Webinar Transcript
Understanding Medicare and CLL: What Patients Need to Know
September 18, 2025

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Hello, and welcome to today's webinar, Understanding Medicare and CLL, What Patients Need to Know.

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Astrazeneca, BeOne, and Genentech. At this time, I would like to welcome our speaker, Saira Sultan.

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Thank you.

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Hi, everybody. Welcome to the webinar. I'd also like to include and introduce my colleague, Kay Scanlan.

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Kay and I have worked together for a number of years. She is the principal at Consilium Strategies.

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Kay will be helping me monitor the Q&A. And answer questions, and she'll chime in as she… as appropriate for.

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Um, filling in on anything I may have missed. On these slides as we go forward.

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Thank you, Kay. Our learning objectives today, um, we hope you will take away.

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An understanding of the different parts of the Medicare program, and what each of them includes.

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We'll spend a few minutes talking about original or traditional Medicare, and.

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How that differs from Medicare Advantage. And finally, understand the latest updates to Medicare in terms of changes.

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Uh, that have been, uh, changes that have come about in 2025, and will come about in 2026.

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Next slide, please. So this is often referred to as the alphabet soup of Medicare.

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Um, we will try and spend some time today, uh, understanding the differences.

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Between parts A, B, C, and D. Um, and as we go through these, we'll try to answer your questions. This is just sort of an illustration of the.

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Of the four parts, uh, then we'll also go through. What each one will cover for you, um, in your, uh, in your healthcare journey through the system.

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Next slide, please. So we're doing this today in part because, um, open enrollment begins on October 15th.

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And you will have an opportunity to make these two choices.

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Uh, among… among the other choices you'll make throughout the pro… throughout the… your enrollment, uh, effort.

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The first part will ask you. Uh, we'll give you the opportunity to choose original or traditional Medicare.

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This gives you Part A and B, which is the hospital part.

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And what I think of B medical insurance, I often think of it as your physician office or outpatient, so inpatient and outpatient.

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Part D are your pills and tablets and. Self-injectables, and Medigap will help you fill in, just as it sounds, the gaps.

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Uh, to cover some of the costs that are yours out of pocket.

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Through parts… through the, um, different parts of Medicare. Medicare Advantage is, in some ways, one-stop shopping, in that it rolls up Parts A, B, and D.

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And together, don't ask me why, we call that C. So, Part C is nothing… is not an individual part like A, B, and D. It is really the summation of A, B, and D together.

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When bought together. Next slide, please.

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So, there's typically automatic enrollment for Parts A and B, so I won't spend much time on this.

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On this point, except to say that, um. There's a distinction between initial enrollment.

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And open enrollment that we'll cover in just a minute. The initial enrollment begins typically 3 months before you turn 65.

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Um, and you get your Medicare card, and so on and so forth.

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Um, which is different from open enrollment, which is the annual process for which we have timed this webinar today.

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Next slide, please. Okay, I guess we'll also talk about general enrollment.

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So, um… This is an enrollment that… I think the most important thing to say about this is that there's a.

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That you may incur a penalty. If you enroll outside of the initial enrollment period.

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And you were not otherwise covered by, say, an employer plan. So if you were working up until the age of 65, and you were already in an employer plan.

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Or even if you worked through the ages of 66, 67, and had an employer plan.

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Then, although you should check with your employer to make sure that it's.

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Equitable coverage. Um, there will be no penalty for not enrolling in a Medicare plan, but otherwise, there might be, so it's really important to watch those dates carefully.

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Next slide, please. Okay, um, we have our first poll question.

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And, um, let me read it, and then give everyone a moment to see if they can answer.

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Why is your Medicare enrollment period initial… I'm sorry, why is your Medicare initial enrollment period important?

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Is it missed enrollment deadlines could result in penalties? It's your first opportunity to enroll in Medicare.

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When you enroll impacts when your coverage begins. Or the last one, all of the above.

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We'll give folks a moment to answer. And we'll just go ahead and ask.

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For the reveal now, so to speak. Um, so that we can…

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Talk a little bit about… how people answered.

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Okay, it looks like the vast majority of you said all of the above.

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Um, and some chose one of the other answers. So the correct answer is yes, all of the above.

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Um, missed enrollment deadlines can result in penalties, that is true.

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Um, and so we want to be especially mindful of your open enrollment period now.

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Um, and of course, initial enrollment period, as I said a moment ago, means it's your first.

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Opportunity, uh, as opposed to open enrollment, which is annual. Next slide, please.

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Okay, so without getting into too many details around. Hospital services and supplies and rehab and mental health. I'm going to stick to the bigger… the big picture here.

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Uh, Part A is essentially your hospital insurance. And it's inpatient hospital care, inpatient skilled nursing facility care.

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So imagine, even if you went to an emergency room, if you, for whatever reason, and you had to spend the night, spend a couple of nights.

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Um, they offer… you will sometimes hear people say, we're… we're shifting you to the inpatient floor.

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That inpatient floor you move to, that is what is covered by Part A.

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So long as you're staying in the emergency room, you are an outpatient, which we'll cover on the next slide.

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Um, or you went in for some sort of a procedure that will require you to be in the hospital for multiple days.

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Often now you see people are in and out of a hospital for a procedure very quickly. Same day, next day.

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That may often stay in outpatient. Next slide, please.

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Do you need to sign up for a Part A plan? So we are doing this slide after every part of Part A, Part B, etc.

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Um, so that people understand the decision they need to make.

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So, this is free for most people, because you've already, um, participated in the program during your working years.

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Um, again, there may be a penalty here if you delay.

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Uh, and if you're actively already working as I said earlier, for an employer, you may not.

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Need to sign up for Part A yet, or now, but otherwise, if your typical age 65 enrolling in the Medicare program.

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It's free, and you should use it for your hospital inpatient stays.

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Next slide, please.

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Next slide, please. Thank you. Part B, in contrast, as I've been talking about, even as I was talking about Part A, if you're still in the emergency room, or you're going in for a procedure, but you're coming out the same day or the next day, you're going to a doctor's office for a visit.

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Just a regular checkup, all those things are covered as part of your outpatient services.

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And that is covered under Part B, like boy. Next slide, please.

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So, uh, while we said Part A is free to most people.

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In Part B, you are paying a monthly premium. Um, and that premium is dependent on your income 2 years earlier.

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You'll have a standard… so your premium is what you're… you buy.

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Part B with… for? Your deductible is what you must meet out of your own pocket before.

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Um, the coverage kicks in to pick up part of the cost.

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And then the coverage leaves you… once coverage kicks in, after you've met your deductible.

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For the remainder, you pay co-pays and coinsurance. And that is your 20% or $20, or whatever the case may be, depending on.

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Um, the services you're getting. Um, next slide, please.

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So, again, you have to make a decision. Should I keep, or sign up, or have Part B?

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Um, consider that while. Uh, you do pay a monthly premium. It is typically taken out of your Social Security.

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Um, and you can use it to supplement your employer coverage, but.

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Really, you should talk to your benefits administrator to make sure that you're not.

00:19:01.000 --> 00:19:10.000
Over-insuring, or may not need both at the same time. Next slide, please.

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So, Part B, um, the important thing to know about Part B is that you can buy something called a Medigap policy.

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Um, which we'll talk about in more detail later, but it will help you offset the costs that you incur out of pocket yourself.

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And so, if you want to have a Medigap policy, you must first have the Part B benefit.

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Um, if you join a Medicare Advantage plan, Part B will be part of your Medicare Advantage plan.

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And that way, you're not using traditional Medicare, you're using a outside, um.

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Insurer, like, uh… Aetna, United, etc.

00:19:51.000 --> 00:19:55.000
And you're buying your Medicare Advantage plan, which will include Part B.

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From them. And again, I want to highlight, you may pay a penalty if you sign up late.

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Um, or not during… not in your initial enrollment period. So remember, late doesn't mean not at age 65. It may just be when your employer insurance.

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It runs out, and it's time for you to sign up for Medicare at that point.

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Next slide, please. Okay, just a heads up to Kay. Maybe Kay, I will turn to you for some questions. In case any of the questions coming into the Q&A are related.

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To the topics we're talking about now. Otherwise, we'll answer Q&A at the very end, but.

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Um, I see that there are some rolling in, and I'll ask if you could check those while I cover the next slide or two here.

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Yeah. I just did, um, and… and we do have a couple that are related.

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Okay?

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Um, if currently on disability and long-term disability, do I need to do something different at age 65?

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Um, that's… certainly related to what we're talking about.

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And that's an interesting question, because you have basically two. Um, you're eligible by virtue of disability, and then later you become eligible by virtue of age.

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So, that presents a situation where, for example, if you've been enrolled in a Medicare Advantage plan, you can switch.

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Because you're newly eligible, so you can consider it as alm… almost as if you had a… you were newly eligible.

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If you… if you wish to do that. You could switch from a Medicare Advantage to regular Medicare, you can switch from regular Medicare to.

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Medicare Advantage. It's your… you can treat it as an initial enrollment period.

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Thanks, Kay.

00:21:44.000 --> 00:21:58.000
And then we have a couple others. Um, not… someone mentioned that they haven't started on their treatment for CLL yet, and they're not sure which drugs are in, um.

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Part B, which ones are in Part D? Um, if you're getting your drug.

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Injected or infused at your… at a hospital, at your clinician's office.

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It's Park B. If you're eating it, or… Um, you know, anything that you're administering yourself.

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That's Part D. So… It's, um, it's pretty easy to be able to tell. If you're at the doctor's office.

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They give you the medication, it's under Part B. Um, and then, let's see, I think we had one…

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Um… Are there limits on how much Medicare will pay for pharmaceuticals in a patient's lifetime? No.

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Um, and there aren't limits on how much they pay for drugs.

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Um, in a single year, either. The only thing that has a limit, um, is Medicare Part A, the number of, um.

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Inpatient days. There's… there's a limit on that. And then, um, so the…

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Right.

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A lot of the other questions get more into, um. You know, Medicare Advantage versus Medicare.

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You know, traditional Medicare, and we'll talk about those later.

