

SHIBA Gearing up for Open Enrollment II workbook

October, 2024

Statewide Health Insurance Benefits Advisors
(SHIBA)

Table of contents

Message from the SHIBA program team	5
Medicare costs updates for 2025	6
Part A & B 2025 premiums & deductibles	6
Gearing up for OEP: MA & MA-PD plans.....	8
Counselor corner: ANOC & EOC	8
Annual Notice of Change (ANOC)	8
Evidence of Coverage (EOC)	8
Counselor corner: ask, compare, choose	8
Step 1 Ask Encourage clients to reach out for clarification.	9
Step 2 Compare: Help clients evaluate their current plan against others.	9
Step 3 Choose: Assist in making a decision before the deadline.	9
Gearing up for OEP: Part D plans	10
Part D: benchmark plans	10
Counselor corner: benchmark plans	10
Part D: base premiums	10
Counselor corner: base premiums	10
Part D: late enrollment penalty	11
Activity for those who likes math: Part D Late Enrollment Penalty Calculation.....	12
Counselor corner: late enrollment penalty	12
3 ways for a beneficiary to avoid Part D late enrollment penalty	12
Part D: creditable prescription drug coverage	13
Counselor corner: creditable prescription drug coverage	13
Counselor corner: tips for choosing Medicare drug coverage	13
If a beneficiary takes specific drugs.	13
If a beneficiary takes a lot of generic drugs.....	13
If a beneficiary doesn't have many drug costs now but wants coverage for peace of mind and to avoid future penalties.	14
2025 changes	15
Special Enrollment Period (SEP) changes	15
New monthly Special Enrollment Period (SEP) for Low-Income Subsidy (LIS) enrollees and all categories of dual-eligible beneficiaries	15

New monthly Special Enrollment Period (SEP) for full-benefit dually eligible beneficiaries only.....	15
New SEP enrollment restrictions.....	16
Activity: Understanding Special Enrollment Period (SEP) Changes for 2025	17
.....	
Scenario 1: Monthly SEP for LIS enrollees and dual-eligible beneficiaries	17
Scenario 2: SEP Restrictions for LIS and dual-eligible beneficiaries....	17
Scenario 3: Partial-benefit dual-eligible beneficiaries	18
Scenario 4: Monthly SEP for full-benefit dually eligible beneficiaries...	18
Summary of SEP changes in 2025 (the same information in a different form)	19
Summary of SEP changes in 2025 (continued).....	20
Case work	21
Counseling session preparation	21
Learning objective	21
Case	21
Counseling session critique & coaching:	22
Counseling session transcript	23
Final reflections	27
Learning outcomes	27
How can SHIBA staff help?	27
Glossary	29
Activity for those unfamiliar with the CE terms: look up the definitions ...	29
For additional information	31
Glossary	31
The "Medicare & You" 2025 handbook	31
Medicare rights: Medicare interactive.....	31
Part D	31
Benchmark plans	31
Creditable prescription drug coverage	31
6 tips for choosing Medicare drug coverage.....	31
Enrollment penalty	31
Part D premiums.....	32
Prescription Payment Plan: Release of Medicare Prescription Payment Plan Public-Facing Resources	32
A takeaway card is also available:	32
Dually eligible for Medicare & Medicaid	33

Appendix A	34
Answers to the workbook activities (pages 11&17)	34
Answer to the Part D penalty calculations (page 11)	34
Answers to SEP Activities (page 17)	34

Message from the SHIBA program team

Dear Volunteers,

As we continue our journey in making a positive Medicare counseling impact, it is essential to equip ourselves with the necessary knowledge and skills. The case scenario and activities included in this workbook aim to enhance your effectiveness as Medicare counselors.

The workbook is designed with the understanding that you are all at different stages of your Medicare journey and counseling experience. We know it's impossible to satisfy everyone completely, but we are trying to include a little bit for everyone. So, pick and choose what resonates with you and what will help you in your counseling practice. Whether you are new to this or have years of experience, we hope there is something here for each of you.

Please take the time to engage with the content, reflect on the case, and make notes on the slide discussions. We encourage you to discuss your thoughts with fellow volunteers during our upcoming sessions.

Thank you for your commitment to making a positive impact, and we hope you find this workbook beneficial in your journey of continuous learning.

Your dedication and efforts contribute significantly to our mission. Thank you for being an essential part of our team.

Best regards,

SHIBA team

Medicare costs updates for 2025

Part A & B 2025 premiums & deductibles

Objective:

Learn how to locate updated Medicare Part A and Part B premiums and deductibles for 2025.

