Medicare

Then – Now - Next

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SourcePoint Volunteer

In 2025 OSHIIP...

Educated



518,162
at free public events



Saved Ohio Medicare patients

$77 million



Assisted

80,071
disabled Ohioans to navigate Medicare

Provided free counseling and claims help

342,628
Medicare patients, families, caregivers





Enrolled

331,113
Ohioans into financial savings programs and cost-effective plans



Reached

228,329
underserved (rural, low-income, English as second language) Ohioans

What is SourcePoint?

In-Home Care Services

Basic nursing services

Help with home chores

Meals on Wheels

Medical transportation

Counseling

Respite care

Community Programs

On- and off-site programs

Health and wellness

Insurance education

Caregiver support

Falls prevention

Arts and education

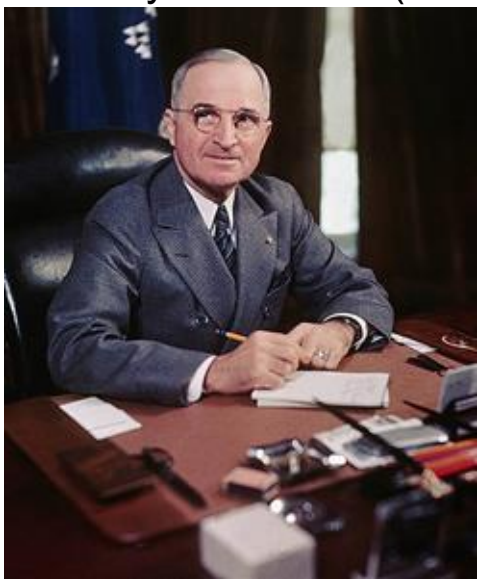






Happy 60th Birthday Medicare!

President Harry S. Truman (1945-1953)



Medicare signed into law by LBJ July 30, 1965 and first effective 7/1/1966





Medicare Milestones

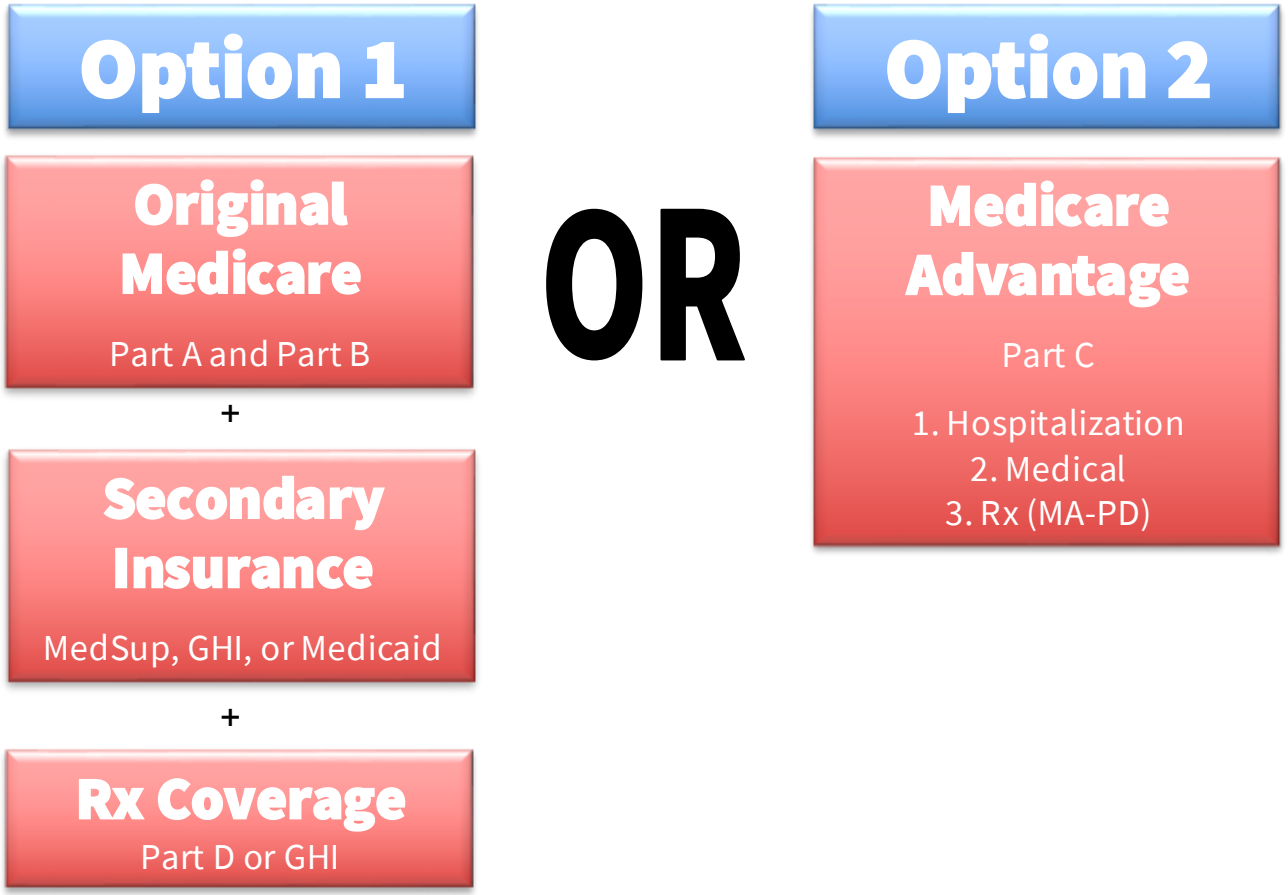
- 1966 – Medicare goes into effect July 1; Parts A and B; age 65 only
- 1972 – disability and ESRD eligibility added
- 1992 – taming the wild west: standardized Medigap policies
- 1997 – Part C Advantage Plans (originally Medicare+Choice)
- 2001 – disability waiting period waived for ALS
- 2006 – Part D drug coverage (start of the “donut hole”)
- 2010 – Affordable Care Act begins phasing out donut hole
- 2022 – Inflation Reduction Act
  - donut hole replaced with annual OOP cap
  - Medicare allowed to negotiate drug prices
  - $35 insulin cap

