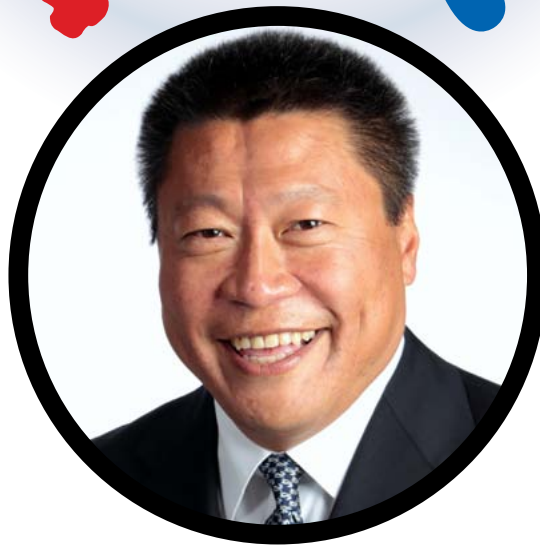


# CT Medicare Update



## Lunch & Learn



**State Senator  
Tony Hwang**

Informational Packet Includes:

Medicare Savings Program Fact Sheet for 2018  
Losing Qualified Medicare Beneficiary Coverage Documents  
Medicare Savings Program Income Eligibility Updates  
Medicare Frequently Asked Questions

# **Medicare Savings Program Fact Sheet for 2018**



**Lunch & Learn**

## Medicare Savings Program

### Fact Sheet for 2018

Connecticut's budget for 2017/2018 includes significant reductions in the eligibility limits for the Medicare Savings Program (MSP). New income amounts are listed below.

Over 100,000 CT Medicare beneficiaries will be impacted, starting January 1, 2018.

<b>MSP Tier</b>	<b>Benefits</b>	<b>2018 Income Limits *</b>
<b>QMB (Q01)</b>	<ul style="list-style-type: none"><li>• Pays your Medicare Part B premium of \$134 per month</li><li>• Pays your Part A premium (for those without 40 quarter of work)</li><li>• Pays the Part A hospital deductible (\$1,340)</li><li>• Pays the Part A Skilled nursing home co-pay of \$167.50 per day for days 21-100</li><li>• Pays the Part B yearly deductible of \$183</li><li>• Pays the 20% co-insurance for any outpatient care (Doctor's visits, diagnostic tests, lab work)</li></ul>	\$1,025/ month for a single person  \$1,374 / month for a married couple
<b>SLMB (Q03)</b>	<ul style="list-style-type: none"><li>• Pays your Medicare Part B premium of \$134 per month</li></ul>	\$1,226 / month for a single person  \$1,644 / month for a married couple
<b>ALMB (Q04)</b>	<ul style="list-style-type: none"><li>• Pays your Medicare Part B premium of \$134 per month ( as funding levels permit, this is not a guaranteed benefit)</li></ul>	\$1,377/ month for single person  \$1,847/ month for married couple

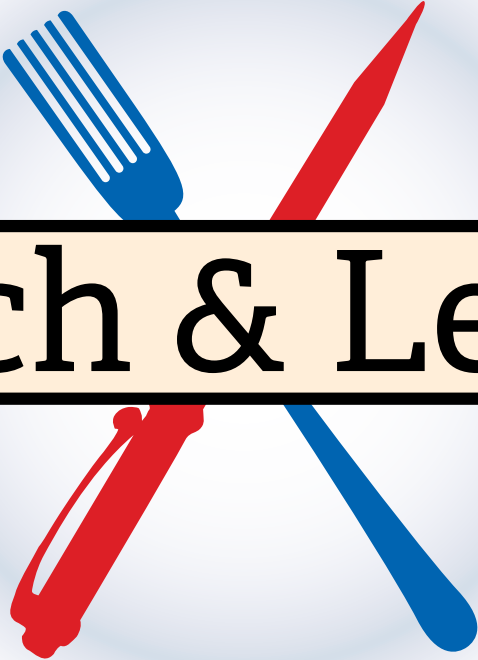
\*Income limits are based on gross income and include all sources of income: *social security, pension, rental income, interest/dividends and part of your wages*. (The first \$65 that you earn in wages is not counted and then only half of the remaining earnings are counted when determining eligibility.)

