**Counseling Tips — January 2022**

**What’s New for Medicare in 2022?**

**1. Have costs for Medicare Part A (hospital insurance) changed in 2022?**

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 2022 *Medicare & You* handbook to understand Part A-covered services. The following chart shows costs last year compared to this year.

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| **Original Medicare Part A Costs: 2021 vs. 2022** | | |
|  | **2021** | **2022** |
| **Part A premium** | **$0/month**if you’ve worked more than 10 years | **$0/month**if you’ve worked more than 10 years |
| **$259/month**if you’ve worked between 7.5 and 10 years | **$274/month**if you’ve worked between 7.5 and 10 years |
| **$471/month**if you’ve worked fewer than 30 quarters (7.5 years) | **$499/month**if you’ve worked fewer than 30 quarters (7.5 years) |
| **Hospital deductible** | **$1,484**each benefit period | **$1,556**each benefit period |
| **Hospital coinsurance** | **$0/day**for days 1 – 60 once you’ve met your deductible | **$0/day**for days 1 – 60 once you’ve met your deductible |
| **$371/day**for days 61 -90 of each benefit period | **$389/day**for days 61 -90 of each benefit period |
| **$742/day**for days 91- 150 (non-renewable lifetime reserve days)\* | **$778/day**for days 91- 150 (non-renewable lifetime reserve days)\* |
| **Skilled nursing facility coinsurance** | **$0/day** for days 1 – 20 each benefit period (after a minimum 3-day inpatient hospital stay) | **$0/day** for days 1 – 20 each benefit period (after a minimum 3-day inpatient hospital stay) |
| **$185.50/day** for days 21 – 100 each benefit period | **$194.50/day** for days 21 – 100 each benefit period |

\*Note: After using your non-renewable lifetime reserve days, you will be responsible for all costs.

If you have a Medicare Advantage Plan, your plan provides your Part A coverage. If you have the same Medicare Advantage Plan in 2022 as you did in 2021, 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 2022.

As in 2021, Medicare fully covers medically necessary home health visits in 2022. As in 2021, you also pay nothing for hospice care, except a copayment of up to $5 for each prescription for outpatient drugs for pain and symptom management, and a 5% coinsurance of the Medicare-approved amount for inpatient respite care.

**2. Have costs for Medicare Part B (medical insurance) changed in 2022?**

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.

Part B premium: The Part B base premium in 2022 is $170.10 per month. Keep in mind, $170.10 is the standard premium for people with a yearly income equal to or below $91,000 for an individual ($182,000 for a married couple). If your income is higher than that, you may have to pay an income-related monthly adjustment amount, also known as IRMAA. Most people with Medicare pay the standard premium. A small number of people may pay a premium that is lower than the standard premium because their Social Security benefits did not increase enough to cover the increase in their Part B premium from 2021 to 2022. With this increased Part B base premium also comes the largest cost-of-living adjustment (COLA) in Social Security benefits in 30 years. According to the Centers for Medicare & Medicaid Services (CMS), most people with Medicare will see a 5.9% COLA in their 2022 Social Security benefits, which will more than cover the increase in the Part B base premium.

Part B deductible and coinsurance: If you have Original Medicare, you will owe an annual Part B deductible of $233 in 2022. You will continue to owe a 20% coinsurance for services covered by Part B. The amount you pay for Medicare Advantage Plan deductibles, copayments, and/or coinsurances varies by plan.

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| **Original Medicare Part B Costs: 2021 vs. 2022** | | |
|  | **2021** | **2022** |
| **Part B premium\*** | **$148.50/month** | **$170.10/month** |
| **Part B deductible** | **$203/year** | **$233/year** |
| **Part B coinsurance** | 20% for most services | 20% for most services |
| **\*** If your annual income is higher than $91,000 for an individual ($182,000 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. Your plan should have sent you an ANOC or EOC notice explaining any changes for the coming year (see question 1).

**3. Have costs for Medicare Part D (prescription drug coverage) changed in 2022?**

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 2022. 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.

Here are the main ways that you can get your Medicare prescription drug coverage:

* A Medicare Advantage Plan that covers both health and drug coverage
* A stand-alone Part D plan that works with Original Medicare
* A stand-alone Part D plan can also work with one type of Medicare Advantage Plan called a Medicare Medical Savings Account (MSA) Plan, which does not include prescription drug coverage.

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 2022. 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 2022.

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 2022 Part D plans can set a maximum annual deductible (amount you pay out-of-pocket before your insurance begins to pay) of $480. 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.

