

## Medicare Minute Teaching Materials — January 2023

### What’s New in 2023?

#### 1. Have costs for Medicare Part A (hospital insurance) changed in 2023?

Yes, the costs associated with Part A are different this year. Remember, Medicare Part A covers inpatient hospital services, skilled nursing facility services, home health care, and hospice. Look through your 2023 *Medicare & You* handbook to understand Part A-covered services. The following chart shows costs last year compared to this year.

Original Medicare Part A Costs: 2022 vs. 2023		
	2022	2023
<b>Part A premium</b>	<b>\$0/month</b> if you’ve worked more than 10 years	<b>\$0/month</b> if you’ve worked more than 10 years
	<b>\$274/month</b> if you’ve worked between 7.5 and 10 years	<b>\$278/month</b> if you’ve worked between 7.5 and 10 years
	<b>\$499/month</b> if you’ve worked fewer than 30 quarters (7.5 years)	<b>\$506/month</b> if you’ve worked fewer than 30 quarters (7.5 years)
<b>Hospital deductible</b>	<b>\$1,556</b> each benefit period	<b>\$1,600</b> each benefit period
<b>Hospital coinsurance</b>	<b>\$0/day</b> for days 1 – 60 once you’ve met your deductible	<b>\$0/day</b> for days 1 – 60 once you’ve met your deductible
	<b>\$389/day</b> for days 61 -90 of each benefit period	<b>\$400/day</b> for days 61 -90 of each benefit period
	<b>\$778/day</b> for days 91- 150 (non-renewable lifetime reserve days)	<b>\$800/day</b> for days 91- 150 (non-renewable lifetime reserve days)
<b>Skilled nursing facility coinsurance</b>	<b>\$0/day</b> for days 1 – 20 each benefit period (after a minimum 3-day inpatient hospital stay)	<b>\$0/day</b> for days 1 – 20 each benefit period (after a minimum 3-day inpatient hospital stay)
	<b>\$194.50/day</b> for days 21 – 100 each benefit period	<b>\$200/day</b> for days 21 – 100 each benefit period

If you have a Medicare Advantage Plan, your plan provides your Part A coverage. If you have the same Medicare Advantage Plan in 2023 as you did in 2022, your plan should have sent you an Annual Notice of Change (ANOC) or Evidence of Coverage (EOC) notice explaining any changes for the coming year. Review this notice to understand your plan’s costs, covered services, and rules. Contact your plan if you did not receive these documents in the fall or if you want another copy. If you chose a new Medicare Advantage Plan, review the costs associated with the plan for 2023.

## 2. Have costs for Medicare Part B (medical insurance) changed in 2023?

Yes, the costs associated with Part B are different this year. Remember that Medicare Part B covers outpatient medical services, such as services from a licensed health professional, preventive services, outpatient therapy, and home health services.

Original Medicare Part B Costs: 2022 vs. 2023		
	2022	2023
<b>Part B premium*</b>	\$170.10/month	\$164.90/month
<b>Part B deductible</b>	\$233/year	\$226/year
<b>Part B coinsurance</b>	20% for most services	20% for most services

\* If your annual income is higher than \$97,000 for an individual (\$194,000 for a couple), you will pay a higher Part B premium. Visit [www.medicare.gov](http://www.medicare.gov) for Part B costs by annual income.

Medicare Advantage costs: If you have a Medicare Advantage Plan, your plan administers your Part A and Part B coverage. Remember that most people with Medicare, whether they have Original Medicare or a Medicare Advantage Plan, pay the Part B monthly premium. Some people with a Medicare Advantage Plan may also pay an additional monthly premium for being enrolled in that plan. The amount you pay for Medicare Advantage Plan deductibles, copayments, and/or coinsurances varies by plan.

If you have the same Medicare Advantage Plan in 2023 as you did in 2022, your plan should have sent you an Annual Notice of Change (ANOC) or Evidence of Coverage (EOC) notice explaining any changes for the coming year. Review this notice to understand your plan's costs, covered services, and rules. Contact your plan if you did not receive these documents in the fall or want another copy. If you chose a new Medicare Advantage Plan, you should get an EOC for the new plan. Review that document to understand the costs associated with the plan for 2023.