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Thank you, Kay. So, um, I promised we would get to what is a Medigap policy.

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Um, these are also… No, no, that's okay.

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Oh, Sarah, I… one more thing, sorry to interrupt. Um, we have a comment, um, to start down, just, uh, to slow down just a little bit before switching slides. I think people want to be able to read the slides.

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Terrific, thank you. So a Medigap policy.

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Okay.

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Is a policy that you buy from a private insurer, again, like an Aetna or a United or other companies.

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Um, I think that the important thing about a Medigap policy to understand is that they will help you pay.

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For… or help you cover the out-of-pocket costs you're incurring in Part B, like BOY, which is why we've injected the slide here while we're talking about Part B.

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They will not help you cover your out-of-pocket costs. In Part D, like David.

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So, to the questioner earlier who asked which of my. Cll drugs are B versus D.

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The distinction is not only important in knowing whether you need a part… you need to be covered under Part B versus under Part D.

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But also, where your out-of-pocket costs will be helped, uh, for… will be, um.

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Where you'll have some support paying for those. Out-of-pocket costs and where you won't.

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Um, the other important thing to know is that Medigap applies… when you buy a Medigap policy, it is to help you with your out-of-pocket costs.

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In original Medicare. Meaning that you get, uh, Part A for free.

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You contribute, you buy, uh, you, um, buy coverage for Part B, like boy, like we just spoke about earlier.

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And then you have those out-of-pocket costs. It will help with all of that.

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Deductibles, coinsurance, etc. But again, it will not help you with the out-of-pocket costs in Part D, like David.

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So, oral medications like Imbruvica. And, um, Calquence and several others will talk about what sort of help you have.

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For paying for those out-of-pocket costs in just a couple minutes.

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Okay, next slide, please. So, do you need a Medigap policy?

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Um, Original Medicare, and we'll talk about this, uh, in a bit, costs a bit more than Medicare Advantage.

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And so, if one reason you're not buying an original Medicare.

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Plan and going into a Part C or Medicare Advantage plan instead of the original.

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Well, one thing you can do is buy a Medigap policy to help pay for those costs.

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In Original Medicare that you have out of pocket. Um, if you have some other kind of supplementary insurance, if you work for the federal government or other things that help.

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With those costs, then maybe you should. You know, compare where you're getting better coverage.

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Um, if… if affording deductibles and copayments. Is a reason that makes you think twice about Medicare traditional versus Medicare Advantage.

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Then absolutely consider a Medigap policy to see if it fills those concerns.

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Okay, um, next slide, please.

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Sorry, Sarah, we had a couple questions, um… there was one question about, um, the Medigap plans covering the part.

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Be deductible. Um, and the… it's an interesting issue, because there used to be two.

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Medigap plan types, and they're all, you know, labeled by letter.

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Um, there were two that did cover. The deductible, um, those are no longer offered for new enrollees.

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If you have one of those, you can stay in at your grandfathered.

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Thank you, really helpful.

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And when is the best time to buy a Medigap policy?

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Well, you have an open enrollment period that begins the month you're turning 65 and older.

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And enrolled in Part B. The last 6 months minimum.

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And they may be longer in your own state, so please check.

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Um, but the important thing to know about a Medigap policy when you first join the Medicare program.

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Companies must sell you a plan. So, if you do it later.

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Um, it may cost you more, or you may not get one.

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So, um, doing this at the very beginning is helpful, and to Kay's earlier point, if you joined Medicare via disability.

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And then turned 65 later. You sort of have an opportunity for a do-over there, where you can buy the Medigap policy at that point.

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And the policy must be sold to you.

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Next slide, please. Okay, another poll question, and I think we've got a couple here. So, it's really important that you scroll down.

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And make sure you can see all the answers. All the options, uh, for answering both of these.

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So, the first one relates to Medicare Part A. Medicare Part A helps.

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Pay for all of the following. When medically necessary.

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And requirements are met. Except… Except diabetic testing, so… and testing supplies.

00:29:06.000 --> 00:29:15.000
Accept an inpatient hospital stay. Accept an inpatient skilled nursing facility stay.

00:29:15.000 --> 00:29:24.000
Except hospice care. Which of these does Medicare Part A not pay for?

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And then Part B. In most cases, you, the patient, pays for.

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A monthly premium. A yearly deductible.

00:29:36.000 --> 00:29:49.000
20% coinsurance for most covered services. And all of the above.

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Let me give folks just a minute.

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And when you're ready… when we're ready, we can put up the answers.

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And I'll also ask. If Kay has anything she'd like to add, feel free to do so once we pop up these answers.

00:30:20.000 --> 00:30:26.000
Well, I'm glad to see the webinar is working. The answer to the first one is correct.

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Um, diabetic testing supplies are not part of. Part A inpatient care.

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Uh, inpatient hospice… I'm sorry, hospice care, inpatient hospital care, inpatient skilled nursing is all.

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Covered. Diabetic testing supplies are not. Great. And in the second question.

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Again, that's great. Vast majority of you answered the question correctly, all of the above.

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So you will have premiums, deductibles, and coinsurance. And we just talked a little bit about the extent to which Medigap policies will help you pay for those things.

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Um, but yes, you are expected to pay for all of the above.

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Great, thank you.

00:31:18.000 --> 00:31:24.000
Alright, um, we had a couple questions that I think, um.

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Probably fit here. You did cover whether or not, um, you know, the enrollment in the Medigap plan.

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Okay?

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We had a question about, can you be denied a Medigap policy because of pre-existing conditions?

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And just wanted to clarify that that's exactly what you were talking about.

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Um, the medical underwriting to be able to say, okay, well, this person is.

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However many years old, they've got these conditions. If you didn't… originally sign up for Medigap, and you're switching, and, you know, etc.

00:31:56.000 --> 00:32:04.000
In many states. They can do medical underwriting, and with medical underwriting, they can deny you.

00:32:04.000 --> 00:32:12.000
Coverage, or they can charge you more in your premiums. And this is a state… there are a lot of states that have laws.

00:32:12.000 --> 00:32:19.000
Um, requiring guaranteed issue. Of Medigap plans, so this is going to be a state-by-state basis.

00:32:19.000 --> 00:32:28.000
Um, the other, it's an interesting question that I don't think are covered in any of the slides, it was… about, um, you know.

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An individual's husband was taking Venetoclax. And was getting help, patient assistance.

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From the manufacturer. Um, and wondering whether or not that goes away when you get Medicare coverage.

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And, um, a good bit of it will. Because there are some, um… I guess you'd call them fraud and abuse.

00:32:48.000 --> 00:32:58.000

Fraud and abuse issues. Um, we call that generally. But, um… manufacturers have concerns that if they give.

00:32:58.000 --> 00:33:07.000
Help to patients that they'll get in trouble, as if they're giving incentives for somebody, you know, paying people to take their medication.

00:33:07.000 --> 00:33:11.000
So that's what it looks like to… Um, the enforcement side.

00:33:11.000 --> 00:33:23.000
Of the federal government programs. So, yes, you probably will see that type of assistance go away when you move from a commercial insurance to Medicare.

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Yeah, and even though we had a… we had also solicited questions in advance of the webinar starting, and I was going to answer those at the end.

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But it's very related to the question we just… Kay just posed and answered, so maybe I will do this here.

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One of the questions we got was, for someone who is typically watch and wait… a typical watch and wait patient.

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Um, and they're 72 years old, meaning they've already been. Uh, enrolled in the Medicare program, or had the opportunity to be since they were 65.

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Three years since diagnosis already, at the age of 72. And the question is, is it smart to switch while you're still in watch and wait and 72 years old.

00:34:05.000 --> 00:34:12.000
Is it smart to switch from Medicare Advantage. To a, uh, regular…

00:34:12.000 --> 00:34:18.000
Original, traditional Medicare. Before treatment becomes necessary.

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And I think this is an interesting question because it's nuanced.

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It is best to make that decision. Between traditional Medicare and Medicare Advantage.

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When you first become eligible for Medicare. At… at least by age, at age 65, if not earlier, from disability.

00:34:39.000 --> 00:34:45.000
Making that choice then. Allows you, if you chose traditional Medicare.

00:34:45.000 --> 00:34:50.000
To buy that Medigap policy in the way Kay just talked about.

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Meaning that they're not going to penalize anyone for pre-existing conditions.

00:34:55.000 --> 00:35:01.000
Or age, meaning you weren't… you didn't do it at 65, now you're 72.

00:35:01.000 --> 00:35:10.000
Um, they may charge you more for that plan at 72, they may look at any of your pre-existing conditions, including your diagnosis.

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All of that is not included when they quote you a price for a Medigap policy right at the very beginning, at age 65.

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So, I would say… The first point at which to make that decision is really critical, because.

00:35:25.000 --> 00:35:31.000
Of that so-called penalty of what you may not get a Medigap policy later, and all of that.

00:35:31.000 --> 00:35:36.000
So, if… that period of time has passed, and you initially bought.

00:35:36.000 --> 00:35:51.000
A Medicare Advantage plan. And then are thinking, I'm still in watch and wait, maybe I should switch now. That we'll talk about in just a few minutes, and I think the slides will answer that question.

00:35:51.000 --> 00:35:56.000

Okay, next slide, please.

00:35:56.000 --> 00:36:05.000
Okay, now we're getting to, uh, Part D. Um, so this is, again, pills, tablets, anything self-administered.

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Um, that's what's covered with a Part D plan. And everyone who has Medicare.

00:36:10.000 --> 00:36:18.000
Is entitled to, uh, buy a Part D plan. Um, you can… in Medicare Advantage, again, that's.

00:36:18.000 --> 00:36:28.000
Part D is rolled up into your Medicare Advantage plan. And if you have traditional Medicare, then you buy a Part D plan.

00:36:28.000 --> 00:36:33.000
And if you want to know the acronyms when you buy it yourself, it is a PDP.

00:36:33.000 --> 00:36:39.000
Prescription drug plan. If you buy it as part of Medicare Advantage, it's an MA PD plan.

00:36:39.000 --> 00:36:45.000
Remember, Medigap does not apply. To Part D.

