



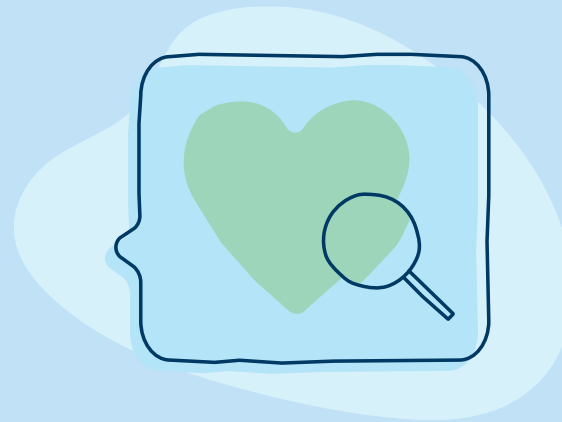
Medicare Advantage Transition
Legislative Town Halls
September 2022

Medicare Advantage Transition

When will this change to a Medicare Advantage (M.A.) plan occur?

Beginning **January 1, 2023**, the State of Delaware Group Health Insurance Plan will offer one Medicare plan option - **Highmark Blue Cross Blue Shield (BCBS) Delaware's Freedom Blue PPO Medicare Advantage Plan (with Part D prescription through SilverScript).**

Let's look at your Highmark Medicare benefits.



Benefit Design

Plan Wide Cost Sharing	Freedom Blue PPO Member Pays (In Network and Out of Network)
Deductible	\$0
Member Out of Pocket Maximum <i>Applies to Part A, Part B, and outpatient professional services outside of the United States. Excludes Private Duty Nursing cost sharing.</i>	\$1,000 (Combined in and out-of-network)

Benefit Design

Medical Benefits	Freedom Blue PPO Member Pays (In Network and Out of Network)
Primary Care Provider Office Visit	\$0
Specialist Office Visit	\$0
Therapies (Speech, Physical, Occupational)	\$0
Inpatient Hospital	\$0
Skilled Nursing Facility (up to 100 days per benefit period)	\$0

Benefit Design

Medical Benefits	Freedom Blue PPO Member Pays (In Network and Out of Network)
Outpatient Surgery	\$0
Emergency Room	\$0
Urgent Care	\$0
Ambulance	\$0
Diagnostic Services (Lab and Images)	\$0
Durable Medical Equipment	\$0
Part B Rx	\$0

Benefit Design

Medical Benefits	Freedom Blue PPO Member Pays
Inpatient or Outpatient facility coverage outside of the United States*	\$0 if urgent or emergent care and non urgent or emergent care
Outpatient professional services outside of the United States*	\$0 if urgent or emergent care. 80% for routine (non urgent or emergent care)
Private Duty Nursing <i>When inpatient in acute care hospital</i>	20% of the allowable charges and 100% of charges after the 240-hour maximum is met. <i>Member cost sharing is excluded from the Out of Pocket Maximum.</i>

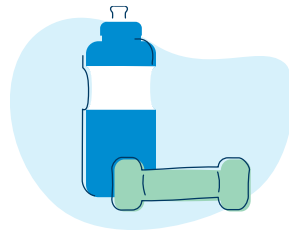
*Services defined as coverable under Medicare policy guidelines within the United States

Even more **benefits** from **Highmark**:



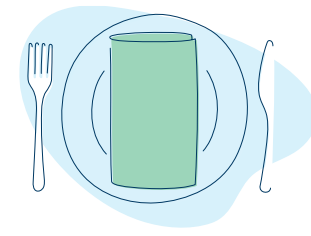
Clinical Care Team

Experts to help you manage your health.



Wellness Program

A wellness and rewards program tailored to your health and well-being.



Post-discharge Meals

Make your return from the hospital easier by having pre-made, frozen meals delivered directly to your doorstep — at no cost to you.*

*Post-discharge meal program covers two meals per day or 14 days.

Why the change?

