

Medicare Open Enrollment

A RESOURCE FOR JOURNALISTS

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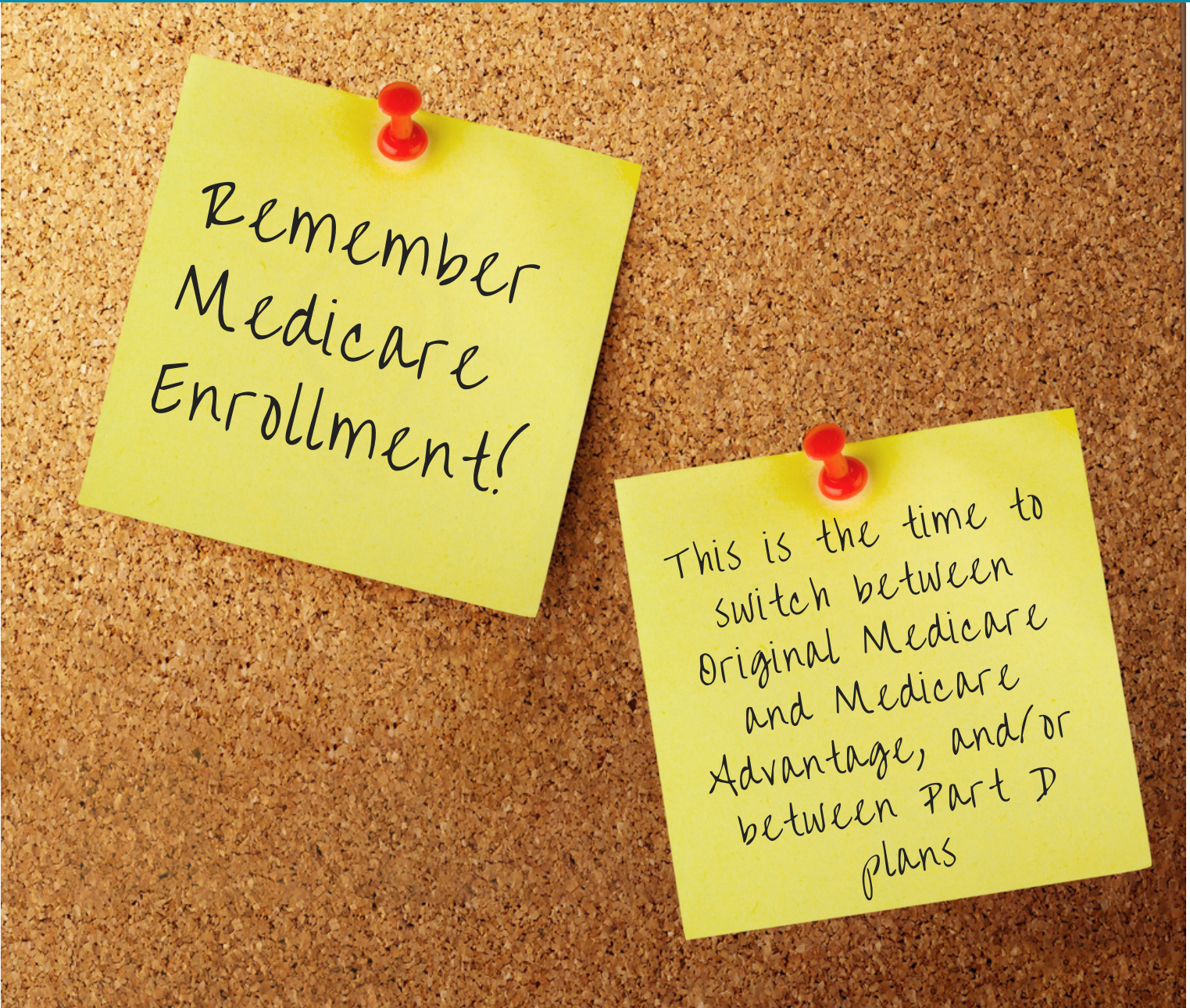
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Medicare Open Enrollment

OCTOBER 15 - DECEMBER 7

During Medicare's Open Enrollment Period, also known as the Annual Election Period, people with Medicare can make unrestricted changes to their coverage options. At this time, they can switch between Original Medicare and Medicare Advantage or between Standalone Prescription Drug (Part D) plans. 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, 2024.



