

NEBRASKA DEPARTMENT OF INSURANCE

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# Nebraska Department of Insurance Roadshow 2025

NEBRASKA

# TODAY'S PRESENTATION

- The Nebraska Department of Insurance Can Help You
- Other Insurance Advice from DOI Experts
- ACA Open Enrollment
- Preventive Health Coverage
- Appealing a Denied Health Claim
- Health Insurance Updates
- Emerging Issues in Health Insurance
- Medicare Advice from the Expert

# DEPARTMENT OF INSURANCE FUNCTIONS

- General supervision, control, and regulation of insurance in Nebraska § 44-101.01

**Agent  
Licensing**

**Company  
Licensing**

**Rate and  
Form  
Review**

**Market  
Conduct  
Exams**

**Financial  
Solvency**

**Insurance  
Complaints**

**Fraud  
Prevention  
and  
Investigation**

**SHIP & SMP  
Medicare  
Education**

# INSURANCE IS IMPORTANT IN NEBRASKA

- Nebraska's Domestic Insurance Market:
  - 1 in Surplus (\$456,495,524,344)
  - 3 in Assets (\$1,200,527,911,349)
  - 7 in Premiums (\$94,113,738,706)
- In Nebraska, we have **2nd highest** insurance job concentration for any state and one of the most renowned actuarial programs in the country.



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# Insurance Agents Updates

- If you are licensed to sell on the ACA marketplace, make sure that you are also appointed with the Insurance Carriers on the marketplace to sell ACA plans.
- Common questions listed on FAQs which can be found on CMS' website: <https://www.agentbrokerfaq.cms.gov/s/>
- Example:
  - What should an agent, broker, or web-broker do if they suspect their, or their agency's, National Producer Number (NPN) was accidentally or intentionally removed from a consumer's Marketplace eligibility application? **The agent must confirm the consumer's consent, document it if the consumer did not authorize a change, and only then update the application to restore their NPN—unless the consumer has consented to a new agent, broker, or agency, in which case no change can be made.**

# ADVICE FROM THE EXPERTS

# Most Common Complaints

- Life and Health Insurance:
  - Claim denied or delayed
  - Premiums or billing
  - Misrepresentations
  - Coverage questions
  - Life:
    - Cash value of policy, surrendering policies
  - Health:
    - Out-of-network providers
- Property and Casualty Insurance:
  - Auto:
    - Liability and comparative negligence
    - Total loss settlement
  - Homeowners:
    - Roof damage vs. wear and tear
    - Siding matching
    - Ground water vs. sewer backup

# Advice From the Experts Health Edition

- Contact the Department of Insurance sooner rather than later with insurance issues.
- Consult with an agent when searching for ACA individual major medical insurance.
  - Know what companies are selling ACA-compliant health plans in Nebraska before browsing online for coverage.
- Health care providers can leave or join a network during the plan year, so verify the provider is in-network with each visit.
- Health insurance premiums should be paid in full, not partial payments.
  - This will avoid policy termination for failure to fully pay.
  - Understand that the grace period will not last forever, it is important to keep current on payments.
- Ask questions and know what you are buying.
  - Lower premiums for health insurance typically mean the plan is not as comprehensive as an ACA major medical policy.



# Advice From the Experts Auto Edition

- If your vehicle is totaled, the company does not owe you for a new car.
  - It will pay you the **actual cash value (ACV)** of your vehicle.
  - The ACV is what your vehicle was worth before it was totaled, based on third-party data.
- Nebraska law allows the use of aftermarket parts to repair vehicles.
  - The parts must be of equal kind, fit, and quality.
  - If you want the **original equipment manufacturer (OEM)** parts, you will pay the difference in cost.
- Nebraska law does **not require an insurance company to provide you with a rental car** if you are a third-party claimant in an accident.
  - The at-fault driver's insurer may provide a rental car to you as a courtesy if that insurer accepts liability for the accident.
  - The only time rental coverage is given is if you have purchased rental car coverage under your own policy.

# More Advice From the Experts

- Don't sign anything before you read it and understand it.
- A roofer/siding salesperson may not be your best guide to Nebraska insurance law.
  - Nebraska is not a matching state for siding and/or roofing. The company owes for direct physical damage caused by a covered peril.
  - The regulation says reasonable match in the area, and the NDOI does not determine reasonable match.
- Check your life insurance beneficiary designations.
- The Department of Insurance:
  - Does not mediate claims settlements.
  - Will investigate a company's claim handling to ensure a thorough claims investigation was done in accordance with applicable laws and regulations.

# Life Insurance Policy Locator

- The NAIC Life Policy Locator can help find life insurance policies and annuity contracts of a deceased family member or close relationship.
- The Life Insurance Policy Locator has matched more than \$1 billion in life insurance benefits and annuities to beneficiaries.
- When a request is received, the NAIC will:
  - Ask participating companies to search their records to determine whether they have a life insurance policy or annuity contract in the name of the deceased you entered.
  - Ask participating companies that have policy information to respond to you, as the requestor, if you are the designated beneficiary or are authorized to receive information.
- Online at <https://eapps.naic.org/life-policy-locator/#/welcome>

# HEALTH INSURANCE: ACA MARKETS AND 2026 OPEN ENROLLMENT

# NEBRASKA HEALTH INSURANCE MARKET DISTRIBUTION 2018 to 2023\*

	2018	2019	2021	2022	2023
Direct-purchase (individual)	9.6%	9.0%	8.6%	9.6%	9.9%
Employment-based	67.3%	69.2%	68.0%	66.3%	66.2%
Medicaid/CHIP	7.8%	6.7%	10.3%	11.3%	12.0%
Medicare	1.5%	1.6%	1.4%	1.4%	1.2%
Military health care	2.2%	2.0%	2.1%	2.2%	1.7%
Uninsured	11.7%	11.4%	9.7%	9.2%	9.0%

