A Publication of the Dutchess County Office for the Aging

2024-25 Medicare Spotlight

No One Wants Another Sales Pitch

Especially during Medicare's annual Open Enrollment period, the last thing you need to see is one more sales pitch. Luckily, the federal Centers for Medicare and Medicaid Services (CMS), which regulates Medicare Advantage marketing, has encouraging news.

CMS reports that you should be seeing a lot less of the kind of Medicare Advantage advertising that left a lot to be desired when it came to transparency. This year, CMS reports having rejected more than 1,000 ads that didn't meet its criteria. Still, the sheer quantity of advertising directed at older adults can be daunting; and with an annual budget of well over a trillion dollars, CMS remains among the biggest targets around for bad actors.

OFA recommends healthy eating and healthy exercise to our older adults; and when it comes to Medicare Advantage ads, we'll add healthy skepticism to our recommendations.

If you are looking for help in making health insurance choices for 2025, without all the marketing and spin, OFA's Health Insurance Information, Counseling and Assistance Program (HIICAP) is your trusted, unbiased source for help with Medicare and Medicaid, Medigap policies, Medicare Advantage plans, long-term care insurance, and low-income subsidy programs. HIICAP counselors won't try to make up your minds for you. What counselors *will* do is put you in a place where you can be more confident that the choices before you are the best available.

Appointments with OFA HIICAP counselors are limited, so contact us at **ofa@dutchessny.gov** or **845-486-2555** to make an appointment. You can meet with us over the phone or at the office. If you require assistance in a language other than English, that can be arranged as well.

A Message From OFA Director Todd N. Tancredi

Friends,

Medicare Open Enrollment Season is upon us. Making sure your Medicare coverage is working well can be complicated. It's not something you have to figure out on your own. OFA can help.

Our trained counselors from HIICAP, our Health Insurance Information and Assistance Program, can be your guides.

Please tell your friends about OFA. With more than 80,000 older adults in Dutchess County, we're all bound to encounter someone who can use OFA's guidance to ensure their best chance of continuing to live happily, healthy, safely and independently. We encourage you to get to know us before you need us.

Best wishes, and be well!

Todd N. Tancredi
Director, Dutchess County Office for the Aging

What's inside

Medicare, Medicaid, and Your Vaccinations

Important! Be sure to discuss your vaccination needs with your doctor. Their recommendations can vary depending on your overall health and medical conditions.

When it comes to vaccinations, an older adult's unique health considerations require particular attention. You can be protected - and in most cases, at no out-of-pocket cost.

Some medical conditions and other situations can put you at higher risk for certain infections.

General Recommendations By Age:

For adults 50 and older, the federal government's Advisory Committee on Immunization Practices (ACIP) recommends vaccinations for influenza, shingles, Tdap, and an updated COVID-19 vaccine.

Over 60: A single-dose RSV vaccine is recommended for adults age 60 and older, based on discussions between the patient and their provider.

Over 65: The pneumococcal vaccine is recommended for people 65 and older.

Covered Under Medicare

Part B vaccines have been cost-free. These include the annual influenza vaccine, pneumococcal shots, and the COVID-19 vaccines. Hepatitis B shots are cost-free for anyone at medium or high risk of contracting the virus. Consult your doctor for more information.

In 2023, the Tdap, RSV, and shingles vaccines joined the list of no-cost vaccinations.

As of January 2023, all Medicare-covered vaccines should be free to you. This means you should not owe any cost-sharing, such as a copayment, coinsurance, or deductible for covered vaccines.

To avoid billing issues, it is usually best to make sure that your healthcare provider or pharmacy administering the vaccine will bill your Part D plan. When you get a vaccine at your doctor's office, ask the provider to call your Part D plan first to find out if your provider can bill your Part D plan directly.

Recommendations for Special Situations

If you're planning to travel internationally, visit **cdc.gov/travel** for a rundown of recommended and required vaccinations and other precautions.

Additional vaccines may be recommended:

- if you have diabetes;
- if you work or volunteer in public safety and could be exposed to blood and/or body fluids;
- if you work with patients in a healthcare setting;
- if you work in a laboratory setting; or
- if you are a close contact or caregiver for someone who is immunocompromised.

