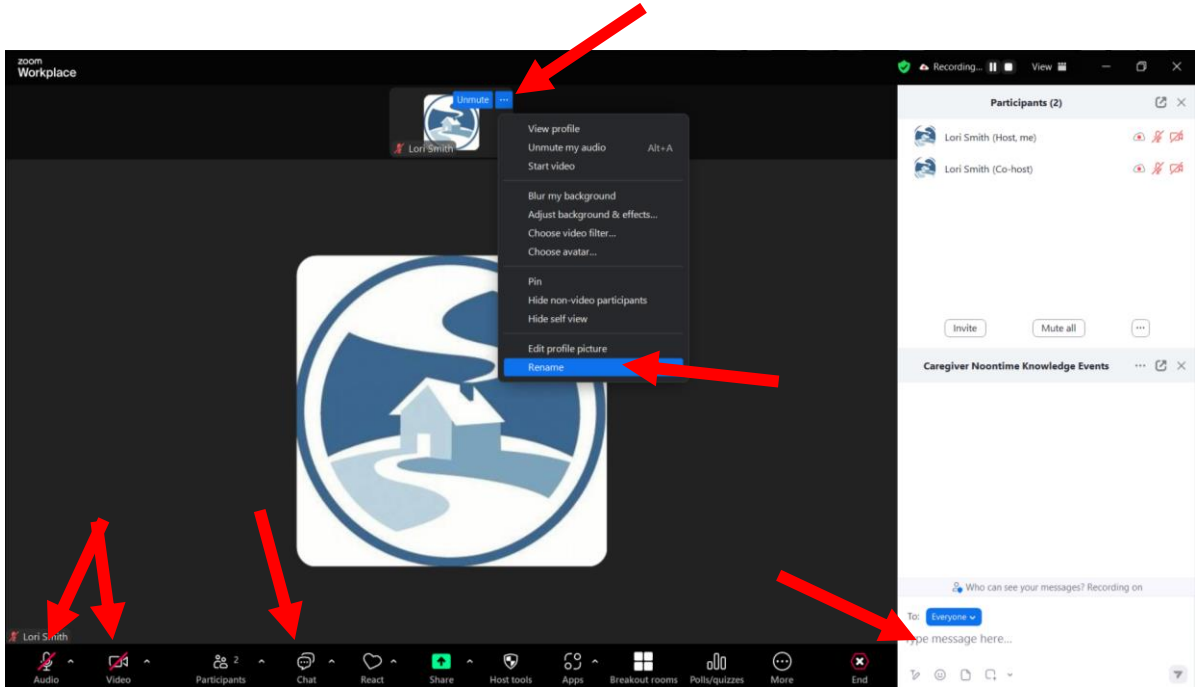
DIRECTION HOME
AKRON CANTON AREA AGENCY ON AGING & DISABILITIES

Medicare Made Simple
2026 Plan Information

Virtual Attendees:

- Please make sure your name is visible by clicking the 3 dots by your camera view and choosing “Rename”
- Make sure you are muted and camera is off
- Open your chat window



Direction Home Akron Canton
Area Agency on Aging & Disabilities

Introduction to Our Services and Supports

DIRECTION HOME
AKRON CANTON AREA AGENCY ON AGING & DISABILITIES

We provide long-term care choices for people to live independently in the place they want to call home.

MISSION:
Direction Home Akron Canton Area Agency on Aging & Disabilities provides older adults, people with disabilities and their caregivers long term care choices and consumer protection so they can achieve the highest quality of life.

VISION:
Direction Home Akron Canton Area Agency on Aging & Disabilities will be the central access point and the preferred long term care management organization for all people with disabilities.

1965
Older Americans Act

600+ AAAs nationally today

USAging

12 AAAs in Ohio

o4a

DIRECTION HOME AKRON CANTON
AREA AGENCY ON AGING & DISABILITIES

Portage, Stark, Summit, Wayne Counties

(AAA –Area Agencies on Aging)

Who is DIRECTION HOME ?