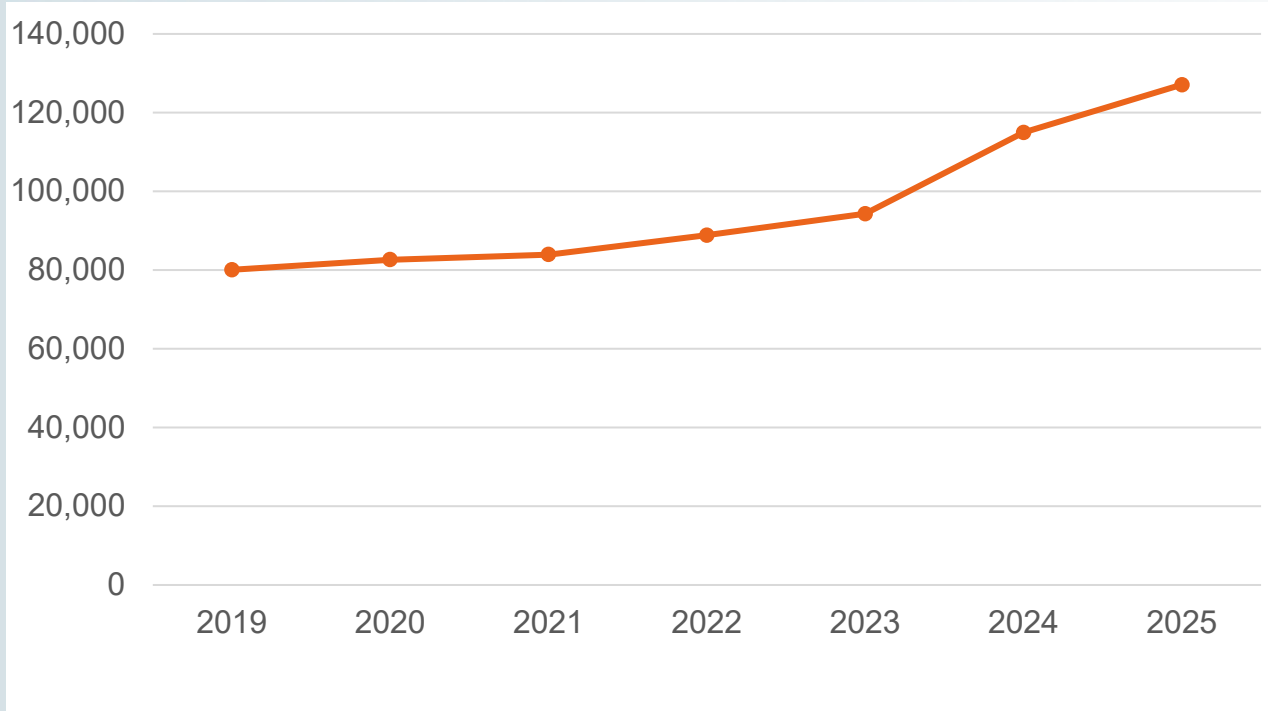
**\*2023 is the most recent year available for state-specific market percentages for the under 65 population displayed in this table. There is no data available for 2020.**

- **66.8%** of employment-based plan enrollees are in a self-insured plan in 2023.
- The Nebraska DOI has limited jurisdiction for self-insured/self-funded plans.
- See plan documents or contact HR for information to see if your group health plan is self-funded.

**Source: KFF**

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# ACA Individual Market



## Nebraska Individual Marketplace Enrollment

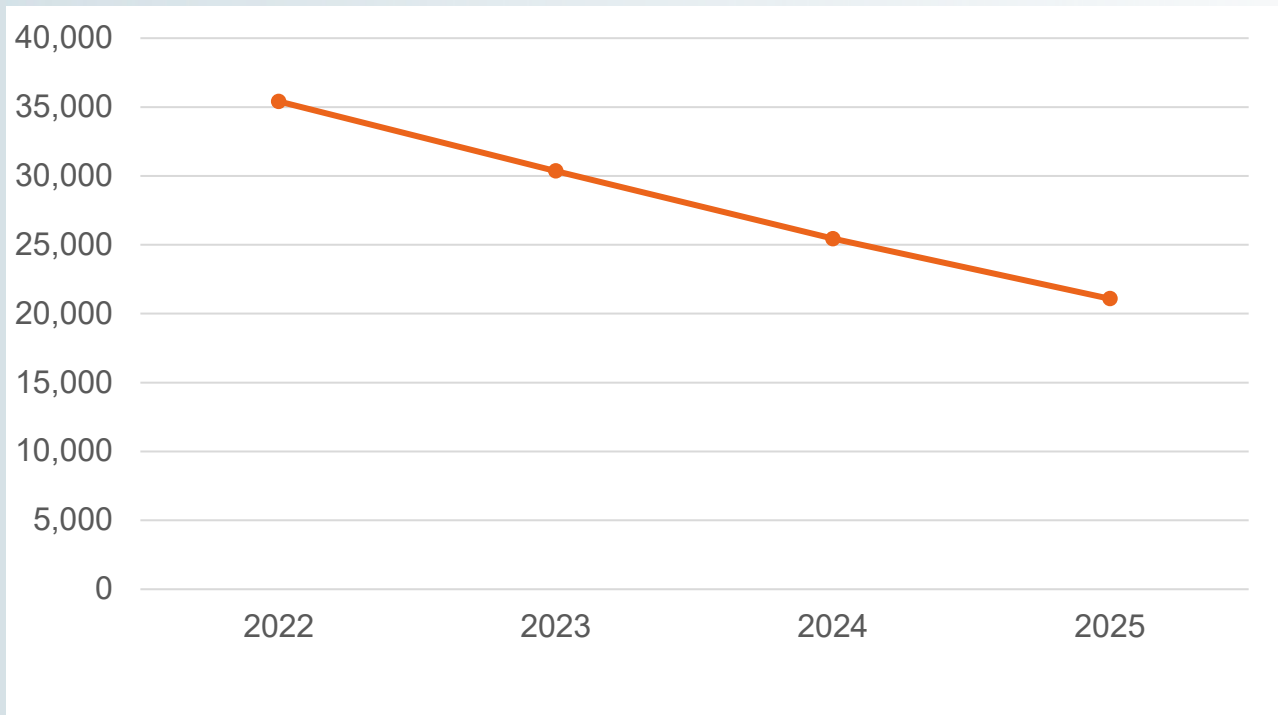
Timeframe: 2019 - 2025

Year	2019	2020	2021	2022	2023	2024	2025
Enrollment	80,080	82,649	83,918	88,875	94,340	114,932	127,121

