

SHIBA Basic Training

2025 Participant

Workbook

Section 1: Introductions

<u>For Volunteers</u>	<u>For others</u>
<ul style="list-style-type: none"> • Your name 	<ul style="list-style-type: none"> • Your name
<ul style="list-style-type: none"> • The place you volunteer with 	<ul style="list-style-type: none"> • Your agency, if we work together like that
<ul style="list-style-type: none"> • Who is your Volunteer Coordinator? 	<ul style="list-style-type: none"> • What is the work that brings our agencies together?
<ul style="list-style-type: none"> • Your motivation for being a SHIBA volunteer 	

Agenda

<u>Day 1 Agenda</u>	<u>Day 2 Agenda</u>
Overview of the Medicare program	Medicare Advantage plans
Getting started in Medicare	Medicare supplement plans
Eligibility and enrollment	Employer group plans
Covered benefits and costs <ul style="list-style-type: none"> • Part A • Part B • Part D 	Financial assistance for people with low incomes <ul style="list-style-type: none"> • Medicaid • Medicare Savings Program • Extra Help / LIS

Rules of engagement

- The program is about four parts, two systems, three markets.
- The program is about Getting Started - compared to other kinds of enrollment like switching - so it's focused on eligibility and enrollment.
- We won't be taking on other aspects of these parts, systems or markets right now; that will come later, in due time. You will help people with complaints and possible fraud and general challenges. We're eager to show you all of the work, but we need to manage the training load.
- This program is based on people turning age 65 who did not already have eligibility or enrollment on some other basis. We're going to focus on one kind of eligibility: people turning age 65 who did not already have another kind of eligibility - for example not previously eligibility due to disability and now turning age 65.
- We will have more training because some people might start Medicare ahead of age 65 and when they turn age 65 they have different kinds of enrollment options compared to what they had when they started and what people just starting at age 65, for the first time, have.
- Another way that we're shaping this program is to focus only on people who will no continue to work past age 65. It's true, of course, that many people do work past age 65 and defer getting started until they retire. We get lots of questions about that. So, naturally, we'll have plenty of training about that soon.
- Our focus in this program will be on people that not eligible or have declined employer group coverage (retiree health plan) or people that have not applied or have been denied coverage for Medicaid, the Medicare Savings Programs, or Extra Help with Medicare Part D. So, in other words, we're focused on people whose other insurance in addition to Medicare will be in the commercial market. We are going to explore eligibility for Medicaid, the Medicare Savings Programs, and Extra Help for Medicare Part D because we do want you - as part of your work as a volunteer advisor - to screen people for eligibility. In later programs, we'll talk in-depth about how to help people to apply and how to help people navigate these systems.
- We do, of course, gets lots of questions from people asking us to compare and contrast their options in the commercial market: should I elect a Medicare supplement plan or is a Medicare Advantage plan better? Which Medicare Advantage plan, from among the many that are offered where I live, should I choose? These are very important questions - and they are in your scope as a volunteer advisor. However, they are out of scope for this Basic Training program. Our focus will be on Getting Started, literally, getting enrolled on time, with no break in coverage and no penalty for late enrollment. Of course, we will discuss all those related topics soon and a lot.

Overview of Medicare

Knowledge

1. How four parts, two systems, three markets describe Medicare
2. Insight into some reasons this matters

Skills/abilities

1. Identify your own insurance
2. Help a client to understand their own needs, based on where they are starting

How about you?

1. Which parts of Medicare do you have now?
2. Do you have Original Medicare or Medicare Advantage?
3. Which market describes you, now:
 - Commercial market
 - Employer group health plan (retiree)
 - Medicaid – state
4. Are you receiving any financial assistance for Medicare costs?

What are some questions about Medicare that you have based on this depiction of the Medicare program?
1.
2.
3.
4.
5.

What are some questions about Medicare that you think clients might bring you – as a SHIBA volunteer advisor?

1.

2.

3.

4.

5.

“What kind of support will you need to answer these questions in real life?”

Eligibility and Enrollment

Knowledge

1. SSA manages eligibility and enrollment
2. There are conditions for eligibility – not just age
3. Not all people are enrolled automatically – and they may ‘decline’ and choose to start benefits later
4. Medicare premiums vary – it affects decisions about enrollment
5. Being on-time matters: what is “on-time” varies
6. The IEP and ICEP periods, for each part of Medicare

Skills/abilities

1. Describe your own path to eligibility and enrollment
2. Based on a client’s 65th birthday, define their IEP and ICEP
3. Help a client know whether they need to take action to enroll (not automatic)

We often sound like this

- The rule is <rule>
- Unless <special condition applies>
- Except when <exception case>

Eligibility for Medicare Part A, Medicare Part B

Condition	Condition
1.	1.
2.	2.
	3.
	4.

Let's practice

Scenario	As the volunteer advisor, you say:
My Mom is going to be turning 65 in April and I would like to know whether she's going to be eligible for Medicare?	

Let's meet up

Persona: Carol

- Will be 65 years old on May 10th.

Persona: Paul

- Will be 65 years old on April 6th.

Persona: Lupe

- Will be 65 years old on June 1st.

Persona: Jamal

- Will be 65 years old on September 23rd

Sketch the Medicare Part A, Part B IEP for each person, please.

	January	February	March	April	May	June	July	August	September	October	November	December
65 Birthday					10-May							
Start / End of IEP for Medicare Part A and Medicare Part B												

	January	February	March	April	May	June	July	August	September	October	November	December
65 Birthday				6-Apr								
Start / End of IEP for Medicare Part A and Medicare Part B												

	January	February	March	April	May	June	July	August	September	October	November	December
65 Birthday						1-Jun						
Start / End of IEP for Medicare Part A and Medicare Part B												

	January	February	March	April	May	June	July	August	September	October	November	December
65 Birthday									23-Sep			
Start / End of IEP for Medicare Part A and Medicare Part B												

Name	IEP Start date	IEP End date	Enroll before <date> "no break in coverage"	Enroll before <date> "no late penalty"	If I enroll on the last 'on time' date, my coverage start date is
Carol					
Paul					
Lupe					
Jamal					

				If stop work at age 65		
Name	Birthday	IEP Start date	IEP End date	Enroll before <date> "no break in coverage"	Enroll before <date> "no late penalty"	If I enroll on the last 'on time' date, my coverage start date is
Carol	May 10, 2025	February 1, 2025	August 31, 2025	April 30, 2025	August 31, 2025	September 1, 2025
Paul	April 6, 2025	January 1, 2025	July 31, 2025	March 31, 2025	July 31, 2025	August 1, 2025
Lupe	June 1, 2025	February 1, 2025	August 31, 2025	May 1, 2025	August 31, 2025	September 1, 2025
Jamal	September 23, 2025	June 1, 2025	December 31, 2025	August 31, 2025	December 31, 2025	January 1, 2026

Let's meet up

Carol started her retirement benefit from SSA when she was 63 years old.

Paul plans to take this SSA retirement benefit at the same time as he retires. He's already filed the paperwork on-line.

Lupe is not eligible for a SSA retirement benefit: she has 32 quarters of work credits (not 40).

Jamal plans to wait until age 70 to draw his SSA benefit.

Who gets auto-enrolled?

Name	Auto-enroll?	If yes, start date
Carol		
Paul		
Lupe		
Jamal		

Let's practice

Q / Will I be automatically enrolled when I turn age 65?

A / It depends. Let me ask: are you taking your SSA retirement check already?
Did you start that more than four (4) months ahead of your age 65 birthday?

- Ask
 1. Ask the client about their SSA benefit
 2. Ask the client about working past age 65
- Tell
 3. Tell the client why you are asking
 4. Tell the client why it matters
- Share
 5. A graphic image to help guide the conversation
 6. A summary they can take away

Medicare Part A

Knowledge

1. Medicare Part A is ‘hospital’ or ‘inpatient’ care
2. Medicare Part A is ‘major medical’ insurance
 - There are significant costs for covered services
3. Only a small number of beneficiaries have a premium for Part A
 - There can be financial assistance for that cost
4. Details about Medicare Part A covered benefits and beneficiary cost sharing depend upon Original Medicare or Medicare Advantage systems
5. In general, for hospital or inpatient care, what is covered and what you pay depends upon several factors – it’s not always the standard amount

Skills/abilities

1. Define your own out-of-pocket costs for Medicare Part A covered services
2. Using a job aid, illustrate for a client some of the beneficiary costs for Part A in Original Medicare
3. Help a client know whether they may have “premium Part A”
4. Explain to a client how to check their own coverage for Medicare Part A benefits

Medicare Part A	
Item	You pay
Hospitalization	
Deductible	
Co-insurance	
Hospice Care	
Co-insurance or co-pay	
Skilled Nursing Facility Care	
Part A: blood	

You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D <i>OR</i> "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

What are some questions about Medicare Part A that you think clients might bring you – as a SHIBA volunteer advisor?
1.
2.
3.
4.
5.

“What kind of support will you need to answer these questions in real life?”

Medicare Part B

Knowledge

1. Medicare Part B is 'medical' or 'outpatient' care
2. Medicare Part B is 'major medical' insurance
 - Not all the services you need are covered
 - There are significant costs for covered services
3. The premium for Part B varies
4. Details about Part B covered benefits and beneficiary cost sharing depend upon Original Medicare or Medicare Advantage systems

Skills/abilities

1. Define your own out-of-pocket costs for Medicare Part B covered services
2. Using a job aid, illustrate for a client some of the costs for Part B in Original Medicare
3. Help a client know whether they **may** have a surcharge or financial assistance for Part B
4. Explain to a client how to check their own coverage for Medicare Part B benefits

Medicare Part B	
Item	You pay
Part B deductible	
Part B co-insurance or co-pay	
Preventive care co-insurance	
Part B: blood	
Part B excess charges	

You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D <i>OR</i> "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

What are some questions about Medicare Part B that you think clients might bring you – as a SHIBA volunteer advisor?
1.
2.
3.
4.
5.

“What kind of support will you need to answer these questions in real life?”

Medicare Part D

Knowledge

1. Medicare Part D is outpatient prescription drug coverage: it's complex
2. Part D coverage is through private companies that contract with Medicare
3. Beneficiaries may elect Part D coverage through either the Original Medicare or Medicare Advantage system
4. Beneficiaries don't need Part D coverage if they have other 'creditable coverage'
5. The Medicare Part D premium varies, based on many factors
6. Part D covered drugs and beneficiary cost sharing depend upon many factors
7. The Medicare 'Plan Finder' tool is our resource for helping
 1. research options
 2. enroll people into coverage

Skills/abilities

1. Define your own approach to prescription drug coverage
 1. Medicare health plan
 - MA-PD
 - Stand-alone Part D
 2. Other creditable coverage
2. Help a client know whether they may have a surcharge or financial assistance for Part D
3. Explain to a client *how* to compare their coverage options for Medicare Part D coverage, using the Medicare 'Plan Finder' tool at the Medicare web site (www.medicare.gov)

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D <i>OR</i> "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

How about you? Medicare Part D

1. Do you have a Medicare prescription drug plan now?
2. Is this a MA-PD plan?
3. Is it related to
 1. retiree coverage
 2. commercial market
4. Tell us about why you chose that...
5. What would you have us know about your experience so far?

Medicare Advantage

Knowledge

1. Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) plans are a system of care for Medicare-covered benefits that beneficiaries can elect
2. Most Medicare Advantage plans include additional benefits that are not covered in Original Medicare: vision, dental, hearing, etc.
3. Most Medicare Advantage plans include Part D coverage, too. In MA-PD plans, Part D covered drugs and beneficiary cost sharing depend upon many factors
4. Beneficiaries may elect Part D coverage through either the Original Medicare or Medicare Advantage system but can't 'mix & match'
5. Medicare Advantage plans are 'managed care' plans that require or incentivize members to use a provider network and comply with other forms of cost controls and quality assurance activities.
6. Medicare Advantage plans have a service area requirement for enrollment.
7. Medicare Advantage coverage is through private companies that contract with Medicare, on an annual basis.
8. To know the details about covered benefits and limitations and exclusions requires careful reading of plan documents.
 1. Most clients don't and we can help.
9. Enrolled members receive notices of significant changes, including an ANOC – Annual Notice of Changes – before the Medicare Open Enrollment Period (in the Fall)
10. The Medicare 'Plan Finder' tool is our resource for helping
 - research options
 - enroll people into coverage

Skills/abilities

1. Define your own approach to Medicare Advantage plan coverage
 - Medicare health plan
 - MA-PD
 - MA plan

2. Explain to a client that Medicare Advantage plans are different from – and exclusive of – the Original Medicare system of care
3. Explain to a client *how* to compare their coverage options for Medicare Advantage coverage, using the Medicare ‘Plan Finder’ tool at the Medicare web site (www.medicare.gov)
 - This would often be supplemented by contact with their health care provider business office.

Medicare Advantage cost sharing

Medicare Part A		Medicare Part B		Medicare Advantage Plan	
Item	You pay	Item	You pay	Item	You pay
Hospitalization		Part B deductible			
Deductible		Part B co-insurance or co-pay			
Co-insurance		Preventive care co-insurance			
Hospice Care		Part B: blood			
Co-insurance or co-pay		Part B excess charges			
Skilled Nursing Facility Care					
Part A: blood					

How about you? Medicare Advantage

1. Do you have a Medicare Advantage plan now?
2. Is this a MA-PD plan?
3. Is it related to
 1. retiree coverage
 2. commercial market
4. Tell us about why you chose that...
5. What would you have us know about your experience so far?

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D <i>OR</i> "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

What are some questions about **Medicare Advantage** that you think clients might bring you – as a SHIBA volunteer advisor?

1.

2.

3.

4.

5.

“What kind of support will you need to answer these questions in real life?”

Medicare supplement plans

Knowledge

1. Eligibility is based on enrollment in Medicare Part A and Part B
 - Can't have MA nor some Medicaid
2. Aligned with Original Medicare system of care
3. Insurance for cost sharing (deductibles, co-insurance, co-pays) for Medicare Part A, Medicare Part B covered services
 - Insurance is limited to Medicare covered services
4. Enrollment is both protected and restricted
5. What are guaranteed issue rights?
6. Understand the Medigap OEP period and the significance of this for beneficiaries
7. SHIBA has resources for clients and volunteer advisors
8. Standardized plans sold by private companies
9. Insured coverage varies by the plan (lettered)
10. There is no 'provider network'
11. Monthly premium varies by the company
12. Regulated by CMS and State (consult with NAIC)
13. Washington laws and rules matter

Skills/abilities

1. Explain to a client the kind of insurance that a Medicare supplement plan is – and it not – in the context of 'four parts, two systems, three markets'
2. Explain to a client the "Medigap OEP" and the consequences of missing this opportunity
3. Using a SHIBA publication, explain to a client the coverage provided by Medigap Plan G – relative to Part A and Part B cost sharing

Let's Practice

Q/ Can I still get a Medicare supplement plan with no health screen?

A/ It depends. There are rules about that. I need to ask about:

- When you turned age 65 and
- When you started Medicare Part B

Scenario
What kinds of questions – about eligibility and Medigap OEP do you imagine you'll get as a volunteer, when you're working with clients?
1.
2.
3.
4.
5.

Let's practice

Company	Monthly Premium Plan G age 65 and over
CIGNA	
State Farm Insurance	
USAA	

Medigap covered benefits

Medicare Part A	
Item	You pay
Hospitalization	
Deductible	
Co-insurance	
Hospice Care	
Co-insurance or co-pay	
Skilled Nursing Facility Care	
Part A: blood	

Medicare Part B	
Item	You pay
Part B deductible	
Part B co-insurance or co-pay	
Preventive care co-insurance	
Part B: blood	
Part B excess charges	

Let's practice

Paul is interested in knowing more about Medicare supplement Plan G.

Please explain the covered benefits – relative to the cost-sharing for Medicare Part A and Part B – using the publications you have.

Ask	
Tell	
Share	

What does the beneficiary pay out of pocket, with Plan G, after Medicare pays?

Ask	
Tell	
Share	

These are standard plans. “Plan G is Plan G”

Ask	
Tell	
Share	

You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D <i>OR</i> "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

How about you?

1. Do you have a Medicare Supplement plan now?
2. Is it related to
 1. retiree coverage
 2. commercial market
3. Which lettered plan do you have?
4. Tell us about why you chose that...
5. What would you have us know about your experience so far?

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

“What kind of support will you need to answer these questions in real life?”

Employer group plans

1. Helping beneficiaries enrolled in or considering employer / union group health plan is in scope for SHIBA volunteers, with respect for other professionals, too
2. Groups set their own rules for eligibility and enrollment. There is lots of diversity about how these plans are organized and relate to Medicare; *'if you've seen one, you've seen one'*.
3. Employers are required to notify members if their Rx coverage is creditable or not.

Skills/abilities

1. Identify your own insurance
2. Help a client to understand their own needs and options, based on an interview with them and available resources

What are some questions about that you have based on this depiction of employer group health plans and programs?
--

1.

2.

3.

4.

5.

