

October 2016

OSHIIP NEWS

Published by the Ohio Department of Insurance to serve our dedicated OSHIIP volunteers throughout Ohio



Meet Your 2016-2017 OVAB Members

OSHIIP's Volunteer Advisory Board (OVAB) and members are excited for another productive year to educate Medicare eligible Ohioans about their medical coverage. The OVAB team brings a diverse pool of professional expertise, regional knowledge, and volunteer experience to help direct volunteer education, outreach and recruitment and retention efforts. OSHIIP Outreach Specialist Becky Hayward administers OVAB. To learn more, contact Becky at rebecca.hayward@insurance.ohio.gov.



Front (l-r): Becky Hayward, Rhonda McHenry, Terri Gursky
Back (l-r) : Frank Hucks, Nan Miller, Lisa Adler-Bacon, Adam Van Boxel.
Absent: Jean Stanton, Mary Walker and Krista Alexander

About the Members

A second year OVAB member and In-Home Services Supervisor for the Geauga Department on Aging, **Adam Van Boxel** loves to talk about Medicare. As a licensed social worker, he helps seniors troubleshoot problems throughout the county. Adam teaches regular Medicare 101 presentations at local libraries to supplement one-on-one sessions at Senior Centers. "I enjoy teaching seniors about Medicare so they can make well-informed decisions. It is my goal each year to save county residents an amount higher than my salary. So far I have made that goal," said Van Boxel. Adam joined OSHIIP in 2011.

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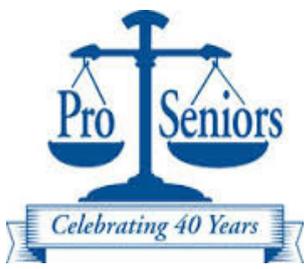
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Mary Taylor
Lt. Governor / Director



News You Can Use



Medicare's Open Enrollment Period

When is and what is Medicare's Open Enrollment Period?

The Open Enrollment Period (OEP) for Medicare runs October 15 through December 7 every fall. During this time, your clients can make changes to their health insurance coverage, including adding, dropping, or changing how they receive Medicare benefits. Even if they're happy with their current health and drug coverage, Medicare's Open Enrollment Period is the time to review current coverage, compare it with other available options, and weigh whether it will remain the best choice for them in the coming year. Clients can make changes as many times as they want during this Open Enrollment Period, but keep in mind that the last change they make will determine their coverage for the coming year, which will take effect on January 1. To enroll in a new plan, your client can call 1-800-MEDICARE, use the Plan Finder tool on www.medicare.gov, call the plan directly, or get objective, one-on-one assistance from OSHIIP. The OSHIIP mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training to make informed health insurance decisions that optimize access to care and benefits.

How do the Marketplaces (also known as Exchanges) affect Medicare?

Marketplaces provide a way for people who lack health insurance to get coverage. If your client enrolls in a Marketplace plan before becoming eligible for Medicare, there are some issues to keep in mind when they become eligible for Medicare. These issues depend on the kind of Marketplace plan they have:

A. If they are enrolled in an Individual Marketplace plan—called a Qualified Health Plan (QHP)—and then become eligible for Medicare, there are steps they should take to enroll in a Medicare plan to avoid gaps in coverage or penalties:

1. Clients need to enroll in Medicare Part B as soon as they are eligible.
2. Clients should drop QHP coverage, and notify their plan at least 14 days before they want their coverage to end.
3. After your client enrolls in Medicare, they should consider how they want to receive Medicare coverage – through Original Medicare or a Medicare Advantage Plan.

B. The Small Business Health Options Program (SHOP) allows small businesses to help their employees get health insurance. If your client has a SHOP plan through a current employer, they will still need to enroll in Medicare; however, the timing of their enrollment and whether Medicare will pay first or second depends on the size of their employer and whether they qualify for Medicare based upon age or disability. If they have a SHOP plan, they should talk with their employer about how the business coverage works with Medicare.