Eligibility for any of the tiers listed above will automatically qualify you for the federal low income subsidy (LIS) also known as "extra help" which helps pay your Part D prescription plan premium and most of your prescription drug costs.

## Important Things to Consider

- If you currently are on the Medicare Savings Program, but your income is over the new income amounts, you will lose your MSP coverage on January 1, 2018. This means that Social Security will begin deducting the Part B premium of \$134 from your social security check each month. You will still have the “extra help” (LIS) to help cover your prescription costs through 2018 but that extra help will end on December 31, 2018.
- If you are over the income limits for any of the three tiers of the Medicare Savings Program, you may still qualify for the LIS (extra help) beyond 2018.
- The income limits for LIS (extra help) are: \$1,528 / month for single person and \$2,556/ month for a married couple. Asset limits are \$13,820 for single person and \$27,600 for married couple. You can apply through [www.ssa.gov](http://www.ssa.gov) or by calling Social Security at 1 (800) 772-1213.
- If you lose QMB coverage and have one of these two Medicare Advantage Plans (*Anthem MediBlue Dual Advantage* or *Wellcare Access*), you will no longer be entitled to keep either of these plans after January 1, 2018<sup>t</sup>. You should consider purchasing another Medicare Advantage Plan or a Medicare Supplement Plan along with a prescription drug plan.
- If you are losing QMB benefits, you may face significant out-of-pocket medical costs and should consider purchasing a Medicare Supplement (Medigap) insurance plan to pick up the Part A and B premiums and deductibles that QMB was covering or consider a Medicare Advantage Plan as an alternative. Expenses including the hospital “A” deductible of \$1,340 per benefit period, outpatient “B” annual deductible of \$183, outpatient co-pays and \$167.50 per day for nursing facility care greater than 20 days.
- If you want help exploring Medicare Supplement or Medicare Advantage options, or have any questions on the benefits you are losing, call your **local senior center or CHOICES at 800-994-9422**.

**Losing Qualified  
Medicare Beneficiary  
(QMB) coverage  
over age 65**



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## Losing Qualified Medicare Beneficiary (QMB) coverage over age 65



*If you are single and your monthly income is over \$1,025 or married with a combined income of over \$1374, you may be losing your QMB benefits.*

*You may want to consider the following options if you do not have a secondary insurance such as Medicaid or Veterans Health Benefits:*

### Option #1:

**Primary Coverage:** Traditional Medicare (red/white/blue card), you will owe a monthly premium of \$134

**Secondary Insurance:** Purchase any Medigap Plan directly from the plan. Plan F, High deductible Plan F, Plan G or Plan N are popular plans. When selecting, be aware some plans have a period of time where you must wait before your plan will pay for care for a medical problem you had before enrollment, called a pre-existing period. There are many Medigap Plans without pre-existing periods to choose from. Each have different coverage and premiums. Please seek help from a CHOICES Counselor for questions you might have about Medigap Plans.

**Prescription Drug plan** – you may already be enrolled in a Part D drug plan. You will continue to receive the “Extra Help” with your drug plan for all of 2018.

### Option #2:

**Primary Insurance:** Traditional Medicare (red/white/blue card), you will owe a monthly premium of \$134

**Secondary Insurance:** You can choose not to purchase a Medigap Plan; however, you will owe the Medicare Part A deductible (\$1,340 for hospitalization per benefit period) & Medicare Part B deductible (\$183 once a year), copays and co-insurance.

**Prescription Drug plan** – you may already be enrolled in a Part D drug plan. You will continue to receive the “Extra Help” with your drug plan for all of 2018.

