

## MAKING MEDICARE MAKE SENSE

*Answers To Some of The Most Commonly Asked Medicare Questions*

**Q: I've Heard that the Affordable Care Act Legislation, or What is Known as Health Care Reform, Provides Additional Benefits to Medicare Beneficiaries that Took Effect in January 2011. What are the New Benefits?**

**A:** The New Year has brought about new changes to Medicare, many of them a result of the new Affordable Care Act. Here's a brief rundown of what to expect in 2011:

**1) Original Medicare will cover the full cost of an annual wellness visit with your doctor.**

The yearly check-up will include routine measurements like your blood pressure, a review of your prescriptions and medical history, and a personal assessment of any risks to your physical and mental health.

Until now, you've been entitled to one "Welcome to Medicare" exam during the first year you sign up for Medicare's Part B, which covers outpatient services.

If you're enrolled in a private Medicare Advantage health plan, check with your insurer about whether it, too, will cover the wellness visit at no cost in 2011.

**2) If you have a drug plan and reach the coverage gap, or "donut hole," you'll receive a discount on your prescriptions.**

You'll get 50 percent off the price of brand-name drugs and 7 percent off generics.

And even though you'll pay less for a brand-name drug, you can count the prescription's full price toward the amount you're required to spend on drugs to qualify for catastrophic coverage.

That way, you'll enjoy lower out-of-pocket costs while in the "donut hole," but you'll still become eligible for Medicare's catastrophic coverage as quickly as you would without the discount.

**3) If you have Original Medicare, you'll pay nothing out of pocket for most preventive services.**

Until this year, you've usually paid 20 percent of the Medicare-approved amount for lab tests and screenings after you met your annual deductible. But starting in 2011, you won't have to worry about a deductible, co-payment or coinsurance for a broad range of preventive services. Those include colonoscopies, mammograms, Pap tests and prostate cancer screenings. If you're in a private Medicare Advantage plan, contact your insurer to find out whether it has also eliminated out-of-pocket costs for tests and screenings.

**4) Medicare Advantage health plans are now required to have annual out-of-pocket maximums and other consumer protections.**

In the event you need an expensive treatment, you'll be protected from exorbitant out-of-pocket costs. For many Advantage plans, out-of-pocket expenses (excluding premiums and prescription costs) will be capped by law at \$6,700 in 2011. Some plans have voluntarily set lower maximums. In addition, if you're in a private health plan, you can no longer be charged more for some services (like chemotherapy) than if you were in Original Medicare.

Besides these added benefits other changes that take place in 2011 include:

**5) Your Medicare premiums may change.**

Most people on Medicare will pay the same Part B premiums this year as they did in 2010 – either \$96.40 or \$110.50 per month, depending on when they became eligible for Medicare and if their premium was deducted from their Social Security check. However, there are several exceptions. If you enroll in Part B for the first time in 2011, or if your premiums aren't deducted from your Social Security check, you'll pay \$115.40 a month. For higher-income beneficiaries (single people with annual taxable incomes over \$85,000 or married couples with incomes above \$170,000), Part B premiums will range from \$161.50 to \$369.10. Plus, starting this year, beneficiaries in those higher income brackets will pay a monthly surcharge of \$12 to \$69.10 for their prescription drug coverage.

**6) There are new times to switch your Medicare coverage options.**

Dissatisfied with your private Medicare Advantage health plan? A new annual "disenrollment" period allows you to switch to Original Medicare and a drug plan between January, 1 and February, 14. every year, beginning January 2011.

This replaces a January-to-March enrollment period when you could switch between Original Medicare and the Medicare Advantage program or move from one private plan to another.

And, in 2011, you'll have more time to choose or switch your private health or drug plan when the annual open enrollment period gets an earlier start than usual in the fall. In past years, annual enrollment was November, 15 through December, 31. This year, it will kick off on October, 15 and wrap up on December 7. This change in end date will also allow your new plan choice ample time to send your packet of materials and new health or drug card before the end of the year. As always, your new coverage will take effect on January 1 of the New Year.

This is only a quick look at Medicare's more noteworthy changes. The best way to understand what's new is to refer to your "Medicare and You 2011" handbook, which you should have received by mail this past fall.

If you still need one, call 1-800-MEDICARE, which is, 1-800-633-4227, and request a free copy. Medicare's helpline is available 24 hours a day, seven days a week, or visit [www.medicare.gov](http://www.medicare.gov) and download it.

With the book in hand, you'll be able to make better informed decisions about your health in the New Year.