- State Employee Benefits Committee (SEBC) routinely reviews benefit options as required by procurement process
- Part of a broader review with the Retirement Benefits Study Committee (RBSC)
- New plan matches benefits and out-of-pocket costs for old plan, with added benefits and lower costs

What is a Medicare Advantage Plan?

- Also known as Medicare Part C
- All-in-one alternative to Original Medicare
- Includes Medicare Part A (Hospital), Medicare Part B (Medical) and many include Medicare Part D (Prescription)
- Medicare approves and pays insurance company, which must follow Medicare rules

Is the new plan like other M.A. plans?

This plan is only available to State of Delaware pensioners and has been specifically designed to provide the same coverage as the old plan.



Are the requirements for Medicare Parts A and B changing?

Enrollment in the new plan does NOT impact eligibility or enrollment requirements for Medicare Parts A and B.



Does enrollment in Medicare Advantage mean giving up Medicare?

Enrollment in M.A. means Highmark assumes responsibility for all Medicare Part A & B services as long as the pensioner pays their Part B premium.



Can a pensioner also enroll in other M.A. or Part D coverage?

Pensioners enrolled in another M.A. or Part D plan should contact the Pension Office.

Pensioners enrolled in Special Medicfill without Prescription will receive instructions from the Pension Office.



What if Medicare Part A or B coverage changes?

- The new plan will be required to cover all services approved and available under Medicare Parts A and B throughout the 3-year contract period.
- Prescription benefits will continue to be handled by SilverScript.

Are covered services the same as the old plan?

The new plan has been specifically designed to cover the same services as the old plan and includes the same SilverScript prescription coverage.



Is a Primary Care provider required?

It is highly encouraged to help coordinate health care needs, but a Primary Care doctor is not required.



Are referrals required to see a specialist?

Referrals are not required for specialist care. Pensioners can see any specialist in-network or out-of-network eligible to participate in Medicare and accept the plan.

(A referral is not the same as a prior authorization.)



Can pensioners keep their current doctors?

Pensioners can see in-network or out-of-network (i.e. non contracted) providers eligible to participate in Medicare and accept the plan.

Pensioners should call Highmark with questions about providers.



What if the pensioner does not live in Delaware?

- The network is national
- Pensioners can see all in-network (contracted) providers or out-of-network (non contracted) providers eligible to participate in Medicare and accept the plan.
- Show the provider the ID card
- Call Highmark for help finding a provider and determining network status
- Providers send prior authorization requests and pre-visit coverage decisions directly to Highmark regardless of location

What if a provider doesn't accept the new plan?

- Pensioners can still see the provider as an out-of-network provider
- The plan will reimburse in-network providers at contracted amount and out-of-network providers at the Medicare approved amount (up to the Medicare limiting amount)
- Most providers accept the plan, and Highmark is outreaching to DE providers to minimize disruption
- Pensioners should call the Pension Office or Statewide Benefits Office if their provider says they are not accepting the new plan

How does reimbursement work if the provider is out-of-network?

- Providers can bill Highmark (or when out of State the local Blue Cross Blue Shield plan) for covered services.
- If the member is required to pay upfront, the member can submit the claim to Highmark for reimbursement of covered benefits.

Is prior approval for care or services required?

- **In some cases, yes.**
- The services requiring prior approval are detailed in the materials coming from Highmark
- Approval rate is 92%
- Turnaround times for expedited cases: under 2 days
- Turnaround times for standard cases: under 5 days
- **Not required for emergency care**
- Not applicable for outpatient services until May 1
- Members can appeal if prior approval is denied

Can a pensioner appeal a denial of services?

- Centers for Medicare & Medicaid (CMS) mandates a five-level appeals process for Medicare Advantage plans
 - Level 1 – reconsideration by Highmark from different physician than the physician who made the initial coverage decision
 - Level 2 – an Independent Review Entity (IRE) hired by CMS
 - Level 3 – an Administrative Law Judge Hearing with the Office of Medicare Hearings and Appeals
 - Level 4 – Medicare Appeals Council
 - Level 5 – Federal District Court
- Details of the Highmark Medicare Advantage appeals process and how to request assistance are outlined in the Medicare Advantage Evidence of Coverage document that will be available in early October for all State of Delaware pensioners.

