

Checklist – Medicare Advantage Sales

- Record Call
- Plan Overview
 - Medical Deductible
 - OOP Maximum
 - PCP & Specialist Copay
 - In Patient Hospital Copay
- Confirm and Review how Caller’s medications will be covered under the plan.
 - Include copays, tiers, prior authorizations, quantity limits and step therapy where applicable. Highlight any pharmacy deductible that may also be required by the plan. Be sure to review how this coverage will change if/when Caller reaches the coverage gap.
- Search prospect’s established physicians in Provide Search.
- Explain the Coverage Gap

Coverage Gap

Your plan has a drug deductible of [XXX] for tiers [XXX]; you pay the full cost of your covered drugs until you reach the drug deductible amount and then you move into the Initial Coverage Stage.]- Only read if the plan has a drug deductible.

When the total amount paid for covered prescriptions drugs between you and the plan reaches the Initial Coverage limit, you will enter what’s called the Coverage Gap or “Donut Hole”. These limits change each year. The initial coverage limit for 2023 is \$4,660. During the Coverage Gap members pay no more than 25% of the cost of generic or brand drugs in all tiers. Most members do not reach the Coverage Gap stage or the Catastrophic Coverage stage. You would remain in the Coverage Gap until your true out-of-pocket costs for covered prescriptions, including brand drug manufacturer discounts reach a total of \$7,400, which is called the Catastrophic Coverage limit. For those who reach the Catastrophic Coverage stage, you would then pay \$4.15 or 5% for generic drugs as well as \$10.35 or 5% for brand name drugs. It’s important to understand that, when the benefit has “[dollar amount] or [percentage]” listed, you will be responsible for whichever amount is greater.

- Explain they must continue to pay their Part B premium
- Explain IRMAA & “Extra Help”

IRMAA

You may also have to pay an Income Related Monthly Adjusted Amount (IRMAA), the social security administration (SSA) determines if you owe an IRMAA based on the income you reported on your IRS tax return two years prior, meaning two years before the year when you pay the IRMAA. For example, Social Security would use tax returns from 2021 to determine your IRMAA in 2023. The IRMAA is usually for people with higher incomes.

Extra Help

To be covered for MAPD plans only People with limited income and resources may qualify for the government’s “Extra Help” program to help pay prescription drug costs. If you qualify, Medicare will pay all or part of your drug plan premium, annual deductibles, copays, and coinsurance. If Medicare pays only part of the premium, you will be billed for the amount Medicare doesn’t cover. Those who qualify for “Extra Help” will not be subject to the coverage gap or a Part D late enrollment penalty.

Explain the Part D Late Enrollment Penalty

Part D Enrollment Penalty

In addition, if you are assessed a Part D Late Enrollment Penalty (LEP) by CMS, you must pay this amount in addition to your Medicare plan premium unless you are receiving "Extra Help". Reference "Extra Help" section should Caller have questions about "Extra Help" You may have to pay a Part D Late Enrollment Penalty in the following situations:

If you did not join a Medicare drug plan when you first became eligible and you have no other drug coverage that meets Medicare minimum standards, also known as Creditable Coverage.

If at any time you did not have prescription drug coverage that meets Medicare's minimum standards for 63 days or more in a row. [Florida Blue Medicare/FHCP Medicare] does not impose the Part D Late Enrollment Penalty; we simply collect it on behalf of Medicare. If you already have this penalty, it will carry over from your previous plan. Also, the penalty amount may change from year to year.

If you are assessed the penalty, you may elect to pay by one of the following methods:

- Check
- Automatic Payment Option
- Online at [www.floridablue.com/medicare / www.fhcpmedicare.com]
- Telephone [Florida Blue Medicare 1-800-926-6565/ FHCP Medicare's Finance Department 386-615-4066 or 1-800-352-9824, Ext. 4066], TTY users should call [Florida Blue Medicare/ FHCP Medicare 1-800-955-8770]
- Deduction from your monthly Social Security check

- Review Enrollment Checklist and get signature.
- Obtain SOA for face-to-face enrollments.