

A photograph of an older man and woman dancing in a garden. The man is on the left, wearing a light blue button-down shirt and khaki pants. The woman is on the right, wearing a red cardigan over a white blouse and dark pants. They are holding hands and smiling. The background features green foliage, a wooden fence, and string lights.

Pre-Retirement Education Program

NDPERS PREP DAY 2

INSURANCE BENEFITS & LEGAL PLANNING



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

Retirees receiving a retirement benefit may be eligible to participate in:

- Health insurance
- Dental insurance
- Vision insurance
- Life Insurance (*if enrolled as active employee*)

Surviving spouses **receiving** an ongoing retirement benefit:

- May be eligible to continue or newly enroll in NDPERS insurances (*excluding life insurance*) at time of retiree's death

Surviving spouses **NOT receiving** an ongoing retirement benefit:

- May be eligible to continue the NDPERS insurance they are currently participating in (*excluding life insurance*)

Health, Vision, Dental & Life Insurance

There is no
Open
Enrollment in
Retirement!

Only “Qualifying
Events”

Within 31 days of the following:

- First NDPERS retirement benefit payment
- Receiving a first retirement benefit payment from a Non-NDPERS retirement plan (TIAA or TFFR)
 - must provide a Verification of Alternate Retirement Plan (SFN-53863)
- Retiree or spouse’s 65th birthday or eligibility for Medicare
- Loss of coverage in an employer-sponsored health plan
- Marriage, Birth, Adoption, or Legal Guardianship

A group of five diverse elderly people are laughing together outdoors in a park setting. From left to right: a Black man with a beard, a white woman with a visor, a white man with a beard and cap, an Asian woman with glasses, and an Asian man with glasses. They are all smiling broadly and looking towards each other. The background shows green trees and a bright sky. A semi-transparent teal bar is at the bottom of the image.

HEALTH INSURANCE OPTIONS AT RETIREMENT

NOT Medicare
eligible

COBRA health insurance with your current provider for 18 months.

COBRA is the EXACT SAME insurance you have today!

You pay a premium.

Or

Enroll in your spouse's insurance plan

Or

Go to the marketplace

What happens after COBRA?

If you, or an eligible dependent are NOT Medicare eligible, you will need to find other coverage until you or an eligible dependent become Medicare eligible.

- Available through federal exchange www.healthcare.gov.
- If you or a eligible dependent ARE Medicare eligible, then, let's talk NDPERS Retiree Health Insurance!

Health Insurance Options at Retirement

Medicare eligible (you OR an eligible dependent)

One Medicare + Other(s) Health Insurance.

The “One” Medicare is the Dakota Retiree Plan, which is a supplement to Medicare Parts A and B and includes the Part D, prescription plan.

The “other(s)” is the non-Medicare dependent is enrolled in the State of ND Sanford Dakota Plan.

Dakota Retiree Plan

Supplement to Medicare Parts A and B and includes the Part D, prescription plan.

Supplement and Part D are “bundled”. You must enroll in both.

What do you mean by “Other(s)” – hmmm?

It is the Dakota Plan – the same insurance that State employees and some political subdivisions have!

Cost Sharing Amounts		
	PPO	Basic
Single Coverage		
Deductible amount	\$500	\$500
Coinsurance maximum	<u>\$1,000</u>	<u>\$1,500</u>
Out-of-pocket maximum	\$1,500	\$2,000
Family Coverage - All members in the family contribute to deductible and coinsurance amounts; however an individual family member's contribution cannot be more than the single coverage amount listed above.		
Deductible amount	\$1,500	\$1,500
Coinsurance maximum	<u>\$2,000</u>	<u>\$3,000</u>
Out-of-pocket maximum	\$3,500	\$4,500

Includes a \$250 a year Wellness Benefit!*

*for

Dakota Plan Preventive Screening Services

\$200 maximum benefit allowance per member per benefit period

- Deductible waived
- After max reached, preventive services subject to cost-sharing amounts

Benefits Include:

- One routine physical exam
- Routine diagnostic screenings
- Routine screening procedures for cancer

Dakota Plan Prescriptions

Formulary Generic

- \$7.50 Copayment + 12% Coinsurance
- \$1,200 coinsurance maximum for formulary prescriptions per member per plan year

Formulary Brand Name

- \$25 Copayment + 25% Coinsurance
- \$1,200 coinsurance maximum for formulary prescriptions per member per plan year

Non-Formulary Generic/Brand

- \$30 Copayment + 50% Coinsurance
- \$1,200 coinsurance maximum does not apply

Mail order is available to NDPERS members.

What does it mean if I or a dependent is on Medicare?

You are on the Dakota Retiree Plan!

Check out this awesome resource on our YouTube page!