As of June 2026 there are 70.6 million individuals enrolled in Medicare

What is Medicare?

Federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS) for those who are:

- 65 and older
- any age and Disabled
- diagnosed with End Stage Renal Disease (ESRD) or ALS



Medicare Part A and Part B

Part A- Hospital

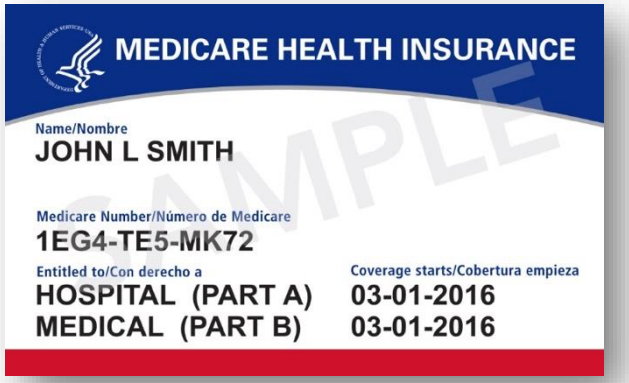
- Inpatient Hospitalization
- Skilled Nursing Facilities
- Home Health Care
- Hospice

Part B- Medical

- Outpatient Services
- Doctors/Providers
- Preventive Benefits
- Durable Medical Equipment

Medicare was never intended to pay 100% of health care costs

Medicare does not cover non-medically necessary services or care outside the USA in most cases



What's NOT Covered by Original Medicare?

- Long-Term Care
- Dentures & most dental care
- Eye exams related to prescribing glasses
- Services outside of the USA
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting them
- Routine foot care

Preventive and Screening Services



Cancer Screenings

- Cervical & vaginal cancer screening
- Colorectal cancer screenings
- Lung cancer screening
- Mammograms (screening)
- Prostate cancer screenings



Cardiovascular Health

- Abdominal aortic aneurysm screening
- Cardiovascular disease screenings
- Cardiovascular disease (behavioral therapy)



