

Winter Newsletter 2015



Roger Ward, CSA

Office: 336-286-9816

Toll-Free: 800-319-8916

Fax: 800-319-8916

rward@rogerwardinsurance.com

415 Pisgah Church Rd. #188
Greensboro, NC 27455-2590

RogerWardInsurance.com

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Life Insurance

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Dental, Cancer, Critical Illness



News You Can Use! Happy New Year!

As 2014 has come to an end, I want to thank you for your support by allowing me to help you with your insurance needs! It is truly a privilege to serve you, and I look forward to helping you again in 2015! If you ever have any questions, please don't hesitate to call or email me.

MEDICARE ANNUAL ENROLLMENT PERIOD ENDED DECEMBER 7, 2014

This year's AEP, my 10th season, was a challenge like no other before! Significant Premium increases by Blue Cross and United HealthCare caused almost everyone to consider other options. While I would love to meet with everyone individually, it is simply not possible in the limited time from October 15 to December 7. So to meet with as many of you as possible, I held over 30 seminars! It was great to see you, and thank you for your attendance!

WHEN CAN I SIGN UP OR CHANGE MY PLAN?

For most of you, October 15 - December 7, 2015 will be the next opportunity to change plans. However, many of you may be able to apply or change sooner if one of the following applies to you.

- 1. New to Medicare or Just turned 65 and/or received Medicare as a result of Disability:** You have 3 months before your Effective Date, the month of, and 3 months after to enroll. Even if you are already on Medicare and you turn 65, you can change plans!
- 2. Extra Help, LIS, Medicaid:** If you receive Extra Help, you can change plans any time of year!! If you have Medicaid, or get help on your Part B Premium (\$104.90), and your Prescription Drug copays are \$1.20 to \$2.55 for Generics, and \$3.60 to \$6.35 for Brands, then Medicare allows you to change plans any time of year! Please call me if this applies to you. *(continued on inside)*

WHEN CAN I SIGN UP OR CHANGE MY PLAN? (CONTINUED)

3. Losing or leaving Employer/Group Coverage:

You have 60 days to enroll in a Medicare Advantage plan, or a Drug Plan and a Medicare Supplement, guaranteed, regardless of your health!

4. Your Medicare Advantage Plan terminated coverage:

If you reside in one of the eleven counties that Blue Cross ended the HMO Standard and Enhance plans (Alamance, Davidson, Forsyth, Stokes, Wake, and 7 others), you have a Special Enrollment Period from December 8 to February 28, 2015. You also have a special opportunity to purchase a Medicare Supplement regardless of your health, Guaranteed! If this applies to you, please call me asap!



SILVER SNEAKERS

The following plans are eligible for the Silver Sneakers Benefit in 2015.

- Aetna Premier PPO and Coventry PPO
- Blue Cross Medicare Supplement Plans, **but not** the Medicare Advantage Blue HMO/PPO
- Humana Medicare HMO, PPO or PFFS plans and Humana Medicare Supplements
- United HealthCare Medicare Complete Choice HMO Plan 1
- United HealthCare Medicare PPO only with the \$19 monthly rider
- United HealthCare AARP Medicare Supplement Plans

SOCIAL SECURITY DEDUCTIONS

If your monthly plan premium is to be deducted from your Social Security Deposit, you need to review the following key points.

1. If your Medicare Plan was a \$0 premium in 2014, but will charge a premium for 2015, Social Security **WILL NOT AUTOMATICALLY DEDUCT** your 2015 premium. Your Insurance Company will send you an invoice for your January premium.

2. If you would prefer your premium to come out of your Social Security deposit, contact the Customer Service number on the back of your ID Card. You can also choose a Bank Draft.

3. Social Security will send you a letter indicating when they will start deducting the premium.

4. Social Security will split the monthly premium into two parts, part as Medical and part as Prescription Drug.

5. Social Security will also deduct the Part B premium, which is \$104.90 for most people in 2015, unless you receive the Extra Help mentioned earlier in this Newsletter.

6. If you changed your plan for 2015, and Social Security deducts the old premium, they will redeposit it the next month when the new premium is deducted. Watch your bank statement carefully during the first few months.

SOCIAL SECURITY BENEFIT STATEMENT



Most of you will soon be receiving your Annual Benefit Statement from Social Security. Here are some points to consider when reviewing it.