More details are available at:

cdc.gov/acip

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Sue Serino, County Executive
Todd N. Tancredi, Director, Office for the Aging
Jamie Carey, Aging Information Services Specialist
Brian Jones, Editor

Dutchess County Office for the Aging
114 Delafield St., Poughkeepsie NY 12601
845-486-2555 / toll free **866-486-2555**
Email: **ofa@dutchessny.gov**

Available for free at libraries, senior centers and municipal buildings throughout Dutchess County, as well as at the OFA website:

dutchessny.gov/aging

To be added to or removed from our mailing list, call **845-486-2544** or email **bjones@dutchessny.gov**.

HIICAP

(Health Insurance Information, Counseling and Assistance Program)

Dutchess County OFA's volunteer HIICAP counselors provide free, unbiased information and help you learn about:

Medicare and Medicaid
Medigap Policies
Medicare Advantage Plans
Long-Term Care Insurance
Low-Income Subsidy Programs

and other health insurance programs available in Dutchess County.

HIICAP appointments fill up quickly every open enrollment season. Call **845-486-2555** today, to make your appointment for counseling.

The information provided by the Health Insurance Information, Counseling and Assistance Program is intended for the sole purpose of educating consumers in regard to the choices available for their health insurance needs. Particular emphasis is placed on understanding Original Medicare. Nothing herein is intended nor should it be construed as an endorsement of any specific insurance product or insurer.

NEW YORK STATE OF OPPORTUNITY. Health Insurance Information, Counseling and Assistance Program

SHIP
State Health Insurance Assistance Program
Navigating Medicare

Clip and save!

2024-25 Medicare Timetable

Initial Enrollment Period

This includes the 7-month period that starts 3 months before your 65th birthday month, and continues for the following three months afterwards.

First: Prepare for open enrollment

Explore what might change with your current coverage. During early October, private insurers will announce all benefit and premium information for their Part C Medicare Advantage and Part D Prescription Drug plans for 2025. Contact the Office for the Aging for a HIICAP counseling appointment; availability is in high demand.

Medicare Open Enrollment
October 15th - December 7th

Any Medicare beneficiary can make any change to their Medicare coverage. All changes take effect January 1st, 2025.

Medicare General Enrollment Period
January 1st - March 31st, 2025

If you miss your initial enrollment period, you must wait to enroll during this time. Additionally Beneficiaries who have a Medicare Advantage (Part C) Plan can make one change during this 3 month period. When you enroll or make changes during this time, your coverage takes effect the first of the following month you make the change.

Contact us with your questions:
845-486-2555 or **ofa@dutchessny.gov**

New York State HIICAP Hotline:
1-800-701-0501

Some "DOs and DON'Ts" of Medicare

DOs

DO protect your Medicare Number (on your Medicare card) and your Social Security Number (on your Social Security card). Treat your Medicare card like it's a credit card. Don't ever give it out, except to your doctor or other Medicare provider. Never give your Medicare Number in exchange for free medical equipment or any other free offer. Dishonest providers will use your numbers to get payment for services they never delivered.

DO ask questions. You have a right to know everything about your medical care, including the costs billed to Medicare.

DO educate yourself about Medicare. Know your rights, and know what a provider can and can't bill to Medicare. Read your "Medicare & You" handbook, or visit **Medicare.gov** to learn more about your rights and different covered services.

DO report suspected instances of fraud. Read Page 7 of this newsletter to find out whom to call.

DO review your Medicare Summary Notices (MSN), if you have Original Medicare, or claims statements from your Medicare plan for errors. These notices show what services or supplies were billed to Medicare, what Medicare paid, and what you owe. Make sure you and Medicare weren't billed for healthcare services or medical supplies and equipment you didn't get.

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DON'Ts

DON'T let anyone, except your doctor or other Medicare providers, review your medical records or recommend services.

DON'T accept any medical supplies that you don't expect, your doctor didn't prescribe, or you get from someone you don't know. If someone comes to your door claiming to be from Medicare or Medicaid, remember that Medicare and Medicaid don't send representatives to your home to sell products or services.