# ACA Individual Market

ACA Individual Market	
Coverage 2025	
	Membership
Carrier	2025
Ambetter Health ( <b>Nebraska Total Care PY 2025; Celtic PY2026</b> )	84,232
BlueCross BlueShield	22,676
Medica	15,328
Oscar	1,585
UnitedHealthcare	3,300
<b>Total</b>	<b>127,121</b>

# ACA Small Group Market



## Nebraska Small Group Enrollment

Timeframe: 2022 - 2025

Year	2022	2023	2024	2025
Enrollment	35,406	30,357	25,445	21,080



# ACA Small Group Market

ACA Small Group Market	
Coverage for 2025	
	Membership
Carrier	2025
BlueCross BlueShield	6,230
Medica	8,571
UnitedHealthCare – Midlands	392
UnitedHealthCare	5,887
Avera Health ( <b>new entrant for plan year 2026 in Northeast NE</b> )	0
<b>Total</b>	<b>21,080</b>

# ACA Enrollment

- **Open Enrollment begins Nov 1 and runs until January 15**
  - To have coverage on January 1<sup>st</sup>, you need to enroll by December 15<sup>th</sup>. Enrollment after December 15<sup>th</sup> will start February 1<sup>st</sup>.
  - Dates will change next year
- **PLEASE ONLY USE HEALTHCARE.GOV**
  - Work with a local agent to understand all your options and pick the best plan for you and or your family members

# Shopping for Individual Health Insurance: ACA and Other Options

- Compare the costs, including:
  - Premiums
  - Copays
  - Deductibles
  - Maximum out-of-pocket
  - Annual or lifetime limits (if non-ACA plan)
- Identify your current health care needs and keep these in mind as you compare health insurance policies. Make sure your doctor is in network.
- Time and Distance Standards; Network Adequacy
  - Doctors
  - Services
  - Prescription drugs
  - Excluded services or waiting periods for pre-existing conditions (if non-ACA plan)

# Health Insurance Marketplace Subsidies

- **Advance Premium Tax Credit (APTC)** – Works to reduce Policyholder's monthly payments (or premiums) for insurance coverage.
  - For 2026, only available for people who earn between 138%-400% FPL
- **Cost Sharing Reduction (CSR)** – Designed to minimize Policyholder's out-of-pocket costs when they go to the doctor or have a hospital stay.
  - Only available for people who earn between 138%-250% FPL purchasing a Silver Plan
  - Out-of-pocket costs include: Copays, Deductibles, Coinsurance, Out of Pocket Max

# Comparing Health Plan Metal Levels

How you and your insurance plan pay for your care	Bronze	Silver	Gold	Platinum
Deductible is generally	High	Moderate	Low	Low
Plan pays	60%	70%	80%	90%
You pay	40%	30%	20%	10%

★ **NOTE:** If you qualify for cost-sharing reductions, you **must** pick a Silver plan to get the extra savings.

# Rates for 2026

- Rates vary by age, where you live and if you smoke or not
- Proposed rates were published on August 1<sup>st</sup> of this year
- On average, rates (as of now) have increased by 23.91%
- Rates are currently in flux
  - Court case out of Maryland put a stay on guidance finalized in June
  - Congress could extend expanded subsidies
  - Congress could fund CSRs
  - Unclear which direction they will take
- New HHS guidance (from September 2025): Expands Catastrophic plan eligibility however Nebraska Carriers opted to not offer coverage for PY 2026

# Preventive Services at No Cost

- The ACA preventive services mandate for individual, small group, and large group coverage requires certain preventive services be covered in-network without cost-sharing for plan participants.
- Recent court case:
  - (Kennedy v. Braidwood) challenged the appointment process of the 16-person task force (USPSTF) that determines which preventive services are provided under a provision of the ACA.
  - Preventive Services were upheld by the Supreme Court on June 6, 2025
- Preventive service benefits include: diabetes screening, blood pressure screening, immunizations, colorectal cancer screening, depression screening, annual physicals/exams, well-baby/child visits, counseling and education and other health screenings. See [healthcare.gov](https://www.healthcare.gov/coverage/preventive-care-benefits/) for a full listing:  
<https://www.healthcare.gov/coverage/preventive-care-benefits/>
- Preventive Care Benefits for Women:
  - Annual Well-Woman visits: Can include checkup with OB/GYN
  - Breast & Pelvic exams
  - Cancer Screenings: Pap smears & Mammograms

# Adding Dependents to Insurance

- Don't forget to add your dependent child to your health insurance plan after child's birth.
  - You have 30 days to add dependent to coverage
    - Providers can bill your insurance to cover newborn care. Contact the DOI if Carrier is denying coverage within the 30-day timeframe.
  - Contact your Health Insurance Carrier or your employer's HR to inquire about your health plan's procedure for adding a newborn to coverage.



# APPEALS AND EXTERNAL REVIEW

Everyone needs to know about  
this!

