

## **Frequently Asked Questions: Medicare Supplement & Medicare Advantage**

- **Who is eligible for CBIA's Medicare program?**

A CBIA Health Connections participant is eligible for either plan if they are qualified for Medicare Part A are enrolled in and continue to pay for Medicare Part B.

Medicare beneficiaries must be Medicare primary in order to enroll in the CBIA plans. Please refer to [CBIA.com/Medicare/TEFRA](http://CBIA.com/Medicare/TEFRA) DEFRA chart to determine if you meet this qualification.

Except under certain limited circumstances, The Centers for Medicare & Medicaid Services (CMS) does not allow Medicare Advantage plans to enroll Medicare beneficiaries that have End-Stage Renal Disease.

- **When can I enroll?**

All participants must elect their Medicare plan for an effective date of January 1 regardless of the employer group renewal date. Enrollment forms must be signed by the enrollee and dated no later than December 31 to be effective the following January 1.

All Medicare eligible family members must enroll in the same plan option.

- **Can I switch plans after the January 1 effective date?**

Without a qualifying event, enrollees may not switch plans during the year.

- **What is the difference between Medicare Supplement and Medicare Advantage?**

For **Medicare Supplement** plans, an enrollee continues with Original Medicare Part A & Part B and purchases the Medicare Supplement Plan F through CBIA to reimburse them for expenses not paid by Medicare for covered services such as deductibles, copayments and services above the Medicare maximums. This type of plan is also called a "Medigap" plan. The CBIA plan also includes a 3 tier pharmacy benefit that is not a Part D plan. The enrollee must continue to pay his/her Medicare Part B premium in addition to the plan premium which is paid to CBIA. *Our Medicare Supplement plan is insured through Anthem.*

For **Medicare Advantage** (MA) plans, an enrollee continues with Original Medicare Part A & Part B. The MA plan will pay for covered medical expenses in place of Original Medicare. Enrollees are still part of the Medicare program and continue to have all of the rights and protections offered by Original Medicare. Medicare Advantage plans are health plans approved by Medicare and run by private companies. They are part of the Medicare

Program and are also referred to as Medicare Part C. The enrollee must continue to pay his/her Medicare Part B premium in addition to the plan premium which is paid to CBIA.

Medicare Advantage plans can offer many advantages – cost savings with lower premiums than most supplement plans, additional benefits and services, including annual physical exams and wellness programs, and financial protection with out-of-pocket limits. *CBIA Health Connections' Medicare Advantage plans are offered by ConnectiCare.*

ConnectiCare's plan is a network product which uses contracted providers for in-network services. Enrollees also have the flexibility to seek covered medical services from any Medicare-approved provider in the United States. The cost is the same when services are received from an in-network provider or a provider that accepts assignment with Original Medicare. (A provider who accepts assignment agrees to accept Medicare level of reimbursement for services.)

The ConnectiCare plans offered to CBIA participants include Part D prescription drug coverage (also referred to as a Medicare Advantage with Prescription Drug or MAPD).

For a listing of the covered medical services available on a national basis and for details about the Part D prescription drug plan (see question in "Questions Specific to Medicare Advantage" below), please refer to the Summary of Benefits and Evidence of Coverage online at [CBIA.com/Medicare](http://CBIA.com/Medicare).

- **How can I join?**

If you are a qualified Medicare beneficiary and already participating in either plan and do not wish to make changes you do not have to do anything. If you are participating in either plan and wish to switch plans, please complete the appropriate carrier enrollment form to switch. If you are not currently in CBIA's Medicare program you must complete a CBIA Health Connections enrollment form as well as the form for the plan you wish to join. Forms and additional information can be found online at [CBIA.com/Medicare](http://CBIA.com/Medicare). **These forms must be signed and dated by the enrollee no later than December 31 to be effective the following January 1.**

### **Questions Specific to Medicare Advantage:**

- **Are there any changes in the plan since last year?**

The pharmacy network has been simplified with the elimination of the non-preferred pharmacy network. All participating retail pharmacies will have the same member cost-sharing.

The formulary will be a closed formulary.

In addition, the ConnectiCare plans include the Silver Sneakers Fitness Program. There is no additional charge for this program. Please refer to [silversneakers.com](http://silversneakers.com) for more information.