You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D <i>OR</i> "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

How about you? Employer group

1. Do you have an employer group plan now?
2. Is this a MA-PD plan?
3. What about Part D or creditable coverage?
4. Tell us about why you chose that...
5. What would you have us know about your experience so far

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

What are some questions about **employer group health plans** that you think clients might bring you – as a SHIBA volunteer advisor?

1.

2.

3.

4.

5.

“What kind of support will you need to answer these questions in real life?”

Medicaid

1. Medicaid is a viable insurance option for Medicare beneficiaries with low income (and limited assets)
2. People with both Medicare and Medicaid may be referred to as ‘dual-eligible’ beneficiaries. They may elect Original Medicare or Medicare Advantage systems of care.
3. Washington State government administers the Medicaid program under the direction of the federal government; both parties influence the rules and funding
4. Although people’s eligibility and enrollment in Medicare rarely ceases once established, interrupted or cancelled Medicaid eligibility is common
5. Many aspects of the Medicare program, including eligibility, enrollment, plan options, premiums, and covered services and cost sharing can be different for ‘dual-eligible’ people.
6. Our clients often are not aware of their Medicaid status and need help to know that.

Skills/abilities

1. Identify your own insurance – and Medicaid status
2. Using a job aid, assess whether a client may be likely to qualify for financial assistance, including Medicaid insurance

You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D <i>OR</i> "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

How about you? Medicaid

1. Do you have Medicaid now?
2. Is this a MA-PD plan?
3. Tell us about why and how you chose that...
4. What would you have us know about your experience so far?

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

What are some questions about **Medicaid** that you think clients might bring you – as a SHIBA volunteer advisor?

1.

2.

3.

4.

5.

“What kind of support will you need to answer these questions in real life?”

Medicare Savings Programs (MSP's)

Knowledge

1. Medicare Savings Programs (MSP) are specialized Medicaid programs for Medicare beneficiaries with low income – assets are not considered
2. This eligibility can be referred to as “partial benefit” Medicaid – to distinguish from “full benefit” Medicaid; both may be referred to as ‘dual-eligible’ beneficiaries
3. There are four (4) kinds of programs: our focus is on the two called “QMB” and “SLMB”
4. QMB results in coverage for Medicare (Part A, Part B) premiums and cost sharing for Medicare-covered services
5. SLMB results in coverage for Medicare (Part A, Part B) premiums
6. Our partners in local Area Agencies on Aging and Aging & Disability Resource Centers are key

Skills/abilities

1. Explain, at a high level, the benefits a person could receive with MSP
2. Find a local AAA / ADRC organization, using the “Eldercare Locator”
3. Using a job aid, assess whether a client may be likely to qualify for financial assistance, including Medicare Savings Program

Let's practice

Choose a client that we discussed earlier – imagine extending the conversation to make them aware of the MSP programs: SLMB, QMB.

What will you tell them to explain the potential benefits?

Jamal says his income since he retired is going to be about \$4,000 per month.

Is he <i>likely</i> to be eligible for MSP?	Yes, why?	No, why?

You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D <i>OR</i> "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

How about you? MSP

1. Do you have MSP now?
2. QMB or SLMB?
3. Tell us about how you got started...
4. What would you have us know about your experience so far?

What are some questions about Medicare Savings Programs that you have based on this program?

1.

2.

3.

4.

5.

What are some questions about Medicare Savings Programs that you think clients might bring you – as a SHIBA volunteer advisor?

1.

2.

3.

4.

5.

“What kind of support will you need to answer these questions in real life?”

Extra Help, SSA

Knowledge

1. Medicare Part D *Extra Help* -- for Medicare beneficiaries with income too high to qualify for MSP or full-benefit Medicaid -- is administered by SSA.
2. For this program, assets (also called “resources”) are considered; not all are countable.
3. This is not Medicaid; these are not dual-eligible beneficiaries.
4. A person can apply and qualify for *Extra Help*, SSA at any time.
5. *Extra Help*, SSA works with MA-PD plans as well as stand-alone Part D plans
6. The premiums and cost sharing are much lower than the market for other beneficiaries.
7. There is NO estate recovery for these programs that help with Medicare premiums and cost sharing.

Skills/abilities

1. Explain, at a high level, the benefits a person could receive with *Extra Help*, SSA
8. Using a job aid, assess whether a client may be likely to qualify for *Extra Help*, SSA

What are some questions about Medicare Extra Help, SSA that you have based on this program?

1.

2.

3.

4.

5.

What are some questions about Medicare *Extra Help*, SSA that you think clients might bring you – as a SHIBA volunteer advisor?

1.

2.

3.

4.

5.

“What kind of support will you need to answer these questions in real life?”




Statewide Health Insurance
Benefits Advisors (SHIBA)



1

Welcome

- Introducing your Trainer
- Invite SHIBA staff to say hello
- Ask for Volunteer Coordinators to say hello
- Please introduce yourself to us all



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2

Trainer introduction

Hi, I'm <Name>

My contact information is in your packet.

About me -




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3

Tell us about YOU

- Your name
- The place you volunteer with
 - Who is your Volunteer Coordinator?
- Your motivation for being a SHIBA volunteer
- Your name
- Your agency, if we work together like that
- What is the work that brings our agencies together?



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4

SHIBA volunteer advisor

Help people understand their rights and protections and options.

- Different people will decide differently
- Their insurance is their choice.
- It's not 'right/wrong' or 'good/bad'
- We are unbiased and neutral about the best course for them.

Yes, this is challenging.




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A day in the life

- What kinds of questions you're likely to get
- Who those questions will be coming from
- What are our expectations
- What resources are available to you
- Opportunities to learn and grow and practice
- Resources we want you know about




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6

Day 1 – Medicare is diverse


- Overview of the Medicare program
- Getting started in Medicare
- Eligibility and enrollment
- Covered benefits and costs
 - Part A, Part B, Part D

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Day 2 – More than Medicare


- Medicare Advantage plans
- Medicare Supplement plans
- Employer Group Plans
- Financial assistance for people with low incomes
 - Medicaid
 - Medicare Savings Program
 - Extra Help / LIS

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Personas

- Are eligible for Medicare at age 65
- Use their initial enrollment period
- Enroll into Medicare Part A and Medicare Part B *and get either*
- Medicare Part D and Medicare Supplement plan
- Medicare Advantage – Prescription Drug plan


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Rules of engagement

Please see page < 2 > in the workbook.

Overview of Medicare
Four parts, two systems, three markets



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Outcomes: Overview of Medicare

Knowledge

1. How four parts, two systems, three markets describe Medicare
2. Insight into some reasons this matters

Skills/abilities








1. Identify your own insurance
2. Help a client to understand their own needs, based on where they are starting




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Medicare systems of care

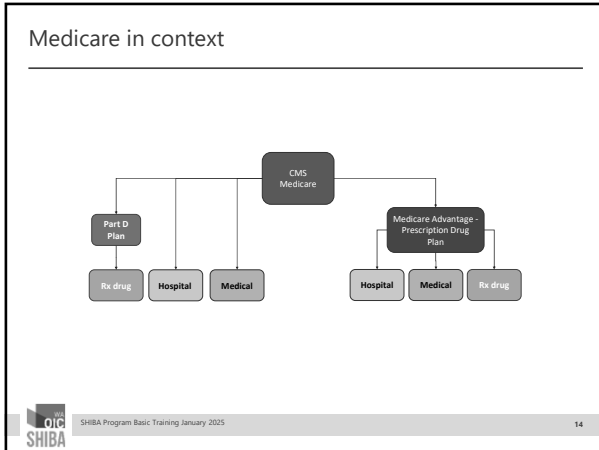
<p>Original Medicare</p> <p><input checked="" type="checkbox"/> Part A </p> <p><input checked="" type="checkbox"/> Part B </p> <p>You can add:</p> <p><input type="checkbox"/> Part D </p> <p>You can also add:</p> <p><input type="checkbox"/> Supplemental coverage </p>	<p>Medicare Advantage (also known as Part C)</p> <p><input checked="" type="checkbox"/> Part A </p> <p><input checked="" type="checkbox"/> Part B </p> <p>Most plans include:</p> <p><input checked="" type="checkbox"/> Part D </p> <p><input checked="" type="checkbox"/> Some extra benefits</p> <p>Some plans also include:</p> <p><input type="checkbox"/> Lower out-of-pocket costs</p>
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This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a current or former employer or union, or Medicaid.



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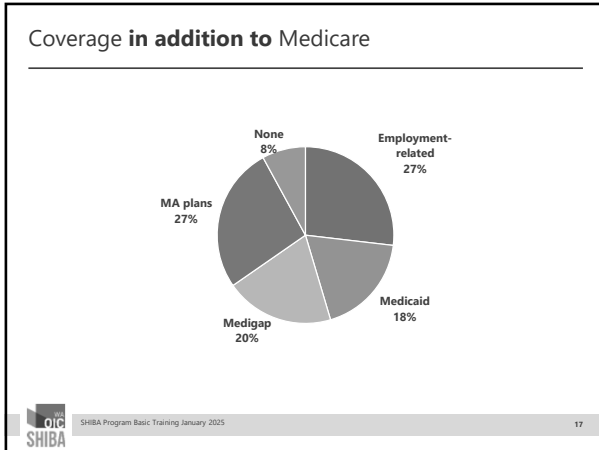
14

- ### Not covered by Original Medicare
- **Prescription drugs**
 - Eye exams
 - Hearing aids
 - Therapies
 - Acupuncture
 - Chiropractic
 - Massage
 - Naturopathy
 - Dental care
- SHIBA Program Basic Training January 2025 15

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- ### Medicare: 'major medical' insurance
1. Does not cover all medically needed services
 2. Does not pay 100% for all covered services
 - There is cost sharing for patients
 - Deductibles
 - Co-insurance
 - Co-pays
- SHIBA Program Basic Training January 2025 16

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About additional coverage

So, more than 90% of beneficiaries elect other insurance in addition to their Medicare entitlement: Medicare Part A and Medicare Part B.

These are not exclusive categories. Specifically, 1/2 of employment-related coverage was in MA plans and 1/2 of Medicaid coverage was in MA plans. So, total enrollment in MA plans is over 50%.

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Medicare systems of care

Original Medicare	Medicare Advantage (also known as Part C)
<input checked="" type="checkbox"/> Part A <input checked="" type="checkbox"/> Part B You can add: <input type="checkbox"/> Part D You can also add: <input type="checkbox"/> Supplemental coverage	<input checked="" type="checkbox"/> Part A <input checked="" type="checkbox"/> Part B Most plans include: <input checked="" type="checkbox"/> Part D <input checked="" type="checkbox"/> Some extra benefits Some plans also include: <input type="checkbox"/> Lower out-of-pocket costs

This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a current or former employer or union, or Medicaid.

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Coverage in addition to Medicare

- Employer group insurance programs
 - Offered through (former) employer or union
- Commercial market insurance
 - Medicare Advantage plans
 - Medicare Supplement plans
- Medicaid
 - Full-benefit programs
 - Partial-benefit programs

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Medicare in context

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Part D or creditable coverage; other covered benefits	Part D or creditable coverage; other covered benefits
Employer Group Health Plans		
Medicaid - State		

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How about you?


1. Which parts of Medicare do you have now?
2. Do you have Original Medicare or Medicare Advantage?
3. Which market describes you, now:
 - Commercial market
 - Employer group health plan (retiree)
 - Medicaid – state
4. Are you receiving any financial assistance for Medicare costs?

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So, what?

- Who makes the rules about eligibility?
- Who determines the enrollment timelines?
- Who holds the contracts with providers?
- Who sets the benefits and make the rates for cost sharing?




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Your questions?

What are some questions about Medicare that you have based on this depiction of the Medicare program?




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Client questions?

What are some questions about Medicare that you think clients might bring you – as a SHIBA volunteer advisor?



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We're here for you

"What kind of support will you need to answer these questions in real life?"



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Eligibility and Enrollment

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Outcomes: Eligibility and Enrollment, 1 of 2

Knowledge

1. SSA manages eligibility and enrollment
2. There are conditions for eligibility – not just age
3. Not all people are enrolled automatically – and they may ‘decline’ and choose to start benefits later
4. Medicare premiums vary – it affects decisions about enrollment
5. Being on-time matters: what is “on-time” varies
6. The IEP and ICEP periods, for each part of Medicare

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Outcomes: Eligibility and Enrollment, 2 of 2

Skills/abilities

1. Describe your own path to eligibility and enrollment
2. Based on a client’s 65th birthday, define their IEP and ICEP
3. Help a client know whether they need to take action to enroll (not automatic)

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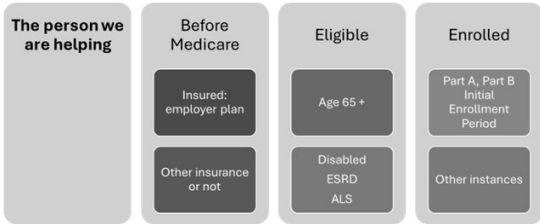
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We often sound like this

- The rule is <rule>
- Unless <special condition applies>
- Except when <exception case>

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Person-centered counseling



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Eligibility

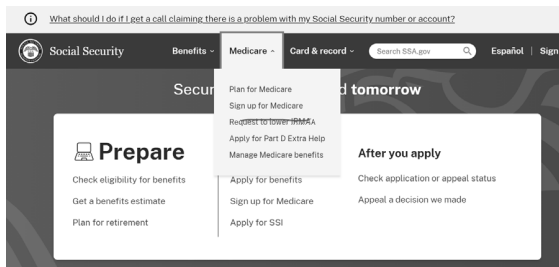
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Authority

- SSA determines eligibility and manages enrollment
 - being 65, in and of itself, does not necessarily mean eligible for Medicare
- SSA determines the monthly premium for Medicare Part A
 - you might be eligible for Medicare, but not for premium-free Medicare Part A

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Social Security Administration



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Eligibility

Conditions	Conditions
1.	1.
2.	2.
	3.
	4.

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Eligibility

<ol style="list-style-type: none"> 1.US citizen 2.legal permanent resident 	<ol style="list-style-type: none"> 1.over age 65 2.disabled 3.ESRD 4.ALS
--	--

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How about you?

Question:

- Are you eligible for Medicare?

Tricky question:

- When will you be eligible for Medicare?

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Let's practice


My Mom is turning 65 in April -- and I would like to know if she's going to be eligible for Medicare?

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Personal reflection

- What was easy about that?
- What was hard about that?
- What was unexpected about that?
- How did it feel to do that?
- *How can you be better prepared next time?*




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Eligibility

- Eligible does not mean "must enroll on-time", but for most people there are bad consequences for not enrolling on-time.
- Our work is to be sure they are fully informed.
 - Ask / Tell / Share
- They need to know why and, if not, why not.




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Enrollment

Part 1 of 2



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Checklist

- Get informed about rights and options
- Make a decision to enroll (or wait)
- Choose a
 - market
 - system of care
- Take action to get enrolled
- Pay premiums

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Getting Started in Medicare

In this program, we're focused on relatively straightforward – but realistic – scenarios.

Initial Enrollment Period for

- Medicare Part A
- Medicare Part B
- Medicare Part D


Initial Coverage Election Period for

- Medicare Part C

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Initial Enrollment Period (continued)

3 months before the month you turn age 65	2 months before the month you turn age 65	1 month before the month you turn age 65	Your Birthday Month	1 month after you turn age 65	2 months after you turn age 65	3 months after you turn age 65
↓				↓		
Medicare Starts 1 st of Birthday Month		Medicare starts 1 st of next Month		Medicare starts 1 st of next month		

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Let's meet up

Persona: **Carol**

- Will be 65 years old on May 10th.

Persona: **Paul**


- Will be 65 years old on April 6th.

Persona: **Lupe**

- Will be 65 years old on June 1st.

Persona: **Jamal**

- Will be 65 years old on September 23rd.




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Practice with the IEP

There are four (4) personas – each has their own 'turning 65' birthday month and date.

Sketch the Medicare Part B IEP for each one, please.



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Initial Enrollment Period - example

Initial Enrollment Period (IEP)						
1	2	3	4	5	6	7
			Birthday Month			

Enroll	January	February	March	April	May	June	July
Start coverage		April 1st		May 1st	June 1st	July 1st	August 1st

If your 65 birthday month is April, your IEP is January 1 - July 31.

If you do not enroll before July 31, later on you will have to prove that you are not late or pay a 'late enrollment' penalty (and enroll only during the GEP - which may delay the start of coverage).




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Carol: May 10th


Start IEP
End IEP
Enroll by this date – no break
Enroll by this date – no late penalty
Start of Part B coverage, if enroll on last date

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Paul: April 6th


Start IEP
End IEP
Enroll by this date – no break
Enroll by this date – no late penalty
Start of Part B coverage, if enroll on last date

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Lupe: June 1st


Start IEP
End IEP
Enroll by this date – no break
Enroll by this date – no late penalty
Start of Part B coverage, if enroll on last date

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Jamal: September 23rd

Start IEP
End IEP
Enroll by this date – no break
Enroll by this date – no late penalty
Start of Part B coverage, if enroll on last date




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Initial enrollment period (IEP)


January	February	March	April 6th	May	June	July
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This is your **ideal** plan.