# Patients Have Notice of Their Rights

- Coverage documents carefully spell out the process for internal appeals and external appeals.
- EOBs also include appeal information.
- If you have a denied claim by law, the claim denials must provide:
  - **The reason for the denial**
  - **The process to appeal**
  - **Expedited review as an option if conditions are met (for both internal appeal and external review)**
- If the insurer continues to deny the claim after an internal appeal, notice is required. By law, that notice must include:
  - **The right to request more explanation**
  - **The right to an independent review**
  - **The right to expedited review if conditions are met**
  - **The deadline to request an external review**
  - **External review request forms and where to submit them**
- Public information is also available on the NDOI website

# Appealing a Denied Health Claim

- **STEP ONE: Internal appeal with the health insurance company.**
  - Insurer has 15 working days to complete (Insured or Provider on behalf of the insured has 180 days to submit appeal after denial)
  - 72 hours if expedited
- **STEP TWO: External Review**
  - Initial paperwork (Insured or Provider if assigned as authorized representative must submit within 4 months after final adverse determination)
  - Eligibility determination (Insurer has 5 days to determine eligibility)
  - Independent Review Organization assigned
  - IRO Decision (within 45 days, 72 hours if expedited)

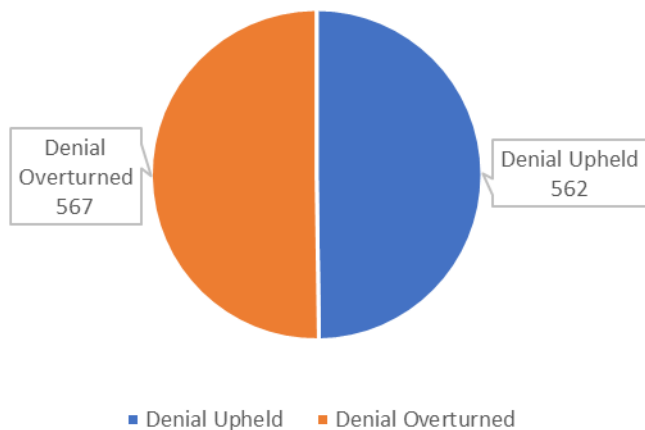
# External Review Basics

- External review is only available after an internal appeal to give the insurer a chance to correct a mistake or change its mind.
- An Independent Review Organization is a third-party medical review resource which provides objective, unbiased medical determinations that support effective decision making, based only on medical evidence by a specialist in the area of the denied service or claim.
- **Patient can appoint your doctor as an authorized representative to help advocate about details of the medical service or treatment**
- External Review Denial reasons include:
  - **The requested service or treatment is “not medically necessary”**
  - **The requested service or treatment is an “experimental” or “investigative” treatment**
- **\*This process is paid for by patient’s Insurer.**

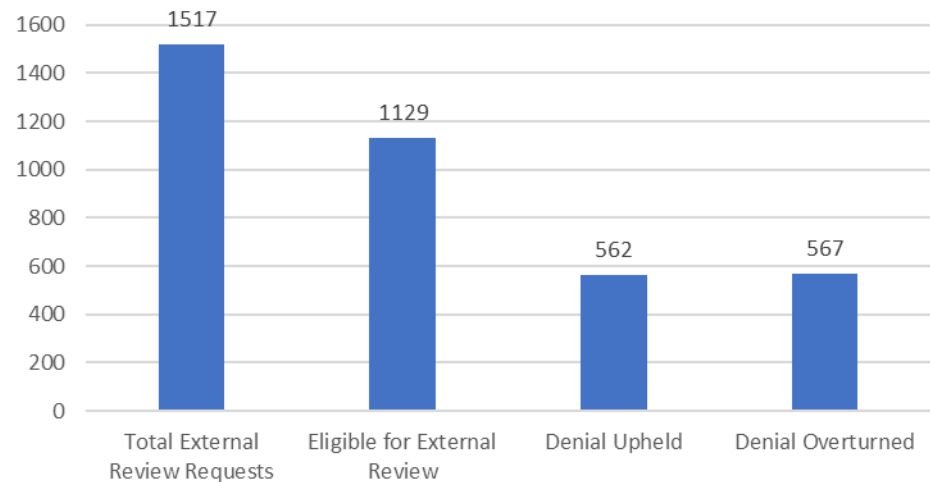
# Balanced Program

- External Review Statistics
  - Since 2014: 1032 cases have been overturned
  - In the past 5 years:
- Number of external review remain consistent
  - Nebraska averages over 273 cases every year

External Review 2020 - 2024



External Review Requests 2020 - 2024



# More Information Online and External Review Portal

- Nebraska Department of Insurance web page for health insurance appeals and external reviews: <https://doi.Nebraska.gov/appealing-denied-health-claims>
  - Includes explanations of each step of an appeal and resources
- Secure portal for online external reviews is linked on this page
- Portal features:
  - All users have verified credentials to keep information safe
  - External review paperwork is all completed online
  - Healthcare providers can complete paperwork and contribute additional information through the portal
  - Insurers provide information on the internal appeal in the portal
  - Independent Review Organizations issue their decisions through the portal to all participants' email

# HEALTH INSURANCE UPDATES

# Prior Authorizations

- Transparency in Prior Authorizations Act (LB 77) passed in 2025
- The proposed forms were sent out for comment to numerous organizations, and the finalized version was curated from their recommendations
- Forms will be published on the Department's website on November 1<sup>st</sup> at [doi.Nebraska.gov](https://doi.Nebraska.gov)
- All Health Insurance Carriers and Providers must accept the forms starting on January 1<sup>st</sup> 2026 for **fully insured plans**



# SURPRISE BALANCE BILLS

- Balance bills sometimes occur.
  - 1 in 5 emergency claims.
  - 1 in 6 in-network hospitalizations.
- Insured patients are left to pay hundreds or thousands of dollars for care at an in-network facility because an out-of-network provider was involved in the episode of care.
- In the past few years, state and federal laws have been passed to address surprise balance bills.
- More information can be found at: <https://www.cms.gov/nosurprises>
- **Insureds can file a complaint with the Nebraska Department of Insurance, and we can open an investigation into the issue.**
  - Online complaints can be filed at: <https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=NE&spanish=N&dswid=-959>

# EMERGING ISSUES IN HEALTH

# Improper Marketing of Health Insurance

- **Model law changes/updates on marketing**
- **Agent/Plan Switching**
- **Federal government involvement**

