

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

Open Enrollment processes, PEBB, LI-NET, Part D help, and complaints update

November 2017 volunteer training

Notes

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Learning objectives

As a part of the learning and feedback process, volunteers will be able to:

- Share how Open Enrollment is going.
- Share sources with Medicare beneficiaries to find information about open enrollment.
- Reference sources for 2018 Medicare premiums and Social Security benefits.
- Explain options for what to do if a beneficiary's drug is not covered in 2018.
- Help beneficiaries with Extra Help access LI-NET if needed.
- Share resources for other assistance to pay for prescription drugs.
- Explain enrollment periods that beneficiaries may be eligible for in 2018.

Troubleshooting and sharing time

Please take some time to share with your group:

- How Open Enrollment is going so far.
- What questions and problems you're experiencing.
- Things you've learned or problems you've solved (examples).

Open Enrollment confusion

SHIBA may receive calls from beneficiaries due to confusion about other coverage enrollment options that will occur starting this fall.

- The Exchange, or in our state, Washington Healthplanfinder (also called "Obamacare") for the individual health plan market for people not eligible for Medicare.

- Individual health plan Open Enrollment Period (OEP): Nov. 1, 2017 through Feb. 15, 2018 (on the Exchange) and Nov. 1, 2017 through Dec. 15, 2017 (off the Exchange)
- Beneficiaries who have Medicare are already considered covered by health insurance and they should not enroll in an individual health plan.
- Public Employees Benefits Board (PEBB) provides health coverage for current and retired state employees (see SHIBA and PEBB – “Ways we can assist” below).
 - PEBB OEP: Nov. 1, 2017 through Nov. 30, 2017
 - Retired PEBB members on Medicare **should contact PEBB** or the plans for more information or with questions about their options.

SHIBA and PEBB – Ways we can assist

PEBB recently released the retiree monthly premiums for 2018.

Important note: The PEBB retiree Open Enrollment occurs: Nov. 1 – Nov. 30, 2017 with changes taking effect Jan. 1, 2018.

Ways SHIBA volunteers CAN assist PEBB retirees on Medicare

- Everyone who has a Part D plan should do a yearly review of their plan options, and SHIBA can help.
- SHIBA is familiar with how the standardized Medicare Supplement plans work, so we can give general information about the Premera Medicare Supplement Plan F and how it works with Medicare.
- **PEBB Premera Medicare Supplement Plan F does not cover outpatient prescription drugs.** SHIBA can help with comparing stand-alone Part D drug plans by running a Medicare Plan Finder analysis.
- If retirees consider changing to the Premera Medicare Supplement Plan F from Kaiser or Uniform Medical Plan (UMP):

- SHIBA can help with estimating drug costs by using the Medicare Plan Finder.

Retirees can compare that information with total anticipated drug costs in their current plan by contacting Kaiser or UMP.

Ways SHIBA volunteers CANNOT assist PEBB retirees on Medicare

- SHIBA volunteers are not in a position to advise or compare PEBB options, including:
 - Kaiser Permanente plans
 - UMP plans

What SHIBA volunteers can suggest PEBB retirees do to get the information they need

- Attend a PEBB Benefits Fair
 - PEBB schedules fairs statewide Oct. 31, 2017 through Nov. 27, 2017.
 - See the schedule at: <https://www.hca.wa.gov/public-employee-benefits/benefits-fairs-schedule>
- Call the plan's customer service numbers with questions.
 - Find the contact numbers for all PEBB plans at: <https://www.hca.wa.gov/public-employee-benefits/employees/contact-plans>
- Contact PEBB Benefits Services:
 - Phone: 1-800-200-1004 (toll-free) or 360-725-0440 (Olympia)
 - TRS: 711 through Washington Relay
 - Office hours: Monday through Friday, 8 a.m. to 5 p.m. Pacific Time.
- Contact Retired Public Employees Council (RPEC) SHIBA Ombudsman Program at 360-352-8262 (Olympia).