As this workbook goes into print, the updated Medicare Part A and Part B premiums and deductibles for 2025 have not been published yet. These figures are typically announced by the Centers for Medicare & Medicaid Services (CMS) around October each year. For the most up-to-date information, you can follow these steps:

Instructions:

1. Visit the CMS Website:

- Go to www.medicare.gov or the CMS Newsroom at www.cms.gov/newsroom.
- Look for any press releases or news articles published in October or later, as they will contain the official announcement of the new premiums and deductibles.

2. Search on Medicare.gov:

- Once on the Medicare website, use the search bar to enter keywords like "2025 Medicare premiums and deductibles."
- Check for updated articles or fact sheets specifically listing the Part A and Part B figures.

3. Follow News Updates:

- Stay informed through trusted health news sources or by subscribing to Medicare newsletters to receive the latest updates when the new rates are released.

4. Document the Findings:

- Once you have located the correct information, record the Part A and Part B premiums and deductibles below for future reference.

Premium/Deductible	2025 Amount
Part A Premium	\$
Part A Deductible	\$
Part B Premium	\$
Part B Deductible	\$

Reflection:

After you've found the updated figures, consider how the changes may impact your clients or beneficiaries. How might these new costs influence their decisions?

Gearing up for OEP: MA & MA-PD plans

Counselor corner: ANOC & EOC

Advise beneficiaries to review their Annual Notice of Change (ANOC) & Evidence of Coverage (EOC) notice for changes to their coverage and to decide whether their current plan still meets their needs or if they want to make changes during Open Enrollment.

Annual Notice of Change (ANOC)

The Annual Notice of Change (ANOC) is a notice beneficiary receives from their Medicare Advantage or Part D plan in late September. The ANOC gives a summary of any changes in the plan's costs and coverage that will take effect January 1 of the next year. The ANOC is typically mailed or emailed with the plan's Evidence of Coverage (EOC), which is a more comprehensive list of the plan's costs and benefits for the upcoming year.

Evidence of Coverage (EOC)

Evidence of Coverage (EOC) is a notice beneficiary receives from their Medicare Advantage or Part D plan in late September. It lists the plan's costs and benefits that will take effect on January 1 of the upcoming year. The EOC is typically mailed with the plan's Annual Notice of Change (ANOC) (please see September workbook), which is a notice informing of plan changes that will take effect the upcoming year.

Counselor corner: ask, compare, choose

The ANOC & EOC help guide beneficiaries through the **Ask, Compare, Choose** process. This is crucial for making an informed decision by the December 7th deadline.

Step 1 Ask Encourage clients to reach out for clarification.

Coverage changes:

- Are there other changes that affect services you use?
- Have there been any changes in your health that may affect what services you may need or how often you may need them?
- If your health has changed, will your plan benefits cover the additional care you may need?

Provider network changes:

- What providers have been added to or removed from the plan network?
- Are your current doctors in the network?
- What about hospitals or other providers or specialists you may need?
- If your providers are not in the network, are you willing to switch to other providers that are?

Drug list and pharmacy network changes:

- What medications have been added to or removed from the plan's covered drug list (formulary)?
- Are the drugs you currently take listed on the formulary?
- Have any of your medications been assigned to a different tier on the formulary? (This may affect your cost.)
- Is your pharmacy in the plan's network? Is it a "preferred pharmacy" that offers the plan's best pricing?

Cost changes:

- Is the plan premium going up, going down or staying the same?
- Are any other costs changing, such as deductibles, co-pays, co-insurance?
- If you have a Medicare Advantage plan, what is your maximum out-of-pocket limit?
- How will cost changes affect your total out-of-pocket spending for the services and prescription drugs you may need?

Step 2 Compare: Help clients evaluate their current plan against others.

Step 3 Choose: Assist in making a decision before the deadline.

Gearing up for OEP: Part D plans

Part D¹: benchmark plans

Benchmark plans are Medicare Part D drug plans that are premium-free for people receiving the low-income subsidy (LIS). The benchmark amount is the highest premium that Medicare will cover for those qualifying for "Extra Help." In Washington for 2024, this amount is \$40.60.

There are four Part D benchmark plans in Washington:

- Cigna Secure Rx (PDP)
- Clear Spring Health Value Rx (PDP)
- AARP Medicare Rx Basic from UHC (PDP)
- Wellcare Value Script (PDP)

Counselor corner: benchmark plans

If someone with LIS chooses a plan with a premium higher than the benchmark, they will need to pay the difference.

