PEHP Medicare Supplement Open Enrollment





Medicare Review

Medicare





Medicare is a National Health Insurance Program

Offers Individual Coverage vs. Group Coverage

Who is Eligible?



Age 65+

Certain disabilities

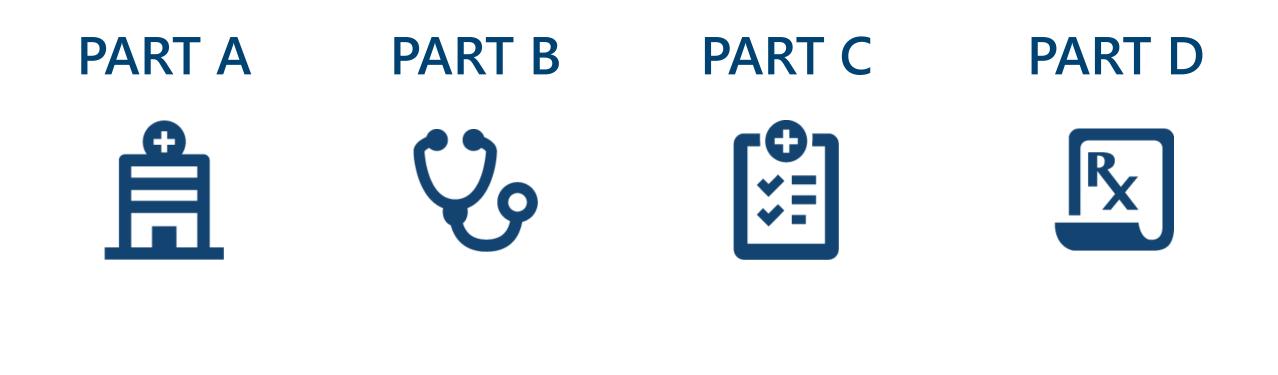
End Stage Renal Disease (kidney failure)

*Must be a U.S. Resident and either be a U.S. citizen, or an alien lawfully admitted for permanent residence in the U.S. for 5 continuous years prior to the month you enroll.



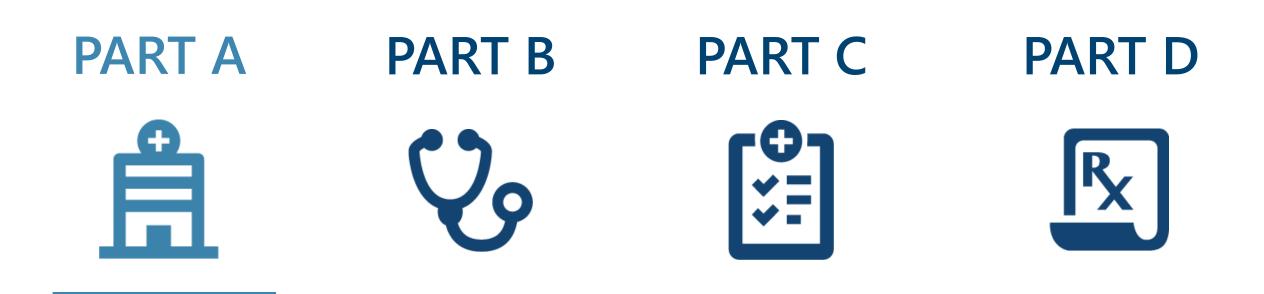
Medicare Alphabet





Medicare Alphabet





Inpatient Hospital | Skilled Nursing Facility

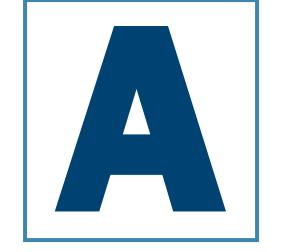
Hospice | Home Health

Medicare Part A



Inpatient Hospital 2024

\$1,632 deductible - per benefit period - before Medicare starts to pay



Benefit Period: begins when admitted to the hospital and ends 60 days after discharge.