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| **Medicare Part D Costs: 2021 vs. 2022** | | |
|  | **2021** | **2022** |
| **Part D maximum deductible** | **Up to $445/year** | **Up to $480/year** |
| **Part D coverage gap threshold**  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. | **$4,130** | **$4,430** |
| **Part D catastrophic coverage limit**  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. | **$6,550** | **$7,050** |

\*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. 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, you can 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).

**5. What is the Medicare Advantage Open Enrollment Period?**

During the Medicare Advantage Open Enrollment Period (MA OEP), you can switch from your Medicare Advantage Plan (excluding Medical Savings Accounts, cost plans, and PACE) to another Medicare Advantage   
  
Plan or to Original Medicare with or without a stand-alone prescription drug plan. The MA OEP occurs each year from January 1 through March 31. Remember, you can only use this enrollment period if you have a Medicare Advantage Plan. Changes made during this period take effect the first of the month following the month you enroll. For example, if you switch to a new Medicare Advantage Plan in February, your new coverage begins March 1. Unlike Medicare’s Annual Open Enrollment Period, you can only make a single change during the MA OEP.

**6. Will I have other opportunities to change my coverage in 2022?**

Depending on your circumstances, you may have opportunities to change your Medicare health and drug coverage in 2022.

**If you have Extra Help:** Extra Help is a federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage. If you have Extra Help in 2022, you have a Special Enrollment Period (SEP) to enroll in a Part D plan or switch between plans. This SEP is available once per calendar quarter for the first three quarters of the year (January-March, April-June, and July-September). If you use the Extra Help SEP to change your coverage, the change will become effective the first of the month following the month that you make the change. For example, if you use the Extra Help SEP to choose a new Part D prescription drug plan in March, that plan will become effective April 1. If you use your Extra Help SEP in one quarter, you will have to wait until the next quarter to make another change, unless you have a different SEP.

**If you enrolled in a plan by mistake or because of misleading information:** If you enrolled in a Medicare Advantage Plan or stand-alone Part D plan by mistake or after receiving misleading information, you may be able to disenroll and change plans. Typically, you have the right to change plans if you:

* Enrolled unintentionally: You may have enrolled believing you were joining a Medigap plan to supplement Original Medicare, or you meant to sign up for a stand-alone Part D plan and accidentally joined a Medicare Advantage Plan.
* Enrolled based on inaccurate or misleading information: You may have been misled, for example, if a plan representative told you that your doctors are in the plan’s network, but they are not, or you were promised benefits that the plan does not really cover.
* Through no fault of your own, ended up or were kept in a plan you do not want: You tried to switch plans during an enrollment period but were kept in your old plan. You can also make a change if you were enrolled in a plan because of an administrative or computer error.

The steps you should take to disenroll depend on whether you have used services and whether the plan paid for those services.

* If you used any service since joining the plan (for example, saw a doctor or filled a prescription) and received a denial of coverage, you should request retroactive disenrollment, meaning disenrollment back to the date you enrolled in the plan. Depending on your situation, you may then wish to select Original Medicare (with or without a Part D plan) or a different Medicare Advantage Plan. If you are granted retroactive disenrollment, be sure to ask your providers to re-file claims with your new plan.
* If you have not used any services since joining the plan, you may want to request a Special Enrollment Period (SEP) to disenroll from your plan. This option may be processed faster than retroactive disenrollment. If your request is granted, you will be disenrolled from your plan at the end of the month in which you made the request. To prevent gaps in coverage, sign up for new coverage immediately after you are disenrolled from the plan you did not want.

To request retroactive disenrollment or an SEP, call 1-800-MEDICARE and explain to the customer service representative exactly how you joined the plan by mistake.

**If you qualify for another Special Enrollment Period (SEP):** There are several circumstances in which you may be able to make changes to your Medicare health/drug coverage. For example, you have a SEP if you move outside of your plan’s service area, if your Medicare Advantage Plan terminated a significant amount of its network providers, or if you enroll in certain State Pharmaceutical Assistance Programs (SPAPs). You also could have an SEP if you want to enroll in a five-star Medicare Advantage Plan or Part D plan, or if you have been in a consistently low-performing Medicare Advantage Plan or Part D plan.

If you need to make changes to your coverage but you are not sure whether you qualify for an SEP, call your State Health Insurance Assistance Program (SHIP) to learn more. Contact information for your SHIP is on the last page of this document.