Part D: base premiums

In 2025, the national base premium for Medicare Part D is \$36.78, limited to a 6% increase from 2024.

Counselor corner: base premiums

The actual part D premiums beneficiaries pay vary depending on their plan, and most premiums are different from the base amount. In 2024, nearly half of people without Low-Income Subsidies (LIS), mostly those in Medicare Advantage plans, didn't pay a monthly premium for Part D coverage.

¹ For Activity 4 September CE Workbook

Part D: late enrollment penalty

The late enrollment penalty is an extra cost added to a Medicare Part D premium if a person goes 63 or more days without Medicare drug coverage or other approved drug coverage after their Initial Enrollment Period ends. The penalty lasts as long as they have Part D coverage.

The penalty is calculated by multiplying 1% of the national base premium (\$36.78 in 2025) by the number of months without coverage. The amount is rounded to the nearest 10 cents and added to their monthly premium.

Example²: Part D late enrollment penalty calculation

Mrs. Martinez has Medicare, and her first chance to get Medicare drug coverage (during her Initial Enrollment Period) ended on July 31, 2020. She doesn't have prescription drug coverage from any other source. She didn't join a Medicare drug plan by July 31, 2020, and instead joined during the Open Enrollment Period that ended December 7, 2022. Her Medicare drug coverage started January 1, 2023.

Since Mrs. Martinez was without creditable prescription drug coverage from August 2020–December 2022, her penalty in 2024 is 29% (1% for each of the 29 months) of \$34.70 (the national base beneficiary premium for 2024) or \$10.06 each month. Since the monthly penalty is always rounded to the nearest \$0.10, she will pay \$10.10 each month in addition to her plan's monthly premium.

.29 (29% penalty) × **\$34.70** (2024 base beneficiary premium) = **\$10.06**

\$10.06 rounded to the nearest \$0.10 = **\$10.10**

\$10.10 = Mrs. Martinez's monthly late enrollment penalty for 2024

² <https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/part-d-late-enrollment-penalty#:~:text=Medicare%20calculates%20the%20penalty%20by,your%20monthly%20Part%20D%20premium.>

Part D late enrollment penalty & Extra Help³

If a beneficiary qualifies for Extra Help, they won't have to pay the Part D late enrollment penalty.

Activity for those who likes math: Part D Late Enrollment Penalty Calculation

Scenario: Mr. Johnson became eligible for Medicare and his first chance to get Medicare drug coverage (during his Initial Enrollment Period) ended on December 31, 2021. He did not have prescription drug coverage from any other source. Instead of joining a Medicare drug plan by the deadline, Mr. Johnson waited and enrolled during the Open Enrollment Period that ended on December 7, 2023. His Medicare drug coverage started on January 1, 2024.

Question:

What is Mr. Johnson's late enrollment penalty in 2025?

Calculations:

Counselor corner: late enrollment penalty

3 ways for a beneficiary to avoid Part D late enrollment penalty

1. Enroll in Medicare drug coverage when they're first eligible.
2. Enroll in Medicare drug coverage if they lose other creditable coverage.
3. Keep records showing when they had other creditable drug coverage and tell their plan when it asks about it.

³ <https://www.medicare.gov/basics/costs/help/drug-costs>

Part D: creditable prescription drug coverage

Creditable prescription drug coverage is drug coverage that is expected to pay at least as much as Medicare's standard drug plan. This includes coverage from sources like current or former employers, unions, TRICARE, the VA, or individual health insurance.

Each year, plans must inform beneficiaries if their non-Medicare drug coverage is considered creditable. Proof of this can come in the form of a Notice of Creditable Coverage or a statement from an employer. Beneficiaries typically receive this notice in September and should keep it as proof in case they join a Medicare drug plan later. If they don't receive the notice, they can ask their HR department, drug plan, or benefits manager.

Having creditable coverage helps avoid the Part D late enrollment penalty.

Counselor corner: creditable prescription drug coverage

By educating beneficiaries on the importance of maintaining creditable drug coverage, you can help them avoid late enrollment penalty.

Counselor corner: tips for choosing Medicare drug coverage⁴

If a beneficiary takes specific drugs.

They need to look at drug plans that include their prescription drugs on their formulary (a list of prescription drugs covered by a drug plan). Then, compare costs.

If a beneficiary takes a lot of generic drugs.

