

What's New for Medicare in 2022?



Part A: Hospital insurance

Part A premium	Free if you've worked 10 years or more \$274 per month if you've worked 7.5 to 10 years \$499 per month if you've worked fewer than 7.5 years
Part A hospital deductible	\$1,556 each benefit period
Part A hospital coinsurance	\$0 for the first 60 days of inpatient care each benefit period \$389 per day for days 61-90 each benefit period \$778 per lifetime reserve day after day 90 in a benefit period (You have 60 lifetime reserve days that can only be used once. They're not renewable.)
Skilled nursing facility insurance	\$0 for the first 20 days of inpatient care each benefit period \$194.50 per day for days 21-100 each benefit period



Part B: Medical insurance

Part B premium (for those with incomes below \$91,000)	\$170.10 is the standard premium
Part B deductible	\$233 per year
Part B coinsurance	20% on most services Part B covers



Part D: Prescription drug coverage

National average Part D premium	\$33.37 per month
Part D maximum deductible	\$480 per year
Coverage gap begins	\$4,430
Catastrophic coverage begins	\$7,050

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Medicare Advantage Plan costs

If you have a Medicare Advantage Plan, your plan administers your Medicare coverage. Remember that most people with Medicare, whether they have Original Medicare or a Medicare Advantage Plan, owe the Part B monthly premium, unless they qualify for programs that help with Medicare costs. **Some people with a Medicare Advantage Plan may also pay an additional monthly premium for that plan.**

If you have the same Medicare Advantage Plan in 2022 as you did in 2021, your plan should have sent you an **Annual Notice of Change (ANOC)** or **Evidence of Coverage (EOC)** notice explaining any changes for the coming year. Review this notice to understand your plan's costs, covered services, and rules. Contact your plan if you did not receive these documents in the fall or want another copy. If you chose a new Medicare Advantage Plan, you should get an EOC for the new plan. Review that document to understand the costs associated with the plan for 2022.



When can I change my coverage in 2022?

During the Medicare Advantage Open Enrollment Period (MA OEP), you can switch from your Medicare Advantage Plan to another Medicare Advantage Plan or to Original Medicare with or without a stand-alone prescription drug plan. The MA OEP occurs from January 1 through March 31. Changes made during this period are effective the first of the following month.

If you have Extra Help in 2022, you have a Special Enrollment Period (SEP) to enroll in a Part D plan or switch between plans. Extra Help is a program that helps with Part D and prescription drug costs. This Extra Help SEP is available once per calendar quarter for the first three quarters of the year (January-March, April-June, and July-September). If you use this SEP to change your coverage, the change will become effective the following month.

If you qualify for another Special Enrollment Period, you may be able to make changes to your Medicare health/drug coverage. For example, you may have an SEP if you move outside of your plan's service area or if you made the wrong plan choice during Medicare's Open Enrollment Period because of misinformation you received from the Medicare Plan Finder. Call 1-800-MEDICARE to use an SEP and contact your State Health Insurance Assistance Program (SHIP) by calling 877-839-2675 for more information.

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Marketing violations that could affect your 2022 coverage

Medicare Advantage Plans and stand-alone Part D plans are administered, marketed, and sold by private companies. Plan representatives, agents, and brokers must follow federal guidelines when marketing to you. These guidelines protect you from manipulative/ deceptive sale and enrollment tactics that can lead to marketing violations by a plan. Here are some red flags:

- You signed up for a plan after being told by an agent or company that certain services or prescriptions were covered, but after enrolling, you discovered they were not covered by that plan.
- A company represented itself as coming from or sent by Medicare, Social Security, or Medicaid.
- You received an unsolicited phone call or text from a plan with which you have no prior relationship, you have asked not to contact you, or of which you disenrolled from.
- A plan agent returned uninvited to your residence after missing an earlier appointment.
- An agent discussed other insurance products, such as life insurance or annuities, during a visit or meeting that was scheduled to only discuss a Part D or Medicare Advantage product.

If you have experienced any of these violations, or if you experience any in the future, contact the Ohio Senior Medicare Patrol (SMP) to report them. If you made an enrollment decision based on marketing misinformation, contact 1-800-Medicare or OSHIIP for help changing your coverage. OSHIIP and SMP contact information is on the last page.

Medicare and the Public Health Emergency

Due to the COVID-19 public health emergency, or PHE, certain flexibilities have been in place and some restrictions lifted in 2020 and 2021. Examples of these flexibilities include expanded coverage of telehealth services and coverage for 90-day supplies of prescription drugs when requested. As of December 17, 2021, when this was published, the PHE declaration will be in place through January 16, 2022. The PHE declaration has been extended multiple times previously, but there is no indication that it will again be extended. If the PHE expires, many of the current flexibilities and lifted restrictions may expire as well. Congress and the Centers for Medicare & Medicaid Services (CMS) are working to extend some of these flexibilities, regardless of the PHE status, so details of how these Medicare coverage rules will change are still being discussed. **To stay up to date on this evolving conversation, pay attention to the news, the Ohio State Health Insurance Information Program (OSHIIP), and the Centers for Medicare & Medicaid Services (CMS).**



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Who to contact with questions about your Medicare:

Ohio State Health Insurance Information Program (OSHIIP): OSHIIP provides individualized and unbiased Medicare counseling and assistance. Contact OSHIIP with questions about your costs and coverage for 2022. OSHIIP can also inform you about programs available to help pay Medicare premiums, deductibles, and other out-of-pocket costs. If you might be eligible, they can also help you apply. OSHIIP contact information is at the bottom of the page.

Ohio Senior Medicare Patrol (SMP): SMP can help you prevent, detect, and report health care fraud, errors, and abuse, including if you experienced misleading marketing or were enrolled in a plan without your consent. SMP contact information is at the bottom of the page.

1-800-Medicare: You can also call Medicare for answers to your 2022 coverage questions. Call 1-800-MEDICARE (1-800-633-4227, or TTY 1-877-486-2048).

Your Medicare Advantage Plan or Part D plan: Contact your plan directly or read plan documents (such as your ANOC) to learn about changes to your 2022 costs and coverage.

Ohio Senior Health Insurance Information Program	Ohio Senior Medicare Patrol
800-686-1578	800-488-6070
OSHIPmail@insurance.ohio.gov	mgallagher@proseniors.org
www.insurance.ohio.gov	www.proseniors.org/ohio-smp

SHIP National Technical Assistance Center: 877-839-2675 | www.shiphelp.org | info@shiphelp.org
 SMP National Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org
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