

## Information about terminating Medicare Plans

October 15 - Dec 7<sup>th</sup> 2025: Open Enrollment Period; enroll in a different Medicare plan that will be effective January 1.

December 8<sup>th</sup> - 31<sup>st</sup> 2025: Special Enrollment Period (due to plan non-renewal); Last opportunity to switch Medicare plans and have the plan start January 1<sup>st</sup> / avoid a coverage gap.

***Advantage Plan members only:***

*\*You get a special opportunity called Guaranteed Issue Rights (GIR) to join a Supplement policy (Medigap) regardless of health status. GIR aren't offered to people whose Part D plan is ending.*

January 1<sup>st</sup> 2026: First day of 2026 coverage if you enrolled in a new Medicare Health/drug plan. If you didn't enroll, you wouldn't have prescription coverage, just Original Medicare.

You can request to enroll in a plan during the months of January and February, but the plan won't start until the 1<sup>st</sup> of the following month.

February 28<sup>th</sup> 2026: Last day of the Special Enrollment Period to join a new Advantage Plan or Part D plan (and last day of GIR for a Supplement) for coverage to start March 1<sup>st</sup> 2026. If no election for drug coverage is made by this day, **you will have a lifetime late enrollment penalty.**

## \*Medicare Advantage Plans Terminating – Supplement Information

When a person's Medicare Advantage plan ends, they may have a Guaranteed Issue Right to join a Medicare Supplement (Medigap) policy without any health questions. Keep the notice from your plan because it's proof that you have a special right to buy a Medigap (Supplement) policy or join a Medicare plan. However, there are some important differences to know before switching to a Supplement:

- Medicare Supplement plans do not include prescription drug coverage, so you would need a separate Part D plan (or drug coverage through VA/SeniorCare).
- Costs and coverage rules will be different from your Advantage plan.
- If you wanted to get a Supplement instead, you can contact the Supplement company of your choice to create a policy or visit an insurance agent. You will also want to choose a drug plan (Part D, SeniorCare, or VA) by December 31<sup>st</sup> to be effective January 1<sup>st</sup>.

## Help and How to Find a New Plan

Information provided in this letter is complex. There's help. If you're unsure about anything, we **highly encourage** you to attend our FREE Medicare and You class (see below).

- Enclosed are instructions for comparing Medicare Advantage or Part D plans.
- For guidance on choosing between a Medicare Supplement or Advantage plan, you can contact the Medigap Helpline at 1-800-242-1060.
- Attend our SPECIAL MEDICARE SESSION on 11-18-2025 for people with Plan Terminations, or our regular "Medicare & You" class to learn the key differences and make the best choice for your situation. Call 715-726-7777 to register (space is limited) or go online at [www.jotform.com/ADRC\\_adrc/medicareandyou](http://www.jotform.com/ADRC_adrc/medicareandyou)

Sincerely,

Aging and Disability Resource Center of Chippewa County

# Medicare & You Classes



## *Free Unbiased Medicare Information!*

### Registration Required

### *“My Advantage Plan is Terminating – What Are My Options?”*

We've added a special session that focuses on what to do if your Advantage Plan is ending. We will cover multiple topics including the Parts of Medicare, the difference between Advantage Plans, Medigap (Supplement), **Guaranteed Issue Rights into a Supplement**, and drug coverage options.



1. Use your phone's camera to scan this code & register online.

2. Or call us to register: 715-726-7777

### \*\*\*Special Session\*\*\*

**November 18.....3:00 - 4:30pm**

**Location: Chippewa County Courthouse**

Other dates are available for our regular **Medicare & You** class, which cover Medicare topics in greater detail (but not focused on plan terminations). If you're unable to attend the special session, you're welcome to join our regular class.

## Advantage Plans vs Supplements

Compare differences with this general overview. While both plans are optional, they can reduce out-of-pocket costs with Original Medicare. You cannot have both.