Additional resource information

- Information about medical plans and benefits for PEBB retirees:
<https://www.hca.wa.gov/public-employee-benefits/retirees/medical-plans-and-benefits>
- 2018 Retiree monthly premiums:
<https://www.hca.wa.gov/assets/pebb/51-275R-2018.pdf>

Medicare premiums and Social Security benefits for 2018

In late November or early December, Social Security will send Medicare beneficiaries a letter about:

- COLA for Social Security benefits
- Premium amounts for Medicare Parts A and B

This information was not available for the November volunteer training. SHIBA will update its publications and website when Social Security releases the information.

Using Part D or Medicare Advantage drug coverage early in 2018

If a Medicare beneficiary recently switched Part D plans, they may need to bring to the pharmacy any information about their new plan, such as:

- Any letters they received, their Medicare card, and ID
- A copy of any electronic confirmation they received from medicare.gov

If a Medicare beneficiary has less than a three-day supply of drugs and are unable to get a refill, consult with your volunteer coordinator or regional training consultant.

What to do when a drug is NOT covered in 2018

If for some reason the plan no longer covers their drug in 2018, Medicare beneficiaries should work with their Part D plan, their health care provider, and their pharmacy

- They can ask the plan for a “**transitional supply**” of their current drug.
 - This is a temporary supply – up to 30 days to allow time to sort out the issue.
- They can check with their doctor if there is a different drug they can take that is on their plan’s formulary.
- They can request an exception from their Plan. There are two types of exceptions:
 - Formulary exceptions
 - Coverage of a drug not on the plan’s formulary, such as the brand-name version of a generic drug.
 - Waiving access restrictions (for example, step therapy)
 - Tier exceptions
 - For example, getting a tier 4 drug at a tier 3 cost
- Medicare beneficiaries should contact their plan or their pharmacy for help.
- Sometimes people think a drug isn’t covered, but really they just forgot their plan has a deductible they must meet in the new year before the plan will pay.

The plan will likely require supporting documents from the prescriber. If an exception is denied, the beneficiary can appeal it. Enrollees can contact the plan or look in their benefits book for information about how to appeal a denial.

LI-NET (Limited Income Newly Eligible Transition Program)

See the brochure on pages 11-12 or at:

<https://www.insurance.wa.gov/sites/default/files/documents/medicare-limited-income-net-program.pdf>

- It's designed for pharmacies and includes rules, help desk information for pharmacy providers, even the billing information they might need.
- You can send it to the pharmacy or give it to a Medicare beneficiary to take to the pharmacy.

LI-NET:

- Is designed to remove gaps in coverage for low-income people new to Part D coverage or who lose their Part D Plan due to a move or non-payment.
- Gives temporary drug coverage if an enrollee has Extra Help and no Medicare Part D drug plan.
- Coverage may be immediate, current and/or retroactive.

To be eligible for LI-NET the Medicare beneficiary must:

- Be enrolled in Medicare Part A or B.
- Approved for Extra Help or Medicaid.
- NOT be enrolled in a Part D (or MA-PD) plan.

Sometimes pharmacies will ask for proof such as an award letter from Medicaid or SSA or a ProviderOne Card.

Medicare's LI-NET Program:

- Has an open formulary
- Doesn't require prior authorization
- Has no network pharmacy restrictions

Notes

Medicare's Limited Income NET Program
Quick reference guide

Program eligibility

Individuals must not be enrolled in any other Medicare Part D prescription drug plan and must have either Medicare and Medicaid, or Medicare and the Low-Income Subsidy (LIS).

Two ways to submit a claim

1. Use the 4Rx data in the patient's enrollment confirmation letter, and use the Medicare claim number (on the red, white and blue Medicare card).
2. If the patient does not have a letter, use the entire Medicare claim number (on the red, white and blue Medicare card) and the 4Rx data below:

BIN = 015599

PCN = 05440000

Group ID = May be left blank

Cardholder ID = Medicare claim number (include letters)

Optional field:

Patient ID = Medicaid ID or Social Security number

Questions?