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Enrollment
Part 2 of 2



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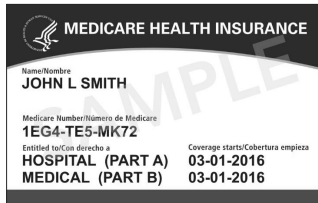
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Automatic enrollment in Medicare

- If you are drawing a SSA retirement benefit before age 65, you will be automatically enrolled into Medicare Part A + Medicare Part B
- SSA sends you an enrollment packet, including your Red/White/Blue a Medicare card in the mail ahead of time
- The start date of coverage is the 1st day of the month you turn age 65

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Medicare card



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When enrollment is NOT automatic

- If client is **not** receiving Social Security Administration (SSA) retirement income
 - They will need to enroll with Social Security:
 - Online at www.ssa.gov
 - Call 1-800-772-1213
 - Field Office Address locator: <https://www.ssa.gov/locator/>



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Let's meet up

Carol started her retirement benefit from SSA when she was 63 years old.

Paul plans to take this SSA retirement benefit at the same time he retires. He's already filed the paperwork on-line.

Lupe is not eligible for a SSA retirement benefit: she has 32 quarters of work credits (not 40).

Jamal plans to wait until age 70 to draw his SSA benefit.




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Who gets auto-enrolled?

- Carol
- Paul
- Lupe
- Jamal




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How about paying the premium?

1. If you are taking a SSA retirement benefit, you can choose to have the premium deducted from your check (before you receive it).
2. If you are not taking a SSA retirement benefit, you'll have to pay the premium.
 - We urge you to consider EFT – compared to receiving a bill and sending a check.



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Always screen for financial help

There are different **rules** about enrollment

- Timing
- Penalties

For people that qualify for some kinds of financial assistance, based on income

- Medicaid (full-benefit)
- Medicare Savings Programs
- Extra Help (Low-Income Subsidy) for Part D



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Can I wait to enroll later?

It **can** be OK to wait.

If you choose to wait, be sure you know:

- When and how you'll start later
- What consequences there may be for waiting
 - Delay to enroll
 - Financial penalty




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Let's practice

Q / Will I be automatically enrolled when I turn age 65?

A / It depends. Let me ask: are you taking your SSA retirement benefit already? Did you start that more than four (4) months ahead of your 65th birthday?




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Rubric

- **Ask**
- **Tell**
- **Share**



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How about you?

Question:

- If you have Medicare now, did you use the Initial Enrollment Period for Part A?

Follow-up Q:

- Did you use the Initial Enrollment Period for Part B?




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Please encourage SSA account for all

- Keep track of earnings / forecast your benefit
- Protect against ID theft
- Change of address
- Lost card report / re-issue
- Designate a person to help



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Medicare Part A

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Outcomes: Medicare Part A, 1 of 3

Knowledge

1. Medicare Part A is 'hospital' or 'inpatient' care
2. Medicare Part A is 'major medical' insurance
 - There are significant costs for covered services
3. Only a small number of beneficiaries have a premium for Part A
 - There can be financial assistance for that cost

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Outcomes: Medicare Part A, 2 of 3

Knowledge

4. Details about Medicare Part A covered benefits and beneficiary cost sharing depend upon Original Medicare or Medicare Advantage systems
5. In general, for hospital or inpatient care, what is covered and what you pay, depend upon several factors – it's not always the standard amount

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Outcomes: Medicare Part A, 3 of 3

Skills/abilities

1. Define your own out-of-pocket costs for Medicare Part A covered services
2. Using a job aid, illustrate for a client some of the beneficiary costs for Part A in Original Medicare
3. Help a client know whether they may have "premium Part A" or "premium-free Part A"
4. Explain to a client how to check their own coverage for Medicare Part A benefits

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Covered benefits and costs
Medicare Part A

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Original Medicare – Part A

Part A – Hospital insurance:

- Inpatient hospital
- Skilled nursing facility (limited)
- Home health care
- Hospice care
- Blood



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Medicare entitlement

Medicare Part A

- Most people: no premium
- Some "premium Part A"

Medicare Part B

- MSP | Standard | IRMAA

Medicare Part A and Medicare Part B premiums are paid to the federal government – and set by the federal government, with annual adjustments.

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What does it cost?

Generally, no monthly premium for Medicare Part A

- If under 40 quarters of work credits

< 30	30	40	> 40
\$518	\$285	\$0	\$0

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Medicare systems of care

Original Medicare

- Part A
- Part B

You can add:

- Part D

You can also add:

- Supplemental coverage

This includes Medicare Supplement Insurance (Medigap). Or you can use coverage from a current or former employer or union or Medicaid.

Medicare Advantage (also known as Part C)

- Part A
- Part B

Most plans include:

- Part D
- Some extra benefits

Some plans also include:

- Lower out-of-pocket costs


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Medicare covered services chart

<https://www.insurance.wa.gov/sites/default/files/documents/2025-medicare-parts-a-b-chart-2.pdf>




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Beneficiary cost sharing: Part A (Original Medicare)

Medicare Part A	
Item	You pay
Hospitalization	
Deductible	
Co-insurance	
Hospice Care	
Co-insurance or co-pay	
Skilled Nursing Facility Care	
Part A: blood	




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You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D OR "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		



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Knowing and wondering

Covered services	Out-of-pocket costs
<ul style="list-style-type: none"> • Hospitalization • Other inpatient • Other services 	<ul style="list-style-type: none"> • Premium • Cost sharing

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Let's discuss

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

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Client questions?

What are some questions about Medicare that you think clients might bring to you – as a SHIBA volunteer advisor?


Sometimes – a question is not really a question, right?

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Let's practice

- Choose a question that you'd like to practice answering.
- Partner up and take turns to ask and answer.




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We're here for you

"What kind of support will you need to answer these questions in real life?"




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We all can help you

- Peers in your own group
- Your VC
- Your RTC
- Our team in Olympia
- Network of professional colleagues



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Outcomes: Medicare Part B, 1 of 2

Knowledge

1. Medicare Part B is 'medical' or 'outpatient' care
2. Medicare Part B is 'major medical' insurance
 - Not all the services you need are covered
 - There are significant costs for covered services
3. The premium for Part B varies
4. Details about Part B covered benefits and beneficiary cost sharing depend upon Original Medicare or Medicare Advantage systems

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Outcomes: Medicare Part B, 2 of 2

Skills/abilities

1. Define your own out-of-pocket costs for Medicare Part B covered services
2. Using a job aid, illustrate for a client some of the costs for Part B in Original Medicare
3. Help a client know whether they **may** have a surcharge or financial assistance for Part B
4. Explain to a client how to check their own coverage for Medicare Part B benefits

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Covered benefits and costs
Medicare Part B





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Original Medicare – Part B

Part B – Medical insurance:

- Doctor visits
- Outpatient hospital services
- Tests, labs, x-rays, etc.
- Durable medical equipment (DME) and supplies
- Preventive services





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Medicare entitlement

<p>Medicare Part A</p> <ul style="list-style-type: none"> • Most people: no premium • Some "premium Part A" <p>Medicare Part B</p> <ul style="list-style-type: none"> • MSP Standard IRMAA 	<p>Medicare Part A and Part B premiums are paid to the federal government – and set by the federal government, with annual adjustments.</p>
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What does it cost?

Low-income	Standard (2025)	High-income
Subsidized or free	\$185 / mo.	Range: surcharge
Medicare Savings Programs (QMB, SLMB)		IRMAA (income-related monthly adjustment amount)

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Medicare systems of care

<p>Original Medicare</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Part A <input checked="" type="checkbox"/> Part B <p>You can add:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Part D <p>You can also add:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supplemental coverage <p><small>This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a current or former employer or union, or Medicaid.</small></p>	<p>Medicare Advantage (also known as Part C)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Part A <input checked="" type="checkbox"/> Part B <p>Most plans include:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Part D <input checked="" type="checkbox"/> Some extra benefits <p>Some plans also include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lower out-of-pocket costs
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Medicare covered services chart

<https://www.insurance.wa.gov/sites/default/files/documents/2025-medicare-parts-a-b-chart-2.pdf>

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Beneficiary cost sharing: Medicare Part B (Original Medicare)

Medicare Part B	
Item	You pay
Part B deductible	
Part B co-insurance or co-pay	
Preventive care co-insurance	
Part B: blood	
Part B excess charges	

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You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
Medicare Part B	Medicare Part B	
Commercial	Medicare Part D OR "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

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In your volunteer work

One of the challenges you'll have in your volunteer work is that people often **'know'** things that are not true.

People also have lots of questions.

- Some of these are about making decisions they face
- Some are not about help they need.
- Some are *not* really questions at all.

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Knowing and wondering

Covered services	Out-of-pocket costs
<ul style="list-style-type: none"> • Medical care • Preventive care • Other services and supplies 	<ul style="list-style-type: none"> • Premium • Cost sharing

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Let's discuss

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

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Client questions?

What are some questions about Medicare that you think clients might bring to you – as a SHIBA volunteer advisor?

Sometimes – a question is not really a question, right?

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Let's practice

- Choose a question that you'd like to practice answering.
- Partner up and take turns to ask and answer.



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Be curious and engage

- There are many authoritative sources of information – we can help you discover them
- We offer 'in-service' training
- There is training from partners we will share with you
- Experience and helping others is powerful, too



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Medicare Part D

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Outcomes: Medicare Part D, 1 of 4

Knowledge

1. Medicare Part D is outpatient prescription drug coverage: it's complex
2. Part D coverage is through private companies that contract with Medicare
3. Beneficiaries may elect Part D coverage through either the Original Medicare or Medicare Advantage system
4. Beneficiaries don't need Part D coverage if they have other 'creditable coverage'

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Outcomes: Medicare Part D, 2 of 4

Knowledge

5. The Medicare Part D premium varies, based on many factors
6. Part D covered drugs and beneficiary cost sharing depend upon many factors
7. The Medicare 'Plan Finder' tool is our resource for helping
 - research options
 - enroll people into coverage


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Outcomes: Medicare Part D, 3 of 4

Skills/abilities

1. Define your own approach to prescription drug coverage
 1. Medicare health plan
 - MA-PD
 - Stand-alone Part D
 2. Other creditable coverage
2. Help a client know whether they **may** have a surcharge or be eligible for financial assistance for Part D

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Outcomes: Medicare Part D, 4 of 4

Skills/abilities

3. Explain to a client *how* to compare their coverage options for Medicare Part D coverage using the Medicare 'Plan Finder' tool at the Medicare web site


www.medicare.gov


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Part D – Medicare Rx drug coverage

Prescription drug coverage provided through stand-alone Medicare Prescription Drug Plans (PDP's) or Medicare Advantage Prescription Drug (MA-PD) plans.



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Medicare systems of care

Original Medicare

- Part A
- Part B

You can add:

- Part D

You can also add:

- Supplemental coverage

Medicare Advantage (also known as Part C)

- Part A
- Part B

Most plans include:

- Part D

Some extra benefits:

- Lower out-of-pocket costs

For details, see Medicare Supplemental Insurance (Medigap) or Medicare Advantage Plans covered in former chapters or visit us at medicaid.org

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Review of Medicare Part D

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D	Medicare Part D
Employer Group Health Plans		
Medicaid - State		

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Eligibility & Enrollment

Medicare Part D

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Medicare Part D eligibility

- Be a United States citizen or be lawfully present in the U.S.
- Be eligible to enroll in a Part D plan by having either Part A or Part B, or both
- Permanently reside within the plan's service area
- Agree to abide by the rules of the plan
- Complete an enrollment request
- Submit the enrollment request to the plan during a valid enrollment period

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Medicare Part D Initial Enrollment Period (IEP)

The Initial Enrollment Period (IEP) for Medicare Part D is like the same IEP period for Medicare Part B.

Except if the person was not able to enroll (living out of country, for example)

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Creditable coverage – “as good as” Medicare Part D


- Current or former employer or union
 - Your current plan can tell you if your drug coverage is creditable prescription drug coverage
- TRICARE
- Indian Health Service
- Department of Veterans Affairs (VA)

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Part D – Medicare Rx drug coverage

Part D enrollment is optional, but...
 a person may pay a penalty if they do not enroll
 when they are first eligible **and** do not have
 creditable coverage for the entire period they could
 have had Medicare Part D coverage.




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Medicare Part D Enrollment

Ways to Enroll:

- Call SHIBA at 800-562-6900
- Medicare.gov
[Medicare Plan Finder](#)
- Contact company
- Call 1-800-Medicare
- Insurance agent



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Covered benefits and costs
Medicare Part D

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Medicare web site: costs

Costs for Medicare drug coverage

You'll make these payments throughout the year with Medicare drug coverage:

- Premium
- Yearly deductible
- Copayments or coinsurance
- Costs if you get Extra Help
- Costs if you pay a late enrollment penalty

Your actual drug coverage costs will vary depending on:

- Your prescriptions and whether they're on your plan's list of covered drugs (formulary).
- What "tier" the drug is in.
- Which drug benefit phase you're in (like whether you've met your deductible, or reached your out-of-pocket limit).
- Which pharmacy you use (preferred in-network, in-network, mail order, or out of network). Your out-of-pocket drug costs may be less at a preferred pharmacy because it has agreed with your plan to charge less. [How do pharmacy networks affect what I pay?](#)
- Whether you get Extra Help paying your Medicare drug coverage costs.

[Look for specific plan costs.](#)

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Medicare web site: coverage

What Medicare Part D drug plans cover

All plans must cover a wide range of prescription drugs that people with Medicare take, including most drugs in certain protected classes, like drugs to treat cancer, HIV/AIDS, or depression. A plan's list of covered drugs is called a "formulary," and each plan has its own formulary. Medicare drug coverage typically places drugs into different levels, called "tiers," on their formularies. Drugs in each tier have a different cost. For example, a drug in a lower tier will generally cost you less than a drug in a higher tier.

List of covered prescription drugs (formulary)

Generic drugs

Tiers

[Find out which plans cover your drugs.](#)

NEW INSULIN BENEFIT! The cost of a one-month supply of each Part D-covered insulin is capped at \$35 and you don't have to pay a deductible. If you get a 60- or 90-day supply of insulin, your costs can't be more than \$35 for each month's supply of each covered insulin.

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Medicare Part D
Beneficiary Premiums

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Medicare health plans

Medicare Part D and Medicare Part C premiums are paid to private insurance companies that contract with Medicare.
There is a market rate which is regulated by CMS.

Medicare Part D

- LIS | Market | IRMAA

Medicare Part C

- LIS | MSP (dual-eligible special needs plans) | Market

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Medicare Part D (Rx drugs insurance)

Medicare Part D Premium			
	SSA	CMS	IRS
	Low-income		High-income
	Subsidized	Standard	IRMAA
"On-time"			
"Late"			

