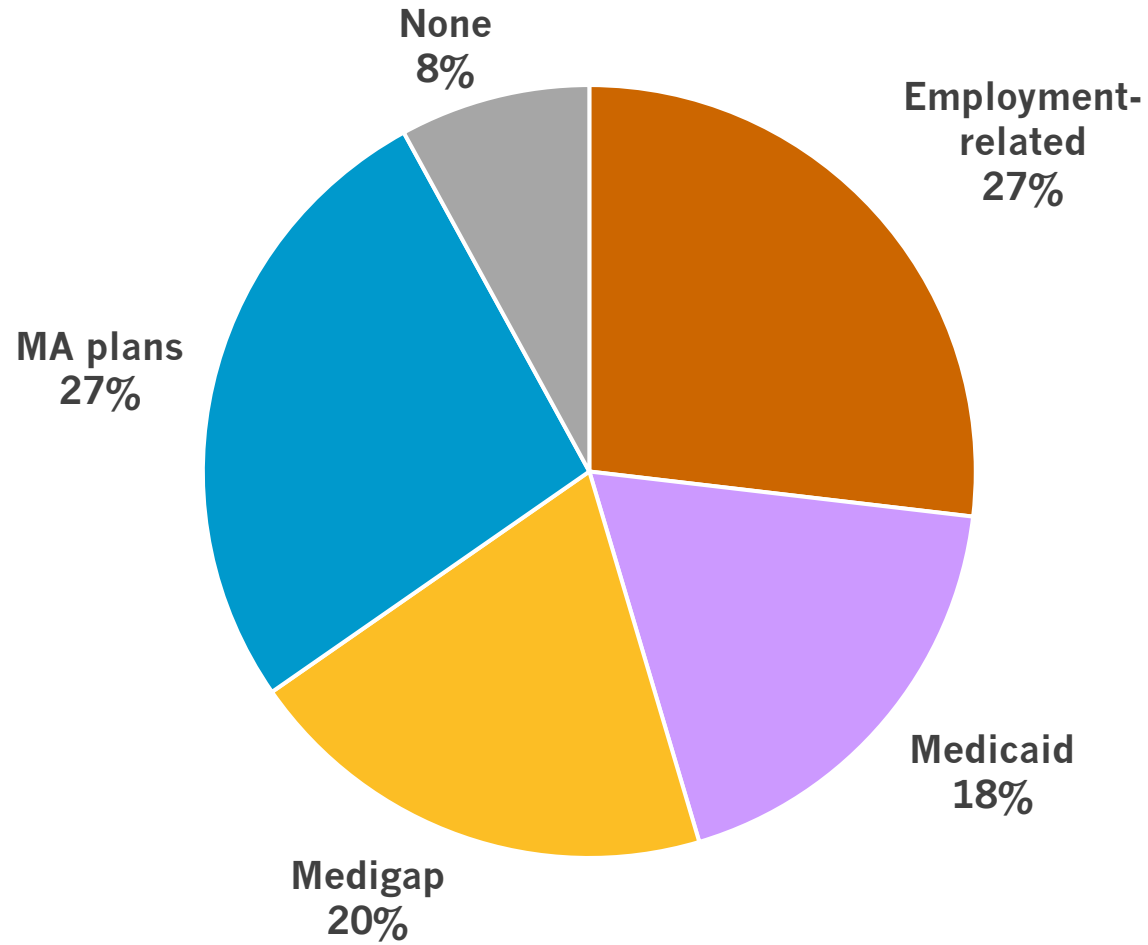
- We want to hear from you about questions you have about scope or boundaries or ethics.
- Please tell us about what guidance varies from what our program staff has given before, so we can clarify.
- Questions and feedback as we go

Objectives

- Explain two approaches for Medicare: original Medicare, MA plans
- Explain MedSupp, generally
- Use Plan Finder-to compare prescription drug options
- Explain rights and protections for switching from group plan to private MedSupp (pre-x, underwriting)
- Help a person read a summary plan document -to understand their coverage and costs
- Explain about roles for plans, CMS, SHIBA, group administration



Coverage in addition to Medicare



Scope and boundaries

- This is our work: we're talking about other insurance in addition to Medicare
- I know you want more guidance, so let's talk about it today and as we move forward together
 - Yes, we can make reference materials and train to this standard, too
- Key point: groups have rules – we must not interpret those rules for people – contact the group administrator

SHIP (p 81)

Each state has a government program with trained counselors. The program is not connected with us or with any insurance company or health plan. The counselors at this program can help you understand which process you should use to handle a problem you are having. They can also answer your questions, give you more information, and offer guidance on what to do.