Call the Help Desk at 1-800-783-1307, or visit: www.humana.com/linet



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Need more information?



Visit these program websites:

www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/MedicareLimitedIncomeNet.html

This website provides:

- Tip sheet – Immediate need
- Tip sheet – Retroactive coverage
- Four steps for pharmacy providers
- Payer sheet

www.humana.com/linet

This website provides:

- Four steps for pharmacy providers
- Payer sheet
- Continuing education credits (Education on demand study modules are available for pharmacists and pharmacy technicians)

Call the Help Desk at 1-800-783-1307

- | | |
|--|---------------|
| If you are a pharmacy provider | Press 1, then |
| for claim rejections: | Press 1 |
| for Medicare Part B vs. Part D drug: | Press 2 |
| for eligibility verification: | Press 3 |
| to repeat options: | Press 4 |
| If you are a physician/prescriber | Press 2 |
| If you are a beneficiary/other | Press 3 |

Medicare's Limited Income NET Program

administered by Humana®

TIPS FOR PHARMACY PROVIDERS



1-800-783-1307
www.humana.com/linet

About Medicare's Limited Income NET Program

The Centers for Medicare & Medicaid Services (CMS) created this program to provide:

- 1. Point-of-sale prescription drug coverage** for individuals with Medicare's Low-Income Subsidy (LIS, also called "Extra Help") who are not yet enrolled in a Medicare Part D prescription drug plan.
- 2. Retroactive prescription drug coverage** for new "dual eligibles" — those individuals who are newly eligible for both Medicare and Medicaid, or Medicare and Supplemental Security Income (SSI).



Temporary coverage

All enrollees are **temporarily** covered by Medicare's Limited Income NET Program until CMS enrolls them in a standalone Medicare Part D prescription drug plan.



Note:

Use the 4Rx data on the temporary card provided in the patient's enrollment confirmation letter for Medicare's Limited Income NET Program.

If the patient does not have an enrollment confirmation letter for Medicare's Limited Income NET Program, follow the "Four steps for Pharmacy Providers" shown at right.

Four steps for pharmacy providers

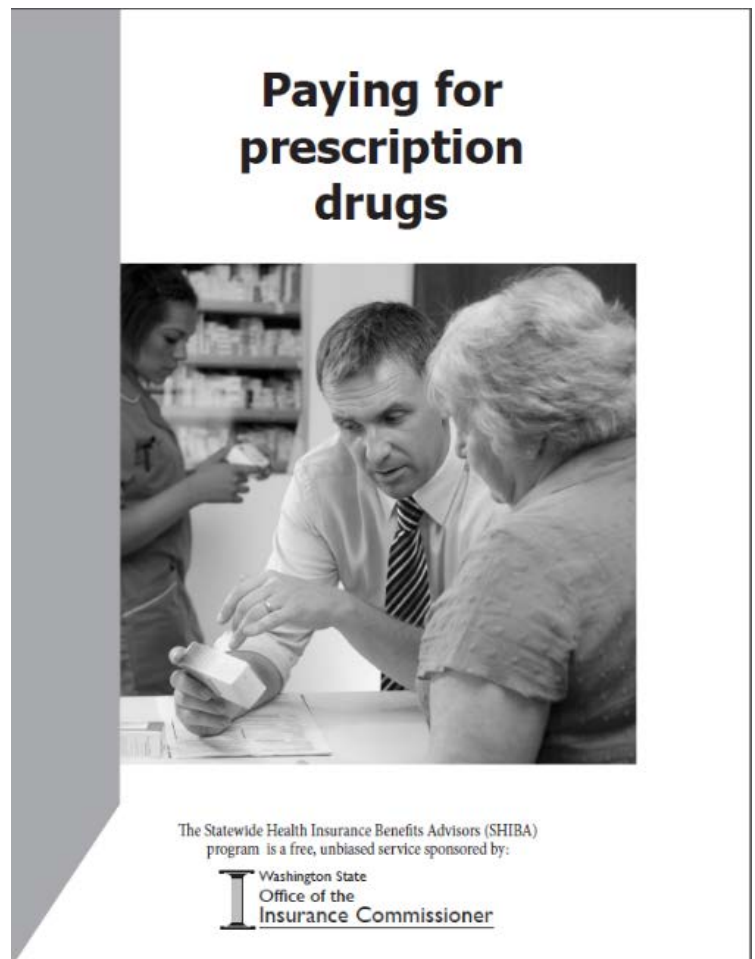
- 1. Request plan ID card**
If the patient has a Medicare Part D plan ID card or a Medicare Part D plan letter with 4Rx data, submit claims to the Part D payer. *If not, go to step 2.*
- 2. Submit an E1 transaction**
Submit a query to Medicare's online eligibility query system.
 - If the E1 query returns BIN/PCN, submit the claim to that Medicare Part D plan.
 - If the E1 query returns a Contract ID and help desk numbers, contact that Medicare Part D plan for the 4Rx data.
 - If the E1 query returns a telephone number for Contract ID "X0001," the patient is enrolled in Medicare's Limited Income Net Program. Use the 4Rx data located in this brochure's Quick Reference Guide. *If the query does not return plan enrollment, go to step 3.*
- 3. Verify eligibility for Medicare and either Medicaid or Low-Income Subsidy (LIS)**
If the patient cannot provide proof of eligibility, don't submit the claim. Refer the patient to his or her State Health Insurance Assistance Program (SHIP). *If the patient is eligible for Medicare's Limited Income NET Program, go to step 4.*
- 4. Submit claim**
Enter claim using the 4Rx data found in this brochure's Quick Reference Guide. For more information, see the program payer sheet: www.humana.com/linet.

