MEDICARE OPEN ENROLLMENT & NEW INFORMATION

MEDICARE ELIGIBILITY

- AGE 65
- AFTER 24 MONTHS OF SSDI
- PERMANENT KIDNEY FAILURE
- ALS

APPLY FOR MEDICARE AT SOCIAL SECURITY

www.ssa.gov

Medicare Enrollment Periods

Annual Enrollment Period

Anyone with Medicare can make a change

Open Enrollment Period

Anyone with Medicare Advantage can make a change

Initial Enrollment Period

For those aging in, IEP begins three months before your 65th birthday and ends three months after. Those not 65 will have a separate IEP

General Enrollment Period

Anyone who missed their IEP can enroll. Must wait until April 1 - June 30 for Medicare Advantage or Drug plan

Special Enrollment Period

Timing depends on eligibility

MedicarePlanFinder.com
Powered by MEDICARE Health Benefits

Open Enrollment Period:

The Medicare Open Enrollment Period, often called the Annual Enrollment Period (AEP), is the time when individuals can change their Medicare Advantage and/or Medicare Part D plans. This is also the time to switch from Original Medicare to Medicare Advantage (or vice versa).

Open Enrollment Period

Coverage begins

4 Parts of Medicare

Part A

Hospital Insurance

Part B

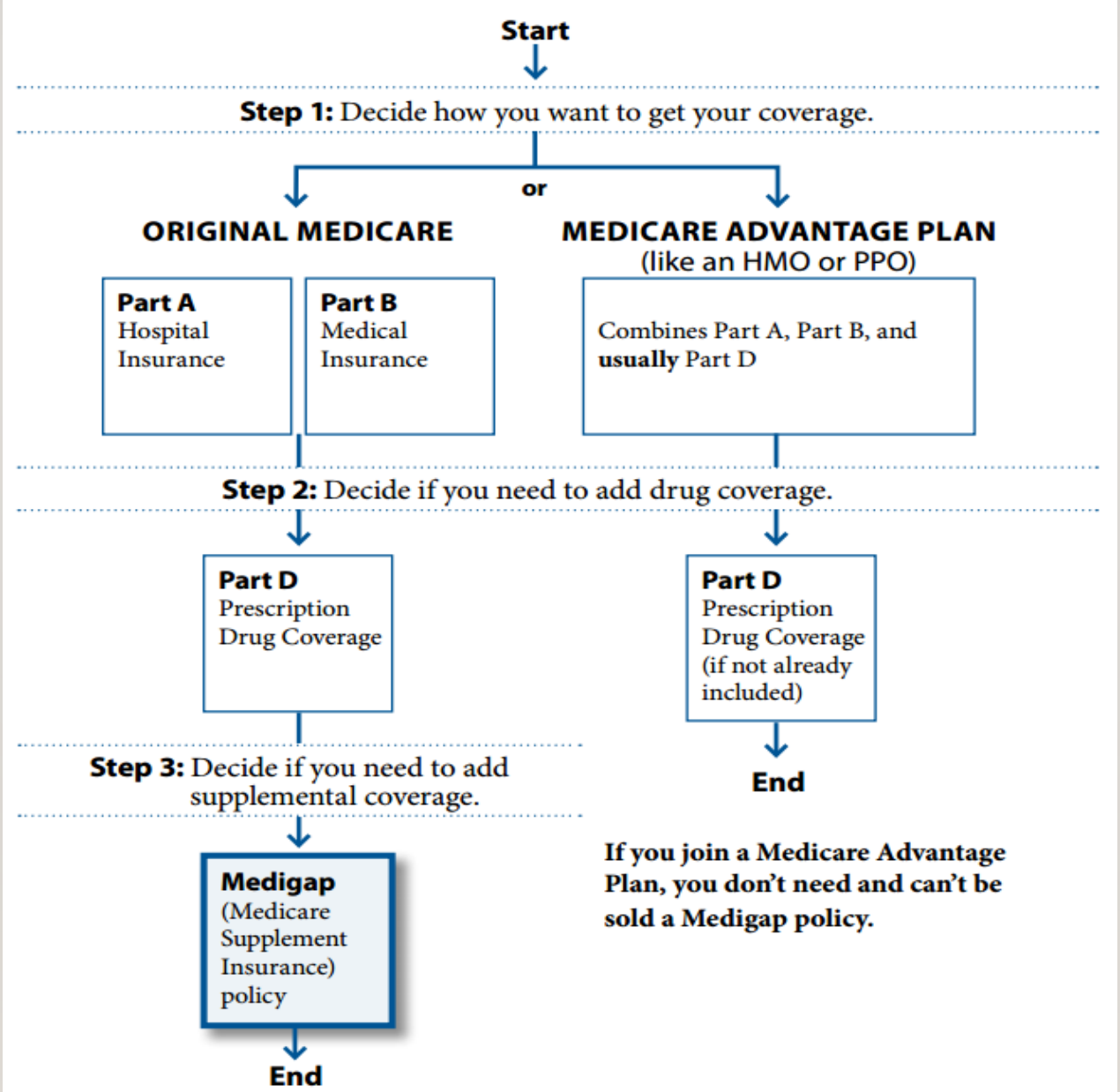
Medical Insurance

Part C

Medicare Advantage Plans

Part D

Prescription Drug Plans


Start
Step 1: Decide how you want to get your coverage.
or
ORIGINAL MEDICARE
MEDICARE ADVANTAGE PLAN
(like an HMO or PPO)
Part A
Hospital
Insurance
Part B
Medical
Insurance
Combines Part A, Part B, and
usually Part D
Step 2: Decide if you need to add drug coverage.
Part D
Prescription
Drug Coverage
Part D
Prescription
Drug Coverage
(if not already
included)
Step 3: Decide if you need to add
supplemental coverage.
End
Medigap
(Medicare
Supplement
Insurance)
policy
End
If you join a Medicare Advantage
Plan, you don't need and can't be
sold a Medigap policy.

Medicare Part A

