

Medicare Advantage Plans & Prescription Drug Plans Annual Notice of Change

By the end of September or early October, everyone who has a Medicare Advantage plan or a Prescription Drug plan will receive information in the mail called the "Annual Notice of Change" (ANOC). This notice provides important information on changes you will see in your insurance coverage, cost and services for 2015.

Please go over this information in detail. Don't make a costly mistake and find out too late that your plan has made major changes that you will be locked into for the next year.

Some key areas to review are: **Is your plan still available in your county?** Some popular plans have been discontinued in counties for 2015.

Changes in benefits and cost: **Do the changes affect the services you use?** Has the amount of your co-pay changed? Have the premiums or out-of-pocket costs changed?

Part D Prescription Drug Plan: **Are your prescription medica-**

tions covered? Are they in a different tier? Can you continue to use the same pharmacies?

Has the premium, deductible or tier costs changed?

Providers Network: **Are your doctors still in the network?** You can confirm this with the online directory.

You have the opportunity NOW during the Medicare Open Enrollment Period to switch to more suitable coverage. This year, open enrollment begins October 15

and continues through December 7 so we have plenty of time to shop and compare plans.

When it comes in the mail, please review your Annual Notice of Change carefully. 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 at 440-255-5700 if you have questions and we'll set up an appointment to do a Medicare review together.

Don't make a costly mistake and find out too late that your plan has made major changes that you will be locked into for the next year.

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Dear Friends,

Autumn. It's the time of year for cool crisp days, falling leaves, apple cider . . . and Medicare Open Enrollment.

Open Enrollment begins 10/15 and ends 12/7. It is the period when you can join, drop or make changes to your Medicare Advantage or Medicare Part D Prescription Drug Plan. The government gives me, your agent, a mere seven and a half weeks to review my policyholders' plans, answer everyone's questions and make sure each of you has the coverage that will be best for you in 2015.

Here in my office, we will be pulling out all the stops to get this done. We're adding weekend and evening hours for your convenience. To help us help you, please call me with your questions as soon as possible so we have time to do our research and get answers for you.

If you leave a message for me and you don't get a call, PLEASE call again. Cecelia and I will do all we can to make sure that no one gets lost in the mountain of paperwork we will be managing. Please give us a second chance if we miss a call back to you.

And if you need to talk to me about insurance matters that can wait until after open enrollment, I would appreciate your patience. We'll set up an appointment for you and be ready to address your non-Medicare concerns on or after December 8.

Thank you for being the best customers anyone could ask for.

Sincerely,
Laura Mutsko

Coupon Books Discontinued

AARP UnitedHealthcare has redesigned how monthly premiums are billed to those members who previously received coupon books. This change occurred on Sept 5th 2014. Members who have already received their coupon book for the 2014 plan year will begin to receive monthly bills starting December. Going forward the



options of using a coupon book will not be available.

Medicare Supplement increases effective April 1st 2015.

AARP members with plan effective dates of June 1, 2010 or later:

Plan F..... 1.3%

Plan F Select.....0.0%
Plan K.....3.1%
Plan L 1.4%
Plan N.....5.0%

AARP members with plan effective dates up through May 1, 2010:

Plan F..... 1.2%
if you have a plan that I did not mention here, call me and I will get you the increase.

Any newly enrolled members who are within their initial 6 months of coverage when the rate increase goes into effect, will continue to pay the 2014 premium amount until the expiration of their rate guarantee period.

Recommendations on Anthem PPO Standard & Select

If you have a PPO Standard or Select Plan and you receive your care in Northeast Ohio, you should consider moving to an HMO. There are some very good HMOs in the area, Anthem being one of the strongest. Please email me your list of doctors and medications so I can see if an HMO is a good fit for you. My email address is lmutsko@mutskoinsurance.com.

Anthem Standard PPO in Cuyahoga, Miami, Stark and Trumbull counties is still a good fit and if you are happy with the plan I would recommend you stay with the plan.

If you have Anthem Standard PPO in Lake, Geauga, Mahoning, Medina, Portage, Summit and Warren I would consider looking at moving to the Anthem Blue Medicare Access Regional

Value Plan PPO.

Anthem Select PPO; in all areas I would move to the Anthem Blue Medicare Access Regional Value Plan PPO.

For all Anthem Medicare Advantage plans, if you chose the Dental Rider on the plan in 2014 it will continue in 2015 unless you request it to be dropped.

If you did not

elect the dental in 2014 and want it in 2015 you will need to fill out an enrollment form. Call us at 440-255-5700 and we will get one to you.

Please call me if you want to consider making a change within Anthem's plans or outside of Anthem. I can be reached at 440-255-5700.



Medicare Supplements

A Medicare Supplement, sometimes referred to as Medigap insurance, is not the same as Medicare or a Medicare Advantage plan. The Open Enrollment Period does not apply to this type of insurance so you are permitted to purchase or make changes to your Medicare Supplement at any time throughout the year.

The best time to contact me concerning Medicare Supplements will be after January 1 when information on new rates should be available.