They need to look at drug plans with "tiers" that charge them nothing or low copayments for generic prescriptions.

⁴ For more tips, please see <https://www.medicare.gov/drug-coverage-part-d/how-to-get-prescription-drug-coverage/6-tips-for-choosing-medicare-drug-coverage>

If a beneficiary doesn't have many drug costs now but wants coverage for peace of mind and to avoid future penalties.

They need to look at drug plans with a low monthly premium for drug coverage. If they need prescription drugs in the future, all plans still must cover most drugs used by people with Medicare.

2025 changes

Special Enrollment Period (SEP) changes

Goal: To promote integrated care for dual-eligible Medicare & Medicaid enrollees. This means their Medicare, Medicaid, and Extra Help benefits are all included in a single D-SNP/Apple Care Connect plan.

New monthly Special Enrollment Period (SEP) for Low-Income Subsidy (LIS) enrollees and all categories of dual-eligible beneficiaries

LIS enrollees and dual-eligible beneficiaries (duals), eligible for both Medicare and Medicaid, have an option to participate in a Special Enrollment Period (SEP), which will go from being available on a quarterly basis to a monthly basis.

LIS enrollees and duals would have a monthly SEP to:

- switch from their standard Medicare Advantage prescription drug plan (MA-PD) to traditional fee-for-service Medicare along with a standalone prescription drug plan (PDP)

or

- move from one PDP to another if they have Original Medicare

An LIS enrollee or dual-eligible individual **could not**, however, use the SEP to enroll in another standard MA-PD plan.

New monthly Special Enrollment Period (SEP) for full-benefit dually eligible beneficiaries only

- To enroll into integrated D-SNPs, thus aligning their Medicare and Medicaid services

or

- Switch between, integrated D-SNPs (except for Humana D-SNPs⁵)

⁵ There two D-SNPs categories in WA: highly integrated D-SNPs & coordination-only D-SNPs. The new monthly SEP is for integrated D-SNPs only. Humana D-SNPs are coordination-only D-SNPs, they are not integrated.

New SEP enrollment restrictions

For Individuals with LIS

Individuals with LIS, but who are not also enrolled in Medicaid, will no longer be allowed to switch Medicare Advantage plans on a quarterly basis. They must wait until Open Enrollment, an initial enrollment period, or meet the requirements for one of the other SEP options available.

For partial-benefit dually eligible individuals

Partial-benefit dual-eligible individuals will no longer be allowed to switch between Medicare Advantage plans on a quarterly basis. They must wait until Open Enrollment, an initial enrollment period, or meet the requirements for one of the other Medicare Advantage SEP options available.

For full-benefit dually eligible individuals

Full-benefit dual-eligible individuals will no longer be allowed to switch standard Medicare Advantage plans on a quarterly basis when their choice is another standard MAPD plan that is not a D-SNP.

They must wait until Medicare Open Enrollment, the Medicare Advantage Open Enrollment period, or meet the requirements for one of the other Medicare Advantage SEP options available to enroll into a non-integrated plan.

We will provide more clarification on this topic in our future training.

Activity: Understanding Special Enrollment Period (SEP) Changes for 2025

Objective: Learn about new SEP changes for Low-Income Subsidy (LIS) enrollees and dually eligible beneficiaries.

Instructions:

Read the scenarios below and answer the questions to understand the recent SEP changes and how they affect different types of enrollees.

Scenario 1: Monthly SEP for LIS enrollees and dual-eligible beneficiaries

Mrs. Lee is a dual-eligible beneficiary (Medicare and Medicaid) enrolled in a standard Medicare Advantage prescription drug plan (MA-PD). She wants to know her options for switching plans in 2025.

1. Can Mrs. Lee switch to traditional fee-for-service Medicare with a standalone prescription drug plan (PDP) using her SEP?

Answer: _____

2. Can Mrs. Lee use the SEP to switch from her current standard MA-PD plan to another standard MA-PD plan?

Answer: _____

Scenario 2: SEP Restrictions for LIS and dual-eligible beneficiaries

Ms. Garcia is an LIS enrollee but not enrolled in Medicaid. She was previously able to switch between standard Medicare Advantage plans every quarter. In 2025, she wants to know when she can next switch plans.

1. Can Ms. Garcia switch standard Medicare Advantage plans on a quarterly basis in 2025?

Answer: _____

2. What are Ms. Garcia’s options for switching plans outside of Open Enrollment?

Answer: _____

Scenario 3: Partial-benefit dual-eligible beneficiaries

Mr. Davis is a partial-benefit dual-eligible individual and was used to switching between standard Medicare Advantage plans every quarter. In 2025, he is confused about the new rules.