## Losing Qualified Medicare Beneficiary (QMB) coverage over age 65

### Option #3:

**Primary and Secondary Insurance Combined with Prescription Coverage:** Enroll into a Medicare Advantage Plan with drug coverage, unless you are already enrolled into one. Medicare Advantage Plans have a network of medical providers that you must receive care from called HMO's or plans where your costs are lowered if you get care from providers in the network (PPO). Enrollment can be through the plan, through 1-800-Medicare, online at the Medicare website: [www.medicare.gov](http://www.medicare.gov) or from a broker, who gets paid for enrolling you into their plan. You will pay your monthly Medicare Part B premium, in addition to any premiums the Medicare Advantage Plan may charge. You will owe deductibles, copays and co-insurance associated with the Medicare Advantage Plan. You will continue to receive help with your prescription costs because you will remain on Extra Help until the end of 2018.

### Option #4:

**Primary Insurance:** Traditional Medicare (red/white/blue card), you will owe a monthly premium of \$134

**Secondary Insurance:** Purchase any Medigap Plan directly from the plan. Plan F, High deductible Plan F, Plan G or Plan N are popular plans. When selecting, be aware some plans have a period of time where you must wait before your plan will pay for care for a medical problem you had before enrollment, called a pre-existing period. There are many Medigap Plans without pre-existing periods to choose from. Each have different coverage and premiums. Please seek help from a CHOICES Counselor for questions you might have about Medigap Plans.

**Prescription Drug plan** – you may already be enrolled in a Part D drug plan. You will continue to receive the “Extra Help” with your drug plan for all of 2018.

**Apply for Husky C Medicaid:** If you meet the asset guidelines of \$1600/single or \$2400/couple, you may consider applying for Medicaid benefits through the Department of Social Services or online at [www.connect.ct.gov](http://www.connect.ct.gov). If you are over income for this program, you can use medical expenses such as your Medigap premiums, Medicare part B premiums and out of pocket medical costs to reduce your income for eligibility.

**Losing Qualified Medicare  
Beneficiary (QMB) coverage  
over age 65 and enrolled in  
a Special Needs Plan**



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## Losing QMB coverage over age 65 and enrolled in a Special Needs Plan



*If you are single and your monthly income is over \$1,025 or married with a combined income of over \$1,374, you may be losing your Qualified Medicare Beneficiary (QMB) benefits.*

*Once you lose QMB, you must have a form of active Medicaid to remain on your Special Needs Plan (SNP), otherwise known as Husky C. Husky C offers more medical coverage than what Medicare provides. There are different income guidelines from QMB and the Department of Social Services considers the money you have in the bank towards eligibility, called assets. You must be at or below \$1600 if you are single and \$2,400 if you are married. While you may be losing your QMB coverage, you may still be able to stay in your Special Needs Plan if you are also on Husky C or another Medicaid program. If your assets are below \$1600 as a single person or \$2,400 as a couple, you might consider applying for Husky C Medicaid and using your new medical expenses to qualify for Husky C. Ask a CHOICES counselor about this as an option. If you are receiving ongoing services in your home through the Connecticut Home Care Program for Elders, you may be receiving Medicaid under a different program.*

*If your assets are over Husky C eligibility, you are probably not on Husky C and should look at the options below.*

### **Option #1:**

**Primary Coverage:** Traditional Medicare (red/white/blue card), you will owe a monthly premium of \$134

**Secondary Insurance:** Purchase any Medigap Plan directly from the plan. Plan F, High deductible Plan F, Plan G or Plan N are popular plans. When selecting, be aware some plans have a waiting period before your plan will pay for care for a medical problem you had before enrollment, called a pre-existing period. There are many Medigap Plans without pre-existing periods to choose

## **Losing QMB coverage over age 65 and enrolled in a Special Needs Plan**

from. Each have different coverage and premiums. Please seek help from a CHOICES Counselor for questions you might have about Medigap Plans.

**Prescription Drug plan** – you may already be enrolled in a Part D drug plan. You will continue to receive the “Extra Help” with your drug plan for all of 2018.