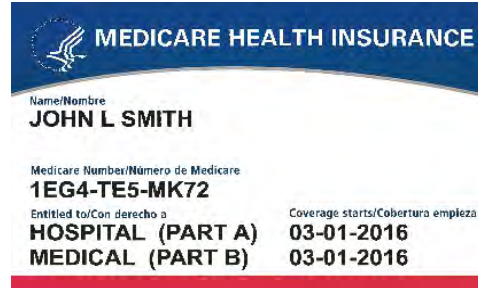
Insurance Choices Before Retirement



How Medicare and the Dakota Retiree Plan Work Together

1

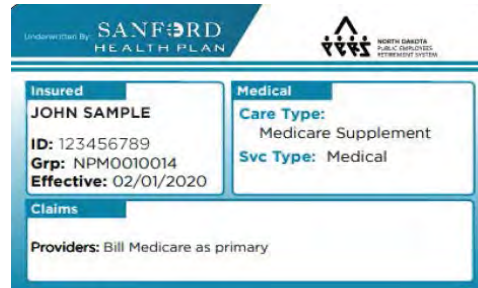
Medicare - pays first for medical and hospital visits



You get through Social Security

2

Sanford pays second – after Medicare. You cannot be enrolled in secondary insurance if you don't have primary insurance!



Dakota Retiree Plan through NDPERS

3

Humana Group Medicare is the Part-D Prescription Drug Plan



Dakota Retiree Plan - Sanford

Secondary coverage (“supplement”) through Sanford Health Plan

Typically, if your service is covered by Medicare and you are at a facility that accepts Medicare, your out-of-pocket cost between Medicare and Sanford is zero.

[Outline of Medicare Supplement Coverage](#)

Customer Service

Sanford Health Plan NDPERS Service Unit

- 701-751-4125
- Toll Free 1-800-499-3416
- sanfordhealthplan.com/NDPERS

Dakota Retiree Plan – D is for Drugs with Humana!

Part D through Humana Group Medicare

Will always have an out of pocket based on which tier prescription is in.

Prescriptions may change tiers by the Pharmacy Benefits Manager with guidance from the Federal Drug Administration (FDA)/Drug Enforcement Administration (DEA).

[2023 Comprehensive Prescription Drug Guide](#)

Catastrophic stage explanation:
Your tier 3 drug is \$300.

In catastrophic stage, you pay \$15 only.
Why?
 $\$300 \times 5\% = \15

You pay the greater of 5% coinsurance (all the drug cost) or \$9.85.



Deductible

Pharmacy (Part D) deductible This plan does not have a deductible.



Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total yearly drug costs reach **\$4,430**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$5 copay and you pay 15% of the remaining cost share	\$5 copay and you pay 15% of the remaining cost share
2 (Preferred Brand)	\$15 copay and you pay 25% of the remaining cost share	\$15 copay and you pay 25% of the remaining cost share
3 (Non-Preferred Drug)	\$25 copay and you pay 50% of the remaining cost share	\$25 copay and you pay 50% of the remaining cost share
4 (Specialty Tier)	\$25 copay and you pay 50% of the remaining cost share	\$25 copay and you pay 50% of the remaining cost share

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the "donut hole"). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **\$4,430**. After you enter the coverage gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total **\$7,050**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$7,050**, you pay the greater of:

- **\$3.95** for generic (including brand drugs treated as generic) and a **\$9.85** copay for all other drugs, or
- **5%** coinsurance

Plan name:

Humana Group Medicare PDP plan

How to reach us:

Members should call toll-free
1-800-585-7417 for questions
(TTY/TDD 711)

Call Monday – Friday, 7 a.m. - 8 p.m.
Central Time.

Or visit our website: **Humana.com**

Customer
Service



Health Insurance -
Grandfathered PPO/Basic...



Other Health & Wellness
Benefits



We are on YouTube! – Great Insurance “Shorts”



Delta Dental of Minnesota

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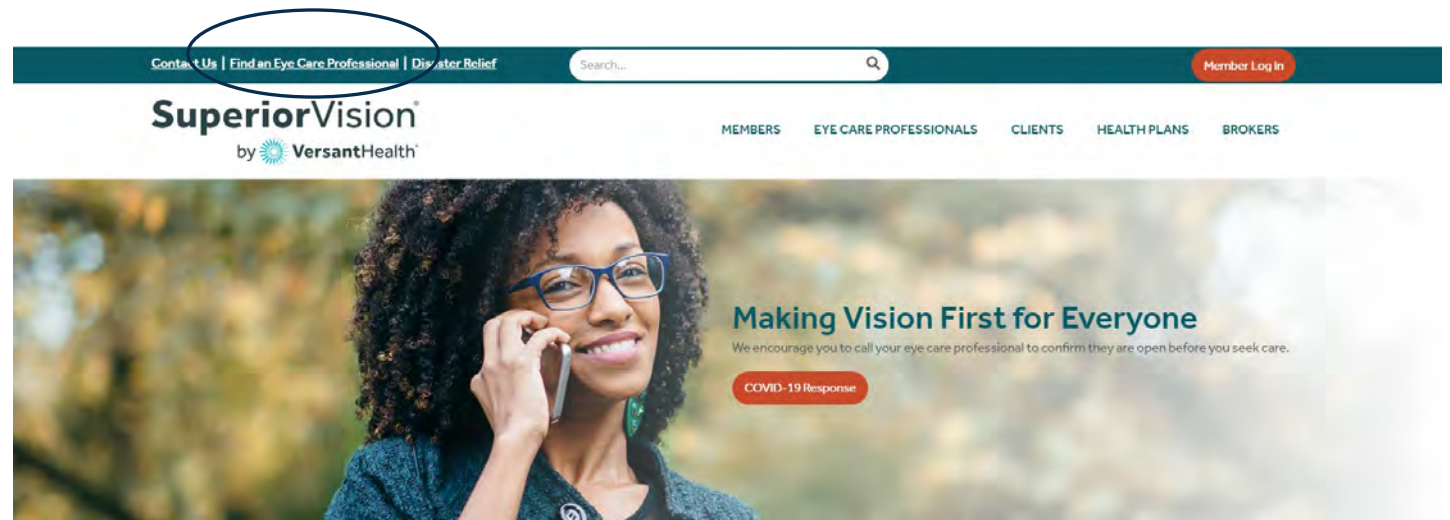