00:36:45.000 --> 00:36:52.000
Okay, next slide, please.

00:36:52.000 --> 00:37:01.000
Um, so the plan is optional. Uh, this only started to become… Part D only really came around in an early 2000s.

00:37:01.000 --> 00:37:07.000
Before that, there was no Medicare coverage for pills and tablets and self-injected products.

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Um, again, there will be a penalty if you join late, potentially, because of.

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Um, you're having weighted. Um, in both Medicare Advantage, or let's say in both PDP and MAPD plans.

00:37:24.000 --> 00:37:30.000
You are going to have formularies. Uh, so that's very different than the drugs in Part B, like boy.

00:37:30.000 --> 00:37:34.000
Um, which might be infused or injected in a doctor's office.

00:37:34.000 --> 00:37:43.000
So, when you choose a plan. To join, you will want to check the formularies, you will want to check what the.

00:37:43.000 --> 00:37:55.000
Covered drugs are that are available. Um, they, in cancer, all plans are required to cover what they say are all, or substantially all, cancer drugs.

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But, as we'll talk about later. Um, that's… it's… it's… it's not impossible to sneak around that.

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So it's really important to be… to check carefully that all your drugs that you need today, or may need in the future, are on that formulary.

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After you… you have a monthly premium, that's what you pay to buy the plan.

00:38:16.000 --> 00:38:25.000
And after that, you have a deductible and co-payments. This year, you should have already noticed, if you were already on Medicare.

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That all your deductibles and co-pays cap out at $2,000. Uh, at the… if it's $2,010, you are not responsible for the $10 anymore. You were in 2022… 2021, 22, etc.

00:38:42.000 --> 00:38:53.000
But starting in 2025, it caps out. At, um… at $2,000, and that's important because while we said that a Medigap policy does not.

00:38:53.000 --> 00:38:59.000
Help you for Part D. This new cap on out-of-pocket costs.

00:38:59.000 --> 00:39:07.000

Is potentially helpful. Um, next slide, please.

00:39:07.000 --> 00:39:18.000
So, in order to join Part D, and maybe we should have said this at the outset when we were having slides about, should I… should I get Part A, should I get Part B?

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Well, you have to have both of those in order to get.

00:39:21.000 --> 00:39:26.000
A prescription drug plan, or PDP, to cover your pills and tablets.

00:39:26.000 --> 00:39:34.000
Um. You similarly have to have it to get a Medicare Advantage plan.

00:39:34.000 --> 00:39:42.000
And, of course, um… you have to have it to get any drug coverage at all.

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And as I have learned, um, working with CLL Society. A number of our treatments are, in fact, covered under Part D.

00:39:51.000 --> 00:40:00.000
So it is important coverage for this community. Next slide, please.

00:40:00.000 --> 00:40:06.000
Okay, so how do you choose a Part D plan? Well, if you're in traditional Medicare.

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Um, there are plan finder supports and a program in your state, typically known as the SHIP program.

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That will help you compare programs. But in order to get started.

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Highly recommend that you make a list of all your medications that you take now.

00:40:23.000 --> 00:40:29.000
And look for a plan that gives you the best, most affordable access to those drugs.

00:40:29.000 --> 00:40:35.000
Um, you… if you talk to someone at SHIP, they'll probably ask you for that.

00:40:35.000 --> 00:40:38.000
Is to work with you on all your list of medications.

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In CLL, from what I've learned, you often are taking different treatments or combining treatments, and so.

00:40:45.000 --> 00:40:52.000
Just think ahead to. Um, whatever your doctor may want you to be doing or taking over the course of a.

00:40:52.000 --> 00:41:04.000
Of the year. Um, there are a number of ways to join a Part D plan. There's phone numbers to call, websites to check. You can also do a paper enrollment.

00:41:04.000 --> 00:41:10.000
The hard part is choosing which plan. To enroll in.

00:41:10.000 --> 00:41:14.000
Next slide, please. I think I already…

00:41:14.000 --> 00:41:18.000
Lyra? Um, I think we have a couple questions that it may be good to catch up with right now.

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Yep.

00:41:21.000 --> 00:41:31.000
Um, the deductible on Original Medicare, how is that determined? Um, that's in… it's embedded in the Social Security Act that.

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It changes each year. Based on what they project to be both utilization and the cost of care. So.

00:41:39.000 --> 00:41:49.000
Um, they kind of look at their budget, I guess, and they raise it a certain amount, or if, theoretically, it costs and utilization were projected to go down, it would decrease.

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Um, and then we had another question on, um. Some at home, self-administered medications.

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Um, being covered under Part B rather than Part D. And that is absolutely typical of Medicare. Anytime.

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Sarah or I tell you, this is how it goes. It's always… it's almost always got an asterisk.

00:42:11.000 --> 00:42:18.000
Where, except for… So, and if we were to go into all of the except-fors, we would be here probably for 3 or 4 days.

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So, um, yes, there are statutory. Um, self-administered drugs that are covered under Part.

00:42:27.000 --> 00:42:32.000
Um, B, rather than Part D, it's in this… they're specifically listed in the statute. Also.

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If, for example, you were to have, um… you need infusions, and you have the drug.

00:42:39.000 --> 00:42:52.000
Drop shipped to your, you know, your house, or to an infusion provider, and they infuse it at home, that's going to be not under Part B, but under Part D. So there's… It's how it's dispensed and administered.

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So, it has to satisfy both. It's dispensed in the physician off… to the physician office and administered in the physician office, or outpatient hospital center.

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Um, and, um… If it's not, then it doesn't fit into Part B, it might be into Part D, and then things go from D to B based on.

00:43:10.000 --> 00:43:14.000
From D to B, based on statutory exceptions.

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Yeah, I might say that statutory exceptions are the ones listed out in statute are not specific to CLL.

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And I haven't heard too much about any of the CLL drugs.

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Igg, um, that was the question. Like, one, yeah.

00:43:27.000 --> 00:43:38.000
Being drop shipped. Oh, IVG, thank you. Yeah, good exception. Yeah, I was thinking more about Imbruvica and Calquence and those, so thank you for that.

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Um, so I think we just talked, uh. Okay.

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Oh, uh, one more, if you don't mind. Um, a question about what happens to the state-by-state Medigap rules when you move, um, to a different state.

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Well, that's kind of good news, because if you move out of your… you know, say you're in Medicare Advantage.

00:43:54.000 --> 00:44:03.000
If you move out of your state. Then you can know you're no longer able to be in that Medicare Advantage, and that gives you an automatic pass.

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To go into fee-for-service or selected plan in that state. But once you're in that state.

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So, not to put you on the spot, Kay, but I'm not sure I know the answer to this question. If you move to a different state.

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Then that state's rules will apply thereafter. So, if you want to…

00:44:22.000 --> 00:44:36.000
And you can now choose Medicare Advantage or Traditional Medicare. That Medigap policy penalty of they may charge you more money, or they may not issue you a plan? What happens to that?

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Okay. All right.

00:44:37.000 --> 00:44:42.000
Does not apply. That will not apply. So…

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So, should I enroll in a Part D plan? I think the only time you may.

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Think about not doing so, I would imagine. Is if you have what we spoke about briefly at the beginning, accreditable.

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Uh, creditable coverage somewhere else. So if, for some reason, some… your employer, or…

00:45:01.000 --> 00:45:07.000
An ex-employer, like the federal government, is covering your. Part D drugs.

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Your pills, tablets, self-injectables, with the exceptions Kay just outlined. If you're getting that paid for somewhere else.

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Um, and it's… and it's like… the kind of coverage you would get in Medicare.

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Then there's no penalty. For your sticking with your creditable coverage and enrolling in a Medicare Part D plan later.

00:45:28.000 --> 00:45:35.000
When that coverage expires. Otherwise. Yes, you should enroll in a Part D plan.

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Okay, next slide, please. Okay, we have another set of poll questions.

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This time, we have two poll questions, and again, remember to scroll all the way down so you can see.

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All the options. So, let's imagine that it's July.

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Uh, you enrolled in Medicare last year. But you did not enroll in a Medicare drug plan.

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Meaning, a Part D plan. Generally, when is your next chance to enroll?

00:46:07.000 --> 00:46:12.000
In a Part D plan. During open enrollment.

00:46:12.000 --> 00:46:17.000
Initial enrollment. Your next birthday.

00:46:17.000 --> 00:46:26.000
12 months after. Your initial enrollment.

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And the second question… you enrolled in Medicare last year.

00:46:32.000 --> 00:46:37.000
And you should just auto-enroll in the same plan this year.

00:46:37.000 --> 00:46:45.000
If you are happy with it last year. True or false?

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Oh, I think that second question is a little unfair at this early a stage, and we might have needed to save that till later, but.

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Let's see what we get as answers. And then we'll talk about them.

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It takes just a minute to… tally responses.

00:47:10.000 --> 00:47:23.000
Wonderful. Okay, once again, this… Everyone is paying attention. Uh, the answer to the first one is correct. Open enrollment period. Thank you.

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And in your second one, I… as I guessed, I should have waited to hold… I should have held this question until later.

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So, the answer to this one is much more nuanced. And I would say the answer is false.

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Um, perhaps it had reason to be true. For these past several years.

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But with all the changes in Medicare. Um, especially in Part D.

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I'd like to suggest that the answer be false in this go-round, and we'll talk about why in just a few moments.

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Next slide, please.

00:48:09.000 --> 00:48:10.000
Okay. Yeah.

00:48:10.000 --> 00:48:17.000
Sorry, is this a good time to answer, or to ask a couple questions? Um, we've had a couple questions about clinical trials.

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And, uh, participate. Okay.

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Ooh, wait till… wait on those till the end. Yeah, wait on those till the end. Okay.

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Okay, Part C, Medicare Advantage. So, we've sprinkled discussion of Medicare Advantage throughout the webinar so far.

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This is the opportunity… this is when you choose. Not to buy a Medigap policy to help you pay for your costs.

00:48:42.000 --> 00:48:48.000
You're picking a Medicare Advantage plan, which will include Parts A, B, and D.

00:48:48.000 --> 00:48:56.000
Inpatient, outpatient slash physician office. And pills, tablets, self-injectables.