# Types of Health Insurance

- **Major Medical** – coverage is ACA compliant
- **Short-term Medical** – referred to as STLDI or “mini-med.”
- **Supplemental insurance** – under the “health” umbrella includes hospital indemnity, limited benefit, specified disease, or disability insurance.
- **Discount Medical Plans** (just a discount, not insurance) and **Healthcare Sharing Ministries** (NOT INSURANCE) also fall under this umbrella
- **Medicare Advantage** – covers Medicare Parts A & B through private market insurers
- **Medicare Supplement** – also called “medigap,” for people who are not enrolled in Medicare Advantage plans

# HEALTH CARE SHARING MINISTRIES


Disclaimer required for all applications and guideline materials distributed by or on behalf of a Health Care Sharing Ministry, per Neb. Rev. Stat. § 44-311:

**IMPORTANT NOTICE.** This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

# Telemarketers and Internet Advertising


- Internet misrepresentations usually start with a customer searching for health insurance online.
  - Pop-up internet ads or posts on social media are two common methods used to reach people.
- Once the customer contact has been established, internet chats or phone calls are where the misrepresentations get made.
- Sometimes just the fact that a person searched for ACA individual market plans and this website came up as a result can be misleading.
  - Example: “healthcare.com” instead of “healthcare.gov”
- Lead generators may collect information about people looking to purchase health insurance, then sell those contacts to agents.
- **\*BE CAUTIOUS WITH YOUR PERSONAL INFORMATION**

# Examples



**GET QUOTES FROM TOP PROVIDERS IN MINUTES**

**SELECT A PLAN**



**Browse insurance plans and save.**

We work with America's top insurance carriers who can help you compare coverage rates and provide you with information about their policies.

★ Receive Free Quotes

★ Compare Top Companies

★ Save Time & Money

**FIND YOUR PLAN**

See site for details and disclosures. Quotes provided by licensed agents.

To unsubscribe, [click here](#) or write to: HealthExchangeUSA 378 Diederich Blvd #153 Ashland, KY 41101



**TRUMP**

★ ★ ★ ★ ★

**HEALTHCARE?**

**View Plans**

Martin,

**View updated Health Insurance plans available in NE.**

Compare Trumpcare plans from the top insurance companies. Huge savings on healthcare costs may be available.

**View Plans →**

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# Examples (more)

12:54 5G UC 92%

**Business Owner Health**  
Sponsored ·

**JUST PASSED!!!** Health Insurance designed for business owners (No copays or deduct... See more



**BlueCross BlueShield**  
Subscriber Name: **JOHN DOE**  
Subscriber ID: **YPP123456789**  
Members: **JANE SAM**  
Group No: **123456789**  
Effective Date: **01/01/22**  
Member Responsibility:  
DED-INN-DDON \$2,800/\$14,000  
COP Max-INN-DDON \$8,700/No Max  
Primary-INN \$15  
Specialist-INN \$150  
URG CARER-INN \$150  
Drug Tier 1 \$150  
Drug Tier 2-6 \$150  
Rx Deductible \$150

FORM ON FACEBOOK  
**Pay Less For Health Insurance** 👉 [Learn more](#)

145 24 comments

Like Comment Send

**Jackie Phillips**  
Well leaves out plenty it does say employers not employees.



# MEDICARE



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# DOI and Medicare

- Nebraska SHIP & SMP
  - Federally funded member of the SHIP (State Health Insurance Assistance Program) National Network
  - Federally funded member of the SMP (Senior Medicare Patrol) National Network
  - Division of the Nebraska Department of Insurance
  - Seven locations statewide
    - Provide unbiased Medicare education & counseling
    - Location to report suspected Medicare fraud
  - 1-800-234-7119
  - [doi.nebraska.gov/ship-smp](http://doi.nebraska.gov/ship-smp)