SHIBA (p20)

“SHIP counselors can help you understand your Medicare rights, help you make complaints about your medical care or treatment, and help you straighten out problems with your Medicare bills. SHIP counselors can also help you with Medicare plan choices and answer questions about switching plans.”

People with retiree plans

- Contact your retiree plan (such as TRICARE, PEBB, IBEW, FEHB, Boeing) to learn how it coordinates with Medicare.
- ~~We cannot give you information on your retiree plan.~~ check
- Please contact your retiree plan benefits administrator.

Medicare options



Your options for Medicare coverage

Original Medicare

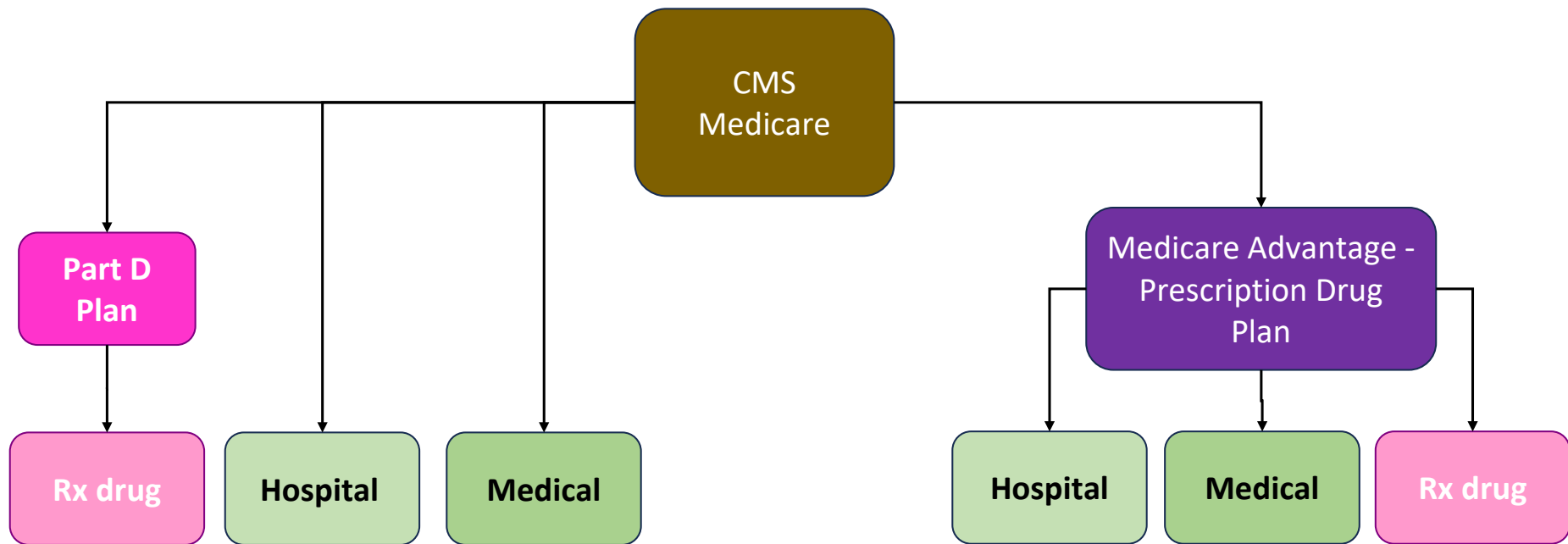
- Medicare Part A
 - Hospital (inpatient)
- Medicare Part B
 - Medical (outpatient)
- Medicare Part D
 - Prescription drug plans

Medicare Advantage *Medicare Part C*

- MA-PD plans
 - Consolidate in one package
 - Hospital (inpatient)
 - Medical (outpatient)
 - Prescription drugs
 - Additional benefits



Medicare in context



Alternative approach to original Medicare

- Access - network
 - Providers (doctors, hospitals, out-of-area)
 - Prescriptions, pharmacies
- Coverage
 - prior authorization or other managed care provisions
- Costs
 - premium for Medicare and other insurance
 - point-of-service cost sharing
 - out-of-pocket maximums
- Appeals and grievances

Employer group plans & Medicare health plans

EGWP

Overview

There are two common elements to explore in some detail

1. How can we highlight for people how MA-PD plans are different than original Medicare?
2. How can we describe Medicare supplement plans, plus Part D coverage?
 - For people that exit the Boeing plan, how to describe their rights and protections as they enroll into private market coverage, with a standard Medicare supplement plan?