	Medicare Advantage Plan (Part C/Replacement Plan)	Medicare Supplement (Medigap Plan)
Tell me more about this coverage.	Combines Medicare Part A & B into policy administered by a private insurance company. (An Advantage plan <i>replaces</i> Medicare A & B.)	A policy which is <i>in addition</i> to your Original Medicare A & B.
Also Known As	Medicare Replacement Plan, Medicare Part C	Medigap Policy or Med supp
What doctors can I see?	Stricter network restrictions. Typically, no coverage outside network or you may more unless dire emergency.	Works nationwide with any provider that accepts Original Medicare.
Will my benefits change?	Benefits can change year to year.	Benefits stay the same year after year.
Is drug coverage included?	Most include drug coverage. If not, prescription drug coverage options are typically limited to SeniorCare or VA drug coverage.	No. A person can get prescription drug coverage through a Part D plan, SeniorCare or VA drug coverage.
Benefits	Provides benefits covered under Original Medicare A & B at a minimum. Copays for medical copays up to the plan's annual out of pocket maximum. May provide benefits above and beyond original Medicare (see below).	Depending on policy and riders selected, pays the Medicare co-insurance and Medicare deductibles. Generally, a person pays their monthly premium for their Medicare supplement and receives no additional bills if it is a Medicare approved service.
Are there any other benefits?	Additional benefits may be offered such as routine dental care, gym membership, OTC drug programs, etc. These benefits can change year to year.	WI insurance law requires policies to include coverage for certain medical services when not covered by Medicare such as an <b>additional</b> 30 days of Skilled Nursing Facility Care, home health visits, Chiropractic, etc. if certain criteria is met. Referred to as "Wisconsin Mandated Benefits"
Can I enroll in a plan at any time?	No. A person can only enroll in this type of plan if they have a Special Enrollment Period or during Medicare's Open Enrollment.	Yes. (see more about health underwriting below).
Do I have to pass any health test?	No. If a person wants to enroll in a plan and has a valid enrollment period, they can enroll.	Yes, <u>except</u> the first 6 months a person has Medicare A <u>and</u> B or <b>if they have Guaranteed Issue rights</b> . If a person is not new to Medicare and does not have Guaranteed Issue rights they will have to pass health underwriting. If so, insurance companies can deny or increase rates based on preexisting conditions.
Can I drop this plan at any time?	No. A person can only drop this type of plan if they have a Special Enrollment Period or during Medicare's Open Enrollment.	Yes. Please be aware if you drop this type of plan and later want back in, you may have to pass the health underwriting of the plan. Supplements can deny or increase rates based on preexisting conditions in some circumstances.
What is the monthly cost of the plan? Will I have copayments?	Cost: \$0 - <b>\$250+ (2025)</b> per month plus copayments for medical services up to plan's out of pocket maximum. (Premiums and copayments vary by plan)	Cost: \$120-\$400+ per month per person but typically, zero or minimal copayments for medical services depending on riders selected. Premiums vary based on age, zip code, gender, etc.
Do I still have to pay my Medicare Part B premium?	Yes. Consumer still pays Part B premium (and Part A premium if applicable).	Yes. Consumer still pays Part B premium (and Part A premium if applicable).
Who can help me enroll?	Enroll online at Medicare.gov, by phone 1-800-MEDICARE, local insurance agent, or Benefit Specialist at the ADRC	Sold by local private insurance agents or companies (Plans are viewable on Medicare.gov, cannot enroll online or by calling Medicare or at local ADRC)

## Private Medicare-Related Health Insurance Agencies

The ADRC **does not endorse** any of the insurance agencies, but the list below is not all inclusive and subject to change. We did not include agents who are not affiliated with an agency. You may have a trusted insurance agent not on our list who can write Medicare-related health insurance policies.

It is advisable that you call the **Wisconsin Office of the Commissioner of Insurance (OCI)** Customer Affairs team at **1-800-236-8517** to check to see if the agent you want to work with is licensed to sell Medicare-related health insurance in Wisconsin and ask any insurance-related question you may have.

Find out if the person is an “agent” or a “broker”. Agents have to pass a test for each insurance company to be able to sign a person up for that particular policy, ensuring their in-depth knowledge and ability to earn commission. If there is a particular insurance company that you want, be sure to ask the agency if they have agents that can write policies for that specific insurance company. However, if you want to shop for a plan, policy, and are looking for the best price, you may choose to use a broker as they can recommend options from all companies. They may charge you a fee.