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Paying for prescription drugs

To get a copy of this SHIBA publication, you can order through SHIBA's Fulfillment center (see the My SHIBA website), or to view the PDF go to: <https://www.insurance.wa.gov/sites/default/files/documents/paying-for-prescription-drugs.pdf>

This booklet is designed to help Medicare beneficiaries make informed decisions about their health and prescription drug coverage. It offers information about various prescription drug programs and plans, such as Medicare, individual health insurance plans, prescription discount cards, disease- and disability-related programs, free and low-cost programs, public health programs, buying online, and more.



Prescription drug assistance

The Prescription Drug Assistance Foundation (PDAF) at:

<https://prescriptiondrugassistance.org/>, offers help statewide for low-income people to get the medicines their doctors prescribe.

- PDAF does more than just make referrals—it helps with applications for assistance and seem to know about which Rx have programs and how to navigate the pharmaceutical assistance programs.
- PDAF help includes: prescription assistance, discount cards, discount coupons and copay assistance programs for specific diseases.

Rod Shutt for: Pierce, King, Snohomish, Whatcom, and west of the Cascades
206-518-0839
rods@prescriptiondrugassistance.org
FAX: 866-501-4924

Valenda Sanders for: East of the Cascades
509-979-4910
valendas@prescriptiondrugassistance.org
FAX: 888-342-6910

Kelly Armstrong for: East of the Cascades
509-981-6420
kellya@prescriptiondrugassistance.org
FAX: 888-342-6910

Annette Brown for Mason County only
360-463-2981
annetteb@prescriptiondrugassistance.org
360-463-2981

Complaints

Here are some pointers provided by SHIBA Complaint Specialist Becky Fueston, which may be helpful around Medicare Open Enrollment (see Complaint Process Overview on the next page).

- Medicare fraud schemes typically increase this time of year. To help prevent beneficiaries from becoming victims, it's very helpful if they can get as much information as possible about the potential fraud situation. For example:
 - Telephone number of the potential scammer
 - Company name
 - Copy of any mailers the beneficiary receives
- A common beneficiary complaint we receive this time of year is about the limited number of Medicare Advantage plans in a beneficiary's area. The Office of the Insurance Commissioner (OIC) does not regulate or have jurisdiction over Medicare Advantage plans, however, the federal government does (CMS.gov). A beneficiary's best option is to file a complaint with his or her congressional representatives.

