

Smart Patients Get Smart Care™

UNDERSTANDING MEDICARE AND CLL: WHAT PATIENTS NEED TO KNOW

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LEARNING OBJECTIVES

Understand the different parts of Medicare and what they include

- Distinguish between Original Medicare and Medicare Advantage
- Understand the latest updates to Medicare and what future changes are on the horizon



ALPHABET SOUP OF MEDICARE

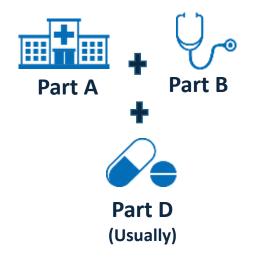
For 2026, Medicare's Open Enrollment period runs Oct. 7 – Dec. 15, 2025

Original Medicare





Medicare Advantage Part C



Medicare Prescription

Drug Coverage



Part D

Medicare prescription

drug coverage

YOUR 2 MAIN MEDICARE COVERAGE CHOICES

Option 1: Original Medicare

This includes Part A and/or Part B.







Hospital Insurance

Medical Insurance

You can add:



Medicare prescription drug coverage

You can also add:



Medicare Supplement Insurance

Option 2: Medicare Advantage (Part C)

These plans are like HMOs or PPOs and typically include Part D.







Hospital Insurance

Medical Insurance



Medicare prescription drug coverage



AUTOMATIC ENROLLMENT — PART A AND PART B

- Automatic enrollment for those receiving.
 - Social Security benefits.
- No premium for Part A if you or your spouse paid Medicare tax for 40 quarters (10 years).
- Initial Enrollment Package
 - Mailed 3 months before
 - 65 or
 - 25th month of disability benefits
 - Includes your Medicare card



GENERAL ENROLLMENT PERIOD (GEP)

- For people who didn't sign up for Part B (or premium Part A) during their Initial Enrollment Period
- January 1–March 31 annually
 - Coverage starts the month after enrollment
- May have to pay a penalty if enrolling outside initial enrollment period and you were not otherwise covered (e.g., employer-sponsored coverage)
 - 10% for twice the number of years you didn't have Part A (this only applies if you are not entitled to "free" Part A coverage)
 - 10% for each full 12 months eligible, but not enrolled in Part B for as long as you have Part B



POLL QUESTION



ORIGINAL MEDICARE PART A — HOSPITAL INSURANCE



Part A-Hospital Insurance helps cover medically necessary -

- ✓ Inpatient hospital care
 - Semi-private room, meals, general nursing, other hospital services and supplies, as well as care in inpatient rehabilitation facilities and inpatient mental health care in a psychiatric hospital (lifetime 190-day limit).
- ✓ Inpatient skilled nursing facility (SNF) care
 - After a related 3-day inpatient hospital stay
 - If you meet all the criteria



DECISION: DO I NEED TO SIGN UP FOR PART A?



Consider

- It's free for most people
- You can pay for it if your work history (or your spouse's) isn't sufficient
 - There may be a penalty if you delay
- If you/your spouse is actively working and covered by an employer plan
 - Talk to your benefits administrator
 - You may be able to enroll in Medicare without penalties after employer sponsored coverage ends



ORIGINAL MEDICARE PART B — MEDICAL INSURANCE



Part B—Medical Insurance helps cover medically necessary

- ✓ Doctors' services
- ✓ Outpatient medical and surgical services and supplies
- ✓ Clinical lab tests
- ✓ Durable medical equipment (may need to use certain suppliers)
- ✓ Diabetic testing supplies
- ✓ Preventive services (like flu shots and a yearly wellness visit)
- ✓ Home health care



WHAT YOU PAY — PART B PREMIUMS



- Monthly Premium
 - Standard premium for 2026 depends on your income in 2024
- Yearly Deductible
- Coinsurance for Part B Services
 - 20% coinsurance for most covered services, like doctor's services and some preventive services, if provider accepts assignment
 - \$0 for specific preventive services such as annual wellness visits, certain cancer screenings, and vaccines
 - 20% coinsurance for outpatient mental health services, and copayments for hospital outpatient services



DECISION: SHOULD I KEEP/SIGN UP FOR PART B?