DON'T give your Medicare card, Medicare Number, Social Security card, or Social Security Number to anyone, except your doctor or other trusted Medicare provider.

Helpful Terminology

Premium: A monthly payment made to a health insurance company for health care coverage. In addition to the premium, you usually pay for other costs for your health care, such as deductibles, coinsurances, and copayments.

Deductible: The amount you pay for covered healthcare services before your insurance plan starts to pay.

Coinsurance: A percentage of a covered healthcare service that a patient pays after meeting their deductible.

Copayment: A fixed amount you pay for a covered healthcare service after you've paid your deductible.

Part A = Hospital Coverage
Part B = Medical Coverage
Part C = Medicare Advantage
Part D = Prescription Drug Coverage
Medigaps = Also known as Medicare Supplemental Insurance, that works with Original Medicare out-of-pocket costs.

Avoid Unexpected Bills

Know the Differences Between a Medicare Wellness Exam and a Physical

Annual Wellness Visit

(Your Medicare deductible is waived)

Cost: FREE

Coverage: Annually, when it occurs at least 12 months after your Initial Preventative Physical Exam, and when you have been covered by Part B for more than 12 months

Purpose: To develop and update a personalized prevention plan, based on your current health and risk factors

Other: Medications are *not* refilled or prescribed

Annual Physical Exam

(The Part B deductible applies)

Cost: Copay

Coverage: Annually; you will be billed and responsible for 20% of the Medicare approved amount

Purpose: For medically necessary services, including evaluation and management of an illness or injury

Other: Medications may be refilled or prescribed

The terms “wellness visit” and “physical exam” sound similar, but when it comes to Medicare, the two procedures are *not* interchangeable. It’s something you’ll need to watch for when you make appointments with your doctor. The wellness exam is different from a full body physical that you may have undergone in past years.

If you’ve had Medicare Part B (Medical Insurance) for longer than 12 months, you can get a yearly “Wellness” visit once every 12 months to develop or update a personalized prevention plan to help prevent disease and disability, based on your current health and risk factors. Your provider may also perform a cognitive impairment assessment. You pay nothing for this visit if your doctor or other qualified healthcare provider accepts assignment; that is, they have agreed to accept the Medicare-approved amount as full payment for any covered service provided to a Medicare patient.

The Part B deductible doesn’t apply. However, you may have to pay coinsurance, and the Part B deductible may apply if:

- Your doctor or other healthcare provider performs additional tests or services during the same visit. These additional tests or services aren’t covered under the preventive benefits.

- A cognitive impairment assessment is performed to look for signs of Alzheimer’s disease or dementia.

The personalized prevention plan is designed to help prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a questionnaire, called a “Health Risk Assessment,” as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy.

Before your Medicare wellness visit, put together a complete list of the medications you take, as well as any vitamins, minerals, supplements, and over-the-counter medications.

OFA "Navigating Medicare" Classes

Class registration is required
*Contact OFA at **845-486-2555** during business hours to register, unless otherwise indicated below*

The Office for the Aging has added additional "Navigating Medicare" classes to the year-round schedule of monthly classes at the following locations:

Poughkeepsie Galleria Community Room (2001 South Rd., Poughkeepsie)
(third Wednesday of every month)

Starr Library in Rhinebeck (68 W. Market St.)
(fourth Monday of every month)

Here's what's on the fall schedule so far, along with how to register:

Date and Time	Location	To Register, Call
Wednesday, October 16, 10 am	Poughkeepsie Galleria	OFA
Thursday, October 17, 11 am	Amenia Free Library 3309 NY 343, Amenia	845-373-8273
Monday, October 21, 5:30 pm	Adriance Memorial Library 93 Market St., Poughkeepsie	845-485-3445 x3380
Friday, October 25, 1 pm	Fishkill Recreation 793 NY 52, Fishkill	845-831-3371
Monday, October 28th, 4 pm	Starr Library	OFA
Wednesday, October 30th, 2 pm	Howland Library 313 Main St., Beacon	845-831-1134
Thursday, November 7th, 9:30 am	Boardman Road Branch Library 141 Boardman Rd., Poughkeepsie	845-485-3445 x3380
Wednesday, November 20th, 10 am	Poughkeepsie Galleria	OFA
Monday, November 25th, 4 pm	Starr Library	OFA
Wednesday, December 4th, 3 pm	Adriance Memorial Library 93 Market St., Poughkeepsie	845-485-3445 x3380
Medicare Open Enrollment ends December 7th		
Wednesday, December 18th, 10 am	Poughkeepsie Galleria	OFA