Group Dental Plan

Dental Coverage

- \$50 Deductible per person per year
 - doesn't apply to diagnostic/preventive services
- Diagnostic & Preventive Services: 100%*
- Basic Services, Endodontics, Periodontics, Oral Surgery, Prosthetic Repairs and Adjustments: 80%*
- Major Restorative, Prosthetics, Orthodontics: 50%*
- Calendar Year Plan Maximum: \$1,000 per person
- No waiting periods
- No age limit on Orthodontic treatment - \$1,500 lifetime
- Out-of-pocket savings if dentist is within network
- Online services at www.deltadentalmn.org
- Insurance cards are automatically mailed

Group Vision Plan



Services	In Network	Out of Network
Comprehensive Eye Exam:		
Ophthalmologist (MD)	Covered in Full	Up to \$45 retail
Optometrist (OD)	Covered in Full	Up to \$45 retail
Standard Lenses (Per Pair):		
Single Vision	Covered in Full	Up to \$35 retail
Bifocal	Covered in Full	Up to \$50 retail
Trifocal	Covered in Full	Up to \$70 retail
Progressive lens upgrade	20% off over retail lined trifocal lens, including lens options	Up to \$70 retail

Plan Highlights

Plan Highlights Continued

	In Network	Out of Network	Plan Services	Frequency
Contact Lenses	\$100 retail allowance	Up to \$100 retail	Comprehensive Eye Exam	1 per Calendar Year
Contact Lens Fitting:			Contact Lens Fitting Exam	1 per Calendar Year
Standard	Covered in Full	Not Covered	Lenses	1 Pair per Calendar Year
Specialty	\$50 retail allowance	Not Covered	Frames	1 per Calendar Year
Frames - Standard	\$100 retail allowance	Up to \$47 retail	Contact Lenses	1 Allowance per Calendar Year

- When to enroll?
- 1. During Annual Enrollment
 - 2. After loss of coverage in an employer sponsored dental plan
 - 3. Marriage
 - 4. Birth
 - 5. Adoption or Legal Guardianship



Dental Insurance

3:54



3:54



Vision Insurance



F

We are on YouTube! – Great Insurance “Shorts”

Retiree Health Insurance Credit (RHIC) – Monthly, lifetime benefit

Administered by ASIFlex

Check out this YouTube video for fantastic RHIC information!



Claiming your Retiree Health Insurance Credit (RHIC)

RHIC Key Words!

Reimbursement, After Tax Premium (not expense)

IMPORTANT: First you pay the premium – then, it is reimbursed by ASIFlex

Eligible AFTER-TAX premiums:

- health insurance premium
- vision plan premium
- dental plan premium
- long term care premium
- Note: RHIC will not be reimbursed on subsidized insurance premiums

RHIC: HOW IT WORKS

Reimbursement

1. **NDPERS insurances:** NDPERS validates to ASIFlex – you are automatically reimbursed.
2. **Non-NDPERS insurances:** You submit a claim form for non-NDPERS after-tax health insurance premium (Medicare Part B and Part D qualifies) to ASIFlex – you are automatically reimbursed.
3. Claims submitted after the deadline will be denied.

RHIC Contact Information

Retiree reimbursement questions should be directed to ASIFlex at 1-800-659-3035.

Phone: 1-800-659-3035

Fax: 1-877-879-9038

Web: www.asiflex.com

Email: asi@asiflex.com

Address: ASIFlex – PO Box 6044 – Columbia, MO 65205-6044



Life Insurance

UNDERWRITTEN BY VOYA FINANCIAL

01

Member may
“port” existing
level of coverage

- Up to age 70

02

Rates and “port”
information
provided directly
by Voya

03

Cannot keep term
policy with
NDPERS if electing
to “port” coverage

“Port” Rights with Voya

Conversion Rights with Voya

Member may apply for conversion with:

- Loss of coverage at separation of employment
- Loss of term coverage at age 65 (after separation of employment)
- Loss of “port” coverage at age 70 (after separation of employment)

Whole life insurance policy (no age limit)

Rates and conversion information provided directly by Voya

Cannot keep term policy with NDPERS if electing to “convert” coverage

Life Insurance Information

[NDPERS website](#)

Voya: 1 (800) 955-7736



Help is available

[CONTACT US](#)

CENTURY CENT

1600 E CENTURY AVENUE



NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM



Contact NDPERS

- **Customer Service**
 - Call: (701) 328-3900 or
 - TF:(800) 803-7377
- **Online Resources**
 - Website: ndpers.nd.gov
 - [Member Self Service \(MSS\)](#)

NDSHIP

State Health Insurance Assistance Program
a service of the North Dakota Insurance Department

GETTING STARTED WITH MEDICARE

Presented by:
STEFANIE FOGEL





MEDICARE

Health insurance for people:

- 65 and older
- Under 65 with certain disabilities, like ALS (also called Lou Gehrig's disease) without a waiting period
- Any age with End-Stage Renal Disease (ESRD)

NOTE: To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.