Disease & Condition Screenings

- Alcohol misuse screenings & counseling
- Bone mass measurements (bone density)
- Depression screenings
- Diabetes screenings
- Diabetes self-management training
- Glaucoma tests
- Hepatitis B shots
- Hepatitis B Virus (HBV) infection screening
- Hepatitis C screening test
- HIV screening
- Obesity screenings & counseling
- Sexually transmitted infections screening & counseling
- Tobacco use cessation counseling



Visits & Therapy

- Nutrition therapy services
- One-time "Welcome to Medicare" preventive visit (1st 12 months ONLY)
- Yearly "Wellness" visit



Vaccines

- COVID-19
- Flu
- Hepatitis B
- Pneumococcal
- Shingles
- RSV

Original Medicare Costs in 2026

Part A - Hospital

Monthly Premium

- $0 for most people
- 31-39 credits $311 per month
- 30 or less credits $565 per month

Hospital Deductible

- $1,736 per benefit period

Hospital Daily Copay

- Days 1-60: $0
- Days 61-90: $434
- Days 91-150: $868

Skilled Nursing Daily Copay

- Days 1-20: $0
- Days 21-100: $217

Part B - Medical

Monthly Premium

- $202.90 for most
- Can increase with higher incomes
- 10% penalty for each year of delayed enrollment

Annual Deductible

- $283

Copayments for Services

- 20% of Medicare approved amount
- No MOOP (Max Out Of Pocket)

Medicare Supplement Insurance

Plans are standardized

- All companies sell the same plans with the same coverage
- Premiums will vary from company to company
- Plans A, B, **C**, D, **F**, G,K, L, M, N

Note: Plans C and F are not available to people eligible for Medicare on or after January 1, 2020

No Network

Pay after Original Medicare (Parts A & B)

Guaranteed Issue

- Open Enrollment - 6 months beginning with Part B effective date at age 65 or older
- Special Circumstances - ex. 63 days after loss of coverage
- Medical underwriting if apply or wish to make a change outside of guaranteed issue period

Medicare Advantage Plan Elements

- Health and Drug Deductibles
- ER and Urgent Care are always in network
- Maximum Out-of-Pocket (MOOP)
- Standard PCP and Specialist Copays
- Varying Copays or Coinsurance per service
- Many include dental, vision and hearing benefits

Medicare Drug Coverage Stages

Stage 1: Yearly Deductible

- Ranges from $0 to $615 in 2026 ($700 in 2027), depending on insurance company plan
- Deductible does not apply to some drugs (e.g. generics)

Stage 2: Initial Coverage

- Pay your share of cost for each drug based on what tier it is in
- $35/mo. cap for most insulins
- Stay in this stage until you hit annual cap of $2,100 in 2026 ($2,400 in 2027)
  - ➢ Cap applies only to drugs on insurance plan formulary

Stage 3: Catastrophic Coverage

- Once you hit the annual cap, in this stage you pay nothing for your covered Part D drugs
- Consider enrolling with the insurance company in Medicare Prescription Payment Plan if you anticipate hitting the annual cap early in the year

Inflation Reduction Act Drug Negotiations

Drugs with Negotiated Prices in 2026:

• Eliquis	Entresto
• Jardiance	Enbrel
• Xarelto	Imbruvica
• Januvia	Stelara
• Farxiga	Novolog

All part D Plans must include all negotiated drugs on their formulary and lower out of pocket costs are expected.

15 more Part D Drugs coming in 2027

What are they selling?













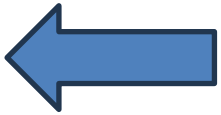
Important Dates

- September
  - The “Medicare & You” Handbook is sent
  - Health and drug plans begin notifying enrollees about changes to their plans. Did you read your **Annual Notice of Change?**
- October
  - October 1, plan information on Medicare.gov
  - October 8, Star Ratings available on Medicare.gov
  - **October 15, Medicare Open Enrollment Begins**
- December
  - **December 7, Medicare Open Enrollment ends**
- January
  - January 1, Medicare health and drug plan coverage begins
- January
  - Medicare Advantage Enrollment Period begins

Open Enrollment Oct. 15 - Dec. 7
Here's what you can do

- Change current Part D plan or enroll in Part D for first time (LEP may apply)
- Change Medicare Advantage Plan
- Switch from Medicare Advantage Plan to Original Medicare
  - In most cases, medical underwriting required to pick up a Medicare Supplement plan
- Switch from Original Medicare to Medicare Advantage
  - One year trial right the first time you do this
- Do nothing (could be a costly decision)
  - Review your current needs and read your Annual Notice of Change. If you don't make any change, you will keep the same plan.