1. Can Mr. Davis switch standard Medicare Advantage plans on a quarterly basis in 2025?

Answer: _____

2. When is Mr. Davis eligible to switch standard Medicare Advantage plans?

Answer: _____

Scenario 4: Monthly SEP for full-benefit dually eligible beneficiaries

Mr. Johnson is a full-benefit dual-eligible individual who wants to enroll in a Dual Special Needs Plan (D-SNP) to align his Medicare and Medicaid coverage. He has just learned about the new monthly SEP available in 2025.

1. Can Mr. Johnson use his SEP to enroll in an integrated D-SNP to better align his Medicare and Medicaid benefits?

Answer: _____

2. Can Mr. Johnson switch between integrated D-SNPs monthly under the new SEP?

Answer: _____

Reflection:

How do the new SEP changes impact the choices for beneficiaries? What are the potential benefits of aligning Medicare and Medicaid coverage in integrated D-SNPs?

Summary of SEP changes in 2025 (the same information in a different form)

Group	Current Rules	Final Rule (January 1, 2025)
All groups (full benefit dually eligible individuals, partial benefit dually eligible individuals, and LIS-only individuals)	On a quarterly basis, these individuals can disenroll from their Medicare Advantage Prescription Drug* (MAPD) plan and join Original Medicare. They can enroll in a standalone Prescription Drug Plan at the same time.	On a monthly basis, these individuals will be able to disenroll from their MAPD and join Original Medicare. They can enroll in a standalone Prescription Drug Plan at the same time.
Full-benefit dually eligible individuals	On a quarterly basis, these individuals can change standard Medicare Advantage plans.	On a monthly basis, these individuals can change from Original Medicare or a Medicare Advantage plan to a Highly Integrated Dually Eligible Special Needs Plan (HIDE SNP) ⁶ .

⁶ All but one (Humana) D-SNP plans in WA are HIDE SNPs.

Summary of SEP changes in 2025 (continued)

Group	Current Rules	Final Rule (January 1, 2025)
Partial-benefit dually eligible individuals	On a quarterly basis, these individuals can change Medicare Advantage plans.	<p>Partial-benefit dual-eligible individuals will no longer have a SEP to change standard Medicare Advantage plans on a quarterly basis.</p> <p>Other SEPs may apply including the new monthly SEP to return to Original Medicare and a standalone PDP.</p>
LIS-only individuals	On a quarterly basis, these individuals can change Medicare Advantage plans.	<p>LIS-only individuals will no longer have an SEP to change standard Medicare Advantage plans on a quarterly basis.</p> <p>Other SEPs may apply including the new monthly SEP to return to Original Medicare and a standalone PDP.</p>

**A Medicare Advantage Prescription Drug Plan is a Medicare Advantage Plan that includes prescription drug coverage. Most, but not all, Medicare Advantage plans are also Medicare Advantage Prescription Drug Plans.*

Case work

Counseling session preparation

Learning objective

By preparing for the call with a beneficiary, you will be equipped to provide them with accurate information, guidance, and support regarding their options.

Case

According to the referral received, the client is curious to know about changes in Medicare Prescription Drug Benefit in 2025.

The client had already been screened for low-income programs during their original call.

You are preparing to call client:

Question	Answer
What do you do to prepare for this session?	
What information do you need to convey?	
What would you consider to be in your scope for this session?	

Counseling session critique & coaching:

What did they do well?	What can they do better next time?
<i>Technical: Information conveyed</i>	<i>Technical: information should have been conveyed</i>
<i>Relational: did well</i>	<i>Relational: didn't do well</i>

Counseling session transcript

Counselor: Hi, is this Mary Francis? This is Carol calling from Washington SHIBA.

Beneficiary: Thanks so much for calling! I was told that you could help me with Medicare open enrollment. I am upset and confused with the process and am not sure where to start.

Counselor: I understand how overwhelming this can feel, especially during Medicare open enrollment period. Thank you for reaching out. I'm here to help guide you through this process step by step, so let's start by getting a clearer picture of your situation.

I'd like to ask you a few questions to make sure I understand how best to assist you. Can you tell me what plan you are currently enrolled in?

Beneficiary: Yes, I have Humana Choice plan, and I've been in it for several years. I generally like it and don't want to switch. I just don't know what to do about next year.