Above, we discussed transitions from the Marketplace into Medicare. The Marketplace was not created for people with Medicare and is not a replacement for Medicare. If your client is eligible for Medicare, they usually should not use the Marketplace to get health and drug coverage. A limited exception is if an individual does not qualify for premium-free Part A or qualifies for Medicare based on having ESRD only. A Marketplace plan might be an option for him or her. Otherwise, it is illegal for Marketplace plans to be sold knowingly to Medicare beneficiaries. If your client is like the majority of Medicare beneficiaries and the limited exception described above does not apply to them, an insurance plan or agent should not try to sell them a Marketplace plan knowing they are a Medicare-eligible individual. If this happens, they should report the activity to their local Senior Medicare Patrol (SMP).



News You Can Use Con't



Medicare's Open Enrollment Period Con't

Even though the Marketplace enrollment period overlaps with Medicare's Open Enrollment, it is important to emphasize that plans offered through the Marketplace are not the same as Medicare. The Marketplace does not offer Medigap policies, Medicare health plans, or Medicare drug plans. Your clients should use the Medicare Open Enrollment Period – October 15 through December 7 -- to review and make changes to their Medicare health and drug plan coverage. They should not use the Marketplace enrollment period, which runs from November 1 through January 31.

How should clients review their current Medicare health and drug coverage?

If your client has Original Medicare, they can learn about Medicare costs and benefits for the upcoming year by visiting Medicare.gov or calling 1-800-MEDICARE. If they are dissatisfied with their Original Medicare coverage, they can make changes to their coverage during Medicare's Open Enrollment. Changes made to their coverage will take effect January 1 of the next year.

If your client has a Medicare Advantage Plan or a stand-alone Part D plan, they should receive an Annual Notice of Change (ANOC) and/or Evidence of Coverage (EOC) from their plan. Your clients should review these notices for any changes in the plan's costs, benefits, and/or rules for the upcoming year. If they are dissatisfied with their plan or any upcoming changes, they can make changes to their Medicare coverage during Open Enrollment. Changes made to their coverage will take effect January 1 of the next year.

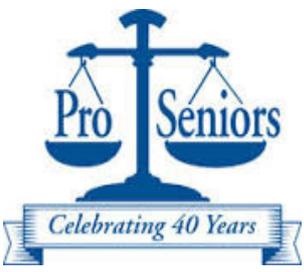
Even if your clients are satisfied with their current Medicare coverage, they should look at other Medicare options in their area that may better suit their individual needs in the upcoming year. For example, clients should check to see if there is another plan in their area that will offer them better health and/or drug coverage at a more affordable price. Research shows that people with Medicare prescription drug coverage (Part D) could lower their costs by shopping among plans each year. There could be another Part D plan in their area that covers the drugs they take with fewer restrictions and/or lower prices.

What are some things clients should consider when choosing a Part D prescription drug plan?

Clients should ask themselves the following questions before choosing a Part D drug plan:

- Does the plan cover all the medications I'm taking?
- Does the plan restrict my access to drugs (i.e. prior authorization, step therapy, or quantity limits)?
- How much will I pay for monthly premiums and the annual deductible?
- How much will I pay at the pharmacy (copay/coinsurance) for each drug I take?
- Is my pharmacy in the plan's preferred network? (You pay the least if you use preferred network pharmacies.)
- Can I fill my prescriptions by mail order?
- If I have retiree coverage, will the Medicare drug plan work with this coverage?
- What is the plan's star rating?

You may find it helpful to use Medicare's Plan Finder tool, which can give you a comprehensive list of Medicare Advantage and Part D plans, the drugs they cover, and their estimated costs for the year. You can access Plan Finder by going online at www.medicare.gov. You can also call 1-800-MEDICARE for information about plans.



News You Can Use



Medicare's Open Enrollment Period Con't

What are some things clients should consider when choosing a Medicare Advantage Plan?

Clients should ask themselves the following questions before choosing a Medicare Advantage Plan:

- How much are the premium, deductible, and coinsurance/copay amounts?
- What is the annual maximum out-of-pocket cost for the plan? This amount may be high but can help protect them if they have expensive health care costs.
- What happens if they travel or live outside the plan's service area for part of the year?
- Are the services they need conveniently located? (This includes doctors and hospitals in the plan's network as well as diagnostic centers, physical therapy centers, and other healthcare facilities.)
- What are the rules they have to follow to access health care services and drugs?
- Does the plan cover additional health care benefits that are not covered by Original Medicare, such as dental, hearing, and vision care?
- How will this plan affect any additional coverage they may have?
- What is the plan's star rating?