1. Your monthly benefit before deductions will reflect a 1.7% increase over 2014.
2. The monthly Part B Premium of \$104.90 did not change for 2015.
3. Please note that if your Medicare Advantage

Plan has a monthly premium, Medicare will prorate part of the premium as Medical, adding it to the \$104.90, and then designate the other part as your Prescription Drug Cost.

4. Note that if you changed plans in late November or early December, your Statement may still reflect the premium of your previous plan.

BLUE CROSS NEWS – PREMIUMS RISE

For 2015, Blue Cross increased the monthly premiums of their plans.

The HMO-Standard Plan from \$0 to \$38.40.
The HMO-Enhanced from \$18.90 to \$64.40.
The PPO-Enhanced from \$38 to \$57.40.

The increases were due to several factors: Reductions in the payments received from Medicare due to the “Stars” performance; Costs assessed by the Government on Insurance Companies to subsidize the new Affordable Care Act (ACA) Insurance plans; Planned reductions in the Payments from Medicare to the Insurance Companies; Rising Medical & Prescription Drug Costs.

Because of the aforementioned, Blue Cross did not renew the HMO-Standard and Enhanced plans in 11 counties including Alamance, Davidson, Forsyth, Stokes, Wake and 6 others. A new plan, HMO-Essential, was introduced for those 11 counties. The PPO plans were not discontinued and still available.

If you are in one of those 11 counties, you have an additional opportunity to change plans until February 28, 2015. This includes changing to a Medicare Supplement Plan, regardless of your health. Please call me if you have any questions.

Blue Cross will no longer offer Silver Sneakers on its Medicare Advantage Plans due to costs and that only about 10% of members used it. Silver Sneakers will continue as a benefit with the Medicare Supplement Plans.

HUMANA NEWS – REFERRALS REQUIRED!



Beginning January 1, 2015, Humana will require a referral form from your Primary Care Physician (PCP) in order to see any Specialist. **This applies even if you have already been seeing your Specialist.** Please contact your PCP prior to seeing any Specialist, otherwise you will be responsible for the entire charge! Network Specialists designated as *Triad Healthcare Network* will be preferred over other Network Specialists without that designation.

AARP/UNITED HEALTHCARE NEWS

For 2015, United Healthcare increased the monthly premiums of their plans.

The HMO-Plan 1 from \$0 to \$35. The PPO-from \$25 to \$50. A new plan, HMO-Plan 2 was also introduced with a \$0 premium.

The same factors contributing to the Blue Cross increases also affected United Healthcare, Reductions in the payments received from Medicare due to the “Stars” performance; Costs assessed by the Government on Insurance Companies to subsidize the new Affordable Care Act (ACA) Insurance plans; Planned reductions in the Payments from Medicare to the Insurance Companies; Rising Medical & Prescription Drug Costs.

AETNA NEWS

As of this writing, January 2015, Morehead Hospital is still Out of Network with Aetna. Morehead did sign and submit a contract with changes to Aetna, but Aetna has not yet approved those changes.

Until a contract is approved, any “**non-emergency**” services **would be covered** at the out-of-network benefit cost share. If you are admitted as a result of an emergency through the Emergency Department, then all services would be covered at the In-Network rate.



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AFFORDABLE CARE ACT NEWS (AKA OBAMACARE)

Deadlines: You can enroll until February 15, 2015. After that, you can't get 2015 coverage unless you qualify for a Special Enrollment Period.

Most people must have health coverage or pay a fee. If you don't have coverage in 2015, you'll pay a penalty of either 2% of your income, or \$325 per adult (\$162.50 per child) — **whichever is higher.**

The Marketplace helps people without health coverage enroll in a high-quality plan online, by phone, or with a paper application. Most people who apply qualify for premium tax credits that lower the costs of coverage. All plans cover essential health benefits, pre-existing conditions, and preventive care.

<https://www.healthcare.gov/quick-guide/one-page-guide-to-the-marketplace/>

IMPORTANT NUMBERS

NC SHIIP: 1-800-443-9354

Medicare: 1-800-Medicare (800-633-4227)

Social Security Admin: Reidsville: 1-866-748-2091

Social Security Admin: National: 1-800-772-1213

Do Not Call Registry: 1-888-382-1222