## 3. Have costs for Medicare Part D (prescription drug coverage) changed in 2023?

If you have Medicare prescription drug coverage, often referred to as Part D, your plan should have notified you about any changes in costs for 2023. Part D plans can change the drugs they cover, their pharmacy networks, and their costs (such as copayments, coinsurance charges, and deductibles) from year to year. Remember, there are two main ways that you can get your Medicare prescription drug coverage:

- A Medicare Advantage Plan that covers both health and drug coverage, or
- A stand-alone Part D plan that works with Original Medicare.

Your Part D plan should have sent you an ANOC or EOC notice informing you of your plan's benefits, costs, and covered drugs for 2023. If you have a Medicare Advantage Plan with prescription drug coverage, you should have received one EOC that describes both your health and prescription drug coverage for 2023.

Part D plans must include the minimum coverage that is set by law, but each plan may offer varying types of coverage. For example, in 2023 Part D plans can set a maximum deductible (amount you pay out-of-pocket

before your insurance begins to pay) of \$505. However, some plans may not require you to pay any deductible. The following chart shows costs last year compared to this year. Be sure to review your plan materials for specific cost changes.

<b>Medicare Part D Costs: 2022 vs. 2023</b>		
	<b>2022</b>	<b>2023</b>
<b>Part D maximum deductible</b>	<b>Up to \$480/year</b>	<b>Up to \$505/year</b>
<b>Part D coverage gap threshold</b> You reach the coverage gap, or donut hole, when you and your plan together have spent this much on covered drugs since the start of the year.	<b>\$4,430</b>	<b>\$4,660</b>
<b>Part D catastrophic coverage limit</b> You get out of the donut hole and reach catastrophic coverage when you have spent this much out of pocket* since the start of the year.	<b>\$7,050</b>	<b>\$7,400</b>

\*Note the out-of-pocket costs that help you get out of the donut hole include what you've spent on covered drugs since the start of the year (deductible, copays); most of the discount for brand-name drugs while you're in the donut hole; and any drug costs paid by family members, most charities, State Pharmaceutical Assistance Programs (SPAPs), AIDS Drug Assistance Programs (ADAPs), and/or the Indian Health Service.

#### **4. How have insulin and vaccine costs changed in 2023?**

The 2022 Inflation Reduction Act created permanent changes to insulin and vaccine costs for Medicare beneficiaries. Starting in January 2023, copays for each Part D-covered insulin product will be capped at \$35 per each month's supply, with no deductible. Starting in July 2023, copays for each Part B-covered insulin product will be capped at \$35 per month, with no deductible. Additionally, starting in 2023 you will owe no copays or deductibles for vaccines covered by your Part D plan, including the shingles vaccines.

#### **5. How is the Initial Enrollment Period changing in 2023?**

The Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act created changes to the Initial Enrollment Period (IEP). Beginning in 2023, your Medicare coverage will be effective the month after enrollment if you enroll in the last three months of your IEP. The IEP is the seven-month period including the three months before, the month of, and three months following your 65<sup>th</sup> birthday.

In the past, the effective date of your Medicare would depend on when in your IEP you enrolled:

- If you enrolled during the first three months of your IEP, your coverage would begin the month in which you first become eligible.
- If you enrolled during the fourth month of your IEP, your coverage would begin the month following the month of enrollment.
- If you enrolled during the fifth month of your IEP, your coverage would begin the second month following the month of enrollment.
- If you enrolled during the sixth or seventh month of your IEP, your coverage would begin the third month following the month of enrollment.

For example, if you turned 65 in June and waited until September to enroll, your coverage would not begin until December. This could result in unwanted gaps in health insurance coverage.

Beginning in 2023, your Medicare coverage will be effective the month after enrollment if you enroll in the last three months of your IEP. This change applies to any enrollment for a person who first meets the requirements to enroll in Medicare and applies on or after January 1, 2023. So, in 2023, if you turn 65 in June and wait until September to enroll, your coverage will begin October 1, instead of December 1.