»» What agencies are responsible for Medicare?



Social Security

Enrolls most people in Medicare



Office of Personnel Management (OPM)

Handles federal retirees' premiums



Railroad Retirement Board (RRB)

Enrolls both railroad retirees and active employees in Medicare



Centers for Medicare & Medicaid Services (CMS) Forms Medicare policy and administers Medicare coverage, benefits, and payments



What Are the Parts of Medicare?



Part A
(Hospital Insurance)



Part B
(Medical Insurance)



Part D
(Drug coverage)



Your Medicare Options

Original Medicare

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance ([Medigap](#)). Or, you can use coverage from a former employer or union, or [Medicaid](#).

Medicare Advantage (also known as Part C)

Part A



Part B



Most plans include:

Part D



Some extra benefits

Some plans also include:

Lower out-of-pocket costs



Automatic Enrollment in Medicare Part A & B

Enrollment is automatic for people who get:

- Social Security Benefits
- RRB Benefits

Look for your “Get Ready for Medicare Package”

- Includes your Medicare card
- Mailed 3 months before:
 - You turn 65
 - 25th month of disability benefits



Some People Must Take Action Enrolling

To apply for Medicare 3 months before you turn 65:

→ Contact Social Security

- Online at [ssa.gov](https://www.ssa.gov)
- Call 1-800-772-1213

If you retired from a railroad:

→ Contact your local Railroad Retirement Board

- Call 1-877-772-5772

Note: The age for Social Security Retirement benefits increasing. Medicare eligibility age is still 65.



Your Medicare Card

- Shows the type of Medicare coverage (Part A and/or Part B) you have and the date your coverage started
- To accept Part B, keep your card (and carry it when you're away from home)
- To refuse Part B, follow the instructions in the "Get Ready for Medicare" package



Need a replacement card?

- Visit [Medicare.gov/account](https://www.Medicare.gov/account) to log into your secure Medicare account and print an official copy
- Call 1-800-MEDICARE (1-800-633-4227); TTY 1-877-486-2048



When Can You Enroll into Medicare

If you don't already have Medicare:

- Initial Enrollment Period (IEP)
- Special Enrollment Period (SEP) (in certain circumstances)
- General Enrollment Period (GEP)

If you already have Medicare and want to change how you get your coverage:

- Open Enrollment Period (OEP)
- Medicare Advantage OEP
- Special Enrollment Period (SEP) (in certain circumstances)



Initial Enrollment Period (IEP)

7-Month Period



If you apply **before** you turn 65, your coverage starts the month you turn 65.



If you apply **during** the month you turn 65, your coverage starts the next month.



If you apply **after** the month you turn 65, your coverage will start the 1st day of the next month.



If you enroll after your IEP, you may pay a late enrollment penalty

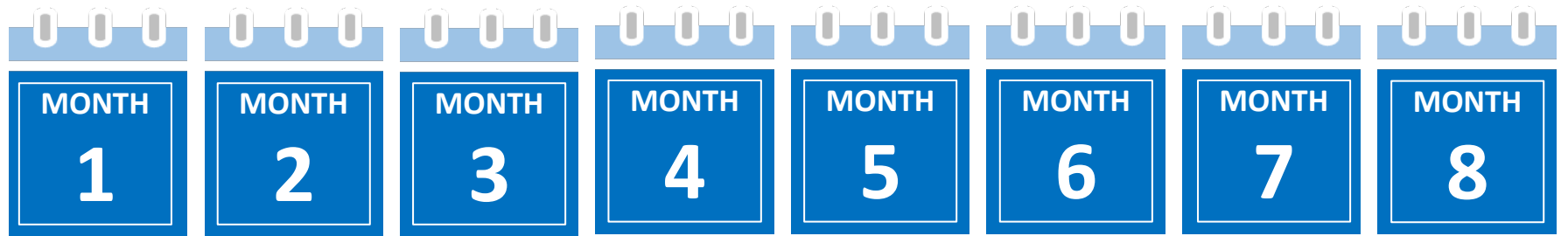
NOTE: Your 6-month Medigap OEP starts when you're both 65 and have Part B



Special Enrollment Period (SEP)

Continues for 8 Months after GHP Coverage Based on Current Employment Ends

Starts after Medicare IEP and having GHP coverage based on current employment



You can sign up for Part A (if you have to pay for it) and/or Part B:

Anytime you're still covered by the GHP

During the 8-month period that begins the month after the employment ends or the coverage ends

Usually no late enrollment penalties



NOTE: You have 6 months from the Part B effective date to buy a Medigap policy (must have Part A and Part B).