AKRON CANTON AREA AGENCY ON AGING & DISABILITIES

A private, non-profit organization that is part of both a state and nationwide network of aging professionals.

Executives with backgrounds in Business, Law, Social Work, Policy

250+ employees, primarily Licensed Social Workers and Registered Nurses

Agency & Foundation Boards of Directors

Your front door to…

- Simplifying the complexities of long-term care
- What community and government programs may be available to help
- How to get help so you or your loved ones can continue living in the community
- Where to learn about program or community options for home delivered meals, senior housing, transportation, caregiver support, education

& so much more!

Who do we help?
(annually)

- **12,500+** Callers with information and assistance
- **11,000+** Medicare patients avoid hospital readmission
- **10,000+** People assessed in the community
- **8,000+** Members care managed for Home and Community Based Services on our programs
- **2,300+** Attendees of Continuing Education classes, health and wellness workshops

Where do I begin?

Our Aging & Disability Resource Center (ADRC) is the starting point to not only get connected with our programs and services, but to also simply receive information and answers to aging-related questions!

Call 877-770-5558

Monday-Friday, 8AM-5PM

Visit: www.dhad.org/refer

Email: screening@dhad.org

Fax: 330-899-5248

Important to note…

- ✓ It is FREE to call the ADRC
- ✓ ANYONE can call, at any age
- ✓ Referrals for others are accepted
- ✓ No obligations

You can call for…

- Program Screening/Eligibility
- Alzheimer's, Dementia & Wellness Information
- Family Caregiver Support
- Home & Community Resources
- Extra Help with Medicare
- In-home Assessments
- General Information & Community Resources

What is the screening/assessment process?

1. Initial screening with ADRC
2. Help identifying long-term care options
3. In-person assessment with one of our RNs

How do I receive the services?

Our Home & Community-Based Services (HCBS) department helps older adults and people with disabilities accomplish everyday tasks such as bathing, dressing, preparing a meal, or managing money through **care management services.**

Programs may include:

PASSPORT, Assisted Living, Care Coordination, MyCare Ohio (Fully Delegated Care Management and Waiver Service Coordination), temporary grant services

Program	Payor	Consumer
PASSPORT	Ohio Dept. of Aging	Medicaid 60+
Assisted Living	Ohio Dept. of Aging	Medicaid 21+
Care Coordination	U.S. Admin on Community Living/ Ohio Dept. of Aging	60+ and their Informal Caregivers
Aging and Disability Resource Center (Screening/Assessment/PAR)	Ohio Dept of Aging	All Community (focus on those interested in enrollment)
LTC Ombudsman	Ohio Dept. of Aging	Consumers of LTSS
MyCare Ohio- Fully Delegated CM	CareSource	Dual Eligibles (Medicare/Medicaid)
MyCare Ohio- Waiver Service Coordination	UnitedHealth	Dual Eligibles

Who actually performs the services?

250+ Contracted Providers, including:

- Home Health Agencies, including Proprietary and Non-Profit
- Home Medical Equipment Providers
- Adult Day Care Providers
- Home-Delivered Meal Providers
- Assisted Living Facilities

What about elder rights?

- Complaint Investigation and Resolution
  - Nursing & Assisted Living Facilities
  - Long-Term Care Ombudsman Program
    - Volunteers & Interns
- Information on Medicare benefits, rules and options
- Long Term Care Provider Selection Assistance

Ohio Long-Term Care Ombudsman

Advocates for Excellence in Your Care

What support is available for family caregivers?

- Free Support Groups
  - Led by Theresa Niewiadomski, LSW & certified Caregiving Consultant
  - Virtual and in-person (registration required)
- Free Information & Assistance
  - One-on-one consultations
  - Referrals
  - Education & Planning

Contact our Family Caregiver Specialists

Theresa Niewiadomski
1-800-421-7277 x 5243
tniewiadomski@dhad.org

Kali Jobes
1-800-421-7277 x 4638
kjobes@dhad.org

Opportunities for Health & Wellness

- Arts Programming
- Continuing Education
  - CE credit for social workers, counselors, nurses
  - Open to anyone (some events have a fee to attend)
- Free evidence-based health and wellness programming
  - Tai Chi for Arthritis and Fall Prevention
  - Bingocize
  - Volunteer leaders and host sites

Foundation work

- Access to Community Services: focus on improving access to essential community services for underserved populations.
- Innovation: funding that fosters partnerships, entrepreneurship and returns on investment while creating innovative solutions that optimize aging.
- Investment in the Agency: Investment in Direction Home as a leader for aging network professionals to provide the best quality of care.