Employer Group Waiver Plan (EGWP) (p7)

- Your coverage is provided through a contract with your former employer.
- You are covered by Medicare, and you have chosen to get your Medicare health care and your prescription drug coverage through our plan, Aetna Medicare Plan (PPO).
- We are required to cover all Part A and Part B services.
- However, cost sharing and provider access in this plan differ from Original Medicare.

EGWP, cont. (p7)

- Aetna Medicare Plan (PPO) is a Medicare Advantage PPO Plan (PPO stands for Preferred Provider Organization).
- Your Medicare PPO plan provides for an extended service area (ESA) and the share of cost that you pay is the same for network providers and non-network providers, **as long as the non-network providers are eligible to receive Medicare payment and accept the plan's payment.**

MA-PD plan (p7)

- Medicare (the Centers for Medicare & Medicaid Services) must approve Aetna Medicare Plan (PPO) each year. Your former employer can continue to offer you Medicare coverage as a member of our plan as long as we choose to continue to offer the plan and Medicare renews its approval of the plan.

Regulatory authority

Regulation

- These plans are regulated by CMS, so there are rules the insurance company has to follow.
- These change each year
 - important changes are coming for 2025 and beyond (IRA impacts on Part D plan design)
- The OIC does not regulate



Employment-based insurance programs

- The focus of our concern is with what are known as self-insured or self-funded plans.
- In general, the OIC has no regulatory authority related to such plans; these plans are regulated by federal government agencies.
- How would a person know? Ask for a summary plan description (SPD) from HR or Payroll or the Administrator of the plan.



Regulatory authority

HCA UMP

<https://www.cms.gov/marketplace/private-health-insurance/self-funded-non-federal-governmental-plans>

Boeing

<https://www.kff.org/wp-content/uploads/sites/3/2015/06/c11.pdf>

About HCA PEBB



PEBB is Public Employees Benefits Board.

- People who retire from state government, local school districts or other political sub-divisions can elect retiree health and other benefits.
- There is a portfolio of plan options.
 - The Uniform Medical Plan, UMP, has the most enrolled members: about 44,000.
- Rates for 2024 will be about 20% higher compared to 2023.
- The annual election period is November 1 - November 30.

HCA PEBB UMP: Options

UMP options: highest level

1. Continue with UMP - no action required
2. Switch to another HCA PEBB plan, in the portfolio - needs paperwork
3. Exit the HCA PEBB group for other insurance
 - This includes the option to defer coverage, in limited circumstances, requiring paperwork

UMP options: practically speaking

The most likely options are for people to switch to:

- one of the UHC plans: which are MA-PD plans (EGWP)
- Medicare Supplement Plan G (Premera Blue Cross)
- It is possible to choose a Kaiser plan
- It is possible to exit the group
 - For some people, there is an option to defer



Key concepts: UHC

- UHC is a MA-PD plan.
 - That means not Original Medicare.
- The provider network is established by UHC as is the formulary and preferred pharmacy network.
- Like UMP, this is a comprehensive network, but it is a different network.
- Like UMP, this is an extensive formulary, but it is a different formulary.

Note: in HCA PEBB plans, dental insurance is a separate elective insurance policy.



Key concepts: Medicare Supplement Plan G

- Medicare Supplement Plan G is like UMP in the way that it's original Medicare-no limits on provider access imposed by the insurance.
- It's different than UMP because they are no benefits that are not covered by Medicare.
 - That means **prescription drugs** and **other services, supplies and therapies**: hearing, massage, chiropractic, etc.
 - Most people would choose a stand-alone Medicare Part D plan (individual market), using the Plan Finder tool you know.

Context

- For people in UMP, Medicare supplement will be a new concept.
- For people in Boeing, the questions will be about switching - and potentially then about switching again.
- For both sets of beneficiaries, there will be Medicare Part D challenges - and we need to talk about “creditable coverage.”

For UMP

You are still in your group

So, next AEP, you can switch to any in the HCA
PEBB portfolio

- You'd need to cancel Part D

Boeing: options



Boeing options: highest level

- Stay with the group: enroll in Aetna
- Exit the group: enroll in a private market plan
 - Could be Medicare supplement
 - Could be MA-PD plan

Switching Medicare supplement plans

For Boeing

- You can switch now to any Plan G offered in WA
 - If you are under age 65 - qualify by disability- that's Premera (only)
- It's *unlikely* this is your Medicare supplement Open Enrollment period - that would mean you have guaranteed issue rights:
 - Six month period that starts when you are both (a)age 65 and (b) enrolled in Medicare Part B
- What is likely is that you have other rights and protections (in this regard, Washington state conforms to federal regulations-not more consumer protections)
 - You don't have a concern about underwriting - you can't be denied coverage
 - You don't have a concern about a waiting period for a pre-existing condition
 - Of course, verify with the carrier

What if...?