### **Option #2:**

**Primary Insurance:** Traditional Medicare (red/white/blue card), you will owe a monthly premium of \$134

**Secondary Insurance:** You can choose not to purchase a Medigap Plan; however, you will owe the Medicare Part A deductible (\$1,340 for hospitalization per benefit period) & Medicare Part B deductible (\$183 once a year), copays and co-insurance.

**Prescription Drug plan** – you may already be enrolled in a Part D drug plan. You will continue to receive the “Extra Help” with your drug plan for all of 2018.

### **Option #3:**

**Primary and Secondary Insurance Combined with Prescription Coverage:** Enroll into another Medicare Advantage Plan with drug coverage. Medicare Advantage Plans have a network of medical providers that you must receive care from called HMO's or plans where your costs are lowered if you get care from providers in the network (PPO). Enrollment can be through the plan, through 1-800-Medicare, online at the Medicare website: [www.medicare.gov](http://www.medicare.gov) or from a broker, who gets paid for enrolling you into their plan. You will pay your monthly Medicare Part B premium, in addition to any premiums the Medicare Advantage Plan may charge. You will owe deductibles, copays and co-insurance associated with the Medicare Advantage Plan. You will continue to receive help with your prescription costs because you will remain on Extra Help until the end of 2018.

**Losing Qualified  
Medicare Beneficiary  
(QMB) coverage  
under age 65**



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## Losing Qualified Medicare Beneficiary (QMB) coverage under age 65



*If you are single and your monthly income is over \$1,025 or married with a combined income of over \$1,374, you may be losing your QMB benefits.*

*You may want to consider the following options if you do not have a secondary insurance such as Medicaid or Veterans Health Benefits:*

### **Option #1:**

**Primary Coverage:** Traditional Medicare (red/white/blue card) Medicare, you will owe a monthly premium of \$134.

**Secondary Insurance:** Purchase Medigap Plan A, B or C directly from the plan. When selecting, be aware some plans have a waiting period before your plan will pay for care for a medical problem you had before enrollment, called a pre-existing period. There are some Medigap Plans without pre-existing periods to choose from. You might consider a policy without a waiting period and then moving to the plan of your choice once it has been met. Please seek help from a CHOICES Counselor for questions you might have about Medigap Plans.

**Prescription Drug plan** – you may already be enrolled in a Part D drug plan. You will continue to receive the “Extra Help” with your drug plan for all of 2018.

### **Option #2:**

**Primary:** Traditional Medicare (red/white/blue card), you will owe a monthly premium of \$134

**Secondary:** You can choose not to purchase a Medigap Plan; however, you will owe the Medicare Part A deductible (\$1,340 for hospitalization per benefit period) & Medicare Part B deductible (\$183 once a year), copays and co-insurance.

## **Losing Qualified Medicare Beneficiary (QMB) coverage under age 65**

**Prescription Drug plan** – you may already be enrolled in a Part D drug plan. You will continue to receive the “Extra Help” with your drug plan for all of 2018.

### **Option #3:**

**Primary and Secondary Insurance Combined with Prescription Coverage:** Enroll into another Medicare Advantage Plan with drug coverage. Medicare Advantage Plans have a network of medical providers that you must receive care from called HMO's or plans where your costs are lowered if you get care from providers in the network (PPO). Enrollment can be through the plan, through 1-800-Medicare, online at the Medicare website: [www.medicare.gov](http://www.medicare.gov) or from a broker, who gets paid for enrolling you into their plan. You will pay your monthly Medicare Part B premium, in addition to any premiums the Medicare Advantage Plan may charge. You will owe deductibles, copays and co-insurance associated with the Medicare Advantage Plan. You will continue to receive help with your prescription costs because you will remain on Extra Help until the end of 2018.