Keep an eye out: Fundraising campaign every fall raising over $150,000!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Providing choices for people to live independently
in the place they want to call home
Resource Center: 877-770-5558 • Main Line: 800-421-7277 • dhad.org

CEUs & Professio | Bad Idea Brainsto | My Meetings - Zo | SIPP-TCAFP: Tai C | Training Request | Constant Contact | Elaine Vilem : Pro | Direction Home A

dhad.org

Registration Sites | CEUs | Evidence Based | Foundation | Misc | DHAD Sites | EPC | Dementia Resources | Google | Med & Health | Banking | House | Food | Spotify

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DIRECTION HOME AKRON CANTON
AREA AGENCY ON AGING & DISABILITIES

EVENTS | BLOG & NEWS | CONTACT US | DONATE & VOLUNTEER | SEARCH

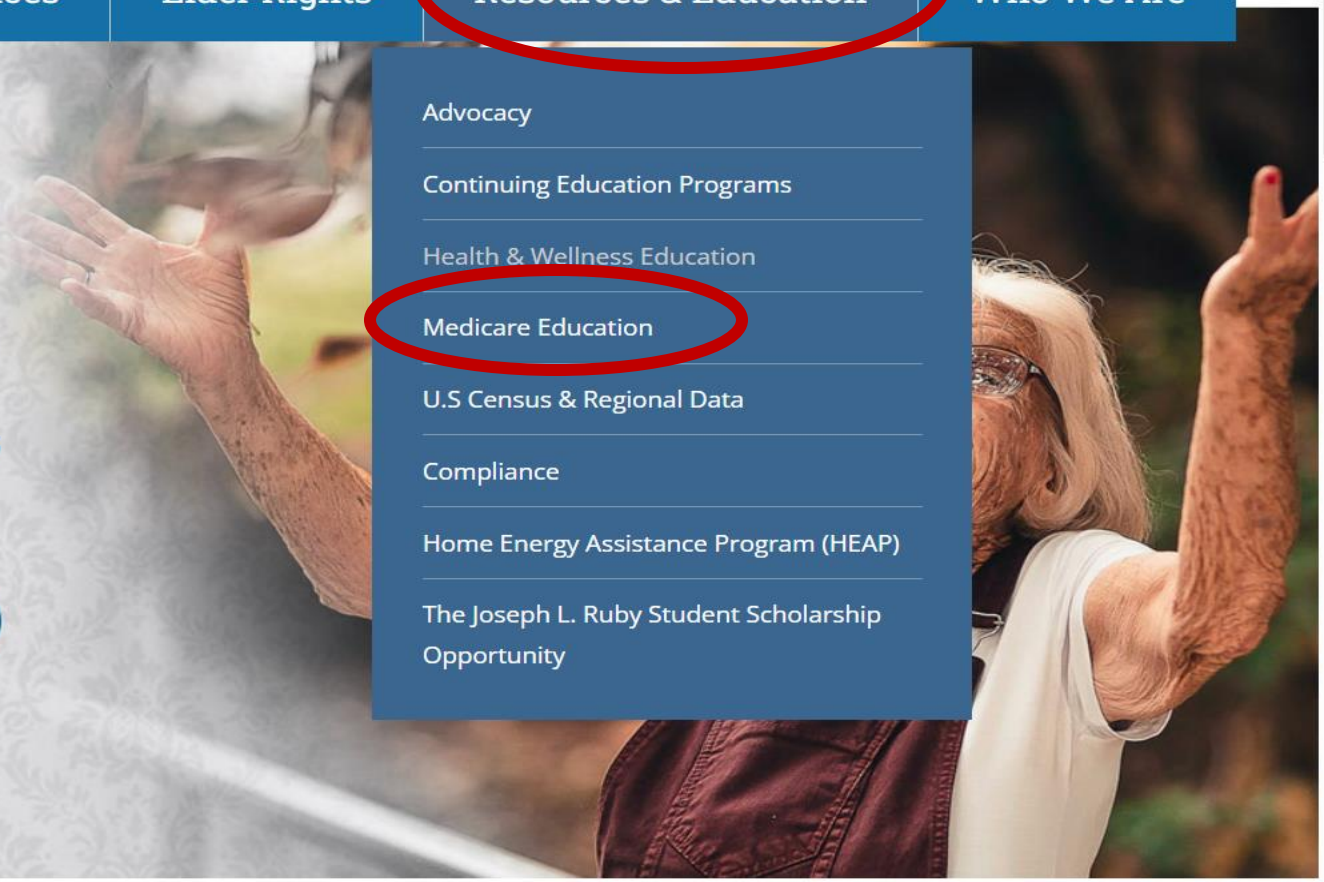
Care Services | Elder Rights | Resources & Education | Who We Are

