



2020-21 Medicare Spotlight

A Simple Introduction to Medicare

What's Medicare?

Medicare is the Federal government program that provides health insurance coverage when you are 65 years of age or older - or under age 65 if you receive Social Security Disability. To be eligible for Medicare, you must be a legal resident of the United States.

I'm turning 65, so what do I do?

There's a seven-month window, which includes the month of your 65th birthday, where you must sign up for Medicare. The seven months consist of the month of your birthday, and the three months both before and after it. It's called the Initial Enrollment Period. For example, if your 65th birthday is March 8th, 2021, your Initial Enrollment Period covers any month from December 2020 through June 2021. Having completed your signup, Medicare coverage begins from one to three months later.

Do I have to sign up for it when I turn 65?

Yes - with one exception: If you or your spouse are still actively employed when you turn 65, you can stay with your employer-provided group coverage. That's the only exception.

How does Social Security tie in with Medicare?

If you claimed Social Security benefits before your 65th birthday, enrollment in Medicare Part A (hospitalization) and Part B (outpatient services) will be automatic. For the person in the example above, their Medicare card would arrive in March 2021 and coverage would begin on March 1st.

If you are not receiving Social Security and wish to use Medicare benefits, you must notify Social Security that you want Medicare.

More on Page 2

A Message From County Executive Marc Molinaro

Friends,

If you've been with Medicare for many years, it's possible that you may be happy with your current coverage - but it's also possible for features of your coverage to change from year to year. If you're new to Medicare this year, there's a lot of potentially unfamiliar information to digest. Those are the two key reasons why the Office for the Aging provides this *Medicare Spotlight*, timed to coincide with Medicare's annual open enrollment period of October 15th to December 7th.

After you've read this *Spotlight*, make the Office for the Aging a key resource for following up on issues specific to your coverage, with free and unbiased information from trained counselors.

This year, making sure your coverage is right for you is more important than ever.

Sincerely,

Marc Molinaro
Dutchess County Executive

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Introduction to Medicare (continued)

I don't want to apply for Social Security just yet

In that case, you'll have some additional responsibilities. You will still have the seven-month Initial Enrollment Period around your 65th birthday, as noted previously. It is strongly suggested that you enroll in Medicare during that window - because if you miss it, you will end up paying penalties that will continue for the rest of your life.

For every 12 months you delay signing up for Medicare after the Initial Enrollment Period, you will pay a late enrollment surcharge that comes to 10% of the standard Part B premium for Part B, and 1% for every month you delay signing up for Part D (12% per year). You could be without key health care coverage if you miss the Initial Enrollment Period. It's a risk you don't need to take, on top of the financial penalties.

I've heard about Part A, Part B and so forth

Medicare has four different parts:

- **Part A** covers inpatient hospital services;
- **Part B** covers outpatient services;
- **Part C** includes Medicare Advantage Plans; and
- **Part D** is Prescription Drug Plans.

Unless you make another choice about how to get your benefits when you become eligible for Medicare, you will have Original Medicare, the traditional fee-for-service program.

I want to work until I'm 70, and then retire

For people in your situation, there's a Special Enrollment Period. It begins when your other insurance ends and lasts for eight months. Medicare coverage begins the month after you enroll. This is another deadline that's essential not to miss. Miss the Special Enrollment Period, and you'll have to wait until Medicare's General Enrollment Period - and yet another deadline. The General Enrollment Period is January 1st to March 31st of every year,

with coverage not beginning until July 1 of that year. Miss a General Enrollment deadline, and you could be without Medicare for an extra year.

What do I pay for Medicare?

Chances are you've been paying into the system through much of your adult life, and that will cover some costs.

Medicare Part A is free for those who have worked 40 Social Security quarters, or 10 years. There's a monthly Part A premium for those who have worked up to 39 quarters.

Medicare Part B has a monthly premium, the cost of which is determined each year.

Where can I use Medicare?

As long as the service you receive is a Medicare-covered service and your health care provider has not "opted out" of Medicare, you are covered to go to almost any doctor or hospital in the country under Original Medicare. The Center for Medicare and Medicaid Services (CMS) is the federal agency that oversees Medicare.

Open Enrollment (October 15th-December 7th)

Medicare's Annual "Open Enrollment" Period starts on October 15th every year. Even if you're happy with your current coverage, it's a good idea to learn whether it will continue to meet your needs in 2020 and beyond. The Office for the Aging can help you examine your options.

The opportunity to enroll in Medicare coverage to begin on January 1st, 2021 ends on December 7th, 2020.

I want to find out more - a lot more

The federal government's annual *Medicare and You* publication is sent to Medicare beneficiaries every September. To be sure your unique coverage needs are met, we recommend getting in touch with a volunteer OFA counselor from our HIICAP - the Health Insurance Information, Counseling and Assistance Program. Contact OFA to find out more.

Medicare and Coronavirus

The first question that comes up when Dutchess County seniors ask about Medicare as it relates to the COVID-19/coronavirus is a simple one: What's covered?

