



Executive Office of Elder Affairs
RESPECT INDEPENDENCE INCLUSION



THE SHINE PROGRAM

Serving the Health Insurance Needs of Everyone

Medicare in 2025



ACL
Administration for Community Living

October 22, 2024 & October 31, 2024

Learning Objectives

- What Medicare is, who is eligible, where to apply, options
- Why it is important to review your Medicare options every year
- Additional resources that are available to Medicare beneficiaries
- Where to go for additional help

Agenda

- SHINE overview
- Medicare 101
- Your Medicare coverage options
- Changes in 2025
- Medicare Plan Finder
- Additional programs and resources

SHINE Overview

- **SHINE**= **S**erving the **H**ealth **I**nsurance **N**eeds of **E**veryone...*on Medicare*
- We are a federally funded program (and state funded) by the **Administration for Community Living** which is a part of the U.S. Department of Health and Human Services
- Mission: To provide free, unbiased health insurance information, counseling and assistance to Massachusetts Medicare beneficiaries of all ages and their caregivers
- Provide screening for Public Benefit programs
- 13 Regional Offices cover entire state and the Greater Boston Chinese Golden Age Center (statewide)
- 700+ SHINE counselors (57% volunteers)
- 90 Bilingual Counselors
 - 23 Languages and Dialects

What SHINE Does

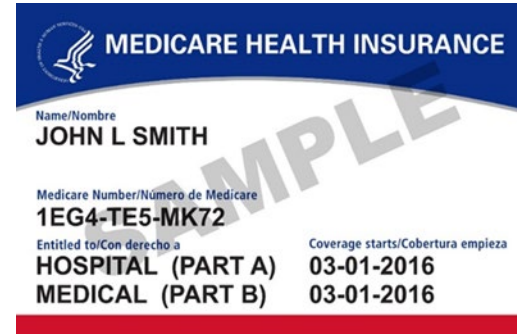
- Educate consumers, the community and professionals on:
 - Understanding Medicare and MassHealth rights and benefits
 - All their Medicare health insurance options
 - Public Benefit programs that can help pay for certain Medicare costs such as (not limited to):
 - MassHealth Standard
 - Extra Help
 - Medicare Savings Programs
- Screen for public benefits (State and Federal)

Medicare 101

- Federal health insurance program for:
 - Individuals age 65 and over who are U.S. Citizens or who have met legal residency requirements
 - If 40 work credits through payroll tax, entitled to premium-free part A (may qualify through spouse or ex-spouse)
 - Individuals under age 65 who have received 24 months of Social Security Disability (SSDI) payments
- NOT a comprehensive health insurance program
 - Gaps in Medicare coverage mean beneficiary must pay a portion of medical expenses

Medicare Enrollment

- Medicare Part A and Part B Enrollments and eligibility determinations:
 - **Social Security Administration**
1-800-772-1213; www.ssa.gov
- Create an account