00:48:56.000 --> 00:49:03.000

So, typically what we hear is someone is choosing a Medicare Advantage plan because it is cheaper.

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Than a traditional Medicare plan. And that has been borne out by lots of statistics as the economy goes down.

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We tend to see a rise in Medicare Advantage enrollment, for example.

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It is another part, another way to get. Medicare coverage. It is run by private companies.

00:49:25.000 --> 00:49:30.000
And, um… it… you have the…

00:49:30.000 --> 00:49:36.000
The important differences, and there are probably several. Uh, but one very important one is.

00:49:36.000 --> 00:49:42.000
Once you enroll in a Medicare Advantage plan, you have a network of doctors or hospitals.

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So in traditional Medicare, you see the doctor in the hospital.

00:49:46.000 --> 00:49:55.000
That is relevant to you, important for you. Um, you have a network you must choose from if you are in a Medicare Advantage plan.

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One thing some people have noticed is, for example, not all the comprehensive cancer centers.

00:50:01.000 --> 00:50:06.000
Are in the network. Uh, for whichever plan you buy.

00:50:06.000 --> 00:50:12.000
So if you're going to go with Medicare Advantage, please not only check carefully about the formularies we just talked about.

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But also check what the network of doctors and hospitals is that will be available to you.

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And this will vary by plan. So, take a look and see what Medicare Advantage plans are available to you where you live.

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And then compare them carefully. And while it is important to.

00:50:32.000 --> 00:50:38.000
Understand that historically, and probably still to this day and into next year.

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Costs will be lower to you in a Medicare Advantage plan compared to Medicare.

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There's… that comes with limitations. Limitations on your doctors and limitations on your hospitals.

00:50:51.000 --> 00:50:57.000
And also, don't forget. The limitation, in a different way, of your ability.

00:50:57.000 --> 00:51:05.000
To go back to traditional Medicare if, let's say, after a year or two, you have a new diagnosis you weren't expecting.

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Or you just simply weren't happy with the network of doctors or hospitals, and you want to go back to Medicare.

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Traditional, then that Medigap policy, for example, they don't have to issue you one.

00:51:18.000 --> 00:51:26.000
And they can use your pre-existing conditions, your age, etc. In deciding how much to charge you for that plan.

00:51:26.000 --> 00:51:32.000
Two important differences. In choosing Medicare versus Medicare Advantage.

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Next slide, please.

00:51:39.000 --> 00:51:44.000
So that all the rights and protections of traditional Medicare are available to you.

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You will still have appeal mechanisms and. Ways to, um, appeal your claim denials and whatnot. So that's true.

00:51:52.000 --> 00:51:58.000
Um, you still get services that are covered by Part A and B, although they may be in a limited.

00:51:58.000 --> 00:52:06.000
Network of available hospitals and doctors. Um, and yes, you'll have prescription drug coverage as well.

00:52:06.000 --> 00:52:11.000
Although, be careful there as well, you want to make sure that the cost sharing.

00:52:11.000 --> 00:52:16.000
And the benefits align and are similar to what you would have chosen.

00:52:16.000 --> 00:52:25.000
If you had chosen a PDP instead of an MAPDP. And there are often extra benefits in a Medicare Advantage plan.

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Some of them will cover gym memberships, or. Um, high glasses, or you, you name it, there's a variety of extra benefits.

00:52:35.000 --> 00:52:40.000
Um, there's been recent attention and focus on these extra benefits.

00:52:40.000 --> 00:52:47.000
It seems unclear whether. The health plans are well aware that people don't take advantage of them, even though they seem to.

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Like, it seems to be one of the reasons they choose a Medicare Advantage over traditional Medicare.

00:52:53.000 --> 00:52:58.000
And there's been a lot of back and forth as to whether a Medicare Advantage plan should have to.

00:52:58.000 --> 00:53:06.000
Say, alert use 3 months before the year is over that you haven't used any of your extra benefits, for example.

00:53:06.000 --> 00:53:14.000
And some… some pushback on whether… from plans as to whether they should have to do that or not.

00:53:14.000 --> 00:53:26.000
Next slide, please. So this is really just a summary of what I already just explained, but just in the form of a side-by-side comparison.

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Um, let me see if there's something I should call out that I haven't yet.

00:53:31.000 --> 00:53:47.000
Um. So, I maybe will point out, when it says on the left side your supplemental coverage may pay your deductibles and coinsurance, that's referring to the Medigap policy.

00:53:47.000 --> 00:53:51.000
Um, also want to highlight that you have a choice of doctors and hospitals.

00:53:51.000 --> 00:53:58.000
Um, whereas you have to stick with the network. On the… on the right-hand side.

00:53:58.000 --> 00:54:03.000
And I guess I didn't point out that you may also need a referral for a specialist.

00:54:03.000 --> 00:54:14.000
Uh, if you choose Medicare Advantage on the right-hand side. We did get a question, which I will cover at the end, about.

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Vision, dental, to the extent. Um, that is covered in part… in Medicare traditional and Medicare Advantage. I will talk about that at the very end, but I noted it here, too.

00:54:26.000 --> 00:54:27.000
Okay, uh, let me go through one more slide, and then I'll switch it over to you.

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There's… mhm.

00:54:30.000 --> 00:54:37.000
Next slide, please. This is really just a completion of the thought in terms of comparison.

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Don't have any additional thoughts on original. But, um, be aware that you… you'll likely have a monthly premium.

00:54:45.000 --> 00:54:50.000
And copay or coinsurance in Medicare Advantage, but will not have a Medigap policy.

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You don't have the ability to buy a Medigap policy. Uh, in Medicare Advantage, like you do in traditional.

00:54:58.000 --> 00:55:05.000
Medicare. But offsetting that. It is historically, as I said, cheaper to buy Medicare Advantage.

00:55:05.000 --> 00:55:14.000
Than a traditional Medicare plan. Um, I want to highlight there have been recent investigations.

00:55:14.000 --> 00:55:19.000
Um, in… of the plans, the health plans that offer Medicare Advantage.

00:55:19.000 --> 00:55:25.000
Um, last year, there were investigations into the marketing of these plans to patients.

00:55:25.000 --> 00:55:33.000
Um, and whether that was, um… whether the marketing was misleading, or inappropriate, or overly aggressive.

00:55:33.000 --> 00:55:41.000
Um, this year, there's focus has very much been on. Too much prior authorization, too much step… step therapy.

00:55:41.000 --> 00:55:49.000
All efforts to try to get you to… in my mind, give up and not get the treatment that the doctor wants you to have.

00:55:49.000 --> 00:55:54.000
Um, yes, there's a place for making sure the right patient has the right drug at the right time.

00:55:54.000 --> 00:56:00.000
But pushed to its limits, you are using prior auth, step therapy, etc.

00:56:00.000 --> 00:56:04.000
To really just deny patients care who might otherwise give up and not.

00:56:04.000 --> 00:56:10.000
Keep pursuing the hurdles. Uh, to get the treatment that they need.

00:56:10.000 --> 00:56:18.000
And I think the next slide will take us to a different topic. Oh, no, it's one more, so… Um, I think for this.

00:56:18.000 --> 00:56:30.000
Again, more of a comparator on what we've already discussed. So, I don't think it's… anything here that I have not already said, so maybe this is a good place to pause and Kay…

00:56:30.000 --> 00:56:32.000
Take questions.

00:56:32.000 --> 00:56:41.000
We had an interesting question. Um, from an individual who has Medicare, and their secondary insurance is provided by.

00:56:41.000 --> 00:56:48.000
A former employer, um, once they retired. Um, now this former employer.

00:56:48.000 --> 00:56:55.000
Want to, quote, switch secondary to Medicare Advantage. Does this make sense?

00:56:55.000 --> 00:57:02.000
Okay. Um, what… what it appears that there… if you switch to a Medicare Advantage.

00:57:02.000 --> 00:57:10.000
Then whatever promise they've made to you to… continue covering your extra costs in Medicare, go away.

00:57:10.000 --> 00:57:16.000
Because they only… once you're in a Medicare Advantage, there's no supplemental.

00:57:16.000 --> 00:57:20.000

This, um, employer policy is no longer on the hook for anything.

00:57:20.000 --> 00:57:26.000
So, remember, if… the Medicare Advantage doesn't ever.

00:57:26.000 --> 00:57:39.000
Ever end up being a secondary payer. So, hopefully that answers. It's kind… what they're asking you to do is switch from regular Medicare to Medicare Advantage.

00:57:39.000 --> 00:57:45.000
Um, and it's… and when you do that, or if you do that, it saves them money.

00:57:45.000 --> 00:57:48.000
But it doesn't necessarily help you as the employee. It's really important to appreciate that difference.

00:57:48.000 --> 00:57:53.000
Right.

00:57:53.000 --> 00:57:55.000
Um, you really have to do the math carefully on whether that's worth it financially.

00:57:55.000 --> 00:57:59.000
One of the big…

00:57:59.000 --> 00:58:04.000
Because in the long run, you have way more constrictions, way more constrictions.

00:58:04.000 --> 00:58:10.000
On the hospitals you can use. The doctors you can use, what medications you can take.

00:58:10.000 --> 00:58:20.000
How much, um, how aggressive the efforts will be using prior authorization and step therapy to allow you to get the treatments you need, or your doctor says you need.

00:58:20.000 --> 00:58:28.000
That sort of thing. That's a really difficult choice that that employer is putting you in, because.

00:58:28.000 --> 00:58:39.000
While they are there supporting you. They're asking you to make a choice that will cost you in the long run, potentially.

00:58:39.000 --> 00:58:44.000
That's a great question, timed perfectly to this slide of comparing.

00:58:44.000 --> 00:58:51.000
And contrasting traditional Medicare. With, um, Medicare Advantage.

00:58:51.000 --> 00:58:54.000
Okay, next slide, please.

00:58:54.000 --> 00:59:01.000
Second, Sarah, I got a question that I think you can handle here, or not that you can't handle all of them.

00:59:01.000 --> 00:59:08.000
Um, summarize the differences between Medicare Advantage plans. Versus a Medigap policy.