Inpatient Hospital Days	You Pay
Days 1-60	\$0 after deductible
Days 61 - 90	\$408/day
Days 91 – 150* *Using 60 lifetime reserve days	\$816/day

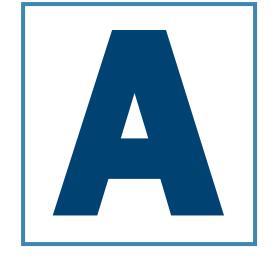
Nothing covered after 150 days





Skilled Nursing Facility 2024

\$1,632 deductible - per benefit period - before Medicare starts to pay

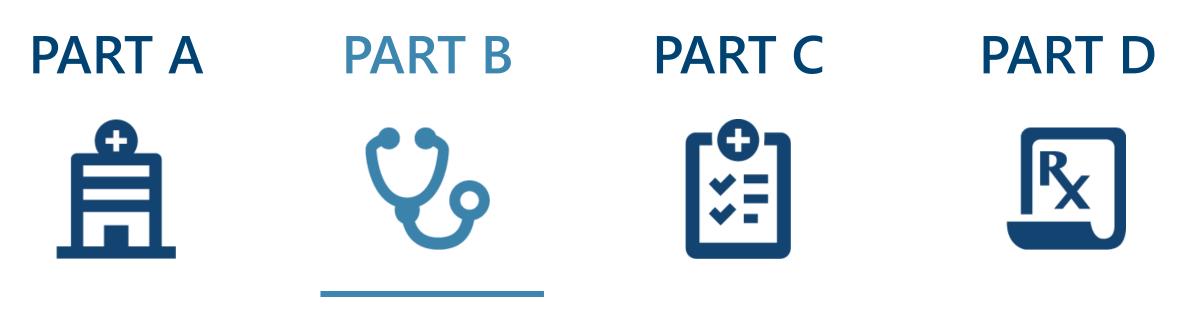


Benefit Period: begins when admitted to the hospital and ends 60 days after discharge.

SNF Days	You Pay
Days 1-20	\$0 after deductible
Days 21 - 100	\$204/day
Day 101 and beyond in a benefit period	All costs

Medicare Alphabet





Doctors & Other Physicians | Outpatient Care | Home Health*

Durable Medical Equipment (DME) | Many Preventive Services

* Only Home Health Services not covered by Part A





Physician & Outpatient Services 2024



- **\$240 deductible** per calendar year
- (Usually) 20% coinsurance after deductible
- Preventive Visits covered
- Part B does not cover Excess Fees

Medicare Alphabet



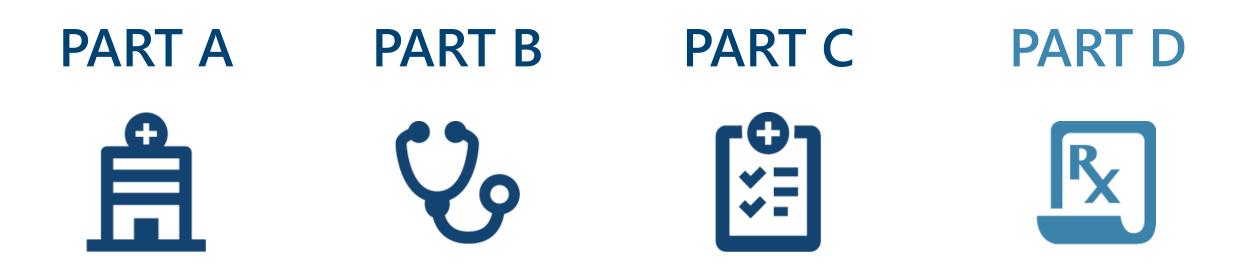


Medicare Advantage Plans

Combines Part A, Part B, usually Part D, and may have other inclusions like Vision, Dental, etc. coverage. Offered by county through private carriers