We continue to add "Navigating Medicare" classes during Open Enrollment.
*Visit **dutchessny.gov/calendar** for the most up-to-date calendar listings*

The Biggest Medicare Changes for 2025

Starting in 2025, your yearly **out of pocket drug costs will be capped at $2,000**, which includes the maximum Part D deductible of $590. After your reach this amount, you will not have to pay a copayment, or coinsurance for Part D drugs for the rest of the calendar year. This eliminates the Coverage Gap, also known as the Donut Hole.

Medicare Prescription Payment Plan: Beneficiaries have the option to sign up for a payment plan for Part D out of pocket costs and spread drug costs through a monthly payment plan. There are no fees or interest associated with this payment plan option.

Extra Help/Medicare Savings Program/Medicaid: Beneficiaries in these programs can have a Special Enrollment once per month to enroll in a standalone Part D plan.

Medicare coverage **expanded mental healthcare**, like intensive outpatient program services in certain locations and services from marriage and family therapists.

During your yearly Wellness visits (see Page 5), your health care provider can also use a **health risk assessment** to better understand your social needs and make referrals for services and support.

Medicare will cover **additional support for caregivers,** such as training that helps your caregiver better care for you and relief for when caring for family members in hospice.

Changes to telehealth coverage. You can get telehealth services at any location in the US, including your home, until December 31st, 2024. After this, you must be in an office, or medical facility located in a rural area, for most telehealth services. You can still get certain telehealth services (like for mental and behavioral health) in your home, no matter where you live.

Helpful Resources

Livanta *is a Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO). BFCC-QIOs are responsible for medical case review, which supports the rights of people on Medicare. These rights include protecting you when you get healthcare, and making sure you get the healthcare services the law says you can get. BFCC-QIOs can help you if you have a concern about the care you have been receiving or if you want to request a review (appeal) of your discharge from a healthcare facility. Their federal web address is* ***livantaqio.cms.gov/en****, or call* ***866-815-5440****.*

Community Health Access to Addiction and Mental Health Project *(CHAMP) is a joint effort between the New York State Office of Addiction Services and Supports and the NYS Office of Mental Health, and as such has access to the resources available to both offices. CHAMP can help individuals and their families resolve issues in accessing substance use disorder and mental health services created by their health insurance or lack of insurance. Call* ***888-614-5400****.*

Report Insurance Fraud (NYS) - **888-372-8369**
Report Medicare/Medicaid Fraud - **800-447-8477**
Report Medicare Advantage Fraud - **877-772-3379**
Senior Medicare Patrol (NYS) - **800-333-4374**
Medicare Rights Center - **800-333-4114** or **info@medicarerights.org**

Dutchess County Office for the Aging
114 Delafield Street, Poughkeepsie, NY 12601

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Do you know about the Medicare Savings Program (MSP)?

MSP is an income-based program that may help pay for your Part A, Part B premiums, deductibles, coinsurances, and copayments. New York State does not limit the amount of financial resources you can have to qualify for MSP, but does have income guidelines.

There are two different types of MSP program; the single income limit is $2,355; for couples, it's $3,189. Those eligible for MSP are also deemed eligible for Extra Help to lower Part D costs, and may pay up to $72.34 for a basic Part D plan. This program also limits copays to $4.90 for generic drugs and $12.15 for brand name drugs.

*OFA's Community Benefits Specialists can help you apply! Call OFA at **845-486-2555**.*

Elderly Pharmaceutical Insurance Coverage (EPIC)

This program provides secondary coverage for Medicare Part D and EPIC-covered drugs purchased after any Medicare Part D deductible is met. EPIC also covers approved Part D-excluded drugs once a member is enrolled in Part D. Income eligibility applies. EPIC offers Medicare Part D Premium assistance up to $72.34 per month for members with income of $23,000 or less (singles) and $29,000 (couples).