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Medicare in context

```

    graph TD
      CMS[CMS Medicare] --- PartD[Part D Plan]
      CMS --- MA[Medicare Advantage - Prescription Drug Plan]
      PartD --- Rx1[Rx drug]
      PartD --- Hosp1[Hospital]
      PartD --- Med1[Medical]
      MA --- Hosp2[Hospital]
      MA --- Med2[Medical]
      MA --- Rx2[Rx drug]
    
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Formularies

Plan formularies must include drug classes covering all disease states, and a minimum of two chemically distinct drugs in each class.

Part D plans are required to cover all drugs in six "protected" classes: immunosuppressants, antidepressants, antipsychotics, anticonvulsants, antiretrovirals, and antineoplastics.

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Horizontal lines for notes

Definition of "Creditable Coverage"

Coverage is considered creditable if its actuarial value equals or exceeds the actuarial value of standard prescription drug coverage under the Medicare prescription drug benefit.

In general, this actuarial equivalence test measures whether the expected amount of paid claims under the plan sponsor's prescription drug coverage is at least equal to the expected amount of paid claims under standard prescription drug coverage under Medicare.

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Horizontal lines for notes

Knowing and wondering


Covered services	Out-of-pocket costs
<ul style="list-style-type: none"> Formulary Network pharmacies Step therapy <i>Differences in 'markets'</i> 	<ul style="list-style-type: none"> Premium Cost sharing

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Horizontal lines for notes

How SHIBA counselors help clients

- Compare options using the Medicare Plan Finder
 - Part D Plans (PDP)
 - Medicare Advantage-Prescription Drug (MA-PD) Plans
- Explain Part D coverage
- Help ensure client's needs, priorities and preferences are supported in the coverage they choose.



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Reflection

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

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You draw you


	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D OR "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

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How about you? Medicare Part D


1. Do you have a Medicare prescription drug plan now?
2. Is this a MA-PD plan?
3. Is it related to
 1. retiree coverage
 2. commercial market
4. Tell us about why you chose that...
5. What would you have us know about your experience so far?

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Client questions?

What are some questions about Medicare Part D that you think clients might bring to you – as a SHIBA volunteer advisor?

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Medicare Advantage (MA) plans
Also called Medicare Health Plans or Medicare Part C




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Outcomes: Medicare Advantage, 1 of 7

Knowledge

1. Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MA-PD) plans are a system of care for Medicare-covered benefits that beneficiaries can elect
2. Most Medicare Advantage plans include additional benefits that are not covered in Original Medicare: vision, dental, hearing, etc.




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Outcomes: Medicare Advantage, 2 of 7

Knowledge

3. Most Medicare Advantage plans include Part D coverage, too. In MA-PD plans, Part D covered drugs and beneficiary cost sharing depend upon many factors
4. Beneficiaries may elect Part D coverage through either the Original Medicare or Medicare Advantage system but can't 'mix & match'



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Outcomes: Medicare Advantage, 3 of 7

Knowledge

- 5. Medicare Advantage plans are 'managed care' plans that require or incentivize members to use a provider network and comply with other forms of cost controls and quality assurance activities.
- 6. Medicare Advantage plans have a service area requirement for enrollment.
- 7. Medicare Advantage coverage is through private companies that contract with Medicare, on an annual basis.

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Outcomes: Medicare Advantage, 4 of 7

Knowledge

- 8. To know the details about covered benefits and limitations and exclusions requires careful reading of plan documents.
 - Most clients don't do this and we can help.
- 9. Enrolled members receive notices of significant changes, including an ANOC – Annual Notice of Changes – before the Medicare Open Enrollment Period (in the Fall)

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Outcomes: Medicare Advantage, 5 of 7

Knowledge

- 10. The Medicare 'Plan Finder' tool is our resource for helping
 - research options
 - enroll people into coverage

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Outcomes: Medicare Advantage, 6 of 7

Skills/abilities

1. Define your own approach to Medicare Advantage plan coverage
 1. Medicare health plan
 - MA-PD
 - MA plan
2. Explain to a client that Medicare Advantage plans are different from – and exclusive of – the Original Medicare system of care

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Outcomes: Medicare Advantage, 7 of 7

Skills/abilities

3. Explain to a client *how* to compare their coverage options for Medicare Advantage coverage, using the Medicare 'Plan Finder' tool at the Medicare web site
 - This would often be supplemented by contact with their health care provider business office.
www.medicare.gov

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Eligibility & Enrollment
Medicare Advantage plans

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Medicare Advantage Plan eligibility

- Be a United States citizen or be lawfully present in the U.S.
- Be eligible to enroll in a Medicare Advantage plan by having both Part A and Part B
- Permanently reside within the plan's service area
- Agree to abide by the rules of the plan
- Complete an enrollment request
- Submit the enrollment request to the plan during a valid enrollment period

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Medicare Advantage (MA) plans Initial Coverage Election Period (ICEP)

The period during which an individual newly eligible for MA may first enroll in an MA plan.

Always begins three months prior to the date an individual has both Medicare Part A and Part B for the first time. It ends either on:

1. The last day of the second month after the month in which they are first entitled to Part A and enrolled in Part B; or
2. The last day of their Part B IEP, whichever is later.



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NOTE: Medicare drug plans

HMO's & drug coverage


If you want prescription drug coverage, you have to join an HMO that offers it. If you join an HMO plan that doesn't offer drug coverage, you **can't** join a separate Medicare drug plan.

PPO's & drug coverage

If you want prescription drug coverage, you have to join a PPO that offers it. If you join a PPO that doesn't offer drug coverage, you can't join a separate Medicare drug plan.


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How do beneficiaries enroll?



- Online at www.medicare.gov
- Call: 1-800-633-4227 (1-800-MEDICARE)
- Call the Medicare Advantage plan
- Use the web site for the Medicare Advantage plan
- Call: SHIBA at 1-800-562-6900
- Contact a licensed agent or broker

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Covered benefits and costs

Medicare Advantage

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Very difficult to generalize

- Can be MA or MA-PD
- Commercial market, Medicaid, employer group
- County-specific
- Many options from the same company
- Permitted changes during the annual contract (network, formulary)
- Benefits can include a wide range of services and "cash-like" options, too

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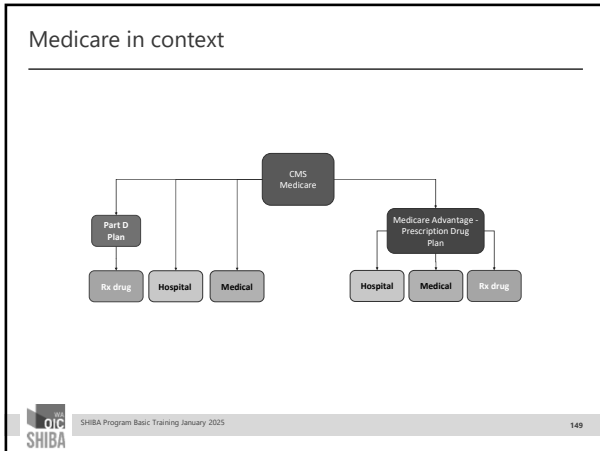
Medicare systems of care

Original Medicare	Medicare Advantage (also known as Part C)
<input checked="" type="checkbox"/> Part A <input checked="" type="checkbox"/> Part B You can add: <input type="checkbox"/> Part D You can also add: <input type="checkbox"/> Supplemental coverage	<input checked="" type="checkbox"/> Part A <input checked="" type="checkbox"/> Part B Most plans include: <input checked="" type="checkbox"/> Part D <input checked="" type="checkbox"/> Some extra benefits Some plans also include: <input type="checkbox"/> Lower out-of-pocket costs

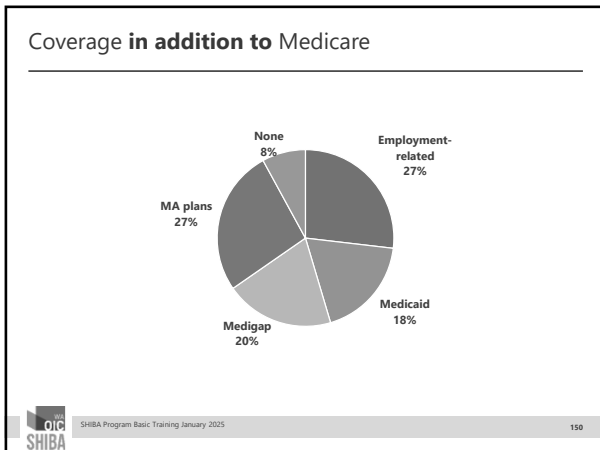
This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a current or former employer or union, or Medicaid.

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Medicare in context

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Part D or creditable coverage; other covered benefits	Part D or creditable coverage; other covered benefits
Employer Group Health Plans		
Medicaid - State		

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Medicare Advantage
Beneficiary Premiums

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Medicare Advantage costs

Medicare Premium	
Medicare Part A	
Medicare Part B	
Premium for Medicare Health Plan	
Cost sharing for covered services and drugs	
Costs for non-covered services and drugs	
Total	

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Coverage **in addition to** Medicare

- Employer group insurance programs
 - Offered through (former) employer or union
- Commercial market insurance
 - Medicare Advantage plans
 - Medicare Supplement plans
- Medicaid
 - Full-benefit programs
 - Partial-benefit programs

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Medicare health plans

<p>Medicare Part D and Medicare Part C premiums are paid to private insurance companies that contract with Medicare.</p> <p><i>There is a market rate which is regulated by CMS.</i></p>	<p>Medicare Part D</p> <ul style="list-style-type: none"> • LIS Market IRMAA <p>Medicare Part C</p> <ul style="list-style-type: none"> • LIS MSP (dual-eligible special needs plans) Market
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Medicare Advantage
Covered benefits & cost sharing

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Medicare Advantage (Part C)


- Plans are sold by private insurance companies.
- Choice of plans varies depending on what county the client lives in.
- Plans require or make strong financial incentives for clients to use a defined provider network.
- Clients can get a coverage determination from the plan before they get a service to find out if it's covered and get an estimate of costs.


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How Medicare Advantage (MA) plans work

- Medicare pays a private plan to provide the services.
 - Client pays Part B premium and may also pay plan premium.
- Provides the same covered benefits as Original Medicare.
- Delivers Part A and Part B benefits, but rules can vary.
- Annual maximum out-of-pocket limits protect clients from catastrophic health costs.
- Most include Part D prescription drug coverage.
- Many include extra benefits:
 - Vision, dental, hearing and other services.


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Financial assistance?


If you get help with your Medicare health or drug costs from one of the programs below, it's important for us to know so we can show you accurate cost information when you search for and compare plans.

Have an account? [Log In](#) so we can give you the most accurate cost information based on any help you get.

- Medicaid
If you have both Medicare and Medicaid, you might qualify for a type of plan that helps coordinate your Medicare and Medicaid benefits. These are called "Dual Eligible Special Needs Plans" (D-SNPs). If these plans are available in your area, we'll list them in your search results.
- Supplemental Security Income
- Medicare Savings Program
- Extra Help (with drug costs)

Not sure? [Learn more about these programs.](#) ⓘ

- I don't get help from any of these programs


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Plan Type

Types of Medicare Advantage Plans:

Health Maintenance Organizations (HMOs)	Preferred Provider Organizations (PPOs)	Special Needs Plans (SNPs)
Medicare Medical Savings Accounts (MSAs)	Private Fee-for-Service Plans (PFFS)	Compare All Plan Types

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Type of plans summary

- The only types of plans in Washington State are:
 - PPO, HMO, SNP's
- Enrollment into SNP's is limited
 - The most common for your work with be D-SNP's
- Provider contracts with MA-PD plans are a big deal
 - Beneficiaries must beware of 'out-of-network' services
 - Read the contract, talk with the plan, ask the provider office

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Common types of MA plans

1. Health Maintenance Organization (HMO) plans
2. HMO-POS (HMO-Point of Service) plans
3. Preferred Provider Organization (PPO) plans

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HMO

CMS explains

<https://www.medicare.gov/health-drug-plans/health-plans/your-coverage-options/HMO>



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HMO-POS

CMS explains

<https://www.medicare.gov/publications/12026-understanding-medicare-advantage-plans.pdf>

Some HMO plans, known as HMO Point-of-Service (HMO-POS) plans, offer an out-of-network benefit for some or all covered benefits, but you'll usually pay a higher copayment or coinsurance. If you get non-emergency health care outside the plan's network without authorization, you may have to pay the full cost.



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PPO

CMS explains

<https://www.medicare.gov/health-drug-plans/health-plans/your-coverage-options/PPO>




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PPO


- PPO's have networks of doctors, other health care providers, and hospitals.
- You pay less if you go to providers and facilities that are belong to the plan's network.
- You can generally go to out-of-network providers for covered services, but you'll usually pay more.

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Medicare Advantage cost sharing

Medicare Part A		Medicare Part B		Medicare Advantage Plan	
Item	You pay	Item	You pay	Item	You pay
Hospitalization		Part B deductible			
Deductible		Part B co-insurance or co-pay			
Co-insurance		Preventive care co-insurance			
Hospice Care		Part B: blood			
Co-insurance or co-pay		Part B excess charges			
Skilled Nursing Facility Care					
Part A: blood					


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Limited liability

- Maximum out-of-pocket limits for the costs of covered care to the enrollee.
- Often, one limit for medical and another for prescription drugs.
- Non-covered services or drugs are not included in calculating the maximum out-of-pocket.

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Evidence of Coverage


Plan documents

Summary of Benefits
[Summary of Benefits \(SB\)](#) | [Summary of Benefits \(SB\) - Español](#)
 Gives a summary of the plan's benefits, costs and coverage.

Evidence of Coverage
[Evidence of Coverage \(EOC\)](#) | [Evidence of Coverage \(EOC\) - Español](#)
 Detailed information on the plan's benefits, costs and coverage.

Medicare Star Ratings
[Star Ratings](#) | [Star Ratings - Español](#)
 An explanation of this plan's Medicare Star Rating.

Formulary (drug list)
[Formulary \(drug list\)](#) | [Formulary \(drug list\) - Español](#)
 Shows the drugs we cover, the tier a drug is on, any limits or requirements and mail order availability.

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Commercial market plans

Discontinued plans

- Exit Washington State
- Leave certain service areas
- Offer fewer, different plans

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Current events

Evolution of the regulation of 'marketing'


- Commissions

Continued attention to managed care aspects

- Post-acute care and AI

Consolidation in the marketplace


- Contracts with providers

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How about you? Medicare Advantage


1. Do you have a Medicare Advantage plan now?
2. Is this a MA-PD plan?
3. Is it related to
 1. retiree coverage
 2. commercial market
4. Tell us about why you chose that...
5. What would you have us know about your experience so far?

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For today


- Enrollment periods for a Medicare Advantage plan at age 65
- Types of Medicare Advantage plans
- Using online tools to compare Medicare Advantage plans
- How to enroll in the plan you choose

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For later

- Compare approaches
- Read the plan documents
- Talk about other enrollment periods
- Talk about other markets:
 - Employer group health plans
 - Medicaid – State
- Complaints, grievances, appeals
- Switching plans

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Agenda

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?




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Things to consider about MA plans

- Medicare Advantage (MA) plans offer comprehensive coverage (including Part D coverage).
- May require a referral to see a specialist.
- Does not work with Medigap plans.
- Not all providers are included in the MA plan network.
- MA plans require clients to pay some of the cost.




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Shopping for MA plans

- Look at **BOTH** the health benefits and drug benefits of each plan separately.
- Clients can do this on the medicare.gov website (SHIBA volunteers may assist with this).
- Look at MA plans' websites for summary of benefits and provider lists.
 - Always verify **provider participation** by contacting the provider.



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You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D OR "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

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Knowing and wondering


Covered services	Out-of-pocket costs
<ul style="list-style-type: none"> • Provider network • Extra benefits • Formulary • <i>Differences in 'markets'</i> 	<ul style="list-style-type: none"> • Premium • Cost sharing

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How SHIBA counselors help clients

- Compare options using the Medicare Plan Finder
 - Medicare Advantage-Prescription Drug (MA-PD) Plans
- Explain details about coverage
- Help ensure client's needs, priorities and preferences are supported in the coverage they choose.




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Client questions?

What are some questions about Medicare supplement plans that you think clients might bring to you – as a SHIBA volunteer advisor?




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We're here for you

"What kind of support will you need to answer these questions in real life?"



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Medicare supplement plans