Medicare Alphabet



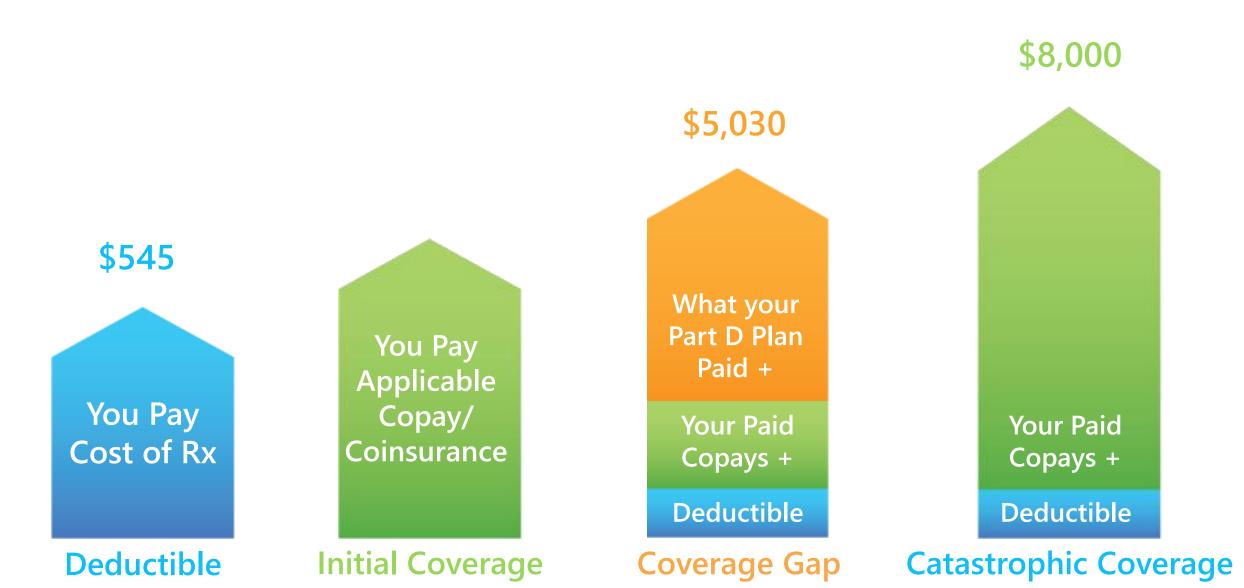


Prescription Drug Coverage (including many shots & vaccines)

Part D plans are run by private insurance companies under Medicare rules

Standard Medicare Part D - 2024





Medicare **Premiums &** Costs

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Medicare Part A Cost 2024



Most people do not pay anything for Medicare Part A (Premium-Free Part A)

Quarters you – OR – spouse paid FICA taxes while working:	Part A Premium
40 Quarters or more (10 years)	FREE
30 – 39 Quarters	\$278/month
Less than 30 Quarters	\$505/month

Premiums change every year, check Medicare.gov



Standard Part B Premium = \$174.70/month

Income Related Monthly Adjustment – you pay a higher premium based on your tax return from two years ago

- Income from 2021 = Determines 2023 Premiums
- Income from 2022 = Determines 2024 Premiums

Medicare Part B Cost 2024



File Individual	File Joint Tax	File Married & separate return	Part B Monthly Premium (per person)
\$103,000 or less	\$206,000 or less	\$103,000 or less	\$174.70
above \$103,000 - \$129,000	above \$206,000 - \$258,000	N/A	\$244.60
above \$129,000 - \$161,000	above \$258,000 - \$322,000	N/A	\$349.40
above \$161,000 - \$193,000	above \$322,000 - \$386,000	N/A	\$454.20
above \$193,000, less than \$500,000	above \$386,000, less than \$750,000	above \$103,000 less than \$397,000	\$559.00
\$500,000 and above	\$750,000 and above	\$397,000 and above	\$594.00



Monthly premium varies depending on your Medicare Advantage (Part C) plan and where you live (zip code).

You must still pay for your Part B premium

For more information, check with each Advantage plan for details.