Counselor: Thank you for sharing that. It's helpful to know you're currently in a Medicare Advantage Prescription Drug plan and happy with it overall. Have you received the Annual Notice of Changes and/or Evidence of Coverage letter from your insurance company?

Beneficiary: No, I don't think I received anything like that.

Counselor: The insurance company is required to send you an Annual Notice of Changes and an updated Evidence of Coverage every September. If you need another copy, you can always call your insurance provider or check their website.

These documents will explain any changes to your plan, like adjustments in costs, benefits, or provider networks.

First, you'll want to review these changes to see if you're still satisfied with your plan. Then, compare your plan with other options to decide whether you want to keep it or make a change.

If you didn't receive the notices, don't worry—we can still look up the information using the Medicare Plan Finder. Would you like us to do that

Beneficiary: Yes, please.

Counselor: Great. It's my understanding that you live in Thurston County. Could you please confirm your zip code?

Beneficiary: Yes, it's 98512.

Counselor: Thank you for this. I also want to make sure we have your medications and preferred pharmacy on hand so we can accurately assess your options. Could you tell me your current list of prescriptions, dosage and the pharmacy you use?

Beneficiary: Yes, I have my medication bottles here: I take Lisinopril, 10 mg once per day, for blood pressure and Atorvastatin (Lipitor), 40 mg once per day, for cholesterol. I use CVS Pharmacy for all my prescriptions.

Counselor: Perfect, that gives me all the information I need to start reviewing your options. Instead of comparing your current plan's changes for 2025, I'll help you look at how your plan compares to other options available in 2025. That way, you'll get a full picture of what's available. Does that sound good?

Beneficiary: Yes, that sounds great.

Counselor: Wonderful. Now, to make sure we find the best plan for you, could you tell me what's most important to you when considering your Medicare plan for next year?

Beneficiary: I want to keep my primary care doctor and my cardiologist for sure. I'd prefer to stay with the clinic where they work, but I'm open to changes if needed. Most importantly, I'm worried about how much I'll have to pay for services.

Counselor: Thank you for letting me know. It sounds like your priority is keeping your doctors and managing your out-of-pocket costs.

Since keeping your current providers is a priority, in case you decide to change your plan, you can call your doctor's office and check with the billing department

if they're in network for different plans. They'll be able to tell you which plans they work with. If they're only in network for your current plan- they'll be able to tell you that as well.

Let me share with you three Medicare Advantage plans available for 2025 that cover your prescriptions. We can also look at your expenses, including your monthly premium, prescription costs and what you would pay when you go to the doctor.

Beneficiary: Great, it is so important to me to know how much I'll be paying.

Counselor: After we're done talking today, I can email you a copy of your plan options or I can print it and mail it to you. What is your preference?

Beneficiary: I'd prefer a hard copy in the mail, please.

Counselor: Are you hoping to take action today and make a plan change? Or do you need time to look at your options and think about what is best for you?

Beneficiary: I'd like some time to review everything and maybe talk it over with family. Can I call you back once I've looked at the information?

Counselor: Absolutely, I'll make sure to include my contact information in the packet so you can reach out again before the December 7th deadline. I'll highlight the details you're most interested in, including the premium, out-of-pocket costs, and prescription drug coverage.

Beneficiary: Thank you so much, I feel so much better already.

Counselor: Oh good. I know this can be challenging because you don't know how much you'll have to go to the doctor or if your prescriptions will change. What I'm sending will show some different options, including one that has lower monthly costs, but you would pay more when you go to the doctor. You can decide which plan makes the most sense for you.

One more thing, you have mentioned that you use CVS pharmacy....

Beneficiary: Yes, that's correct.

Counselor: I also want to mention that it's worth considering other pharmacies in the plan's network for your area, as they may offer lower prices for your medications. Switching to one of these pharmacies could reduce your out-of-pocket costs. Would you be open to considering other pharmacies if it means saving on your medication costs?

Beneficiary: Oh, I didn't know that! I've been going to CVS for years, but I didn't realize other pharmacies might have better prices on my medications. I thought the prices were pretty much the same everywhere.

Counselor: Many people think that as well. Sometimes by switching to another pharmacy within your plan's network, could save you money. I'll include some cost comparisons between CVS and a few other pharmacies near you for your specific medications in the packet I send you.

Beneficiary: That's really helpful. Thank you!

Counselor: You're very welcome. Before we finish up, I just want to remind you that December 7th is the deadline for making any changes to your plan for 2025. If you don't make any changes, you'll stay enrolled in your current plan, but there could be some adjustments.