## **6. How is the General Enrollment Period changing in 2023?**

The BENES Act also created changes to the General Enrollment Period (GEP). Beginning in 2023, Medicare coverage will be effective the month after enrollment if you enroll during the GEP. The GEP runs from January 1 through March 31 of each year. In the past, if you enrolled in Medicare using the GEP, your coverage would not begin until July 1. For example, even if you enrolled on January 1, you would have to wait until July 1 for your Medicare to start. Starting in 2023, your coverage will start the month after you enroll. For example, if you enroll in Medicare any time in January using the GEP, your coverage will start February 1.

## **7. What new Part B and Premium Part A Special Enrollment Periods are there in 2023?**

Changes in the law have allowed the Secretary of the U.S. Department of Health and Human Services to establish new Special Enrollment Periods (SEPs) for Part B and Premium Part A that can be used starting in 2023. These SEPs are periods of time outside normal enrollment periods when you can enroll in Medicare. These additional SEPs will expand enrollment opportunities, reduce gaps in coverage, and prevent late enrollment penalties. Beginning in 2023, you can use an SEP if:

**You lose Medicaid:** You can use this SEP if you lose Medicaid eligibility after whichever date is earlier—the end of the COVID-19 public health emergency or on or after January 1, 2023.

- The SEP begins when you receive notice of upcoming termination of Medicaid eligibility.
- The SEP ends 6 months after the termination of eligibility.
- You can choose to have your coverage begin on the first of the following month, or you can choose that coverage is retroactive back to when your Medicaid ended (but no earlier than January 1, 2023). If you choose retroactive enrollment, keep in mind that you will owe premiums for those past months.
- To use this SEP, contact Social Security and show that your Medicaid eligibility ended on or after January 1, 2023, or after the last day of the COVID-19 public health emergency.

**You are in an area with a disaster or emergency:** You can use this SEP if you missed your IEP, GEP, or Part B SEP, and you live in area where the Federal, state, or local government declared an emergency. The SEP begins the date that the emergency or disaster is declared (as long as it is after January 1, 2023).

- The SEP ends 6 months after the end date in the emergency declaration. If the emergency declaration is extended, then the 6 month period starts with the end date of the extension.
- Coverage begins the first of the following month.
- To use this SEP, contact Social Security and be prepared to show that you live or did live in the area affected by the disaster or emergency and that you missed enrolling in your IEP, an SEP or the GEP during that time.

**You are released from incarceration:** You can use this SEP if you are released from incarceration on or after January 1, 2023.

- The SEP begins the day you are released from the custody of a penal authority.
- The SEP ends the last day of the 12<sup>th</sup> month after you are released.
- You can choose to have your coverage begin on the first of the following month after you sign up or begin up to 6 months retroactively (but not beginning before January 1, 2023, or beginning before you were released).
- To use this SEP, contact Social Security.

**You make an enrollment mistake based on misinformation from your employer or health plan:** You can use this SEP if your employer, employer group health plan, or someone acting on behalf of your employer gave you incorrect information that caused you to miss a Medicare enrollment period. You must receive this misinformation on or after January 1, 2023. Note that you do not qualify to use this SEP if you did not receive any information about Medicare enrollment.

- The SEP begins the day you notify Social Security of the misinformation (as long as it was on or after January 1, 2023).
- The SEP ends 6 months after you notify Social Security.
- Coverage begins on the first of the following month.
- To use this SEP, contact Social Security and provide documentation that shows you were misinformed by your employer or their representative. You can also submit your own written statement describing the misinformation if you do not have written proof from the employer or representative. One example of proof would be a letter from your employer that acknowledges that they gave you information.

**You experience other exceptional circumstances:** Social Security will decide if you can use this SEP on a case-by-case basis. You can request to enroll through this SEP if you missed other enrollment periods because of things you could not control, and Social Security finds your situation to be exceptional. Exceptional means very unusual or not typical. Forgetting to enroll or not knowing that you were supposed to enroll do not count as exceptional circumstances.