Three Parts of Medicare



**Part A
Hospital
Insurance**



**Part B
Medical
Insurance**

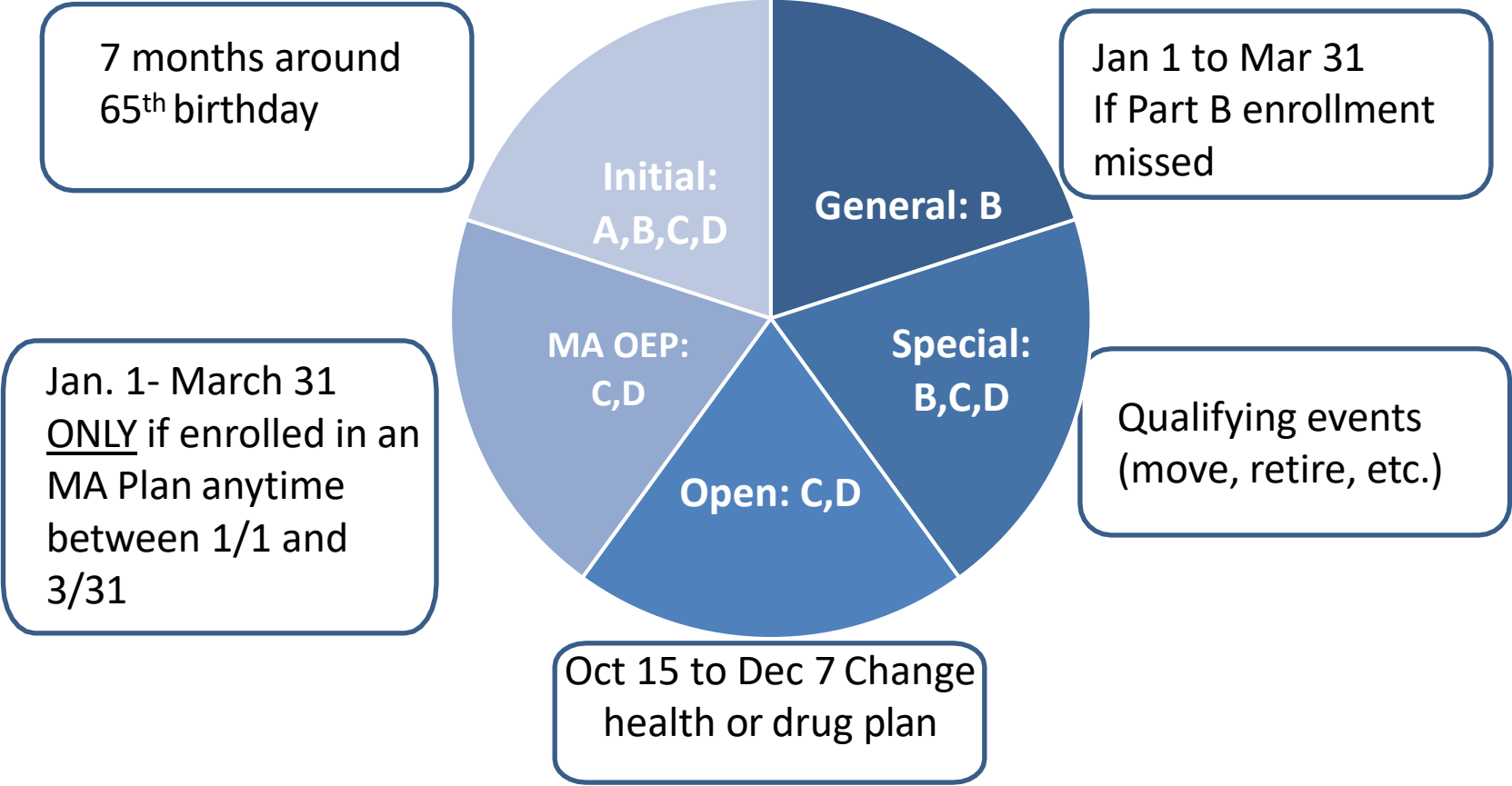


**Part D
Medicare
Prescription
Drug
Coverage**

Part A & Part B is called “Original Medicare”

Medicare Advantage plans combine Parts A, B, and D- also known as Part C

Enrollment Periods



Initial Enrollment Period

- Initial Enrollment Period(IEP)- 7 months around 65th birthday

3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	The month you turn 65	1 month after the month you turn 65	2 months after the month you turn 65	3 months after the month you turn 65
Can enroll for coverage to start the 1 st day of your birthday month	Can enroll for coverage to start the 1 st day of your birthday month	Can enroll for coverage to start the 1 st day of your birthday month	Can enroll for coverage to start the 1 st day of the following month	Can enroll for coverage to start the 1 st day of the following month	Can enroll for coverage to start the 1 st day of the following month	Can enroll for coverage to start the 1 st day of the following month