As of October 2020, here's what we know for sure:

- Medicare covers the lab tests for COVID-19. You pay no out-of-pocket costs.
- Medicare covers FDA-authorized COVID-19 antibody (or "serology") tests if you were diagnosed with a known current or known prior COVID-19 infection or suspected current or suspected past COVID-19 infection.
- Medicare covers all medically necessary hospitalizations. This includes if you're diagnosed with COVID-19 and might otherwise have been discharged from the hospital after an inpatient stay, but instead you need to stay in the hospital under quarantine. You'll still pay for any hospital deductibles, copays, or coinsurances that apply.
- As of when this newsletter was printed, there was no vaccine for COVID-19. However, it will be covered if/when one becomes available.
- If you have a Medicare Advantage Plan, you have access to these same benefits. Medicare allows these plans to waive cost-sharing for COVID-19 lab tests. Many plans offer additional telehealth benefits and expanded benefits, like meal delivery or medical transport services. Check with your plan about your coverage and costs.

And there are *always* scams to watch out for

Scammers may use the coronavirus national emergency to take advantage of people while they're distracted. As always, guard your Medicare card like a credit card, check Medicare claims summary forms for errors, and if someone calls asking for your Medicare number, just hang up! Don't push any buttons or answer any questions. Simply hang up.

2020-21 Medicare Timetable (Clip and save)

October 1st - 14th - **Get ready for open enrollment.** Take a look at what might change with your current coverage. During these two weeks, private insurers will announce all benefit and premium information for their Part C Medicare Advantage and Part D Prescription Drug plans for 2021.

October 15th - December 7th - **Open enrollment.** Any changes you make take effect on January 1st, 2021.

January 1st - February 14th, 2021 - **Annual Disenrollment Period.** This is the period when you can disenroll from a Part C Medicare Advantage plan and return to Original Medicare. If that's your choice, you are allowed to choose a separate Medicare prescription drug plan at the same time. Any such plan becomes effective the first of the following month.

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

2020-21 Medicare Spotlight

Marcus J. Molinaro — County Executive
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Available for free at libraries, senior centers and municipal buildings throughout Dutchess County, as well as at the OFA website:

www.dutchessny.gov/aging

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

Medicare Covers Seniors' Flu Shots

Getting your flu shot will be more important than ever this year. Be sure to take action against the flu and protect yourself and your loved ones by getting a flu shot.

Flu viruses change each year, so it's important to get a flu shot each flu season. People with Medicare you pay nothing when you get your shot each flu season from a doctor or another health care provider (including pharmacies in New York) that accepts Medicare.

You can take important measures to prevent the flu, like:

- Washing your hands
- Covering your nose and mouth when you cough or sneeze
- Staying home when you're sick
- Cleaning frequently touched surfaces

If those tips look familiar, they should. They're the same precautions you'd take to protect yourself from other diseases, including coronavirus, noroviruses (those are the viruses that cause gastroenteritis, also known by the misnomer "stomach flu"), and countless other viral and bacterial disorders.

Not only will a flu shot help keep you and your family healthy, it can help reduce the strain on our healthcare system and keep hospital beds and other medical resources available for people with COVID-19.

With two dangerous viruses going around at once, it's time for us to protect our communities by getting the vaccine we already have: the flu vaccine. A flu shot won't protect you against COVID-19, but it has many other important benefits, including the reduction in the risk of flu illness, hospitalization, and death.

Visit [CDC.gov](https://www.cdc.gov) for more information on how to safely get a flu shot during the pandemic.

Medicare Workshops with Social Distancing

OFA has been working with Adriance Memorial Library in the City of Poughkeepsie (93 Market St.) and Boardman Road Library in the Town of Poughkeepsie (141 Boardman Rd.) to hold a series of socially distanced workshops focusing on the Medicare website. Reservations are required for all workshops.

Three daytime classes are scheduled for the Adriance location, all at 9:30 a.m.:

Wednesday, October 28th
Wednesday, November 25th
Wednesday, December 23rd

For 2021, classes will continue at Adriance on the fourth Wednesday of every month. The entrance to the library's free parking lot is around the corner on Noxon Street.

Two evening classes are also on the schedule, both from 6:30 to 8:30 p.m. Locations are in parentheses.

Tuesday, October 27th (Boardman)
Wednesday, November 18th (Adriance)

There's a limit of six people per class due to social distancing needs. Every attendee must wear a face covering and use hand sanitizer before and after using classroom computers. All class times and venues are subject to change based on the possibility of changing COVID restrictions.

Reserve your seat by contacting OFA.

Report Medicare Fraud Attempts

1-800-MEDICARE (633-4227)

TTY: 877-486-2048

Medicare will not contact you unless you contacted them first.

Get Your Ducks In A Row...



...Contact OFA Today!

My Plan Is Ending - What Do I Do?