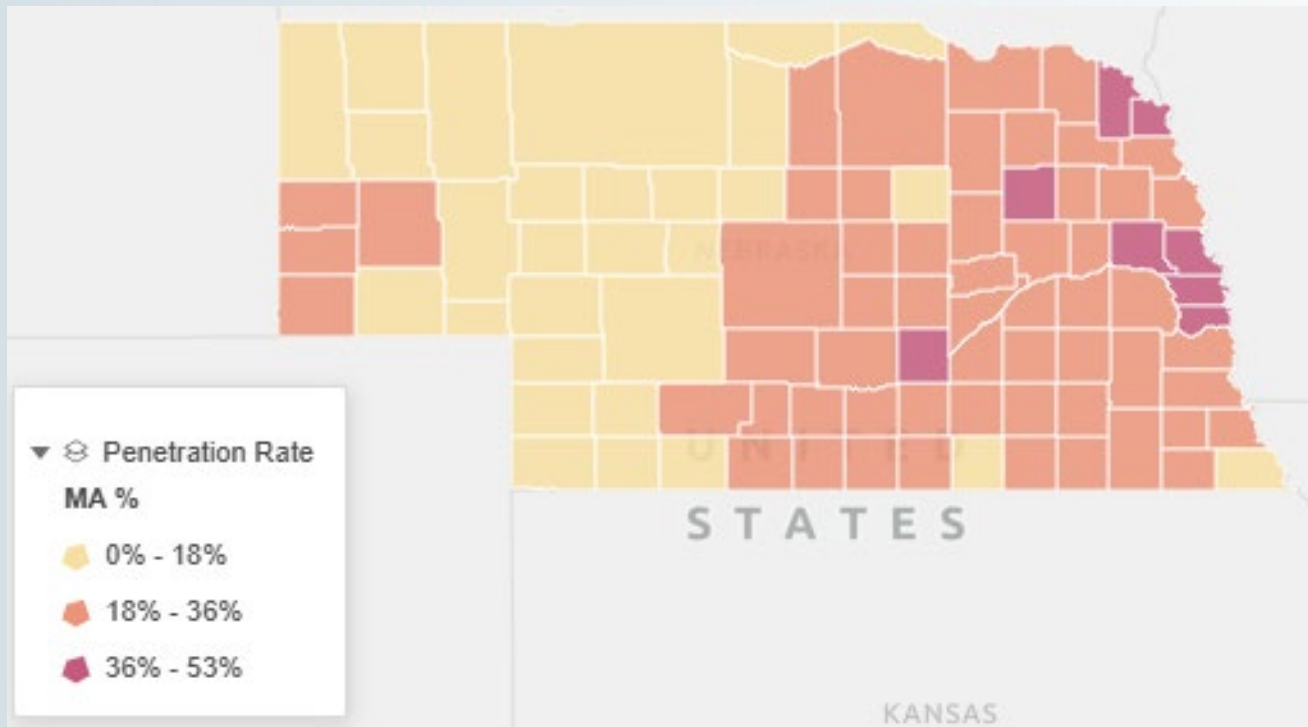


# What is Medicare?

- Federal Health Insurance created in 1965
- Must meet one to qualify:
  - 65 or over
  - Qualifying Disability
  - End-Stage Renal Disease (ESRD)



# Medicare Enrollment in Nebraska



- Total Medicare Enrollees – 387,646, as of March 2025
- Enrolled in Original Medicare – 255,300 (66%)
- Enrolled in Medicare Advantage – 132,356 (34%)

Source: Data.CMS.gov

# Part A – Coverage

- Hospital Insurance - Pays for:
  - Inpatient Hospital Care
  - Skilled Nursing Facility Care
  - Home Healthcare
  - Hospice

# Part A – Cost in 2025

- Premium free for most
- Inpatient Hospital Stay
  - \$1,676. deductible per inpatient hospitalization
    - Pays for first 60 days
    - Daily copay for days:
      - 61 – 90 - \$419./day
      - 91 – 150 - \$838./day
- Skilled Nursing Facility Stay
  - Medicare Part A covers first 20 days at 100%
  - Daily copay of \$209.50 for days 21 - 100

# Part A – Cost – Estimated in 2026\*

- Premium free for most
- Inpatient Hospital Stay \$1,716. deductible per inpatient hospitalization
  - Pays for first 60 days
  - Daily copay for days:
    - 61 – 90 - \$429./day
    - 91 – 150 - \$858./day
- Skilled Nursing Facility Stay
  - Medicare Part A covers first 20 days at 100%
  - Daily copay of \$214.50 for days 21 - 100

\*Medicare does not announce next year costs until late fall. Typically, in November.

# Part B – Coverage

- Medical Insurance - Pays for outpatient services that are medically necessary and preventive services. Examples include:
  - Medical Expenses
  - Lab and Diagnostic Testing
  - Ambulance Services
  - Outpatient Hospital Treatment
  - Durable Medical Equipment



## Part B – Cost in 2025

- \$185 monthly standard premium
  - IRMAA (Income Related Monthly Adjustment Amount)
    - Based on tax return from two years prior
    - Imposed on Modified Adjusted Gross Income greater than:
      - \$106,000/individual
      - \$212,000/couple
- \$257 annual deductible
- Coinsurance 20% - no out-of-pocket maximum

## Part B – Cost - Estimated in 2026\*

- \$206.50 monthly standard premium
  - IRMAA (Income Related Monthly Adjustment Amount)
    - Based on tax return from two years prior
    - Imposed on Modified Adjusted Gross Income greater than:
      - \$106,000/individual
      - \$212,000/couple
        - Values are anticipated to increase for 2026
- \$288 annual deductible
- Coinsurance 20% - no out-of-pocket maximum

- \*Medicare does not announce next year costs until late fall. Typically, in November.

# DME Change in Nebraska

- Medicare Assignment or Medicare-Approved Amount
  - Participating providers – accept Medicare and always take assignment, meaning they accept Medicare’s approved amount as full payment.
  - Non-participating providers – accept Medicare but do not agree to take assignment.
    - Can charge up to 15% more than Medicare’s approved amount
- The limiting charge rules do not apply to durable medical equipment (DME) suppliers.

# DME Change in Nebraska

- Committee Statement (Corrected): LB852: Summary of purpose and/or changes:
  - **“Medigap insurers are being presented with “excess charges”** claims for expensive motorized “scooters” that are submitted as Medicare covered durable medical equipment (“DME”). These claims are submitted by nonparticipating suppliers to Medicare for payment, and beneficiaries are then “balance billed” an enormous amount. **Medigap insurers have been paying these “excess charges”** claims in full to satisfy policyholders and to avoid complaints. These “excess charge” claims are becoming more frequent and more expensive. **Insurers and state regulators are concerned about the appropriateness of these claims by nonparticipating DME suppliers and the resulting impact on Medigap premiums.”**

# DME Change in Nebraska

- **Prevents a supplier** that is not participating in the Medicare program and who does not accept Medicare assignment **from charging a Nebraska Medicare beneficiary an amount more than 15% over the Medicare approved amount.**
- A supplier that is a nonparticipating shall not balance bill a Nebraska Medicare beneficiary for DME for which the supplier has not accepted assignment unless the beneficiary (1) agrees in writing prior to the service to pay or (2) pays the full amount prior to receipt of the DME. The agreement shall provide notification to the beneficiary that Medicare reimburses 80% of the Medicare approved amount and that an issuer of a Medicare supplement policy shall NOT be required to reimburse the supplier or the beneficiary in an amount greater than 115% of the Medicare approved amount. Neb.Rev.Stat. §44-3612

# Part A & Part B – Enrollment

- Initial Enrollment Period (IEP)
  - Three months before the 65th birthday month or within the three months after
  - Automatic for individuals getting disability benefits for 24 months
- Special Enrollment Period (SEP)
  - Continues enrollment period while covered by a group health plan
  - Have up to eight months after loss of group health plan
- General Enrollment Period
  - January 1 – March 31
  - Coverage begins the first of the next month
  - Late enrollment penalties may apply