Have AARP Medicare Part D Prescription Drug Coverage?

This message is for YOU!

Your AARP Medicare Part D Prescription Drug Plan may no longer be the best choice for you. Under this plan, you will be paying significantly higher monthly premiums for your coverage in 2015.

Other insurance carriers are providing competitive coverage at a more affordable cost and I would like to investigate these other options for you. If you would like me to look into a new plan for you, please send me a list of the drugs you are currently taking, the dosage and how frequently you are taking them. If you are using

generic drugs, please list the generic name, not the brand name.

Other insurance carriers are providing competitive and affordable coverage.

You can email the list to me at lmutsko@mutskoinsurance.com, FAX it to me at 440-255-5701 or mail it to Mutsko Insurance Services, 6966 Spinach Drive, Mentor, OH 44060. I will compare your current coverage and costs with other plans and get back to you with my recommendations.

If you prefer to remain with your AARP plan, simply disregard this information. No changes will be made without your authorization and consent.

Advantage Plans Coming and Going

Ashtabula County

Summa Care has been put on sanctions by Medicare who has suspended the enrollment of beneficiaries into the Summa Care plan. If you have Summa Care, your plan will continue in effect.

Lorain County

Anthem \$0.00 Premium Basic HMO will be available once again in Lorain County.

Summary of Important Changes for 2015 for Anthem Senior Advantage Basic (HMO)

After reviewing the Anthem Senior Advantage Basic (HMO) for 2015, I've found that most people will not see significant changes in their 2015 cost or coverage.

- The Anthem network of doctors and health care providers remains strong.

- The monthly plan premium remains at \$0.00.

The cost of doctor visits will remain the same.

Some good news coming from the plan is that the maximum out-of-pocket amount for 2015 is going down from

\$4200 a year to \$4000 a year. The out-of-pocket limit is the most you will spend out of pocket for your covered Part A and Part B services in a plan year.

The plan will now provide coverage for an annual routine physical exam and one routine vision service per year, both services not covered by the Anthem Senior Advantage Basic (HMO) in the past. In addition, the plan is add-

ing emergency care coverage worldwide In-and Out-of-Network, covering up to \$25,000 per year for worldwide emergency care.

Inpatient hospital stay costs

are changing, too.

Beginning in 2015, you

will be responsible for \$340/day for days 1-5 of any inpatient hospital stay. Days 6-90 of any inpatient hospital stays will be at \$0/day. This calculates to \$1700 for an inpatient hospital stay compared to \$1820 for an inpatient hospital stay in 2014.

Anthem 

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Part D Prescription Drug Coverage Changes:

There are a number of important changes to your Part D prescription drug coverage.

Your yearly deductible will be \$153 for 2015. During this stage, you will pay the full cost of your Tier 2 (Nonpreferred Generic) Tier 3 (Preferred Brand) and Tier 4 (Non-preferred Brand) drugs until

you have reached your yearly deductible.

You will see an increase in your share of the costs in Tiers 1 and 2 and a decrease in your share of the cost of drugs in Tier 3. For detailed pricing on your share of the cost in each tier, please check your Annual Notice of Change.

New this year are \$0.00 copay Tier 6 Select Care medications: The following medications will fall under the Tier 6:

- Glipizide 5mg & 10mg
- Lisinopril
- Losartan
25mg, 50mg, 100mg
- Metformin
500mg, 850mg, 1000mg
- Simvastatin

The amounts you pay for your prescriptions drugs may also depend on which pharmacy you use. In most cases, your prescriptions are covered only if they are

filled at one of the plan's network of pharmacies.

In addition to the standard network of pharmacies,

the network also includes preferred pharmacies with preferred cost sharing. The preferred network includes CVS, Target, Giant Eagle, Sam's Club and Walmart. Please note that RiteAid is no longer a preferred pharmacy offering preferred

cost sharing but RiteAid will continue as part of the standard retail network.

You can find an updated Pharmacy Directory at [www.](http://www.anthem.com/medicare)

anthem.com/medicare or call Anthem Customer Service at 1-855-690-7796 for information on the pharma-

cies in the network.

I strongly urge you to read the Annual Notice of Change that you recently received from Anthem. If you have questions or concerns, please call me so we discuss them. Once you review the changes for 2015 and find that you are satisfied with

your current plan, you don't have to do anything. Your coverage will automatically continue for 2015.

THE PREFERRED NETWORK INCLUDES



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To my Valued Policyholders,

You are important to me and I want to continue to provide you with all the personalized services you have come to expect. But, if you make changes through an 800 phone number or someone sitting at a table at Walmart, you will lose me as your agent of record. That's just the way the insurance companies work.

I want to continue to be here for you when you need me. So, whenever you have questions or concerns, please contact me and only me. My phone number is 440-255-5700 or toll-free at 888-951-6201.

Find It & Win!

The misspelled word in the July Newsletter was available. (It was spelled availabel.) Because of time and space constraints, we will not be having a Find It and Win! Contest this quarter. Watch for it to return in January.

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