- Social Security decides the timing of this SEP on a case-by-case basis.
- To use this SEP, contact Social Security. You may be asked to provide proof of your exceptional circumstance.

## 8. What opportunities do I have to change my coverage in 2023?

**Medicare's Annual Open Enrollment Period** runs from October 15 to December 7. This is the time when you can change the way you access your Medicare coverage. You can join a new Medicare Advantage Plan or a Part D plan. You can switch between Medicare Advantage and Original Medicare with or without a Part D plan. Changes become effective January 1.

**Medicare Advantage Open Enrollment Period (MA OEP)** runs from January 1 to March 31 each year. During this time, you can switch from your Medicare Advantage Plan to another Medicare Advantage Plan or to Original Medicare with or without a Part D plan. You can only use this enrollment period if you have a Medicare Advantage Plan. Changes are effective the first of the following month.

**Special Enrollment Periods (SEPs)** are periods of time outside of normal enrollment periods in which you can make changes to your Medicare. While number 7 explained new SEPs in which people can

enroll in Part B or premium Part A for the first time, there are also many SEPs for people already enrolled in Medicare to change how they receive their Medicare coverage. For example, to switch between Original Medicare and Medicare Advantage or to join a new Part D or Medicare Advantage Plan. There is an SEP for individuals whom CMS determines have experienced exceptional circumstances related to enrollments into or disenrollments from a Medicare Advantage or Part D plan that are not otherwise captured in regulation. Starting in 2023, CMS may grant SEPs to those who provide a verbal or written allegation that their enrollment into a plan was based on **misleading or incorrect information provided by a plan representative or a SHIP counselor**. This includes situations where a beneficiary states that they were enrolled into a plan without their knowledge or consent, and requests cancellation of the enrollment or disenrollment from the plan.

### **9. What is the Medicare's new Part B-ID benefit?**

The Part B-ID benefit is also called the immunosuppressive drug benefit. Part B-ID provides Part B coverage of immunosuppressant drugs for people whose End-Stage Renal Disease (ESRD) Medicare benefits have ended 36 months after their transplant who do not have other health insurance.

If you have ESRD and get a kidney transplant, you need to take immunosuppressant drugs for the rest of your life to prevent your body from rejecting the donor organ. Medicare covers these drugs differently depending on the circumstances of the transplant. If your kidney transplant is in a Medicare-approved facility, Medicare Part B covers your immunosuppressant drugs if you:

- Had Part A at the time of the transplant. (You can enroll retroactively in Part A within a year of the transplant.)
- Have Part B when getting the prescription filled.

If you are eligible for Medicare not only due to ESRD, but also due to age or disability, Part B will cover your immunosuppressants for as long as are enrolled. If you are eligible for Medicare only due to ESRD, Part B will cover immunosuppressants until your ESRD Medicare ends, which is 36 months after the month of your successful transplant. Starting in 2023, though, the Part B-ID benefit can cover your immunosuppressant drugs if you do not have other health insurance that covers immunosuppressive medications. To get Part B-ID coverage, you must:

- Qualify for Part B coverage of immunosuppressants prior to losing Medicare Part B
- Not have Medicaid or other public or private health insurance that covers immunosuppressants

Part B-ID coverage may not be the best choice if any other insurance is available to you, though. Part B-ID only covers immunosuppressant drugs and does not include coverage for any other Part B benefits or services. Part B-ID also does not allow you access to Part A.

You must pay a premium for Part B-ID coverage. The premium is set at a percentage of the standard Part B premium. If you have Part B-ID, you can apply for the Medicare Savings Program for help with premium costs and, if eligible for the Qualified Medicare Beneficiary (QMB) Medicare Savings Program, cost-sharing assistance.

You can enroll in Medicare Part B-ID starting October 1, 2022 (although your coverage would not start until January 1, 2023). Even if your ESRD Medicare eligibility expired before January 1, 2023, you can still enroll in Part B-ID. Contact the Social Security Administration (SSA) to apply for Part B-ID.

