

What is Medicare?

Medicare is the federal health insurance program for adults who are sixty-five and older and people with a qualifying disability. Traditional Medicare is broken down into three parts, A, B, and D.

Medicare Advantage Plans are also known as Part C.

Traditional/Original Medicare

Part A: Hospital Insurance

No premiums, but do have a deductible + co-insurance

- Hospital Care
- Hospice Care
- At-home nursing/nursing facility care

Premium: \$0 for the majority
Deductible: \$1,676

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 and Hemlibra**

Premium: \$185+/mo
Deductible: \$257

Part D: Prescription Drug Plan

Recipient pays a premium

- Prescriptions (**Amicar, Stimate, Lysteda**)

Average Premium: \$46.50/mo
Cap: \$2,000

Medicare Advantage Plans

Part C: Also Known as Medicare Advantage-managed Care

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

Cost: \$0 - \$200/mo
(You must also pay the Part B premium)

What You Will Pay for Medicare in 2025 | Kiplinger
<https://www.kiplinger.com/retirement/medicare/what-you-will-pay-for-medicare-in-2025>

Cascade... A Trusted Partner in Your Circle of Care

Cascade Hemophilia Consortium Mission

To enhance the system of care for people with bleeding disorders and related complications, by assuring the lowest possible price for the full range of treatments, HIV and hepatitis related therapies and other medications available to treat their disease; to provide access to these medications for those without insurance or inadequate insurance coverage; to support the comprehensive hemophilia treatment centers in treating and educating consumers and their families so they may become knowledgeable and proactive in managing their own care.



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Dear Readers,

If you are turning sixty-five 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 this fall. If you or a family member are already on Medicare, you know that Medicare Open Enrollment begins October 15, 2025, and runs until December 7, 2025. There are several important choices you'll have to make when it comes to a

Medicare plan, 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 HTC social worker or
Cascade social worker for information.

For assistance, locate your State Health Insurance Assistance (SHIP)
National: 877-839-2675
Michigan: 800-803-7174
ShipHelp.org

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Traditional Medicare OR Medicare Advantage? Which Option is Best for You?

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 if you are already on Medicare and want to change plans, give yourself time before the next general enrollment period. (October 15 – December 7).

Your choices include traditional Medicare Part A, Part B, and Part D with an optional Medigap plan, OR a Medicare Advantage plan. Let's look at the difference.



Review Your Options Early

Choice #1

Traditional Medicare *Run by the Federal Government*

Pros

The freedom to **pick your medical providers** all across the country because there isn't a limited provider network.

Convenience if you travel or head to a warmer climate in the winter.

Most hospitals and facilities around the country **accept traditional Medicare**.

Cons

Costs aren't as predictable because you will owe 20% for most of your medical care, and different providers charge varying amounts.

There isn't a "cap" on the copay costs you pay; in other words, you have no "maximum out-of-pocket" ceiling.

Unless you have a Medigap or Supplement plan, **you are responsible for the remaining costs** not covered by Medicare, which could be expensive without a Medigap plan.

How Does a Medigap or Supplement Plan Help?

Medigap is extra health insurance you buy from a private company. The purpose of a Medigap plan is to help lower the costs of traditional Medicare by covering your Part A and Part B copays and deductibles. You pay a set monthly Medigap premium and the cost depends on the level of coverage you feel is right for you.

Note: Medigap plans can **only** be used in conjunction with a traditional Medicare plan.

Please don't depend on Children's Special Health Care Services (CSHCS) in Michigan, or CMH in Ohio as your only coverage. 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.

Choice #2

Medicare Advantage Plans: Part C *Managed by Private Organizations*

Pros

Costs are more predictable than traditional Medicare. The plan has a pre-set "Maximum Out-of-Pocket" limit of \$9,350 *or less* per year.

The copay for doctor's visits, office visits, lab work and other services are also a pre-set price, so it is **easier to approximate your costs each year**.

Advantage Plans offer **extras such as physical fitness programs and optional vision or dental coverage**.

Cons

You are required to **pick your physicians and other providers from a set network or pay additional costs to go outside of the network**. However, this may appeal to you if you seek care in a university setting or hospital where all of your providers are located in one system.

Depending on the plan you choose, you may have an additional Medicare Advantage plan premium, unless you are on Medicaid.

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. Remember, factor and Hemlibra are covered in Part B, not Part D.
- ✓ Call your specialty pharmacy or HTC to find out their experience with a plan you are interested in.

Don't Decline Part D or Part B Before Checking First!

If you are currently taking lower-cost medications, you might be tempted to decline Part D for a later date. But do your research before automatically declining Part D or Part B (which is where factor and Hemlibra are covered.) Why?

If you decline Part D or Part B without any other *creditable coverage* in place (see below), you will be penalized for each month you decline them for the rest of your life. Currently the penalty is 10% of the annual 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 medication unrelated to the bleeding disorder and Part D will help out with those costs. Please check before declining Part D or Part B.

Creditable Coverage is an insurance plan that provides a reasonable amount of coverage equal to or better than traditional Medicare. For example, from your or your spouse's job. CSHCS or CMH 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 855-798-2627.



Research Financial Assistance Options. Help is Available!

Medicare Savings Programs

Joint Federal-State Programs designed to help 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 assume that you won't qualify. The guidelines are higher than 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.

Children's Special Health Care (MI) CMH HIPP Program (OH)

Can 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.

Medicare Part D Extra Help Program

Helps people with limited income and resources lower or cut Part D costs.



Coordinate Your Benefits

Tell All Insurance Payers About the Other and Tell Your Medical Providers About All Insurances

- ✓ 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: 855-798-2627
- ✓ Have Medicaid and Medicare? Which is primary? Medicare is **ALWAYS** primary.



Review Your Plan Before Open Enrollment

Every Year: Plans Can and Do Change Year by Year!

- 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***