Other SEP Scenarios

You may have an SEP if you:



Move out of your plan's service area



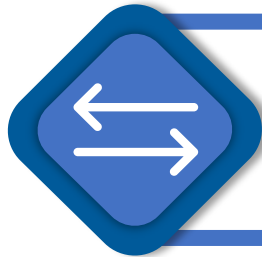
Enter, live at, or leave a long-term care facility (like a nursing home)



Are in a plan that leaves Medicare or reduces its service area



Have Medicaid and Medicare or qualify for a low-income subsidy



Get, lose, or have a change in dual/LIS-eligibility status



Leave or lose employer or union coverage

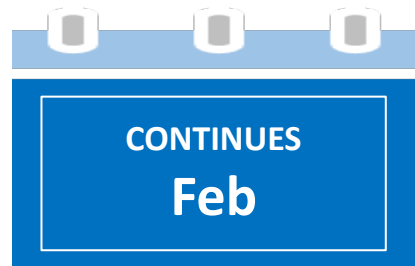
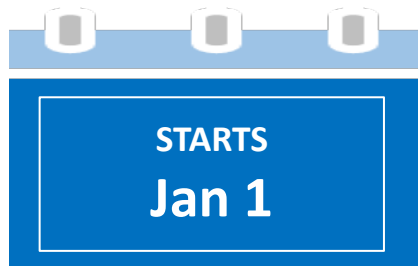


Are sent a retroactive notice of Medicare entitlement



General Enrollment Period (GEP)

3-Month GEP each year



You can sign up for:

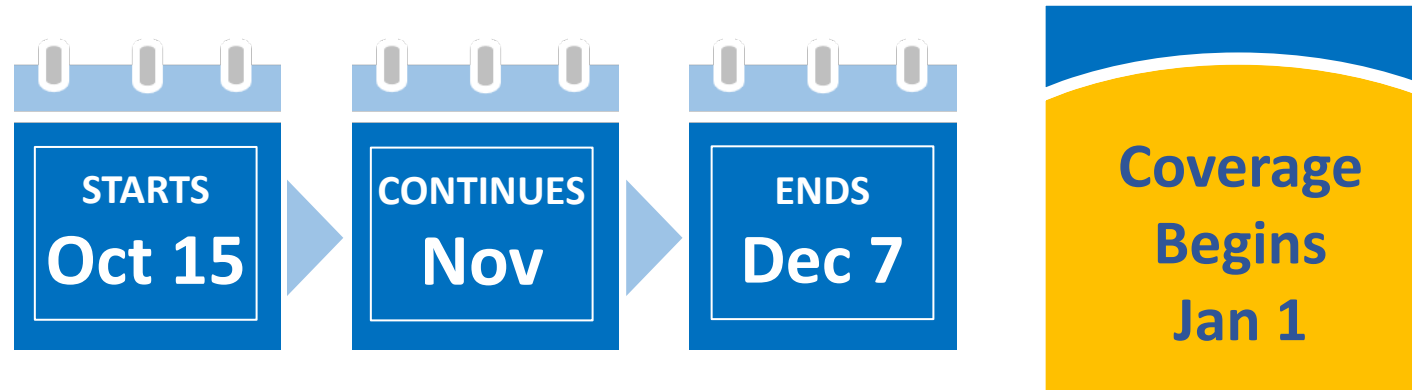
- Part A (if you have to buy it)
- Part B





Yearly Open Enrollment Period (OEP)

7-Week Period



- 7-week period each year where you can enroll in, disenroll, or switch Medicare Advantage Plans or Medicare drug plans
- This is a time to review health and drug plan choices



PART A (Hospital Insurance) Covers

Part A helps cover:

- Inpatient Care in a Hospital
- Inpatient Care in a Skilled Nursing Facility (SNF)
 - Coverage after a related 3 day inpatient hospital stay
- Blood (inpatient)
- Hospice Care
- Home Health Care



Part A
Hospital Insurance



2023 Part A - What You Pay in Original Medicare

Hospital Inpatient Stay	<ul style="list-style-type: none">▪ \$1,600 deductible for each benefit period.▪ Days 1–60: \$0 coinsurance for each benefit period.▪ Days 61–90: \$400 coinsurance per day of each benefit period.▪ Days 91 and beyond: \$800 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).▪ Beyond lifetime reserve days: all costs.▪ NOTE: You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it’s medically necessary.
Skilled Nursing Facility (SNF) Stay	<ul style="list-style-type: none">▪ Days 1–20: \$0 for each benefit period.▪ Days 21–100: \$200 coinsurance per day for each benefit period.▪ Days 101 and beyond: all costs.
Home Health Care	<ul style="list-style-type: none">▪ \$0 for home health care services.▪ 20% of the Medicare-approved amount for Durable medical equipment (DME).
Hospice Care	<ul style="list-style-type: none">▪ \$0 for hospice care.▪ You may need to pay a copayment of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under Medicare prescription drug coverage (Part D).▪ You may need to pay 5% of the Medicare-approved amount for inpatient respite care.▪ Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).
Blood	If hospital gets it from a blood bank at no charge, you have no charge

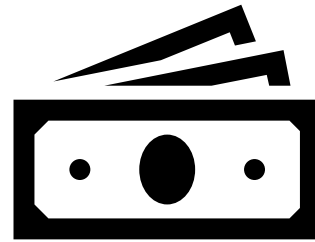


Do I Need to Sign Up for Part A?