# Medicare Supplements – Coverage & Cost

- Optional extra insurance
  - Purchased from private insurance company
  - Standardized plans
  - Guaranteed renewable
- Works with Original Medicare & pays for some or all:
  - Deductible
  - Copays
  - Coinsurance
- Premiums
  - \$35 - \$640 per month
- Premiums for same supplement vary by company:
  - Company Y - \$103 for Plan G
  - Company Z - \$228 for Plan G

# 2025 Medicare Supplement Options

✓ = the plan covers 100% of the benefit    % = the plan covers that percentage of the benefit and you're responsible for the rest

BENEFITS	PLAN A	PLAN B	PLAN D	PLAN G*	PLAN K	PLAN L	PLAN M	PLAN N	PLAN C	PLAN F*
Part A Hospital Coinsurance, days 61-90 (\$419 per day)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospital Lifetime Reserve, days 91-150 (\$838 per day)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
365 More Hospital Days-100%	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parts A and B Blood	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part B Medical Coinsurance (20%)	✓	✓	✓	✓	50%	75%	✓	✓**	✓	✓
Part A Hospice Coinsurance	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled Nursing Facility Coinsurance, days 21-100 (\$209.50 each day)			✓	✓	50%	75%	✓	✓	✓	✓
Part A Hospital Deductible (\$1,676)		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B Medical Deductible (\$257)									✓	✓
Part B Excess Charges (15%)				✓						✓
Foreign Travel Emergency			✓	✓			✓	✓	✓	✓
Out-of-Pocket Limit***					\$7,220	\$3,610				
Plan C and Plan F are only available to individuals eligible for Medicare prior to 1/1/2020.										



# Medicare Supplements - Enrollment

- One-time Guarantee Issue or “Medigap Open Enrollment” period
  - Six-month window
  - At age 65 or over
  - When Part B begins for the first time
    - Note: In Nebraska, people qualifying for Medicare due to disability will have access to a supplement in 2025, but companies may not offer every plan option.
- After Guarantee Issue period, shop at any time. Underwriting will determine:
  - Offer or refusal of policy
  - Premium

# Part D Coverage

- Plan Formulary (drug list)
  - Federal law requires coverage of:
    - At least two drugs from each class of drug category
    - HIV/AIDS treatments
    - Antidepressants
    - Antipsychotics
    - Anticonvulsive treatments for seizure disorders
    - Immunosuppressant medications
    - Anticancer drugs
- Drugs assigned by Tier Level

# Part D Coverage

- Restrictions
  - Prior Authorization
    - Doctor must show medical necessity
    - Ensures drugs are used correctly/safely
  - Step Therapy
    - Must try less expensive drug first
    - Identifies cost-effective drugs
  - Quantity Limits
    - Limits quantity of certain drugs within a period
    - Ensures safety and cost control

Note: You may request an exception to these restrictions; the plan reserves the right to honor or deny the request.

# Part D – Cost

- Brand name & generic prescriptions
  - 22 plans in Nebraska in 2024
  - 14 plans in Nebraska in 2025
- Monthly Premiums
  - \$0.50 - \$123.50 – in 2024
  - \$0.00 - \$117.40 – in 2025
  - IRMAA on higher wage earners
- Deductible
  - \$0 - \$545. – in 2024
  - \$0 - \$590. – in 2025
- Copay/Coinsurance
  - \$0 - 50%
- Out-of-Pocket Limit
  - \$8,000 in 2024
  - \$2,000 in 2025

# Part D – 2026\*

- Brand name & generic prescriptions
  - 11 plans
- Monthly Premiums
  - \$4.70 – 140.20
  - IRMAA on higher wage earners
- Deductible
  - \$615\*\*
- Copay/Coinsurance
  - \$0 - 50%
- Out-of-pocket Limit
  - \$2,100\*\*

\*Medicare does not announce Part D plans or costs until October 1.

\*\*Amount was finalized at the time this slide was developed.

# I.R.A. – Part D – New in 2025

- Medicare Prescription Payment Program (MP3)
  - Voluntary program that must be opted into by contacting the plan.
  - Provides enrollees with the option to pay out-of-pocket costs under the plan in monthly amounts that are spread throughout the year.
  - Late fees, interest payments, or other fees are not permitted.
  - Requests to opt into program must be processed by the plan within 24 hours to reduce drug dispensing delays.
  - The pharmacy does not have a role in opting into the program.

- Example of payments:
  - You receive a bill each month, separate from the premium bill
  - Those with high drug costs earlier in the calendar year are most likely to benefit
  - May not be the best option if:
    - You have low drug costs
    - Your drug costs are the same each month
    - You qualify for Extra Help

Month	Your monthly cost for drugs covered by Part D	
	Without this payment option	With this payment option
January	\$780.82	\$166.67
February	\$314.73	\$84.44
March	\$314.73	\$115.92
April	\$314.73	\$150.89
May	\$274.99	\$185.26
June	\$0.00	\$185.26
July	\$0.00	\$185.26
August	\$0.00	\$185.26
September	\$0.00	\$185.26
October	\$0.00	\$185.26
November	\$0.00	\$185.26
December	\$0.00	\$185.26
<b>TOTAL</b>	<b>\$2,000.00</b>	<b>\$2,000.00</b>

# I.R.A. – Part D – New in 2025

- Medicare Prescription Payment Program (MP3)
  - If participants fail to pay their program bill, the Part D plan can remove them from the program.
  - Protections for program participants include:
    - Requirements for Part D plan to issue timely notices for missed payments;
    - Offer a grace period of at least two months if a program participant fails to pay a monthly billed amount;
    - Provide a reinstatement process to allow individuals to resume participation in the program in the same plan year if they demonstrate good cause; and
    - Must provide meaningful procedures for the timely hearing and resolution of grievances.



