

What is Medicare?

Medicare is the federal health insurance program for adults who are 65 and older, and people with a qualifying disability.

Part A: Hospital Insurance *No premiums, but do have deductibles*

- In-patient hospital care
- Hospice care
- Skilled at-home nursing/nursing facility care

Cost: \$0 for the Majority

Part B: Medical Insurance *Recipient pays a premium plus 20% of services*

- Doctor's office visits / preventative care services / *surgeons, doctors, and anesthesia in hospital*
- Medical items (diabetes testing supplies, home medical equipment, nebulizers)
- Mental health services
- *Hemophilia factor products*

Cost: \$135.⁵⁰+/mo

Part C: Medicare Advantage - Managed Care

- Combination of Parts A & B (plus prescription drug coverage)
- Vision, dental, & hearing
- Medical savings account plans

Approximate Cost: \$0 - \$200/mo

Part D: Prescription Drug Plan *Recipient pays a premium*

- All of your prescriptions including your bleeding disorder (*Amicar, Stimate, Lysteda*), HIV, and Hepatitis medications.

Approximate Cost: \$35 - \$50/mo

For further details, please see www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf



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Language assistance services are available free of charge. Call: 1-800-996-2575.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-996-2575.
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**A Trusted Partner in
Your Circle of Care**
Cascade...

Cascade Hemophilia Consortium

Note From Cascade Social Workers: Colleen Joiner & Debbie Whelan



Debbie



Colleen

Dear Readers,

If you are turning 65 this year or are receiving Social Security Disability benefits, you may be starting to think about Medicare and wondering about the choices you will need to make. If you or a family member are already on Medicare, you know that Medicare Open Enrollment begins October 15, 2019 and runs until December 7, 2019. There are several important choices you have to make when it comes to Medicare, so looking at your choices early is a great idea!

Medicare Advantage Plans, Medigap plans and Part D coverage are some of the choices we cover in this issue. If you need help making the best choices for your situation, don't hesitate to call your HTC social worker or Cascade for assistance. We are always happy to help!

If You Are Choosing a Medicare Plan Reach Out for Help

Contact your State Health Insurance Assistance (SHIP)
for assistance in your area at
877-839-2675 or www.shiptacenter.org
or
Contact your HTC social worker or
Cascade social worker for information.

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Traditional Medicare or Medicare Advantage?

If you’ve ever looked for a Medicare plan, you’ve probably realized that it’s as complicated as a Rubix Cube. In order to find the right plan for you, begin researching 3-4 months prior to your 65th birthday or before the next enrollment period. The information below may help you determine the type of plan that fits your lifestyle.



*Tip:
Review Your
Options Early*

Medicare Advantage Plans (Also Called Part C) are Managed by Private Organizations

Pro

You will find that the costs are more predictable than Traditional Medicare. The plan has a pre-set “Maximum Out-of-Pocket” limit of \$6,700 or less per year for in-network services. The copays for doctor’s visits, office visits, lab work and other services are also a pre-set price, so it is easy to approximate your costs each year. You may also attach a vision or dental plan and some Advantage Plans offer extras such as physical fitness programs.

Con

You are required to pick your physicians and other providers from a set network of providers or pay additional costs to go outside of the network. Also, you may need referrals to see specialists. This may appeal to you if you seek care in a university setting or hospital where all of your providers are included.



*Tip:
Research Financial
Assistance Options –
Help is Available!*



*Tip:
Coordinate Your Benefits
-Tell All Insurance Payers
About the Other ...And Tell
Your Medical Providers
About All Insurances*



*Tip:
Review Your Plan Before
Open Enrollment Every Year:
Plans Can, and Do, Change
Year by Year!*

Traditional Medicare is Run by the Federal Government

Pro

You have a lot of freedom to choose who to see for medical care all across the country. There is no set network, which is convenient if you travel or head to a warmer climate in the winter. Most hospitals around the country accept Traditional Medicare.