Consider:



It's free for most people



You can pay for it if your work history isn't sufficient (there may be a penalty if you delay)



Talk to your benefits administrator if you (or your spouse) are actively working and covered by an employer plan

NOTE: To avoid Internal Revenue Service (IRS) tax penalties, stop contributions to your Health Savings Account (HSA) up to 6 months before Medicare starts.



PART B (Medical Insurance) Covers

PART B helps cover:

- Doctors services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable Medical Equipment (DME) (like walkers and wheelchairs)
- Diabetic testing supplies and equipment
- Preventive Services (like flu shots and a yearly wellness visit)
- Home health care
- Medically necessary outpatient PT, OT, ST services
- Outpatient mental health care services



2023 Part B Monthly Premiums

- Most people will pay \$164.90 per month for their Part B premium in 2023
- Your premium may be higher if you didn't choose Part B when you first became eligible or if your income exceeds a certain threshold called IRMAA

»» 2023 Part B – What You Pay in Original Medicare

Yearly Deductible	\$226 in 2023
Coinsurance for Part B Services	<ul style="list-style-type: none">▪ 20% for most covered services, like doctor's services and some preventive services, if provider accepts assignment▪ \$0 for most preventive services▪ 20% for outpatient mental health services, and copayments for hospital outpatient services

NOTE: If you can't afford to pay these costs, there are programs that may help.



Do I Need to Keep or Sign Up For Part B?

Consider:

→ Most people pay a monthly premium

- Usually deducted from Social Security/RRB benefits
- Amount depends on income

→ Part B may supplement employer coverage

- Contact your benefits administrator to understand the impact to your employer plan
- If you don't have other coverage, declining Part B will mean you don't have full coverage



Medigap Policies

- Are sold by private insurance companies
- Fill in gaps in Original Medicare coverage, like copayments, coinsurance and deductibles
- Each standardized Medigap policy under the same plan letter:
 - Must offer the same basic benefits, no matter who sells it
 - May vary in costs
- North Dakota recognizes the federal rule of guaranteed issue for people aging into Medicare, but do not require insurance companies to sell to those under 65.



Medigap Plan Coverage

Medicare Supplement Insurance (Medigap) plans

Benefits	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2022**	Out-of-pocket limit in 2022**		
							\$6,620	\$3,310		

* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,490 in 2022 before your policy pays anything. (Plans C and F aren't available to people who were newly eligible for Medicare on or after January 1, 2020.)

** For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.

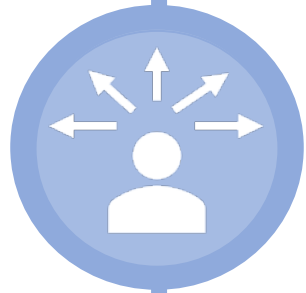
*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in inpatient admission.

»» When's the Best Time to Buy a Medigap Policy?

- Your Medigap Open Enrollment Period begins the month you're 65 or older AND enrolled in Part B
 - Last 6 months minimum
 - You have protections – companies MUST sell you a plan if you are in your OEP time frame (Guaranteed Issue)
- You can also buy a Medigap policy whenever a company agrees to sell you one
 - If later, there may be restrictions and medical underwriting



How to Buy a Medigap Policy



Decide on a
Medigap plan (A–N)



Shop around
(consider plan and price)



Find **insurance companies**
that sell Medigap policies by
calling
ND SHIP (888-575-6611)



Choose the insurance
company and the
Medigap policy



Apply for the policy



Medicare Advantage Plans (Part C)

Part A



Part B



Most plans include:

Part D



Some extra benefits

Some plans also include:

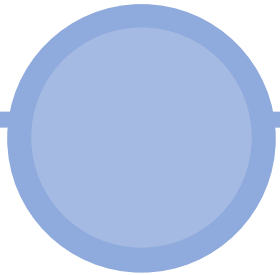
Lower out-of-pocket costs

- Another way to get your Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) coverage
- Offered by Medicare approved private companies that must follow rules set by Medicare
- Most Medicare Advantage Plans include drug coverage (Part D)
- In most cases, you'll need to use health care providers who participate in the plans network (some plans offer out-of-network coverage)

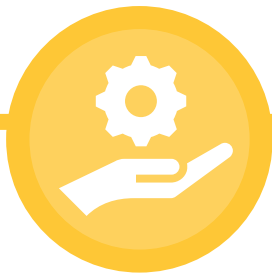


How Medicare Advantage Plans Work

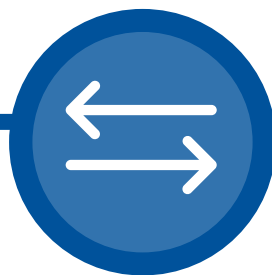
In a Medicare Advantage Plan, you:



Are still in Medicare with all **rights and protections**



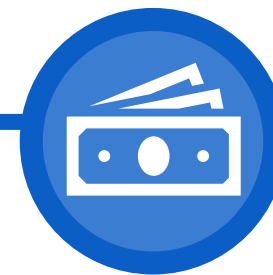
Still get **services** covered by Part A and Part B



Can't be **charged** more than Original Medicare for certain services, like chemotherapy, dialysis, and skilled nursing facility (SNF) care



May choose a plan that includes **drug coverage** and/or **extra benefits** like vision, dental or fitness and wellness benefits



Can be charged different **out-of-pocket costs**



When Can I Enroll in a Medicare Advantage Plan?