# 2026 Negotiated Drug List

Drug name	Manufacturer	Used for
Eliquis (apixaban)	Bristol Myers Squibb	Blood thinner
Enbrel (etanercept)	Amgen	Rheumatoid arthritis, psoriasis
Farxiga (dapagliflozin)	AstraZeneca	Diabetes, heart failure
Fiasp/NovoLog (insulin aspart)	Novo Nordisk	Diabetes
Entresto (sacubitril/valsartan)	Novartis	Heart failure
Imbruvica (ibrutinib)	Pharmacyclics (AbbVie) and Janssen (Johnson & Johnson)	Leukemia, lymphoma
Januvia (sitagliptin)	Merck	Diabetes
Jardiance (empagliflozin)	Boehringer Ingelheim and Eli Lilly	Diabetes, heart failure
Stelara (Ustekinumab)	Janssen (Johnson & Johnson)	Psoriasis, Crohn's disease
Xarelto (rivaroxaban)	Janssen (Johnson & Johnson)	Blood thinner

# Medicare Advantage – Coverage

- Alternative to Original Medicare
  - Purchased from private insurance companies
  - Must be enrolled in both Part A & B
  - Can have Prior Authorization requirements
- Blends Part A, Part B and usually Part D
  - Must offer equal/better coverage than Original Medicare
  - May offer extra benefits
    - Dental
    - Vision
    - Hearing
- Availability varies by county
  - 1 county in Nebraska without this option in 2025
    - Cherry



# Medicare Advantage – Coverage

- HMO – Must use providers in-network
  - In-network providers offer lower copay/coinsurance and out-of-pocket maximums
  - Out-of-network providers charge you 100% of the cost of the service
- PPO – You get the best prices by using in-network providers
  - In-network providers offer lower copay/coinsurance and out-of-pocket maximums
  - Out-of-network providers charge higher copay/coinsurance and out-of-pocket maximums
- Cost Plans – You get the best prices by using in-network providers
  - In-network providers offer lower copay/coinsurance and out-of-pocket maximums
  - Out-of-network providers are covered by Original Medicare Part A and/or Part B
- Special Needs Plans (SNP)
  - Dual Eligible (D-SNP)
  - Institutional (I-SNP)
  - Chronic Condition (C-SNP)

# Medicare Advantage – Cost

- Premiums
  - \$0 - \$140 per month in 2024
  - \$0 - \$152 per month in 2025
  - Continue to pay Part B premium
- Deductibles
  - Up to \$450 for health / Up to \$545 for prescriptions in 2024
  - Up to \$500 for health / Up to \$590 for prescriptions in 2025
- Copay/Coinsurance - For example:
  - Primary doctor visit: \$5 per visit;
  - Specialist visit: \$45 per visit;
  - Outpatient hospital coverage: \$395 per visit;
  - Emergency care: \$95 per visit.
- Out-of-pocket maximum
  - \$2,500 - \$13,300 in 2024
  - \$2,500 - \$14,000 in 2025

# Medicare Advantage – Cost

- Premiums
  - \$0 - \$189 per month
  - Continue to pay Part B premium
- Deductibles
  - Up to \$500\* for health / Up to \$615 for prescriptions
- Copay/Coinsurance - For example:
  - Primary doctor visit: \$5 per visit;
  - Specialist visit: \$45 per visit;
  - Outpatient hospital coverage: \$395 per visit;
  - Emergency care: \$95 per visit.
- Out-of-pocket maximum
  - \$2,500 - \$13,900

\*Medicare does not announce Medicare Advantage plans or costs until October 1

# Part D and Medicare Advantage Enrollment

- Initial Enrollment – If an individual is:
  - Newly eligible for Medicare because of turning 65
  - Under 65 and newly eligible for Medicare because of disability
  - Already eligible for Medicare because of disability and is turning 65
  - Getting Part B after Part A coverage has already started

# Part D and Medicare Advantage Enrollment

- Special Enrollment Periods– Eligibility varies. Only for certain situations to change coverage:
  - Change of address
    - Outside of current plan's service area
    - Inside current plan's service area if new plan options are available
    - Live in or recently move out of an institution
      - Nursing Home
      - Rehabilitation Hospital
  - Lose of current coverage
  - Other Special Situations
    - Chance to enroll in other coverage offered by employer or union
    - Enrolling in other creditable drug coverage as good as Medicare
    - Current plan's contract with Medicare is not renewed
    - Medicare Advantage Trial Period
    - Qualify for or lose Extra Help

# Part D and Medicare Advantage Enrollment

- Yearly Enrollment Periods— Two annual periods to change coverage:
  - Open Enrollment Period – October 15 – December 7
    - Part D enrollees
    - Medicare Advantage enrollees
    - Individuals without either option
  - Medicare Advantage Open Enrollment Period – January 1 – March 31
    - Only for those currently enrolled into a MA plan
    - Within the first 3 months of getting Medicare



# Protecting Medicare

## Medicare Fraud and Abuse:

- Costs Medicare \$60 billion annually
  - Providers billing for services not received
  - Providers ordering unnecessary tests/procedures
  - Compromised Medicare Information
- Potential results include:
  - Tax dollars lost
  - Medicare fund at risk
  - Less money for benefits
  - Higher Medicare premiums/costs
- What about errors?
  - Human error exists
  - Most medical/health professionals are honest
  - Only review and investigations will determine truth

# Medicare Fraud Activity in Nebraska

- New/Plastic Medicare Card Scams
- Genetic Testing Scams
  - Cancer
  - Pharmacogenetic
  - Heart Disease
- COVID-19 Testing Scams
- Catheter Scams
- Back Braces and Other DME Supplies Fraud Calls
- Fraudulent Calls and Text Messages

# What Can Be Done?

- **Protect**



- Social Security number/Medicare number
- Shred letters with personal identifying information
- Medicare does not call or visit

- **Detect**



- Review Medicare Summary Notice (MSN)
- Review Explanation of Benefits (EOB)
- Keep records/Healthcare Journal

- **Report**



- Call Nebraska SHIP & SMP for Medicare related fraud
  - 1-800-234-7119
- Call the Department of Insurance for other insurance fraud
  - 402.471.2201



# Questions

# Disclaimer

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