1941 SOUTH 42ND STREET
SUITE #312
OMAHA, NEBRASKA 68105

VOLUNTEERS ASSISTING SENIORS

MARCH 2018

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MONDAY-FRIDAY 8:30-4:30

OUR MISSION

TO SIMPLIFY THE LIVES OF SENIORS BY ENABLING THEM TO MAKE INFORMED DECISIONS REGARDING THEIR BENEFITS

www.vas-nebraska.org
402-444-6617

Can I Change my Medigap Supplement Policy?

Why would you want to switch to a different Medigap policy? There are many reasons why people may want to change their Medigap policy. Some people may decide they want more benefits to be covered by their Medigap policy than their current plan offers, or they may feel that they don't need as much coverage as they have with their current plan, but the most common reason is that they are upset with their current plan's premium rate increases.

Why do my premiums keep going up? Rate increases will occur. Most Medigap policies are 'attained age' polices, meaning your monthly premium will increase as you age. Your policy may also have one or more additional rate increases during the year due to inflation, claims (not just your claims, but the claims filed by every policy holder in your plan's insurance pool). These increases are requested by the insurance company and approved through the State Department of Insurance.

Can I change to different company or policy for a lower rate? Everyone has **one** 6-month Medigap Open Enrollment period (also called a guaranteed issue right) that automatically starts when you enroll in Medicare Part B for the first time, when 65 or older. Once the six months are over, your open enrollment for a Medigap policy is over. After your enrollment period ends, if you would like to change companies or switch to a different Medigap policy within your company, you will have to pass medical underwriting.

What is medical underwriting? It is the process used by insurance companies to try to identify your health status when you are applying for health insurance coverage to determine whether or not to offer you coverage, and at what price.

How does medical underwriting work? Each insurance company will have its own medical underwriting process to decide if they will offer you a Medigap policy outside of your 6-month open enrollment window. You may be able to apply over the phone with the insurance company, or you may have to work with an insurance agent. You will need to fill out an application form and answer questions about your health and medication history. You may be asked for payment for the first month's premium. Your application will be forwarded on to the insurance company's medical underwriting team for review. Your first month's premium check will not be cashed until you have been approved by the medical underwriting team, at which time they will issue you a policy number and an insurance card.

If you do not pass their medical underwriting process, they can refuse to sell you a policy, charge you a higher rate, or add up to a six-month waiting period before they will cover certain medical conditions.

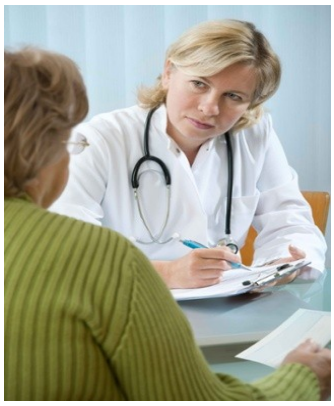
(continued on page 2)

Our* Basic Estate Planning *class is being offered Thursday, April 19th, 1:30 - 3:00 pm

To register call VAS at (402) 444-6617

What is the Medicare Annual Wellness Visit? *

The Medicare Annual Wellness Visit is a session with your physician to discuss your health. If you've had Part B for longer than 12 months, you can get this visit to develop or update a personalized prevention help plan. This plan is designed to help prevent disease and disability based on your current health and risk factors. Your provider will ask you to fill out a questionnaire, called a "Health Risk Assessment," as part of this visit. Answering these questions can help you and your provider develop a personalized prevention plan to help you stay healthy and get the most out of your visit. It can also include:



- A review of your medical and family history
- Developing or updating a list of current providers and prescriptions
- Height, weight, blood pressure, and other routine measurements
- Detection of any cognitive impairment
- Personalized health advice
- A list of risk factors and treatment options for you
- A screening schedule (like a checklist) for appropriate preventive services.
- Advance care planning

This visit is covered once every 12 months (11 full months must have passed since the last visit).

Your costs in Original Medicare

You pay nothing for the "Annual Wellness" visit if your doctor or other qualified health care provider accepts assignment. The Part B deductible does not apply. However, you may have to pay the Part B deductible and/or coinsurance if:

- Your doctor or other health care provider performs additional tests or services during the same visit. These additional tests or services aren't covered under the preventive benefits.