- Advocacy
- Continuing Education Programs
- Health & Wellness Education
- Medicare Education
- U.S Census & Regional Data
- Compliance
- Home Energy Assistance Program (HEAP)
- The Joseph L. Ruby Student Scholarship Opportunity

We Focus on the Person. Not the Problem.

Our person-centered approach to care empowers you to age in place.

MAKE A REFERRAL | PROVIDER RECRUITMENT | RAFFLE



https://www.dhad.org/health-wellness-education

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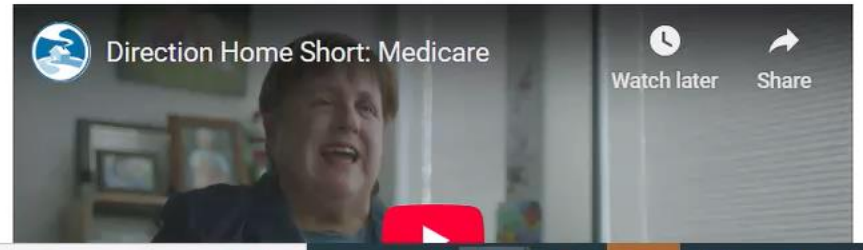
Medicare Education

Free Medicare Seminars

(scroll down to find upcoming schedule and access to supplemental materials)



Advocacy
Continuing Education Programs
Health & Wellness Education
Medicare Education
U.S Census & Regional Data
Compliance

Medicare 2026

Francine D. Chuchanis
Director of Entitlement Rights

Medicare Overview

- National Health Insurance – 1965
- Not income based – Medicaid is income based

- Eligibility: Persons aged 65 +, on disability for 24 months, persons with ESRD, ALS, (Lou Gehrig's Disease), permanent kidney failure, persons eligible for railroad retirement

Medicare Enrollment

- If enroll 3 months prior to age 65, coverage starts first day of month of 65th birthday
- If enroll month of 65th birthday or during 3 months after age 65, coverage starts month after enrollment
- Automatic if receiving social security check or Railroad Retirement Benefits
- Automatic if Under age 65 and disabled for 24 months
- If miss initial enrollment, can enroll January 1-March 31, coverage begins following month

Special Enrollment Periods

If impacted by emergency or disaster or you move

If move or leave a nursing home

Health plan or employer error or loss of coverage

Loss of Medicaid

Check Coverage NOW

Read Annual Notice of Change (ANOC)

Make Changes: October 15 – December 7

Includes all Medicare Beneficiaries

Already on Medicare ?

