

Medicare's Open Enrollment Period

Medicare's Open Enrollment Period runs October 15 through December 7 and is the time of year when you can make certain changes to your Medicare coverage. You can make as many changes as you need to your Medicare coverage during Open Enrollment. The last change you make will take effect on January 1, 2022. Take action during Open Enrollment to make sure your coverage will meet your needs in 2022.

Know the changes you can make during Medicare's Open Enrollment Period

The changes you can make include:

- Joining a new Medicare Advantage Plan or Part D prescription drug plan
- Switching from Original Medicare to a Medicare Advantage Plan
- Switching from a Medicare Advantage Plan to Original Medicare (with or without a Part D plan)

Note: Depending on the state in which you live, you may also have rights to purchase a Medigap policy. Contact your State Health Insurance Assistance Program (SHIP) to learn about state specific Medigap rights and options.

Review your coverage for 2022

Medicare Advantage and Part D plans usually change each year. Make sure that your drugs will still be covered next year and that your providers and pharmacies will still be in the plan's network.

- If you have **Original Medicare**, visit www.medicare.gov or read the 2022 *Medicare & You* handbook to learn about Medicare's benefits for the upcoming year.
- If you have a **Medicare Advantage Plan or a stand-alone Part D plan**, read your plan's Annual Notice of Change (ANOC) and Evidence of Coverage (EOC).
 - Explore other plans in your area. You may find a cheaper plan that meets your healthcare and prescription drug needs. Research shows you can lower your costs by shopping around.

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Review your coverage for 2022 (continued)

If you have a **Medicare Advantage Plan or a stand-alone Part D plan**, (continued):

- Medicare Advantage Plans have significant flexibility in the supplemental benefits they are allowed to offer their members. This includes the ability to offer benefits to some members that are not directly considered medical care, like nutrition services. This means that there are many factors to consider when comparing Medicare Advantage Plan options during Open Enrollment. Carefully review your plan's EOC and any other plan materials.

Things to consider when choosing a new plan

Ask yourself the following questions before choosing a **Part D drug plan**:

- Does the plan cover all the medications I take?
- Does the plan have restrictions on my drugs?
 - **Prior authorization** means that you must get approval from your Part D plan before the plan will pay for the drug.
 - **Step therapy** means that your plan requires you to try a cheaper version of your drug before it will cover the more expensive one.
 - **Quantity limits** restrict how much of a drug you can get per prescription fill.
- How much will I pay for monthly premiums and the annual deductible?
- How much will I pay at the pharmacy (copay/coinsurance) for each drug I take?
- Is my pharmacy in the plans' preferred network?
- Can I fill my prescriptions by mail order?
- What is the plan's star rating?
- If I have retiree coverage, will the Medicare drug plan work with this coverage?



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Ask yourself the following questions before choosing a **Medicare Advantage Plan**:

- How much are the monthly premiums, if any?
- How much are deductible and coinsurance/copay amounts for the services I need?
- What is the annual maximum out-of-pocket cost for the plan?
- What service area does the plan cover?
- Are my doctors and hospitals in the plan's network?
- What are the rules I must follow to access health care services and my drugs?
- Does the plan cover additional health care benefits that are not covered by Original Medicare?
- What is the plan's star rating?
- Will this plan affect any additional coverage I may have?
- If leaving Original Medicare and a Medigap for a Medicare Advantage Plan: Will I have the right to purchase a Medigap again later if I switch back to Original Medicare?

You may find it helpful to use **Medicare's Plan Finder tool**, which gives you a list of Medicare Advantage Plans and Part D plans, the drugs they cover, and their estimated costs for the year. You can access Plan Finder by going online at **www.medicare.gov** or calling 1-800-MEDICARE.

Know how to change your coverage

If you decide to change your Medicare coverage, you can do so in the following ways:

- Call 1-800-MEDICARE to make changes over the phone
- Go to www.medicare.gov to make changes online
- Call a plan directly to enroll (after getting all information in writing)

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Protect yourself from marketing violations and enrollment fraud

Medicare has rules about how plans can and cannot communicate with you to market their insurance products. Plans are allowed to send you mail and emails but are not allowed to call or visit you in person without your permission. Here are some red flags to watch out for: anyone who tries to pressure you to join their plan, anyone who claims they represent Medicare and wants to offer free services, or anyone threatening that you will lose your Medicare benefits unless you sign up for a certain plan. If you see any of these red flags or feel you may be experiencing Medicare fraud, abuse, or errors, you can contact your Senior Medicare Patrol (SMP). SMPs can teach you how to spot and protect yourself from potential Medicare fraud.

Contact Your SHIP or SMP for Individualized Help

SHIP contact information	SMP contact information
<p>Call 877-839-2675 and say "Medicare" when prompted, or use the SHIP Locator at www.shiphelp.org</p>	<p>Call 877-808-2468 or visit www.smpresource.org</p>
<p>SHIP National Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiphelp.org SMP National Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2021 Medicare Rights Center www.medicareinteractive.org </p> <p><i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center. This document was supported, in part, by grant numbers 90SATC0002 and 90MPRC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.</i></p>	