Your costs in Medicare Advantage. Medicare Advantage Plans cover all preventive services the same as Original Medicare. This means Medicare Advantage Plans will not be allowed to charge cost-sharing fees for preventive services that Original Medicare does not charge for as long as you see in-network providers. If you see providers that are not in your plan's network, charges will typically apply.

** from www.Medicare.gov*

Can I Change my Medigap Supplement Policy? *(cont.)*

Where can you find help switching Medigap policies? VAS can help you review the Medigap policies available and explain the benefits available with each policy. We are also able to provide information on monthly premium rates, household discount information, underwriting conditions, insurance pool size, rate increase history, and financial stability of the companies selling Medigap policies in Nebraska. Call VAS at (402) 444-6617 to schedule an appointment with a SHIIP certified counselor to review your options.

Bipartisan Budget Act of 2018 and Medicare

On February 9, 2018 the President signed into law the Bipartisan Budget Act of 2018 (BBA of 2018), which included some provisions related to Medicare Part D prescription drug coverage and IRMAA for 2019. The major changes that will impact Medicare for next year are:

Part D Coverage Gap Is Ending

The "donut hole" or coverage gap for Medicare Part D will close in 2019 instead of 2020 by reducing the current 35% beneficiary coinsurance to 25% in 2019. This is the same beneficiary coinsurance rate as the initial coverage level. This means that the beneficiary will continue to pay a 25% coinsurance rate during the year until the catastrophic level is reached (not yet determined for 2019) where coinsurance costs drop.

Coverage of Biosimilars

Beginning in 2019, biosimilars will be treated the same as other brand name drugs in the Part D coverage gap, and will have a beneficiary coinsurance of 25%. In the past, beneficiaries had to pay an additional 50% coinsurance during the coverage gap or "donut hole".

A **biosimilar** is a biologic medical product which is almost an identical copy of an original product that is manufactured by a different company. Since biosimilars are complex molecules translated from living cells in the laboratory, there is no way to make identical copies of this drug. A **generic drug,** by comparison, is an exact copy of its reference medicine and must have the same chemical structure.

These biosimilars can be offered to the public after the patent for the original brand drug has expired, at a potential cost savings to consumers. For a list of biosimilar drugs approved by the FDA, go to FDA-Approved Biosimilar Drugs.

Income-related Medicare premiums

In 2019, IRMAA (Income Related Monthly Adjustment Amount) amounts for Medicare Part B and Part D premiums for beneficiaries with incomes of $500,000 (for individuals) and $750,000 (for married couples) or more, will increase to 85% of program costs, up from 80%. For information on current IRMAA costs go to 2018 Medicare Costs.

What does that mean for me?

With these changes to Medicare Part D, it will be more important than ever to review your Part D prescription drug plan and the prescription drug costs in your Medicare Advantage plan during Medicare Open Enrollment, October 15 through December 7th. The changes in prescription drug pricing will be reflected in the plan finder tool on the Medicare.gov website.

VAS will have Open Enrollment locations throughout Omaha and the surrounding areas to help you with the process. Call VAS in September to schedule your appointment. (402) 444-6617

Upcoming Homestead Events - call VAS (402) 444-6617 to schedule appointment

MARCH

Monday	**3/12**	**Disabled American Vets**	**4515 F St**	**10 am – Noon**
Monday	**3/19**	**Salem Baptist Church**	**3131 Lake St.**	**10 am – Noon**
Monday	**3/26**	**VAS Center Mall, Suite #312**	**1941 S 42nd St**	**10 am – Noon**

For a list of Homestead Exemption Assistance locations and dates visit the Douglas County Assessor's Office website

Volunteers Assisting Seniors

The Center Mall
1941 South 42nd Street
Suite #312
Omaha, NE 68105
Phone: 402-444-6617
Fax: 402-546-0886
E-mail: sue@vas-nebraska.org
www.vas-nebraska.org

Retirees Sharing the Experiences of a Lifetime!

March 2018

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3
5	6	7	8	9	10
12 Homestead DAV	13	14	15 New to Medicare Class 6:30 - 8:30 PM	16	
19 Homestead Salem Baptist	20	21	22	23	24
26 Homestead VAS	27	28	29	30	31