Remember, when clients choose a Medicare Advantage Plan, they are also typically choosing the drug component of the plan.

For conducting plan comparisons on their own, they can access the Medicare Plan Finder by going online at www.medicare.gov. They can also contact individual plans and inquire about their coverage. Also, they can receive objective, one-on-one assistance from an OSHIP counselor.

What are star ratings?

Star ratings provide a measure of a plan's performance. Medicare scores Medicare Advantage Plans (Part C) and Part D plans in several categories, including quality of care and customer service. Ratings range from 1 to 5 stars, with five being the highest and one being the lowest score. Medicare assigns plans an overall star rating to summarize the plan's performance as a whole. Plans also receive separate star ratings in each category reviewed. The overall star rating provides a way to compare performance among several plans. To learn more about differences among plans, clients should look at plans' ratings in each category. Plan ratings change from one year to the next. Medicare reviews plan performances each year and release new star ratings each October.

Keep in mind that a plan's star rating is only one factor to review when comparing plans in a clients area and that even though a plan has a high star rating, it may not be right for them. It is important to see whether the plan covers the health services and drugs they need, the doctors they see are in the plan's network, and the plan works with the pharmacies they use before considering its star rating. Also, note that the star ratings in the Medicare &You mailed to clients are not necessarily the most recent. For the most up-to-date, comprehensive star ratings, you can call 1-800-MEDICARE, use the online Plan Finder tool at www.medicare.gov.



News You Can Use



Medicare's Open Enrollment Period Con't

Where can clients go for help in comparing my plan options?

If clients need one-on-one assistance comparing their plan options, they can call OSHIP. They can also visit www.medicare.gov and click on "find health and drug plans." The tab will take them to the Plan Finder tool. They will need to enter information online to receive a list of plans and compare the options available in their area. In preparation for comparing options, they should compile a list of health care professionals they see, drugs they take, and pharmacies where they get drugs. Additionally, if or when they decide on a plan, they can call 1-800-Medicare, use www.medicare.gov, or call the plan directly to enroll.

How can clients protect themselves from plan marketing violations and enrollment fraud?

Medicare has rules about how plans can market themselves and their services during Open Enrollment. Knowing about some of these rules can help clients protect themselves from dishonest agents or brokers -- or scam artists posing as agents and brokers. Though plans are allowed to send mail, plans are not allowed to call, e-mail, visit homes or approach clients in public to market their plan without permission. Plan agents and brokers are not allowed to give clients gifts in exchange for enrollment into a plan. Gifts must be given to everyone regardless of their enrollment and cannot be worth more than \$15.

Clients should verify everything a plan agent or broker tells them before making a final decision. For example, if a broker tells them that their doctor is part of the plan's network, call their doctor to double-check. Importantly, they should never feel pressured to join any plan. To ensure they are not being misled, be particularly suspicious of plan representatives or people who:

- Pressure them with time limits, seeking to enroll them in their plan, regardless of whether or not it meets their needs.
- Tell them they represent Medicare and request their Medicare number, Social Security number, or bank account number, such as in exchange for a gift or service.
- Say they will lose their Medicare benefits unless they sign up for a certain plan.

If clients feel an insurance agent has violated Medicare's marketing guidelines, they should save all documented proof, when available (such as an agent's business card or marketing materials), and report the activity to your local Senior Medicare Patrol (SMP).

Clients may not always be able to detect marketing violations or persons posing as plan agents or brokers. As an added safeguard before they enroll, clients should make sure they understand what a plan is offering and get it in writing. How does it affect their Medicare and other health benefits (like Medicaid or their retiree/union coverage)? Does it cover the drugs they need? They should review the facts before they enroll, and go to trusted and unbiased source for assistance, if needed, such as OSHIP. If clients find themselves enrolled in a plan that they did not choose, they may be a victim of enrollment fraud and should contact their Senior Medicare Patrol (SMP).