Medicare Part D Cost

Part D Premiums depend on your plan and carrier

Most Advantage Plans include Part D premiums

Part D has an IRMA (like Part B) which adds on to the plan premium based on your Modified Adjusted Gross Income from two years ago.

Medicare Part D Cost 2024



File Individual	File Joint Tax	File Married & separate return	Part D Monthly Premium (per person)
\$103,000 or less	\$206,000 or less	\$103,000 or less	Plan Premium
above \$103,000 - \$129,000	above \$206,000 - \$258,000	N/A	\$12.90 + Plan Premium
above \$129,000 - \$161,000	above \$258,000 - \$322,000	N/A	\$33.30 + Plan Premium
above \$161,000 - \$193,000	above \$322,000 - \$386,000	N/A	\$53.80 + Plan Premium
above \$193,000, less than \$500,000	above \$386,000, less than \$750,000	above \$103,000 less than \$397,000	\$74.20 + Plan Premium
\$500,000 and above	\$750,000 and above	\$397,000 and above	\$81.00 + Plan Premium

Medicare **Enrollment Periods** & Penalties

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Initial Enrollment

3 months before 65th Birth Month

7-Month Window

YOUR 65th BIRTH MONTH

3 months after 65th Birth Month



Initial Enrollment

If You Enroll During: Coverage Begins:

3 months before 65th Birth Month

1st day of your 65th Birth Month

Your 65th Birth Month



1st of the Month After You Enroll

3 months after 65th Birth Month



1st of the Month After You Enroll

General ENROLLMENT

If you've missed your Initial Enrollment, and do not qualify for Special Enrollment, you can enroll during this time, but may pay late enrollment penalties.

Annually: January 1 – March 31

<u>Coverage Begins</u>: 1st of the Month after You Enroll

Visit Medicare.gov or call 1-800-MEDICARE to see which enrollment period applies to you.

Late Enrollment Penalties



Medicare Part	Penalized if	Penalty	Duration
Part A	You did not qualify for <u>Premium-Free Part A</u> and did not purchase it when first eligible	10% added to your monthly premium	Twice the number of years you could have had Part A
Part B	You didn't enroll in Part B when first eligible	10% added to your premium for each full 12- month period you didn't have it	Never goes away
Part D	 You don't have one of the following for 63 consecutive days at any time after your Initial Enrollment period: Medicare Part D Drug Plan Medicare Advantage Plan (Part C) or other Medicare health plan with prescription drug coverage Creditable Prescription Drug Coverage 	\$.33 added to your premium for each full month you didn't have it	Never goes away

Working Past Age 65

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Do you need to enroll at 65?



Yes, if:

- You have Individual, VA, COBRA, or Retiree Coverage
- If you plan to retire within 3 months of turning 65
- ENROLL DURING INITIAL ENROLLMENT to avoid late enrollment penalties

No, if:

• You're covered by an active group health plan, through your or your spouse's employer

Note: Employers Under 20



If your (or your spouse's) employer has less than 20 employees:

• If working past age 65, check with the employer to see if your job-based coverage will require you to enroll in Medicare when first eligible.

If are covered by a PEHP group medical plan through your (or your spouse's) current employer:

• PEHP will <u>not</u> require you to enroll in Medicare if working past age 65, nor limit your medical plan benefits if you choose to enroll in Medicare

Working Beyond Age 65



You can:

- Enroll in Medicare anytime you're still covered under a group health plan
- <u>Delay Medicare</u> until leaving active employment and/or losing group health coverage, without facing penalties



Special Enrollment



You qualify for 8-month Special Enrollment Period (SEP) if you delayed Part A & B enrollment because you were:

- An active employee or spouse covered under a group health plan
- A disabled dependent of an active employee (employer must have 100 or more employees)



Why Enroll While Working?



