

Medicare Advantage Plans & Prescription Drug Plans Annual Notice of Change

What is it and why is it important to you?

In early October, everyone with a Medicare Advantage plan or a Prescription Drug plan can expect to receive an "Annual Notice of Change" booklet (ANOC). This important booklet contains information on changes you will see in your insurance coverage, cost and services for 2014.

When you receive your ANOC booklet, please be sure to take some time to go over it in detail. It's surprising how many Medicare beneficiaries don't do this. They make the costly mistake of finding out too late that their plan has made major changes and they are locked into it for the next year.

Some key areas to review are:

Changes in benefits and cost:

Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Has the amount of the co-pay changed? Have the premium or out-of-pocket costs changed?

Part D Prescription Drug Plan:

Are your prescription medications covered? Are they a different tier? Can you continue to use the same pharmacies? Has the premium, deductible or tier cost changed?

Providers Network:

Are your doctors still in the network? Confirm this with the online directory.

Added Benefits:

If your plan offered added benefits last year will they be available this year?

You have the opportunity during the Medicare Open Enrollment Period to switch to more suitable coverage. This year, open enrollment begins on October 15th and ends on December 7th so you have plenty of time to shop and compare plans.

This is where I can help you.

As an independent agent, I represent all of the top insurance companies in Ohio and I can shop around for you. Together, we'll review and compare products and I will help you select the best plan, premium and company based on your needs. Best of all, you never pay a dime for my services.

You'll pay no more to purchase insurance through me than you would if you purchased it directly from the insurance company. And with me as your agent, you have the advantage of having your own personal local insurance expert to call whenever you have questions.

Please be sure to review your Annual Notice of Change when you receive it. If you have elderly family members or friends, please help them review their plans, too. Don't wait until it's too late. Call me if you have questions and we'll set up an appointment to do a Medicare review together.

INSIDE:

- Annual Notice of Change
- Advice for Policyholders
- Changes to Diabetic Supplies Program



Dear Customers,

I know how important your health insurance is to you. And at this time of the year, you are probably being bombarded with information about what's available to you. It can be very confusing.

In this newsletter, I've outlined some key areas for you to review. However, the most important points I would like to convey to you is . . .

- Call me with your questions.
- Call me if you don't understand the changes in your coverage.
- Call me if your policy will be discontinued.
- Call me if your premiums are going up and you want something more affordable.
- Call me if your brother-in-law tells you that he went to a website and got a better deal!

No matter what your concern, please call me at 440-255-5700 or toll-free at 1-888-951-6201. Or email me at lmutsko@mutskoinsurance.com. I'll answer your questions. And I'll compare coverage from many of the nation's most respected insurers, including Anthem, AARP and others to find the plan that suits you best.

It's going to be a very busy time, so if I'm not here, leave a message and I'll get in touch with you as soon as possible. I'm extending hours during Open Enrollment to accommodate everyone. My job is to help you find the policy that suits your needs and I'm ready to go the extra mile to do just that.

--Laura Mutsko

Advice for Policyholders

You may be among my policyholders who will be seeing changes in your insurance coverage, cost and services for 2014. During the Medicare Open Enrollment Period, we have an opportunity to switch you to more suitable coverage.

Here are my recommendations for the following groups of policyholders:

1. Anthem HMO Plus Policyholders

Anthem is discontinuing the HMO Plus product *(not all policies, only HMO Plus)* in Lake, Geauga and Cuyahoga Counties effective January 1, 2014. Please call me

(440) 255-5700 because I have other plans that will make the transition to another plan seamless. You may receive a call from Anthem inviting you to attend a meeting regarding your plan being discontinued. You do not have to attend this meeting. Call me for more information.

2. Anthem Preferred Select & Blue Access Value PPO Plans

I feel that the premium on these plan are too high for 2014 and have several

other options for you to consider. Please call me to go over your options.

3. AARP PdP Policyholders

If you have the Preferred PdP Policy, the increase in your premium is reasonable and as long as you are happy with your coverage, there is no need to change to another plan.

4. AARP Saver PdP Policyholders

We should double check the prescription drug formulary to make sure your medications are still on the formulary. Call me if you have questions.

5. Silver Script Policyholders

Call me. We need to switch

you to a different plan.

6. Medicare Supplement Policyholders

No action is necessary during the Medicare Annual Enrollment Period for your existing coverage to continue.

However, for anyone who has a Marquette or Woodmen supplement, I feel the premiums are too high and I would like to explore other options for you. This does not have to be done during the Annual Enrollment Period. Medicare Supplements can be changed throughout the year.

During the Medicare Open Enrollment Period, we have an opportunity to switch you to more suitable coverage. Contact me for more information on these recommendations.

Medicare Changes Diabetic Supplies Program

Medicare recently introduced a new national program that changes how much they will pay toward your diabetic supplies and for whom. It may mean changes for you the next time you need to replenish your testing supplies and equipment.

Beginning July 1, 2013 Medicare began paying the same amount for supplies, whether you buy them at a store or have them delivered to your home. Mail-order supplies will need to be purchased from Medicare contracted mail-order suppliers.

If You Buy Diabetes Supplies from a Mail-Order Supplier

It's important to find out whether your current mail-order supplier is a Medicare contract supplier. If it is, then that's great. You can just keep on as usual. If your mail-order supplier is not

contracted with Medicare, then Medicare will not cover what you buy. You need to find a contracted mail-order supplier that sells the strips

To find out if your current provider is a Medicare contract provider, visit the supplier directory at www.medicare.gov/supplierdirectory/search.html or call 1-800-MEDICARE.

you use.

Contracted suppliers must accept Medicare's approved amount as payment in full for diabetes supplies. They can charge you only the 20% coinsurance, once you meet your deductible.

If You Buy Diabetes Supplies Locally

Some pharmacies and stores stock and sell diabetes test strips and other supplies. In this area, CVS and Sam's Club accept the Medicare approved amount and can only bill you for the Medicare deductible or 20% coinsurance. Other stores may charge you more than what

Medicare will cover if they do not accept what Medicare pays as payment in full.

Be sure to ask the store or pharmacy you use how much you will be charged for diabetes testing supplies. If it is more than a 20% coinsurance, you may want to look for another place to buy

supplies.

Want to know if your current provider is a Medicare contract provider? You can check by visiting the Medicare.gov online Supplier Directory at <http://www.medicare.gov/supplierdirectory/search.html> or call the Medicare helpline 24 hours a day, seven days a week at 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048.

The program is in effect in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam and American Samoa. It applies only to people who have Original Medicare. If you have a Medicare Advantage plan, you need to contact your agent for more information.

Get the Facts on Health Care Exchanges

To my policyholders who have individual health care coverage with me . . .

I will be contacting each of you in November or December during the Health Insurance Marketplace Open Enrollment Period to review your coverage. We will

discuss your current insurance plan and the options you now have with the Health Care Exchanges/Obamacare. I have received comprehensive training on all the new health insurance options open to you and will explain the impact of health care reform when we talk.

IMPORTANT INFORMATION! Medicare and Obamacare:

The Health Insurance Marketplace, also known as Obamacare, does not affect people on Medicare. The new Health Care Exchanges are specifically for people who do not have affordable health insurance or cannot be covered by Medicare or Medicaid.

Please read the enclosed. It contains important information on changes in your insurance plans.

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