Medigap plans

SHIBA

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Outcomes: Medicare supplement plans, 1 of 4

Knowledge

1. Eligibility is based on enrollment in Medicare Part A and Part B
 - Can't have MA nor some Medicaid
2. Aligned with Original Medicare system of care
3. Insurance for cost sharing (deductibles, co-insurance, co-pays) for Medicare Part A, Medicare Part B covered services
 - Insurance is limited to Medicare covered services

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Outcomes: Medicare supplement plans, 2 of 4

Knowledge

4. Enrollment is both protected and restricted
5. What are guaranteed issue rights?
6. Understand the Medigap OEP period and the significance of this for beneficiaries
7. SHIBA has resources for clients and volunteer advisors

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Outcomes: Medicare supplement plans, 3 of 4

Knowledge

- 8. Standardized plans sold by private companies
- 9. Insured coverage varies by the plan (lettered)
- 10. There is no 'provider network'
- 11. Monthly premium varies by the company
- 12. Regulated by CMS and State (consult with NAIC)
- 13. **Washington** laws and rules matter

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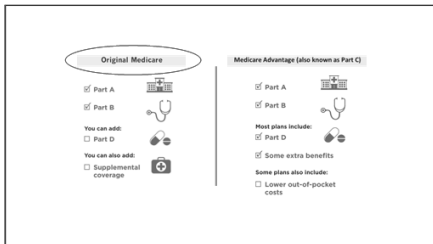
Outcomes: Medicare supplement plans, 4 of 4

Skills/abilities

1. Explain to a client the kind of insurance that a Medicare supplement plan is – and it not – in the context of 'four parts, two systems, three markets'
2. Explain to a client the "Medigap OEP" and the consequences of missing this opportunity
3. Using a SHIBA publication, explain to a client the coverage provided by Medigap Plan G – relative to Part A and Part B cost sharing

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Medicare systems of care



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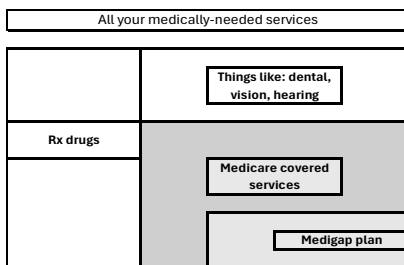
Solve paying for medical care

Three (3) kinds of challenges to solve

1. Not covered by Medicare
 - **Rx drugs**
2. Not covered by Medicare
 - Other medically-needed care
3. Covered by Medicare – but not paid 100% by Medicare

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Medicare supplement plans in context



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Eligibility & Enrollment *Medicare supplement plans*

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Medigap eligibility, 1 of 2

- Be a United States citizen or be lawfully present in the U.S.
- Be eligible to enroll in a Part D plan by having both Part A and Part B
- Permanently reside within the state
- Agree to abide by the rules of the plan
- Complete an enrollment request
- Submit the enrollment request to the plan during a valid enrollment period
- Pay premiums

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Medigap eligibility, 2 of 2

- **Can't** have:
 - Medicare Advantage plan
 - Some kinds of Medicaid
 - Another Medigap plan



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Medigap enrollment

- Choose a lettered plan
 - Available to you
- Choose a company
 - Available to you
- Complete the application
 - Agents or brokers *can* be helpful
- Arrange payment
 - Consider EFT for discount and security

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Medicare Supplement (Medigap) guaranteed issue worksheet								
		Start date: Medicare Part A and Medicare Part B						
		April 1, 2025	May	June	July	August	September	
Medigap Month		1	2	3	4	5	6	End of guaranteed issue rights period

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Ideal timing

Medicare Supplement (Medigap) guaranteed issue worksheet

	Send application in this period		Start both Medicare Part A and Medicare Part B	
Month				
Medigap Month			1	2

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Quick check-in

Let's make sure that we're clear about 'guaranteed issue' rights for 'getting started'.

- You could attain age 65 and 'miss' because you did not sign up for (Part A or/and) Part B for more than six months.
- You could get (Part A and) Part B before age 65 and then turn 65 and have the right.

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Let's practice

Q/ Can I still get a Medicare supplement plan with no health screen?

A/ It depends. There are rules about that. I need to ask about:

- Date #1
- Date #2

200

Let's practice

Q/ Can I still get a Medicare supplement plan with no health screen?

A/ It depends. There are rules about that. I need to ask about:

- When you turned age 65 and
- When you started Medicare Part B

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Things to consider about Medigaps

- Medigaps are good nationwide.
- A client should make sure the providers they use will accept patients with Original Medicare.
- Once a client buys a Medigap, it's theirs as long as they pay the premium. (Guaranteed renewable.)
- Medigaps sold today DO NOT pay for prescription drugs.
 - Most beneficiaries should consider buying a Medicare prescription drug plan (Part D)

202

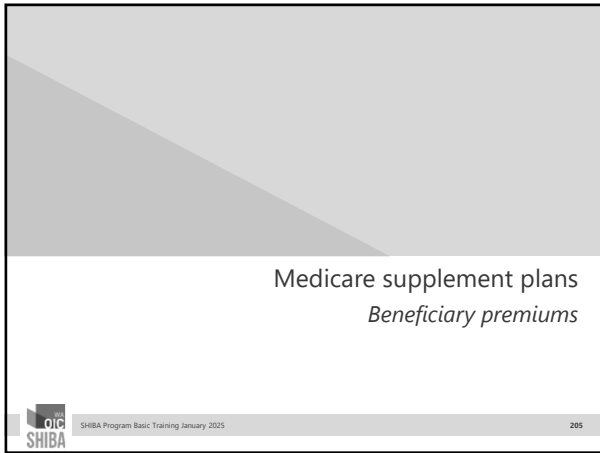
Some questions ?

What kinds of questions – about eligibility and Medigap OEP -- do you imagine you'll get as a SHIBA volunteer when you're working with clients?

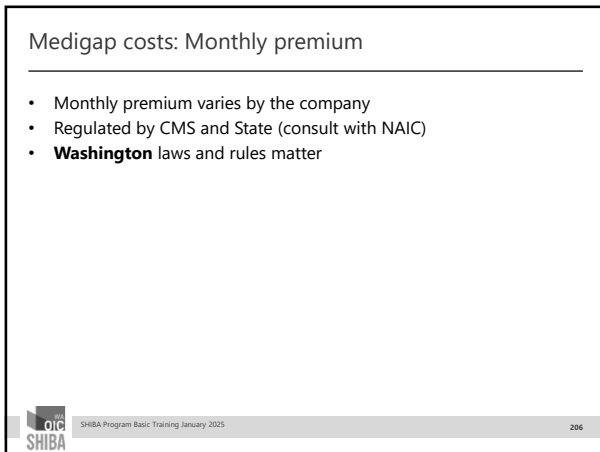
203



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What does it cost?

This is quite different than other Medicare insurance – in fact, it's not Medicare insurance.

There is no contract between these companies and Medicare.

So, there are NO subsidies or penalties.

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Handwriting lines for notes on slide 207.

Approved plans (WA)

https://www.insurance.wa.gov/sites/default/files/documents/medicare-supp-plans_74.pdf

208

Handwriting lines for notes on slide 208.

Let's practice

Company	Monthly Premium Plan G age 65 and over
CIGNA	
State Farm Insurance	
USAA	

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Handwriting lines for notes on slide 209.

Medicare supplement plans
Covered benefits & cost sharing

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What is a Medigap plan?

- Medigaps (also called Medicare Supplement plans) are sold by private insurance companies.
- They help pay for “gaps” in Original Medicare:
Medicare Part A, Medicare Part B
- Cost sharing includes:
 - Deductibles, co-insurance and co-payments

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Medigap covered benefits, 1 of 2

Medicare Part A		Medicare Part B	
Item	You pay	Item	You pay
Hospitalization		Part B deductible	
Deductible		Part B co-insurance or co-pay	
Co-insurance		Preventive care co-insurance	
Hospice Care		Part B: blood	
Co-insurance or co-pay		Part B excess charges	
Skilled Nursing Facility Care			
Part A: blood			

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Medigap: covered benefits 2 of 2

- Medigap plans are standardized and designated by letter:
A, B, C*, D, F*, G, K, L, M, N

Currently available for purchase

*C and F plans are only available to those who became eligible for Medicare prior to 2020

If people have other lettered plans, those are 'guaranteed renewable' for the beneficiary; but not available in the market.

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Medicare Supplement Plan G

This is the most comprehensive plan that is available to people 'getting started' in Medicare, at age 65, during their Medicare Initial Enrollment period.

These beneficiaries are the focus of this program.

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Let's practice

Paul is interested in knowing more about Medicare supplement Plan G.

Please explain the covered benefits – relative to the cost-sharing for Medicare Part A and Part B – using the publications you have.

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Medigap: cost-sharing

The key is that this depends upon which lettered plan the client chooses – only that.

For plans that have variable costs, it will also depend upon which providers they use and how much and what kind of services they use.



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Quick check-in

Let's review the pre-work assignment and the charts we just saw.

Can we see the rationale for Medicare supplement plan and coverage with Plan G?



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How will you explain that?

What does the beneficiary pay out of pocket, with Plan G, after Medicare pays?



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How will you explain that?

These are standard plans.

"Plan G is Plan G"





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Resources

We publish this summary of important information about Medicare supplement plans.





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You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial		
Employer Group Health Plans	Medicare Part D OR "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Medicaid - State		




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How about you? Medicare Supplement


1. Do you have a Medicare Supplement plan now?
2. Is it related to
 1. retiree coverage
 2. commercial market
3. Which lettered plan do you have?
4. Tell us about why you chose that...
5. What would you have us know about your experience so far?

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Knowing and wondering

Covered services	Out-of-pocket costs
<ul style="list-style-type: none">• Medicare Part A<ul style="list-style-type: none">• Deductibles• Co-insurance• Co-pays• Medicare Part A<ul style="list-style-type: none">• Deductibles• Co-insurance• Co-pays	<ul style="list-style-type: none">• Premium• Cost sharing

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Let's discuss

Small group exercise #1:

- What do you know?
- What would you like to know?

Small group exercise #2:

- What do you expect to get asked?

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We're here for you

"What kind of support will you need to answer these questions in real life?"



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Medicare Savings Programs (MSP's)
'partial benefit' Medicaid programs

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Outcomes: MSP's, 1 of 3

Knowledge

1. Medicare Savings Programs (MSP) are specialized Medicaid programs for Medicare beneficiaries with low income – assets are not considered
2. This eligibility can be referred to as "partial benefit" Medicaid – to distinguish from "full benefit" Medicaid; both may be referred to as 'dual-eligible' beneficiaries

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Outcomes: MSP's, 2 of 3

4. There are four (4) kinds of programs: our focus is on the two called "QMB" and "SLMB"
5. QMB results in coverage for Medicare (Part A, Part B) premiums and cost sharing for Medicare-covered services
6. SLMB results in coverage for Medicare (Part A, Part B) premiums
7. Our partners in local Area Agencies on Aging and Aging & Disability Resource Centers are key

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Outcomes: MSP's, 3 of 3

Skills/abilities

1. Explain, at a high level, the benefits a person could receive with MSP
2. Find a local AAA / ADRC organization, using the "Eldercare Locator"
3. Using a job aid, assess whether a client may be likely to qualify for financial assistance, including Medicare Savings Program

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Review of programs

	Low-income Subsidy SSA	Extra Help	Medicare Part D * lower premium * lower cost sharing
	Low-income Subsidy DSHS	Extra Help	Medicare Part D * lower premium * lower cost sharing
Partial-Benefit Medicaid	SLMB	Medicare Savings Programs	Medicare Part B premium * also: Part D Extra Help
	QMB		Medicare Part A premium Medicare Part B premium Medicare cost sharing for covered services * also: Part D Extra Help
Full-benefit Medicaid	MN	Medically Needy Program aka "spend-down"	Like QMB and * coverage for certain services not covered by Medicare
	CN	Categorically Needy Program	

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"Deserving Poor"

The level of support for which people are eligible increases as their income / resources are fewer.

Guideline: federal poverty level (FPL)

These are partial-benefit programs because they only help with Medicare premiums and Medicare-covered services.

231

What is a Medicare Savings Program?

- Medicare Savings Programs (MSPs) are federal / state funded programs that assist beneficiaries with paying Medicare costs.

232

Specified Low-income Medicare Beneficiary (SLMB)

- SLMB means the Medicare Part B premium is no longer deducted from the person's SSA retirement check, for example.
- Client's income must be at or under 110% of the Federal Poverty Level (FPL).
The actual figure used in eligibility determinations changes each year in April.

233

Qualified Medicare Beneficiary (QMB)

QMB means paying the Medicare Part B premium and

- Deductibles : Part A, Part B
- Co-insurance: Part A, Part B
- Co-pays: Part A, Part B

Client's income must be at or under 110% of the Federal Poverty Level (FPL).

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About MSP and Medigap

	Medicare Supplement	Stand-alone Medicare Part D plan
SLMB	Can get or keep any Medicare supplement plan	Eligible for "Extra Help" with Part D
QMB	* Cannot get a Medicare supplement plan * If they have one already, they can "suspend" their enrollment in the Medigap plan, for 24 months.	Eligible for "Extra Help" with Part D

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About MSP and Medicare Advantage

	Medicare Advantage (MA)	Medicare Advantage-Prescription Drug plan (MA-PD)
SLMB	Eligible for some D-SNP or any other Medicare Advantage plan	Eligible for some D-SNP or any other Medicare Advantage plan Eligible for "Extra Help" with Part D
QMB	Eligible for some D-SNP or any other Medicare Advantage plan	Eligible for some D-SNP or any other Medicare Advantage plan Eligible for "Extra Help" with Part D

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Financial assistance?

If you get help with your Medicare health or drug costs from one of the programs below, it's important for us to know so we can show you accurate cost information when you search for and compare plans.

Have an account? [Log in](#) so we can give you the most accurate cost information based on any help you get.

- Medicaid
If you have both Medicare and Medicaid, you might qualify for a type of plan that helps coordinate your Medicare and Medicaid benefits. These are called "Dual Eligible Special Needs Plans" (D-SNPs). If these plans are available in your area, we'll list them in your search results.
- Supplemental Security Income
- Medicare Savings Program
- Extra Help (with drug costs)

Not sure? [Learn more about these programs.](#)

- I don't get help from any of these programs

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About MSP and employer group plans

	Employer group health plan	Stand-alone Medicare Part D plan
SLMB	Generally, no concern	Eligible for "Extra Help" with Part D
QMB	Check in with Group Administrator about options	Eligible for "Extra Help" with Part D

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Local partners

Professional staff at the AAA / ADRC can help clients to verify eligibility and enrollment or to get started with applying.

These are called "Information & Referral" (I&R) or "Information & Assistance" (I&A) programs.

<https://eldercare.acl.gov/Public/Index.aspx>
Eldercare Locator

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Assisting clients, 1 of 2

We'd like to be sure that people fully understand their rights, options and protections. That means not paying more than they have to for their Medicare benefits.

One thing we can do to help is to promote awareness – most people have never heard of this support!

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Assisting clients, 2 of 2

Choose a client that we discussed earlier – imagine extending the conversation to make them aware of the MSP programs: SLMB, QMB.

What will you tell them to explain the potential benefits?

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MSP Brochure, from HCA

<https://www.hca.wa.gov/assets/free-or-low-cost/22-500.pdf>

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Screening clients, 1 of 2

When people express interest in knowing more – ‘might I be eligible?’ or express frustration – ‘why was my benefit denied’, it can be helpful to know the guidelines for eligibility.

One thing we can do is to make sure people use authoritative resources.

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Screening clients, 2 of 2

Imagine that one of our clients from earlier work, Jamal, said that he did not understand that he had to pay the Medicare Part B premium if he chose a MA-PD plan – he thought \$0 premium meant \$0 altogether. He says his income since he retired is going to be about \$4,000 per month.

Is he *likely* to be eligible for MSP?

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You draw you

	Original Medicare	Medicare Advantage Medicare Part C
	Medicare Part A	Medicare Part A
	Medicare Part B	Medicare Part B
Commercial	Medicare Part D OR "creditable coverage"	Medicare Part D or other "creditable coverage" for Rx drugs Extra Benefits
Employer Group Health Plans		
Medicaid - State		

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How about you? MSP

1. Do you have MSP now?
2. QMB or SLMB?
3. Tell us about how you got started...
4. What would you have us know about your experience so far?

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So, what?

- Who makes the rules about eligibility?
- Who determines the enrollment timelines?
- Who holds the contracts with providers?
- Who sets the benefits and make the rates for cost sharing?




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Your questions?

What are some questions about that you have based on this depiction of the MSP programs?




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Client questions?

What are some questions about Medicare Savings Programs (MSP) that you think clients might bring to you – as a SHIBA volunteer advisor?



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"What kind of support will you need to answer these questions in real life?"




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Medicare Part D *Extra Help*
Low-Income Subsidy




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Outcomes: *Extra Help*, 1 of 3

Knowledge

1. Medicare Part D *Extra Help*, SSA -- for Medicare beneficiaries with income too high to qualify for MSP or full-benefit Medicaid -- is administered by SSA.
2. For this program, assets (also called "resources") are considered; not all are countable.
3. This is not Medicaid; these are not dual-eligible beneficiaries.




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Outcomes: *Extra Help*, 2 of 3

4. A person can apply and qualify for *Extra Help*, SSA at any time.
5. *Extra Help*, SSA works with MA-PD plans as well as stand-alone Part D plans.
