

Most Common Questions for Annual Enrollment

1. What are the enrollment dates?

- **Answer:** The AEP runs from **October 15 to December 7** each year. During this period, you can enroll in, switch, or drop Medicare plans.

2. How do I choose the right plan?

- **Answer:** To choose the right plan, compare Medicare Advantage and Part D plans based on coverage, costs, and provider networks. Use the Medicare Plan Finder tool on the Medicare website or consult a local State Health Insurance Assistance Program (SHIP) for personalized assistance.

3. What changes can I make during AEP?

- **Answer:** You can switch from Original Medicare to a Medicare Advantage plan, change your Part D plan, or modify your existing Medicare Advantage coverage. You can also return to Original Medicare if desired.

4. What's the difference between Medicare Advantage and Original Medicare?

- **Answer:** Original Medicare (Part A and Part B) is a fee-for-service program that allows you to see any doctor who accepts Medicare. Medicare Advantage (Part C) is a plan offered by private insurers that includes Part A and Part B benefits, often with additional coverage like vision or dental.

5. Will my medications be covered?

- **Answer:** To find out if your medications are covered, check the formulary (list of covered drugs) for each Part D or Medicare Advantage plan you're considering. You can usually find this information on the plan's website or by contacting the plan directly.

6. What costs can I expect?

- **Answer:** Costs vary by plan but may include monthly premiums, deductibles, co-pays, and out-of-pocket maximums. Review the Summary of Benefits for each plan to understand the total potential costs.

7. What happens if I miss the enrollment period?

- **Answer:** If you miss the AEP, you may have to wait until the next AEP to make changes, unless you qualify for a Special Enrollment Period (SEP) due to certain life events (like moving, losing other coverage, etc.).

8. Are preventive services covered?

- **Answer:** Yes, Medicare covers many preventive services at no cost, including vaccinations, screenings, and wellness visits. Check the Medicare website for a full list of covered preventive services.

9. How do I appeal a coverage decision?

- **Answer:** If a claim is denied or a service is not covered, you can appeal the decision. The process typically involves contacting your plan for a written explanation and following their appeal procedure. More detailed information can be found in your plan documents.

10. Can I get help with my enrollment decisions?

- **Answer:** Yes, you can get assistance from local SHIP counselors, who provide free, unbiased help with Medicare choices. You can also call the Medicare hotline for support.

11. How do I update my personal information?

- **Answer:** You can update your information, like your address or income, through your My Medicare account online or by calling the Social Security Administration if it affects your eligibility.

12. What is the new out-of-pocket cap for Medicare Part D?

- **Answer:** Starting in 2025, there will be a **\$2,000 out-of-pocket cap** for Medicare Part D beneficiaries, helping to limit your total drug costs and providing financial protection.