What if I have Part A and enroll in Part B during a General Enrollment Period (GEP)?

You can enroll in a Medicare Advantage Plan from April 1–June 30. Coverage begins the following month after you enroll.

If I'm new to Medicare and enroll in a Medicare Advantage Plan, when can I make a change?

Within the first 3 months you have Medicare.

What if I enroll, then change my mind?

You can only make one change to another plan or to Original Medicare during the Medicare Advantage OEP, January 1–March 31. Coverage begins the 1st of the month after the plan gets your request.

Can I enroll during Medicare's yearly Open Enrollment Period (OEP)?

Yes. You can join, switch, or drop your plan during the OEP, October 15–December 7. Coverage begins on January 1.

Will I have a Special Enrollment Period (SEP)?

You might if you move out of your plan's service area, have or lose Medicaid or Extra Help, or move in or out of an institution.



How Do I Enroll in a Medicare Advantage Plan?

- Find health and drug plans at [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)

- Once you understand the plan's rules and costs, here's how to join:
 - Visit the plan's website to see if you can join online
 - Call the plan you want to join (visit Medicare.gov to get your plan's contact information)
 - Call Medicare – 1-800-MEDICARE



Other Health Plans: Medicare Cost Plans

- You can join even if you only have Part B
- If you have Part A and Part B and go to a non-network provider:
 - Your services are covered under Original Medicare
 - You'll pay the Part A and Part B coinsurance and deductibles
- You can join anytime the plan accepts new members
- You can leave anytime and return to Original Medicare
- You can either get your Medicare drug coverage from the Cost Plan (if offered) or you can join a Medicare drug plan



Medicare Drug Coverage (Part D)

- An optional benefit available to all people with Medicare
- Run by private companies that contract with Medicare
- Provided through:
 - Medicare Stand Alone Drug companies
 - Medicare Advantage Plans with drug coverage
 - Some other Medicare health plans



How Part D Works

→ It's optional

- You can choose a plan and join
- May have a lifetime penalty if you join late

→ Plans have formularies (lists of covered drugs), which:

- Must include range of drugs in each category
- Are subject to change – you'll be notified

→ Your out of pocket costs may be less if you use a preferred pharmacy

→ If you have limited income and resources, you may get Extra Help



Part D Late Enrollment Penalty

- You may have to pay more if you wait to enroll, unless you have:
 - Creditable drug coverage
 - Extra Help
- You may owe the late penalty if there is a continuous period of 63 days or more after your Initial Enrollment Period in which you go without coverage
- You'll pay the penalty for as long as you have coverage
 - 1% for each full month eligible and without credible drug coverage
 - Multiply percentage by base beneficiary premium - \$32.74 in 2023
 - Amount changes every year



When to Enroll in a Part D Plan?

Can I join during my 7-month Initial Enrollment Period (IEP)?

Yes. It starts 3 months before the month you turn 65.

Can I sign up, switch, or join during the yearly Open Enrollment Period (OEP)?

Yes. It's from October 15–December 7. Coverage begins January 1.

→ May be able to join at other times

- Medicare Advantage Enrollment Period
- Special Enrollment Period



Choosing a Part D Plan

→ Compare plans by computer or phone

- Find health and drug plans by using the Medicare Plan Finder at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)
- Call 1-800-MEDICARE
- Call the ND SHIP Program – 888-575-6611

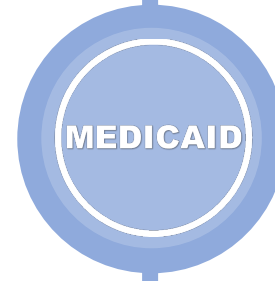
→ To join a Part D plan

- Enroll at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)
- Call 1-800-MEDICARE
- Enroll on the plans website or call the plan

»» Help for People with Limited Income & Resources



Medicare Savings Programs



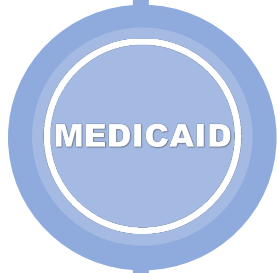
Medicaid



Extra Help



Key Points to Remember



Medicare is a health insurance program



Medicare doesn't cover all of your health care costs



You have choices in how you get coverage



Decisions affect the type of coverage you get



Certain decisions are time-sensitive



There are programs for people with limited income and resources



How ND SHIP Can Help You

- Provides Medicare beneficiaries with **free, unbiased** information to assist in making an informed decision about Medicare plan options and coverage
 - SHIP staff is comprised of 3 full time staff members and 34 volunteer counselors located across the State
- SHIP services are available to North Dakota residents at no-cost
- SHIP Program remains busy year round but sees a noticeable peak during Medicare Part D Open Enrollment
- SHIP can also assist with:
 - Understanding paperwork, bills and statements
 - Claim and appeal process
 - Long term care plan issues