Remember
Medicare
Enrollment!

This is the time to
switch between
Original Medicare
and Medicare
Advantage, and/or
between Part D
plans

How to Make Plan Changes

The best way to enroll in a new plan is to call 1-800-MEDICARE (1-800-633-4227).

Enrolling in a new plan directly through Medicare is the best way to protect yourself if there are problems with your 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 the Medicare Plan Finder tool to search for Medicare Advantage or Part D plans. You can use the Plan Finder tool to compare plans based on covered health care services, the drugs you need, the pharmacies you use, and drug costs.

You can also call 1-800-MEDICARE to find out which Medicare Advantage and Part D plans are available in your area. When you receive the list of plans, check the plans' websites or call them to see which best fits your needs.

Call a plan directly to confirm any information you read online. Make sure the plan includes your doctors, hospitals, and other providers in its network. Confirm that the plan covers all your drugs, and that your pharmacies are preferred and in-network.

When speaking with a plan representative, 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 DO YOU NEED TO KNOW



Original Medicare Costs in 2024

New Part B Premium

The standard monthly Part B premium in 2024 will be \$174.70, up from \$164.90 in 2023. The annual Part B deductible will increase to \$240, up from \$226 in 2023.

Medicare premiums, deductibles, copayments, and other costs often change yearly. The Centers for Medicare & Medicaid Services (CMS) has announced changes in costs for the 2024 calendar year. Visit [Medicare Interactive](#) for information about Original Medicare (Parts A, B, and D) costs for the upcoming year.

[Download the printable factsheet \(Costos de Medicare Original en 2024\)](#) showing the 2024 Original Medicare costs.



Part D Costs and Coverage

The base premium for a Medicare Part D prescription drug plan will be \$34.70 per month in 2024, up from \$32.74 in 2023.

Premiums for specific plans and regions vary from year to year and may be higher or lower than this amount. It is important for people with Medicare to carefully examine their Annual Notice of Change (ANOC) to determine if and how their plan's costs or benefits are changing and if it makes sense to explore other options.

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 individuals check 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 and can be requested by calling the plan.

Part D Coverage Phases

In 2024, Medicare beneficiaries will enter the [coverage gap](#) ([período sin cobertura de la Parte D](#)) after their total drug costs reach \$5,030 (up from \$4,660 in 2023). Once in the coverage gap, beneficiaries have a 75% discount on the cost of their brand-name and generic drugs. They will reach catastrophic coverage after reaching \$8,000 in out-of-pocket costs for drugs (up from \$7,400 in 2023). This amount is made up of what a beneficiary pays for covered drugs and some costs that others pay.

Beginning in 2024, beneficiaries will have \$0 cost-sharing while in catastrophic coverage.

Prescription Drug Cost Savings in 2024

Insulin

Copays for insulin for all beneficiaries are limited to \$35 per month. This applies to all insulin covered by a beneficiary's Part D plan or under Medicare Part B.

Vaccines

People with Medicare will pay no copays or deductibles for vaccines covered by their Part D plan, including the shingles and RSV vaccines.

Extra Help

Extra Help is a federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage. Depending on an individual's income and assets, they may qualify for either full or partial Extra Help.

Starting January 1, 2024, eligibility for full Extra Help is expanding.

Medicare beneficiaries with incomes below 150% of the federal poverty level (FPL) and assets within the [partial Extra Help limits \(programa de ayuda adicional\)](#) can receive the full Extra Help benefit. (Note that the 2024 FPL is not yet available.)