Medicare Part A covers inpatient hospital, skilled nursing facility, hospice, inpatient rehabilitation, and some home health care services. About 99 percent of Medicare beneficiaries do not have a Part A premium since they have at least 40 quarters of Medicare-covered employment.

Premium Part A- $0 for most people

Deductible- $1676 for each inpatient hospital benefit period (2025)
Projected to increase to approximately $1,716 per benefit period in 2026

*There's no limit to the number of benefit periods you can have in a year. This means you may pay the deductible more than once in a year

Medicare Part A

Inpatient stay
Days 1-60: $0 after you pay your Part A deductible.
Days 61-90: $408 each day.
Days 91-150: $816 each day while using your 60 lifetime reserve days.
After day 150: You pay all costs.

Skilled nursing facility stay
Days 1-20: $0.
Days 21-100: $204 each day.
Days 101 and beyond: You pay all costs.

Home health care
$0 for covered home health care services.

Hospice care
$0 for covered hospice care services.

You may also pay:
A copayment of up to $5 for each prescription drug and other similar products for pain relief and symptom control while you're at home.

Projected numbers for 2026 daily coinsurance costs of $419 for days 61-90 and $838 for lifetime reserve days.

Medicare provides limited coverage for respite care only under the Part A hospice benefit

Who Qualifies for Medicare's Respite Benefit?

•**Terminal Illness**:

•The person receiving care must be on hospice care, meaning a physician has certified they have a terminal illness with a life expectancy of six months or less.

•**Hospice Enrollment**:

•The patient must be enrolled in Medicare Part A and receive comfort care rather than continuing curative treatments.

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What Does Medicare Cover?

•**Inpatient Care**:

•Medicare covers up to five consecutive days of inpatient respite care at a time.

•**Approved Facilities**:

•Care must take place in a Medicare-certified hospital, skilled nursing facility, or inpatient hospice facility.

