SHIIP educates people with Medicare, assisting seniors and those with disabilities in making informed decision on topics related to health insurance.

Because Medicare and other types of health insurance can be confusing, the federal government, through the Centers for Medicare & Medicaid Services, funds a Senior Health Insurance Assistance Program in every state.

The Nebraska Senior Health Insurance Information Program (SHIIP) is coordinated within the Nebraska Department of Insurance and contracts with many of Nebraska’s Area Agencies on Aging, and other non-profit organizations. SHIIP has a statewide network of volunteer counselors trained to help people with Medicare.

For more information:
1-800-234-7119
www.doi.ne.gov/shiip

Medicare and the Affordable Care Act (ACA)—Information for Nebraskans

The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA), is a United States federal statute signed into law by President Barack Obama on March 23, 2010.

There are many provisions in the law, but two main topics of interest for individuals on Medicare: preventive benefits and donut hole prescription drug costs.

Free Preventive Services

As a result of the Affordable Care Act, Medicare now covers many services without cost to patients including (but not limited to):

- Alcohol Misuse Screening
- Annual Wellness Visit
- Cancer Screenings
- Cardiovascular Disease Screening
- Depression Screening in Adults
- Diabetes Screening
- Glaucoma Screening
- Immunizations (Seasonal Influenza, Pneumococcal, and Hepatitis B)
- Initial Preventive Physical Examination
- Intensive Behavioral Therapy for Cardiovascular Disease
- Intensive Behavioral Therapy for Obesity
- Sexually Transmitted Infections (STIs) Screening
- Tobacco-Use Cessation Counseling

Changes in Cost of Prescription Drugs while in the Donut Hole

The ACA closes the Part D donut hole—the gap in drug coverage during which Medicare beneficiaries must pay the full cost of the prescriptions out of pocket. The ACA phases out the donut hole by decreasing the beneficiary’s share of drug costs until it reaches 25% in 2020 for both brand-name and generic drugs.

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost of brand name drugs</th>
<th>Cost of generic drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>47.5%</td>
<td>79%</td>
</tr>
<tr>
<td>2014</td>
<td>47.5%</td>
<td>72%</td>
</tr>
<tr>
<td>2015</td>
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<tr>
<td>2019</td>
<td>30%</td>
<td>37%</td>
</tr>
<tr>
<td>2020</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Medicare and the Affordable Care Act (ACA)—Frequently Asked Questions

**Q:** In 2014, will I lose Medicare and need to go get insurance in the new marketplace?

**A:** FALSE. Medicare beneficiaries will continue to have the same Medicare benefits, and there's no requirement that they get additional coverage beyond what they already have.

**Q:** Is it true that due to health care reform Medicare Part B premiums are being increased to $300/month starting in 2014?

**A:** FALSE. Medicare calculates premiums each year based on several factors that change from year to year. New Medicare premium rates come out each fall and take effect in January. Medicare beneficiaries, as a group, pay one-fourth the cost of running Medicare, and annual premiums are calculated to achieve the needed level of revenue. Also, Medicare premiums can only increase if Social Security is also awarded a Cost of Living Adjustment Increase (COLA).

**Q:** I heard from my friend who was told by his doctor that Medicare won’t pay for cancer treatments because he is 71. If he had been 70 it would be paid for, but the health care reform bill put an age limit on the procedure. Can this be right?

**A:** FALSE. There is nothing in the ACA that denies a beneficiary a service based on age. All medically necessary treatment is covered by Medicare including cancer treatments, regardless of age.

**Q:** Does the ACA cut Medicare Advantage plans?

**A:** FALSE. The ACA does not eliminate Medicare Advantage plans, which are privately administered plans that provide benefits to about ten percent of Nebraskans with Medicare. The plans are still required to provide at least the same benefits as those available through traditional Medicare plans.