

# Agenda

#### Review-

- Available Medicare plan designs and coverage areas
- Differences between Medicare plan designs: benefit detail, requirements and costs
- Resources: Websites, Employee Trust Funds (ETF) forms, ombudsperson services and the Medigap Helpline.

### **Available Medicare Plans**

	IYC Medicare Advantage	Medicare Plus	Health Plan Medicare
Monthly Cost (Premium)	\$35	\$\$5	\$\$\$
Provider Availability (Provider must accept Medicare payments)	I Nationwide	Worldwide	Local
Nationwide Pharmacies	~	~	~
Available Health Plan(s)	UnitedHealthcare	UnitedHealthcare	10 plans
Helps Pay for Services Not Covered by Medicare	Also helps pay for: hearing aids, routine hearing and vision exams, durable medical equipment not covered by Medicare	None	Also helps pay for: hearing aids, routine hearing and vision exams, durable medical equipment not covered by Medicare
Covered Length of Stay at a Skilled Nursing Facility	120 days at any facility	120 days at a Medicare- approved facility, or 30 days at a facility not approved by Medicare	120 days at any facility



#### Breakdown of Your Costs by Medicare Plan Design

2023 Plan Year

For Retirees with Medicare

The table below lists cost information for services covered under each Medicare plan design option.

Filter table by typing keywords

Enter Keywords...

	Health Plan Medicare	Medicare Advantage	Medicare Plus <sup>2</sup>
Annual Medical Deductible <sup>1</sup>	Medicare pays: Allowable services after Part A (\$1,600) and Part B (\$226) deductibles	Medicare pays: Allowable services after Part A (\$1,600) and Part B (\$226) deductibles	Medicare pays: Allowable services after Part A (\$1,600) and Part B (\$226) deductibles
	Plan pays: Part A inpatient hospital deductible of \$1,600 and Part B deductible of \$226 You pay: \$0	Plan pays: Part A inpatient hospital deductible of \$1,600 and Part B deductible of \$226 You pay: \$0	Plan pays: Part A inpatient hospital deductible of \$1,600 and Part B deductible of \$226 You pay: \$0

State Employee and Retiree Health Plan & Supplemental Benefits How to Choose & Enroll in ... Your Benefits Health Insurance for Employees, COBRA and Retirees without Medicare Health Insurance for Retirees with Medicare Pharmacy Pre-Tax Savings Accounts 🗸 Decision Guides Resources Well Wisconsin



## Breakdown of Costs by Medicare Plan Design

• <u>NEW website resource</u> that breaks down how each Medicare plan design pays certain benefits, such as:

- The annual Deductible
- The annual Coinsurance
- Annual Out-of-Pocket Limit (OOPL)
- Durable Medical Equipment
- Emergency Services
- And many more



### **Health Plan Medicare**



## What is needed for Medicare Advantage Plan?

Must be enrolled Medicare parts A & B

Member must have a physical address (not PO Box)

If the provider is not in-network, does the provider accept Medicare and are they willing to bill UHC?

# Individual Monthly Premium Rates without Dental

	2023	2024	\$ Increase
Medicare Advantage	\$194.98	\$273.36	\$78.38
Medicare Plus	\$365.32	\$436.52	\$71.20

These are the two lowest cost Medicare plans for 2024



# **Medicare Family Some Contracts\***

#### **Enroll in One Plan: Health Plan Medicare**

All family members covered under the same IYC Health Plan

#### Or Two Plans: IYC Health Plan & either MA or Medicare Plus

Medicare members enrolled in either UHC Medicare Advantage (MA) OR Medicare Plus

Non-Medicare members enrolled in an IYC Health Plan

\* As members age into Medicare, these family members become covered under the same Medicare plan.





#### **Medicare Eligibility Statement**

Wis. Stat. §§ 40.51 (7) and 40.52 (2)

Wisconsin Department of Employee Trust Funds PO Box 7931 Madison WI 53707-7931

1-877-533-5020 (toll free) Fax 608-267-4549 etf.wi.gov

#### Complete this form to provide your Medicare information to ETF.

You and/or your insured dependents *must* be enrolled for both portions of Medicare (Hospital Part A and Medical Part B), when first eligible.

If not enrolled, you will be liable for the claims Medicare would have paid.

All Persons Insured Under Your Group Health Insurance Poli	All Persons	Insured Un	der Your	Group Healt	h Insurance	Polic
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Complete this information for all persons on your group health insurance policy. Include everyone on your plan, including yourself. See page 2 for how to read your Medicare card. Please ensure Medicare number and dates are written legibly.

Name	Medicare number (or write "none" if not on Medicare)	Medicare effective dates as shown on card		Why
A		Hospital (Part A)	Medical (Part B)	eligible?
				☐ Age ☐ Disability ☐ ESRD
				☐ Age ☐ Disability ☐ ESRD
				☐ Age ☐ Disability ☐ ESRD
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Note: If you have not yet enrolled in Medicare, or if you have not received your Medicare card, contact the Social Security Administration to obtain your information, and return this completed form to ETF as soon as possible.

#### **Prescription Drug Coverage**

Prescription drug coverage in this program is provided by Navitus MedicareRX (PDP), a Medicare Part D Employer Group Waiver Plan. *Note:* Your health insurance premium includes prescription drug coverage; your premiums will be the same whether or not you use the state's MedicareRX plan. Medicare will only allow you to have one Part D plan.

Will you use the state's Navitus MedicareRX plan?	Yes	
	No, I will use plan:	

# Medicare Eligibility Statement ET-4307

- Sent out 90 days before insured turns 65
- Can opt out of Navitus Medicare RX (no premium reduction)
- Medicare will only allow you to have one prescription plan (Part D)
- Include a copy of their Medicare card





### Re-Enrolling in Navitus Medicare RX (Part D)

- Cancel other Part D plan
- Complete new ET-4307 and opt in
- ETF submits re-enrollment to Navitus
- Enrollment is reviewed within 7- 10 days
- Member is re-enrolled and receives new cards





### Medicare Enrollment as a Life Event

What changes are allowed for a retiree or their dependent when there is a change in Medicare enrollment?



Health Plan Change within 30 days of Medicare's effective date



Newly enroll in Group Health Insurance Coverage



Coverage Level Change (family to single only)



Cancel Coverage



# **Navitus Medicare Rx Formulary**



#### https://etf.benefits.navitus.com

- No login required
- Find Covered Drugs
  - Complete Formulary
  - Quick Reference Formulary
  - o ETF Discount Drug List
  - Preventive Drug Coverage Guidelines
  - ETF Diabetes Value Based Program and Drug List
- Find In-Network Pharmacies Medicare members can use any pharmacy that accepts Medicare Part D





# ETF Ombudsperson Services



- Claims
- Clarification of Benefit Coverage
- Denial of Referrals
- Enrollment and Eligibility
- Prescription Drug Benefits
- Medicare Part D Benefits
- Health Plans Grievance Process
- Independent Review Process
- Health Benefits Open Enrollment



# ETF Ombudsperson Services



Contact ETF's Ombudsperson
 Services via email:

ombudsperson@etf.wi.gov

Call ETF's Ombudsperson
 Services at 608-261-7947



# **Need Medicare Help?**

- Medigap Helpline
   1-800-242-1060
- Medicare Website: medicare.gov
- Medicare and You Handbook:
   https://www.medicare.gov/Pubs/pdf/
   10050-medicare-and-you.pdf



# Thank you











608-266-3285