If you are confident that you want a certain type of coverage (Supplement vs Advantage Plan) be firm with the agent on what you’re looking for. If they don’t listen, go elsewhere. Read the back page to see what appropriate vs prohibited agent behavior is, and report to OCI if necessary.

It is highly advisable to talk to a couple different agencies and/or agents. Deciding on your health insurance is an important decision that you should “shop around” and explore your options.

Affiance Insurance Group, 2411 N Hillcrest Prkwy Ste 1D	Altoona, WI 54720	715-514-5554
Apex Insurance Group of WI, 1400 Main St	Bloomer, WI 54724	715-568-5050
Spectrum Insurance, 318 N. Bridge St	Chippewa Falls, WI	715-723-8135
Apex Insurance Group of WI, 215 Main St	Cornell, WI 54732	715-239-6566
Chippewa Valley Advisors, 1101 W. Clairemont Ave, Ste 2C	Eau Claire, WI 54701	715-514-2626
Insurance Associates, 3413 Golf Rd	Eau Claire, WI 54701	715-832-1772
The Insurance Center, 3301 Golf Rd Suite #101	Eau Claire, WI 54701	715-836-7675
Mediquest, 505 S. Dewey St #103	Eau Claire, WI 54701	715-559-9782
Midwest Select Ins. Grp, 1101 W Clairemont Ave, Ste 2E	Eau Claire, WI 54701	715-309-5495
Spectrum Insurance, 4233 Southtowne Dr Ste 1	Eau Claire, WI 54701	715-858-9865
Keystone Financial, 4252 Southtowne Dr, Suite D	Eau Claire, WI 54701	715-835-6022
Senior American Benefits, 316 N Barstow #J	Eau Claire, WI 54703	715-831-1311
Apex Insurance Group of WI, 1515 Stout Rd #1	Menomonie, WI 54751	715-235-5519
Huff Insurance Group, 120 W 8 <sup>th</sup> Ave	Stanley, WI 54768	715-829-8842

PROHIBITED AGENT/BROKER BEHAVIOR for MA/PD PLANS	APPROPRIATE AGENT/BROKER BEHAVIOR for MA/PD PLANS
Cannot state that they are from Medicare or use words or symbols, including “Medicare” in a misleading manner. For example, they cannot state that they are approved, endorsed or authorized by Medicare, are calling on behalf of Medicare, or that Medicare asked them to call or see the beneficiary.	May call a beneficiary who has expressly given advanced permission (e.g., submission of a business reply card or scope of appointment (SOA)). Must use the CMS-approved third-party marketing organization disclaimer language in the first minute of the call. All calls must be recorded and stored.
May not market to beneficiaries door to door, including leaving materials at a beneficiary's doorstep.	May leave information at residence when scheduled appointment results in a no-show. May call a beneficiary they enrolled in a plan to discuss plan business, as well as discuss the availability of other plan options/types within the same parent organization. Disenrolled beneficiaries may also be called for quality improvement purposes.
Cannot send unsolicited text messages or leave voicemail messages.	May call or visit beneficiaries who attended a marketing/sales event if prior permission was given and documented.
May not approach beneficiaries unsolicited (e.g. door to door, walking up to cars, and approaching in parks and supermarkets)	May initiate a phone call to confirm an appointment. A second SOA must document additional product types of interest to the beneficiary that were not agreed to in advance.
Cannot conduct marketing/sales activities in healthcare settings except in common areas. Restricted areas include, but are not limited to exam rooms, hospital patient rooms, dialysis centers and pharmacy counter areas.	May conduct marketing/sales activities in common areas of healthcare settings. Appropriate common areas include waiting rooms, cafeterias, community or recreational rooms and conference rooms in hospitals, nursing homes, assisted living centers or other congregate housing.
Cannot make unsolicited calls, including contacting beneficiaries under the guise of selling a non-Medicare Advantage (MA) or non-Prescription Drug Plan (PDP) product.	Must secure a documented SOA. Marketing/sales events do not require documentation of beneficiary agreement.
Cannot provide meals at marketing /sales events.	Refreshments and snacks may be provided at marketing/ sales events.
Cannot conduct marketing or sales activities at an educational event including distributing marketing materials or enrollment forms.	May schedule appointments with beneficiaries who live in long-term care facilities and other congregate housing only upon request by the beneficiary.



