



STATE OF WISCONSIN
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The Importance of Reading Your Medicare Mail

The Medicare Open Enrollment Period has been referred to as the “Annual Enrollment Period,” or “Annual Election Period.” Both “AEP” titles identify what officials at the Centers for Medicare & Medicaid Services (CMS) call Medicare’s Open Enrollment Period. Beneficiaries who are thinking of joining or switching Medicare Advantage Plans or Medicare Prescription Drug Plans may do so between October 15th and December 7th with new coverage beginning January 1st.

Each year Medicare Beneficiaries receive informational mailings from their current insurance plan, Social Security, Medicare, and possibly even Medicaid. Most letters are informational about personal coverage and should be saved. **Some notices may require action and have deadlines.** Mailings may have forms enclosed which need to be completed and returned by a specific date.

Some examples of notices include:

- Prior to September 30th, Social Security will notify recipients whose “Extra Help” may be discontinued that action is required. This notice requires prompt attention. Some “Extra Help” recipients may receive a “Loss of Deemed Status” notice from CMS on gray colored paper with the information that they will no longer qualify for “Extra Help”. They may reapply for “Extra Help” or review all options for prescription coverage.
- In late September, CMS sends their publication, “Medicare and You” to beneficiaries. This publication has state-specific information about Medicare Advantage, Cost Plans, and Prescription Drug Plans in Wisconsin for the following year.
- Medicare Advantage, Cost, and Drug Plans will have mailed “Annual Notice of Change” documentation to their members. These will notify of changes to inform a decision on whether the current plan continues to meet that beneficiary’s needs for another year. Plans notify all those receiving “Extra Help” with information regarding the amount of “Extra Help” to be received in the coming year. Drug costs change each year, thus is important to understand those changes.
- Employer group health plans are required to provide a notice to Medicare eligible enrollees whether drug coverage in the group plan is “Creditable Coverage” for Medicare Part D.
- Employer group health plans may be mailing out notices of changes within the group plan depending upon the group’s fiscal year timelines.

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- A non-renewing health plan with Medicare will mail out notices to members shortly after October 1st. Decisions will need to be made regarding the next year's coverage options. There are special, time-limited protections to purchase different coverage suiting individual needs.
- Social Security notifies of premium adjustments for Part B and Part D to beneficiaries with income related increases for the new year (IRMAA).
- Social Security mails informational notices to beneficiaries who may qualify for a Medicare Savings Program. These are programs that may help to pay Medicare Part B premiums and Medicare out of pocket costs.
- Social Security mails the annual Benefit Rate Change notice informing beneficiaries about Part A and Part B benefit changes for the coming year by December 30th.

Keep these notices for personal records. If there are any questions, free counseling may be provided from the Medigap Helpline (1-800-242-1060) or the local Aging & Disability Resource Center regarding eligibility and options.

Steve Shapiro
Medigap Insurance Counselor
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