Those of you with Medicare Advantage or Part D plans may have experienced the following scenario: A letter arrives in early October, saying your plan will no longer be available after year's end.

Now what?

The Office for the Aging's volunteer HIICAP (Health Information, Insurance, Counseling and Assistance Program) counselors can help you with that question. Due to the pandemic they're helping seniors remotely, providing confidential and unbiased information to seniors with expiring Medicare Advantage or Part D plans, so that they can move forward into 2021 with the right coverage. Get in touch with us at **(845) 486-2555** or **ofa@dutchessny.gov** to make counseling arrangements, and remember: Counseling appointments fill up quickly.

The regular Medicare Open Enrollment Plan takes place from October 15th to December 7th, as discussed elsewhere in this *Spotlight* - but, as someone with a plan that's ending, you have a Special Enrollment Period that runs from December 8th through February 28th, 2021. You may want to take care of making adjustments quickly, because of the following factors:

- Changes you make from December 8th through December 31st take effect January 1st, right after your expiring plan is no longer in effect.

- Changes you make during January take effect February 1st. Since your plan will have ended as of December 31st, you will be automatically enrolled in Original Medicare as of January 1st so that you still have coverage until you have made a formal decision.

- Changes you make in February take effect March 1st. The same automatic enrollment in Original Medicare as of January 1st will take place, as described above.

Other Special Enrollment Periods

You can make changes to your Medicare Advantage and Medicare prescription drug coverage when certain events happen in your life, such as if you move or you lose other insurance coverage. These chances to make changes are also considered Special Enrollment Periods. Rules about when you can make changes and the type of changes you can make are different for each period.

There are many other situations that can trigger a Special Enrollment Period: if you have a chance to get other coverage; if your plan changes its contract with Medicare; if you become eligible for both Medicare and Medicaid; and more than we have space for here.

Again, our trained HIICAP counselors can help you get all this sorted out so you can make sure your transitions go smoothly. Contact us at:

(845) 486-2555 or **ofa@dutchessny.gov**

Medicare's "Donut Hole"

There's a coverage gap in many Medicare drug plans. Officially it's known as the Coverage Gap. Unofficially, it's called the "donut hole." It's a temporary limit on what the drug plan will cover for drugs, the third payment stage in Medicare Part D drug plans.

But didn't the donut hole close in 2020?

Mostly - but while the hole is closed, your out-of-pocket costs continue. By the estimate of the Centers for Medicare and Medicaid Services (CMS), as of 2010 there were 8 million Medicare Part D beneficiaries affected by the donut hole. By 2016 the number was down to 5 million, with discounts introduced in 2012. As of 2020, discounts on all medications - now and in the future - are 25%.

What could still put me in the donut hole?

Sometimes, just one or two recurring prescriptions for brand-name drugs could do it. A person taking medications to treat certain rare diseases can pass through the first three stages - the third being the donut hole - in just a couple of months. The donut hole can become a regular experience for these seniors, since what's being treated are often chronic conditions.

Beyond the Donut Hole

Should your 2021 out-of-pocket costs exceed \$6,550, you'll enter the Catastrophic Coverage component of Part D. In this stage, one will pay the greater of 5% or \$3.70 for generic medications and \$9.20 for brand-name drugs. (In 2020, those amounts were \$3.60 and \$8.95, respectively.) There is no maximum amount or cap on how much one will pay.

If you're worried this is becoming hard to follow, you are not alone. Contact OFA for unbiased counseling on the plans tailored to your needs for 2021.

The "Hole" Truth

Example	Is there a Donut Hole?
You are qualified for Medicare Part D Extra Help	No donut hole - your drug costs stay the same
Your Medicare Part D plan has a fixed 25% cost-sharing	You won't notice entering the donut hole because your drug costs will stay the same
Your Medicare Part D plan has different co-pays for different formulary tiers	You may pay more (or less) for drugs in the donut hole

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.

Call **(845) 486-2555** to make your appointment for remote counseling

NYS HIICAP hotline
(800) 701-0501

Avoid Unexpected Bills

Know the Difference 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: Co-pay

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 exam” and “physical” 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 health care 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 health care 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, compile a complete list of medications that you take, as well as any vitamins, minerals, supplements, and over-the-counter medications.



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TO:

Friends,

Welcome to the fourth annual Medicare-focused version of our “Spotlight on Seniors” newsletter. Medicare’s open enrollment period for coverage starting in January 2021 runs from October 15th to December 7th, 2020. There’s a clip-and-save Medicare timetable on Page 3.

Medicare is designed to adapt to individuals’ unique health situations, but comparing plans and features can become complicated. That’s why we encourage you to get in touch with the Office for the Aging for free, unbiased counseling on the health issues that affect you specifically.

Our best wishes,

Handwritten signature of Marcus J. Molinaro in black ink.

Marcus J. Molinaro
Dutchess County Executive

Handwritten signature of Todd N. Tancredi in black ink.

Todd N. Tancredi
Director, Office for the Aging

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