00:59:08.000 --> 00:59:13.000
Because it's still not coming through quite clearly.

00:59:13.000 --> 00:59:23.000
Okay, so a Medigap policy is what you buy. To supplement your Medicare Part B, like boy.

00:59:23.000 --> 00:59:29.000
Coverage. So, the Medigap policy is basically allowing you to offset.

00:59:29.000 --> 00:59:32.000
What it's going to cost you out of your own pocket.

00:59:32.000 --> 00:59:40.000
When Medicare Part B is working for you. So you're in a doctor's office, you're in a hospital outpatient department.

00:59:40.000 --> 00:59:44.000
You're in and out of the same day or the next day with a procedure.

00:59:44.000 --> 00:59:51.000
You walk into the emergency room. All of these things have a 20% coinsurance, for example.

00:59:51.000 --> 00:59:58.000
And the Medigap policy, if you buy one. We'll cover those costs for you.

00:59:58.000 --> 01:00:06.000
That has nothing to do with… Part D, like David. Those costs are not helped by those out-of-pocket costs.

01:00:06.000 --> 01:00:12.000
Are not helped by a Medigap plan. If you get a Medicare Advantage plan.

01:00:12.000 --> 01:00:19.000
You also cannot buy a Medigap policy at all to help offset those costs.

01:00:19.000 --> 01:00:25.000
So, think of Medicare… traditional Medicare. And Medicare Advantage as your two choices.

01:00:25.000 --> 01:00:31.000
And if you choose traditional Medicare. Medigap helps you if you buy one.

01:00:31.000 --> 01:00:41.000
But the choice isn't Medigap. Well, Medicare Advantage, the choice is traditional Medicare or Medicare Advantage.

01:00:41.000 --> 01:00:46.000
And we had a question about, um, what is Plan G, and do I need it? So.

01:00:46.000 --> 01:00:51.000
If you… if you see a plan that's labeled by a letter.

01:00:51.000 --> 01:01:00.000
Then what we're talking about is a Medigap plan. And the Medigap plans are… kind of, um…

01:01:00.000 --> 01:01:04.000
Based on the letter, they cover a certain set of things.

01:01:04.000 --> 01:01:10.000
So, um, Plan G is a very popular choice. It covers, um.

01:01:10.000 --> 01:01:16.000
Almost all of the costs associated with Original Medicare, you know, Parts A and B.

01:01:16.000 --> 01:01:23.000
Except for the deductible. Um, it pays for the, um, services after the Part B deductible.

01:01:23.000 --> 01:01:32.000
Whatever coinsurance, as well as, um, Part A hospital costs. Um, and it covers the Part A deductible.

01:01:32.000 --> 01:01:38.000
Um, and first 3 pints of blood, it also covers the, um, hospice.

01:01:38.000 --> 01:01:42.000
Coinsurance. So… so it's a popular choice. It is a Medigap plan.

01:01:42.000 --> 01:01:45.000
Or a supplemental.

01:01:45.000 --> 01:01:52.000
So, um, relatedly, we had a question in advance that says, I have a plan F.

01:01:52.000 --> 01:01:58.000
Like Frank, and I'm a newly diagnosed patient with CLL. If and when I need treatment.

01:01:58.000 --> 01:02:09.000
What drug plan coverage will benefit me the most? Again, I think we're… just to… I want to separate or not conflate.

01:02:09.000 --> 01:02:15.000
Part F is I met a gap plan. And what Part D coverage you need.

01:02:15.000 --> 01:02:22.000
Is a separate question than Medigap. Medigap plans, if you buy a Medigap policy, it does not help you.

01:02:22.000 --> 01:02:27.000
In any way, with your Part D, like David. Drug costs.

01:02:27.000 --> 01:02:30.000
Okay, would you add anything else to that?

01:02:30.000 --> 01:02:40.000
No, I think that's good. Um, and then we also… Um, had a question about if an insurer is no longer offering a specific Medicare Advantage plan.

01:02:40.000 --> 01:02:45.000
Um, can you switch to original, or do you have to pick another one of that ensures.

01:02:45.000 --> 01:02:51.000
Advantage plans, um, if they're no longer offering the plan, you can do either.

01:02:51.000 --> 01:02:58.000
You can either go to, um, fee-for-service, or. Choose a different plan.

01:02:58.000 --> 01:03:07.000
And you can, um, enroll in a Medigap. If you choose to do so.

01:03:07.000 --> 01:03:14.000
Great. Okay, next slide, please.

01:03:14.000 --> 01:03:23.000
Uh, right, poll question. Medicare Advantage plans help pay for gaps in original Medicare.

01:03:23.000 --> 01:03:30.000
Cover less services than Original Medicare. Our private plans approved by each state?

01:03:30.000 --> 01:03:47.000
Must cover all Part A and Part B services.

01:03:47.000 --> 01:03:57.000
Spell.

01:03:57.000 --> 01:04:04.000
Responses. So the correct answer is they must cover all Part A and Part B services.

01:04:04.000 --> 01:04:14.000
And the reason that's tricky is because. We just finished talking about how traditional Medicare lets you choose any doctor, any hospital.

01:04:14.000 --> 01:04:20.000
But in a Medicare Advantage plan. You have a network of doctors and hospitals.

01:04:20.000 --> 01:04:26.000
So it almost sounds like. They don't have to cover all the same services, but.

01:04:26.000 --> 01:04:31.000
The careful thing to remember is the service might be the same.

01:04:31.000 --> 01:04:37.000

You may need a particular. Infusion, you may need a particular.

01:04:37.000 --> 01:04:43.000
Um. You know, you're allowed emergency room services under both.

01:04:43.000 --> 01:04:49.000
But where you go is what's different. You may need an infusion and may be able to get it.

01:04:49.000 --> 01:04:57.000
You will be able to get it in both. But what drug is infused, or where it's infused, may differ.

01:04:57.000 --> 01:05:03.000
Um, so that's the way to think about it. It's the services must be the same.

01:05:03.000 --> 01:05:06.000
But you may not have access to the same doctors and hospitals.

01:05:06.000 --> 01:05:18.000
For those services. So, it's sometimes… it's confusing because the people who answered that it covers less services than Original Medicare.

01:05:18.000 --> 01:05:25.000
Um, it is correct to say that it somehow offers you less than original Medicare, that's why you pay less.

01:05:25.000 --> 01:05:32.000
But it's not that it's less services. It's just different… it's less in the way I just described.

01:05:32.000 --> 01:05:43.000
Yeah, um, there was a question that really gets to this. Um, it was… you know, do any networks for Medicare Advantage plans include major cancer centers.

01:05:43.000 --> 01:05:55.000
And, um. They… the statistics on that aren't particularly great. Um, 60% of MA plans don't offer access to any NCI-designated centers.

01:05:55.000 --> 01:06:02.000
Um, and 41% that are in an area. Like, right next to.

01:06:02.000 --> 01:06:06.000
Um, and NCI-designated center. Even though they're in.

01:06:06.000 --> 01:06:11.000
What should be their coverage area, they exclude them.

01:06:11.000 --> 01:06:18.000
Yeah. That's really helpful. Thank you, Kay.

01:06:18.000 --> 01:06:24.000
So we just have a few more slides to cover, and I really appreciate Kay culling through the questions and raising them.

01:06:24.000 --> 01:06:32.000
As we go, because we have well over 50 questions. And, um, hopefully we're covering them, um, as we go in a way that.

01:06:32.000 --> 01:06:45.000
Makes more sense for everyone and stays on topic. So, we've covered the entire alphabet, um, soup of Medicare, right? We've talked about A and B and D.

01:06:45.000 --> 01:06:50.000
And we've talked about C, Medicare Advantage, and we've talked about Medigap.

01:06:50.000 --> 01:06:56.000
We often also get questions about the confusion between all of that.

01:06:56.000 --> 01:07:04.000
And something called the Health Insurance Marketplace. So, Medicare is not part of the marketplace.

01:07:04.000 --> 01:07:15.000
It's really important to separate that away from. When you are in the middle of open enrollment, and you are thinking about what… what you're going to buy, traditional versus.

01:07:15.000 --> 01:07:21.000
Medicare Advantage. This Part D plan versus that Part D plan. Add a Medigap policy or not.

01:07:21.000 --> 01:07:33.000
Please do not be thinking at all about the marketplace. If you have Medicare or are getting Medicare for the first time, you're covered, and you don't need anything to do with the marketplace.

01:07:33.000 --> 01:07:43.000
The marketplace is not related to all the Part D plans that are out there, that you have choices from, or the different Medigap policies that are out there that you can choose from.

01:07:43.000 --> 01:07:50.000
None of that in any way relates to. Marketplace.

01:07:50.000 --> 01:07:57.000
In fact, um, it's against the law for someone who knows you have Medicare to try to sell you a marketplace.

01:07:57.000 --> 01:08:05.000
Plan. You don't need it, and you don't need to think about the vocabulary related to the marketplace and all that comes with that.

01:08:05.000 --> 01:08:13.000
Uh, really at all. Next slide, please.

01:08:13.000 --> 01:08:19.000
Now, if you already had a marketplace plan. Before you joined Medicare.

01:08:19.000 --> 01:08:27.000
You may consider keeping it. But again, you don't need it.

01:08:27.000 --> 01:08:34.000
If you already have a Medicare plan, you don't have to go out there and shop for a marketplace plan.

01:08:34.000 --> 01:08:40.000
Um, if you're signing up for Medicare during your initial enrollment period, meaning right at the beginning.

01:08:40.000 --> 01:08:46.000
Um, you don't have to worry about. Marketplace. Again.

01:08:46.000 --> 01:08:51.000
I don't know if any finer way to put any finer point to put on that.

01:08:51.000 --> 01:08:56.000
It is the one place where we can try to take confusion and decision-making out of the mix.

01:08:56.000 --> 01:09:04.000
For everyone. Next slide, please.

01:09:04.000 --> 01:09:14.000
Okay. So, I said at the beginning that in 2025, at the start of this year, you should have seen that for the first time ever, you had a limit on your out-of-pocket costs.