I recommend contacting your insurance provider to request an Annual Notice of Changes and an updated Evidence of Coverage. These documents will give you all the details about any changes to your benefits, medical care costs (like doctor and hospital fees), drug coverage, and whether your doctors, hospitals, and pharmacies will still be in your plan's network next year.

Beneficiary: This was very helpful. I'm so relieved I contacted you. Thank you so much for all your help!

Counselor: I'm so glad I could help! I'll get that printout in the mail to you right away, and I'll be here if you need anything else. Have a great day, Mary Francis!

Beneficiary: You too! Thanks again.

Final reflections

Learning outcomes

Do you have a clear understanding of the Medicare changes for 2025?

Do you feel better prepared to effectively counsel Medicare beneficiaries during Open Enrollment Period?

How can SHIBA staff help?

Contact your RTC:

- Brisson, Noreen (OIC) Noreen.Brisson@oic.wa.gov
 - Office 509-818-1017
 - Cell 360-349-2850
- Dieckman, Lynda (OIC) Lynda.Dieckman@oic.wa.gov
 - Office 360-725-7257
 - Cell 360-742-4949
- Lee, Rosie (OIC) Rosie.Lee@oic.wa.gov
 - Office 360-725-7253
 - Cell 360-701-0933
- Skye-Dugovich, Shannon (OIC) Shannon.Skye-Dugovich@oic.wa.gov
 - Office 360-725-7108

- Cell 360-250-4900
- Cell 360-701-0933
- Volpone, Sarah (OIC) Sarah.Volpone@oic.wa.gov
 - Office 206-389-2916
 - Cell 360-250-6932

For any curriculum & training related questions & suggestions:

Contact SHIBA Curriculum & Training Coordinator, Elena Garrison
OICMedicareTrainingFeedback@oic.wa.gov or call: **360-725-7107**

Thank you for your participation.

Glossary

Activity for those unfamiliar with the CE terms: look up the definitions

Objective: To provide you with an opportunity to independently explore and deepen your understanding of Medicare terminology

Research:

- Use Medicare.gov (Section 10 in Medicare & You handbook) and Medicareinteractive.org or other trusted sources to study Medicare definitions

Special Enrollment Period (SEP)

Limited Income Subsidies (LIS)

Extra Help

Dual-eligible beneficiaries

Dual-eligible Special Needs Plans (D-SNPs)

Add other unfamiliar terms here

For additional information⁷

Glossary

The "Medicare & You" 2025 handbook

<https://www.medicare.gov/publications/10050-medicare-and-you.pdf>

Medicare rights: Medicare interactive

<https://www.medicareinteractive.org/resources/glossary>

Part D

Benchmark plans

<https://www.insurance.wa.gov/sites/default/files/documents/2024-part-d-medicare-standalone-plans.pdf>

Creditable prescription drug coverage

<https://www.medicareinteractive.org/get-answers/coordinating-medicare-with-other-types-of-insurance/coordination-of-benefits-basics/creditable-drug-coverage#:~:text=Creditable%20drug%20coverage%20is%2C%20on,your%20drug%20coverage%20is%20creditable.>

6 tips for choosing Medicare drug coverage

<https://www.medicare.gov/drug-coverage-part-d/how-to-get-prescription-drug-coverage/6-tips-for-choosing-medicare-drug-coverage>

Enrollment penalty

<https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/part-d-late-enrollment-penalty>

⁷ Use the online Workbook version for easy "click" a link access

<https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/part-d-late-enrollment-penalty/3-ways-to-avoid-the-part-d-late-enrollment-penalty>

Part D premiums

<https://www.cms.gov/files/document/july-29-2024-parts-c-d-announcement.pdf>

<https://www.kff.org/medicare/issue-brief/what-to-know-about-medicare-part-d-premiums/#:~:text=Each%20year%2C%20CMS%20averages%20standardized,adjusted%20for%20individual%20reinsurance%20subsidies.>

Prescription Payment Plan: Release of Medicare Prescription Payment Plan Public-Facing Resources

<https://www.medicare.gov/prescription-payment-plan>

English: <https://www.medicare.gov/publications/12211-whats-the-medicare-prescription-payment-plan.pdf>

Spanish: <https://www.medicare.gov/publications/12211-s-whats-the-medicare-prescription-payment-plan.pdf>

Chinese: <https://www.medicare.gov/publications/12211-c-whats-the-medicare-prescription-payment-plan.pdf>