- General Enrollment Period- Jan 1st- Mar 31st
 - Medicare effective date is 1st of month after enrollment

Enrolling in Medicare

- Common myth that Medicare will know or remind a person to enroll when eligible at age 65. This is **NOT TRUE** unless the person is already receiving Social Security benefits
- A person must call Social Security for appointment at 1-800-772-1213 or enroll online at [SSA.gov Website](https://www.ssa.gov).
 - Medicare and Social Security are two entirely separate programs

Delay Medicare Parts B & D

- Evaluate if should take Medicare A – no penalty for waiting if eligible for Premium Free Part A
- If currently contributing to HSA, should delay
- There is a **lifetime** penalty for not signing up for Medicare Part B when initially eligible
 - 10% for every 12-month period you were not enrolled in Medicare Part B
- If enrolling late into Part D, there is also a **lifetime** penalty, if you have not had prior creditable coverage
 - 1% for every month you were not enrolled in Medicare Prescription Drug Coverage or didn't have other creditable coverage

Medicare Coverage Options

Option 1: Original Medicare

-This includes Part A and/or Part B



You can add:



Part D

Medicare Prescription Drug Coverage

You can also add:



Medigap: Medicare Supplement Insurance

Option 2: Medicare Advantage (Part C)

These plans are like HMOs or PPOs and usually include Part D



Part D

Medicare Prescription Drug Coverage

Medigap Choices in Massachusetts

Available through **Continuous Open Enrollment**

- **Supplement 1:** only available to those eligible for Medicare before 1/1/20 (whether enrolled or deferred)- covers all co-pays and Part A and Part B deductibles
- **Supplement 1 A:** available to all eligible Medicare beneficiaries Same as Supplement 1 except does not cover the Part B deductible
- **Core:** Covers co-pays only; beneficiary responsible for deductibles

Medigap Updates

- Monthly premiums range from: \$129.81-\$295.25
- Rate increases across all available plans
 - Lowest Core price in 2025: BCBS \$129.81
 - Lowest Supplement 1A price in 2025: BCBS \$212.23
 - Lowest Supplement 1 price in 2025: Humana \$257.53

*Fallon rates for 1/1/2025 not yet approved as of 10.8.2024

What is Medicare Open Enrollment?

- Medicare Open Enrollment is the **ONE TIME OF YEAR** when all people with Medicare can review, compare, enroll or dis-enroll in:
 - Part C (Medicare Advantage)
 - Part D (Prescription Drug Plans)
- Medicare Open Enrollment dates:
 - **October 15th**: Open Enrollment begins
 - **December 7th**: Open Enrollment ends
 - **January 1st**: Health/drug coverage begins

Why is Open Enrollment Important?

- This is the annual opportunity to review health and drug plans
 - ***This is important because:***
 - Health needs may change year to year
 - Health or drug plan change the costs, benefits, and drug coverage they offer **every year**
 - **Providers change contracts and preferred pharmacies**
 - **change**
 - By reviewing plans costs and benefits & comparing them with other options available for the upcoming year, there is potential to save money & ensure appropriate coverage

Medicare Advantage Open Enrollment Period

- Beneficiaries in **Medicare Advantage** plans on January 1 can make one change January 1- March 31, 2025
- Change from one MA to another MA plan or dis-enroll from MA plan and get stand-alone drug plan (and Medigap plan if needed)
- Ex. George's PCP belongs to a medical practice that drops George's MA plan February 1. George can change to a different MA plan before 3/31 or go back to Original Medicare with or without a Medigap or drug plan

Part C and D Special Enrollment Periods (SEP)

- Can enroll, disenroll, or change **Part C** (Medicare Advantage) or **Part D**
- Must have qualifying events or circumstances
- Length of SEP depends on the qualifying event
- Examples of SEPS:
 - 5 Star plans (if available)
 - Prescription Advantage membership allow person to change plans 1x
 - Having Extra Help (Low Income Subsidy)