# Advantage Plans (Part C or Replacement Plans)

<b>Do I still pay Part B Premium?</b>	Yes
<b>Premium for Advantage Plan</b>	\$0 - \$269 per month for 2026 in Chippewa County. Varies by plan.
<b>Out-of-pocket medical costs</b>	Copayments for medical services up to plan's out pocket maximum. Copays & out of pocket maximum vary by plan.
<b>Providers</b>	Generally, you have to go to providers within the plan's network or you may pay more or all of the cost.
<b>Restrictions</b>	Referrals to see specialists & prior approval for services <i>may</i> be required.
<b>Drug Coverage</b>	Most plans include drug coverage. If not, prescription drug coverage options are typically limited to SeniorCare or VA drug coverage.
<b>Additional Benefits like Dental &amp; Vision</b>	Plans may offer additional benefits such as routine dental care, gym membership, OTC drug programs, and other things not covered by Original Medicare. Additional benefits vary by plan & can change year to year.
<b>Positives</b>	Lower premium options, no health underwriting, plans provide protections on how much you can be charged for services in a year, plans frequently provide extra benefits like dental & vision
<b>Negatives</b>	Less predictable costs, most plans restrict providers who you can see, referrals to see specialist & prior authorization for services may be required, benefits can change year to year, you need a special reason to disenroll from the plan

Example: Ruth is 68 years old. She pays nothing for Medicare Part A, **\$206.50 (2026) per month for Medicare Part B.** She decided to get her Medicare coverage through an Advantage Plan for an additional \$40 per month.

She is now fully recovered after having total hip surgery. On top of her monthly premium, Ruth has copays for her doctor visits, MRIs, surgery, two nights in the hospital, and outpatient physical therapy. Under the plan Ruth is enrolled in, she has copays that total \$1200 for the services listed above.

Ruth pays her monthly premiums but has copays for most medical services up to the plans limit. Additionally, with an Advantage Plan, Ruth was only able to choose from medical providers within her Advantage Plan's network.

# Compare types of Medicare Advantage Plans

	<b>HMO</b> Health Maintenance Organizations	<b>PPO</b> Preferred Provider Organizations	<b>MSA</b> Medicare Medical Savings Accounts (Medicare Handbook 2026 page 67)	<b>SNP</b> Special Needs Plan
<b>Premium</b> Is there a premium in addition to the Part B premium?	<b>Yes</b> Many charge a premium.	<b>Yes</b> Many charge a premium.	<b>No</b>	<b>Yes</b> Many charge a premium.
<b>Drugs</b> Does the plan offer Medicare drug coverage (Part D)?	<b>Usually</b> If you join an HMO Plan that doesn't offer drug coverage, you can't get a separate Medicare drug plan.	<b>Usually</b> If you join a PPO Plan that doesn't offer drug coverage, you can't get a separate Medicare drug plan.	<b>No</b> You may join a separate Medicare drug plan.	<b>Yes</b> All SNPs must provide Medicare drug coverage (Part D).
<b>Primary Care</b> Do I need to choose a PCP?	<b>Usually</b>	<b>No</b>	<b>No</b>	<b>Varies by plan</b> Some SNPs require you to choose.
<b>Referrals</b> Do I need a referral from my doctor to use a specialist?	<b>Yes</b>	<b>No</b>	<b>No</b>	<b>Maybe</b> If the SNP is an HMO, you need a referral. If the SNP is a PPO, you don't need a referral.
<b>Providers</b> Can I use any doctor or hospital that accepts Medicare for covered services?	<b>Sometimes</b> You generally must get your care and services in the plan's network. In an HMO Point-of-Service (HMOPOS) Plan, you may get services out of network for a higher cost.	<b>Yes</b> Each plan has a network that you may go to. You may also go out of the plan's provider network, but your costs may be higher.	<b>Yes</b> Generally doesn't have network providers. You may go to any Medicare-approved provider for services Original Medicare covers.	<b>Sometimes</b> If your SNP is an HMO or PPO, it follows those rules.