Can the pensioner choose not to enroll in the new plan?

Yes, pensioners can opt out during Open Enrollment by contacting the Pension Office, **BUT...**

- The new plan will be the **ONLY** State of Delaware Medicare health plan option
- Pensioners should not opt out if State of Delaware is their only coverage
- Pensioners will not receive the value of the premium for use in purchasing another plan
- Dependents might lose coverage eligibility

When is State of Delaware Medicare Open Enrollment?

October 3 -24, 2022

for benefits effective

January 1, 2023

When will pensioners receive more information?

Open Enrollment packets from the Pension Office were mailed on September 15th.

More information, including a Summary of Benefits and a Medical Benefits Chart is coming from Highmark and will arrive in Pensioner mailboxes in late September. These mailings are already posted on the Highmark Medicare Advantage website.

Open Enrollment Sessions to be held in each county during Open Enrollment

If a pensioner does not enroll this year, will they be able to later?

- Opportunity to enroll or disenroll every year during Medicare Open Enrollment
- Pensioners who enroll during Open Enrollment will not be required to go through medical underwriting or refused enrollment because of pre-existing conditions

If a spouse has other Medicare coverage from a previous employer, are they eligible for the new plan?

- If a spouse is Medicare eligible and offered a Medicare Advantage plan (or cash in lieu of coverage) by their former employer, they will be able to keep their current coverage or enroll in SOD's Medicare Advantage Plan.
- If a spouse is enrolled in an employer sponsored Special Medicfill plan through a former employer, contact the Pension Office to discuss options.

What ID cards will the pensioner receive/use?

- No longer use red, white, and blue Medicare card
- Pensioners will receive a Highmark Advantage PPO ID card from Highmark in December 2022 to use for all medical care
- Use SilverScript ID card for prescriptions
 - Keep if Pensioner already has one
 - If not currently enrolled in Part D, Pensioner will receive one in December 2022

When will the contract be available?

- The contract and performance guarantees (PGs) are being finalized
- Both will be posted publicly once finalized
- PGs will include detailed monthly reporting on prior approvals and denials and appeals with financial penalties if not met

Why is the premium so much lower?

- Broad network of high-quality physicians share a commitment to preventive care and screenings
- Member engagement in care and disease management programs to help members reach health goals
- Tools and resources to help navigate care so members receive appropriate care in appropriate settings
- SEBC set the premiums for all State plans based upon projected health and prescription plan expenses.

Medicare Advantage Resources

Medicare Advantage Resources

- Statewide Benefits Office [Highmark Delaware Medicare Advantage webpage \(https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml\)](https://dhr.delaware.gov/benefits/medicare/medicare-advantage.shtml) to review:
- [Medicare Advantage October Open Enrollment Sessions](#)
- [Medicare Advantage Frequently Asked Questions](#)
- [Highmark Medicare Advantage Pre-OE Mailer](#)
- [Medicare Advantage Medical Benefits Chart](#)
- [State of Delaware Medicare Advantage Mailings/Events Timeline](#)

- Pensioners may contact Highmark BCBS Delaware at **1-888-328-2960 (TTY call 711), seven days a week, 8 a.m. to 8 p.m.** with questions about the Highmark BCBS Delaware Freedom Blue PPO Medicare Advantage plan.

- [Office of Pensions webpage \(https://open.omb.delaware.gov\)](https://open.omb.delaware.gov)
- Pensioners with questions about their enrollment or the State of Delaware Medicare benefits may also contact the Office of Pensions at **1-302-739-4208** or **1-800-722-7300**.

Thank You



Phone: 1-800-489-8933

Email: benefits@delaware.gov

Website: de.gov/statewidebenefits

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