•**Copayment**:

•You are responsible for a 5% copayment for the Medicare-approved amount, but this amount cannot exceed your inpatient hospital deductible for the year

Medicare Part B

Health Care Insurance

- Services from providers who accept Medicare
- Outpatient care
- Durable medical equipment
- Preventive services
- Emergency Room

Premium and Deductible

	2025	2026
Part B premium	$185 per month	To Be Determined
Part B deductible	$257 per year	To Be Determined

Late Enrollment Penalty is an additional fee for not taking Medicare Part B when first eligible.

The Centers for Medicare & Medicaid Services (CMS) usually announces annual adjustments to Part B in the fall. The official 2026 Medicare Part B premium has not yet been announced by the Centers for Medicare & Medicaid Services (CMS), but projections indicate a substantial increase, potentially from $185 to $206.50 per month, which would be an 11.6% rise.- deductible $288

	Medicare supplement insurance plans	Medicare Advantage plans
Doctors and hospitals	You can select your doctors and hospitals as long as they accept Medicare patients.	You may be required to use doctors and hospitals in the plan network.
Referrals	You can see specialists without referrals.	You may need referrals and may be required to use network specialists.
Network	No network restrictions. Coverage goes with you across the United States.	You may have network restrictions. Emergency care is covered for travel within the United States and sometimes abroad.
Enrolling	You can apply to buy a Medicare supplement insurance plan any time after you turn 65 and join Medicare Part B.	Generally, there are specific periods during the year when you can enroll or switch to another Medicare Advantage plan.
Costs	You pay a monthly plan premium in addition to your Part B premium. When you use services, your out-of-pocket costs are limited.	Generally, you pay a low or $0 monthly plan premium in addition to your Part B premium. When you use services, you pay co-pays, co-insurance and deductibles.
Prescription drug coverage	Prescription drug coverage is not included. Consider also purchasing a Medicare Part D plan.	Prescription drug coverage is included with most plans.

Medigap

Original Medicare + Medigap Supplement

- ✓ Higher premiums but no co-pays
- ✓ Freedom to choose doctors
- ✓ No referrals necessary
- ✗ Some routine services not covered (vision, hearing)
- ✓ Covered anywhere in U.S.
- ✗ Does not include prescription drug plan

Medicare Advantage

Medicare Advantage Plan

- ✓ Generally lower premiums but has co-pays
- ✗ May be restricted to network
- ✗ May need referrals for specialists
- ✓ May include extra benefits (vision, hearing, fitness)
- ✓ Plans may include prescription drug coverage

Medicare Supplement (Medigap)

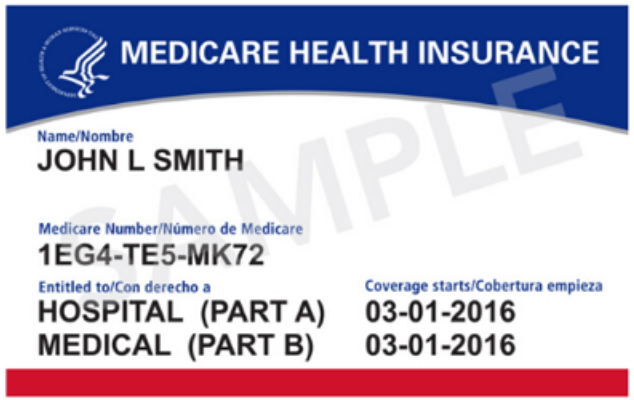
Insurance plans to cover the gaps in Medicare that normally you would have to pay.