Consider

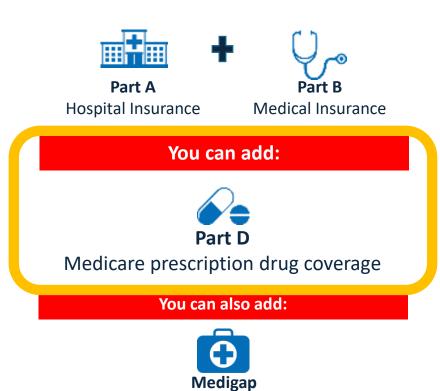
- Most people pay a monthly premium
 - Usually deducted from Social Security
 - Amount depends on income
- It may supplement employer coverage
 - Contact your benefits administrator to understand the impact to your employer plan

WHEN YOU MUST HAVE PART B



- If you want to buy a Medigap policy
- If you want to join a Medicare Advantage Plan
- Your employer coverage requires you have it (less than 20 employees)
 - Talk to your employer's or union benefits administrator
- You may pay a penalty if you sign up late or if you don't sign up during your
 Initial Enrollment Period

WHAT'S A MEDIGAP POLICY



Medicare Supplement Insurance

- Medicare Supplement Insurance (Medigap)
 Policies
 - Sold by private insurance companies
- Fills gaps in Original Medicare coverage
 - Deductibles, coinsurance, copayments
- These policies can cover deductibles, coinsurance, etc.
- NOTE: Medigap does not supplement Part D



DECISION: DO I NEED A MEDIGAP POLICY?

Consider

- It only works with Original Medicare
- Do you have other supplemental coverage?
 - If so, you might not need Medigap until that coverage ends
- Can you afford Medicare deductibles and copayments?
- What does the monthly Medigap premium cost?
- NOTE: If you do not have other coverage and delay enrolling in a Medigap plan, enrolling later could be more difficult/costly.

WHEN IS THE BEST TIME TO BUY A MEDIGAP POLICY?

Consider

- Your Medigap Open Enrollment Period (OEP) begins the month you're 65 or older AND enrolled in Part B
 - Lasts 6 months minimum, may be longer in your state
 - You have protections—companies MUST sell you a plan if in your OEP
- You can also buy a Medigap policy whenever a company agrees to sell you one
 - If later, there may be restrictions

POLL QUESTIONS



PART D: MEDICARE PRESCRIPTION DRUG COVERAGE



Hospital Insurance





You can add:



Medicare prescription drug coverage

You can also add:



Medicare Supplement Insurance

- Available for all people with Medicare
- If you do not enroll when eligible, you may have a penalty
- Provided through
 - Medicare Prescription Drug Plans (PDPs)
 - Medicare Advantage Prescription Drug Plans (MA-PDs)



HOW MEDICARE PART D WORKS



- It's optional
 - You can choose a plan and join
 - May pay a lifetime penalty to join later
- Plans have formularies
 - Lists of covered drugs
 - Must include range of drugs in each category
 - "All or substantially all" drugs in six categories, including oncology
- You pay the plan a monthly premium
- You pay deductibles and copayments
 - Starting 2025, \$2000 cap on out-of-pocket costs (OOP)

WHO CAN JOIN PART D?



- You must
 - Have Medicare Part A and/or Part B to join a Medicare Prescription Drug Plan
 - Have Medicare Part A and Part B to join a Medicare Advantage Plan with drug coverage
 - Have Medicare Part A and Part B or only Part B to join a Medicare cost plan with Part D coverage
 - Live in the plan's service area
 - Not live outside the U.S.
- You must join a plan to get drug coverage

CHOOSING A PART D PLAN



- Compare plans by computer or phone
 - Use the Medicare Plan Finder at Medicare.gov/find-a-plan
 - Call 1-800-MEDICARE (1-800-633-4227)
 - Contact your State Health Insurance Assistance Program (SHIP) for help comparing plans
 - List all medications you take and search for a plan that enables affordable access to those drugs
- To join a Part D Plan
 - Enroll at Medicare.gov
 - Call 1-800-MEDICARE (1-800-633-4227)
 - Enroll on the plan's website or call the plan
 - Complete a paper enrollment form



DECISION: SHOULD I ENROLL IN A PART D PLAN?



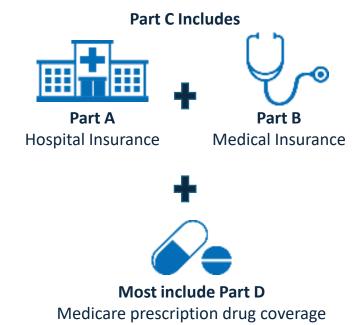
- Consider
 - Do you have creditable drug coverage?
 - Coverage as good as Medicare's
 - For example, through an employer plan
 - No penalty if you have creditable drug coverage and delay enrolling in a Medicare drug plan
 - Will that coverage end when you retire?
 - How much do your current drugs cost?
 - What do the premiums cost for Part D plans?
- Without creditable coverage
 - Later enrollment may mean you pay a penalty
 - If a period of 63 or more days in a row lapse without creditable drug coverage



POLL QUESTIONS



PART C: MEDICARE ADVANTAGE



- Health plan options approved by Medicare
 - Another way to get Medicare coverage
 - Still part of the Medicare Program
 - Run by private companies
- Medicare pays the plan an amount
 - For each member's care
- Network doctors or hospitals
- Types of plans available may vary
- Costs have historically been lower than having Part A+B+D