- **How big is ConnectiCare’s Provider Network? How do I find out if a specific doctor participates?**

The ConnectiCare Medicare Advantage Provider Network includes more than 27,000 fully-credentialed health care providers and all Connecticut hospitals with the exception of Connecticut Children’s Medical Center.

The ConnectiCare plans allow the flexibility to use any Medicare-approved provider. This allows enrollees to seek services from any Medicare-approved provider nationally.

Please refer to

<http://www.connecticare.com/medicare/providerdirectory/providertype.aspx> for the link to ConnectiCare’s provider directory to find out if your doctor participates in the Connecticut network.

- **Do I have to reside in Connecticut in order to enroll in the ConnectiCare plan?**

No. The CBIA Health Connections MAPD plan offered by ConnectiCare is a Point-of-Service plan with a national service area; you can reside anywhere in the United States.

- What happens if I see a Doctor in another state on an emergency basis; will I have to pay the full cost for the service?

No. The ConnectiCare High Option plan offers Worldwide Emergency Care at no cost to you and the Low Option plan offers Worldwide Emergency at a cost share of \$75.00.

- **What happens if I see a Doctor in another state for routine care; will I have to pay the full cost for the service?**

No. The ConnectiCare plans offer national coverage for services provided by Medicare-approved providers. When you receive services from a provider who accepts Medicare-assignment; the cost to you is the same if you had received the services from an in-network provider.

While most Medicare-approved providers accept Medicare-assignment, there are some providers that do NOT accept assignment. If you receive services from a Medicare-approved provider that does NOT accept assignment, the provider may balance bill you up to an additional 9.25%.

- **Do the ConnectiCare plans cover the same services that a Medicare Supplement covers?**

Yes. The ConnectiCare plans cover the same services as a Medicare Supplement plan AND include more services such as an annual physical exam. This annual physical exam is in addition to the Annual Wellness Visit covered by Medicare. The ConnectiCare plans also include:

- Vision discounts between 25% - 30%
- Medical support for certain chronic illnesses
- Hearing Aid discounts through [American Hearing Benefits](#).

- **Are prescription drugs covered under this plan?**

Yes. The Medicare Advantage plan automatically includes a Part D prescription drug plan (MAPD). The plan has cost shares for generic, brand-name, and specialty drugs. You may save money on your prescription drugs by using ConnectiCare's Home Delivery Pharmacy (Mail Order) through Express Scripts.

Please refer to the Evidence of Coverage for specific benefit information. You may view ConnectiCare's Medicare Drug Formulary by visiting [CBIA.com/medicare](http://CBIA.com/medicare).

## **Questions Specific to Medicare Supplement:**

- **Are there any changes in the plan since last year?**

There are no changes to the Plan F and 3 Tier Pharmacy plan with Anthem.

- **What is Medicare Supplement?**

Medicare Supplement (also called Medigap) is a plan purchased in addition to Original Medicare Part A & Part B to "fill-in" the gaps left by Medicare. The Supplement plan will pay the deductibles, co-payments and amounts above the Medicare maximums for Medicare-approved services.

- **How are claims handled under the Medicare Supplement plan?**

Claims are first paid by Medicare under Parts A and/or Part B. Once Medicare has paid, the claim is referred to Anthem for payment by the Supplement plan. The current Supplement plan is a Plan F and will pay 100% of what Medicare does not pay for Medicare approved covered services.

- **Are prescription drugs covered by the Anthem Medicare Supplement plan?**

CBIA Health Connections offers a prescription drug plan automatically to enrollees of the Supplement plan. The pharmacy plan is a standard 3 tier plan with different copayments for generic, brand formulary and brand non-formulary drugs. Enrollees may use retail or mail order drug facilities to fill their prescriptions.

Please refer to [CBIA.com](http://CBIA.com) for more information about the plan design and Anthem's Medicare drug formulary.

- **Are there any restrictions on the providers I can use under this plan?**

You may use any provider that is Medicare-Approved. There is no contracted network of providers for this product.

- **Do I have to live in Connecticut to join Medicare Supplement?**

No. Anthem's Medicare Supplement includes nation-wide coverage. There is no contracted provider network. As long as you see providers that are Medicare-approved for covered services you may benefit from the plan. You also may want to verify that those providers accept Medicare Assignment so you know that you will not be balance-billed.