

Open enrollment for 2024 healthcare plans starts soon

Use this booklet to help you prepare to make choices about your health insurance coverage enrollment.

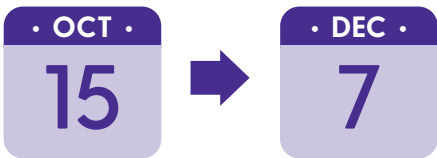
Plan ahead and make sure you are prepared

Open enrollment happens once per year. During open enrollment, you can review your current health insurance coverage and make changes to your health insurance and other benefits you receive. Changes you make may affect your coverage starting January 1 of the following year.

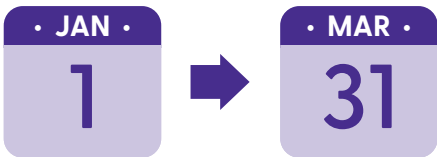
This brochure will help you understand your health insurance choices and considerations for choosing a plan. With this information, you may be able to avoid any delays in getting your medicine.

Medicare open enrollment dates¹

Joining, switching, or dropping a plan?

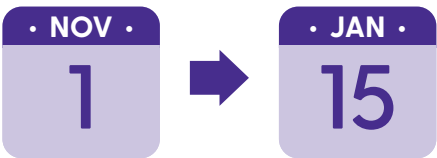


Switching from one Medicare Advantage plan to another?^{1,2}



Exchange open enrollment dates²

Buying through HealthCare.gov?



Buying through a state-run marketplace?

State-run exchanges, such as Get Covered New Jersey, Covered California, and others, may offer a slightly different enrollment period. For more information, visit www.healthcare.gov/get-coverage/ and enter your state.

Obtaining coverage from your employer?

Ask your employer for exact dates

Medicare coverage

Medicare health insurance and prescription plans can make changes to the benefits they offer each year. It's important to check your plan yearly to ensure it covers your doctors and prescription medicines.



You can review Medicare health insurance and prescription drug plans available in your area at www.medicare.gov/plan-compare.

- Compare premium costs, deductibles, and coinsurance across plans
- Check if your current doctors and pharmacies participate in the plan you want
- Learn about coverage details and costs for each plan
- Review whether your current prescriptions on any planned treatments are covered

About your Medicare plan

If you intend to enroll for the first time or switch to a new Medicare health insurance plan, be sure you know what will be covered so you can avoid any unexpected medical costs.

Can you answer these questions about your insurance needs?

- ☐ **What are some differences between Original Medicare and Medicare Advantage?**

Original Medicare (Parts A and B) covers hospital and outpatient medical services. If you want prescription drug coverage, you must also choose a Part D plan. In Original Medicare, you may visit any doctor or hospital that accepts Medicare. Medicare Advantage plans are private plans that cover all Part A and B benefits. Often, these plans include prescription drug coverage and other benefits beyond what Original Medicare covers, such as routine vision and dental coverage. Medicare Advantage plans may have lower out-of-pocket costs than Original Medicare, but typically you are limited in your choice of doctors, hospitals, and pharmacies.

To find a plan in your area, visit www.medicare.gov/plan-compare.

- ☐ **What does your new/existing Medicare health insurance plan cover?**

Here are some ways to find out more about your Medicare health insurance plan:

 - www.Medicare.gov
 - 1-800-MEDICARE (1-800-633-4227)
- ☐ **What are your out-of-pocket costs?**

You pay certain out-of-pocket costs, such as premiums, deductibles, co-pays, and/or coinsurance. It's best to compare your options. Under Original Medicare, you pay a monthly Part B premium. After you meet deductibles, you pay 20% coinsurance out of pocket for most Part B services. You pay monthly premiums in Medicare Advantage and Part D prescription drug plans. These plans may or may not have a deductible. Your out-of-pocket costs will vary by plan, service, and drug.

About your prescription drug benefits

Prescription benefits under Medicare Part D may be different from what was covered by your employer's insurance, and what is covered can change every year.

Can you answer these questions about your insurance needs?

