

# What if I'm not 65 when I become eligible for Medicare?

- Federal law does not require insurance companies to sell Medigap to individuals under the age of 65.
- Some states DO require these companies to offer coverage to those under 65 BUT, it may cost more.
  - They CAN adjust premiums based on your age.

# Medigap Plan-Philadelphia County 2024

- 65 y/o female, non-smoker, Plan G

## Medigap Plan G

[Plan Details](#)[View Policies](#)

### MONTHLY COST

Premiums range from **\$119-\$501** for a 65 year old Female that doesn't use tobacco

Some Medigap policies offer **household discounts** on monthly premiums. Contact the insurance company for savings and eligibility information.

Doesn't include:  
\$164.90 Standard Part B premium

[Get a more accurate price](#)

### COPAYS/COINSURANCE

**\$0** Generally your cost for approved Part B services

### DEDUCTIBLES

**\$0** Hospital (Part A) deductible

~~**\$226**~~ Medical (Part B) deductible

### PLAN BENEFITS

✓ Skilled nursing facility

✓ Part A deductible

✗ Part B deductible

✓ Part B excess charges

✓ Foreign travel emergency

[Compare to other plans](#)

# Healthcare Marketplace

Aka “Obamacare”

# ACA Plans



Platinum



Gold



Silver



Bronze

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## Monthly Cost

\$\$\$\$

\$\$\$

\$\$

\$

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## Cost When You Get Care

\$

\$\$

\$\$\$

\$\$\$\$

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## Good Option If You...

plan to use a lot of health care services

want to save on monthly premiums while keeping your out-of-pocket costs low

need to balance your monthly premium with your out-of-pocket costs

don't plan to need a lot of health care services

# ACA Plans- Who Can Buy One?



Must live in United States.



US Citizen or lawfully present.



Not incarcerated.



Individual or family.



Employee of small business with less than 50 FTE's.



Premium tax credits and cost sharing available to those who meet financial qualifications.

## Out of Pocket Costs

## Networks of participating doctors and hospitals

- Includes where the individual may be capitated for labs, imaging and other procedures.

## Prescription drug coverage

- Which drugs are covered?
- What tier is the drug?
- Higher cost for specialty/high dollar medications.
- Some plans include a SEPARATE deductible for pharmaceutical costs.

# How Are The Plans Different?

# Where Can I Get Help With My Medication Costs?



# Assistance Programs

- Medicare Savings Programs
  - LIS/Extra Help
  - Qualified Medicare Beneficiary (QMB)
- Dual Enrollment (Medicare & Medicaid)
- State Pharm Assistance
  - PA-Pace and PaceNet
  - NJ-PAAD
  - DE-DPAP
- Co-pay Assistance





# Low Income Subsidy/Extra Help

- Federal program that helps with out-of-pocket costs for Medicare part D.
- 2023 Eligibility (this is going UP in 2024; exact amounts TBD)
  - Have a part D plan
  - Income \$1843 (single)/\$2485 (married couples)
  - Resource limits \$16,600 (single)/\$33,240 (married couples)
    - Resources counted are money in checking, savings or retirement accounts, stocks and bonds.
  - Anyone with Medicaid, SSI and in a Medicare Savings program AUTOMATICALLY qualifies.



# Benefits of LIS/Extra Help

- Cover part D premium (state-specific benchmark).
- Lowers costs of medications
  - For those with “full” extra help--\$0 plan premium, \$0 deductible and \$4.15 for generic/\$10.35 for brand.
  - “Partial” extra help
    - Plan premium
    - Plan deductible (not more than \$104)
    - Then 15% of the cost of drug until total drug costs = \$7400
    - Then \$4.15 for generic/\$10.35 for brand.
  - Beginning in 2024 everyone who is eligible for partial Extra Help will AUTOMATICALLY get FULL Extra Help.
- Provides a special enrollment period 1x per calendar quarter (quarters 1-3) to enroll in Part D or switch plans.
- Eliminates any Part D late enrollment penalty .

# QMB

## Pays for

- Part A Premiums
- Part B Premiums
- Deductibles
- Co-insurance
- Copayments
- And EXTRA HELP-max price for medication \$4.30

## Eligibility

- Individual-Income  
\$1235/Resource limit \$9090
- Married couple-Income  
\$1663/Resources limit \$13,630
- Resources counted are money in checking, savings or retirement accounts, stocks and bonds.



# Co-Pay Assistance

- Co-pay assistance is financial assistance for co-pays for patients WITH insurance - but who are considered underinsured.
- Underinsured means that you have out of pocket costs that are not covered by the medical insurance plan which impact financial well-being and access to care.
- Managed/administered by private foundations.

# Co-Pay Programs for MM

- LLS
- Healthwell Foundation
- Patient Advocate Foundation
- PAN Foundation
- Good Days
- Cancer Care

# About Co-Pay Assistance

- Each foundation has different rules for eligibility
  - Income.
  - Diagnostic.
- Each foundation determines the amount of assistance available for each disease type.
- Foundation programs open/close frequently.
- Check with each foundation about what is covered.
  - Premiums?
  - Deductibles?
  - Co-pays—is my treatment covered?

Co-Pay Cards

NOT for  
Medicare  
Recipients

Individuals with  
government  
provided insurance  
are NOT ELIGIBLE.



Supplied by the  
pharmaceutical  
company.



# Other Options for Low(er) Cost Medications

- GoodRx
- Cost Plus Drugs
- Rx Outreach





# What About Medical Fundraising?



- It can be a huge help, but...
- Pros/cons of crowdsourced fundraising
- Other “local” efforts to raise \$\$\$
- Potential for tax and public benefits liabilities

# Who Can Help Me Navigate My Health Insurance?

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Financial  
Navigators/Advocates



Social Workers



[State Health Insurance  
Assistance Programs  
\(SHIP\) Counselors](#)



[ACA Navigation  
Assistance](#)



Private brokers (buyer  
beware!)

# Resources

[OncoLink.org/insurance](https://oncolink.org/insurance)

Medicare.gov

Healthcare.gov

Medicaid.gov

Medicareinteractive.org

Medicare and Blue: [www.fepblue.org](http://www.fepblue.org)

[Triage Cancer](#)

# Thank You!

Christina Bach, MSW, MBE, LCSW, OSW-C, FAOSW

[www.oncolink.org](http://www.oncolink.org)

[Christina.bach@pennmedicine.upenn.edu](mailto:Christina.bach@pennmedicine.upenn.edu)

*or*

Cancer Support Community Helpline

888-793-9355

[cbach@cancersupportcommunity.org](mailto:cbach@cancersupportcommunity.org)