6. The premiums and cost sharing are much lower than the market for other beneficiaries.
7. There is NO estate recovery for these programs that help with Medicare premiums and cost sharing.




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Outcomes: *Extra Help*, 3 of 3

Skills/abilities


1. Explain, at a high level, the benefits a person could receive with *Extra Help*
2. Using a job aid, assess whether a client may be likely to qualify for *Extra Help*

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SSA Extra Help in context


	Full Benefit Medicaid	Partial Benefit Medicaid	Extra Help
	Categorically Needy: Aged, Blind and Disabled	SLMB, QMB	Low-Income Subsidy
Income	Yes	Yes	Yes
Assets	Yes	No	Yes

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Social Security *Extra Help*

Eligibility Limit: 150% of FPL
 Monthly Income \$1,752(1)/\$2,371(2)
 Resource Limit \$17,220(1)/ \$34,360(2)

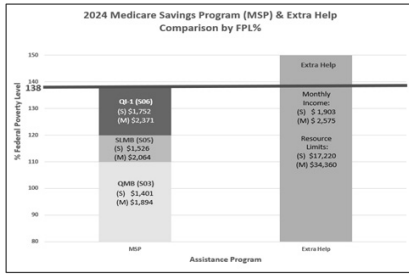


- Helps pay prescription drug costs – Part D plan premium, deductible & co-pays
- People with MSPs are automatically enrolled
- If income is over MSP income limit must apply to SSA – resource limits apply

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Extra Help by auto-enroll or not



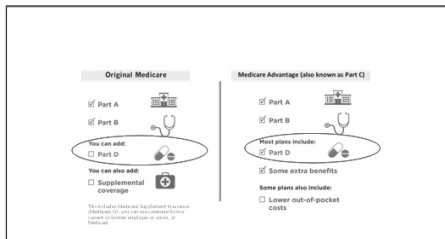
257

Assistance for Costs

- Original Medicare
 - Part D Plan - *Extra Help*
- Medicare Advantage
 - MA-PD Plans - *Extra Help*

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Medicare systems of care




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Get ready to apply

SSA web site

<https://secure.ssa.gov/i1020/Ee006bView.action>




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Don't worry, please

Many older adults are concerned that applying for Medicaid may allow states to recoup costs from their estates.

- Extra Help (LIS) is not a Medicaid program; Extra Help is NOT subject to estate recovery.
- Medicare Savings Programs (QMB, SLMB), which are Medicaid programs, also are **exempt** from estate recovery.




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Your questions?

What are some questions about that you have based on this depiction of the MSP programs?




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Client questions?


What are some questions about Medicare Savings Programs (MSP) that you think clients might bring to you – as a SHIBA volunteer advisor?

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We're here for you

"What kind of support will you need to answer these questions in real life?"

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Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your **plan** or **health insurance** policy. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold** text indicates a term defined in this Glossary.
- See page 6 for an example showing how **deductibles**, **coinsurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

A request that your health insurer or **plan** review a decision that denies a benefit or payment (either in whole or in part).

Balance Billing

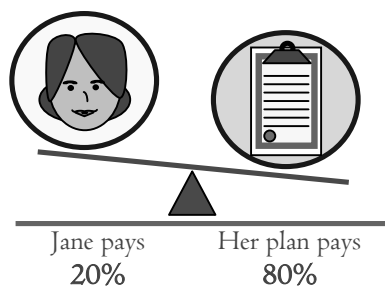
When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care **provider** to your health insurer or **plan** for items or services you think are covered.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the **allowed amount** for the service. You generally pay coinsurance **plus** any **deductibles** you owe. (For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)



(See page 6 for a detailed example.)

Complications of Pregnancy

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost Sharing

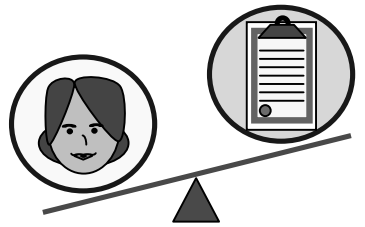
The general term that refers to the share of costs for services covered by a **plan** or **health insurance** that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of types of cost sharing include **copayments**, **deductibles**, and **coinsurance**. Other costs, including your **premiums**, penalties you may have to pay or the cost of care not covered by a plan or policy are usually **not** considered cost sharing.

Cost-sharing Reductions

Discounts that lower **cost sharing** for certain services covered by individual **health insurance** purchased through the **Marketplace**. You can get these discounts if your income is below a certain level, and you choose a Silver level health **plan**. If you're a member of a federally recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation, you can qualify for cost-sharing reductions on certain services covered by a Marketplace policy of any metal level and may qualify for additional cost-sharing reductions depending upon income.

Deductible

The amount you *could* owe during a coverage period (usually one year) for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



Jane pays 100% Her plan pays 0%

(See page 6 for a detailed example.)

Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition that is severe enough (including severe pain), that if you did not get immediate medical attention you could reasonably expect one of the following to result: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

Emergency Medical Transportation

Ambulance services for an emergency medical condition. Types of emergency medical transportation may include transportation by air, land, or sea. Your plan or health insurance may not cover all types of emergency medical transportation, or may pay less for certain types.

Emergency Room Care

Services to check for an emergency medical condition and treat you to keep an emergency medical condition from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for emergency medical conditions.

Excluded Services

Health care services that your health insurance or plan doesn't pay for or cover.

Formulary

A list of drugs your health insurance or plan covers. A formulary may include how much you pay for each drug. If the plan uses "tiers," the formulary may list which drugs are in which tiers. For example, a formulary may include generic drug and brand name drug tiers.

Grievance

A complaint that you communicate to your health insurer or plan.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium. A health insurance contract may also be referred to as a "policy."

Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care providers. Home health care usually does not include help with non-medical tasks, such as cooking, cleaning or driving.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

Individual Responsibility Requirement

Sometimes called the “individual mandate,” the duty you may have to be enrolled in health coverage that provides **minimum essential coverage**. If you do not have minimum essential coverage, you may have to make a payment when you file your federal income tax return. You may not have to meet this requirement if no affordable coverage is available to you, or if you have a short gap in coverage during the year for less than three consecutive months, or qualify for a **minimum essential coverage exemption**.

In-network Coinsurance

The percentage (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network coinsurance usually costs you less than **out-of-network coinsurance**.

In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network copayments usually are less than **out-of-network copayments**.

Marketplace

A resource where individuals, families, and small businesses can learn about their health coverage options; compare **health insurance** plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage. The Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage. This includes ways to save on the monthly **premiums** and out-of-pocket costs of coverage available through the Marketplace (see **premium tax credits** and **cost-sharing reductions**), and information about other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). The Marketplace is accessible through websites, call centers, and in-person assistance. In some states, the Marketplace is run by the state. In others it is run by the federal government.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Minimum Essential Coverage

Health coverage that will meet the **individual responsibility requirement**. Minimum essential coverage generally includes **plans**, **health insurance** in available through the **Marketplace** or other individual market policies, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.

Minimum Essential Coverage Exemption

A status that allows you to not have to make a payment for not having **minimum essential coverage**. You must meet certain eligibility requirements to get an exemption. Some exemptions require an application, while others may be available through the federal income tax filing process.

Minimum Value Standard

The Affordable Care Act generally establishes certain value standards for **plans** and **health insurance**. For example, “bronze level” individual insurance is designed to pay about 60% of the total cost of certain essential medical services, on average, for a standard population. Plans are subject to a minimum value standard that is similar to that 60% standard, although the benefits covered by the plan may differ from those covered under individual insurance.

Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

Non-Preferred Provider

A **provider** who doesn’t have a contract with your health insurer or **plan** to provide services to you. You’ll generally pay more to see a non-preferred provider than to see a **preferred provider**. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or **plan**, or if your health insurance or plan has a “tiered” **network** and you must pay extra to see some providers. Your policy may use the term “out-of-network” or “non-participating” instead of “non-preferred.”

Out-of-network Coinsurance

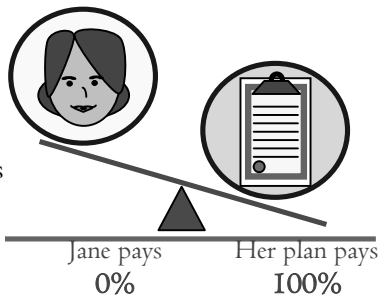
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to **providers** who do **not** contract with your **health insurance** or **plan**. Out-of-network coinsurance usually costs you more than **in-network coinsurance**.

Out-of-network Copayment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

Out-of-pocket Limit

The most you **could** pay during a coverage period (usually one year) for your share of the costs of covered services.



After you meet this limit, the plan will usually pay 100% of the allowed amount. (See page 6 for a detailed example.) This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit.

Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment (DME) is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your health insurance policy or plan document to see if you can see all preferred providers without paying extra or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may be smaller, so you may have to pay more. Your policy may use the term "in-network" instead of "preferred."

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private health insurance. You can get this help if you get health insurance through the Marketplace and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly premium costs.

Prescription Drug Coverage

Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Preventive Care

Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law and the terms of the plan, who provides, coordinates or helps you access a range of health care services.

Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), other health care professional, hospital, or other health care facility licensed, certified or accredited as required by state law.

Referral

A written order from your **primary care provider** for you to see a **specialist** or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the **plan** or **health insurance** may not pay for the services.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Screening

A type of **preventive care** that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs or prevailing medical history of a disease or condition.

Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is **not** the same as "skilled care services," which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

Specialist

A physician specialist focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has special training in a specific area of health care.

Specialty Drug

A type of **prescription drug** that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. If the **plan's formulary** uses "tiers," and specialty drugs are included as a separate tier, you will likely pay more in **cost sharing** for drugs in the specialty drug tier.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

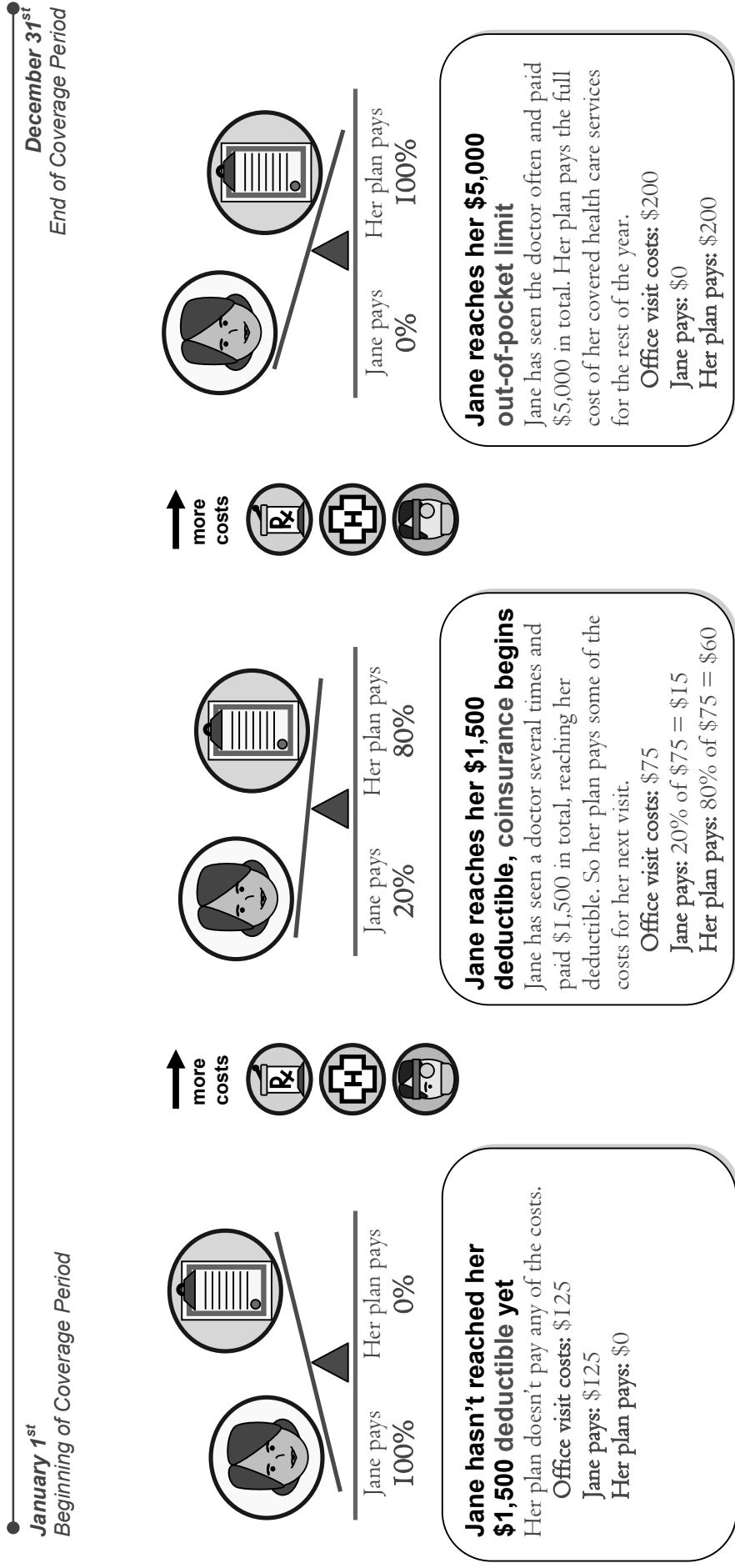
Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Coinsurance: 20%

Out-of-Pocket Limit: \$5,000





FREQUENTLY USED ACRONYMS

A

ABN	Advance Beneficiary Notice
ACA	Affordable Care Act
ACO	Accountable Care Organization
ADAP	AIDS Drug Assistance Programs
AEP	Annual Enrollment Period
AFDC	Aid to Families with Dependent Children
ALJ	Administrative Law Judge
ANOC	Annual Notice of Coverage
ARRA	American Recovery and Reinvestment Act

B

BBA	Balanced Budget Act
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C

CBA	Competitive Bidding Area
CMS	Centers for Medicare & Medicaid Services
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
CLASS	Community Living Assistance Services and Supports Program
CORF	Comprehensive Outpatient Rehabilitation Facility
COBRA	Consolidated Omnibus Budget Reconciliation Act

D

DME	Durable Medical Equipment
DMEPOS	Durable Medical Equipment Prosthetics, Orthotics and Supplies

E

EGHP	Employer Group Health Plan
EHR	Electronic Health Record
EPSTD	Early Periodic Screening & Diagnostic Testing
ESRD	End-Stage Renal Disease

F

FCHCO	Federal Coordinated Health Care Office
FEHB	Federal Employee Health Benefits
FMAP	Federal Medical Assistance Percentage
FICA	Federal Insurance Contribution Act

G

GEP	General Enrollment Period
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H

HAC	Hospital Acquired Condition
HEAT	Health Care Fraud Prevention and Enforcement Action Team
HMO	Health Maintenance Organization
HHABN	Home Health Advance Beneficiary Notice
HHA	Home Health Agency
HINN	Hospital Issued Notice of Non-coverage
HITECH	Health Information Technology for Economic and Clinical Health Act

I

IAH	Independence at Home Demonstration
IM	Important Message from Medicare
IRE	Independent Review Entity
IEP	Initial Enrollment Period

L

LEP Late Enrollment Penalty
 LIS Low Income Subsidy
 LTC Long Term Care

M

MSA Medical Saving Account
 MAC Medicare Administrative Contract
 or
 Medicare Appeals Council
 MA Medicare Advantage
 MA AEP Medicare Advantage Annual
 Election Period
 MA Plans Medicare Advantage Plans
 MA SEP Medicare Advantage Special
 Enrollment Period
 MAPD Medicare Advantage Plan
 with Prescription Drug Coverage
 MIPPA Medicare Improvements for Patients
 and Providers Act
 MSP Medicare Savings Programs
 MSN Medicare Summary Notice

N

NEMB Notice of Exclusion from
 Medicare Benefits
 NTP National Training Program
 NOC Notice of Medicare Non-Coverage

O

OEP Open Enrollment Period
 OPM Office of Personnel Management

P

PPO Prefer Provider Organization
 PFFS Private Fee-for-Service Plan
 PACE Programs of All-inclusive
 Care for the Elderly

P (continued)

PHI Protected Health Information
 PHR Personal Health Record

Q

QI Qualified Individual
 QMB Qualified Medicare Beneficiary
 QIO Quality Improvement Organization
 QIC Quality Independent Contractor

R

RRB Railroad Retirement Board
 Rx Prescription Drug

S

SHIP State Health Insurance Program
 SMP Senior Medicare Patrol
 SNF Skill Nursing Facility
 SNFABN Skilled Nursing Facility Advance
 Beneficiary Notice or denial letter
 SSA Social Security Administration
 SSDI Social Security Disability Insurance
 SEP Special Enrollment Period
 SNP Special Needs Plan
 SLMB Specified Low-Income Medicare
 Beneficiary
 SSI Supplemental Security Income

T

TANF Temporary Assistance to
 Needy Families
 TROOP True Out-of-Pocket

V

VA Veterans' Affairs

SHIBA job aid

Medicare help rainbow chart

Program	Household size		Need to apply for LIS?	Copay/coinsurance plan's formulary drugs
	1	2		
SSI-Related Medicaid Income Limit (AKA Categorically Needy/CN Medicaid S01, S02)	\$963	\$1,435	NO	Copay: \$1.55 generic /\$4.60 brand Catastrophic Copay: \$0
	\$2,000	\$3,000		
MIN – Medically Needy/Spenddown Income basis (S95, S99)	> \$963	> \$963	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
	\$2,000	\$3,000		
MN Resource Limit				
MSP- QMB Income Limit 110% FPL (S03) No Resource/Asset Limit as of 1/1/2023	\$1,401	\$1,894	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
MSP- SLMB Income Limit 120% FPL (S05) No Resource/Asset Limit as of 1/1/2023	\$1,526	\$2,064	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
MSP- QI-1 Income Limit 138% FPL (S06) No Resource/Asset Limit as of 1/1/2023	\$1,752	\$2,371	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
Extra Help Income Limit 138% FPL Apply for MSP to eliminate Resource/Asset Limit	\$1,752	\$2,371	NO <i>If approved for MSP first</i>	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
Extra Help (effective 1/1/2024) Income Limit 138-150% FPL Resource Limit	\$1,903	\$2,575	YES	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
	\$17,220	\$34,360		

Medicare help rainbow chart

Notes: These are programs for people eligible for Medicare. In all cases, if unsure about eligibility, encourage clients to apply!

Income comments

- Income amounts are listed as GROSS, before any deductions. Extra Help (LIS) effective 1/2024 ~ MSP effective with applications submitted 3/2024 or later.
- These programs **disregard \$20 of monthly income per household, so the listed income levels are \$20 higher than the Federal Poverty Level.**
- People with “earned” income (from employment, including self-employment) can have a higher income than what’s shown on this chart. Programs generally count half of someone’s earned income.

Household size comments

- This chart stops at a family size of two. Contact DSHS/HCA or SSA for information on larger families.
- **MSP family counts:** Person applying for benefits + spouse (legally married) + any biological, adopted or stepchildren under age 19.
- **Extra Help family counts:** Person applying for benefits, + spouse (legally married AND living together), + any relative living with them who depend on them for at least half of their financial support. (Relative can be any age and related by blood, marriage, or adoption.)

Resource comments

- Resources are also sometimes called “assets.”
- Resources include, bank accounts, certificates of deposit, savings bonds, IRAs, stocks and bonds, mutual funds, cash, and property other than client’s home or auto, furniture and household items.
- *The two-person resource limit applies only if the married couple lives together. For households without a married couple, the one-person resource limit applies.

General comments

- Numbers may vary slightly due to differences in rounding.