Your doctor or medical service provider **bills Medicare** for your service or procedure

Medicare pays the approved portion and sends the excess amount to **your Medigap plan**

Your **Medigap plan pays the excess amount** according to the terms of the plan you chose

Original Medicare + Medigap



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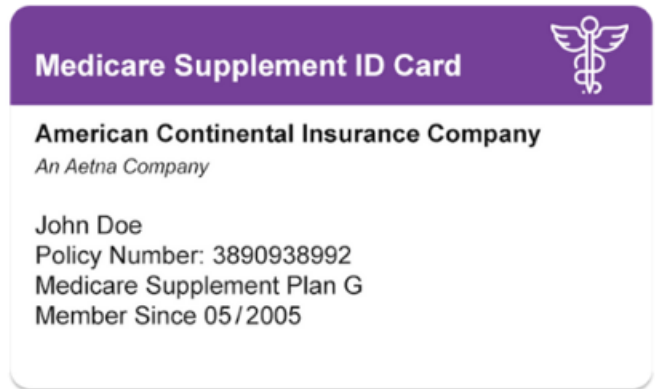

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↓ **Primary Medical**

↓ **Secondary Medical**

↓ **Prescription Coverage**

MEDIGAP PLANS

Private Insurance to help pay what Medicare does not cover. Can be purchased once you turn 65 and have Medicare Part B, or after you retiree and lose employer benefits.

- Guaranteed Issue with limited time to apply.
- All companies must provide the same benefits. Cost may vary.
- New ***"Birthday Rule"*** allows you to switch to any Medigap policy with same benefit for 60 days from date of birth.
- There may be plans available for those under 65 who qualify.

What Medigap Plans Cover

Note: A ✓ means 100% of the benefit is paid.

	Plans Available to All Applicants								Medicare first eligible before 2020 only	
Medigap Benefits	**A**	**B**	**D**	**G [1]**	**K**	**L**	**M**	**N**	**C**	**F [1]**
Medicare Part A Coinsurance and Medigap Coverage for hospital benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply [3]	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled Nursing Facility Coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A Deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B Deductible									✓	✓
Medicare Part B Excess Charges				✓						✓
Foreign Travel Emergency (up to plan limits- $50,000) Separate deductible $250/year			80%	80%			80%	80%	80%	80%
2021 Out-of-Pocket Limits					[2] $6,220	[2] $3,110				

GUARANTEED ISSUE RIGHT

If you are age 65 or older, you have a guaranteed issue right within 63 days of when you lose or end certain kinds of health coverage.

- Companies must sell you a Medigap policy at the best available rate, regardless of your health status, and cannot deny you coverage.
- Prevents companies from imposing a waiting period for coverage of pre-existing conditions.

You may have a guaranteed issue right if:

- You, through no fault of your own, lost a group health plan that covered your Medicare cost-sharing (meaning it paid secondary to Medicare).
- You joined a Medicare Advantage Plan when you first became eligible for Medicare and disenrolled within 12 months.
- Or your previous Medigap policy, Medicare Advantage Plan, or PACE program ends its coverage or commits fraud.

MEDIGAP "BIRTHDAY RULE" OEP

The Birthday Rule is a new Virginia law that allows a person enrolled in a Medigap policy to change their Medigap policy during an annual 60-day open enrollment period, beginning on their birthday each year. The Birthday Rule creates a personalized enrollment window tied to each enrollee's birthday. [1] Starting on July 1, 2025, the Birthday Rule ensures that covered individuals will have a chance to purchase any Medigap policy with the same benefits without being denied coverage or charged a higher rate due to health conditions or claims history.

§ 38.2-3611 of the Code of Virginia; effective July 1, 2025. [1]

WHO IS ELIGIBLE?

You are a resident of Virginia, and

You are currently insured under a Medigap policy or certificate issued by a licensed insurer, health services plan, or health maintenance organization in Virginia.

If you purchased your current Medigap policy in Virginia and are no longer a Virginia resident, you will receive notice of the 60-day open enrollment period under the Birthday Rule. However, if you choose to select another Medigap policy during this period, the laws of the state in which you currently reside will apply and you may be subject to underwriting.

Medicare Part D Prescription Drug Plan

- ❑ Medicare requires you to have a drug plan
- ❑ Helps cover the cost of prescription drugs
- ❑ Managed by Medicare-approved private insurance companies
- ❑ Monthly premium, deductible, cost sharing will vary by plan
- ❑ Possible late enrollment penalty if not enrolled when first eligible
- ❑ Not all plans cover the same medications
- ❑ Coverage is person specific based on his/her medications
- ❑ Plans change annually
- ❑ Most generic medications do not require the deductible to be paid

PART D DEDUCTIBLE $615 in 2026
Yearly Out-of-Pocket Maximum for Part D drugs is $2,100 in 2026.