Federal annual open enrollment does not apply to Medicare Supplement policies. Ohio is <u>not</u> one of the states that has birthday rule or other annual window that allows switching to another plan without medical underwriting.



Open Enrollment Checklist

Know your current coverage

Review your Annual Notice of Change

Review plan options on medicare.gov

Know the dates

Changes must be completed by December 7

Call OSHIIP 1-800-686-1578 Mon.- Fri. 7:30am-5pm

Schedule check-up appt at SourcePoint 740-363-6677

Available 2027 Medicare Plans - Delaware County

Part D Drug Plans

- 9 plans
- Drug deductibles $300 - $700
- Premiums $5.30 - $200.40
- $2,400 out-of-pocket spending cap (catastrophic coverage)

Part C Advantage Plans

- 55 plans (43 w/ drug coverage)
- 34 are $0 premium plans; highest premium is $168
- Maximum OOP for in-network services ranges from $3,600-$9,850
- OSU out of network for Humana
- Perennial & Wellcare terminated

Choosing a Drug Plan

Convenience

- Pharmacy Networks (Preferred vs Standard)
- Mail Order Options

Coverage

- Formularies
- Brand vs Generic, Tiers 1 – 7
- Restrictions (Prior Authorization, Quantity Limits, Step Therapy)

Cost

- Premium
- Deductible
- Copays/Coinsurance

Choosing an Advantage Plan

- Must live in plan's service area
- Network types: HMO, PPO
- Find plan that includes your medications
  - Check plan's formulary
  - Enter drugs in plan finder tool at medicare.gov
- Are your doctors, hospitals, providers in the plan's network?

- Review plan's cost structure:
  - Premium
  - Annual OOP maximum
  - PCP/SPC co-pays
  - Cost for hospital days
  - Health/drug deductibles
- After making sure drugs, providers and cost structure fit your needs, look at extra benefits that are important to you:
  - Dental/vision/hearing
  - Fitness, OTC, transportation, Part B giveback

Protect Yourself from Medicare Fraud

PROTECT ⇨ DETECT ⇨ REPORT



- **Protect** your Medicare Number – never give it to any unsolicited contact
- Watch out for prohibited sales tactics:
  - Door to door sales
  - Offering cash gifts (including gift cards) or gifts exceeding $15
  - Individuals who represent themselves as affiliated with Medicare
  - Misrepresentation or incomplete information about plans
- Never accept medical equipment or services “for free” in exchange for your Medicare number
- **Detect** - ALWAYS review your Medicare claims
- **Report** - To report suspicious activity or fraud call:

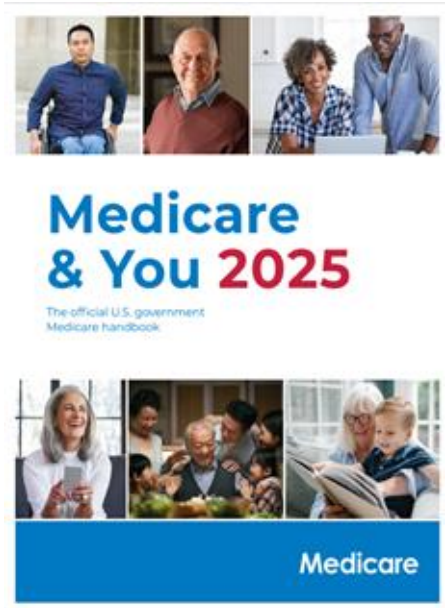
  Medicare 1-800-Medicare

  OSHIIP 800-686-1578

  Senior Medicare Patrol 800-293-4767

Resources right at your fingertips!

Medicare and You Handbook



www.medicare.gov



Helpful Contact Information

740-363-6677
mysourcepoint.org

800-686-1578
insurance.ohio.gov

800-772-1213
ssa.gov

Marion Office:
888-475-0296

Worthington Office:
866-789-0957

800-633-4227
medicare.gov