In 2024, those with full Extra Help will pay a low or no premium for their drug plan, a \$0 deductible, and \$4.50 copayments for generic and \$11.20 copayments for brand-name drugs. Those with Medicaid pay lower copays.



Tried and True Advice

From Medicare Rights counselors

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 changes 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 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 2024 with those in 2023. Your plan may send your ANOC in an email rather than a hard copy in the mail. If you want a hard copy, call your plan to request one be mailed to you.

Consider all your options since many plans make changes every year, and your current plan may not be your best choice for 2024. Shop around to find a plan that best meets your needs and makes the most financial sense to you.

Wondering what type of coverage is best for you?

Visit [Medicare Interactive](#) to learn about the differences between Original Medicare and Medicare Advantage. ([Comparando entre Original Medicare y Medicare Advantage.](#))



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 your options, including your rights to get Original Medicare and a Medigap.

Before making your final choice during Medicare Open Enrollment, call your [State Health Insurance Assistance Program \(SHIP\)](#) to find out if you will have the right to purchase a Medigap during Open Enrollment, 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:

- Are my doctors and other providers in the plan's network? Are they taking new patients who have this plan?
- Does this plan cover any services that Original Medicare does not, like dental, vision, or hearing services?
- How much will it cost to see my primary care physician? A specialist?

For more questions to ask before joining a Medicare Advantage Plan, visit [Medicare Interactive](#) (las preguntas que debes hacer antes de inscribirse en un plan Medicare Advantage).



Medicare Advantage Supplemental Benefits

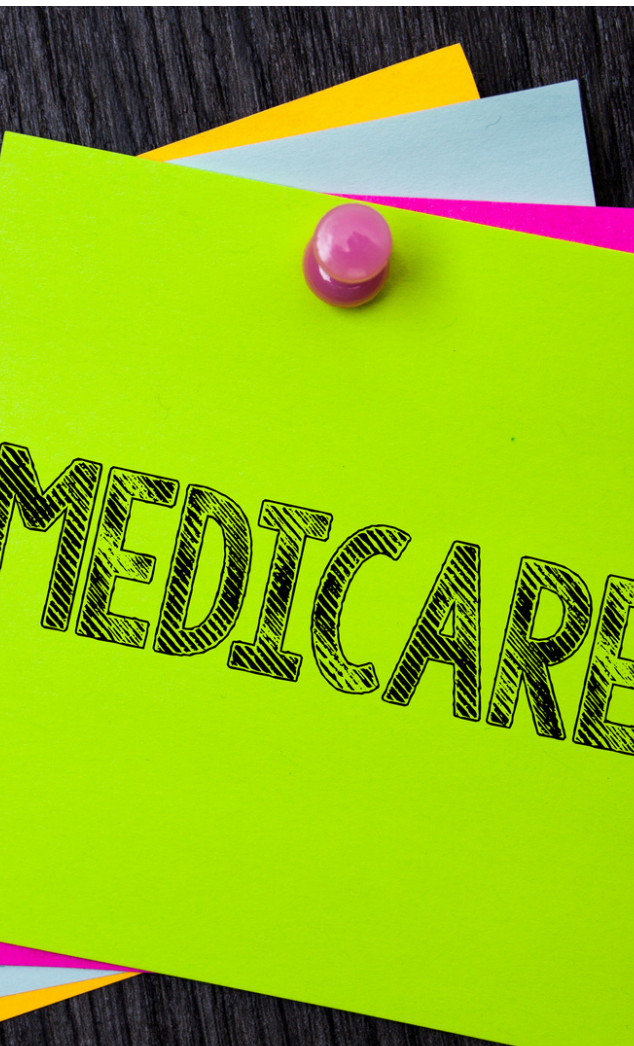
Some Medicare Advantage Plans cover extra services not covered by Original Medicare. These are known as supplemental benefits. Common supplemental benefits include dental care, vision care, and hearing aids.