Have your plan reviewed each year during Open Enrollment
Oct 15 – Dec 7

Drug Price Negotiation

Medicare negotiates directly with manufacturers for the price of certain high-cost brand-name drugs.

Prices negotiated for these 10 drugs will be effective in 2026. Prices may vary by company.

- Eliquis
- Jardiance
- Xarelto
- Januvia
- Farxiga
- Entresto
- Enbrel
- Imbruvica
- Stelara
- Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill

Prices are being negotiated for the next 15 drugs and will be effective in 2027. The 15 drugs selected for negotiation are:

- Ozempic; Rybelsus; Wegovy
- Trelegy Ellipta
- Xtandi
- Pomalyst
- Ibrance
- Ofev
- Linzess
- Calquence
- Austedo; Austedo XR
- Breo Ellipta
- Tradjenta
- Xifaxan
- Vraylar
- Janumet; Janumet XR
- Otezla

Prices for the initial 10 drugs that Medicare negotiated with participating drug companies will take effect on January 1, 2026. Contact your plan for details on how these negotiated prices will affect you.

63-Day Rule for Medicare Coverage

What the 63-day rule means for you:

•Avoid Gaps in Coverage
You should enroll in a Medicare Part D plan or have creditable drug coverage (from an employer or union) at all times after your Initial Enrollment Period.

•What is Creditable Coverage?
This is coverage that meets Medicare's standards.

•Late Enrollment Penalty
If you go 63 or more days without creditable coverage, you may owe a Part D late enrollment penalty.

•How the Penalty is Calculated
The penalty is 1% of the national base beneficiary premium for each full month you went without creditable coverage. This amount is added to your monthly Part D premium.

When to watch out for the 63-day rule:

•Loss of Employer Coverage
If you had drug coverage through an employer or spouse's employer and then lose that job or coverage, you have a Special Enrollment Period (SEP) to join a Medicare drug plan within 63 days to avoid a penalty.

•After Your Initial Enrollment Period
The penalty applies any time after your Initial Enrollment Period ends, not just at the beginning of your Medicare coverage.

Medicare Advantage (Part C)

Private health insurance plans approved by Medicare

Medicare Advantage plans combine Medicare Part A, Part B, and often Part D into one plan with a network of providers.

Medicare Advantage

Comparison of Key Factors – MA Plan Types

	HMO	PPO	PFFS	SNP
Can I get healthcare from any Doctor/ Provider/Hospital?	**No.** You generally have to get care from providers in the plan's network (excluding emergency care, out-of-area urgent care). HMOPOS plans may allow out-of-network coverage, but at a higher cost.	**Yes.** PPO plans have networks, but you can use out-of-network providers for a higher cost. Emergency and Urgent care is always covered.	**Yes,** as long as the Medicare approved provider accepts the plan and agrees to treat you. Some PFFS plans have a network, so out of network services will cost more.	**Sometimes.** Some SNPs cover out-of-network services, some don't.
Are Prescription Drugs covered?	In most cases, **Yes.** Be sure your HMO plan offers prescription drug coverage.	In most cases, **Yes.** Be sure your PPO plan offers prescription drug coverage.	**Sometimes.** If your PFFS plan doesn't include drug coverage, you can join a Part D plan.	**Yes.** *All* SNP plans must provide prescription drug coverage.
Do I need to pick a Primary Care Doctor?	In most cases, **Yes.**	**No.**	**No.**	In most cases, **Yes.**
Do I need to get a referral to see a Specialist?	In most cases, **Yes.**	In most cases, **No.**	**No.**	In most cases, **Yes.** Certain services don't require a referral.

What is HMO and PPO?