Not listed on this chart is another Medicare Health Plan, called a **Cost Plan**.

- In general, you can join even if you only have Part B.
- If you have Part A and Part B and go to a non-network provider, Original Medicare covers the services. You'll pay the Part A and Part B coinsurance and deductibles.
- You can join any time the Medicare Cost Plan is accepting new members.
- You can leave any time and return to Original Medicare.
- You can join a separate Medicare drug plan, or you can get Medicare drug coverage (Part D) from the Medicare Cost Plan (if offered). You can choose to get a separate Medicare drug plan even if the Medicare Cost Plan offers Medicare drug coverage. You can only add or drop drug coverage at certain times.



## Chippewa County 2026 Advantage Plans

Disclaimer: Information provided is subject to changes/error. Contact the plan directly to confirm details, networks, and accuracy. Information provided courtesy of the ADRC of Chippewa County.

**Networks: Mayo Clinic is ending participation in 2026 with all Humana and most United Healthcare (UHC) plans.\***

Phone	Organization Marketing Name	Plan Name	Plan Type	Premium	In-Network MOOP	Out-Network MOOP
1-800-460-4641	Group Health of Eau Claire	Cooperative Medicare Advantage (HMO)	HMO	\$0.00	\$6,000.00	No coverage
1-888-873-0686	Humana	Humana USAA Honor Giveback (PPO)	PPO	\$0.00	\$6,000.00	\$10,100.00
1-888-873-0686	Humana	HumanaChoice H7617-007 (PPO)	PPO	\$47.00	\$9,250.00	In/out comb \$13,900
1-888-873-0686	Humana	Humana USAA Honor Giveback (PPO)	PPO	\$0.00	\$6,000.00	\$10,100.00
1-888-873-0686	Humana	Humana USAA Honor Giveback (Regional PPO)	Regional PPO	\$0.00	\$6,750.00	\$10,100.00
1-888-873-0686	Humana	HumanaChoice R5361-002 (Regional PPO)	Regional PPO	\$103.00	\$7,200.00	In/out comb \$13,900
1-800-906-5432	Medica	Medica Prime Solution Thrift w/Rx (Cost)	Cost	\$92.80	\$6,750.00	Revert to Original Medicare
1-800-906-5432	Medica	Medica Prime Solution Thrift (Cost)	Cost	\$0.00	\$6,750.00	Revert to Original Medicare
1-800-906-5432	Medica	Medica Prime Solution Focus (Cost)	Cost	\$0.00	\$4,000.00	Revert to Original Medicare
1-800-906-5432	Medica	Medica Prime Solution Focus w/Rx (Cost)	Cost	\$236.70	\$4,000.00	Revert to Original Medicare
1-800-906-5432	Medica	Medica Prime Solution Standard (Cost)	Cost	\$0.00	\$5,900.00	Revert to Original Medicare
1-800-906-5432	Medica	Medica Prime Solution Core (Cost)	Cost	\$0.00	\$4,900.00	Revert to Original Medicare
1-800-983-7587	Network Health	Network Health Prime (MSA)	MSA	\$0.00	Not Applicable	Not applicable
1-877-998-0998	Security Health	Spirit (HMO-POS)	HMO-POS	\$0.00	\$1,500.00	In/out comb \$1,500
1-877-998-0998	Security Health	Essence Rx (HMO-POS)	HMO-POS	\$87.00	\$3,800.00	In/out comb \$3,800
1-877-998-0998	Security Health	Compass (HMO-POS)	HMO-POS	\$0.00	\$3,400.00	In/out comb \$3,400
1-877-998-0998	Security Health	Legacy Rx (HMO-POS)	HMO-POS	\$269.00	\$2,200.00	In/out comb \$2,200
1-877-998-0998	Security Health	Esteem Rx (HMO-POS)	HMO-POS	\$0.00	\$5,000.00	In/out comb \$5,000
1-800-555-5757	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA01	PPO	\$0.00	\$6,700.00	In/out comb \$10,100
1-800-555-5757	UnitedHealthcare	AARP Medicare Advantage Patriot No Rx WI-MA02	HMO-POS	\$0.00	\$6,700.00	No Coverage
1-800-555-5757	UnitedHealthcare	AARP Medicare Advantage from UHC WI-0015	HMO-POS	\$0.00	\$6,700.00	No coverage

\*UHC commercial and group retiree plans will still have Mayo in network.

