Volume 16, Number 1
Spring 2005

SHIBA Insights

A Publication of the Idaho Department of Insurance
Senior Health Insurance Benefits Advisors (SHIBA) Program

Medicare Advantage

By Karen Clark

Medicare Advantage is the new name for Medicare + Choice. Medicare Advantage Plans are offered by private companies that sign a contract with Medicare. Medicare pays a set amount of money to these private health plans for your health care. You must have Medicare Part A and Part B to join a Medicare Advantage Plan. Medicare Advantage Plans provide Medicare-covered benefits to Medicare members through the plan and may offer extra benefits that Original Medicare doesn't cover, such as vision or dental services. The plan may have special rules that you need to follow.

You can choose to get your health care from the Original Medicare Plan or from a Medicare Advantage Plan that is available in your area. You do not need a Medicare supplement insurance plan when you join a Medicare Advantage Plan.

Medicare Advantage Plans charge a monthly premium and may charge co-payments. Medicare Advantage Plans include:

- Medicare Managed Care Plans (like HMOs) – You see doctors in the plan's network. A primary doctor coordinates your health care. These plans have been part of Medicare longer than any other Medicare Advantage Plan. (HMO currently available in Ada, Boise, Bonner, Canyon, Gem, Kootenai, Owyhee, Payette and Washington counties only; managed care available in north, north central and southwest Idaho)
- Medicare Preferred Provider Organization Plans (PPOs) – You can see any doctor, but it costs less to see doctors in the plan's network. PPOs are among the most common and popular plans for Americans with employer insurance. These plans may be available in all counties in Idaho in 2006.
- Private Fee-for-Service plans – You can see any doctor that accepts the plan's payment terms. Most medical services have a co-payment. These plans are currently available in all Idaho counties.

Medicaid and Medicare Partners in 2006

By Penny Wilhelm

Medicaid will not cover prescription drugs for dual eligible recipients after December 31, 2005. "Dual eligible" are those who are entitled to both Medicare and Medicaid at the same time; hence the name dual eligible or dually entitled.

Dual eligible beneficiaries must transition to Medicare Part D for prescription drug coverage. According to the Kaiser Family

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Let's Concentrate on What is Good

By Tammy Stricker

Sometimes those of us who try to understand and educate others on the ever-changing world of Medicare start to wonder, "Am I making a difference or am I actually helping the people I am supposed to be helping?" This question, if gone unanswered, can be defeating and disheartening.

For example, look at today's Medicare-approved drug discount cards that will be obsolete in 2006 and the new Medicare Part D prescription drug coverage that will take over. Its confusing criteria is still evolving. Couple that with the new long term care initiative, "Own Your Own Future." At this point, they are a bit perplexing. Benefit advisors to the elderly are given the responsibility of assisting them in making informed decisions regarding options that will directly affect their future that are still unclear. Are we actually helping our vulnerable, treasured senior citizens to make good choices that will benefit them when considering these new changes? Absolutely! In our uncertainty we seek clarity and ask the questions that need to be answered from the creators of these changes. In our pursuit and determination to bring clear and concise answers to those directly affected by these new changes, we educate ourselves through our desire to educate others.

So what is good about all of these new wonderfully confusing changes to Medicare? An attempt in the right direction has been made to meet the immediate needs of the largest growing population in America— those 65 years of age or older. Finally, the cries of those who have set the stage for future generations to grow old gracefully have been heard. As complicated as these changes may seem, they have built the foundation necessary for those who once had to choose between necessary prescriptions to provide quality of life or groceries, an essential to sustain life.

Over the next several months the SHIBA team in its entirety will continue to familiarize ourselves with the final rules and updates applicable to these new benefits. We are a work in progress with a single mind in an attempt to meet the needs of our valued senior citizens as individuals in this ever-changing world. We are accomplishing this goal, one question and one life at a time.

Take a Step Toward Owning Your Future

By Marcia Hedges

Isn't it funny how people would not think of driving their car without auto insurance but would leave themselves completely unprotected against the cost of long-term care? We have some responsibility in making plans for our future. Our health concerns may become a reality, and we need assistance.

There are several options for us when we plan for our long-term health needs. They are purchasing long-term care insurance, savings plan annuities, certain life insurance policies and reverse mortgages.

Long-term care insurance policies may cover nursing home stays, community services such as adult day care, in-home care or a combination of these services. Some policies may cover costs for an assisted living facility. You can choose how much coverage you want as well as how long you want the coverage to last. It is important that you do your homework and determine the price of long-term care in your community.

Governor Kempthorne recently addressed long-term care questions in his State-of-the-State speech. A tool kit is available that gives Idahoans a plan for their future. If you would like to obtain information about long-term care planning, call 1-866-752-6582. The Department of Health and Human Services will send you the kit. It will give you a good start in planning for your "golden years" and the health concerns you may have. SHIBA is assisting in the program and can be reached at 1-800-247-4422.

Partners . . .

(continued from front page)

Foundation, 90% of the beneficiaries who are dual eligible for Medicare and Medicaid do not yet know that their drug benefits will change in 2006. There is substantial help, including subsidies, for low-income Medicare beneficiaries. Outlined below are the income categories plus a look at the subsidy.

Cost Sharing for Prescription Drug Benefits or Part D

Group or Income Level	Resources	Premium	Premium	Deductible	Cost Share or Co-Pay	Catastrophic Benefit Once Medicare's Share Plus Out-of-Pocket Reaches $5,100
Group 1 Below 100% of Federal Poverty Level (FPL) or on SSI	$4,000 per individual $6,000 per couple	Must choose a plan of average cost	Subsidized	0	$1.00 - $3.00 per medication	No cost for medications
Group 2 Below 135%, above 100% FPL	$6,000 per individual $9,000 per couple	Must choose a plan of average cost	Subsidized	0	$2.00 - $5.00 per medication	No cost for medications
Group 3 Below 135%, above 100% FPL	$6,001 - $9,000 per individual $9,000 - $20,000 per couple		Based on income	$50 annual	15% co-insurance	$2.00 - $5.00 per medication
Group 4 Below 150%, above 135% FPL	$10,000 per individual $20,000 per couple		Sliding scale based on income	$50 annual	15% co-insurance	$2.00 - $5.00 per medication

The Social Security Administration will launch an outreach campaign around April 2005 to inform Medicare participants of the subsidies available. I strongly urge everyone to attend one of the outreach events in your area.

Now that we have looked at the low income, let's take a look at a few important points all Medicare participants should be aware of:

1. Beneficiaries are eligible for Part D if they are either entitled to Medicare Part A or enrolled in Part B.
2. Part D is available by enrolling in one of two types of private plans:
   a. A private Prescription Drug Plan (PDP) that offers stand-alone drug benefits. Beneficiaries keep their traditional Medicare for Part A and B benefits.
   b. A Medicare Advantage plan that offers a prescription drug (MA-PD) Medicare Advantage plans are plans other than traditional Medicare such as an HMO.
3. Pay a monthly premium unless you qualify for a subsidy.
4. If you do not enroll in a Part D plan when first eligible, you may be faced with a 1% penalty for each month you were eligible and did not elect to enroll.

There are some creditable coverage circumstances where you would not be faced with a penalty. The current Medigap Standard Plans H, I and J do not count as creditable coverage to waive the penalty.

May is National Arthritis Month

Several events will be held around southern Idaho to provide the opportunity for people with or affected by arthritis to learn more about the disease and more about various strategies to manage it. These include seminars on Arthritis 101, Gardening with Arthritis, Golfing with Arthritis, as well as information fairs and more. To request a brochure with a listing of the various events and registration information call 208-334-6585.

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