SEP Changes



SEP	Groups	Prior Rule	New Rule
Quarterly SEP	All dually eligible, Low-income subsidy	Change MA-PD and PDP plans every quarter	Eliminated
New Monthly SEP	All dually eligible, Low-income Subsidy	Modifies Prior Quarterly SEP	<ul style="list-style-type: none"> Disenroll from MA plan with RX coverage & enroll in standalone PDP & Original Medicare Switch standalone PDP Does not allow someone to switch to another MA plan
New Integrated SEP	Fully Dually eligible	New in 2025	Monthly SEP to enroll in certain integrated D-SNPs (SCOs)

***Reminder:**
Beneficiaries can use MA OEP period to switch MA plans

Medicare Advantage Plans in 2025

- 10 insurance carriers offering Medicare Advantage plans in 2025
- Three carriers have left the Massachusetts Medicare Advantage Plan market
 - *Wellcare*
 - *Senior Whole Health*
 - *Commonwealth Care Alliance*
- Plans continue to expand certain benefits:
 - Dental allowances
 - OTC spending/flex cards- Quarterly amounts and spending limitations vary
- No significant hospital network updates this year
- Tier 3 going from copayment to coinsurance: Aetna, Blue Cross Blue Shield & Tufts
- 5-STAR plans in 2025-PENDING

Medicare Prescription Drugs

- **Part A**: Covers prescriptions during a Medicare covered stay in an acute care setting or skilled nursing facility
- **Part B**: Covers most prescriptions administered by a provider but the provider or facility must purchase and supply the drugs. This is particular to drugs administered through infusion (chemotherapy). Part B covers some but not all **new** chemotherapy drugs
- **Part D**: Covers most outpatient prescription drugs that are filled at a pharmacy

2025 Part D Standard Benefit



- Coverage gap elimination-only 3 phases remain:
 - **Deductible** (if applicable)
 - **Initial**
 - **Catastrophic**
- Standard deductible increase to \$590
- \$2,000 out-of-pocket spending limit; \$0 copays on all formulary drugs for the remainder of the year

Standard Coverage Levels	2024	2025
Deductible	\$545	\$590
Initial Coverage Limit	\$5,030	N/A
“Out of Pocket” Threshold	\$8,000	\$2,000
Catastrophic Cost-Sharing	\$0	\$0

PDPs in 2025



- Total of 6 companies that offer a total of 14 plans available in 2025
 - Decrease from 20 plans offered in 2024
- Monthly Premium ranges from \$12.40-\$190.80
- 3 plans with a \$0 deductible
- 6 plans do not apply the deductible to all tiers
- 5-STAR plans in 2025- pending

Comparing Medicare Options


- Use the Medicare Plan Finder tool on [Medicare.gov](https://www.medicare.gov) for 2024 & 2025 plans
- You must log in to the Plan Finder with your Medicare.gov account username and password to access personalized features and to save your drug list
- Go to [Medicare.gov](https://www.medicare.gov) to create an account

Note: You cannot save a drug list if you do an Anonymous search

Medicare Plan Finder


Explore your Medicare coverage options

Review your 2025 plan options now.

 [First time joining a Medicare health or drug plan?](#)



Find Medicare health & drug plans


 Use your account

Save time by logging in

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

[Log In](#)

Don't have an account? [Create one.](#)

 Continue without logging in

Choose the year you need coverage and enter your ZIP code:

COVERAGE FOR

2025 2024

ZIP CODE

[Continue](#)

[Looking for PACE plans?](#)

- The Plan Finder Tool available on [Medicare.gov Website](https://www.medicare.gov) allows beneficiaries to search for the **lowest cost** options for health and prescription drug coverage available in their area

Medicare Plan Finder Medicare Prescription Payment Plan



The Inflation Reduction Act (IRA) requires all Medicare drug plans to offer the option to pay out-of-pocket drug costs in monthly payments instead of all at once to the pharmacy.