- ☐ **What are your Medicare Part D prescription drug plan benefits?**

Before choosing a plan, ask your doctor if you need new prescriptions. Visit your insurance company's website or call the number on the back of your insurance card to find out which prescriptions are covered and what your deductible and co-pays will be.
- ☐ **Can you get your prescriptions and refills?**

Before making any changes to your coverage, determine whether the new plan has a pharmacy network. At an *in-network* pharmacy, you can fill your prescription at the cost set by the plan. *Out-of-network* pharmacies, however, are not covered, and if you fill a prescription at one, you will be responsible for the full cost of the drug.

- ☐ **Do you qualify for the Medicare Part D Extra Help program?**

Medicare beneficiaries with limited income and resources may qualify for help with paying for medications. The Medicare Extra Help program assists patients who cannot afford the costs associated with their Medicare Part D plan.

Those who are eligible for Extra Help may:

 - Receive assistance paying their monthly premium
 - Have a reduced or no deductible
 - Have a reduced or no prescription coinsurance and co-pay

For more information visit www.ssa.gov/benefits/medicare/prescriptionhelp.
- ☐ **Do you qualify for state-sponsored programs?**

Some states sponsor prescription financial assistance programs. Each state has its own eligibility requirements.

Make sure your health insurance works for you

Two common sources of Commercial coverage are, your employer or a health insurance exchange. Exchanges are online and call-center–based services in every state that allow people to shop for and enroll in medical coverage.

If you are shopping for coverage in the exchanges, there are 4 categories of plans: platinum, gold, silver, and bronze. In general, the lower the monthly premium, the higher your costs at the doctor or pharmacy. If you visit the doctor often or take a lot of prescription drugs, the plan with the lowest premium may not be your best choice.



About your health insurance choices

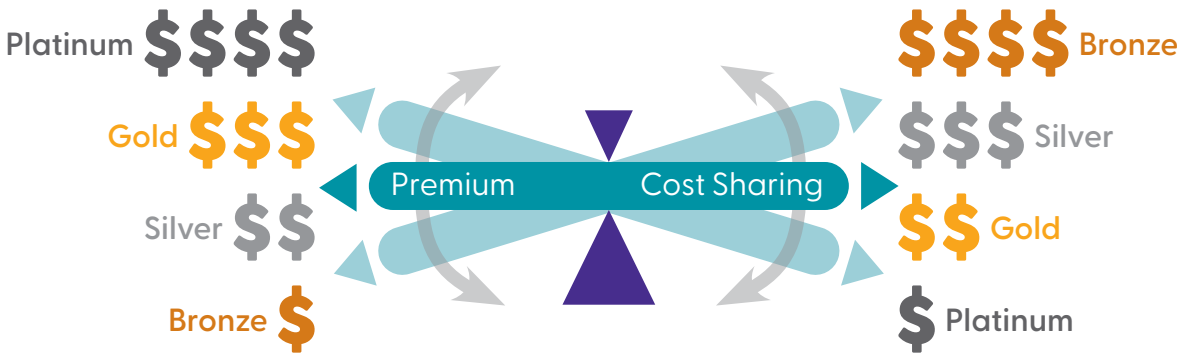
Think about whether your current coverage meets most of your needs. If you are considering switching to a new health insurance plan, learn what will be covered to avoid any unexpected medical costs. You'll also want to check whether all of your doctors will accept the new plan.

Can you answer these questions about your insurance needs?

- ☐ **What does your (new) health insurance plan cover?**
Think about the services and prescription drugs you receive now and any you have been told you might need in the future. Does your employer's new plan cover them? If you are shopping for coverage in the health insurance exchanges, every plan has a Summary of Benefits and Coverage (SBC) that explains what services are covered.
- ☐ **Are your doctors and hospitals in the plan?**
When a doctor or hospital participates in a health insurance plan, it's called *in-network*. A doctor or a hospital that doesn't take the plan is called *out-of-network*. If you visit an out-of-network provider, you may be responsible for higher out-of-pocket costs.