- 1. You qualify for Premium-Free Part A & You Do Not Have an HSA
 - You could enroll in Part A since there's no added premium cost
 - You could still delay Parts B and D until retirement or loss of group coverage to save in premiums
- 2. You Need or Want Coverage in Addition to Your Group Health Plan
 - Double Coverage is allowed
 - Your employer's number of employees determines who pays first (check with Medicare)

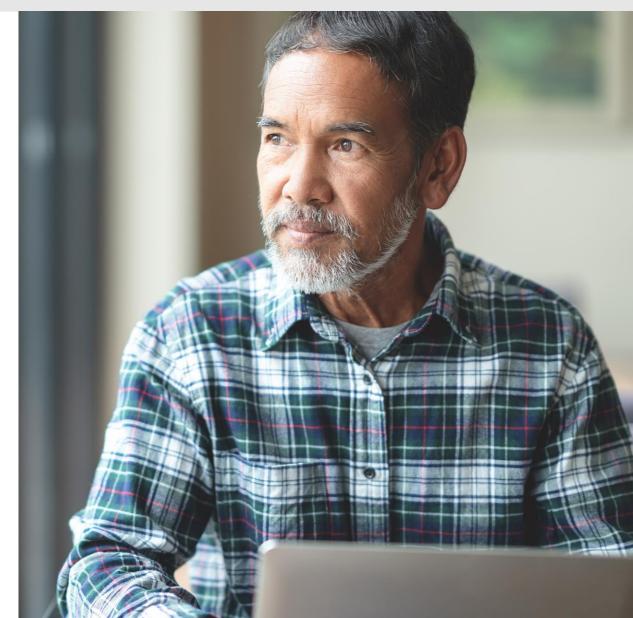


Why **Delay** While Working?



1. To Save in Medicare Premiums

- Services and prescriptions may already be covered by your group health plan save money by delaying Part B and/or Part D.
- 2. To Continue Health Savings Account (HSA) Contributions
 - You (and your employer) must stop HSA contributions once you are enrolled in Medicare, or you may face a tax penalty
 - This rule does not apply to your spouse's Medicare status



HSAs & Medicare

PEHP Health & Benefits

- <u>If Enrolling at 65</u>: contributions can be made up to the month you enroll in Medicare.

- Example: If you turn 65 in May, you could contribute through April. You would be able to contribute up to 1/3 of the IRS max (4 months/12 months).
- If Delaying Enrollment: stop all contributions 6 months before you apply for Medicare
 - Example: If you enroll in Medicare in October, and your Premium Free Part A begins in February, you would be able to contribute up to 1/6 of the IRS max (2 months/12 months).
- The IRS Contribution Maximum includes the \$1,000 over age 55 Catch-Up Contribution
- Contact your HSA Administrator on prorating your HSA contributions



Plan Ahead



Avoid a Gap in Coverage: the first day of the month after retirement or loss of group coverage, you should have Medicare in place

If enrolled in Part A and only applying for Part B after retirement/loss of coverage, enroll online or fill out **CMS Form 40B**

You will need to provide dates for employment and group health coverage after age 65



PEHP's Medicare Supplement **Plans**

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PEHP Medicare Supplement



Who is Eligible?





PEHP's Open Enrollment



October 15TH thru December 7TH

Effective January 1, 2024

PEHP Medicare Supplement

- No Medical History Questions Asked upon Enrollment
- Monthly rates are based on age, and only increase on January 1
- Medical Plans cover all, or part, of the Part B Deductible (no longer covered by Medigap plans)
- Plans include Out-of-Country Coverage for ER/Urgent Care
- Mix & Match Enroll in Medical, Part D, Dental and Vision plans to fit your needs

Updates for 2024



- No rate increases for Medical, Part D, and Vision plans
- Rate decrease for Dental plans
- Hearing aid benefit is included in all PEHP Medicare Supplement medical plans
- Extra \$50 AgeWell rebate



PEHP Medicare Health Plans - 2024



Plans cover a percentage of eligible services that Medicare doesn't pay for:

- **Plan 100 Covers 100%**
 - Comparable to Medigap Plan G, but PEHP covers the Part B Deductible
- **Plan 75 Covers 75%**
 - Comparable to Medigap Plan L, with a \$3,470 Out-of-Pocket Maximum

Plan 50 – Covers 50%

• Comparable to Medigap Plan K, with a \$6,940 Out-of-Pocket Maximum

Part A Example with PEHP Med Sup



Inpatient Hospital 2024

Part A Coverage	Medicare Pays	PEHP Pays (depending on your plan)
Part A Deductible (\$1,632)	Nothing	100% 75% 50%
Days 1-60	100% after deductible	Nothing
Days 61 – 90 (\$408/day co-pay)	Nothing	100% 75% 50%
Days 91 – 150 (using lifetime reserve days) (\$816/day co-pay)	Nothing	100% 75% 50%
Additional 365 Days (after Lifetime Reserve Days)	Nothing	100% 75% 50%

PEHP Part D Plan Reminders

- Part D Preventive Medications are covered before deductible on the Basic Drug Plan
- Covered insulin and recommended vaccinations are covered before deductible (*Recommended by ACIP*)
 - Insulin is \$35 max copay for one-month supply
 - Recommended Vaccinations at \$0 cost share
- **NEW**: Once you reach the Catastrophic Coverage stage, your medications are covered 100%

PEHP Medicare Part D Plans

These plans differ in their cost-sharing, copays, and Coverage Gap.

- Enhanced Drug Plan has no Coverage Gap
 - \$166.83/month
- Basic Plus Plan Generic copays continue through the Coverage Gap
 - \$66.20/month
- Basic Plan Part D Preventive Medications now covered before deductible
 - \$45.35/month

Employer-Sponsored Enhanced Drug Plan

- You/your spouse are only eligible for this plan if you/your spouse are receiving contributions to your PEHP Medicare Supplement plans from your previous employer
- Once you're no longer receiving employer contributions, you will be notified that you're no longer eligible for this plan, and you can elect a new Part D plan at that time.
- This plan will continue to have a maximum copay for specialty home delivery medications (maximum copay no longer applies to Enhanced Drug Plan).

Part D Benefit Stage	Basic Plan You pay:	Basic Plus Plan You pay:	Enhanced Drug Plan <i>You pay</i> :	
2024 Deductible	\$545			
Initial Coverage \$545.01 - \$5,030	Pay Applicable Copays/Coinsurance (See plan details in PEHP Medicare Supplement Open Enrollment Guide)			
Coverage Gap \$5,030.01 - \$8,000	25% for Generic25% for Brand100% all otherdrugs	 Same copay for Tier 1 Generic as in Initial Coverage Stage 25% for Other Generics 25% for Brand 100% all other drugs 	No Coverage Gap Continue with Copays/Coinsurance set in Initial Coverage	
Catastrophic Coverage \$8,000.01+	You pay	NEW in 2024! y nothing for covered Part	D drugs	

PEHP Medicare Dental Plans



Three Dental Plans are affordable and use PEHP's Dental Network



Plan 1500 – \$1500 annual max

Plan 1000 – \$1000 annual max

Basic Dental - \$500 annual max

*NO COST Discount Dental Plan included with all PEHP Med Sup Medical Plans. You pay out-of-pocket for dental services but receive average savings of 25% on dental services.

PEHP Medicare Dental Plans 2024



Benefits	Plan 1500	Plan 1000	Basic Dental Plan
Deductible	None	\$50	\$50
Annual Maximum	\$1500	\$1000	\$500
Preventive	No Charge	20%	No Charge
Restorative	20%	20%	50%
Prosthodontics	50%	50%	Not Covered
Monthly Rate	\$40.76	\$26.41	\$16.63

Implant and prosthodontic services are not eligible for six months from the date of PEHP coverage, unless you provide proof that you had other dental coverage in place for at least six consecutive months prior to enrolling.