### **Option #4:**

**Primary Insurance:** Traditional Medicare (red/white/blue card), you will owe a monthly premium of \$134

**Secondary Insurance:** Purchase any Medigap A, B, C Plan directly from the plan. When selecting, be aware some plans have a period of time where you must wait before your plan will pay for care for a medical problem you had before enrollment, called a pre-existing period. There are some Medigap Plans without pre-existing periods to choose from. Each have different coverage and premiums. Please seek help from a CHOICES Counselor for questions you might have about your options.

**Prescription Drug plan** – you may already be enrolled in a Part D drug plan. You will continue to receive the “Extra Help” with your drug plan for all of 2018.

**Apply for Husky C or Med-Connect Medicaid:** If you meet the asset guidelines of \$1600/single or \$2400/couple, you may consider applying for Medicaid benefits through the Department of Social Services or online at [www.connect.ct.gov](http://www.connect.ct.gov). If you are unable to work and are over income for this program, you can use medical expenses such as your Medigap premiums, Medicare part B premiums and out of pocket medical costs to reduce your income for eligibility. If you are working or interested in returning to work, MedConnect may help you stay employed. You can make as much as \$75,000 a year and have up to \$10,000 in the bank and still qualify. A Bureau of Rehabilitation counselor can help with your goal of returning to work: 1-800-537-2549 or 860-20-7163 (video phone).

**Losing Qualified Medicare  
Beneficiary (QMB) coverage  
under age 65 and enrolled  
in a Special Needs Plan**



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## Losing QMB coverage under age 65 and enrolled in a Special Needs Plan



If you are single and your monthly income is over \$1,025 or married with a combined income of over \$1,374, you may be losing your Qualified Medicare Beneficiary (QMB) benefits.

Once you lose QMB, you must have a form of active Medicaid to remain on your Special Needs Plan (SNP), otherwise known as Husky C. Husky C offers more medical coverage than what Medicare provides. There are different income guidelines from QMB and the Department of Social Services considers the money you have in the bank towards eligibility, called assets. You must be at or below \$1600 if you are single and \$2,400 if you are married. While you may be losing your QMB coverage, you may still be able to stay in your Special Needs Plan if you are also on Husky C or another Medicaid program. If your assets are below \$1600 as a single person or \$2,400 as a couple, you might consider applying for Husky C Medicaid and using your new medical expenses to qualify for Husky C. Ask a CHOICES counselor about this as an option.

If you are working or interested in returning to work, there is a Medicaid program called Med-Connect that will help you stay employed. You can make as much as \$75,000 a year and have up to \$10,000 in the bank and still qualify. A Bureau of Rehabilitation counselor can help with your goal of returning to work: 1-800-537-2549 or 860-20-7163 (video phone).

If your assets are over Husky C eligibility, you are probably not on Husky C and should look at the options below.

### Option #1:

**Primary Coverage:** Traditional Medicare (red/white/blue card), you will owe a monthly premium of \$134

## **Losing QMB coverage under age 65 and enrolled in a Special Needs Plan**

**Secondary Insurance:** Purchase Medigap Plan A, B or C directly from the plan. When selecting, be aware some plans have a waiting period before your plan will pay for care for a medical problem you had before enrollment, called a pre-existing period. There are some Medigap Plans without pre-existing periods to choose from. You might consider a policy without a waiting period and then moving to the plan of your choice once it has been met. Please seek help from a CHOICES Counselor for questions you might have about Medigap Plans.

**Prescription Drug plan** – you may already be enrolled in a Part D drug plan. You will continue to receive the “Extra Help” with your drug plan for all of 2018.

### **Option #2:**

**Primary:** Traditional Medicare (red/white/blue card), you will owe a monthly premium of \$134

**Secondary:** You can choose not to purchase a Medigap Plan; however, you will owe the Medicare Part A deductible (\$1,340 for hospitalization per benefit period) & Medicare Part B deductible (\$183 once a year), copays and co-insurance.

**Prescription Drug plan** – you may already be enrolled in a Part D drug plan. You will continue to receive the “Extra Help” with your drug plan for all of 2018.