Two Choices for Coverage

Traditional Medicare - Red, White & Blue Card

Medicare Advantage Plan - Card Provided by Plan

Traditional or Original Medicare

Advantages:

- Can use any provider accepting Medicare
- No prior authorizations (changing)
- Can add supplemental insurance
- No geographic restrictions

Possible Disadvantages:

- No extra benefits
- No out-pocket limits
- May have to add separate drug plan
- Supplemental coverage can become expensive

Medicare Advantage Plans

Advantages:

- Extra Benefits
- Low monthly premiums must have Part B
- Out-of-Pocket Limits
- Most include drug coverage
- Must cover what Traditional Medicare covers

Possible Disadvantages:

- May have geographic restrictions
- Prior Authorizations
- Provider restrictions
- Cannot add supplemental insurance to cover copays

WHAT Does Medicare Part A Cover?

- Blood
- Medically Necessary Intermittent Home Health Services
- Hospice Care
- Inpatient Hospital Care
- Skilled Nursing Home Care

Part A: Hospital Coverage Costs 2025

No premium for most

Deductible: $1,676.00 Projected 2026: $1716.00

Coinsurance after day 61 – 90: $419.00 Projected 2026: 429.00

Coinsurance for lifetime reserve days 91-150: $838.00
Projected 2026: $858.00

Part A Coverage of Skilled Care in Nursing Home 2025 Costs

- Custodial care not covered
- 3 Day Hospital Stay Required
- Observation Status does NOT count
- Full coverage Days 1-20
- Coinsurance days 21- 100: $204.00/day Projected 2026: $214.50/day)
- Benefit may last 100 days of coverage
- New benefit begins after no skilled care in nursing home or hospital for 60 days

Right to Appeal Cut in Skilled Therapy

- Any denial of service or reduction of service can be appealed
- Main questions for continuation of skilled care:
  - Can care be safe and effective without the involvement of skilled professionals?
  - Are skilled services need to maintain or slow decline?

Part A: Hospice Coverage

Comfort care not for curative treatment

Services for pain relief and symptom management

Drugs and DME for pain relief and management

Aide and homemaker services

Spiritual & grief counseling

Does not cover room and board in a skilled facility

5% Copay for inpatient respite care

Home Health Care Coverage

- Intermittent **skilled** care – includes aide services
- Must be homebound
- Face to face visit with doctor for certification
- Doctor to delvelop plan of care
- Can include social services

Part B: Medical Insurance

- Doctor Office Visits
- Preventive Care & Vaccines
- Durable Medical Equipment
- Ambulance Services
- Some Professionally Administered Drugs

Medicare Part B
Medical Coverage: 2025

Premium: $185.00 Projected 2026: $206.50

Yearly Deductible: $257.00 Projected 2016: $288.00

20% of Medicare approved amount copay

Covers observation status hospital stays

Part B & D income adjusted: single income over $106,000/year, and $212,000/year couple

Hold Harmless Provision

- Prevents social security payments from decreasing if Part B premium exceeds COLA. 2.8% increase in SS checks 2026
- If social security benefit increase covers the increase in Part B premium, then pay new amount. Average SS increase 54.00 in 2026
- Must have received social security and paid premiums in November & December of previous year
- Premium must be deducted from social security benefit

Some Can Delay Part B

- You or your spouse have medical insurance primary to Medicare through **CURRENT** employer
- **Inform SSA that you wish to delay**
- If covered by COBRA or lose employer coverage, you have 8 months to enroll in Part B
- Late Enrollment Penalty is 10% of premium for each month you were eligible and did not enroll

Supplemental/Medigap Insurance

- Private insurance covering out-of-pocket costs under Traditional Medicare only
- Must be 65 & have Parts A & B
- Premiums vary by company & coverage
- Plans C & F only available to those eligible for Medicare before 1/1/2020
- Guaranteed issuance & No Underwriting – first 6 months have Part B (at age 65)
- No coverage for prescriptions, dental, vision, long term care. Some add Silver Sneakers

Medigap Premium Types

- **Community Rating: All policy holders charged same premium without regard to age (65+). If raised, premiums must be raised for all.**
- **Issue-Age: Can base premiums based on age at time of purchase but cannot raise premiums based on age later. Can base premiums on other factors.**
- **Attained-Age: Can vary premiums based on age and increase based on age. Can base premiums on other factors**