Health Maintenance Organization (HMO)

- **Provider Network:** You must use doctors and hospitals within the plan's network.
- **Primary Care Provider (PCP):** You must choose a PCP to coordinate your care.
- **Referrals:** You generally need a referral from your PCP to see a specialist.
- **Out-of-Network Care:** Care from out-of-network providers is not covered, except in emergencies.
- **Costs:** Often has lower premiums and out of pocket maximum and costs compared to PPOs.

Preferred Provider Organization (PPO)

- **Provider Network:** Has a network of "preferred" providers, but you can see doctors outside the network.
- **Primary Care Provider (PCP):** No PCP is required, and you don't need a referral to see a specialist.
- **Out-of-Network Care:** You can see out-of-network providers, but you'll pay more.
- **Costs:** Generally has higher premiums and out of pocket maximum but offers more flexibility and choice.

What is Private Fee-For-Service and Special Needs Plan?

Private Fee-for-Service (PFFS)

- **Provider Network**
  No provider network.
- **Primary Care Provider (PCP)**
  No PCP is required.
- **Referrals**
  No referrals are needed to see specialists.
- **Out-of-Network Care**
  You can see any provider that agrees to the plan's payment terms.
- **Costs**
  You pay providers directly based on the amount your plan determines, which can lead to unpredictable costs.

Special Needs Plan (SNP)

- **Eligibility**
  SNPs are for people with specific conditions or circumstances, such as those eligible for both Medicare and Medicaid or those with specific chronic illnesses.
- **Plan Type**
  SNPs are a type of HMO or PPO plan, meaning they follow the rules of either an HMO or PPO structure.
- **Specialized Care**
  They provide extra benefits and services tailored to the specific health needs of their members.
- **Coverage**
  SNPs cover all the same benefits as Original Medicare (Parts A and B) plus prescription drugs.

Medicare Savings Program

To help with their Medicare costs, low-income seniors and adults with disabilities may qualify to receive financial assistance from the Medicare Savings Programs (MSPs).

The MSPs help pay Medicare premiums and may also pay Medicare deductibles, coinsurance, and copayments for those who meet the conditions of eligibility.

Medicaid Benefit based on income.
Apply at the local Department of Social Services or Online

Types of Medicare Savings Programs

Qualified Medicare Beneficiary (QMB) Program

Helps pay for: Part A premiums (if you don't have premium-free Part A); Part B premiums, deductibles, coinsurance, and copayments (for services and items Medicare covers).

Your situation:	**Monthly income limit:***	**Resource limit:** What counts in resource limits?
Individual	$1,325	$9,660
Married couple	$1,783	$14,470

Specified Low-Income Medicare Beneficiary (SLMB) Program

Helps pay for: Part B premiums (You must have both Part A and Part B to qualify.)

Your situation:	**Monthly income limit:***	**Resource limit:** What counts in resource limits?
Individual	$1,585	$9,660
Married couple	$2,135	$14,470

***You'll also get Extra Help paying for your prescription drugs for both plans.

Types of Medicare Savings Programs

Qualifying Individual (QI) Program

Helps pay for: Part B premiums. You must have both Part A and Part B to qualify.

- You must apply every year to stay in the QI Program.
- States approve applications on a first-come, first-served basis – priority is given to people who got QI benefits the previous year.

Your situation:	**Monthly income limit:***	**Resource limit:** What counts in resource limits?
Individual	$1,781	$9,660
Married couple	$2,400	$14,470

Qualified Disabled & Working Individual (QDWI) Program

You may qualify for the QDWI Program if you:

- Have a disability
- Are working
- Lost Your Social Security disability benefits and Medicare premium-free Part A because you returned to work

Helps pay for: Part A premiums only

Your situation:	**Monthly income limit:***	**Resource limit:** What counts in resource limits?
Individual	$5,302	$4,000
Married couple	$7,135	$6,000

*You also get Extra Help with QI program

Extra Help

"Extra Help" is a Medicare program to help people with limited income and resources pay for Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and associated other costs.

You also won't have to pay a Part D late enrollment penalty while you get Extra Help.