Note: If you're copying a Client Contact Record (CCR) in SHIBA Online because you have a new contact with an existing beneficiary about the same complaint, make sure the complaints tab is marked "No." Otherwise it shows up as a new complaint in the system.

COMPLAINT PROCESS OVERVIEW

SHIBA Online Complaint Hotline Emails/Letters/Fax Consumer Advocacy Congressional/Legis. Offices



Medicare Related Plans	Provider Complaints (Provider/Facilities)	Interagency Complaints (i.e. L&I Claims and Medicare)	Fraud (Marketing/Agent, Identity Theft)
Medicare A/B – Fax to Region 10	Unsafe Facility Conditions – State Survey Agency	Attorney General's Office	SIRS Data Entry
Medicare Advantage C/D – data input to CTM	Hospital Conditions – Dept. of Health		Referrals to: SIU, OIG, AG
Medigap – Refer to Consumer Advocacy	Provider Concerns – Dept. of Health, Quality Assurance		Medicaid Fraud – Attorney General's Office
Follow up with Client Letter	Quality of Care/Discharge – Quality Improvement Organization		Follow up with Client Letter
Track Complaint Data			
Submit Monthly Report			

Review: Plan non-renewal Special Enrollment Period

Medicare beneficiaries who were notified in **October 2017** that their Medicare Advantage (MA) plan is leaving at the end of 2017, have until **Feb. 28, 2018** to enroll in a:

- Different MA plan (if one is available)
- Stand-alone Medicare Part D plan

You may join a Medigap (Medicare Supplement) plan (PDF, 219KB) within 63 days after your Medicare Advantage plan ends. You don't have to take a health screen.

Note: For Medigaps in the state of Washington, there is no guarantee issue for people under age 65.

It's best if beneficiaries make their enrollment choices before Dec. 31, 2017, so they don't have a break in their coverage.

Review: Medicare Advantage Disenrollment Period

Jan. 1, 2018 through Feb. 14, 2018:

- This is a disenrollment period for beneficiaries who want to leave their Medicare Advantage (MA) plan.
- Medicare beneficiaries must go back to Original Medicare.
- They're not allowed to use this period to enroll in a different MA plan.
- They may enroll in a Stand-alone Part D plan.
- Coverage starts the first of the month after the plan gets enrollment request.
- This enrollment period **does not** provide a guarantee issue for enrollment into a Medigap. Enrollee will need to pass health screening questionnaire and if they're under age 65, they have very limited options.

Review: Medicare General Enrollment Period

Enroll in Medicare Part A and/or Part B.

The General Enrollment Period is for people who missed their Medicare Initial Enrollment Period (IEP) and are **NOT** eligible for a Special Enrollment Period (SEP), based upon having **active** employer-based health insurance.

- Beneficiaries may join Original Medicare Parts A and B from Jan. 1 – March 31, 2018.
- Coverage starts July 1, 2018.
- Medicare beneficiary may have a late enrollment penalty.
- If a beneficiary wants a Medicare Advantage or a Medicare Part D plan, they must enroll in April, May or June of 2018. Their new plan(s) will all start July 1, 2018.

Review: Special Enrollment Period for people who lost eligibility for Extra Help as of Dec. 31, 2017

- Medicare beneficiaries should've received a "gray letter" from the Social Security Administration (SSA) in October 2017.
- Medicare beneficiaries should apply to SSA for Extra Help if they're eligible for it. Volunteers should use the Rainbow Chart to screen people for Extra Help.
- Medicare beneficiaries can apply for Extra Help at any time during the year, but if they're no longer eligible for Extra Help, then they can enroll, drop or change from Jan. 1 through March 31, 2018, for the following plans:
 - Stand-alone Medicare Part D plan
 - Medicare Advantage plan

The change will take effect the first of the month after the plan gets the enrollment request.

