

Q&A -- Medicare open enrollment

Written by Sen Chuck Grassley
Tuesday, 22 November 2011 16:09

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Q&A on Medicare open enrollment with U.S. Senator Chuck Grassley

Q: What does open enrollment mean for seniors?

A: The Medicare open enrollment period for 2012 is under way. Any enrollee who wants to change plans needs to do so by December 7, 2011. The annual enrollment period applies to Medicare Parts A and B, which is traditional Medicare; the alternative to Medicare Parts A and B, which is Medicare Advantage; and Medicare Part D, which is the prescription drug program added to Medicare in 2003.

During open enrollment, Medicare beneficiaries don't have to make changes if they don't want or need to. They can switch from traditional Medicare to a Medicare Advantage plan, move from Medicare Advantage to traditional Medicare, or switch from one Medicare Advantage plan to another. They can enroll in a Medicare prescription drug plan, drop Medicare prescription drug coverage, or switch from one drug plan to another.

Helpful consumer information is available at www.Medicare.gov/find-a-plan.

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Q: What happens if plans are discontinued?

A: Most Medicare enrollees will not need to change plans, and most enrollees whose current coverage won't be available next year – whether it's Medicare Advantage or one of the Medicare drug benefit plans – will be enrolled automatically in a new plan, as spelled out in a Notice of Change that insurers were required to send beneficiaries in October. However, automatic re-enrollment is not always the case, so it's important to read any paperwork you receive this fall. You may need to re-enroll yourself.

Some insurance plans make changes to prescription drug plans. It might be higher or lower costs, or the dropping or adding of medications. Medicare beneficiaries should examine their plans for 2012 changes. It's important to review your options every year for both financial and health needs.

For 2012, Medicare beneficiaries have plan options that offer enhanced coverage, including zero deductibles and coverage in the gap for generic drugs. In Iowa, there are 33 Medicare prescription drug plans available for 2012. These plans offer additional options, such as coverage in the standard benefit's coverage gap and a deductible below the standard \$310, including plans without a deductible. For 2012, the lowest Medicare prescription drug plan available in Iowa for 2012 is \$15.10 per month. Overall, drug plans have seen a slight decrease in premiums for 2012. I co-authored the legislation that created the Medicare prescription drug program. Competition among insurers was built into the program design to keep costs low for enrollees, and the program has delivered consistently better-than-expected results in keeping premiums low and affordable. Beneficiary satisfaction also is high, with 95 percent of enrollees saying their Part D plan works well, and 94 percent saying it's easy to use, in a survey conducted this year.

Q: What kind of help is available to sort through enrollment questions?

A: Many states, including Iowa, have set up Senior Health Insurance Information Programs.

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Iowa's program provides confidential guidance to individuals, and it's free of charge. Those who have questions about plan options or unresolved issues with plans should call the Senior Health Insurance Information Program, or SHIIP, at [1-800-351-4664](tel:1-800-351-4664).

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