Medicare Savings Programs

Based on income & assets

Qualified Medicare Beneficiary (QMB) – Pays Parts A & B premiums, copays, deductibles

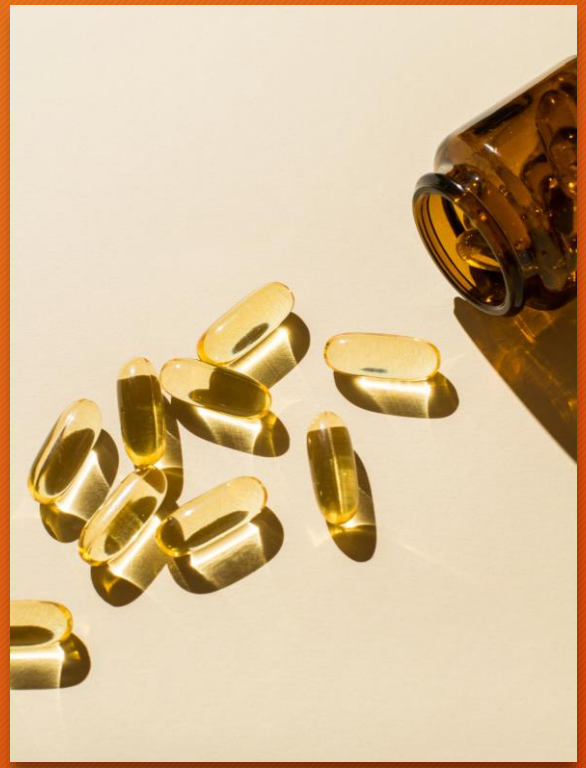
Specified Low Income Medicare Beneficiary (SLMB) – pays Part B premium

QI covers Part B premium

Qualified Disabled Working Individual (QDWI) – pays Part A premiums for under 65 with disabilities

Apply at JFS or call DHAD at 1-800-421-727

Part D: Prescription Coverage Choices



- **Part D included with most Medicare Advantage Plans**
- **Stand Alone Part D Plan – Select with Traditional Medicare**

- Do not need if have VA coverage or other creditable coverage
- Check on creditable coverage for 2026
- Lifetime Late Penalty – 1% of national base premium for each month not enrolled ($38.99 in 2026)
- **Cannot enroll mid year with some exceptions**

Part D Standard Benefit 2026

Initial deductible : $615 up from $590 in 2025

Initial Coverage Limit: 25% of costs up to $2100 including deductible (up from $2000 in 2025)

Catastrophic coverage: $0

Medicare Prescription Payment Plan

You can spread your costs over 12 months and be billed by your plan

$35 cap on insulin costs & no deductible

Stand Alone Plans 2026

- Some reductions in premiums
- Many have highest possible deductible ($615.00)
- Significant reduction in number of plans overall
- Only 3 plans serve those who qualify for extra help

Part D Selection Considerations

- Coverage & Cost
- Restrictions: prior authorization, quantity limits, step therapy
- Pharmacy network
- Star Ratings – some very low

Drug Coverage Star Ratings

- Member complaints
- Number who leave plan
- Provision of accurate drug pricing
- Ease of filling prescriptions
- Changes to plan

Low Income Subsidy Part D: Extra Help

- Expanded to 150% of poverty level
- Pay **$0** for premiums & deductibles in plans with premiums below $39.30 (Ohio benchmark)
- Reduced copays for generic and brand names
- Apply at ssa.gov or call DHAD at 1-800-421-7277

Check Prescription Prices Yearly

www.medicare.gov

Call Medicare:
1-800-633-4227

Call OSHIIP:
1-800-686-1578

Medicare Advantage Plans: Part C

- Must have Parts A & B
- Most include drug coverage
- Obtain Part D Stand Alone Plan if no drug coverage
- Out-of-Pocket Maximums
- Some $0 premiums
- Most do not require a 3-day hospital stay for rehab
- Provider limitations often apply