**7. What are examples of marketing violations?**

Remember that plan representatives, agents, and brokers must follow federal guidelines when marketing to you. These guidelines protect you from manipulative/ deceptive sale and enrollment tactics that can lead to marketing violations by a plan. Here are some red flags:

* You signed up for a plan after being told by an agent or company that certain services or prescriptions were covered, but after enrolling, you discovered they were not covered by that plan.
* A company represented itself as coming from or sent by Medicare, Social Security, or Medicaid.
* You received an unsolicited phone call or text from a plan with which you have no prior relationship, you have asked not to contact you, or of which you disenrolled from.
* A plan agent returned uninvited to your residence after missing an earlier appointment.
* An agent discussed other insurance products, such as life insurance or annuities, during a visit or meeting that was scheduled to only discuss a Medicare Advantage Part C or D product.

**8. What is a transition fill?**

A transition refill, also known as a transition fill, is typically a one-time, 30-day supply of a drug that you were taking before switching to a different Part D plan (either stand-alone or through a Medicare Advantage Plan), or before your current plan changed its coverage at the start of a new calendar year. Transition refills let you get temporary coverage for drugs that are not on your plan’s formulary or that have certain coverage restrictions (such as prior authorization or step therapy). **Transition refills are not for new prescriptions.** You can only get transition fills for drugs you were already taking before switching plans or before your existing plan changed its coverage.

The following situations describe when you can get a transition refill if you do not live in a nursing home (there are different rules for transition refills for those living in nursing homes):

**1. Your current plan is changing how it covers a Medicare-covered drug you have been taking.**

* If your plan is taking your drug off its formulary or adding a coverage restriction for the next calendar year for reasons other than safety, the plan must either:
  + Help you switch to a similar drug that is on your plan’s formulary before January 1
  + Help you file an exception request before January 1
  + Or, give you a 30-day transition fill within the first 90 days of the new calendar year along with a notice about the new coverage policy.

**2. Your new plan does not cover a Medicare-covered drug you have been taking.**

* If a drug you have been taking is not on your new plan’s formulary, this plan must give you a 30-day transition refill within the first 90 days of your enrollment. It must also give you a notice explaining that your transition refill is temporary and informing you of your appeal rights.
* If a drug you have been taking is on your new plan’s formulary but with a coverage restriction, this plan must give you a 30-day transition refill free from any restriction within the first 90 days of your enrollment. It must also give you a notice explaining that your transition refill is temporary and informing you of your appeal rights.
* In both of the above cases, if a drug you have been taking is not on your new plan’s formulary, be sure to see whether there is a similar drug that is covered by your plan (check with your doctor about possible alternatives) and, if not, to file an exception request. (If your request is denied, you have the right to appeal.)

If you file an exception request and your plan does not process it by the end of your 90-day transition refill period, your plan must provide additional temporary refills until the exception is completed.

Remember, all stand-alone Part D plans and Medicare Advantage Plans that offer drug coverage must provide transition fills in the above cases. When you use your transition fill, your plan must send you a written notice within three business days. The notice will tell you that the supply was temporary and that you should either change to a covered drug or file an exception request with the plan.

**9. How will the public health emergency affect Medicare coverage in 2022?**

Due to the COVID-19 public health emergency (PHE), certain flexibilities have been in place and some restrictions lifted in 2020 and 2021. Examples of these flexibilities include expanded coverage of telehealth services and coverage for 90-day supplies of prescription drugs when requested. As of December 17, 2021, the PHE declaration will be in place through January 16, 2022. The PHE declaration has been extended multiple times previously, but there is no indication that it will again be extended. If the PHE expires, many of the current flexibilities and lifted restrictions may expire as well. Congress and the Centers for Medicare & Medicaid Services (CMS) are working to extend some of these flexibilities, regardless of the PHE status, so details of how these Medicare coverage rules will change are still being discussed. To stay up to date on this evolving conversation, pay attention to the news, your local State Health Insurance Assistance Programs (SHIPs), and CMS. Contact information for your local SHIP is on the last page of this document.

**10. Who should I contact if I have questions about my 2022 Medicare coverage?**

**1-800-MEDICARE (800-633-4227):**Call 1-800-MEDICARE to use an SEP, to request another copy of your *Medicare & You*handbook, or to find more information about your 2022 coverage.

**State Health Insurance Assistance Program (SHIP):**Contact your SHIP if you have questions about changes in costs and coverage of your Medicare in 2022, for help understanding SEPs, or to learn about programs that can help you with Medicare costs. SHIP counselors provide unbiased Medicare counseling and assistance. Contact information for your SHIP is on the last page of this document.

**Senior Medicare Patrol (SMP):**Contact your SMP if you believe you have enrolled in a plan for 2022 based on misleading information or marketing violations or were enrolled in a plan without your consent. SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse. Contact information for your SMP is on the last page of this document.