- ☐ **What are your out-of-pocket costs?**
Your new plan may have higher costs for a period of time—usually beginning in January—until the deductible is met. If you plan on changing your health insurance, find out what the deductible will be. Some plans in the health insurance exchanges have tiers for in-network doctors and hospitals. Many of these plans will waive or reduce the deductible for Tier I providers. Compare several plans. Some plans cost more per month but may have a smaller yearly deductible or lower co-pays that may save you money in the long run.

In the exchanges, plans with higher premiums usually have lower out-of-pocket costs



About your prescription drug benefits

Prescription benefit coverage and out-of-pocket costs can change every year. Take time to learn whether your drugs are covered, where you can get them, and how much you will have to pay for them.

Can you answer these questions about your insurance needs?

- ☐ **What are your prescription benefits?**
Most health insurers' websites have a search tool that lets you see which prescription drugs are covered. There, you should also be able to see whether there are any special requirements for coverage, such as prior authorization, before a medicine can be prescribed.
- ☐ **Can you get your prescriptions or refills?**
Before enrolling in a new plan, determine whether it has a pharmacy network. At an *in-network* pharmacy, you can fill your prescription at a fixed cost set by the plan. *Out-of-network* pharmacies, however, are not covered, and if you fill a prescription at one of these, you will be responsible for the full cost of the drug.
- ☐ **What are your out-of-pocket costs?**
The amount you pay for a prescription drug will differ from what you pay when visiting the doctor. Prescription drugs are grouped by tiers, and a drug's tier determines how much you will pay. Visit the plan's website to learn how your medicines are tiered. Every health plan has a Summary of Benefits and Coverage (SBC) where you can see how much you can expect to pay for a drug based on its tier.

What's new for 2024

New developments in the past year may influence your health insurance choices.

☐ What is the Inflation Reduction Act (IRA)?³

The IRA provides meaningful financial relief for millions of people with Medicare by improving access to affordable treatments and strengthening the Medicare program both now and in the future.

The new drug law makes improvements to Medicare that will expand benefits, lower drug costs, keep prescription drug premiums stable, and improve the strength of the Medicare program.

☐ How does the IRA impact me?³

The IRA makes Medicare stronger for current and future enrollees. It makes healthcare more accessible, fair, and affordable by lowering what Medicare spends on prescription drugs and limiting price increases.

☐ What should I know about the improvements to Medicare?^{3,4}

Part D Drug Coverage

Beginning in 2023, people with Medicare benefit from lower prescription drug costs and a redesigned prescription drug program, and these benefits include:

- Paying no more than \$35/month on insulin of any form or dosage per covered prescription
- Access to recommended adult vaccines without having to pay out-of-pocket costs
- Eliminating coinsurance above the catastrophic threshold in 2024. Coinsurance refers to the percentage you pay for drugs, which is 5% of total drug costs in 2023
- A yearly maximum of \$2,000 on out-of-pocket prescription drug costs in Medicare in 2025

- Expanded eligibility of the low-income subsidy program (LIS or “Extra Help”) under Medicare Part D. Low-income patients with incomes up to 150% of the federal poverty level can apply, but where you live and how many members are in your household affect your eligibility. Most members can expect annual costs to decrease by an average of \$300

Determining which plans are right for you is a complicated decision. This information is provided to help you have a discussion with your insurance provider about what benefits work for you and your individual situation. This information does not guarantee that your health services or prescription drugs will be covered. Be sure to check with your insurance provider or other resources as they become available to help you determine how to select insurance options that are right for you.



Some pandemic-related benefits are changing

The government has declared an end to the public health emergency (PHE), which may mean changes in the benefits available to you.

☐ COVID-19 testing and treatment⁵

Many people received free COVID-19 tests and treatment under the PHE. The PHE expired on May 11, 2023, and not all products or services will remain free. Beneficiaries in Original Medicare will continue to have access to tests and COVID-19 treatments at no charge, with the exception of at-home tests, which are not covered. However, if you are enrolled in a Medicare Advantage plan or have commercial coverage through an employer or a health insurance exchange, it is up to the insurer to decide whether these items will continue to be free.

☐ COVID-19 vaccines⁵

COVID-19 vaccines and boosters will continue to be available at no cost through Medicare and commercial coverage, as long as an in-network provider delivers the vaccine.