Korean: <https://www.medicare.gov/publications/12211-k-whats-the-medicare-prescription-payment-plan.pdf>

Vietnamese: <https://www.medicare.gov/publications/12211-v-whats-the-medicare-prescription-payment-plan.pdf.pdf>

A takeaway card is also available:

English: <https://www.medicare.gov/publications/12212-manage-your-monthly-drug-costs.pdf>

Spanish: <https://www.medicare.gov/publications/12212-s-manage-your-monthly-drug-costs.pdf>

Chinese: <https://www.medicare.gov/publications/12212-c-manage-your-monthly-drug-costs.pdf>

Korean: <https://www.medicare.gov/publications/12212-k-manage-your-monthly-drug-costs.pdf>

Vietnamese: <https://www.medicare.gov/publications/12212-v-manage-your-monthly-drug-costs.pdf>

Dually eligible for Medicare & Medicaid

CMS MLN Fact Sheet June 2024

https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/medicare_beneficiaries_dual_eligibles_at_a_glance.pdf

Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Types in 2023 and 2025

https://integratedcareresourcecenter.com/sites/default/files/ICRC_DSNPDefinitions_2023-2025_0.pdf

Upcoming Changes for Dually Enrolled Individuals: The Final 2025 Medicare Advantage Rule. Issue Brief July 30, 2024

<https://justiceinaging.org/upcoming-changes-for-dually-enrolled-individuals/?eType=EmailBlastContent&eld=ee34cb89-5014-4bf8-ad39-6f07ac133602>

Dual Eligible Special Needs Plan (D-SNP) Look-Alikes: A Primer. Issue Brief July, 2019.

<https://www.justiceinaging.org/wp-content/uploads/2019/07/D-SNP-Look-Alikes-A-Primer.pdf>

Appendix A

Answers to the workbook activities (pages 11&17)

Answer to the Part D penalty calculations (page 11)

Answer:

Mr. Johnson will pay an additional **\$8.80** each month in 2025, on top of his plan's monthly premium.

Math:

$$0.24 \times 36.78 = 8.8272$$

$$8.83 \text{ rounded to the nearest } 0.10 = 8.80$$

Answers to SEP Activities (page 17)

Scenario 1: Monthly SEP for LIS enrollees and dual-eligible beneficiaries

1. Can Mrs. Lee switch to traditional fee-for-service Medicare with a standalone prescription drug plan (PDP) using her SEP?
 - **Answer:** Yes, Mrs. Lee can use her SEP to switch from her Medicare Advantage prescription drug plan (MA-PD) to traditional fee-for-service (Original) Medicare along with a standalone prescription drug plan (PDP).
2. Can Mrs. Lee use the SEP to switch from her current standard MA-PD plan to another MA-PD plan?
 - **Answer:** No, Mrs. Lee cannot use the SEP to switch from one MA-PD plan to another MA-PD plan.

Scenario 2: SEP restrictions for LIS and dual-eligible beneficiaries

1. Can Ms. Garcia switch Medicare Advantage plans on a quarterly basis in 2025?

- **Answer:** No, Ms. Garcia can no longer switch Medicare Advantage plans on a quarterly basis in 2025.
2. What are Ms. Garcia's options for switching plans outside of Open Enrollment?
- **Answer:** Ms. Garcia can switch plans during Open Enrollment, the initial enrollment period, or if she qualifies for one of the other SEP options available.
-

Scenario 3: Partial-benefit dual-eligible beneficiaries

1. Can Mr. Davis switch standard Medicare Advantage plans on a quarterly basis in 2025?
- **Answer:** No, Mr. Davis can no longer switch Medicare Advantage plans on a quarterly basis in 2025.
2. When is Mr. Davis eligible to switch standard Medicare Advantage plans?
- **Answer:** Mr. Davis can switch during Open Enrollment, the Medicare Advantage Open Enrollment period, or if he qualifies for one of the other SEP options available.
-

Scenario 4: Monthly SEP for full-benefit dual-eligible beneficiaries

1. Can Mr. Johnson use his SEP to enroll in an integrated D-SNP to better align his Medicare and Medicaid benefits?
- **Answer:** Yes, Mr. Johnson can use his SEP to enroll in an integrated D-SNP to better align his Medicare and Medicaid coverage.
2. Can Mr. Johnson switch between integrated D-SNPs monthly under the new SEP?
- **Answer:** Yes, Mr. Johnson can use the SEP to switch between integrated D-SNPs on a monthly basis.