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Not on the premium, once you've paid the premium. Then deductibles and co-pays and coinsurance, that's all capped at $2,000 a year this year.

01:09:25.000 --> 01:09:36.000
That was one way in which you felt better about not being able to buy a Medigap policy to help offset those costs. At least they were capped out.

01:09:36.000 --> 01:09:41.000
The other thing that happened this year. That hopefully you all took advantage of.

01:09:41.000 --> 01:09:47.000
Um, is that you had access to a new program, generally known as smoothing.

01:09:47.000 --> 01:09:52.000
Which basically meant that if you signed up for this, and you had to proactively sign up for it.

01:09:52.000 --> 01:10:01.000
Um, you were allowed to… spread those $2,000 of cost across the plan year.

01:10:01.000 --> 01:10:10.000
So if one prescription, let's say, cost you. For an oral or otherwise self-injectable, etc, that you take at home.

01:10:10.000 --> 01:10:19.000
Um, if that costs you $1,500. And in January or February, you didn't want to spend $1,500 all at once.

01:10:19.000 --> 01:10:24.000
You could spread that cost $1,500 across the rest of the year.

01:10:24.000 --> 01:10:31.000
And then you might have additional costs of another. Uh, this is a little bit of a trick, uh, question. Another $1,500.

01:10:31.000 --> 01:10:36.000
How much of that are you responsible for? Only the first 500.

01:10:36.000 --> 01:10:41.000
Because the first 1500 and 500 add up to the 2,000.

01:10:41.000 --> 01:10:49.000
And you can spread that $2,000 worth of cost that you have to pay out of your own pocket across the whole plan year.

01:10:49.000 --> 01:10:54.000
That other $1,000. Uh, remaining from the second $1,500.

01:10:54.000 --> 01:11:01.000
Prescription, you're not responsible for at all. Starting in 2025.

01:11:01.000 --> 01:11:07.000
So, between the cap. And smoothing that should have offered some relief this year.

01:11:07.000 --> 01:11:16.000
Now, next slide, please. Starting in 2026. If you… if you did not proactively enroll in smoothing.

01:11:16.000 --> 01:11:29.000
You have another opportunity to do that in 2026. If you already did it in 2025, you will be automatically reenrolled for 2026.

01:11:29.000 --> 01:11:35.000
What is new in 2026, also, is that for the first time.

01:11:35.000 --> 01:11:43.000
Cost of drugs… drugs that were negotiated, the price was negotiated as part… by the government.

01:11:43.000 --> 01:11:48.000
Included a drug called Imbruvica. 10 drugs for the first time ever.

01:11:48.000 --> 01:11:56.000
We'll go on to formulary starting in 2026. Whose price was negotiated by the federal government.

01:11:56.000 --> 01:12:08.000

The important thing to remember is that. If a very high-cost drug got their price negotiated down, and now it's a mid-price drug, let's say.

01:12:08.000 --> 01:12:14.000
If you still pay out of your own pocket $1,500 or $2,000.

01:12:14.000 --> 01:12:18.000
You are capped at that amount, and it really doesn't matter.

01:12:18.000 --> 01:12:23.000
To you, in your pocketbook, that is. Whether that drug's price.

01:12:23.000 --> 01:12:31.000
Is $500,000 or $200,000? Your pocketbook will only see.

01:12:31.000 --> 01:12:37.000
$2,000, and then… you'll have the cap.

01:12:37.000 --> 01:12:45.000
However, the implication of having the Imbruvica negotiated price on the formulary for the first time next year.

01:12:45.000 --> 01:12:52.000
There's a different implication. The government has been very strident with Part D plans to say.

01:12:52.000 --> 01:12:57.000
We took the time and trouble to negotiate down the price of this drug.

01:12:57.000 --> 01:13:06.000
You must make sure United, Aetna, etc. That that drug, Imbruvica, is on the formulary.

01:13:06.000 --> 01:13:12.000
And they have made such a big deal about it. That almost lost in the noise is.

01:13:12.000 --> 01:13:22.000
The law from back in 2003, 2004, that said all or substantially all cancer drugs must be on formulary.

01:13:22.000 --> 01:13:28.000
So we may be looking at a scenario where United, Aetna, and the others.

01:13:28.000 --> 01:13:38.000

Feel some leeway in not making… in not ensuring. That Brukinsa, Calquence, etc, etc, are also on formulary.

01:13:38.000 --> 01:13:45.000
And it is this point that sort of created that question, the poll question that I wish I had asked now instead of earlier.

01:13:45.000 --> 01:13:49.000
If you were on a Part D plan in 2025, and you were happy with it.

01:13:49.000 --> 01:13:54.000
Should you remain with it? Typically, the answer would have been yes.

01:13:54.000 --> 01:14:02.000
Because it's hard to pick a Part D plan. There's lots of details. You have to make a list of your drugs, you have to make sure they're all on formulary.

01:14:02.000 --> 01:14:08.000
Well, and if you've done that once, and you were happy in last year, why wouldn't you just leave it alone?

01:14:08.000 --> 01:14:14.000
And re-enroll in the same plan. Well, it's for this reason, the first bullet on this slide.

01:14:14.000 --> 01:14:19.000
The fact that there is one negotiated drug in CLL now.

01:14:19.000 --> 01:14:25.000
Required to be on formulary. We are a little bit worried that the health plans will.

01:14:25.000 --> 01:14:32.000
Be less careful at making sure all the other CLL drugs are on formulary.

01:14:32.000 --> 01:14:40.000
So, for the first time ever, I would say it is not okay to have been happy with last year's plan and just go with it again.

01:14:40.000 --> 01:14:43.000
Take a careful look and make sure that all the other drugs.

01:14:43.000 --> 01:14:50.000
That you want are still on formulary. And by the way, if you are also a diabetic.

01:14:50.000 --> 01:14:56.000
Um, have cardiovascular issues, have any other things for which you take medications.

01:14:56.000 --> 01:15:00.000
Imbruvica was not the only drug negotiated. There were 9 others.

01:15:00.000 --> 01:15:04.000
And some of them were in these other categories I just mentioned.

01:15:04.000 --> 01:15:09.000
So please make sure that the formulary is still for 2026, when.

01:15:09.000 --> 01:15:14.000
Open enrollment begins. Um, next month.

01:15:14.000 --> 01:15:20.000
That you make sure those other drugs that you've always been on are still there and available for you.

01:15:20.000 --> 01:15:21.000
Okay, you came on camera, so anything to add?

01:15:21.000 --> 01:15:29.000
I did. Um, and on these, um, formula inclusions, sometimes the devil's in the details.

01:15:29.000 --> 01:15:35.000
So, um, you will also want to look and see what types of, um.

01:15:35.000 --> 01:15:50.000
Controls they're putting on your access, utilization management, um… So, are they prior authorization? You can expect that, but what if they have something like step therapy, so that you have to, for example, fail on Imbruvica.

01:15:50.000 --> 01:16:01.000
In order to get, um, one of the other BTK inhibitors. Is that… We don't know what's going to end up happening with these formularies and these utilization management.

01:16:01.000 --> 01:16:16.000
Tools once, you know, these negotiated prices go live. And I don't think CMS knows. I don't think anybody really knows what's gonna happen, so… Um, that's another reason to kind of give a good check as you're looking to enroll this year.

01:16:16.000 --> 01:16:26.000

To see what types of controls is your… are you going to be driving your clinician crazy trying to get you the drug that you're currently on?

01:16:26.000 --> 01:16:27.000
And I would just add. Yeah, on your point, Kay, I want to just add that.

01:16:27.000 --> 01:16:31.000
So, um, and then the… there appears to still…

01:16:31.000 --> 01:16:39.000
When you try to do that, when you try to do what Kate just suggested, you may see some language in the plan that is really hard for you to understand.

01:16:39.000 --> 01:16:47.000
It's hard for all of us to understand. Obfuscation is sort of part of the deal here, so… I would say talk to your ship.

01:16:47.000 --> 01:16:55.000
Um, we mentioned at the very beginning. Uh, where to go for some help on choosing a plan, and your state does have resources to do that.

01:16:55.000 --> 01:17:03.000
And maybe you run it by them. And if the year begins, and you find that these policies end up being more onerous than you expected.

01:17:03.000 --> 01:17:11.000
We hope you'll also let CLL Society know, because we ourselves are tracking, as Kay said, we don't know, the government doesn't know.

01:17:11.000 --> 01:17:20.000
Um, how these different policies will play out. And CLL Society is definitely here to help you.

01:17:20.000 --> 01:17:31.000
Um, and to help us help you would be to hear from you that this is not what we expected, we read the plans carefully, we read the policies. This is not what we expected.

01:17:31.000 --> 01:17:35.000
And this is starting to happen to us for the first time this year.

01:17:35.000 --> 01:17:41.000

The government will look to groups like ours. For providing them this kind of information and insight.

01:17:41.000 --> 01:17:43.000
Sorry, Kay, go ahead.

01:17:43.000 --> 01:17:53.000
Well, there's… there appears to still be some confusion. On the interplay, or lack of interplay, between Medigap and Part D.

01:17:53.000 --> 01:18:00.000
And I think it's important to… to just kind of draw a really dark, really bright line between those two.

01:18:00.000 --> 01:18:10.000
Because your Medigap is never gonna touch. Your Part D. It doesn't cover any of the costs associated with, um, you know, Part D out-of-pocket payments.

01:18:10.000 --> 01:18:14.000
It doesn't pay any of that. It's only A and B.

01:18:14.000 --> 01:18:20.000
So, um, it does get confusing, because we've got all these different letters and all these different types of.

01:18:20.000 --> 01:18:26.000
Things that you could get, um, it's kind of like buying a car and getting the rust proofing or something.

01:18:26.000 --> 01:18:30.000
But, um, it's real, real important to remember that Part D.

01:18:30.000 --> 01:18:37.000
And Medigap don't have. Anything at all to do with each other. And on the idea of choosing a plan.

01:18:37.000 --> 01:18:45.000
A Part D plan. You could, for example, look and see you've got two different drug plans that appear to cover.

