Health Insurance:
What Everyone Needs to Know

September 13, 2016

Presented by:

Teva Pharmaceutical Industries | Acorda Therapeutics
Mallinckrodt Pharmaceuticals Autoimmune and Rare Diseases | US Bank
United Way of Eagle River Valley
How to Ask Questions During the Webinar:

- **Chat Feature** – Type in your questions using the chat box on the lower left hand side of your screen.
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Webinar Overview

• Employer Based or Group Coverage
• Individual Plans
• Medicare
  • Original/Medicare Advantage
  • Part D
• Being a Savvy Consumer
• Cost Help Programs
• Resources
Essential Information For Any/All Types of Coverage

Who’s eligible?

When to enroll?

What is, isn’t covered?

Who helps?

What costly errors to avoid?
Employer-Based GROUP Insurance

Eligibility:
• Generally working age adults and often their dependents

When to enroll:
• As soon as possible or during annual open enrollment

What’s covered:
• Essential benefits now regulated by federal law, but wide variations remain in benefits and limits
Employer-Based GROUP Insurance

Who and/or what help is available:
- More information must now be provided by federal law – use it!
- Complaints: Department of Labor or State Department of Insurance

Common Errors:
- Not planning for transition to Medicare
- Not using:
  - In-network providers
  - Appeal rights
  - COBRA or other plans for gaps in coverage
Individual Plan For You And/Or Your Family (aka Non-Group)

Eligibility:
• Generally, anyone not eligible for coverage from other sources
• Available through Marketplace (Healthcare.gov) or direct from participating insurance brokers

When to enroll:
• Open Enrollment Period (starts November 1st each year)
  or Special Enrollment Period (SEP)
Non-Group

What’s covered:

• 10 Essential Health Benefits
• Free Preventive Services
• No *lifetime* limits, but limits on amount of services still allowed (e.g. 20 PT visits per year)
• Marketplace plans offer 4 levels of coverage that determine how much the plan pays and how much you pay (bronze, silver, gold, platinum)
• When comparing individual plans, do your best to compare all costs to you annually (premium, annual deductible, co-pay or co-insurance)
• Watch out for excluded or un-covered benefits
Non-Group

Who or what help is available:

- Marketplace ‘Navigators’, community ‘assisters’ or brokers
  - Try to meet with someone in person
- Written materials required by law for ALL
  - Summary of benefits and coverage
  - Glossary
  - Formulary (drugs covered by the plan)
  - Provider directory
  - Explanations of appeal rights and processes
- Complaints
  - Marketplace
  - State Dept. of Insurance
Non-Group

Common errors:

• For all plans
  • Using out-of-network providers
  • Assuming anything your doctor orders is covered
  • Missing enrollment dates/deadlines

• For Marketplace plans
  • Not keeping income and other info in your file up-to-date
  • Assuming your plan costs and benefits will be the same every year
  • Not comparing plans every year to see if there’s one better/less costly for you
Original Medicare And Medicare Advantage Plans

Eligibility:
• People 65 or older; have been receiving disability income payments for at least 24 months; or have a diagnosis of ALS or ESRD

When to Enroll:
• During Initial Enrollment Period (IEP)
• General Enrollment Period (GEP)
• Special Enrollment Periods (SEP)
• Medicare Advantage Plans have additional enrollment options
Original Medicare And Medicare Advantage Plans

What’s Covered:

• Part A Hospital Insurance
  • Most medically necessary hospital, skilled nursing facility, home health, and hospice

• Part B Medicare Insurance
  • Most medically necessary doctors’ services, preventive care, durable medical equipment, hospital outpatient services, laboratory tests, x-rays, mental health care, and some home health and ambulance services.

• Medicare Advantage Plans cover everything Original Medicare covers although the cost structure is different (e.g. copays versus co-insurance)
Original Medicare And Medicare Advantage Plans

Who and/or what help is available:

- State Health Insurance Counselors available in every state
- Medicare.gov; National MS Society; Medicare Rights Center
- Complaints: 1-800-Medicare

Common Errors:

- Missing enrollment dates/deadlines
- Not being aware of penalties for late enrollment
- Not comparing plans annually
- Not planning for dependents’ coverage
- Not understanding coordination of benefits
Transitioning To Medicare

Decide how you want to get your Medicare coverage

Start

Step 1: Decide how you want to get your coverage.