The DSNP plans listed below are only available to people who have both Medicaid and Medicare.

Phone	Marketing Name	(Dual Eligible Special Needs) Plan Name	Plan Type	
1-833-668-2383	Anthem BCBS	Anthem Full Dual Advantage (HMO D-SNP)	HMO D-SNP	
1-833-668-2383	Anthem BCBS	Anthem Full Dual Advantage 2 (HMO D-SNP)	HMO D-SNP	
1-800-460-4641	Group Health of Eau Claire	Cooperative Advantage (HMO D-SNP)	HMO D-SNP	
1-877-998-0998	Security Health	Ally Rx (HMO D-SNP)	HMO D-SNP	
1-888-834-3721	UnitedHealthcare	UHC Dual Complete WI-D001 (PPO D-SNP)	PPO D-SNP	
1-888-834-3721	UnitedHealthcare	UHC Dual Complete WI-D002 (HMO-POS D-SNP)	HMO-POS D-SNP	
1-888-834-3721	UnitedHealthcare	UHC Dual Complete WI-V001 (HMO-POS D-SNP)	HMO-POS D-SNP	

# Breaking Down Part C – How to Decide Between Medicare Advantage Plan Options

Factors to consider:



## County of Residence

Make sure you are searching in the right County. Talk with the ADRC in the County where you live to find out the most up to date options. Friends, relatives or even TV ads from different areas may suggest plans that are not offered where you live.

## Provider Network

Medicare Advantage plans may restrict your care to a network, or allow you to go out of network for a higher copay. Make sure the providers you want to receive care from are in the plan's network before signing up.

## Maximum Out of Pocket

A combination of all out-of-pocket **medical** expenses within the plan year; deductibles, copays/coinsurance (doesn't include medication copays). Applies to most services except for preventive care. Make sure you consider how much you could end up paying out of pocket

## Drug Coverage

Medicare Advantage plans require that you take the drug coverage that comes with the plan unless you have SeniorCare or Veteran's drug coverage. The Medicare.gov Plan Finder tool is the best way to find out if the plan will cover all of your current medications, and that your pharmacy is in network with the plan. The plan finder will also give you estimates on medication copays.

## Premiums

The plan premium is a consideration, but shouldn't be the lone decision factor. Sometimes a \$0.00 premium plan seems less expensive, but the out-of-pocket costs could be much higher.

## Extra Benefits Varies by plan

Medicare Advantage plans must follow Medicare guidelines for medical coverage but are allowed to offer more than Original Medicare. Example: Medicare Advantage plans may offer a free gym membership, preventive dental, preventive vision, and hearing aid coverage, in-home support, flex accounts, transportation, and groceries.

2026

## Step 1: Narrow Down a Plan that Covers Well (Worksheet for Advantage Plans)

We recommend comparing online either at [www.medicare.gov](http://www.medicare.gov) or on the plan's website, and then call the plan directly to confirm accuracy and get more detailed information (see below to write in the answers).

Plan 2 (name):		Plan 2 (name):
<b>County of Residence</b> "Is this plan offered in my county?"	Answer:	
<b>Provider Network</b> "Is my doctor/hospital in network?" "Where can I go to the doctor?" "If I travel, what is the coverage?"	Answer:	
<b>Maximum Out of Pocket</b> "What is the maximum I'll pay for in network?" "Is there a max for out-of-network?"	Answer:	
<b>Drug Coverage</b> "Are all my drugs on the formulary?" "Are there quantity limit issues?" "Is my pharmacy in network?" "All drug tiers apply towards deductible?"	Answer:	
<b>Premiums</b> "What is the monthly premium?" "Is there a Part B premium reduction?"	Answer:	
<b>Extra Benefits</b> "What is the dental, vision, and hearing coverage - and what's the provider network?" "What extra benefits are offered?"	Answer:	

## Step 2: Pricing Breakdown (Worksheet for Advantage Plans)

After you find plans with general coverage that meet your needs, you can compare cost break-downs.