**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 2022. You may also want to contact Medicare Advantage Plans if you are using the MA OEP to switch plans.

**SHIP case study**

Roxy has had a Medicare Advantage Plan for several years. She did not review her coverage during Medicare’s Open Enrollment Period in 2021, and now she worries that her plan might not be the best plan to suit her needs during 2022. She is considering making a change and wants to know what kinds of changes she can make, when she can make them, and what factors she should consider.

**What should Roxy do?**

* Roxy should contact her State Health Insurance Assistance Program (SHIP) to learn about her options.
  + If Roxy does not know how to contact her SHIP, she can call 877-839-2675 and say “Medicare” when prompted, or visit [www.shiphelp.org](http://www.shiphelp.org).
* The SHIP counselor can let Roxy know that since she has a Medicare Advantage Plan, she has the option to change her coverage during the Medicare Advantage Open Enrollment Period (MA OEP).
  + The counselor can let her know that she has the option of switching to a new Medicare Advantage Plan or to Original Medicare, with or without a stand-alone Part D prescription drug plan.
  + The counselor can also tell Roxy that the MA OEP lasts from January 1 to March 31 and that any changes she makes will be effective the first day month following the month of enrollment.
* The counselor can also point Roxy toward information about her coverage options.
  + If Roxy is considering Original Medicare, the SHIP counselor can let her know what the costs for Medicare Parts A and B are in 2022. For more information, Roxy can review the *Medicare and You*2022 booklet.
  + If Roxy is considering choosing another Medicare Advantage Plan, the counselor can talk to her about how to review the costs of plans that are available in her area, such as using Medicare’s Plan Finder tool. The SHIP counselor can also help Roxy to carefully review the covered benefits of any plan she is considering.
  + If Roxy will be choosing a stand-alone Part D plan, the counselor can help her use the Medicare.gov Plan Finder tool to compare drug options. The counselor can also review Part D costs in 2022 and help Roxy understand her phases of coverage.
* If Roxy decides to change her coverage, the SHIP counselor can tell her to call 1-800-MEDICARE to make any changes.

**SMP case study**

Rodrigo enrolled in a Medicare Advantage Plan during Medicare’s Open Enrollment Period because a plan representative told him that the plan would cover vision services. When he called the plan in January to get a list of vision providers, a plan representative told him that his plan didn’t include vision coverage. Rodrigo is upset, because he would not have enrolled in this plan if he had received accurate information during Medicare’s Open Enrollment Period.

**What should Rodrigo do?**

* Rodrigo should call the Senior Medicare Patrol (SMP) for assistance.
  + If he does not know how to contact his SMP, he can call 877-808-2468 or visit [www.smpresource.org](http://www.smpresource.org/).
* The SMP can let Rodrigo know that Medicare Advantage Plans should not have provided misleading marketing.
  + The SMP can encourage Rodrigo to collect any evidence of the misinformation that he may have received. If a marketing violation is suspected based on the information provided by Rodrigo, the SMP can help report the situation to the proper authorities.
* The SMP can let him know that he has options for changing his coverage if he no longer wants to be enrolled in this Medicare Advantage Plan. The SMP can direct Rodrigo to contact his SHIP to learn more about his options to switch his plan provider and coverage.
  + Rodrigo may be able to pursue a Special Enrollment Period (SEP) because of the misleading marketing from his plan.
  + Rodrigo can also use the Medicare Advantage Open Enrollment Period (MA OEP) between January 1 and March 31 to switch to a different Medicare Advantage Plan or to Original Medicare with or without a Part D prescription drug plan. Any change he makes during this time will be effective the following month.

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| **​Local SHIP Contact Information** | **​Local SMP Contact Information** |
| **​SHIP toll-free:** | **​SMP toll-free:** |
| **​SHIP email:** | **​SMP email:** |
| **​SHIP website:** | **​SMP website:** |
| **​**  **To find a SHIP in another state:**  ​Call 877-839-2675 or visit [www.shiphelp.org](http://www.shiphelp.org). | **To find an SMP in another state:**  ​Call 877-808-2468 or visit [www.smpresource.org](http://www.smpresource.org/). |
| ​ | |
| SHIP National Technical Assistance Center: 877-839-2675 | [www.shiphelp.org](http://www.shiphelp.org) | [info@shiphelp.org](mailto:info@shiphelp.org)  SMP National Resource Center: 877-808-2468 | [www.smpresource.org](http://www.smpresource.org) | [info@smpresource.org](mailto:info@smpresource.org)  *© 2022 Medicare Rights Center |* [*www.medicareinteractive.org*](http://www.medicareinteractive.org) *|*  *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.* | |