CLAY COUNTY HOSPITAL
MEDICAL CLINICS & PHARMACY

Complete care, start to finish.

MAIN PHONE: 662-2191 PHARMACY: 662-1600

MANAGED CARE PARTNERS

The ABCs of Medicare & Medicare Advantage



Presented by
Managed Care Partners Inc.
on behalf of
Clay County Hospital

Helping you make informed Medicare decisions

Who is this for?

Medicare Eligible Participants:

- Members turning 65
- Reviewing your current coverage
- Helping a loved one
- Experiencing life changes
- Retiring after Age 65



Do I Need to Make a Change?

Your Medicare decisions impact:

- Where you receive care
- What you pay out-of-pocket
- Your access to doctors, hospitals, outpatient services
- Decisions today can affect your medical care and cost for the entire year!



Medicare Decision Timeline

September 15, 2026	**Plan Annual Notice of Change – (ANOC) The ANOC includes any changes in coverage, costs, and more that will be effective in January.**
October 1, 2026	Start comparing your current coverage with other options.
October 15 to December 7, 2026, Annual Enrollment Period (AEP)	If it makes sense, change your Medicare health and prescription drug coverage. This includes returning to Original Medicare or joining a Medicare Advantage plan.
January 1, 2027 Effective Date	New coverage begins if you made a change. If you kept your current plan, cost and benefit changes, if any, are also effective January 1.
January 1 to March 31, 2027 Open Enrollment Period (OEP)	**If you are enrolled in Medicare Advantage, you may make one change to another Medicare Advantage plan or return to Original Medicare. If returning to Original Medicare, you may also join a stand-alone Part D plan.**

What Happens If You Do Nothing?

Change Happens:

- Plans may change
- You may stay in the wrong plan
- Costs may increase
- Providers may not participate
- Prescriptions may not be covered
- You may miss an opportunity for better benefits and lower costs.



Before Annual Enrollment: Read What Your Plan Sends You

- **ANOC** – Annual Notice of Change
- What is changing?
- **EOC** – Evidence of Coverage
- What does my plan cover?

Did my costs change?

Did my doctors, hospital or prescriptions change?

Do I still feel this plan fits me for 2027?

Do not assume your 2026 plan will work the same way in 2027.

Two Roads to Medicare



Which road is best for you?

- Original Medicare
  - Decide if You Want Rx Coverage
    - Decide if You Want Medigap
- Medicare Advantage Health Plans
  - Decide if You Want Rx Coverage

How The Pieces Fit Together

Original Medicare = Parts A & B

Part A = Inpatient hospital services

Part B = Outpatient services

Part D = Prescription Drug Coverage

Part C = Medicare Advantage plans

- Provides your Part A and Part B benefits through a Medicare-approved plan; most plans include Part D

Road One - Original Medicare

Original Medicare

- Most hospitals and providers participate https://www.medicare.gov/care-compare
- Out of state coverage as long as Medicare participation
- In most cases you don't need a referral to see a specialist
- Emergency care is the same across all states

Adding Medigap to Original Medicare

Filling the Gaps in Original Medicare Coverage

- Ten Standardized Medigap Plans: A, B, C**, D, F**, G, K, L, M, N

Plans C and F are only available to people who were eligible for Medicare before **January 1, 2020.

- You can use an employer or government retiree program as a "gap" plan

- Price and customer service may differ by insurer

Road Two - Medicare Part C
Medicare Advantage



Another way to get your Medicare Part A and Part B coverage. Offered by private companies that must follow rules set by Medicare.



Part C = Medicare Advantage plans

Provides your Part A and Part B benefits through a private Medicare- approved plan; most plans also include Part D.

Road Two Medicare Advantage

Medicare Advantage

- Provider and hospital networks vary by plan – always verify participation
- Confirm provider participation with insurance company
- HMO plans generally do not cover out-of-network providers or hospitals except for emergency care
- You may need to get a referral to see a specialist
- Non-emergency coverage when traveling or out of state varies by plan.

Which Program Fits You?

- Do you travel?
- Do you want flexibility?
- Are your doctors in-network?
- Are your prescriptions on the formulary?
- What are my out-of-pocket costs?



Your Decision

You are **not** required to join a Medicare Advantage plan & may stay on Original Medicare.

You decide & control if or when you join.