Medicare Advantage Plans

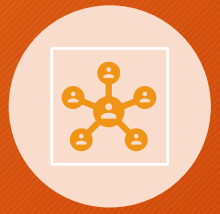
- Contract with federal government to provide Medicare coverage
- Not supplemental and cannot add supplement
- If purchase a supplement, will lose your MA plan
- If join a MA plan can switch to another or join Traditional Medicare Jan.1-Mar.31

MA Plans Offer Additional Benefits

- Fitness Benefit
- Telehealth
- Cash Cards
- Dental
- Hearing
- Vision

Selection Considerations

COST:
FOCUS ON SERVICES YOU USE MOST



COVERAGE:
FORMULARY, NETWORKS, EXTRA SERVICES

BENEFITS:
MAY BE SUBTLE DIFFERENCE

QUALITY:
STAR RATINGS

PLAN REPUTATION:
TALK TO PROVIDERS

Medicare Advantage Plan Star Ratings

- Preventive measures used by members – health screenings & vaccinations
- Member Complaints
- Appeals
- Members who choose to leave
- Provision of important information to members

Local Changes to MA Plans 2026

- Premiums relatively stable
- Numerous choices remain
- Significant increases in out-of- pocket limits in some plans
- Significant Increases in drug deductibles in some plans
- Extra benefits may be reduced

Special Needs Plans 2026

- Cover persons with chronic conditions, in nursing homes, duals
- Some have premiums
- Some have medical and drug deductibles
- Benefits vary & should be compared to other choices
- Duals will be forced into D-SNPs in 2026

My Care Ohio Next Generation: 2026

- For Ohioans with both Medicare and Medicaid
- Initial roll out 1/1/26 in counties where My Care is currently available
- Statewide explansion begins April 2-26 through August 2026
- Plans include: Anthem, Buckeye, CareSource & Molina
- Buckeye not available to accept new enrollees in 2026
- Letters to current enrollees should be in the mail
- Contact Medicaid Hotline: 800-324-8680

How to Analyze Costs & Coverage

Online:
www.medicare.gov

OSHIIP:
1-800-686-1578

Medicare:
1-800-633-4227

Switching Plans

You only can switch plans during certain times of the year

Can switch at Open Enrollment – **NOW !**

Can switch between January and March each year if in a MA Plan

Duals can opt-in and out monthly

MA Plan Marketing Guidelines

- Prohibits misleading information & high-pressure tactics
- Prohibits unsolicited contact by phone, text, email
- No door -to -door solicitation
- Brokers must inform of all plans they represent
- Must explain effect on current coverage, doctors, pharmacies, medications, costs

Appeal Rights in Medicare

- Right to appeal coverage & payment denials for covered services
- Appeal right slightly different for MA and Traditional Medicare
- Prescription appeals should go through doctor offices
- MA prior authorizations now monitored
- Appeal steps for observation status if changed after discharge in process

In Other News….

2026 & Beyond

General Updates

- Supplemental benefits offered by MA plans must issue mid-year notices to members re: unused benefits
- Medicare.gov accounts will now require email addresses
- Social Security will no longer issue paper checks as of 9/30/25
- WISer Demonstration – 6 states will demo prior authorization including OH, NJ,OK,TX,AZ, WA