Medicare Advantage Plans have flexibility in the extra benefits they are allowed to offer to their members, including:

- Benefits for all plan enrollees that are not directly considered medical care, such as nutrition services, in-home supports, and home modifications
- Benefits for **certain plan enrollees with chronic conditions**, such as transportation for non-medical needs and home air cleaners

Coverage for these extra benefits means that there may be more factors to consider when comparing Medicare Advantage Plan options during Medicare Open Enrollment.

Individuals should carefully review their Medicare Advantage Plan's Evidence of Coverage and any other materials from the plan. If someone is considering a new plan that offers its members additional supplemental benefits, they should find out about the costs and coverage restrictions associated with those benefits.





Drug Coverage Options

What to look for if you are considering 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 directly and confirm the information you read online. This will help you 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 take. Also, see if the plan has any [coverage restrictions](#) (*restricciones en cobertura*), such as prior authorization, step therapy, or quantity limits.

For more information about questions to ask when comparing Part D plans, visit [Medicare Interactive](#) (*comparando planes de la parte D*).

The Dos and Don'ts of Medicare Advantage and Part D Marketing

Insurance companies selling Medicare private plans must follow certain rules when promoting their products. These rules are meant to prevent plans from presenting misleading information about a plan's costs or benefits, also known as marketing violations.

Medicare private plans are allowed to conduct certain activities. For instance, companies can market their plan through direct mail, radio, television, and print advertisements. Agents can also visit your home if you invite them for a [marketing appointment](#).

At a marketing appointment, agents can only speak to you about products you asked to discuss. The scope of the appointment is limited to what you requested when arranging the appointment. If you want to discuss additional products, the agent should ask you to fill out another scope of appointment form first.

The plan representative also must:

- Explain if they don't work with all plans available in your area
- Disclose which organizations they do represent
- Tell you that you can contact Medicare or your State Health Insurance Assistance Program (SHIP) to compare all options



The Dos and Don'ts of Medicare Advantage and Part D Marketing



INSURANCE AGENTS CANNOT

- Call you if you did not give them permission to do so
- Imply that they are calling on behalf of Medicare
- Visit you in your home, nursing home, or other place of residence without your invitation
- Provide gifts or prizes worth more than \$15 to encourage you to enroll (gifts or prizes that are worth more than \$15 must be made available to the general public, not just to people with Medicare)
- Disregard federal and state consumer protection laws for telemarketing, the National Do-Not-Call Registry, or do-not-call-again requests
- Market their plans at educational events or in health care settings (except in common areas)
- Sell you life insurance or other non-health products at the same appointment (known as cross-selling), unless you request information about such products
- Use the term “Medicare-endorsed” or suggest that their plan is a preferred Medicare plan

Note:

Plans can use Medicare in their names as long as it follows the plan name (for example, the Acme Medicare Plan) and the usage does not suggest that Medicare endorses that particular plan above other Medicare plans

Medigaps and Changing Coverage

When making coverage changes during Medicare Open Enrollment, be sure to consider your Medigap options, too. Medicare supplement insurance policies, commonly called Medigaps, are health insurance policies sold by private insurance companies. They offer standardized benefits to work with Original Medicare (not with Medicare Advantage). Limits apply as to who can buy a Medigap and when. Usually, you will decide whether to purchase a Medigap plan during your Initial Enrollment Period, not Medicare's Open Enrollment Period.

You may run into problems if you try to buy a Medigap outside of your protected Medigap enrollment period.

For instance, companies can refuse to sell you one or impose certain medical requirements. If a company does agree to sell you a policy, you may need to pay a higher monthly premium and be subject to a six-month waiting period before the Medigap will cover pre-existing conditions. Be sure to contact Medigap insurers in your state to learn if they will sell you a Medigap policy outside protected enrollment periods.

Want to learn more about the Medigap enrollment rules in your state? Contact your State Health Insurance Assistance Program (SHIP) to learn more. Visit www.shiphelp.org and click on the orange "Find local Medicare help" button in the upper right corner to contact your SHIP.

Depending on where you live, you may be able to purchase a Medigap policy during the Medicare Open Enrollment Period, but certain limitations apply as to who can buy a Medigap and when.