Helpful Resources

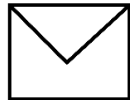
- Medicare - www.medicare.gov
- ND Medicaid – hhs.nd.gov
- Social Security – www.ssa.gov
- Extra Help – ssa.gov/medicare/part-d-extra-help
- Medicare Savings Program – hhs.nd.gov
- MSP Frequently Asked Questions - <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicare-Savings-Program/Medicare-Savings-Program/FAQ>
- Medicare Interactive – www.medicareinteractive.org
- North Dakota Insurance Dept Website – insurance.nd.gov



Contact Us



888-575-6611 or 701-328-2440 (Option 1)



insurance@nd.gov



www.insurance.nd.gov



[@NDInsuranceDepartment](https://www.facebook.com/NDInsuranceDepartment)



[@NDID](https://twitter.com/NDID)



[@ndinsurancedepartment](https://www.instagram.com/ndinsurancedepartment)

BASIC ESTATE PLANNING

CASEY CHAPMAN

CHAPMAN AND CHAPMAN, P.C.

PLANNING FOR EVERYONE

- **More than making a will**
- **Coordinating all aspects of the plan**
 - **Property**
 - **Retirement/Insurance**
 - **Investments**

PLANNING ISSUES

- TAXES
- ASSET OWNERSHIP
- WILL
- TRUSTS
- BUSINESS TRANSITION
- POWER OF ATTORNEY
- HEALTH CARE DIRECTIVE

TAXES

- **Income taxes**
 - **No income tax to beneficiary for gift or inheritance**
 - **Sale of assets (stepped up basis)**

- **Dad bought land- \$20 per acre (his basis)**
- **Current Value - \$400 per acre**
- **If Dad sells, taxable gain -- \$380 per acre**
- **If Dad gifts to children -- their basis is \$20 per acre**
- **If children take at death -- their basis is \$400 per acre**

TRANSFER TAXES

- **Gift Tax and Estate Tax – combined**
- **2009- \$3.5 Million**
- **2010- No transfer tax**
- **2011- \$5 Million ‘w/ COLA increase’**
- **2017- \$5.49 Million**
- **2023- \$12.92 Million ‘w/ COLA increase’**
- **2026- back to \$5.49 Million ‘plus’??**

GIFTS

- **First \$17,000 (2023) each year is excluded (also subject to a COLA)**
- **Gifts to any person in excess of annual exclusion reduce transfer tax exemption**

GIFTS

- Mom gifts \$57,000 to child
 - No prior gifts
- First \$17,000 is excluded
- Next \$40,000 reduces transfer tax exemption
- Mom's remaining transfer tax exemption in 2023 is \$12,880,000
[\$12,920,000 - \$40,000]

ASSET OWNERSHIP

- **Types**
 - **Sole**
 - **Joint**
 - **Beneficiary Designation**
 - **Houses and Land - Life Estate or Transfer on Death**

ISSUES

- **Probate issues**
 - Sole ownership
 - Avoiding probate
- **Coordinate ownership with plans**
 - **CAUTION: Joint Ownership**
- **Business Transition**

WILLS

- **No Will (Intestacy)**
 - Solely owned property
- **Making a Will**
 - Solely owned property
 - Formalities
 - Property transfers
 - Minor children
 - Special Issues

WILLS

(protective trusts)

- **Beneficiary possibilities**
 - Minor children
 - Disabled persons
- **Use of assets**
- **Timing of distribution**
- **Who is trustee?**

WILLS

(tax trusts)

- Tied to transfer tax exemption
- Remember.... \$12.92 Million (2023)
- Not used as often under new tax law

REVOCAABLE TRUSTS

- **Revocable living trusts**
 - **Asset ownership**
 - **Income taxes**
 - **Estate taxes**
 - **Disability**
 - **Typically, no protection from nursing home costs**

IRREVOCABLE TRUSTS

- **Life insurance**
- **Minerals**
- **Other limited areas**

BUSINESS TRANSITION

- **Family Business (Farm, etc.)**
- **The “Stay in the Business” Child**
 - Problem with “standard” will
 - Issue of funding “fair” division
 - Other assets
 - Life Insurance
- **“Nobody Wants Business” Issue**
 - Sale or dissolution

POWER OF ATTORNEY

- **Durable power of attorney**
 - **General powers, “plus...”**
 - **Words of “durability”**
 - **Avoid guardianship**
 - **Gifts under power of attorney**
 - **Some states...statutory form**

HEALTH CARE DIRECTIVE

- Designate Health Care Agent
 - **Treatment, Providers, etc.**
 - **Living Will Language**
 - **Permanent Unconsciousness**

- Thank You !!
- REMEMBER
- USE A JOINT ACCOUNT, OR A WILL,
OR A TRUST, OR A JOINT ACCOUNT,
BUT ...
- MAKE A PLAN