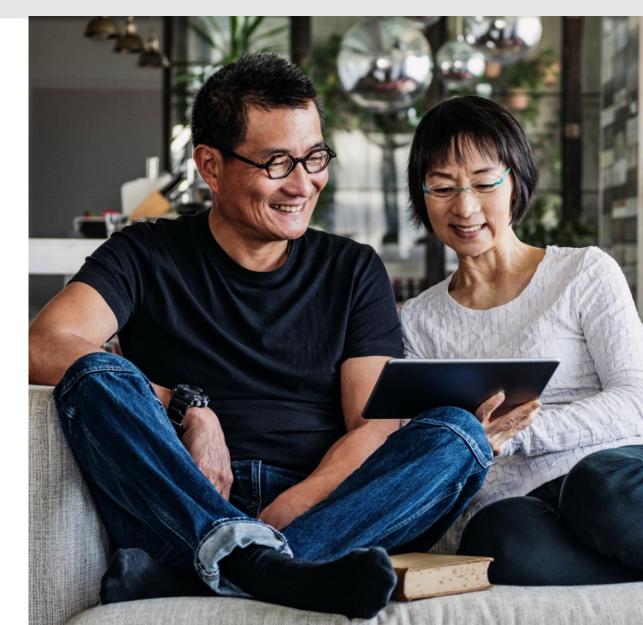
PEHP Vision Plans



Two Carriers to Choose From Opticare Vision Services EyeMed

Each Carrier Offers Two Plans

Full Plan (with eye exam)
 Eyewear Only Plan



PEHP Wellness





Health Coaching for all PEHP Members

• PEHPplus Discounts

• Webinars, Wellness Challenges, and Activities

PEHP AgeWell Rebate Update



Participate with PEHP Wellness to receive two \$50 rebates each year!

New in 2024! Earn a second \$50 rebate for participation

Participate in wellness programs like health coaching, webinars on various health topics, or explore additional wellness activities.

Learn more at pehp.org/agewell



pehp.org/medsup



Enroll In or Change Coverage, Access Benefit Materials, Forms, Documents, and Presentation Slides

Medicare doesn't pay everything

Turning 65? Get the coverage you need with a PEHP Supplemental Plan*

See Plans & Rates

"You must be enrolled in Medicare Part A and B to enroll in a supplemental plan. You can enroll in PEHP plans only if you or your spouse have ever had URS/PEHP benefits.

First time enrolling in Medicare Supplement?

Enroll

Current Medicare Supplement Member?

Enroll

Enroll in PEHP's Plans:



- **During Initial Enrollment** (same time as your Original Medicare enrollment)
- Within 60 days of leaving or losing employer coverage
- During PEHP's Medicare Supplement Open Enrollment
 - October 15 December 7 each year
 - Coverage effective January 1
 - Leave or return to PEHP Med Sup during Open Enrollment
- When you change from an Advantage Plan to Original Medicare
 - Within first three months of your Initial Enrollment
 - Or January 1 March 31 each year
 - Coverage Effective first of the month after PEHP receives notification

Considerations & Additional Resources

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Consider Your Health & Budget





Consider Your Medications



- Do I have Creditable Coverage?
- Does this plan cover my prescriptions?
- What do my prescriptions cost on this plan?

Consider Your Retirement Plans





Consider Your Financial Goals



- Could delaying Medicare enrollment help maximize my HSA contributions?
- How will retirement withdrawals or other sources of income affect my future Medicare premiums?

Always ask: Inpatient or Outpatient?