- Income and Resource calculations for people applying for long-term care services and supports, such as nursing home care or COPEs, are not on this chart. For more information, see page 3 of the DSHS publication *Medicaid and Long-Term Services and Support for Adults* at: www.dshs.wa.gov/sites/default/files/publications/documents/22-619.pdf

Medicare help rainbow chart

Program name	General eligibility information	What it covers (in general)	Action to take
<p>SSI – related Medicaid (DSHS) (AKA Categorically Needy/CN Medicaid S01, S02)</p>	<p>Applicant must be:</p> <ul style="list-style-type: none"> • 65 or over (aged) OR • Meet SSA definition of blind OR • Meet SSA definition of disabled AND <p>Income and resources are the same or lower than the standards for SSI-Related Medicaid.</p> <p>Most people with CN Medicaid and Medicare ALSO have QMB protections. See section on QMB.</p> <p>See <i>Eligibility Overview</i> at: https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<p>Full “Categorically Needy” (CN) Medicaid</p> <ul style="list-style-type: none"> • Medicare pays first. • Medicare A or B co-payments or deductibles covered, as long as providers accept both Medicare and Medicaid. • If joins a MA PD plan, will not have co-pays or deductibles for anything Original Medicare A/B would cover. • Automatically (“deemed”) eligible for Extra Help. • Part D will cover Rx. • May have small Part D co-pays. <p>Medicaid would cover some things that Medicare does not cover (i.e.):</p> <ul style="list-style-type: none"> • Dental benefits • Transportation to medical appointments. • Limited OTC drugs 	<ul style="list-style-type: none"> • Explain what it covers. • Apply for SSI through Social Security. • Apply for Medicaid online at www.washingtonconnection.org, or by paper application HCA 18-005. • If found eligible, automatically eligible for Extra Help. • Clients should show their Medicare/MA plan card and their Provider One (Medicaid card) to all providers. • Check to make sure clients are in the most affordable Part D or MA plan for their needs. • Remind them they must respond to Eligibility Reviews from DSHS (usually once per year).

Medicare help rainbow chart

Program name	General eligibility information	What it covers (in general)	Action to take
<p>MN – Medically Needy/ Spenddown (S095, S99)</p>	<p>For people with income above the limits for the SSI-Related Medicaid. Spenddown is the amount of the person’s income minus the income limit for his/her particular program. A person is given a base period (typically 3 or 6 months) to spend down “excess income.” In other words, to incur medical expenses equal to his/her spenddown amount. The person receives MN healthcare coverage for the rest of the base period once the spenddown amount is reached.</p> <p>See <i>Eligibility Overview</i> at: https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<p>The Medically Needy (MN) program covers slightly less than the Categorically Needy program. If on Medicare, (ONCE they meet their spenddown-and then ONLY for the remainder of the base period):</p> <ul style="list-style-type: none"> • Medicare pays first. • Coverage is nearly the same as for CN (Full-Dual Eligible)-see above. • Will be automatically (“deemed”) eligible for Extra Help. • May have small Part D co-pays. <p>Works best for people who have large expenses, such as hospital care. A person may be able to apply for “Charity Care” to help cover the spenddown amount.</p>	<ul style="list-style-type: none"> • Explain what it covers. • Apply online at www.washingtonconnection.org, or by paper application HCA 18-005. • Explain to clients that ONCE they meet their spenddown, and ONLY for the rest of their base period, they should not be billed for any remainder after Medicare pays for Part A and B-covered services. • If they meet the spenddown, they’re automatically eligible for Extra Help, which will last at least the rest of the calendar year. • Tell clients to show their Medicare/MA plan card and their Provider One (Medicaid card) to all providers. • Check to make sure clients are in the most affordable Part D or MA plan for their needs. • Remind them they’ll need to reapply if they still need coverage after their base period ends.

Medicare help rainbow chart

<p>Medicare Savings Program-QMB (DSHS) (S03)</p>	<p>Must be entitled to Medicare (any age) For QMB:</p> <ul style="list-style-type: none"> Income less than 110% FPL <p>See <i>Eligibility Overview</i> at: https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p> <p>Sometimes people who apply for an MSP are also put on a spenddown (see Medically Needy section).</p> <p>A person who has QMB does not have to meet their spenddown amount before they get help with their Medicare Part A or B copayments or deductibles.</p>	<p>QMB program acts as a cost-sharing program. It is not the same as full CN Medicaid. It covers:</p> <ul style="list-style-type: none"> Medicare Part A premium. Medicare Part B premium. Medicare A or B co-payments or deductibles covered, as long as providers accept both Medicare and Medicaid. If they join a MA PD plan, will not have co-pays or deductibles for anything Original Medicare A/B would cover. Providers are PROHIBITED by CMS to charge co-pays or other cost-sharing, except for prescriptions. See: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf Automatically (“deemed”) eligible for Extra Help. Part D will cover Rx. May have small Part D co-pays. 	<ul style="list-style-type: none"> Apply online at www.washingtonconnection.org, or by paper application HCA 18-005. Explain to clients DSHS will pay their monthly Medicare Part A and B premiums, and they should not be billed for any remainder after Medicare pays for Part A and B-covered services. Tell clients to show their Medicare/MA plan card and their Provider One (Medicaid card) to all providers. Check to make sure clients are in the most affordable Part D or MA plan for their needs. They may still have small drug co-pays. Remind them they must respond to Eligibility Reviews from DSHS (usually once per year).
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Medicare help rainbow chart

Program name	General eligibility information	What it covers (in general)	Action to take
<p>Medicare Savings Program-SLMB or QI-1 Level (DSHS) (S05, S06)</p>	<p>Must be entitled to Medicare (any age)</p> <p>For SLMB:</p> <ul style="list-style-type: none"> Income less than 120% FPL <p>For QI-1:</p> <ul style="list-style-type: none"> Income less than 138% FPL <p>See Eligibility Overview at: https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<p>SLMB and QI-1:</p> <ul style="list-style-type: none"> Medicare Part B Premium only. Automatically (“deemed”) eligible for Extra Help. Part D will cover Rx. May have small Part D co-pays. 	<ul style="list-style-type: none"> Apply online at www.washingtonconnection.org, or by paper application HCA 18-005. Explain to clients DSHS will pay their monthly Part B premiums. They will still have to pay Medicare Part A and Part B or Medicare Advantage deductibles, co-pays, or coinsurance. Check to make sure clients are in the most affordable Part D or MA plan for their needs. Remind them they must respond to Eligibility Reviews from DSHS (usually once per year).

Medicare help rainbow chart

Program name	General eligibility information	What it covers (in general)	Action to take
<p>Extra Help (Social Security)</p>	<p>Must be entitled to Medicare (any age)</p> <ul style="list-style-type: none"> • Income less than 138% FPL • Limited Resources per income chart <p>Clients applying and qualifying for MSP (up to 138% FPL) are not subject to Resource/Asset Limit.</p>	<p>This program assists qualified Medicare applicants with help paying their prescription drug plan costs. It covers part or all of premiums, deductibles, copays, and the donut hole.</p> <p>For details on costs breakdown, see “2024 Extra Help/LIS Co pay Levels & Costs”: https://www.insurance.wa.gov/media/6514</p>	<ul style="list-style-type: none"> • Clients must apply to SSA for this benefit unless they get it automatically by being on Medicaid/MSP. (“Deemed.”) • Can apply online: https://secure.ssa.gov/1020/start • Explain to clients they’ll pay either \$0 or low-cost Part D premium, have no deductible or donut hole, pay out-of-pocket up to \$4.50 for generics and \$11.20 for brands, catastrophic co-pays \$0 and can change their drug coverage once in each of the first 3 quarters. • Check to make sure clients are in the most affordable Part D or MA plan for their needs. • Let clients know they may watch Eligibility Reviews and to watch for letters from Social Security.

Medicare help rainbow chart

<p>Extra Help (effective 1/1/2024)</p> <p>*Formerly known as Partial Extra Help</p>	<p>Must be entitled to Medicare (any age):</p> <ul style="list-style-type: none"> • Income Limit 138-150% FPL • Limited Resources per income chart 	<p>This program assists qualified Medicare applicants with help paying their prescription drug plan costs. It covers part or all of premiums, deductibles, copays, and the donut hole.</p> <p>For details on costs breakdown, see “2024 Extra Help/LIS Co pay Levels & Costs”: https://www.insurance.wa.gov/media/6514</p>	<ul style="list-style-type: none"> • Clients must apply to SSA for this benefit unless they get it automatically by being on Medicaid/MSP. (“Deemed.”) • Can apply online: https://secure.ssa.gov/i1020/start • Explain to clients they’ll pay either \$0 or low-cost Part D premium, have no deductible or donut hole, pay out-of-pocket up to \$4.50 for generics and \$11.20 for brands, catastrophic co-pays \$0 and can change their drug coverage once in each of the first 3 quarters. • Check to make sure clients are in the most affordable Part D or MA plan for their needs. • Let clients know they may have Eligibility Reviews and to watch for letters from Social Security.
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Contact: SHIBA | 800-562-6900 | shiba@oic.wa.gov

Contact: SHIBA | 800-562-6900 | shiba@oic.wa.gov
For training purposes only – do NOT share with consumers

2025 Medicare hospital insurance (Part A) covered services

Services	Benefit	Medicare pays	You pay
Hospitalization Semi-private room and board, general nursing and other hospital services and supplies (Medicare payments based on benefit periods) (See comments 1 & 2)	First 60 days	All but \$1,676	\$1,676 (Deductible per benefit period - see comment 2)
	61st to 90th day	All but \$419/day	\$419/day
	91st to 150th day (60 reserve days may be used only once)	All but \$838/day	\$838/day
	Beyond 150 days	Nothing	All costs
Skilled Nursing Facility Care Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies (Medicare payments based on benefit periods) (See comments 1 & 2)	First 20 days	100% of approved amount	Nothing
	Next 80 days	All but \$209.50/day	up to \$209.50/day
	Beyond 100 days	Nothing	All costs
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements for home health care benefits	100% of approved amount 80% of approved amount for durable medical equipment	Nothing for services 20% of approved amount for durable medical equipment
	For as long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
Hospice Care Pain relief, symptom management and support services for the terminally ill	Unlimited during a benefit period if medically necessary	All but first 3 pints per calendar year	For first 3 pints

1 - Neither Medicare nor Medicaid insurance pay for most nursing home care (See Medicare & You Handbook, pages 26, 56).

2 - A benefit period starts the first day you receive a Medicare-covered service in a qualified hospital. It ends when you've been out of a hospital (or other facility that provides skilled nursing or rehab services) for 60 days in a row. It also ends if you stay in a facility (other than a hospital) that provides skilled nursing or rehab services, but do not receive any skilled care there for 60 days in a row. If you enter a hospital again after 60 days, a new benefit period starts. This also applies to mental health in-patient stays. (See Medicare & You Handbook, pages 27-29 and 119).

◆ If the hospital gets blood from a blood bank at no charge, you won't pay for replacing it. If the hospital buys blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else. (See Medicare & You Handbook, page 26.)

Premium for Part A: Most people don't pay a premium, because they (or their spouse) worked for over 40 quarters. If you have fewer than 30 quarters of coverage, you pay \$518/mo. For 30-39 quarters of coverage, you pay \$285/month (Note: These numbers were not available at the time of printing for the 2025 Medicare & You book.)

2025 Medicare medical insurance (Part B) covered services

Services	Benefit	Medicare pays	You pay
Medical Expenses Doctor services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, most outpatient mental health services, and other services	Unlimited if medically necessary	80% of approved amount (after \$257 deductible)	\$257 deductible* plus 20% of approved amount and limited charges above approved amount**
Clinical Laboratory Services Blood test, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount* for durable medical equipment
Outpatient Hospital Treatment Services for the diagnosis or treatment of an illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital costs	20% of billed amount*
Blood♦	Unlimited during a benefit period if medically necessary	80% of approved amount (after \$257 deductible and starting with 4th pint)	First 3 pints plus 20% of approved amount for additional pints♦*

* After you pay the yearly deductible of \$257, you typically pay 20% of the Medicare-approved amount for most doctor services, outpatient therapy and durable medical equipment for the rest of the year.

** Federal law limits charges for physician services.

♦ If the hospital gets blood from a blood bank at no charge, you won't pay for replacing it. If the hospital buys blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else.

Monthly Part B premium: The standard Part B premium amount in 2025 is \$185 (or higher depending on your income). However, a small number of people who get Social Security benefits will pay less due to the "hold harmless" provision. Social Security will tell you the exact amount you'll pay. For more information, go to: www.medicare.gov/basics/costs/medicare-costs

We attempt to provide the most current information possible. Due to frequent changes, always check with Medicare at www.medicare.gov or at 1-800-MEDICARE (1-800-633-4227) for the latest premiums and deductibles. If you want personalized help, call SHIBA at 1-800-562-6900 and ask to speak with a SHIBA counselor in our area.

2025 Medicare Part D stand-alone prescription drug plans Washington state

Note: The annual deductible will be \$0 for all people with Extra Help, for any Part D plan.

Organization/plan name	Monthly premium	Premium with Extra Help	Annual deductible if no Extra Help	Contract & plan ID number
Aetna Medicare: 1-833-526-2445				
Silver Script Choice (PDP)	\$35.90	\$9.70	\$590	S5601/060
Cigna Healthcare: 1-800-735-1459				
Cigna Healthcare Extra Rx (PDP)	\$67.20	\$41.00	\$175	S5617/275
Cigna Healthcare Saver Rx (PDP)	\$0	\$0	\$590	S5617/380
Cigna Healthcare Assurance Rx (PDP)	\$0	\$0	\$590	S5617/148
Humana Insurance Company: 1-800-706-0872				
Humana Basic Rx Plan (PDP)	\$7.90	\$0	\$590	S5884/113
Humana Premier Rx Plan (PDP)	\$110.10	\$83.90	\$0	S5884/176
Humana Value Rx Plan (PDP)	\$22.40	\$16.50	\$573	S5884/209
United Healthcare: 1-800-753-8004				
AARP Medicare Rx Preferred from UHC (PDP)	\$83.80	\$57.60	\$0	S5921/411
United Healthcare: 1-888-867-5564				
AARP Medicare Rx Saver from UHC (PDP)	\$37.40	\$11.20	\$590	S5921/374
WellCare: 1-800-270-5320				
Wellcare Classic (PDP)	\$6.30	\$0	\$590	S4802/020
Wellcare Medicare Rx Value Plus (PDP)	\$102.40	\$76.20	\$590	S4802 /233
Wellcare Value Script (PDP)	\$0	\$0	\$590	S4802 /135

Summary compiled by the Statewide Health Insurance Benefits Advisors (SHIBA). For unbiased help deciding what plan best meets your needs, call 1-800-562-6900 and ask to speak with a SHIBA volunteer advisor in your county.

Picking the best Medicare Part D plan for you is about more than just the monthly premium. Check out the Plan Finder tool at www.medicare.gov. The drugs you use and the pharmacies that you like matter. Enter all the details.



January – March 2025 Approved Medicare Supplement (Medigap) plans

By federal law, high-deductible plans G and F have a \$2,870 deductible for the year 2025.

The best time to enroll in a Medigap plan is during the first six months you have both Medicare Parts A and B.

People enrolled in Original Medicare who have:

- A Medigap plan B through N can join any Medigap plan – except Plan A.
- Medigap Plan A can join any Medigap Plan A.
- More comprehensive health coverage than the Medigap plan they’re buying, can join any comprehensive Medigap plan – except Plan A.

There’s no yearly open enrollment period for Medicare Supplement (Medigap) plans. If you’re already enrolled in a Medigap plan, you may apply to buy or switch plans at any time. However, if you’re not currently enrolled in a Medigap but want to buy one, rules vary whether insurers may require you to pass a written health screening questionnaire. Not sure if you’ll need to take a health screening? Call our Insurance Consumer Hotline at: 1-800-562-6900.

Company	Pre-Health screen ²	Standardized benefit plans & monthly costs												Plans C & F*	
		A	B	D	G	K	L	M	N	C	F				
Ace Property and Casualty 1-800-601-3372	No	\$193			\$206				\$155						\$264
Age 65 and older	Yes				\$67										
With a high deductible															
Asuris Northwest Health 1-844-278-7472		A	B	D	G	K	L	M	N	C	F				
Age 65 and older		\$245			\$276	\$177			\$213	\$344	\$345				
Notes about Asuris Northwest: These plans are offered in the following counties: Adams, Asotin, Benton, Chelan, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens and Whitman.															
Bankers Reserve Life Insurance Co of Wisconsin 1-833-441-1564		A	B	D	G	K	L	M	N	C	F				
Age 65 and older	No	\$197			\$216				\$164						\$283
Age 65 and older	Yes														

***To buy a Medigap plan C or F, you must have been eligible for Medicare before Jan. 1, 2020.**

Note: Plans and premium costs listed are filed and approved by the Washington state Office of the Insurance Commissioner. Premiums listed are for monthly payments through automatic funds transfer, if available. The premium costs may differ for different modes or methods of payment, so be sure to check with the company.

Companies may change their rates at various times throughout the year, so always check with the company for the latest availability and premiums. Plans issued before June 1, 2010 have different rates due to changes in Medicare.

Washington state Office of the Insurance Commissioner • Statewide Health Insurance Benefits Advisors (SHIBA)
January – March 2025 Approved Medicare Supplement (Medigap) plan