There are federal protections for people over 65 to purchase a Medigap only in certain situations, and some states offer additional enrollment protections. Also, note that in some states, if you currently have Original Medicare and a Medigap, you may not be able to purchase a Medigap again in the future if you drop Original Medicare to enroll in a Medicare Advantage Plan.

Other Times to Enroll

Special Enrollment Period (SEP) for Five-Star Plans

You have an SEP to switch to a five-star plan from your current plan. The five-star SEP encourages Medicare Advantage Plans to improve their quality ratings. You can enroll in a new Medicare Advantage Plan or stand-alone Part D plan with an overall plan performance rating of five stars for the year 2022. 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 \(período de inscripción especial\)](#).

The Medicare Advantage Open Enrollment Period (MA OEP)

The MA OEP occurs each year from January 1 through March 31. During this time, individuals enrolled in a Medicare Advantage Plan may make a single change:

- Switch between MA Plans
- Or switch to Original Medicare with or without a Part D plan.

Any change made during the MA OEP is effective on the first of the following month. For more information about the MA OEP, visit [Medicare Interactive \(período de inscripción abierta para los planes Medicare Advantage\)](#).

Special Enrollment Period for People with Extra Help

Individuals enrolled in the Low-Income Subsidy (LIS), also known as Extra Help, can change 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 Medicare Open Enrollment period during the fourth quarter to make changes to their coverage, with changes effective January 1.

Health Insurance Marketplaces and Medicare

Health Insurance Marketplaces are forums where uninsured and underinsured people can purchase health insurance.

The important thing to know is that Marketplaces do not affect your Medicare. Medicare Advantage Plans, Part D plans, and Medigap policies are not sold through the Marketplace.

Note that you should consider all consequences carefully before deciding to take a Marketplace plan instead of Medicare. You cannot have any part of Medicare when purchasing a Marketplace plan. If you decide to enroll in Medicare later, you may have to wait for the General Enrollment Period (GEP) to sign up. Using the GEP to enroll means you may experience gaps in coverage and incur late enrollment penalties.

If you enroll in a Marketplace plan before you qualify for Medicare, make sure to disenroll from the Marketplace plan and enroll in Medicare when you first qualify to avoid gaps in coverage or late enrollment penalties. For more information on Medicare and the Marketplaces, visit [Medicare Interactive](#).

It is important to remember that plans offered through the Marketplace are not the same as Medicare, even though the Marketplace enrollment period overlaps with Medicare's Fall Open Enrollment. You should use the Medicare Fall Open Enrollment Period to review and make changes to your Medicare health and drug coverage. You should not use the Marketplace open enrollment period.

If you are eligible for Medicare, you should not use the Marketplace to get health and drug coverage.

There are two exceptions.

If you are eligible for Medicare because you have End-Stage Renal Disease (kidney disease that requires dialysis or transplant), or you have to pay a premium for Medicare Part A (hospital insurance), you can choose to enroll in a Qualified Health Plan (QHP) through the Marketplace instead of Medicare.



REMINDER

Medicare Coverage in Response to COVID-19

Medicare covers certain medically necessary services and items related to COVID-19, such as COVID-19 vaccines and testing.

COVID-19 Vaccines

Original Medicare Part B covers COVID-19 vaccines and boosters, regardless of whether you have Original Medicare or a Medicare Advantage Plan. A beneficiary will owe no cost-sharing (deductibles, copayments, or coinsurance). Visit [Medicare Interactive \(vacunación contra el COVID-19\)](#) to learn more about Medicare coverage for COVID-19 vaccines.

COVID-19 Testing

COVID-19 testing is covered under Medicare Part B. A beneficiary pays nothing for the test if they have Original Medicare and see a participating provider or if they have a Medicare Advantage Plan and see an in-network provider.



Get Medicare Smart

LEARN ALL ABOUT MEDICARE ON
MEDICARE INTERACTIVE PRO

Medicare Interactive 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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