☐ Telehealth benefits^{5,6}

Telehealth expanded access to care for millions of people during the pandemic. Some but not all telehealth benefits enacted during the PHE expired on May 11, 2023.

If you live in a rural area or get services at home or in a healthcare setting, coverage of telehealth benefits will end on December 31, 2024. If telehealth is important to you, compare Medicare Advantage plans during open enrollment to learn which plans will continue the benefit. Each insurer will decide whether to retain telehealth benefits for commercially covered individuals. You may wish to use the open enrollment period to compare telehealth benefits for 2024.

☐ Medicaid enrollment^{7,8}

Beginning April 1, 2023, states can end Medicaid enrollment for individuals no longer eligible. States will have up to 12 months to return to normal eligibility and enrollment processes. Up to 28% of enrollees who qualified for Medicaid in 2020, but no longer meet those requirements, may lose their coverage. If you believe you may be affected, check if you qualify for tax credits that you can use to lower your monthly insurance payments in plans offered through the health insurance exchanges.

☐ Prescription drug coverage⁹

During the pandemic, you may have noticed that you were able to receive a 90-day supply of your prescription drugs. Many plans also allowed home or mail delivery and relaxed policies that require an insurer's approval before filling your prescription. With the end of the PHE, be sure to check with your insurer to understand whether your prescription drug access will change.

Healthinsurance.org is a helpful resource for tracking changes related to COVID-19. Visit insurers' websites in your area or call your insurance company directly.

Plan ahead to maintain coverage for your prescriptions

As the new year quickly approaches, it's important to understand your health insurance options and how your prescriptions may be covered under your new plan. Planning ahead can help you avoid delays in getting your medicine and can help you make informed decisions.

Review your health insurance and prescription drug plans before and during annual open enrollment to understand what is and isn't covered:

- ☒ Check prescription benefits because your health insurance coverage can change every year
- ☒ Confirm whether your prescriptions are still covered and how much you will have to pay for the out-of-pocket expenses or co-pays

Want to learn more?

If you have Medicare: Call 1-800-MEDICARE (1-800-633-4227)

If you have insurance through HealthCare.gov:
Call 1-800-318-2596

If you have coverage through a state-operated health insurance exchange:
Visit www.healthcare.gov/marketplace-in-your-state

If you have commercial insurance (employer/other)
Contact the number on the back of your insurance card or contact your employer

Your Arikares Coordinator is available at 1-833-ARIKARE (1-833-274-5273)

References: **1.** HealthCare.gov. Accessed August 1, 2023. <https://www.healthcare.gov/quick-guide/dates-and-deadlines/>. **2.** MedicareAdvantage.com. Accessed August 1, 2023. <https://www.medicareadvantage.com/medicare-enrollment>. **3.** CMS.gov. Accessed August 1, 2023. <https://www.cms.gov/inflation-reduction-act-and-medicare>. **4.** Neuman T, Cubanski J. Kaiser Family Foundation . March 16, 2023. Accessed August 1, 2023. <https://www.kff.org/medicare/issue-brief/how-will-the-prescription-drug-provisions-in-the-inflation-reduction-act-affect-medicare-beneficiaries/>. **5.** Medicare.gov. Accessed August 1, 2023. <https://www.medicare.gov/medicare-coronavirus>. **6.** Medicare Interactive. May 12, 2023. Accessed August 1, 2023. <https://www.medicareinteractive.org/get-answers/medicare-covered-services/medicare-coverage-overview/medicare-coverage-during-the-coronavirus-public-health-emergency>. **7.** Medicaid. Accessed August 1, 2023. <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>. **8.** Williams E, Burns A. Kaiser Family Foundation . Accessed August 1, 2023. <https://www.kff.org/medicaid/issue-brief/how-many-people-might-lose-medicaid-when-states-unwind-continuous-enrollment/>. **9.** CMS.gov. Accessed August 1, 2023. <https://www.cms.gov/files/document/medicare-advantage-and-part-d-plans-cms-flexibilities-fight-covid-19.pdf>.

