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Monthly Update

www.pipac.com

Iowa & South Dakota • December 2021

HealthSherpa

If you have not already done so, register for a HealthSherpa account today! HealthSherpa is a third-party website that helps agents simplify on-exchange enrollments at no cost.

HealthSherpa is fully integrated with the federal data hub, so subsidies are calculated in real time as people shop for plans.

Get Started with HealthSherpa:

Sign up Now! Create a HealthSherpa account now by going to www.healthsherpa.com, select "For Agents," and click on "Start Enrolling Faster." Simply enter your email address, create a password and click "Submit." Once your account is complete, click on "I am an agent joining an agency with a JOIN code" and enter the join code **ef3f**. This code will link your account to PIPAC so we can access your submissions for commissions.

Plan Year 2022 FFM Registration and Training is REQUIRED.

Please contact Jen at jennifer@pipac.com or Abbey at abbey@pipac.com with any questions. Or you can call the PIPAC Individual Health Department at 1-800-765-1710.

Open Enrollment is here!

2022 Medicare Annual Enrollment

Dates and deadlines you need to know

October 15, 2021

Start SELLING Medicare Advantage and Prescription Drug Plans for 2022

December 7, 2021

Annual Enrollment Period ENDS for 2022

January 1, 2022

Coverage BEGINS for 2022

Note: Certification and Product Training is required for each carrier in order to market and sell. If you have not completed certification - time is running out!

2022 Under 65 Open Enrollment

Dates and deadlines you need to know

November 1, 2021

Start SELLING Individual and Family Plans for 2022

January 15, 2022

Open Enrollment Period ENDS for 2022

January 1, 2022

Coverage BEGINS for 2022*

*Enrollments completed between December 15 and January 15 will have a February 1 effective date.

Note: If your clients don't enroll in a 2022 plan by January 15, 2022, they can't enroll in a health insurance plan for 2022 unless they qualify for a Special Enrollment Period.

PIPAC STAFF – The Health Insurance Experts



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Wellmark of South Dakota Grandfathered and pre-ACA Non-Grandfathered Plan Movement

Effective on or after January 1, 2022, some grandfathered and pre-ACA non-grandfathered plans will be allowed to make benefit changes if the policyholder/certificate holder is a resident of South Dakota.

Members eligible to change benefits to a less rich plan should complete the contract change form, which can be found on the PIPAC website or on the Wellmark Marketing Toolkit (from number N-3704 10/21 A) and follow the instructions on the form. All change requests will be reviewed to ensure any requested plan change allows grandfathered or pre-ACA non-grandfathered status to continue. The form will be returned if the requested plan change does not allow the grandfathered or pre-ACA non-grandfathered status to continue. The Plan Change Matrix can be found on the PIPAC website.

Contact the Individual Department with any questions at 1-800-765-1710.

DECEMBER 2021

Monday	Tuesday	Wednesday	Thursday	Friday
29	30	1	2	3 
6	7 Annual Enrollment Period ENDS	8	9	10 
13	14	15 Small Group Deadline	16	17 
20	21	22	23	24 Christmas Eve PIPAC Closed
27 PIPAC Closed	28	29	30	31 New Years Eve PIPAC Closed

PIPAC News/Events

SMALL GROUP DEADLINES

Small Group

1/1/2022 Effective Dates:

WM, UHC/UHC Heritage new group, renewal and plan change paperwork is due to PIPAC by **Wednesday, December 15. COMPLETED PAPERWORK MUST BE SUBMITTED BY 3:00 pm** to ensure processing.

Please visit www.pipac.com for the complete deadline schedule and other company deadlines.

LIVE FROM PIPAC, IT'S FRIDAY MORNING

at 9:00 am CT

Dec. 3rd, 10th, 17th

Contact Sidney at sidney@pipac.com to sign up for this webinar or to find out more about upcoming Facts and Snacks!

2022 Medicare A & B Summary and Part B & D Indexed Premiums

CMS has just released the 2022 Medicare Part A (Hospital) and Part B (physician services, outpatient care, test, supplies, etc) deductibles. The Part B deductible did go up for 2022 – the new deductible will be \$233.00.

2022 MEDICARE PART A

Part A is Hospital Insurance can cover costs associated with confinement in a Hospital or Skilled Nursing Facility.

When you are Hospitalized for	Medicare Covers	You Pay
1 – 60 Days	Most confinement costs AFTER the required Medicare Deductible.	\$1,556 Deductible
61 – 90 Days	All eligible expenses, AFTER the patient pays a per-day copayment.	\$389 per day Copayment as much as \$11,670
91 – 150 days	All eligible expenses, AFTER patient pays a per-day copayment. (These are lifetime reserve days which may never be used again.)	\$778 per day Copayment as much as \$46,680
151 days & more	NOTHING	YOU PAY ALL COSTS
At least 3 days, & enter a Medicare approved Skilled Nursing Facility within 30 days of discharge.	All eligible expense for the first 20 days; then all eligible expenses for days 21 – 100, after patient pays a per-day copayment	AFTER 20 days \$194 per day Copayment as much as \$15,560

2022 MEDICARE PART B

Part B is Medical Insurance and covers physician services, outpatient care, tests & supplies