Some people qualify for Extra Help automatically, and other people have to apply.

<u>You will automatically get Extra Help if you have:</u>

- Full Medicaid coverage
- Help from your state paying your Part B premiums (from a Medicare Savings Program)
- Receive Supplemental Security Income (SSI) benefits from Social Security

Apply for Extra Help at Social Security **www.ssa.gov**

Extra Help Income Guidelines

The income limit is based on your income from the previous year.

Income and resource limits for 2025:

Your situation:	**Income limit:**	**Resource limit:**
Individual	$23,475	$17,600
Married couple	$31,725	$35,130

Medicare Prescription Payment Plan (MPPP)

- **Payment plan option for those enrolled in a prescription plan**
- **Who is likely to benefit?**
- **Whether one is likely to benefit depends on**:
  - Date of enrollment into MPPP
  - Overall Rx costs
  - How often Rx are filled
  - Low-income status

Payment Plan – How it works

Scenario 1: What will Julie's OOP costs be if she fills her Rx monthly starting in January with a deductible ?

MPPP Enrollment	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total Paid
Julie **does not enroll** in the MPPP	$600	$600	$600	$200	$0	$0	$0	$0	$0	$0	$0	$0	$2,000
Julie **enrolls in the MPPP** in January	$167	$94	$154	$176	$176	$176	$176	$176	$176	$176	$176	$176	$2,000

Scenario 2: What will Julie's OOP costs be if she fills her Rx monthly starting in July?

MPPP Enrollment	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total Paid
Julie **does not enroll** in the MPPP	$0	$0	$0	$0	$0	$0	$600	$600	$600	$200	$0	$0	$2,000
Julie **enrolls in the MPPP** in January	$0	$0	$0	$0	$0	$0	$333	$173	$323	$200	$485	$485	$2,000

Medicare Prescription Payment Plan (MPPP) FAQS:

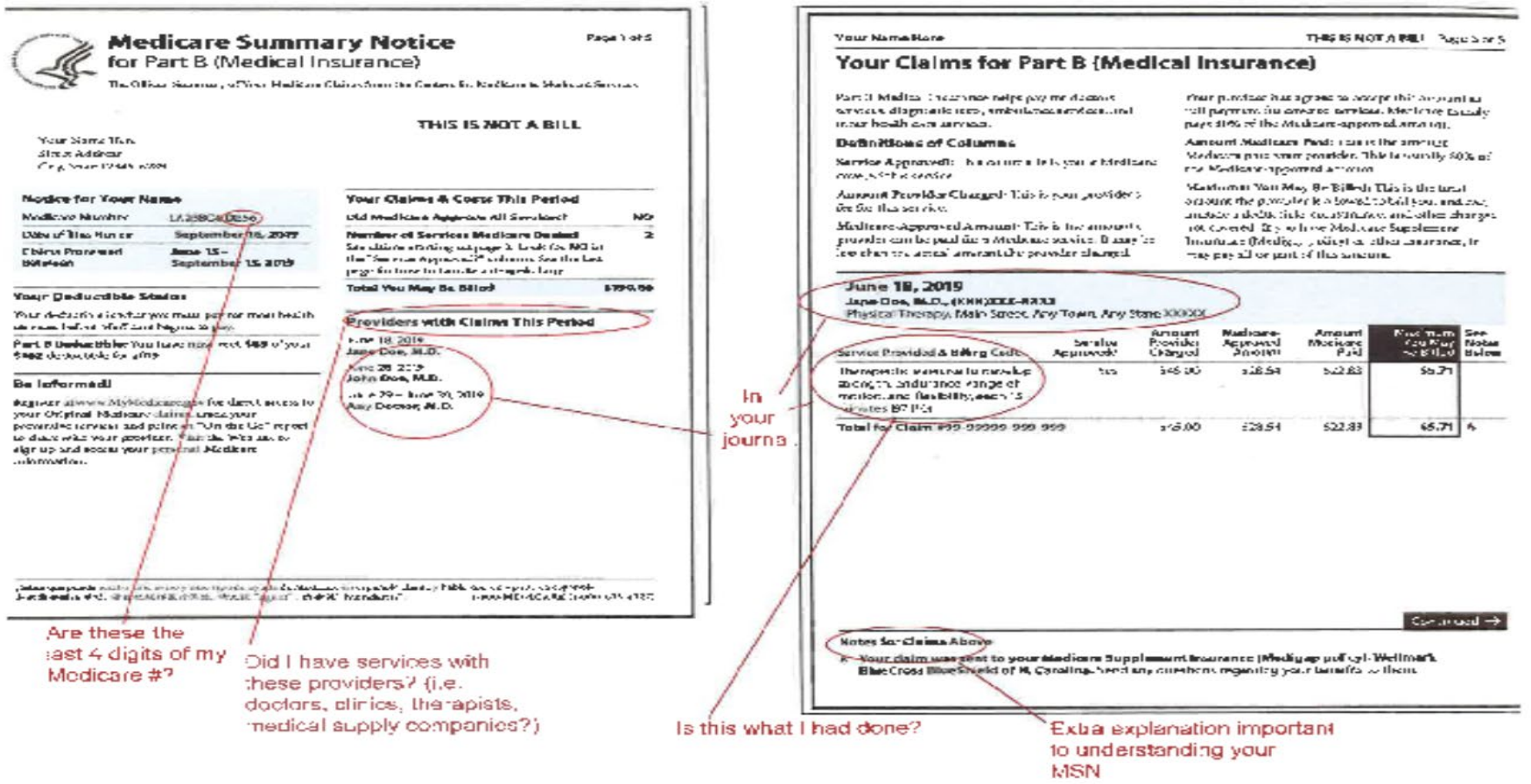
- Participation is not automatic. Call the plan to enroll.
- No need to opt-in more than once during a calendar year.
- You can opt-out anytime. Call the plan to cancel.
- You will receive 2 bills from your plan. One for your premium and one for the payment plan.
- No interest or fee to participate.
- **Do NOT miss payments. If not paid, you will be disenrolled in both the prescription drug plan and the payment plan.**
    - The plan will send a termination notice.
    - You may not be eligible to re-apply for a drug plan for the remainder of the year.

PROTECT Your Medicare number. **GUARD YOUR CARD!**

DETECT Fraud, errors and abuse by reading your **Medicare Summary Notices** as soon as you get them.

REPORT Questions or mistakes to your medical provider or health plan. If not satisfied with their response **CALL SMP 1-800-938-8885**

Medicare Summary Notice



Call your doctor, clinic or hospital right away if you have questions.
Keep your MSNs and other medical statements in this folder.

Encompass Community Supports

15361 Bradford Road, Culpeper VA 22701

Main Office Phone: 540-825-3100

Hanna Price…….Culpeper County
ext. 3467

Kathleen Watson……Fauquier County
ext. 3410

Toni Browning……..Madison County
ext. 3471

Jenny Zamora…….Orange County
ext. 3450

Kathi Walker……Rappahannock County
ext. 3416

Additional Assistance:

Medicare www.medicare.gov
(804) 644-5628

State Corporation Commission(SCC)
https://www.scc.virginia.gov/medigap/

Virginia Department of Aging and Rehabilitative Services (DARS) https://www.vda.virginia.gov
(804) 662-9333

Social Security Administration (SSA) www.ssa.gov 1-(800) 772-1213

Senior Medicare Patrol (SMP) https://virginiasmp.com/
(804) 644-5628

CREDITS AND DISCLOSURE:

Information on the above slides was provided in part by Encompass Community Supports, Department of Medical Assistance (DMAS), Medicare Interactive, Medicare.gov, Centers for Medicare and Medicaid Services (CMS), Social Security and Bureau of Insurance State Corporation Commission of Virginia, Senior Medicare Patrol

Please consult with your family, financial and tax advisor, attorney and insurance counselor to determine the best coverage for your needs

QUESTIONS?