### **Option #3:**

**Primary and Secondary Insurance Combined with Prescription Coverage:** Enroll into another Medicare Advantage Plan with drug coverage. Medicare Advantage Plans have a network of medical providers that you must receive care from called HMO's or plans where your costs are lowered if you get care from providers in the network (PPO). Enrollment can be through the plan, through 1-800-Medicare, online at the Medicare website: [www.medicare.gov](http://www.medicare.gov) or from a broker, who gets paid for enrolling you into their plan. You will pay your monthly Medicare Part B premium, in addition to any premiums the Medicare Advantage Plan may charge. You will owe deductibles, copays and co-insurance associated with the Medicare Advantage Plan. You will continue to receive help with your prescription costs because you will remain on Extra Help until the end of 2018.

# **Medicare Savings Program Income Eligibility Updates**



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	MEDICARE SAVINGS PROGRAM BENEFIT SUMMARY/ SERVICES PROVIDED	INCOME-ELIGIBILITY LIMIT PRIOR TO JAN. 1, 2018		INCOME-ELIGIBILITY LIMIT BEGINNING JAN. 1, 2018		RELATED INFORMATION
<b>Qualified Medicare Beneficiary (QMB)</b>	Medicaid pays the Medicare Part A premiums, Medicare Part B premiums, and Medicare deductibles and coinsurance for Medicare services provided by Medicare-enrolled providers.	single	couple	single	couple	Entitled to Medicare Part A.
		\$2,120 per month	\$2,854 per month	\$1,025 per month	\$1,374 per month	No asset test.  May have both QMB and full Medicaid, if eligible.
<b>Specified Low-Income Medicare Beneficiary (SLMB)</b>	Medicaid pays Medicare Part B premiums only.	single	couple	single	couple	Entitled to Medicare Part A.
		\$2,321 per month	\$3,125 per month	\$1,226 per month	\$1,644 per month	No asset test.  May have both SLMB and full Medicaid, if eligible.
<b>Additional Low-Income Medicare Beneficiary, also known as Qualifying Individual (ALMB)*</b>	Medicaid pays Medicare Part B premiums only.	single	couple	single	couple	Entitled to Medicare Part A.
		\$2,472 per month	\$3,328 per month	\$1,377 per month	\$1,847 per month	No asset test.  May <b>not</b> have ALMB and any other Medicaid at the same time.

\*There is an annual cap on funding for the ALMB benefit level, which may limit the number of individuals in the group.

At all three levels, there is an income 'disregard' for beneficiaries who have income through employment, meaning that the actual eligibility levels for the Medicare Savings Programs will be somewhat higher for working people.

# Medicare Frequently Asked Questions



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## **Medigap, QMB and Medicare Advantage – Frequently Asked Questions**

### **Can a Medigap policy deny me coverage for pre-existing conditions if I lose my QMB program or if I lose my Medicaid coverage?**

Yes, unless you are in the Medicare Open Enrollment Period which is the 6 months beginning on the first day of the month in which you are age 65 or older and enrolled in Medicare Part B, the company can apply a pre-existing condition waiting period of no longer than 6 months if you lose QMB or Medicaid and now wish to enroll into a Medigap policy.

Creditable coverage of QMB and Medicaid is only legally required to be credited towards the pre-existing limitation during the Medicare Open Enrollment Period.

### **I am losing my QMB coverage, can I remain on my Medicare Advantage special needs plan?**

The special needs plans sold in CT are for individuals enrolled in both Medicare and Medicaid or Medicare and QMB. The plan will notify you that you will no longer qualify for your Medicare Advantage plan. You can enroll into another Medicare Advantage plan or enroll into a Medicare Part D plan with a Medigap policy. A CHOICES counselor can assist you with exploring your options.

### **How does a Medigap policy and QMB coordinate with Medicare?**

Both are secondary to your Medicare coverage, but reimbursement rates to health care providers may be lower under QMB. Providers may not receive the same reimbursement they would if you had Medicare and a Medigap policy, since QMB pays only up to the Medicaid rate. If your provider agrees to treat you, he or she cannot charge you the difference between what Medicare and QMB pays and the Medicare allowable charge for the service.