- I like MedSupp, but \$0 is nice. I try Aetna for a while (9 months) and then decide to leave for MedSupp?
 - True. Yes, trial right.
- I stay with Aetna a longer while (18 months) and then decide to leave for MedSupp?
 - True. Comprehensive coverage - because it's the employer group plan.
- I try another private market MA-PD plan (not Aetna) for a while (9 months) and then decide I want MedSupp?
 - False. Not comprehensive coverage. Not the employer group. For this specific case, there is an exception for “new to Medicare”.

Medicare supplement plans, generally

Medicare supplement plans

- Medicare pays first, MedSupp pays second.
 - Fits like a puzzle
 - Standard plans
 - We have a chart
- We're going to focus on Plan G because
 - it's what HCA PEBB offers
 - it's the most comprehensive and widely sold (by agents)
 - it illustrates the point - we can describe others by comparison
- The key is that it's only Medicare- covered services, so figure what you'll do about other
 - For most people, that's Part D
 - For Part D, that's "Plan Finder"
 - There are other options - be sure it's creditable coverage (else possible late enrollment penalty later)

Medicare and Rx drugs

Medicare & Rx drugs

The two kinds of options for prescription drug coverage relate to the two approaches

1. For 'original Medicare':

- stand-alone Medicare Part D plan
- the same as others in the individual market

2. For Medicare Advantage (MA) plans:

- integrated Medicare Part D plan
- Not the same as others in the individual market

Caution: Part D plans and retiree coverage

- Stand-alone Medicare Part D prescription drug plans are only compatible with “Original Medicare”
- You cannot enroll in a private market Medicare Part D and keep any of the MA plans offered Medicare retirees.

How do I do that – exactly?

Step 1: create an account for yourself

Step 2: enter in the prescriptions you are currently using

[NOTE: it's OK to also enter drugs that you're *not* taking but are concerned about]

Step 3: complete your work in the Plan Finder tool related to things like preferred pharmacies

Step 4: save/print the results to compare to UMP and/or other plan options

Support for Medicare Plan Finder tool

- Our trained SHIBA advisors and SHIBA staff are available to provide support and assistance with the Plan Finder tool.
- We're happy to arrange small-group training programs.
- We can point you to other resources as well, including workshops created by the Medicare agency.

Summary of Plan Finder tool

- The results from the Plan Finder tool will be pretty clear-cut with regard to coverage, cost, and access.
- The results with regard to security will be less clear.
 - During the plan year (calendar year 2024), the specifics about coverage, cost, and access can change.
 - For example, a drug may be added or removed from the formulary.
 - Each year – so next Fall – you ought to complete this same exercise over again

Rx review, note 1 of 2

| Prescription name of drug | Dose (form) | Quantity | Frequency | Monthly Cost | Annual Cost | Notes |
|---------------------------|-------------|----------|-----------|--------------|-------------|-------|
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Rx review, note 2 of 2

| | Drug 1 | Drug 2 | Drug 3 |
|---------------------------------|--------|--------|--------|
| Covered? | | | |
| Prior Authorization? | | | |
| Cost sharing | | | |
| Deductible applies? | | | |
| Co-pay? | | | |
| Co-insurance? | | | |
| Applies to out-of-pocket limit? | | | |
| Quantity limit | | | |
| Pharmacy | | | |
| Network | | | |
| Mail order | | | |

Consider a MA-PD plan



MA-PD plan card (p9)

- Do NOT use your red, white, and blue Medicare card for covered medical services while you are a member of this plan.
- If you use your Medicare card instead of your Aetna Medicare Plan (PPO) membership card, you may have to pay the full cost of medical services yourself.