01:18:45.000 --> 01:18:49.000
All of your drugs, and you can't tell which one… which one is which, which one's better.

01:18:49.000 --> 01:19:01.000
Um, when you go into your clinician's office, you might want to ask… ask their, um, their billing people, so… Is there one of these that you have a specific, you know, that you have a really difficult time with? They may be…

01:19:01.000 --> 01:19:05.000
If they're having a really difficult time, they'll be able to tell you.

01:19:05.000 --> 01:19:13.000
So, you know, that's another way of looking, and also, you know, throughout the year, if you're getting unexpected problems.

01:19:13.000 --> 01:19:24.000
Accessing these medications, you know, please share with CLL Society so that, um, because chances are it's not just you.

01:19:24.000 --> 01:19:40.000
And if you don't yet know, um, if you're still on watch and wait, and you don't yet know which drugs you'll be taking, I would either talk to my doctor, or I would make sure that the vast majority of them are available on formulary on the plan that you're taking.

01:19:40.000 --> 01:19:49.000
Um, the other point I want to make is, um. This year, you will also see on this slide that, um.

01:19:49.000 --> 01:20:02.000
There, uh, the out-of-pocket cap raises… rises to $2,100. And, um, someone asked a question about… it's sort of on the both sides. Oftentimes changing plans lets them save money.

01:20:02.000 --> 01:20:12.000
Um, that… that may well be. This time. Do it… take a look at different plans, not just to help you save money, but also to make sure the drugs you need are on formulary.

01:20:12.000 --> 01:20:17.000
And that someone else commented that we have prices going up on Medigap policies.

01:20:17.000 --> 01:20:23.000
Please be aware that actually Part B and Part D premiums also may be higher this year.

01:20:23.000 --> 01:20:27.000
And those should be announced very shortly when open enrollment coming.

01:20:27.000 --> 01:20:37.000
So, um, not only costs, but also. Uh, formulary checks. And why I always worry when premiums are going up.

01:20:37.000 --> 01:20:43.000
Because that creates, sometimes, a starker difference. Yes, we might see an increase in Medicare Advantage.

01:20:43.000 --> 01:20:48.000
Plans, costs as well. But Medicare traditional may be a little higher.

01:20:48.000 --> 01:20:53.000
And so, once again, we may see people shifting to Medicare Advantage.

01:20:53.000 --> 01:21:05.000
But when you have CLL, or when you don't yet know which treatments you're going to be on, or a cancer center that you want to go to nearby, those are really important things to take into account.

01:21:05.000 --> 01:21:12.000
Um, yes, I appreciate that you only had the luxury to take those into account if you can afford a Medicare plan.

01:21:12.000 --> 01:21:19.000
But check carefully, um, the cost of the Medicare plan and the cost of a Medigap plan.

01:21:19.000 --> 01:21:24.000
In deciding whether you really need financially to go to Medicare Advantage. Of course, we understand that.

01:21:24.000 --> 01:21:31.000
Medicare Advantage is necessary. Uh, for cost reasons for many people.

01:21:31.000 --> 01:21:39.000
And, um, just to, um, go to the next slide then, please.

01:21:39.000 --> 01:21:46.000
Okay, so before we go to, oh, question and answer, and we'll start looking through the remaining questions.

01:21:46.000 --> 01:21:57.000
Um, that we have. Um, we hope you got a better understanding of the differences between Original Medicare and Medicare Advantage. If you heard a bias.

01:21:57.000 --> 01:22:08.000
Um, in what Kay and I said towards Original Medicare. It's because we often hear from patients struggling to get to the hospital or doctor that they wish they could.

01:22:08.000 --> 01:22:14.000
Um, and then paying a penalty. For a Medigap policy later.

01:22:14.000 --> 01:22:19.000
Um, when they wouldn't have paid that up front, uh, in terms of a higher.

01:22:19.000 --> 01:22:28.000
Cost to a Medigap policy. Um, understand the various parts of the Medicare program. We hope that comes clearer.

01:22:28.000 --> 01:22:37.000
Uh, after this discussion today. So, set Medigap aside. It is not part of the alphabet soup. It's additive after, right? First, you've got.

01:22:37.000 --> 01:22:47.000
A, inpatient, B, outpatient, and D for drug. C wraps it all up in a bow for Medicare Advantage, should you need that financially.

01:22:47.000 --> 01:22:53.000
Completely separately is Medigap. Which helps you offset your out-of-pocket costs.

01:22:53.000 --> 01:23:05.000
On the traditional Medicare side. And then finally, um, know… you learned a little bit today about how to decide which parts of Medicare to participate in.

01:23:05.000 --> 01:23:11.000
So with that, I'll turn to the, um, last slide, which I think is just Q&A.

01:23:11.000 --> 01:23:14.000
And Kay has done an amazing job going through most of them, but.

01:23:14.000 --> 01:23:20.000
I'm happy to try to answer some more. Um, here.

01:23:20.000 --> 01:23:26.000
So, um, how do you enroll in smoothing for prescription costs?

01:23:26.000 --> 01:23:34.000

Um, Kay, can you help us with that one? To enroll in the smoothing program, that's for Part D.

01:23:34.000 --> 01:23:35.000
Right. Okay. Yeah, um, the smoothing program, um.

01:23:35.000 --> 01:23:40.000
Okay, go ahead.

01:23:40.000 --> 01:23:50.000
You'll get… you can enroll at any time. Right? Now, um, each of your Part D plans will have a specific way of doing it.

01:23:50.000 --> 01:23:55.000
If you had high drug costs last year. Chances are they sent you something in the mail.

01:23:55.000 --> 01:24:01.000
Um, about… you know, hey, you look like you might be someone who could benefit.

01:24:01.000 --> 01:24:11.000
And not use language somewhat like that. Uh, and then… They'll give you multiple ways of doing it. They don't yet have a way of doing it at the pharmacy counter.

01:24:11.000 --> 01:24:17.000
And that would be, you know, particularly helpful. They're trying to think about how they can get that moving.

01:24:17.000 --> 01:24:22.000
But for right now, it's going to be doing it online, doing it.

01:24:22.000 --> 01:24:29.000
Paper, and doing it by phone. And I would suggest, if you're comfortable.

01:24:29.000 --> 01:24:38.000
To go ahead and do it online, because it'll be… it'll be live. It'll be effective, or whatever, much quicker, and you will know.

01:24:38.000 --> 01:24:44.000
When it's effective, as soon as it is. Same thing with telephone, but it might take you longer because you might have a wait.

01:24:44.000 --> 01:24:50.000
If you do it by paper. Um, it's gonna take longer.

01:24:50.000 --> 01:25:06.000
To get the enrollment, um, taken care of, and we all have heard about Lost in the Mail, either the… either your thing will get lost in the mail, or whatever they send back to confirm that you've, um, elected to participate in the smoothing program.

01:25:06.000 --> 01:25:10.000
Um, and they're gonna call it the Medicare Prescription Payment Plan.

01:25:10.000 --> 01:25:16.000
Um, MPPP. Um, not smoothing. So…

01:25:16.000 --> 01:25:24.000
You could go on… if you wanted to find out how your particular… I'm gonna say this, um, right now it's late in the year.

01:25:24.000 --> 01:25:28.000
I would be surprised if it would be particularly helpful now.

01:25:28.000 --> 01:25:40.000
Um, as far as enrolling now. Usually, it's most helpful if you enroll early. That way, your $2,000 is kind of spread across the entirety of the year.

01:25:40.000 --> 01:25:42.000
Um, does that answer that for you, Sarah?

01:25:42.000 --> 01:25:47.000
Yeah, thank you. And relatedly, there's no harm in signing up for smoothing.

01:25:47.000 --> 01:25:52.000
Um, as someone asked, if they're… if they don't expect to use it, no big deal.

01:25:52.000 --> 01:25:56.000
Um, you… there's no downside to enrolling and not using it.

01:25:56.000 --> 01:26:03.000
So we have 12 minutes left. I want to see if I can answer as many of these questions correctly and quickly as I can.

01:26:03.000 --> 01:26:10.000
Um, so there's a few comments I'll go through. I'll skip those and try to answer people's questions.

01:26:10.000 --> 01:26:16.000
If, um, your CLL drug was covered in 2025 and it is not covered in your plan in 2026.

01:26:16.000 --> 01:26:24.000
You should either talk to your doctor about whether it's appropriate for you to switch, but more than likely, you just need to look for a new plan.

01:26:24.000 --> 01:26:31.000
That will cover that drug. Um.

01:26:31.000 --> 01:26:39.000
The… beyond checking a provider's formulary. A provider. So you're checking a plans formulary, not a provider.

01:26:39.000 --> 01:26:46.000
What is the best way to compare actual costs of various drugs that are covered?

01:26:46.000 --> 01:26:51.000
I'm not really sure what actual costs are, but the costs that you incur.

01:26:51.000 --> 01:26:56.000
Um. Will be…

01:26:56.000 --> 01:26:59.000
I don't know how to answer this question. Kay, do you have a thought? Best way to compare actual costs of various.

01:26:59.000 --> 01:27:03.000
Yeah, we can go real simple. It used to be a big… honestly, it used to be a big problem, because people were on the hook.

01:27:03.000 --> 01:27:09.000
Okay, go.

01:27:09.000 --> 01:27:19.000
For some portion of the cost. For the entire year. It's a lot simpler now. Chances are, if you're on, for example, a BTK inhibitor, you're gonna hit your $2,000.

01:27:19.000 --> 01:27:25.000
One way or another. Whichever drug you're on. So they're all, for you, going to cost the same.

01:27:25.000 --> 01:27:26.000

I know that sounds crazy, but… you know, sometimes making things simple.

01:27:26.000 --> 01:27:31.000
Thank you.

01:27:31.000 --> 01:27:37.000
Is okay. Um, some of them may have higher coinsurance percentages or whatever else.

01:27:37.000 --> 01:27:43.000
But the bottom line is, whether there are. You know, charging you 80%, um.

01:27:43.000 --> 01:27:50.000
Coinsurance, which they can't do. It doesn't matter, your cap is at $2,000. So if they're gonna…

01:27:50.000 --> 01:28:01.000
That's great. Okay, if your income went down from 2024 to 2026, can you adjust it? No, it will take 2 years to adjust.