On Expenses Incurred for	Medicare Covers	You Pay
<ul style="list-style-type: none"> • Doctor Office Visits • Lab Tests Outside Hospital • Surgeon's Fee • Anesthesiologist's Fee • Doctor Visits – In Hospital • Doctor Visits – Nursing Facility • Ambulance • Speech Therapy 	80% of all "approved" charges AFTER the required Medicare Deductible	\$233 Deductible PLUS 20% of all "Approved Charges Plus 100%" of any charges above the amount "approved" by Medicare
Preventative Services	100%	NOTHING

*On all Medicare-covered expenses, a doctor or health care provider may agree to accept Medicare "assignment." This means the patient will not be required to pay any expenses in excess of Medicare's "approved" charge. The patient pays only 20% of the "approved" charge not paid by Medicare.

Physicians who do not accept "assignment" of a Medicare claim are limited as to the amount they can charge for covered services. In 2022, the most a physician can charge for services covered by Medicare is 115% of the fee schedule amount for non-participating physicians.

Medicare Part B Premium for 2022 enrollees is \$144.60 each month.

2022 Part B Monthly Premium

Based on Modified Adjusted Gross Income from 2020

If you filed an individual tax return and your income in 2020 was:	If you were married but filed a separate tax return and your income in 2020 was:	If you filed a joint tax return and your income in 2020 was:	Part B Premium:
\$91,000 or less	\$91,000 or less	\$182,000 or less	\$170.10
\$91,001 - \$114,000	Not Applicable	\$182,001 - \$228,000	\$238.10
\$114,001 - \$142,000	Not Applicable	\$228,001 - \$284,000	\$340.20
\$142,001 - \$170,000	Not Applicable	\$284,001 - \$340,000	\$442.30
\$170,001 - \$500,000	\$91,001-\$409,000	\$340,001 - \$750,000	\$544.30
Above \$500,000	Above \$409,000	Above \$750,000	\$578.30

2022 Part D Monthly Premium

Based on Modified Adjusted Gross Income from 2020

If you filed an individual tax return and your income in 2020 was:	If you were married but filed a separate tax return and your income in 2020 was:	If you filed a joint tax return and your income in 2020 was:	You Pay (per month):
\$91,000 or less	\$91,000 or less	\$182,000 or less	Your Plan Premium
\$91,001 - \$114,000	Not Applicable	\$182,001 - \$228,000	Your Plan Premium +\$12.40
\$114,001 - \$142,000	Not Applicable	\$228,001 - \$284,000	Your Plan Premium +\$32.10
\$142,001 - \$170,000	Not Applicable	\$284,001 - \$340,000	Your Plan Premium +\$51.70
\$170,001 - \$500,000	\$91,001-\$409,000	\$340,001 - \$750,000	Your Plan Premium +\$71.30
Above \$500,000	Above \$409,000	Above \$750,000	Your Plan Premium +\$77.90

NEW Small Group Carrier in Iowa –



Network options that include Mayo Health Systems

- Plan flexibility – Many options for your groups to choose what fits their needs
- Members get unlimited visits with no cost sharing for use of UnityPoint Virtual Care and Virtuwell® - a 24/7 on-line clinic for simple and fast care (for HSA plans, coverage begins after deductible)
- All plans have out-of-network coverage
- COBRA/state continuation administration services are included.

Available to quote for 1/1/22 Effective Dates!

HealthSherpa and Oscar Enrollments

Beginning December 1, 2021, any applications for Oscar Health Plans, done through HealthSherpa will have to be completed using the Double Redirect. Additionally, any follow-ups required for Oscar Health Plan Enrollments will have to be done through Double Redirect as well.

Please contact the Individual Health Department with any questions at 1-800-765-1710.

Happy Holidays
from all of us at PIPAC!

PIPAC Health & Life Insurance Brokerage will be closed on the following days in observance of the Holidays:

**Friday, December 24th, 2021 and
Monday, December 27th 2021
Merry Christmas**

**Friday, December 31st, 2021 and
Monday, January 3rd, 2022
Happy New Year!**

We will return to regular business hours on Tuesday, December 28th and Tuesday January 4th, 2022!

If you have any questions or for more details please call 800.765.1710.



Wellmark has announced a new FAX number for Medicare Advantage applications!

Wellmark Advantage Health Plan applications can be done on-line on the Producer Connection page at www.wellmark.com. You will find the Enrollment Tool under the Quote, Enroll & Renew section at the top left-hand corner of the page.

PLEASE NOTE THE NEW FAX NUMBER – FAXED APPLICATIONS SHOULD NOW BE FAXED TO 1-855-213-5184. Applications that have been faxed to the previously announced number will be processed but please start using the new number immediately.

Applications must be submitted within 24 hours of signature date.

If you have any questions please contact Beth, beth@pipac.com or Carol, carol@pipac.com or you can call the Individual Department at 1-800-765-1710.

PIPAC's 2022 Retirement Healthcare Cost Estimator



Plans F and G are available in City and Country themes for Iowa and South Dakota.

GET YOURS ORDERED AND CUSTOMIZED TODAY!

To order, please call Brianna at 800-765-1710 or email her at brianna@pipac.com