MA-PD card, sample for UHC

Section 3.1 Your UnitedHealthcare member ID card

While you are a member of our plan, you must use your UnitedHealthcare member ID card whenever you get services covered by this plan and for prescription drugs you get at network pharmacies. You should also show the provider your Medicaid card, if applicable. Here's a sample UnitedHealthcare member ID card to show you what yours will look like:

| | | |
|---|---|---|
|  Health Plan (99999): 999-99999-99 Member ID: 999999999-00 Group Number: 99999 Member: SAMPLE A MEMBER Payer ID: 99999 Copay: PCP \$XX ER \$XX Spec \$XX H9999-999-999 Plan Name |  RxBIN: 999999 RxPCN: 9999 RxGrp: XXX | Customer Service Hours: XXX - XXX, XXX - XXX, XXX XXX - XXX [Redacted] For Members Website: www.website.url Customer Service: 1-999-999-9999 TTY 711 Other Number: 1-999-999-9999 TTY 711 Other Number: 1-999-999-9999 TTY 711 For Providers www.website.url 1-999-999-9999 Medical Claim Address: P.O. Box 99999, XXXXXX, XX 99999-9999 UHC For Pharmacists 1-999-999-9999 Pharmacy Claims P.O. Box 99999, XXXXXX, XX 99999-9999 |
|---|---|---|

Do NOT use your red, white, and blue Medicare card for covered medical services while you are a member of this plan. If you use your Medicare card instead of your UnitedHealthcare member ID card, you may have to pay the full cost of medical services yourself. Keep your Medicare card in a safe place. You may be asked to show it if you need hospital services, hospice services, or participate in Medicare approved clinical research studies also called clinical trials. Note: If you are not entitled to Medicare Part A coverage, hospice services are not covered by the plan or by Medicare.

Common questions

- How can I compare options for coverage?
 - compared to other employer options
 - compared to other private market options
- What tools and resources are there to help me?
- Who can help me with using these tools?
- Who can help me with forms / paperwork?

What matters to you?

In general, we anticipate there are three (3) things that are most important, but your own list can be different.

- Prescription (Rx) drugs
- Primary care and specialist providers
- Other medically needed care – not covered by Medicare

Provider access (networks)



Primary care and specialist providers

- Start with the published provider directory, but don't stop there
- Talk with the person in charge – typically, not the provider
- Be clear: Medicare beneficiary
 - with employer / retiree coverage as secondary insurance
- Changes do happen -- be persistent and be patient, too



Other medically needed care

- This is complex: make yourself a **chart**
- The rules vary per plan, including limits and prior authorization or other required referrals
- Ask lots of questions and request answers in writing for the most important – to you – concerns
 - “Can you please show me in the certificate of coverage?”
 - “Can you please send me a note that I can rely upon later, in case of a dispute?”

Evidence of Coverage

If you're able, get and read the contract

Sample chart

| | How much (\$) | How many (visits) | Prior authorization and/or Restrictions | Provider network | Other concerns |
|----------------------------|---------------|-------------------|---|------------------|----------------|
| Hearing | | | | | |
| Annual exam | | | | | |
| Hearing aids | | | | | |
| Therapy | | | | | |
| Acupuncture | | | | | |
| Chiropractic | | | | | |
| Massage | | | | | |
| Vision care | | | | | |
| Annual exam | | | | | |
| Eyeglasses, contact lenses | | | | | |
| Other | | | | | |

More support?

Considering making a change

- Take stock of your current needs and priorities – make a 'pro's and 'con's' listing
- Create an account at [medicare.gov](https://www.medicare.gov) and learn to use the Medicare Plan Finder tool – or reach out for help with those
- Talk with your providers about access, if you switch
- Talk with representatives from the plan(s) you are considering

Who can help me? **SHIBA**

- Take time to listen and understand
- Explain general eligibility for programs (if you leave a retiree program, you will not be able to return)
- Make referrals to other agencies and programs
- Interpret Medicare rules and OIC guidance
- Give client tools to analyze options for coverage
- SHIBA Job Aids

Who can help me? **Plan Administrator**

- Ask about rules
- Eligibility, including leave and return
- Enrollment, including add/remove coverage or one member in Medicare and one not
- Switching, including forms
- Dependents, including children with disabilities
- Other coverage – like dental

Who can help me? **Health Plans**

The health plans that are contracted with the HCA PEBB portfolio are a great resource.

Please contact them for specific questions about things like:

- Provider network
- Prior authorizations
- Covered benefits
- Formulary for prescription drugs
- Out-of-pocket costs

Who can help me? **CMS**

CMS – the Centers for Medicare and Medicaid Services – is the federal government agency that regulates Medicare Advantage plans (and Medicaid, too)

- CMS.gov

For questions about Medicare, including coverage and preventive care services

- 1-800-MEDICARE is available 24 hours, 7 days a week for callers
- Medicare.gov is a great internet resource

Feedback and Questions