Company		Pre-X ₁	Health screen ²	Standardized benefit plans & monthly costs												Plans C & F*		
		A	B	D	G	K	L	M	N	C					C	F		
CIGNA 1-866-459-4272					\$225				\$171								\$286	
Age 65 and older		Yes	Yes		\$210													
With a high deductible		Yes	Yes														\$87	
First Health Life & Health 1-800-264-4000																		
Age 65 and older		No	Yes		\$175	\$215			\$239								\$257	
Globe Life and Accident Insurance Co 1-800-801-6831																		
Age 65 and older		Yes	Yes		\$169	\$270			\$289						\$312	\$315		
With a high deductible		Yes	Yes						\$54								\$54	
GPM Health & Life 1-866-242-7573																		
Age 65 and older		No	Yes		\$312				\$389								\$428	
HumanaDental Insurance Co 1-866-205-0000																		
Age 65 and older		Yes	Yes		\$189				\$275								\$354	
With a high deductible		Yes	Yes						\$66								\$67	
Loyal American 1-866-459-4272																		
Age 65 and older		Yes	Yes		\$283				\$304								\$391	

*To buy a Medigap plan C or F, you must have been eligible for Medicare before Jan. 1, 2020.

Washington state Office of the Insurance Commissioner • Statewide Health Insurance Benefits Advisors (SHIBA)
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Company		Pre- X1	Health screen²	Standardized benefit plans & monthly costs											Plans C & F*							
		A	B	D	G	K	L	M	N	C	F											
Medico Insurance Company 1-800-228-6080																						
Age 65 and older		No	Yes	\$203	\$208				\$147								\$286					
With a high deductible		No	Yes		\$59												\$62					
Premiera Blue Cross 1-800-752-6663																						
Age 65 and older		Yes	Yes	\$180	\$215				\$178	\$246												
With a high deductible		Yes	Yes		\$53																	
Notes about Premiera Blue Cross plans: These plans are not available to Clark County residents.																						
Regence BlueCross BlueShield of Oregon 1-844-734-3623																						
Age 65 and older		No	Yes	\$221	\$256	\$167			\$205	\$318							\$322					
Notes about Regence BlueCross BlueShield of Oregon plans: These plans are available only to Clark County residents.																						
Regence BlueShield 1-844-734-3623																						
Age 65 and older		No	Yes	\$204	\$230	\$121			\$177	\$287							\$291					
Notes about Regence BlueShield plans: These plans are offered in the following counties: Clallam, Cowlitz, Columbia, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Walla Walla, Whatcom and Yakima.																						
State Farm Insurance (Call local agent)																						
Age 65 and older		Yes	Yes	\$195	\$242				\$187	\$316							\$319					
Transamerica 1-866-205-9120																						
Age 65 and older		No	Yes	\$158	\$228	\$114	\$169	\$207	\$195	\$246							\$248					

*To buy a Medigap plan C or F, you must have been eligible for Medicare before Jan. 1, 2020.

Washington state Office of the Insurance Commissioner • Statewide Health Insurance Benefits Advisors (SHIBA)
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Company		Pre- X1	Health screen ²	Standardized benefit plans & monthly costs											Plans C & F*								
		A	B	D	G	K	L	M	N	C	F												
United American Insurance Co																							
1-800-755-2137																							
Age 65 and older	Yes	\$171	\$256	\$274	\$264				\$218	\$288	\$321												
With a high deductible	Yes				\$48						\$48												
Under age 65 Medicare disability	Yes		\$482																				
UnitedHealthcare Insurance Co (AARP)³																							
1-800-523-5800																							
Age 65 and older	No	\$177	\$262		\$256	\$81	\$180		\$209	\$308	\$309												
Medicare Select Plan*	No				\$243				\$199														
United World Life Insurance (Mutual of Omaha)																							
1-800-667-2937																							
Age 65 and older	No	\$194			\$252				\$177		\$348												
With a high deductible	No				\$56																		
USAA																							
1-800-515-8687																							
Age 65 and older	No	\$135			\$235				\$182		\$281												
Age 65 and older	Yes																						
WA State Health Care Authority Premera Blue Cross																							
Plans																							
1-888-208-6264																							
Age 65 and older	No				\$218																		
Under age 65 Medicare disability	No				\$371																		
Note about Washington state HCA plans: These rates are for Washington state residents who are NOT a Public Employees Benefits Board (PEBB) member (PEBB members must enroll directly with the HCA by calling 1-800-200-1004). A Washington state resident is defined as "Within 63 days after becoming a Washington state resident." State residents can print off their own enrollment kit at: www.premera.com/documents/P202088_2025.pdf or call Premera Blue Cross at 1-888-208-6264 and ask for a paper application for Group ID: 1000041, and for P2019196 (the HCA Plan G pre-sales enrollment kit).																							
Washington National Insurance Co																							
1-800-888-4918																							
Age 65 and older	Yes	\$207			\$221				\$168		\$340												
With a high deductible	Yes				\$65																		

*To buy a Medigap plan C or F, you must have been eligible for Medicare before Jan. 1, 2020.

Washington state Office of the Insurance Commissioner • Statewide Health Insurance Benefits Advisors (SHIBA)
January – March 2025 Approved Medicare Supplement (Medigap) plan

Footnotes explained:

- 1 = PreX (pre-existing condition) is a health problem you had within the three months before the effective date of your new plan. For this condition, a company cannot exclude benefits for that condition for more than three months after the coverage effective date. If you replace your policy and your previous policy was in effect for at least three months, you have no waiting period for any pre-existing conditions.
- 2 = No health screen means the insurance company will not ask you any health questions to decide if they will enroll you in its plan.
- 3 = You must be a member of an association to buy these plans.
- * Medicare Select policies may require you to use specific hospitals, doctors, or other health care providers to get full coverage. They must disclose network restrictions to you.

The appearance of a company on this list does not constitute an endorsement of a company or its policies by the Washington state Office of the Insurance Commissioner, SHIBA, or its volunteers.

Questions? Call our Insurance Consumer Hotline at 1-800-562-6900

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10 Standardized Medicare Supplement (Medigap) plans chart

This chart shows the benefits included in each of the standard Medigap plans effective on or after Jan. 1, 2025.

The Medigap policy covers coinsurance only after you've paid the Medicare deductible (unless the policy you have also covers the deductible).

Note about Plans C and F:

Only applicants' first eligible for Medicare before 2020 can buy/keep Plans C, F, and high-deductible Plan F. Medigap Plans C and F are no longer available to people new to Medicare as of Jan. 1, 2020. If you were eligible for Medicare before Jan. 1, 2020, but not yet enrolled, you might be able to still buy a Plan C, F or high-deductible Plan F.

How to read the chart: ✓ = policy covers 100% of benefit; % = policy covers that percentage; Blank = policy doesn't cover that benefit

Plans available to all Medigap applicants

Medicare-eligible before 2020

	Medicare-eligible before 2020									
	A	B	D	G*	K	L	M	N	C	F*
Basic benefits										
Part A: Hospital coinsurance (plus costs up to an additional 365 days after Medicare benefits end)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part A: Hospice care coinsurance or copay	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part B: Coinsurance or copay	✓	✓	✓	✓	50%	75%	✓	✓***	✓	✓
Medicare preventive care Part B coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parts A & B: Blood (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Additional benefits	A	B	D	G*	K	L	M	N	C	F*
Skilled nursing facility care coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible: \$1,676		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible: \$257									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (lifetime limit of \$50,000)			80%	80%			80%	80%	80%	80%
Out-of-pocket yearly limit**					\$7,220	\$3,610				

*Plans F and G offer a high-deductible plan. You pay for Medicare-covered costs up to the deductible amount (\$2,870 in 2025) before your plan pays anything.

**After you meet your out-of-pocket yearly limit and Part B deductible, the plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance except up to \$20 copays for some office visits and up to \$50 copays for emergency room visits (if the hospital admits you, the plan waives your emergency room copays).

Need more help?

There's no yearly open enrollment period for Medicare Supplement (Medigap) plans. You may apply to buy or switch plans at any time. However, insurers may require you to pass a health questionnaire. If you have questions about who needs to take the questionnaire, call our Insurance Consumer Hotline. If you want individual help understanding all of your options, call our hotline and ask to speak with a SHIBA counselor in your area: **1-800-562-6900**.



Comparing Medicare Supplement (Medigap) and Medicare Advantage plans

Medicare Supplement (Medigap) plans (Plus Original Medicare)		Medicare Advantage (MA) plans (HMO, PPO, or Private Fee-for-Service)
How it works	Private insurance that fills in the gaps for out-of-pocket costs that Original Medicare Parts A and B don't cover.	Private insurance that replaces Original Medicare Parts A and B .
Who's eligible	<ul style="list-style-type: none"> You must have BOTH Medicare Parts A and B. During certain times, you can buy a plan without having to take a written health screen. For more information, see your <i>Medicare & You</i> book or contact SHIBA at: 1-800-562-6900. If you're under age 65, options are very limited. 	<ul style="list-style-type: none"> You must have BOTH Medicare Parts A and B. There's no health screen and no wait period. You must live in the plan's service area. Be aware, not every county has a plan. Plans are available to people 65 and older and under age 65 with a disability.
The benefits	<ul style="list-style-type: none"> Some plans cover Medicare Parts A and B copays, coinsurance and deductibles. Plans are standardized, meaning Plans A-N offer the same coverage as other insurer's plans with the same letter. Some plans offer additional benefits that include foreign travel emergency coverage and excess charges. 	<ul style="list-style-type: none"> Plans must cover all Medicare Parts A and B covered services. Plans are not standardized; coverage varies by plan based on the insurer and plan type: Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO). Some plans offer extra coverage, such as dental, vision, alternative medicine or health club memberships (some extras require additional premiums).
Costs associated with the plan	<ul style="list-style-type: none"> Monthly Medigap premiums vary by plan. Plans (except K and L) have no annual out-of-pocket limits. You must also pay Part B premiums unless you're enrolled in a Medicare Savings Program. Premiums often change once a year, but plans may change rates at different times of the year. 	<ul style="list-style-type: none"> Monthly MA premiums vary by plan (some plans have \$0 premiums). Copays or coinsurance are set by the plan. Some plans have deductibles. Plans have yearly maximum out-of-pocket limit (MOOP). You must also pay Part B premiums, unless you're enrolled in a Medicare Savings Program. All costs may change every Jan. 1.
Is the plan renewable?	<ul style="list-style-type: none"> Plans are guaranteed renewable and benefits won't change as long as you pay the premiums, which may change yearly. You may switch plans at any time. 	<ul style="list-style-type: none"> It's renewable, but costs and benefits may change yearly. You remain in the plan unless you disenroll or switch during an enrollment period, or the plan leaves the area. If you're enrolled in a plan and do nothing during the Open Enrollment Period (OEP), you'll remain in your current plan.

Comparing Medicare Supplement (Medigap) and Medicare Advantage plans

	Medicare Supplement (Medigap) plans (Plus Original Medicare)	Medicare Advantage (MA) plans (HMO, PPO, or Private Fee-for-Service)
Provider choice and availability	<ul style="list-style-type: none"> • Providers bill Medicare directly, and in most cases, the Medigap pays providers directly after Medicare pays its portion. • You can see any provider in the U.S. who takes Medicare. • Plans don't require referrals for specialty care. 	<ul style="list-style-type: none"> • Providers bill the MA plan for most services, not Medicare. • HMOs maintain provider network and only cover in-network providers; they must have available providers to accept new members; referrals may be required to see a specialist. • PPOs maintain provider networks, but also cover out-of-network at a higher cost. • PPOs may not need a referral to see a specialist; check with the plan. • Ask the provider's office for a list of MA plans they accept.
Prescription drug coverage	<ul style="list-style-type: none"> • Prescription drugs are not included. • For drug coverage, you want to enroll in a Part D prescription drug plan. 	<ul style="list-style-type: none"> • It's often bundled with the plan's benefits and you can't usually buy a separate Part D plan. • If you want coverage, you must enroll in the Part D coverage your MA plan offers.
Switching plans	<ul style="list-style-type: none"> • You can switch plans at any time. • You must contact the plan to enroll. • If you switch, you must cancel the old plan. 	<ul style="list-style-type: none"> • You can only change plans during an enrollment period. • Enrolling in the new plan will disenroll you from your current MA or Part D stand-alone plan.
Which plan's the best fit?	<ul style="list-style-type: none"> • Coverage is unlimited in the U.S. • Some plans cover all Medicare copays and deductibles. • People under age 65 have very limited options and they can be more costly. 	<ul style="list-style-type: none"> • Might be good for people who can't find a provider who takes Original Medicare. • If you don't need frequent appointments or treatments, it might save you money.
Comparison shop	<ul style="list-style-type: none"> • Plans are standardized and the Washington State Office of the Insurance Commissioner (OIC) regulates them. • Monthly premiums and customer service are the only difference between the plans with the same letter. • Refer to the 10 Standardized Medigap plan chart at www.insurance.wa.gov. • Find plans and premiums at www.insurance.wa.gov or call 1-800-562-6900. 	<ul style="list-style-type: none"> • Plans are not standardized and Medicare approves them. • Refer to the Medicare Plan Finder at www.Medicare.gov and to the list of MA plans by county at www.insurance.wa.gov. • Run a drug cost comparison at www.Medicare.gov. • The OIC licenses insurance agents selling MA plans in Washington state, and the federal government regulates MA plan marketing activities. • Find MA plans by county at www.insurance.wa.gov or call 1-800-562-6900.

Questions? For free, unbiased help understanding all of your options, call our Insurance Consumer Hotline and ask to speak with a volunteer advisor in your area at **1-800-562-6900** or at **www.insurance.wa.gov/shiba**.

Medicare Advantage plans

What you need to know before you buy

Medicare Advantage plans are a different way to get Original Medicare (also called Medicare Parts A and B). Under Medicare Advantage plans (also known as Medicare Part C), you get Parts A and B through a private insurance company.

You continue to pay:

- Part A premiums (if any)
- Part B premiums
- The plan's premiums (if any)
- Any deductibles, copays or coinsurance

The Medicare Advantage (MA) plan pays for all medically necessary care covered by Original Medicare. The MA plan also may include prescription drug (Part D) coverage, and added benefits, such as eye and hearing exams, dental care and fitness classes. Optional coverage may require additional premium.

Be aware that you may have to see medical providers in the plan's network.

Types of Medicare Advantage plans available in Washington state

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Special Needs Plan (SNP)

Availability

Medicare Advantage plan availability varies by county. For a list of plans in your county, go to: www.insurance.wa.gov/medicare-advantage-plans-part-c or contact the Insurance Commissioner Hotline at 1-800-562-6900 to request a copy.

Enrollment periods

The three most common MA plan enrollment periods are the:

1. Initial Coverage Enrollment Period when you first join Medicare Parts A and B.
2. Annual Enrollment Period, Oct. 15 - Dec. 7 of each year.
3. Medicare Advantage Open Enrollment Period, Jan. 1 - March 31 of each year.

Other enrollment periods may apply to your situation.

Continued on back ►

Review this checklist BEFORE you enroll in a Medicare Advantage plan

Provider networks:

- Have you checked with your medical providers first to see if they'll accept the plan? Some providers may not accept all plans available in your county and some plans may require referrals to see a specialist.
- If you have Medicaid, will your providers accept both the MA plan and Medicaid?

Costs:

- Are you aware of the plan's monthly premium and copayments for various services, any out-of-pocket limits, and the cost to use non-network providers?

Added (supplemental) benefits:

- Added benefits such as dental, eye exams, transportation and other supplemental benefits may cost additional premiums, may have limits on which providers you can use and may require you to meet specific health criteria. Check with the plan for more details.

Drug coverage rules:

- In Washington state, if you want drug coverage, you must buy a Medicare Advantage plan that includes prescription drug coverage.

Where you live:

- Do you live in another state part of the year? Many MA plans require you to use regular services within the service area (except for emergency care), which is usually the county you live in. Some plans do offer travel coverage, but you need to ask.

Changing plans:

- If you're not satisfied with the plan, do you know when you can switch plans?

How to enroll in a Medicare Advantage plan

There are several ways you can buy an MA plan:

- Contact the plan directly.
- Get help with enrollment from SHIBA at 1-800-562-6900.
- Enroll at www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).
- Contact a local agent or broker (by law, agents and brokers cannot conduct door-to-door unsolicited sales).

Note: You need to have both Medicare Parts A and B to enroll in an MA plan.

For Medicare-related questions, call our:

Insurance Consumer Hotline and ask for SHIBA at 1-800-562-6900



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www.insurance.wa.gov/shiba