Medicare Part D Stand-Alone Prescription Drug Plans for 2017

Medicare Part D stand-alone prescription drug plans for 2017

People who get their health benefits from a Medicare supplement policy or a non-managed care Medicare Advantage plan with no drug coverage may enroll in a stand-alone prescription drug plan. New customers can call the phone numbers shown; if you need to contact a plan you're already in, check your membership card for a customer service phone number.

| Company Name Company Phone | Part D Plan Names Offered by the Company | \$0 Premium with LIS? | Monthly Premium | Annual Deduct. | Additional Coverage in the Gap? |
|-----------------------------------|---|--------------------------|---------------------------------|-----------------------|------------------------------------|
| Aetna 1-855-338-7030 | Medicare Rx Saver | • | \$30.30 | \$355 | No |
| Anthem BC / BS 1-800-261-8667 | Blue MedicareRx Standard Blue MedicareRx Plus Blue MedicareRx Premier | | \$59.40 \$101.00 \$157.40 | \$400 \$0 \$0 | No Yes Yes |
| Envision 1-866-250-2005 | RxPlus | • | \$14.60 | \$280 | No |
| Express Scripts 1-866-477-5704 | Medicare Value Medicare Choice | | \$47.80 \$68.50 | \$400 \$350 | No No |
| First Health 1-855-389-9688 | Part D Value Plus Part D Premier Plus | | \$39.60 \$102.20 | \$0 \$0 | Yes Yes |
| Humana 1-800-706-0872 | Walmart Rx Plan Preferred Rx Plan Enhanced | • | \$15.00 \$25.90 \$68.40 | \$400 \$400 \$0 | No No Yes |

Updated 9-23-2016

Medicare Part D Stand-Alone Prescription Drug Plans for 2017 con't

| Company Name Company Phone | Part D Plan Names Offered by the Company | \$0 Premium w/LIS? | Monthly Premium | Annual Deduct. | Additional Coverage in the Gap? |
|------------------------------------|---|-----------------------|--------------------|-------------------|------------------------------------|
| SilverScript 1-866-552-6106 | Choice | • | \$27.40 | \$0 | No |
| | Plus | | \$71.40 | \$0 | Yes |
| UnitedHealthcare 1-888-867-5564 | AARP MedicareRx Saver Plus | | \$42.10 | \$400 | No |
| | AARP MedicareRx Preferred | | \$65.70 | \$0 | No |
| | AARP Medicare Rx Walgreens | | \$22.40 | \$400 | No |
| | Symphonix Value Rx | • | \$31.30 | \$400 | No |
| WellCare 1-888-293-5151 | Classic | • | \$26.30 | \$400 | No |
| | Extra | | \$65.50 | \$0 | No |

Please note: www.medicare.gov is the source for this information

OVAB Feature

Meet Your 2016-2017 OVAB Members Con't

Franklin County volunteer **Frank Huck**s is a new member on the OVAB. Frank retired from Liberty Mutual Insurance Company where he handled complex claims on contractors' performance and payment bonds. He has been an OSHIIP volunteer for two years. Before that he was a volunteer in Kentucky and Pennsylvania, being in the SHIP network for a total of 6 years! Frank finds being part of the OVAB an opportunity to learn more about the OSHIIP volunteer network and to participate in the mission of enhancing the efficiency and productivity of the network. "It's very satisfying to be able to offer beneficiaries accurate, unbiased information that helps them make informed and meaningful decisions concerning their Medicare options," says Frank.

Mary Walker, a returning OVAB member has spent the past 35 years, dedicating her life to high quality and reliable care to patients as a registered nurse. Currently, she serves as the Director of Public Relations and Marketing for Copeland Oaks Retirement Community in Sebring, Ohio. Walker believes in the mission of OSHIIP and the services it provides to seniors throughout Ohio. "All of the staff and volunteers at OSHIIP are dedicated to assisting Medicare beneficiaries and their families make educated, appropriate health insurance decisions. We are enabling our seniors to maintain the quality of life they so richly deserve," said Walker. Mary joined OSHIIP in 2014.

New member, **Lisa Adler -Bacon** is an MSW, LPCC-S with Buckeye Home Health Care in and around the Montgomery County area. Lisa started with OSHIIP in 2010. "I am excited to be a part of OVAB because I enjoy the collaboration with other volunteers and staying informed of changes and resources to help the people we serve," says Lisa. She loves being involved in OSHIIP because she can help beneficiaries understand their benefits, find more ways to save on drug costs/health care costs, and help problem solve when issues arise. "Being a part of OSHIIP has helped me be able to better advocate for people. This is such a valuable program and I am so grateful to be a part of OSHIIP and OVAB."