## 10. Are there any recent updates to Medicare’s dental coverage?

Yes. In November 2022, the Centers for Medicare & Medicaid Services (CMS) announced that it would be expanding its interpretation of medically necessary dental care. Previously, Medicare Part B paid for some dental services under **very narrow** circumstances when it was integral to medically necessary services needed to treat certain listed primary medical conditions. Many people need dental care because oral conditions or infections limit the safety of or access to other medical services.

Under the new framing, Medicare can pay for dental services in some additional clinical scenarios where untreated dental conditions can limit access to or the success of other covered care. This includes surgical procedures like cardiac valve replacement, organ transplants, and cancer treatments. CMS is also establishing a process to identify and cover more dental services that are “inextricably linked and substantially related and integral to the clinical success of other covered medical services.” This new framing, and the potential for coverage, will be effective on or after January 1, 2023. Look to CMS for further updates.

## 11. What is the *Medicare & You* handbook? How can I get one?

*Medicare & You* is a handbook published by Medicare each year. It explains Medicare-covered services and the costs associated with Original Medicare for the coming year. Each Medicare beneficiary is mailed a copy of *Medicare & You* in the early fall, regardless of whether they have Original Medicare or a Medicare Advantage Plan. If you did not receive one last year, call 1-800-MEDICARE to request a copy. You can also download a general version of the handbook at [www.medicare.gov](http://www.medicare.gov).

## 12. Will I be getting a “new” Medicare card?

No, you will not be getting a new Medicare card. Starting in April 2018, CMS sent new Medicare cards to all Medicare beneficiaries. By the end of January 2019, all beneficiaries had their new Medicare cards, which were designed to better protect against identity theft by removing their Social Security number. Although the rollout of these updated cards is complete, scams around these new cards continue.

For example, scammers may falsely tell you that Medicare is issuing an updated or new card—perhaps a plastic one, metal one, one with a chip, or even a white and black COVID-19 card. The scammers may tell you that in order for them to send your new Medicare card, you need to verify your identity. This is the scammer’s attempt to gain your personal or financial information.

Here are some red flags to be aware of:

- Unsolicited calls from someone claiming to be from Medicare
- Anyone needing your information so that they can send you an updated Medicare card
- Anyone claiming that your card is expiring and that you will be charged a fine if you do not get a new one
- Anyone stating that Medicare is issuing new cards and you need to verify your number

If you believe you have experienced potential fraud, contact your Senior Medicare Patrol (SMP). Contact information for your local SMP is on the final page of this document.

## 13. Who should I contact if I have questions about my 2023 Medicare coverage?

**State Health Insurance Assistance Program (SHIP):** Contact your SHIP if you have questions about changes in costs and coverage for your Medicare in 2023. SHIP can also help you understand SEPs or explain programs

that can help you with Medicare costs. SHIP counselors provide unbiased Medicare counseling and assistance. Contact information for local SHIP is on the final page of this document.

**Senior Medicare Patrol (SMP):** Contact your SMP if you believe you have experienced potential fraud, errors, or abuse. Contact information for your local SMP is on the final page of this document.

**1-800-MEDICARE (800-633-4227):** Call 1-800-MEDICARE to request another copy of your *Medicare & You* handbook or to learn more information about your 2023 coverage.

**Social Security Administration (SSA):** Contact SSA to enroll in Medicare Parts A and/or B during your IEP, the GEP, or an SEP. You can call 800-772-1213 or visit [www.ssa.gov/locator](http://www.ssa.gov/locator) to find your local SSA branch.

**Medicare Advantage Plan or Part D plan:** If you have a Medicare Advantage Plan or Part D plan, contact your plan to ask about changes in your costs or coverage for 2023.

### SHIP case study

Daniel turned 65 in 2020 and delayed enrolling in Medicare because he was covered by primary paying job-based insurance from his then-current employer. Daniel retired in July 2021. After retiring, he had continued health coverage through COBRA and delayed enrolling in Medicare, as his employer's Human Resources department recommended. In January 2023, his COBRA coverage was ending, and Daniel was getting ready to enroll in Medicare. At this time, he realized he should have enrolled in Medicare right after retiring and that he was misinformed by his employer. His friend told him that he should be able to enroll in Medicare this month, but that he will have to wait until July for his coverage to start. Daniel is worried because he has a surgery scheduled for next month.