ORIGINAL MEDICARE

Part A Hospital Insurance

Part B Medical Insurance

MEDICARE ADVANTAGE PLAN

Part C (like an HMO or PPO)

Part C 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
(Most Medicare Advantage Plans cover prescription drugs. You may be able to add drug coverage in some plan types if not already included.)

Step 3: Decide if you need to add supplemental coverage.

Medicare Supplement Insurance (Medigap) policy

End

If you join a Medicare Advantage Plan, you can't use and can't be sold a Medicare Supplement Insurance (Medigap) policy.

Source: Medicare & You handbook
Medicare Prescription Drug Coverage

Eligibility:
• Anyone enrolled in Medicare Part A and/or Part B and
• Without qualified prescription drug coverage from another source

When to Enroll:
• During Initial Enrollment Period (IEP)
• Special Enrollment Periods (SEP)
• Rolling Enrollment for individuals who qualify for cost savings programs
  • Medicare Advantage Plans and Prescription Drug plans have additional enrollment options for specific circumstances (e.g. 5 Star Plans and/or MAPD Disenrollment Period)
Medicare Prescription Drug Coverage

What’s covered:
• Prescription drugs on the plans formulary

Who and/or what help is available:
• State Health Insurance Counselors available in every state
• Plan finder on medicare.gov; National MS Society; Medicare Rights Center
• Complaints: 1-800-Medicare

• Common Errors:
• Not checking formularies before enrolling in a plan
• Missing enrollment dates/deadlines
• Not being aware of penalties for late enrollment
• Not comparing plans annually
Other Sources Of Coverage

• Medicaid
• Veterans, uniformed services, government employees
• Child Health Insurance Program (CHIP)
• Student plans
Gaps And Transition Options

When Employer (Group) coverage ends:
• COBRA – continued group coverage at your expense
• Marketplace or Insurance broker – Individual plans usually with subsidies
• Medicare or Medicaid – must qualify
• Make sure you are not eligible for any other group coverage – spouse, partner, parents

If no longer qualify for Medicaid:
• Marketplace or Insurance Agent

Other life events that can cause a transition
Cost Help Programs

• Original Medicare and Medicare Advantage Enrollees:
  • Medicare Savings Program

• Medicare stand alone drug plan and Medicare Advantage drug plan enrollees:
  • Low Income Subsidy (Extra Help)

• Marketplace enrollees:
  • Advanced Premium tax credits
  • Cost Sharing assistance
Cost Help Programs

Charity programs

• The Assistance Fund
  • Copay Assistance Program
  • Health Insurance Premium, Travel & Incidental Medical Expense Assistance Program

• Patient Access Network Foundation (Medicare only)

• Health Well Foundation (Medicare only)

• Patient Advocate Foundation Co-pay Relief Program (Medicare, Medicaid, Military only)

Manufacturer Patient Assistance Programs
Being A Savvy Consumer

• Bill negotiation
• Look-up tools /provider prices
• Health Savings Accounts (HSAs)
• Compare plans annually
• Use your rights to appeal
Major Trends In Coverage

- Higher cost-sharing from plan enrollees
- Prior authorization and step therapy requirements
- Tiered Rx benefits and providers
- Smaller provider networks
- Employer groups cutting back on eligibility for spouses
- Medicaid’s use of managed care
- Health savings accounts
Additional Resources

• October Library Article [www.mscando.org](http://www.mscando.org)
• Medicare.gov; 1-800-Medicare, SHIP counselors
• Healthcare.gov website; Marketplace Navigators; and other in-person assistance
• Financial planning and elder law experts
• Become an MS Activist!
Thank You!

Kimberly Calder, MPS
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Questions/Comments
National MS Society Health Insurance Services

If you have a health insurance related question that was not answered during tonight’s webinar, please feel free to email

HealthInsurance@nmss.org

or call 1-800-344-4867.

You can also visit our website at
www.nationalmssociety.org/healthinsurance

Thank you
Can Do MS Resources

eNEWS
your best life update

Q&A

Can Do Library

Find these resources at www.MSCanDo.org.
Together in MS: Supporting Family and Friends of People with MS

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