HOW MEDICARE ADVANTAGE (MA) PLANS WORK

- If you join an MA Plan you
 - Are still in Medicare with all rights and protections
 - Still get those services covered by Part A and Part B
 - But the MA Plan covers those services instead
 - May choose a plan that includes prescription drug coverage
 - May have different benefits and cost-sharing
 - May choose a plan that includes extra benefits
 - Such as vision or dental offered at the plan's expense (not covered by Medicare)

DECISION COMPARISON SUMMARY: HOW THEY WORK

Original Medicare

- Covers Part A and Part B benefits
- Medicare provides this coverage directly
- You have your choice of doctors and hospitals that are enrolled in Medicare and accepting new Medicare patients
- Generally, you or your supplemental coverage pay deductibles and coinsurance
 - You usually pay a monthly premium for Part B

Medicare Advantage (Part C)

- Covers Part A and Part B benefits and may cover additional benefits (like vision or dental) – although recent congressional inquiries of cost/use of these additional benefits
- Coverage provided by private insurance companies approved by Medicare
 - In most plans, you need to use plan doctors, hospitals, or other providers or you pay more or all of the costs ("network")
 - You may need referral for specialist



DECISION COMPARISON SUMMARY: HOW THEY WORK (contd.)

Original Medicare	Medicare Advantage (Part C)
	 You may pay a monthly premium (in addition to your Part B premium) and a copayment or coinsurance for covered services
	 Does not work with a Medigap policy
	Historically cheaper overall
	 Historically much more "managed" formulary for Rx
	 Recent investigations re: overuse of prior authorization, step therapy, etc.



HOW ARE MEDIGAP POLICIES AND MEDICARE ADVANTAGE PLANS DIFFERENT?

	Medicare Supplement(Medigap Insurance) Policies	Medicare Advantage Plans (Part C)
Offered by	Private companies	Private companies
Government Onsight	State, but must also follow federal laws	Federal (plans must be approved by Medicare)
Works with	Original Medicare	N/A
Covers	Gaps in Original Medicare coverage, like deductibles, coinsurance, and copayments for Medicare-covered services.	All Part A and Part B covered services and supplies. May also cover things not covered by Original Medicare, like vision and dental coverage. Most MA plans include Medicare prescription drug coverage.
You must have	Part A and Part B	Part A and Part B
Do you pay a premium?	Yes. You pay a premium for the policy and you pay the Part B premium.	Yes. In most cases you pay a premium for the plan and you pay the Part B premium.



FINAL POLL QUESTION



LESSON 6 — MEDICARE AND THE HEALTH INSURANCE MARKETPLACE

- Medicare isn't part of the Marketplace
- If you have Medicare, you're covered and don't need to do anything related to the Marketplace
 - The Marketplace doesn't offer Medigap or Part D plans
- It's against the law for someone who knows you have Medicare to sell you a Marketplace plan
 - Even if you only have Part A or Part B

MARKETPLACE AND BECOMING ELIGIBLE FOR MEDICARE

- You can keep a Marketplace plan after your Medicare coverage begins
 - Once your Medicare Part A coverage starts, you'll no longer be eligible for any premium tax credits or other cost savings you may be getting for your Marketplace plan
 - You'd have to pay full price for the Marketplace plan
- Sign up for Medicare during your Initial Enrollment Period
 - Or, if you enroll later, you may have to pay a late enrollment penalty for as long as you have Medicare

CHANGES IN 2025

- Part D OOP Cost Limit at \$2000/year
- Smoothing Medicare Prescription Payment Plan
 - Must specifically elect to participate
 - It may make sense to participate in the MPPP if you:
 - Are prescribed drugs with a high OOP cost
 - Will likely hit or come close to the \$2000 OOP cap early in the year, and
 - Wish to spread those costs over the remainder of the plan year
 - If you are in the MPPP, you will NOT pay anything at the pharmacy counter when you pick up your prescription
 - Your Part D plan will send you a monthly invoice for OOP costs under the MPPP. This is separate from your Part D premium.
 - MPPP election is through your Part D plan. Submitting a paper election form (rather than online or by phone) might delay the effective date for your MPPP election.



CHANGES IN 2026

- Imbruvica negotiated price
 - This will probably not impact your OOP
 - Plans must keep Imbruvica on their formulary
- Look for 2nd generation BTK inhibitors to ensure they are on formulary
- Part B and Part D premiums may be higher
- The Part D OOP maximum will be \$2,100
- MA plans may cut back on "supplemental" benefits
- Beneficiaries enrolled in the MPPP will not have to re-enroll (auto-renewal beginning in 2026)
- No cost-sharing for most adult vaccines.



KEY TAKEAWAYS

 Know the differences between Original Medicare and Medicare Advantage

 Understand the various parts of the Medicare program

 Know how to decide which parts of Medicare to participate in



AUDIENCE Q&A

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