Medicare Outpatient
 Observation Notice (MOON)

Know or ask if the service is Medicare-eligible

 Check the Medicare What's Covered Website and App

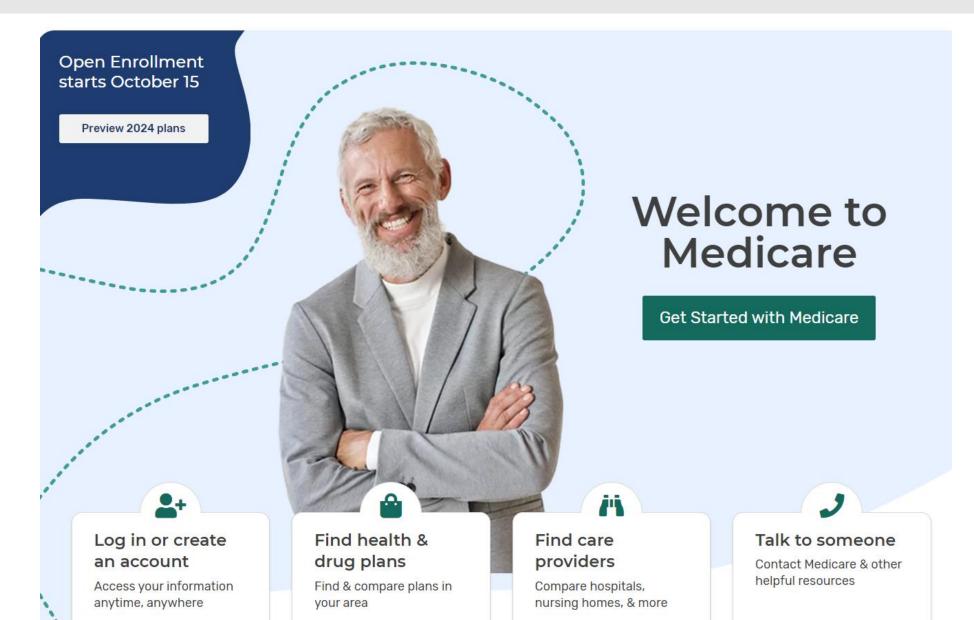
Helpful Hints





Medicare.gov





Medicare.gov/coverage

Home > Your Medicare Coverage



Q 🔒 Search Print

Your Medicare Coverage Is my test, item, or service covered?

Type your test, item, or service here

Q

Didn't find what you're looking for?

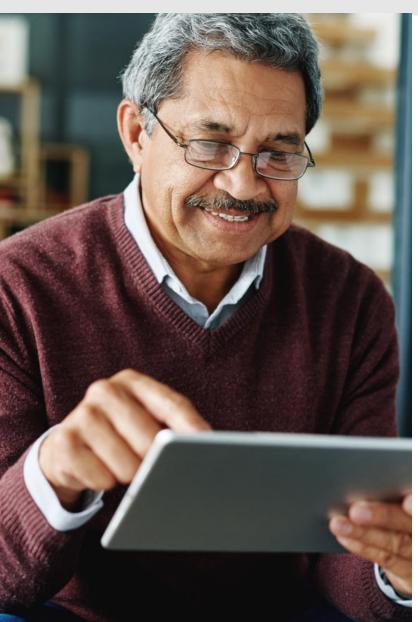
- <u>Use this list if you're a person with Medicare, family member or caregiver.</u> Medicare coverage for many tests, items and services depends on where you live. This list only includes tests, items and services (both covered and non-covered) if coverage is the same no matter where you live.
- If your test, item or service isn't listed, talk to your doctor or other health care provider about why you need certain tests, items or services. Ask if Medicare will cover them.
- <u>Use this list if you're a Medicare contractor, provider or other health care industry</u> <u>professional.</u> This list includes the ability to search by procedure codes (CPT/HCPCS codes).

Find out who to call about Medicare options, claims and more.

Talk to Someone

Where to Go For Help





- 24/7 Medicare help 1-800-MEDICARE
- Medicare.gov
- Centers for Medicare & Medicaid Services
 (CMS)
- State Health Insurance Assistance Programs
- Adult & Aging Services in your County

Contact PEHP



- **Customer Service**
- **Pharmacy**
- Retiree Health Insurance Counselors

801-366-7555 801-366-7551 801-366-7499

Secure Emails through Message Center (under the Contact Us menu)

Contact or Refer to Medicare for detailed Medicare information

Thank You!