Con

On the downside, the costs are less predictable because you will have co-pays for most of your medical care. In general, there is an 80/20 rule. Medicare pays 80% and you pay 20% for out-patient services. Additionally, there is no “cap” on the costs you pay; in other words, you have no “maximum out of pocket” amount. Unless you have a Medigap plan*, you are responsible for the additional costs not covered by the plan.

Don’t automatically decline Part D or Part B. Why? You might be tempted to think you don’t need a Part D plan if you aren’t on medication. Or because the only medications you are on right now are bleeding disorder related and your state program is covering those for you.

If you decline Part D or Part B without any other “Creditable Coverage” in place, you will be penalized for each month you decline them (for the rest of your life)*. Currently the penalty is 10% (per month) of the yearly cost for Part B and 1% of the monthly charge for Part D before you can enroll. Accumulated, it’s a pretty hefty fee when you eventually need to join the plan/s.

Remember, at some point in your life you may need other expensive medication unrelated to the bleeding disorder and Part D will help out with those costs.

***Note:** Creditable Coverage is other insurance that is considered to provide a reasonable amount of coverage. CSHCS or BCMH are **not** considered creditable coverage.

Find out what is and what isn’t creditable coverage by asking your HR Department or call the Medicare Coordination of Benefits line at 1-855-798-2627



*Tip:
Don’t Decline
Part D or Part B
Cheaper isn’t
Always Better!*

Research Each Plan You are Considering

Are your providers in-network for medical, home care, pharmacy? (Include Primary, Specialists, HTC and preferred specialty pharmacy/home care)

Compare the premiums, copays and deductibles for each plan to see what you can afford.

Are your medications on your Part D plan formulary and what “tier”? The tier determines your cost.

Call your specialty pharmacy or HTC to find out their experience with a plan you are interested in.

*What is a Medigap or Supplemental Plan?

Medicap is extra health insurance you buy from a private company. A Medigap Plan covers some or all of your Part A and B co-pays/deductibles you owe. It fills in the “gap”, so to speak. Medigap plans offset the additional costs of traditional Medicare. You will pay a monthly set premium for the plan, and the cost depends on the level of coverage you feel is right for you. Medigap plans can only be used in conjunction with a Traditional Medicare plan.

Important Note: Please don’t depend on Children’s Special Health Care Services (CSHCS) in Michigan, or BCMH in Ohio to cover your 20%. These programs **only** cover bleeding disorder related care. If you develop another unrelated illness, your specialist visits, surgery, labs or hospital stays will not be covered by CSHCS or BCMH, and you will owe Part A and Part B deductibles and copays.

1 Medicare Savings Programs are joint Federal-State Programs designed to provide assistance with meeting the costs of Medicare premiums and deductibles. The three programs called Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Qualified Individual (QI) plans, are based on income. But don’t make the assumption that you won’t qualify. The guidelines are a bit higher than they are for Medicaid.

If you qualify for a QMB, SLMB, or QI program, you automatically qualify for the “Extra Help Program” which can help pay for prescription drugs. To apply, contact your local medicaid office or call 1-800-803-7174 in Michigan or 1-800-686-1578 in Ohio.

2 Children’s Special Health Care and BCMH will pay for your Medicare premiums in some cases. The program will review your usage and cost and determine if it’s cost-effective for the state to cover those premiums.

3 State Pharmacy Assistance Plans – Michigan call 1-866-755-6479 or on-line in other states www.medicare.gov/pharmaceutical-assistance-program.

- ✓ If you have more than one insurance plan you cannot choose which is primary. Medicare will decide.
- ✓ If you have an employer sponsored plan, speak with your employer/benefits advisor or your spouse’s benefits advisor regarding coordination of benefits.
- ✓ It’s the law to coordinate your benefits.
- ✓ Call Coordination of Benefits and Recovery: 1-855-798-2627
- ✓ Medicaid vs. Medicare? Which is primary? Medicare is **ALWAYS** primary.

Insurance companies are allowed to change the plan at any time, so review your plan at least annually.

Insurance plans are bought out regularly and aren’t required to keep the same benefits as the previous company.

*Remember:
Do Your Research & Ask for Help*