Volunteer activity

Match the timeline to the event. See p. 21 for the Medicare events timeline chart.

Timeline Column A	Column A Matches With Which Letter in Column B?	Event Column B
1. Now through Dec. 7, 2017		A. 2018 Federal Poverty Levels announced
2. Nov. 1, 2017 - Jan. 15, 2018.		B. General Enrollment Period (GEP)
3. Nov. 1, 2017 – Nov. 30, 2017		C. Exchange or Washington Healthplanfinder (also called “Obamacare”) Open Enrollment Period for individual health plans (people not eligible for Medicare)
4. Late November 2017 or Early December 2017		D. Medicare Advantage Disenrollment Period (MADP)
5. Dec. 8, 2017 – Feb. 28, 2018		E. Medicare Open Enrollment Period
6. Jan. 1, 2018 – Feb. 14, 2018		F. PEBB Open Enrollment Period
7. Jan. 1, 2018 - March 31, 2018		G. Plan non-renewal Special Enrollment Period
8. Approx. February 2018		H. Social Security COLA announced. Parts A and B Medicare premiums announced
9. Jan. 1, 2018 - March 31, 2018		I. Special Enrollment Period for people who joined Medicare A/B during the GEP
10. April 1 2018 - June 30, 2018		J. Special Enrollment Period for people who lost their Extra Help as of Dec. 31, 2017

Training course evaluation

Please see the evaluation at the end of this packet.

We value your feedback!

Training source references

- About Medicare's Limited Income NET Program Quick Reference Guide (see pages 11-12)
<https://www.insurance.wa.gov/sites/default/files/documents/medicare-limited-income-net-program.pdf>
- Medicare Limited Income NET Program. Information about LI-NET including downloads and related links:
 - Brochures:
 - LI-NET General Information PDF (18 pages)
 - Tip Sheet-Immediate Need (2 pages)
 - Tip Sheet-Retroactive Coverage (4 pages)
 - Medicare LI-NET eBrochure (also see pages 11-12 of this training)
<https://www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/MedicareLimitedIncomeNET.html>
- *Paying for prescription drugs* (see page 13)
<https://www.insurance.wa.gov/sites/default/files/documents/paying-for-prescription-drugs.pdf>

Medicare events timeline chart

Events now through early 2018.

Timeline Dates	Event	Comments
Now through Dec. 7, 2017	Medicare Open Enrollment Period	Changes effective Jan. 1, 2018
Nov. 1, 2017 – Jan. 15, 2018.	The Exchange or Washington Healthplanfinder (also called "Obamacare") Open Enrollment Period for individual health plans	NOT for people who already have Medicare. Enrollment by Dec. 15, 2017 to take effect Jan. 1, 2018. Enroll between Dec. 16, 2017 and Jan. 15, 2018 to take effect Feb. 1, 2018.
Nov. 1, 2017 – Nov. 30, 2017	PEBB Open Enrollment Period	For current and retired PEBB employees. Changes effective Jan. 1, 2018
Late November 2017 or Early December 2017	Social Security COLA announced. Parts A and B Medicare premiums announced	Effective Jan. 1, 2018
Dec. 8, 2017 – Feb. 28, 2018	Plan non-renewal Special Enrollment Period	Medicare beneficiaries can enroll in a stand-alone drug plan or an MA plan (if one is available). If the plan that is leaving is an MA plan, and the Medicare beneficiary is 65 or older, they're guaranteed a Medigap plan.