Plan Name:	Plan 1 Name:	Plan 2 Name:
Part C Premium (Health+Drug):		
Health Deductible:		
Out-of Pocket Maximum:		
Out of Network Fee (OON)		
Cost for Doctor Visits:		
Cost for Specialist Visit:		
Cost for Rehab: PT, OT, ST		
Cost for Chiropractor (Medicare approved):		
Outpatient Mental Health:		
Outpatient Services/Surgery:		
Cost for Inpatient Hospital		
Cost for Skilled NH facility:		
HomeHealth Care:		
Ambulance:		
Emergency Care:		
Urgent Care:		
Durable Medical Equipment:		
Chemotherapy:		
Diabetic testing supplies:		
Diagnostic Tests and Lab services:		
Preventitive:		
OTC mail order		
Renal Dialysis:		
Part B Rx		
Additional Benefits		

## Ways to compare and change your plan 24/7:



**Call 1-800-MEDICARE  
(1-800-633-4227)**  
Or contact plans directly



**Go online to Medicare's  
Plan Finder tool**

[www.Medicare.gov/plan-compare](http://www.Medicare.gov/plan-compare).

### Why It's Important Not to Skip Comparing Plans

Companies can (and do) change their coverage, prices, premiums, deductibles, copays, network pharmacies, and network providers. Just because you were happy with your plan this year, doesn't necessarily mean it will be the same for the next year – Additionally, just because a plan works well for your friend, doesn't mean it will work best for you. It's important to find the best plan that fits your individual needs. Most people will be “locked in” the plan for the entire calendar year.

### How to Compare Plans

If you're comparing coverage yourself (or with the help of a trusted family or friend), you can do it by **calling 1-800-Medicare (1-800-633-4227)** or **online at [www.medicare.gov](http://www.medicare.gov)**. See the next pages for self-help instructions for both methods.

**Important Note:** After you find a plan that you're interested in, we HIGHLY encourage you to call the plan directly to confirm the information is accurate before you enroll with the plan, which you can do in the same phone call. Unfortunately, the online PlanFinder, and the information that 1-800-Medicare agents have, is subject to errors so it's always best to confirm directly with the plan itself when making such an important decision.

### Keep Track of Deadlines – Put on Your Calendar

- October 15.....Open Enrollment starts
- December 7 .....Open Enrollment ends / **last day to make a switch**
- January 1 .....The plan you choose will go into effect

### Know Where to Turn for Help

If you end up needing additional help after trying on your own, here's some other Helplines:

- Medicare .....1-800-633-4227 (open 24/7)
- Medigap Helpline .....1-800-242-1060
- Part D Helpline .....1-855-677-2783
- ADRC of Chippewa County ....1-715-726-7777 (limited availability)



## Compare Coverage by Phone – Step by Step Instructions



### 1. Gather these items:

- ☒ Medicare card
- ☒ List of prescription drugs (the name, dosage, quantity)
- ☒ Preferred pharmacy names/zip codes
- ☒ Paper and pencil - for taking notes



### 2. Prepare for the call

- ☒ Write down the current date and time of the phone call:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
- ☒ Call Medicare at 1-800-633-4227
- ☒ Rep's name/Call Reference #: \_\_\_\_\_



### 3. Say what you're looking for:

- ☒ Part D (drug coverage only), or
- ☒ Advantage Plan (bundles health and drug coverage)



### 4. Review & Compare Plans

- ☒ Look at plans from **lowest yearly cost** to highest
- ☒ Ask for the "**Plan Details**" to compare:

	Plan 1 name:	Plan 2 name:
Premium & deductible		
Drug costs (monthly/yearly)		
Pharmacy network status		
Drug restrictions		
All drugs covered?		
Drug copays?		



### 5. Verify with the Plan – Not required but HIGHLY encouraged

- ☒ Ask Medicare to transfer you to the plan
- ☒ Confirm cost details are accurate
- ☒ Advantage Plans, ask: Are my providers in-network; what are copay costs, and dental, vision, hearing benefits; are prior authorizations and referrals needed?