01:28:01.000 --> 01:28:10.000
Um. There are no cost caps in Original Medicare Part A and Part B, correct? That is correct.

01:28:10.000 --> 01:28:19.000
Um, the cap of $2,000 we're talking about, or $2,100 starting next year, applies to Part D.

01:28:19.000 --> 01:28:22.000
Medicare. Kay, is there a nuance you would add to that?

01:28:22.000 --> 01:28:30.000
Or can I keep going? Okay, um, yes, it does not matter whether it's Zanubrutinib or another drug.

01:28:30.000 --> 01:28:36.000
Your out-of-pocket costs in… as long as it's an out… is an oral or self-injectable drug covered under Part D.

01:28:36.000 --> 01:28:44.000
Yes, the cap remains $2,100 for next year.

01:28:44.000 --> 01:28:49.000
Can you tell in advance what your actual out-of-pocket costs will be?

01:28:49.000 --> 01:28:53.000
Well, you know what the cap will be. The cap will be $2,000.

01:28:53.000 --> 01:29:01.000
But if in the middle of the year, the doctor prescribes you a medicine for your diabetes, or your.

01:29:01.000 --> 01:29:08.000
Flu, or your I don't know what. No, it's really hard to know if you're going to be under 2,100 next year.

01:29:08.000 --> 01:29:11.000
What exactly that cost will be.

01:29:11.000 --> 01:29:15.000
Um, I think we've gotten a couple questions about TRICARE for Life.

01:29:15.000 --> 01:29:16.000
I haven't come across those at all yet, so you… why don't you answer that while I… those while I go on?

01:29:16.000 --> 01:29:21.000
And Part D? Yep.

01:29:21.000 --> 01:29:25.000
Um, yeah, um, if you have TRICARE for Life, TRICARE for Life.

01:29:25.000 --> 01:29:32.000
Gives you, basically, a Part D plan. And it doesn't have a cost associated with it.

01:29:32.000 --> 01:29:40.000
So, it's what they call creditable coverage. If you ever decide that you want to get a Part D plan, no penalty, no matter how late you enroll.

01:29:40.000 --> 01:29:49.000
But, you know, keep in mind, um, your… TRICARE for Life, um, pharmacy Benefit is the same as a Part D plan.

01:29:49.000 --> 01:29:57.000
So you do not need a part… to separately enroll in Part D.

01:29:57.000 --> 01:30:04.000

Okay. Okay, I'm going to keep going, but maybe you can help answer this one, um, and then I'll continue to flesh out the others.

01:30:04.000 --> 01:30:18.000
If you turn 65 in November of 26. Well, you have to meet the annual drug out-of-pocket costs for the 2 months and 26, and then start over in 2027.

01:30:18.000 --> 01:30:19.000
Yes.

01:30:19.000 --> 01:30:26.000
In other words, does meeting your out-of-pocket cost in COBRA help you? No. Meeting it in COBRA does not.

01:30:26.000 --> 01:30:35.000
Okay, that was easier than I thought. Is my spouse's income included for my Medicare premium?

01:30:35.000 --> 01:30:40.000
No, Medicare is individual to you. Um, for example, if you are in Medicare.

01:30:40.000 --> 01:30:47.000
Unless you're filing jointly, I'm sorry, I'm not a tax expert, so I really can't say. Kay, do you have a thought on that?

01:30:47.000 --> 01:30:53.000
Yeah, um, goodness, that's… that's in the weeds, but I can… we can answer that separately. I believe that it's, um, family income if you…

01:30:53.000 --> 01:31:04.000
No, I think we really have to ask you to talk to a tax attorney about that. Yeah, we can't… I'm afraid we… it would be difficult for us to answer that.

01:31:04.000 --> 01:31:13.000
Um… If you originally bought your MA plan from an agent, do you need to maintain that relationship to make changes? No, you do not.

01:31:13.000 --> 01:31:17.000
You should not have to use an agent at all, um, if you don't want to.

01:31:17.000 --> 01:31:25.000
We did have a question about, um, someone who says they did not enroll in a medical plan, meaning Medicare Advantage or Medicare Part.

01:31:25.000 --> 01:31:31.000
B, I believe that's what they mean. Uh, due to cost and another employee plan.

01:31:31.000 --> 01:31:36.000
Now I don't think I can get it due to pre-existing condition.

01:31:36.000 --> 01:31:42.000
Um, Medicare does not have pre-existing condition issues. Um, the question that you're going to have.

01:31:42.000 --> 01:31:51.000
Is whether the, um. Insurance that you have through the employer-sponsored insurance is, um, creditable coverage.

01:31:51.000 --> 01:31:54.000
So you want to talk to your employer and find out.

01:31:54.000 --> 01:31:59.000
And, um, and that will kind… you'll still be able to enroll in Medicare.

01:31:59.000 --> 01:32:04.000
Medicare will never tell you, oh, no, you have a pre-existing condition.

01:32:04.000 --> 01:32:20.000
Um, you may end up having, um, a… a penalty for enrolling late if your insurance from the employer was not what they call creditable coverage.

01:32:20.000 --> 01:32:25.000
If you enrolled in a Medicare Advantage plan, is it possible to change to Original Medicare? Yes.

01:32:25.000 --> 01:32:32.000
But you may have difficulty getting a Medigap policy to help you with those costs in the ways we discussed.

01:32:32.000 --> 01:32:48.000
Today. Um, okay, you covered that one, Kay.

01:32:48.000 --> 01:32:56.000
If you're on watch and wait and don't know what you will need to the future, is it a better choice choosing between traditional and Medicare Advantage?

01:32:56.000 --> 01:33:04.000
Again, switching back to traditional Medicare comes with a penalty. So, if possible, try to do it right at the outset.

01:33:04.000 --> 01:33:14.000
If it's financially feasible. Okay, Kay, I think you ordered the…

01:33:14.000 --> 01:33:20.000
We have 5 minutes left. I feel like I'm racing across the clock.

01:33:20.000 --> 01:33:26.000
Um, let's see… So, um, again, the clinical trials.

01:33:26.000 --> 01:33:27.000
Is this… Okay. And, um…

01:33:27.000 --> 01:33:32.000
Oh, yes, why don't you do the clinical trials one?

01:33:32.000 --> 01:33:38.000
We had, um, a question. That gives very, very good information.

01:33:38.000 --> 01:33:44.000
On, um, Medicare and clinical trials, which is that Medicare. Um, we'll cover.

01:33:44.000 --> 01:33:50.000
The routine care costs associated with clinical trials. They encourage Medicare beneficiaries to enroll in clinical trials.

01:33:50.000 --> 01:33:55.000
Um, Medicare Advantage. Is supposed to pay for clinical trials.

01:33:55.000 --> 01:34:04.000
But here's the catch. If the, um… the site, if the investigator and the, um, the clinical trial site is not within.

01:34:04.000 --> 01:34:10.000
Your Medicare Advantage network. Um, that's where the rubber hits the road.

01:34:10.000 --> 01:34:19.000
And, you know, for example, if you have MD Anderson. Um, as… as this question pointed out, they only allow some, um, Texas Advantage plans.

01:34:19.000 --> 01:34:26.000
Um, if you have one or the others. Than your Medicare coverage of the routine care costs is not going to kick in.

01:34:26.000 --> 01:34:35.000
Now, can you enroll in a clinical trial anyway? I would… I would find out. I would talk to, you know, I…

01:34:35.000 --> 01:34:43.000
The payment from Medicare is, um, of benefit to clinical trial sponsors, because it reduces their costs.

01:34:43.000 --> 01:34:52.000
So, if you want to participate in a clinical trial, I would… I would, you know, talk to the investigators, talk to your clinician.

01:34:52.000 --> 01:35:00.000
I think we're realizing from all these questions that there's a great deal of pent-up demand for answers, and so I'm so glad we held this webinar.

01:35:00.000 --> 01:35:08.000
And, uh, please keep your questions coming. If there's another webinar we can do or put into our calendars, we'll certainly look to do that.

01:35:08.000 --> 01:35:16.000
And, um, try to continue to answer your questions. I want to… Make sure we get the slides back up on the screen.

01:35:16.000 --> 01:35:21.000
Because we need to close out this webinar. Kay, did you have a closing thought as well?

01:35:21.000 --> 01:35:29.000
Two things. Um, one, uh, there were several requests. To be able to download the slides.

01:35:29.000 --> 01:35:35.000
Um, also, or to be able to see the slides somewhere else, people who weren't able to get in, you know, early.

01:35:35.000 --> 01:35:40.000
The other thing is, you know, we have a lot of questions that we didn't get to.

01:35:40.000 --> 01:35:43.000
I can solve… I can answer all of those in just one second.

01:35:43.000 --> 01:35:44.000
Perfect. Thank you.

01:35:44.000 --> 01:35:54.000
Okay. All right, so on this slide. We would like to once again thank our generous donors to CLL Society and grant support from AstraZeneca.

01:35:54.000 --> 01:36:06.000
B1 and Genentech for making this event possible. And this one, I think, Kay, will answer your question… oh, some of the issues that you were raising.

01:36:06.000 --> 01:36:16.000
Um, thank you all for joining us today, and please remember to complete the event survey and provide your feedback to help CLL Society plan for future events.

01:36:16.000 --> 01:36:22.000
Um, this webinar was recorded and will be available on our website along with the slide deck.

01:36:22.000 --> 01:36:29.000
If your question was not answered today. Please re-send your question.

01:36:29.000 --> 01:36:37.000
To support at CLLSociety.org. We will do our best to get to answering as many as we can.

01:36:37.000 --> 01:36:43.000
Join CLL Society for their next webinar, Protecting Against Infections When Your Immunity is Impaired.

01:36:43.000 --> 01:36:59.000
And that one will take place on October 14th. Um, and then finally, please remember CLL Society Invested is… is invested in your long life, and you can invest in the long life of CLL Society by supporting our work.

01:36:59.000 --> 01:37:05.000
Thank you so much.