### What should Daniel do?

- Daniel can contact his State Health Insurance Assistance Program (SHIP) to learn about his options.
  - If Daniel does not know how to contact his SHIP, he can call 877-839-2675 and say “Medicare” when prompted, or visit [www.shiphelp.org](http://www.shiphelp.org).
- Daniel can enroll this month during the GEP. While in the past he would have had to wait until July for his coverage to start, because of changes made to the GEP starting in 2023, his coverage will instead begin February 1, so long as he applies in the month of January.
  - Daniel will still owe a late enrollment penalty because he delayed Medicare enrollment and there were at least 12 months during which he had neither current job-based insurance nor Part B.
  - Daniel should ask his employer to fill out form CMS L564 with the dates that he was employed and covered by job-based insurance. He should then submit that form to Social Security. He may be able to use the time he was covered by insurance based on current work to reduce his late enrollment penalty.
  - A SHIP counselor can also screen Daniel for the Medicare Savings Program, which would eliminate his Part B penalty.
- Daniel would not be eligible for the SEP triggered by misinformation from an employer. Only people who received misinformation on or after January 1, 2023, can be eligible for this SEP. Because Daniel was given misinformation and delayed Medicare enrollment in July 2021 (when he retired), he would not be eligible for this SEP.

## SMP case study

Roger is 71 years old and has Original Medicare. He got a call from Medicare, saying that he would be sent a new black and white Medicare card soon. In order to get his new card, though, the caller said Roger would need to provide his Medicare number and Social Security number. Roger felt uncomfortable, so he said he would call back later that day to provide this information. After ending the call, Roger remembered that he got a new card a few years ago, so he is unsure if Medicare issuing new cards again. He can't shake the feeling that something is wrong with the unsolicited caller's request.

## What should Roger do?

- Roger should call his local SMP.
  - If he is unsure how to reach his local SMP, he can go to [www.smpresource.org](http://www.smpresource.org) or call 877-808-2468.
- The SMP team member can tell Roger that Medicare beneficiaries are not receiving new cards, and the call was likely a scam. Medicare will not call you unannounced and ask for your personal information over the phone. If a new Medicare card was being issued, they would notify you by mail. Roger should not call that person back.
- The SMP team member will recommend that in the future Roger immediately hang up calls from people claiming to be from Medicare unless he has recently requested a callback from Medicare's customer service line.
- The SMP team member can encourage Roger to continue to protect his personal information from callers, as he did today.



Local SHIP Contact Information	Local SMP Contact Information
<p><b>SHIP toll-free:</b> 800-234-7119</p> <p><b>SHIP email:</b> DOI.SHIP@nebraska.gov</p> <p><b>SHIP website:</b> <a href="http://www.doi.nebraska.gov/ship">www.doi.nebraska.gov/ship</a></p> <p><b>To find a SHIP in another state:</b> Call 877-839-2675 and say "Medicare" when prompted, or visit <a href="http://www.shiphelp.org">www.shiphelp.org</a>.</p>	<p><b>SMP toll-free:</b> 800-234-7119</p> <p><b>SMP email:</b> DOI.SHIP@nebraska.gov</p> <p><b>SMP website:</b> <a href="https://doi.nebraska.gov/consumer/nebraska-smp-working-stop-medicare-fraud">https://doi.nebraska.gov/consumer/nebraska-smp-working-stop-medicare-fraud</a></p> <p><b>To find an SMP in another state:</b> Call 877-808-2468 or visit <a href="http://www.smpresource.org">www.smpresource.org</a>.</p>

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SHIP National Technical Assistance Center: 877-839-2675 | [www.shiptacenter.org](http://www.shiptacenter.org) | [info@shiptacenter.org](mailto:info@shiptacenter.org)

SMP National Resource Center: 877-808-2468 | [www.smpresource.org](http://www.smpresource.org) | [info@smpresource.org](mailto:info@smpresource.org)

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