### 6. Enroll in Your Chosen Plan

- ☒ Ask to enroll over the phone
- ☒ Write confirmation #: \_\_\_\_\_





# Compare Coverage Online - Step by Step Instructions

*Read back page for tips!*



## 1. Go to the Website

- ✓ Open your browser and type: [www.Medicare.gov](http://www.Medicare.gov)



## 2. Log In, Create an Account, or General Search

- ✓ Click "**Log In**" if you already have a Medicare account
- ✓ OR click "**Create Account**" and enter:
  - Medicare number & Part A start date
  - Name, date of birth, ZIP code, email (required)
  - Choose username, password, and a secret question
- ✓ OR click "Find Plans Now" for a General Search, but nothing will be saved, including your medication list



## 3. Start Your Plan Search

- ✓ From your homepage, click "**Find Plans Now**"
- ✓ Enter your ZIP code and coverage type



## 4. Add Your Medications

- ✓ Type the name of each prescription drug
- ✓ Add dosage, quantity, and how often you take it
- ✓ Click "**Done Adding Drugs**"



## 5. Choose Your Pharmacies

- ✓ Select up to 5 pharmacies to see best pricing (include mail order if you want)
- ✓ Click "**Done**"



## 6. Review & Compare Plans

- ✓ Look at plans from **lowest yearly cost** to highest
- ✓ Check the box to compare plans side-by-side
- ✓ Click "**Plan Details**" to check:
  - Premiums & deductibles
  - Monthly/yearly drug costs
  - Pharmacy network status
  - Drug restrictions & coverage phases



## 7. Call and verify with the Plan – Not required but HIGHLY encouraged

- ✓ Phone number is on the top of the Plan Details page for the plan you're interested in
- ✓ Confirm PlanFinder cost details are accurate with the representative on the phone
- ✓ Advantage Plans, ask: Are my providers in-network; what are copay costs, and dental, vision, hearing benefits; are prior authorizations and referrals needed?
- ✓ If the plan's information matches the Planfinder data, you can enroll over the phone



## 8. If you want to enroll online with the Planfinder Tool on Medicare.gov:

- ✓ Click "**Enroll**" and fill out your information
- ✓ Print or save your confirmation

Scan the code below with your phone's camera, click the pop-up, and watch a tutorial!

YouTube



[www.youtube.com/watch?v=8bLdJoPRiBo](http://www.youtube.com/watch?v=8bLdJoPRiBo)



## ADRC's tips for using [www.medicare.gov](http://www.medicare.gov) to find a plan

- ✓ Be sure to update all your medications before running the Planfinder to check Part D or Part C/ Advantage plans.
- ✓ Select up to 5 pharmacies to get the best pricing.
- ✓ The first plan listed is always your current plan, then after that, the Part D or Part C/Advantage plans will be listed in order of most cost-effective plans.
- ✓ The drug pricing on Medicare.gov's website/Planfinder is an estimate. Drug prices can and do fluctuate throughout the year but the Planfinder is the best way to be able to compare plans.
- ✓ It is highly advisable to call the Part D or Part C/Advantage plan that is coming up as the best plan for the next year to verify the costs of all your medications at the pharmacy of your choice. If you are in a Part C/Advantage Plan, you also would want to verify the following with the plan: Are my providers in network? Are there prior authorizations needed? Are referrals to see specialists needed? What are the extra benefits: Over the Counter medications, dental, vision, hearing, gym memberships, etc. There is always a non-member number listed for each plan on your Planfinder results.
- ✓ Open enrollment runs from Oct. 15-Dec. 7. So if you do want to change to a different Part D or Part C / Advantage Plan, you would need to do this before Dec. 7. It is best to not run the Planfinder that first week as there are often errors/glitches with it. You can enroll into a new Part D or Part C/Advantage plan by calling the plan, enrolling online on the medicare.gov website, or by calling 1-800-Medicare which is open 24/7.
- ✓ If the Planfinder results show that your current plan is also the most cost-effective plan, it is still highly advisable to call the plan directly to verify Planfinder results. Your current plan will continue for the next year if other coverage isn't selected.