### **How does a Medicare Advantage Plan differ from a Medigap policy and QMB?**

If you are enrolled in a Medicare Advantage plan, your provider cannot discriminate against you based on your ability to pay. Providers within a Medicare Advantage plan cannot refuse to provide care to you if you have QMB.

### **I want to leave my Medicare Advantage Plan and purchase a Medicare Part D plan and a Medigap plan. Will the Medigap policy hold me to a pre-existing waiting period?**

If you are replacing a Medicare Advantage plan (or an employer group health insurance or another Medicare supplement insurance policy), credit must be given towards the pre-existing limitation under the Medigap plan for the time covered under the former coverage, providing 63 days or more has not gone by since the termination or the ending of your prior coverage.

### **Is there an open enrollment to purchase a Medigap policy in CT?**

Unlike other states, you can enroll in a Medigap policy throughout the year.

### **Do I use the Medicare.gov planfinder to enroll in a Medigap plan?**

No, you can only enroll in Medicare Part D and Medicare Advantage plans through the Medicare's plan finder. Although information on Medigap policies are found on the Medicare.gov website, we encourage you to review the Connecticut Department of Insurance website [www.ct.gov/cid](http://www.ct.gov/cid) or the State Unit on Aging's website [www.ct.gov/agingservices](http://www.ct.gov/agingservices) for a Medigap premium rate chart and other information. Connecticut has different rules for its Medigap policies than what you will see for other states. Individuals enroll with the insurance carrier.

### **Are Medigap premiums based on my health history or age?**

Connecticut's Medigap policies are community rated, which means rates do not vary based on age, gender, health history, claim status or smoking status.

### **I don't mind paying extra for a good Medigap coverage. Will the more expensive plans offer better coverage?**

A more expensive plan does not necessarily mean you have better coverage. The plans are standardized and each plan type is designated by a plan letter. Each letter plan, regardless of company, offers the same coverage.

### **Are the Medigap plans rated for quality?**

No, Medigap plans do not receive a plan rating. However all insurance companies that sell Medigap are regulated by the Connecticut Insurance Department and are required to pay claims in a fair and timely manner.

### **How are my claims paid when I have a Medigap policy?**

The Centers for Medicare and Medicaid Services reviews and determines if the claim will be paid. Once it pays its portion, the bill is sent to your Medigap policy. If Medicare pays, the Medigap must cover according to the plan coverage.

### **I have a disability and I am eligible for Medicare, but I am not 65. Can I purchase a Medigap policy?**

Yes, individuals who are below the age of 65, disabled and enrolled in both Medicare Part A and Part B can purchase Medigap policies, but they are restricted to plans A, B or C. They are not entitled to waiver of pre-existing coverage waiting periods since they have not reached the

Medicare Open Enrollment Period. That means individuals enrolled into a plan with a pre-existing waiting period would need to wait the designated period of up to 6 months before pre-existing related claims would be paid by the plan.

Some Medigap companies do not include a pre-existing condition limitation within their plans. Therefore pre-existing conditions would be covered from a plan's effective date. You might also consider enrolling in a plan that does not contain a pre-existing waiting period and then transferring to a different plan of your choice once you have met the pre-existing period under the other plan.

**I am moving out of state. Can I keep my Medigap plan?**

Yes, you can keep your coverage. Medicare and Medigap policies do not have provider networks. You can receive care in CT or anywhere in the United States.

**I missed my initial enrollment period for Medicare Part B, but I have Medicare Part A. Can I enroll in a Medigap policy?** You must have Medicare Part A and B to enroll in a Medigap plan. You should look to see if you meet the criteria for the Medicare Savings Program. All three levels of this program can purchase Medicare Part B outside of the general enrollment period. Please note, you are eligible to enroll in a Medicare Part D prescription plan with only Medicare Part A, but you can only enroll into Medicare part B during your initial enrollment, a special enrollment period due to losing group employer coverage or the general enrollment period.