There is **no** penalty if you do not join a Medicare Advantage plan

What is the actual cost of care?

Original Medicare	Medicare Advantage
Part A hospital costs may be covered in whole or in part by Medigap, depending on the plan	Hospital stays may have **daily copays**
Part B generally leaves you responsible for **20% of the Medicare-approved amount** after the deductible	Doctor, outpatient and other medical services may have **copays or coinsurance**
	Costs vary by plan

Look beyond the premium. Ask what you will pay when you need care.

What Do I Pay Every Month? What Could I Pay Later?

Original Medicare

- Part B premium
- Medigap premium, if purchased
- Part D premium if purchased
- More predictable medical costs with some Medigap plans.

Medicare Advantage

- Part B premium
- Plan premium, if any
- Drug coverage may be included
- Lower monthly premium may mean more cost-sharing when care is used

Monthly premium is only part of the cost.
Also consider deductibles, copays, coinsurance and maximum out-of-pocket exposure



Medicare Part D Retail Pharmacy Coverage

Prescription Drug **Coverage**

Before You Choose a Drug Plan



- Are all my prescriptions covered?
- What tier are they on and did it change?
- What will I pay?
- Is my pharmacy preferred/in-network?
- Did anything change in 2027?

What do I have to pay?



2027 Medicare Part D Costs

- Annual Deductible: **$700**
- Out-of-Pocket (OOP) Spending Cap: **$2,400**
- Catastrophic Coverage: After you reach the $2,400 out-of-pocket limit you pay $0 for covered Part D drugs for the rest of the year.
- Insulin Cost-Sharing:

No more than $35 for a one-month supply. Some products may cost less.

Are My Prescriptions Covered?



Formulary = the plan's list of covered prescription drugs

- Check every prescription you currently take
- Check the tier and your cost
- Check whether your pharmacy is **preferred/in-network**
- Formularies and costs can change each year

Before choosing a plan, make sure your prescriptions work with the plan.

Medicare GLP-1 Bridge Program

What You Need to Know

- **Beginning July 1, 2026**, certain GLP-1 weight-loss medicines may be available through the Medicare GLP-1 Bridge program.
- **$50 per month**
- Covered medications include certain forms of:
- **Foundayo®**
- **Wegovy®**
- **Zepbound®**

Important:

- Eligibility, covered forms and program rules apply. Contact your doctor and pharmacy to determine if you qualify.

Medicare Prescription Payment Plan

What it does: Spreads out-of-pocket costs across the calendar year

What it does not do: lower your drug costs or save you money

How it works: You pay **$0** at the pharmacy for covered Part D drugs and receive a monthly bill form your plan.

- Participation is voluntary
- There is no fee to participate

Already Participating? Beginning in 2026, you may be automatically re-enrolled unless you opt out. If you change plans you may need to enroll again.

Extra Help (Low Income Subsidy)

Don’t assume you don’t qualify

Extra Help (Low Income Subsidy) can help eligible people with Medicare pay prescription drug costs.

Could I qualify?

If you have limited income and resources, **apply and find out.**

Extra Help may reduce:

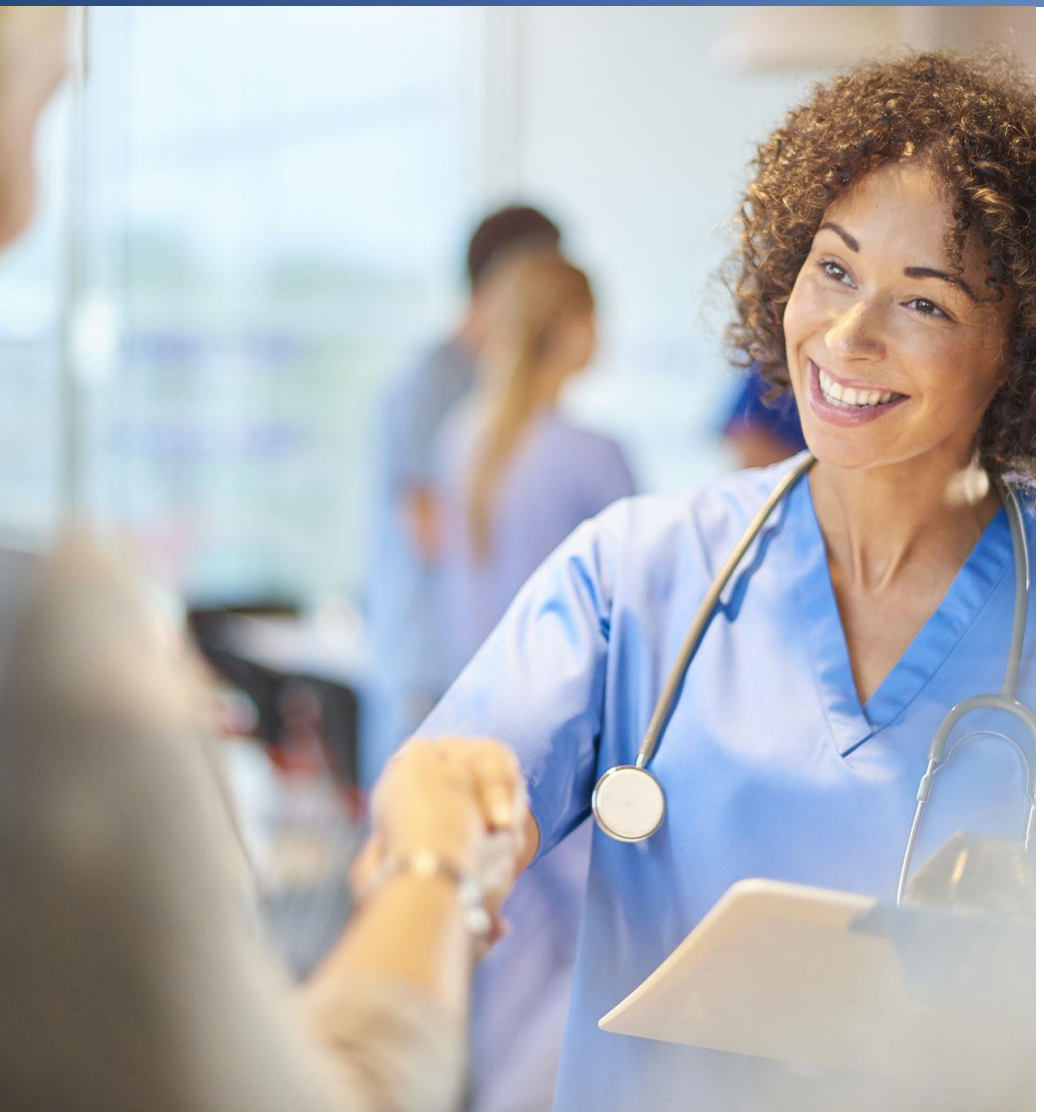
Prescription premiums

Deductibles

Copays/coinsurance

Need help applying? Social Security: 1-800-772-1213 ssa.gov.

Don’t Accidentally Create a Part D Penalty



Ways to avoid paying a penalty:

- Enroll when you are first eligible.
- If you have other drug coverage, make sure it is **creditable coverage**.
- Keep your documentation showing when you had creditable coverage.

Don’t drop prescription coverage without understanding the consequences.

What if my situation changes?



You may qualify for a Special Enrollment Period if:

- You move
- You lose employer coverage
- You qualify for Medicare and Medicaid
- You qualify for Extra Help
- You move into, live in, or move out of a skilled nursing facility
- Other special circumstances apply

Certain life changes may give you another opportunity to change coverage

Medicare Advantage Plan Open Enrollment Period



If you are enrolled in a Medicare Advantage Plan you may:

Switch to another Medicare Advantage plan

Return to Original Medicare

Add a stand-alone Part D plan If returning to Original Medicare

Add a Medigap plan

<u>You can make one change during this time.</u>

After March 31, you generally need another enrollment opportunity to make a change.

Identity Theft and Fraud

Medicare.gov



Call 1-800-MEDICARE

JUST SAY NO!

- Asking for your personal information over the phone or email
- Call you unexpectedly to enroll you in a plan
- Visit you without prior notice
- Use false information to mislead you

Where Can I Get Help?

Medicare
1-800-Medicare
Social Security
1-800-772-1213
Ship / Local Medicare Counseling
1-800-252-8966 IL Dept. on Aging

Clay County Hospital
(618) 662-2131

https://claycountyhospital.org/medicare-resources

https://www.medicare.gov

https://www.ssa.gov

https://www.shiphelp.org

Thank You



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