Jan. 1, 2018 – Feb. 14, 2018	Medicare Advantage Disenrollment Period (MADP)	Medicare beneficiaries must go to Original Medicare. Can enroll in a stand-alone drug plan. No guarantee to get a Medigap.
Jan. 1, 2018 - March 31, 2018	General Enrollment Period (GEP)	Enroll in Medicare Part A and/or B. For people who missed other Medicare enrollment periods. Coverage starts July 1, 2018.
Approx. February 2018	2018 Federal Poverty Levels announced	Income and asset limits for Extra Help and Medicare Savings program will adjust approx. April 2018.
Jan. 1, 2018 - March 31, 2018	Special Enrollment Period for people who lost their Extra Help as of Dec. 31, 2017	Can enroll in, switch or drop Stand-alone (Part D) plan or Medicare Advantage plan (Part C)
April 1, 2018 - June 30, 2018	Special enrollment period for people who joined Medicare Parts A and B during the GEP	Can enroll in a Stand-alone (Part D) or a Medicare Advantage plan (Part C). (Important: This ENDS June 30, 2018)

Washington State Office of the Insurance Commissioner ♦ Statewide Health Insurance Benefits Advisors (SHIBA)

2018 Medicare Part D Stand-Alone prescription drug plans Washington state

Note: The annual deductible could be between \$0 and \$83 for people with Extra Help.
For the exact amount, use personalized Plan Finder results or contact 1-800-MEDICARE.

Organization/plan name	Monthly premium	Premium with full Extra Help	Annual deductible	Contract & plan ID number
Aetna Medicare: 1-855-338-7030				
Aetna Medicare Rx Saver (PDP)*	\$32.60	\$0	\$320	S5810 / 064
Asuris Northwest Health: 1-888-369-3172				
Asuris Medicare Script Basic (PDP)	\$100	\$65.40	\$210	S5609 / 001
Asuris Medicare Script Enhanced (PDP)	\$160.50	\$125.90	\$0	S5609 / 002
Cigna – Health-Spring Rx: 1-800-735-1459				
Cigna HealthSpring Rx Secure (PDP)*	\$28.70	\$0	\$405	S5617 / 148
Cigna HealthSpring Rx Secure-Extra (PDP)*	\$49.40	\$14.80	\$0	S5617 / 275
Envision Rx Plus: 1-866-250-2005				
EnvisionRxPlus (PDP)*	\$12.60	\$0	\$300	S7694 / 030
Express Scripts Medicare: 1-866-477-5704				
Express Scripts Medicare – Choice (PDP)*	\$88.60	\$54.00	\$350	S5660 / 215
Express Scripts Medicare - Value (PDP)*	\$49.60	\$15.00	\$405	S5660 / 132
Express Scripts Medicare – Saver (PDP)*	\$22.60	\$4.50	\$405	S5660 / 246
First Health Part D: 1-855-389-9688				
First Health Part D Value Plus (PDP)*	\$56.20	\$21.60	\$0	S5768 / 153
First Health Part D Premier Plus (PDP)*	\$93.80	\$59.20	\$0	S5768 / 192
Humana Insurance Company: 1-800-706-0872				
Humana Walmart-Rx Plan (PDP)*	\$20.40	\$7.70	\$405	S5884 / 176
Humana Preferred Rx Plan (PDP)*	\$32.50	\$0	\$405	S5884 / 113
Humana Enhanced (PDP)*	\$73.80	\$39.20	\$0	S5884 / 028
Silver Script: 1-866-552-6106				
Silver Script Choice (PDP)*	\$30.40	\$0	\$0	S5601 / 060
Silver Script Plus (PDP)*	\$69.10	\$34.50	\$0	S5601 / 061

You can see the PDF of this chart on My SHIBA at:

<https://www.insurance.wa.gov/sites/default/files/documents/2018-medicare-standalone-plans.pdf>

Activity answers

Column A matches with which letter in Column B?	
1.	E.
2.	C.
3.	F.
4.	H.
5.	G.
6.	D.
7.	B.
8.	A.
9.	J.
10.	I.

Training Course Evaluation

Date of Training: _____

Training Location: _____

How can SHIBA improve the monthly trainings?

What additional trainings within our SHIBA scope would you like to see?

What SHIBA training materials (including QRCs) would you like to see added to My SHIBA?

Other: _____

If you prefer to give electronic feedback about curriculum, please contact:

Liz Mercer: lizm@oic.wa.gov or Judith Bendersky: judithb@oic.wa.gov