5 Year Plan to Cover GLP-1 Drugs

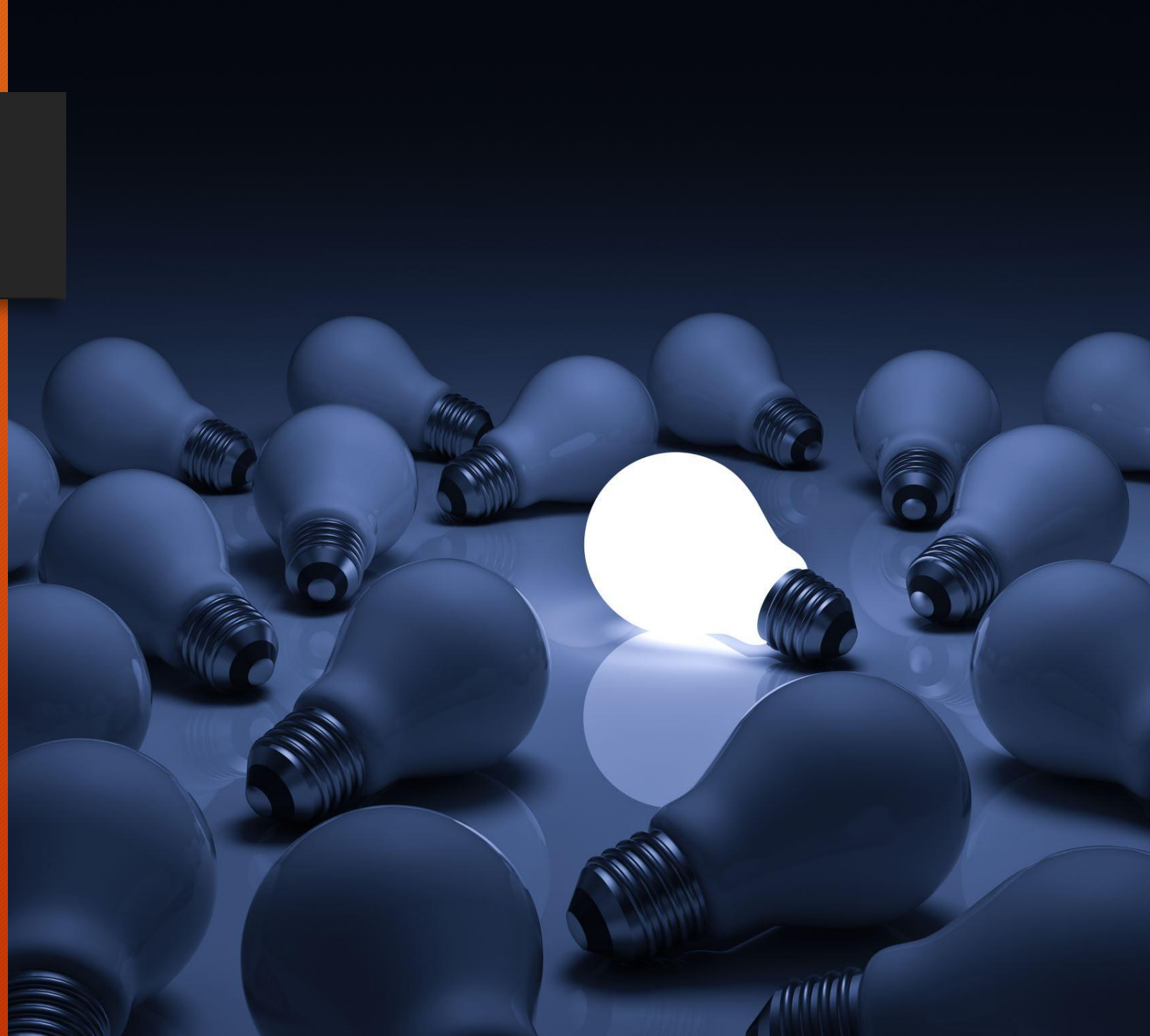
- Would allow state Medicaid and Medicare Advantage Plans to cover voluntarily
- Begin April 2026
- Hurdle is price in US: EX: Ozempic price in US approximately $938/month, Japan is $169/month
- Medicare now limits coverage to those with diabetes or heart disease
- Proposal not final yet

Medicare Trustees Report 2024

- Hospital Insurance Trust Fund Part A – Insolvent in 2033 causing payments to be cut
- Part B & D – remain financed adequately but increasing demands on beneficiaries
- Expenditures 2024 = $1.12 Billion
- 3.9% of GNP & 14% of federal budget in 2024

Possible Solutions to Short Fall

- Increase SS taxes
- Eliminate cap on taxes
- Cut provider payments
- Cut Medicare benefits



What Can We All Do?

- Stay aware of what is happening in DC and read about Medicare from reliable sources
- Ask your representatives what they believe is the solution
- Vote

Questions

Thank you