How will it work?:

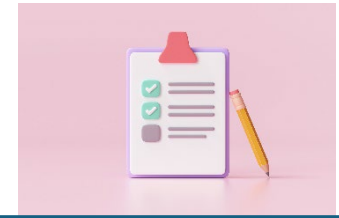
- Voluntary- beneficiary decides if they want to enroll; can join at anytime during the year
- Beneficiary will pay \$0 to the pharmacy for Part D drugs on the plan's formulary
 - Pharmacies will be paid in full by the Part D plan
- Part D plan will then bill beneficiary monthly for any cost sharing they incur while in the program
IMPORTANT: This bill will be separate from plan premium billing
- Beneficiary's monthly bill may change every month, depending on filling prescriptions, changes in retail costs, etc.
- Even though their payment varies each month, they'll never pay more than:
 - The total amount they would have paid out-of-pocket by the end of the year
 - The out-of-pocket maximum for prescription drugs that are covered by their plan (\$2,000 in 2025)
- Beneficiaries can disenroll from the payment plan at anytime- will still owe any outstanding balances
- Failure to make any payment after 2 months, will result in the plan disenrolling the beneficiary from the payment plan (NOT the Prescription Drug Plan!)
 - Beneficiary will still owe outstanding balances on the Prescription Payment Plan

Who May Benefit from the Prescription Payment Plan?

Who may benefit?

- Beneficiaries with high cost sharing earlier in the calendar year are more likely to benefit from the program
- Enrollment in Extra Help (LIS) may be more favorable than the Medicare Prescription Payment Plan
- Beneficiaries that have over \$2,000 of 2024 year to date drug costs will receive notice from their plan with an opportunity to enroll now for January 1, 2025
- If a Part D Enrollee has cost sharing for a single covered Part D drug of \$600 or more:
 - The Part D Sponsor is required to notify the pharmacy that the individual is Likely to Benefit from the Medicare Prescription Payment Plan
 - Pharmacy is required to provide the Part D Enrollee with the Medicare Prescription Payment Plan Likely to Benefit Notice

A Medicare Beneficiary's experience at the Pharmacy counter



1

Part D Enrollee presents to the pharmacy

2

- A Part D Enrollee has cost sharing for a single covered Part D drug of \$600 or more
- The Part D Sponsor is required to notify the pharmacy that the individual is Likely to Benefit from the Medicare Prescription Payment Plan

3

- Pharmacy is required to provide the Part D Enrollee with the Medicare Prescription Payment Plan Likely to Benefit Notice

4

The Part D Enrollee then must decide whether to:

A) Pay OOP for the Rx now

OR

B) Call their Part D plan to discuss participating in the Medicare Prescription Payment Plan (and wait to pick up the Rx once participation is confirmed) 24 hour turn around time- Part D Enrollee cannot sign up at the pharmacy

4a

OPTION A: Enrollee pays the OOP at the pharmacy counter now and leaves with the Rx

4b

OPTION B: Enrollee leaves the pharmacy without the Rx to contact the Part D plan and participate in the Medicare Prescription Payment Plan.

5

- Beneficiary returns to the pharmacy after participation is confirmed
- Beneficiary pays **\$0** at the pharmacy counter and receives the Rx. (The pharmacy will be paid in full by the Part D plan)

Source: CMS Presentation

Programs that Can Help Pay Medicare and/or Drug Costs

- MassHealth (Medicaid)
- Medicare Savings Programs (MSP)
- Extra Help/Low Income Subsidy (LIS)
- Manufacturer patient assistance programs
- Coupons

SHINE counselors can help screen for these and other programs

Future Impacts of the Inflation Reduction Act

- Medicare selected and is negotiating maximum fair prices for 10 drugs covered under Part D (prices will be effective in 2026)

Future selections include:

- Up to 15 drugs covered under Part D in 2025 (for prices effective in 2027)
- Up to 15 drugs covered under Part B or Part D in 2026 (for prices effective in 2028)
- Up to 20 drugs covered under Part B or Part D in 2027 (for prices effective in 2029)
- Up to 20 drugs covered under Part B or Part D in 2028 (for prices effective 2030)

The following drugs covered under Part D were selected for the first cycle of maximum fair price negotiations for 2026:

- Eliquis
- Jardiance
- Xarelto
- Januvia
- Farxiga
- Entresto
- Enbrel
- Imbruvica
- Stelara
- Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog FlexPen; NovoLog PenFill

Reminder: Transitioning from the Health Connector to Medicare



- For those in a Health Connector who become eligible for **Premium-free Medicare Part A** (which means they earned 40 credits working under Social Security and paying into Medicare):
 - They should sign up for Medicare
 - They will lose their Health Connector coverage
 - They will lose any tax credits they are receiving
 - If they don't sign up for Medicare, they may be subject to a late enrollment penalty
- If you are **not** eligible for Premium-free Medicare Part A, you can keep a Health Connector plan

Senior Medicare Patrol



Mission:

Reach and educate ***Medicare and Medicaid*** beneficiaries, family members, caregivers and professionals on the importance of becoming engaged healthcare consumers to protect, detect and report healthcare errors, fraud and abuse.

SMP Program Presentations cover:

- Billing errors, fraud and/or abuse
- Deceptive Marketing
- Concerns related to Quality of Care
- COVID Fraud, Vaccine Fraud, Braces

Contact: MA SMP Program info@MASMP.org or 800-892-0890

[Senior Medicare Patrol Website](#)

MyOmbudsman

- Assists individuals to address concerns or conflicts that may interfere with their enrollment in any MassHealth Managed Care Plan, including One Care, SCO and PACE
- Works with MassHealth and the plans to help members resolve concerns and ensure access to benefits and services
- Contact: Phone: 855-781-9898
 - Videophone: 339-224-6831 Email: info@myombudsman.org Website: [MyOmbudsman Website](#)

Mass College of Pharmacy and Health Sciences

Pharmacy Outreach Program



MCPHS

pharmacy outreach program

- Free information and referral service to help people take medications appropriately
- *Mission: To promote medication adherence for the community through cost solutions and education*
- Pharmacists, SHINE counselors, and pharmacy students on staff
- Funded by EOEA, City of Boston, Central Mass Agency on Aging, and the Massachusetts College of Pharmacy and Health Sciences



Mass Options



Connects Older Adults, individuals with disabilities and their caregivers with agencies and organizations that best meet their needs:

- Housing
- Food
- Caregiver supports
- Health and wellness
- Day services
- Insurance
- Transportation
- In-home supports

For more information you can:

Call: 1-800-243-4636

Visit: [MassOptions Website](#)

Take Aways

- Don't miss deadlines to sign up for Medicare
 - Contact SSA to find out if you have met your 40 quarters
- If turning 65, eligible for Premium Free Part A and on the Health Connector, dis-enroll by calling the plan
- Consumers receiving SSDI will be auto enrolled into Medicare after 24 months of SSDI payments
- Be sure your doctors and hospitals are in the network of the Medicare health plan you're choosing
- Be sure all of your current medications are on your plan's formulary
- Remember to review Medicare plans every year during Open Enrollment: 10/15 – 12/7

Where to Go for Additional Help

- **Social Security Administration: 1-800-772-1213**
 - To enroll in Medicare Part A & Part B
 - [Social Security Administration Website](#)
- **SHINE: (1-800-243-4636); SHINE@mass.gov**
 - **Multiple languages available**
- **Medicare: 1-800-MEDICARE (1-800-633-4227)**
- **MCPHS Pharmacy Outreach Program: 1-866-633-1617**
 - Review of meds & drug coverage, refers affordable prescription drug programs

Thank You



The SHINE Program

SHINE@mass.gov

@Mass_EOEA

1-800-243-4636

[SHINE Website](#)



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Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.