**I heard that Medigap plans C and F will no longer be sold. Can I still purchase a plan C and F?**

Changes in Plans C and F will not take place until 1/1/2020. After 2020, no Medigap policies will cover the Medicare Part B deductible. Individuals who have purchased these plans prior to 2020 will be allowed to retain them after 2020. Only new applicants will be affected. You can still enroll in plan C and F before 2020.

**I have a Medigap policy and I was accepted for QMB, do I still need my Medigap policy?**

It depends on your situation. QMB acts like a Medigap policy. You are not responsible for any Medicare A and B cost sharing provisions under Medicare. Providers are federally prohibited from "balance billing" you for the difference between the Medicare allowable charges and the sum of benefits paid by Medicare and QMB.

If you are in traditional Medicare, you may want to check with all your providers to see if they accept QMB (which is the Medicaid reimbursement rate) when it is secondary to Medicare. If your providers accept this rate, you might consider suspending your Medigap for two years (which you must do within 90 days of receiving Medicaid or QMB). When you suspend your coverage you are not responsible for your Medigap premiums but you are also not receiving

any benefits during the two year period. If you lose your QMB/Medicaid coverage during this 2 year period, you can return to the plan without having a pre-existing waiting period for medical conditions. This is especially important if your income is close to the QMB limit or you expect to receive more income from another source and could lose benefits within a 2 year period. If you want to continue seeing your provider and your provider does not accept the QMB reimbursement rate, you have the right to keep your private Medigap policy, but you cannot change the plan or company that administers your plan once you also have QMB. The federal government prevents insurance companies from selling you coverage when you already have QMB.

If you are seeking Medicaid due to long-term care needs, you should ask the State Department of Social Services if you can use funds from your income to continue paying for your Medigap policy. They will likely do so if it is determined to be cost effective for you to keep it.

### **What do I do if my provider bills me for what Medicare doesn't cover when I have QMB?**

You should first contact your provider to make sure this was not an error. If you continue to get billed after contacting them, call 1-800-Medicare (1-800-633-4227). TTY users can call 1-877-486-2048. Medicare will contact the provider to stop sending you bills and arrange to pay back any money you should not have spent. If you are getting calls from debt collectors because of these bills, you can submit an online complaint to [consumerfinance.gov/complaint](https://consumerfinance.gov/complaint) or call the Consumer Finance Protection Bureau at 1-855-411-2372, TTY/TDD users can call 1-855-729-2372. They will forward a complaint to the company and help fix the problem.

### **Can I have QMB and a Medicare Advantage Plan?**

Yes, you can have both QM and a Medicare Advantage Plan. QMB will protect you from paying any deductibles or cost sharing for your Medicare Part A and B benefits. It will not take away your Medicare Advantage premium if you are paying one. Your premium may get reduced if your premium includes prescription coverage.

### **Can a medical provider refuse to accept me as a patient if I have a Medicare Advantage plan and QMB?**

No, a medical provider cannot refuse to treat you if you are in a Medicare Advantage plan even if the same provider refuses to treat beneficiaries with QMB in traditional Medicare. Providers in Medicare Advantage plans cannot discriminate based on your ability to pay.

### **I have a Medicare Advantage plan and have significant cost-sharing, can I purchase a Medigap policy?**

No, insurance carriers are prohibited from selling you a Medigap policy. It is considered to be "duplicative coverage", which is coverage you already have. If your Medicare Advantage plan

no longer meets your needs, contact CHOICES 1-800-994-9422 for free, unbiased counseling on your Medicare options.

**I have QMB, will I be able covered by QMB when I travel outside of Connecticut?**

Yes, you are fully covered. You pay nothing for medical care that is covered by Medicare Part A and B, hospital and medical services, in or out of Connecticut. Medical providers will be aware you have QMB when they go to bill Medicare; you will have \$0 cost sharing for Medicare Parts A and B services.