Jackson County volunteer coordinator **Nan Miller** is a returning member to the OVAB and part of the original OVAB in 2006. Nan is an Adult Protective Services worker for the Jackson County Job and Family Services. She is truly passionate about helping older adults make informed decisions about their Medicare choices. "I like being able to help people get the best health care possible. The support I receive from other OVAB members is incredibly helpful." Nan joined OSHIIP in 2004.

Another former OVAB member returning to the board is **Terri Gursky** who is an LPN Senior Advisor/ Program Coordinator for Mercy Senior Friends and the Medicare Education Specialist at Mercy Medical Center in Canton, Ohio. Terri is also the OSHIIP Stark County Coordinator. "I took the OSHIIP training in 2003 and have been learning something new every day since," says Terri. "Unique situations are always coming to light with the board, along with innovative remedies. The open communication with other volunteers throughout the state is a remarkable experience." This time around, Terri brought one of her Senior Friends/OSHIIP volunteers, Rhonda McHenry, to the OVAB to share her experiences as a true OSHIIP volunteer.

Jean Stanton joined OVAB mid-year last year. She is the Director of Social Services for Good Shepherd Home in Seneca County. Jean joined OSHIIP in 2014 and took on the role of Seneca County volunteer coordinator. "I'm not retiring soon, but I asked myself, 'when I do retire, what am I good at that would occupy my time and mind?' I felt like OSHIIP is that fit for me," says Jean. "OVAB gives me the opportunity to learn new information to help my clients, which makes it all worthwhile and rewarding."

Krista Alexander is an R.N. and Community Relations Director at United Seniors of Athens County, Inc. She has been an OSHIIP volunteer for one year. Krista joined the OVAB because she wanted a good opportunity to learn more about Medicare and how to best serve the clients in Athens County. "As an RN, I have always wanted to help others, and OSHIIP is another way I can continue to do so." This is Krista's first year on the OVAB.

The OSHIIP Road Show

Here is our list of public OSHIIP events you can attend. Attendance is voluntary and there is no need to register in advance. Just let the designated OSHIIP representative know you are there to lend a hand.

New to Medicare

Delaware County

October 1 & 12, 10 a.m.

October 26, 6 p.m.

SourcePoint

800 Cheshire Rd.

Delaware, OH 43015

To RSVP call: 740-363-6677

Franklin County

Wednesday, October 12, 5:30 p.m.

COAAA

3775 S. High St.

Columbus, OH 43015

To RSVP call: 1-800-589-7277

Medicare 101 for PERI Groups (Public Employee Retirees, Inc.)

Delaware County

Monday, October 3, 1:30 p.m.

SourcePoint

800 Cheshire Rd.

Delaware, OH 43015

Williams County

Monday, October 3, 1:30 p.m.

Montpelier Senior Ctr.

325 N. Jonesville St.

Montpelier, OH 43543

Hancock County

Wednesday, October 5, 11:00 a.m.

50 North

339 E. Melrose Ave.

Findlay, OH 45840

Logan County

Tuesday, October 11, 12 p.m.

American Legion

120 Colton Ave.

Bellefontaine, OH 43420

Sandusky County

Wednesday, October 12, 1:30 p.m.

Sandusky Twp House

2207 Oak Harbor Rd.

Fremont, OH 43420



The OSHIP Road Show Con't

Medicare 101

Licking County

Monday, October 3, 12:30 p.m.
Granville Senior Ctr.
3825 Columbus Rd.
Granville, OH 43023

Lorain County

Tuesday, October 4, 12 p.m.
Oberlin College Wilder Hall – Room 101
Oberlin, OH 44074

Trumbull County

Tuesday, October 4, 1 p.m.
St. Joe's at the Mall
5555 Youngstown-Warren Rd.
Niles, Ohio 44446

Cuyahoga County

Wednesday, October 5, 2 p.m.
Schnurmann House
1229 Drury Ct.
Mayfield Hts, OH 44124

Clermont County

Tuesday, October 11, 1 p.m.
Trails at Loveland
101 S. 3rd St.
Loveland, OH 45140

Wednesday, October 12, 1 p.m.
St. Mark's Community
5853 Buckwheat Rd.
Milford, OH 45150

Medicare 101 con't

Stark County

Tuesday, October 11, 2 p.m. & 6 p.m.
Aultman North Canton Medical Group
6046 Whipple Ave. NW
North Canton, OH 44720

Tuesday, October 18, 2 p.m.
Danbury of North Canton
181 Applegrove St. NE
North Canton, OH 44720

Montgomery County

Wednesday, October 12, 1 p.m.
Huber Heights Senior Ctr.
6428 Chambersburg Rd.
Huber Heights, OH 45424

Clinton County

Thursday, October 13, 6 p.m.
Wilmington Public Library
268 N. South St.
Wilmington, OH 45177

Medina County

Wednesday, October 19, 2 p.m.
Western Reserve Masonic Community
4931 Nettleton Rd.
Medina, OH 44256



Webinar Trainings

OSHIIP hosts webinars each month. Choose a convenient session and receive great information. You will need a computer and phone to participate.

Call 1-877-820-7831 Enter passcode 896960

Thursday, October 6 – Welcome to Medicare

Open to the public, 6 p.m. no phone number to call. Participants will use computer speakers for audio (click the date to above register)

Thursday, October 13 – Plan Finder Review

To register for the 10 a.m. session click here: <https://attendee.gotowebinar.com/register/7089264323101215746>

To register for the 2 p.m. session click here: <https://attendee.gotowebinar.com/register/7412217276458167554>

New Crew

Cuyahoga Co.

Zhuoyun Deng
Kathy Harris
Cathy Kramer
Mark Leventhal
Wing Lum
Bill McWilliams
Barbara Paulitzky
Sharon Priesand
Carryeane Smitley
Shuyan Zhou

Geauga Co.

Reba Dykes
Mary Jane Ruttinger
Anne Sojak

Guernsey Co.

John Vinson

Mahoning Co.

Kimberly Strabala

Summit Co.

Louise Schweitzer



2016 Refresher Trainings

OSHIIP hosts refresher trainings throughout Ohio for current OSHIIP volunteers. Please register in advance by clicking [here](#) or contact Becky Hayward at Rebecca.hayward@insurance.ohio.gov.

Lucas County

Friday, October 14

9 a.m. - 12 p.m.

Area Office on Aging of NWO, Inc.

2155 Arlington Ave.

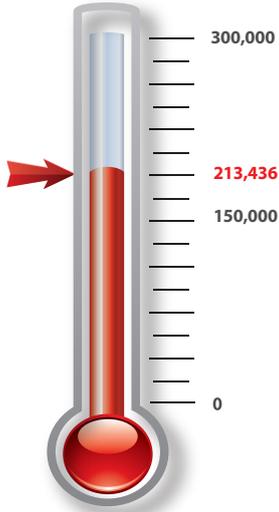
Toledo, OH 43609

Our Progress as of October 2016!

OSHIIP 2016 Goals

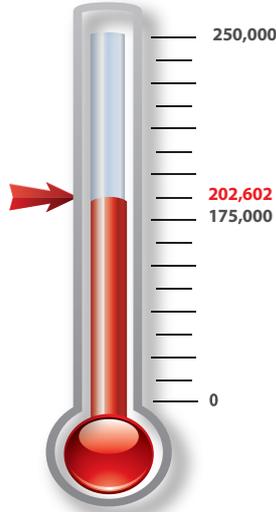
CCF

300,000



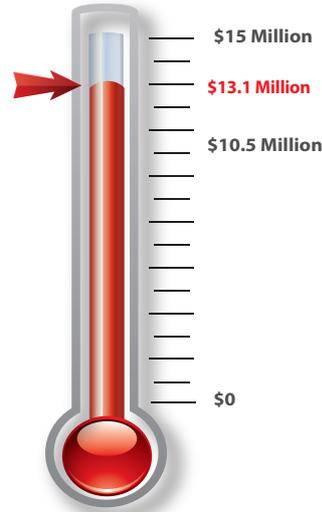
PAM

250,000



\$ SAVED

UNLIMITED



LOCAL HELP FOR PEOPLE WITH MEDICARE

OSHIIP: 1-800-686-1578 • FAX: 614 -752-0740

Email: oshiipmail@insurance.ohio.gov • Internet: www.insurance.ohio.gov



ODI
Ohio Department
of Insurance

50 West Town Street
Suite 300
Columbus, Ohio 43215

John R. Kasich
Governor

Mary Taylor
Lt. Governor / Director