

Statewide Health Insurance Benefits Advisors (SHIBA)

Welcome

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

Trainer introduction

Hi, I'm <Name>

My contact information is in your packet.

About me -

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?

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.

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 to you know about

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

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

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

Rules of engagement

Please see page < 2 > in the workbook.

Overview of Medicare

Four parts, two systems, three markets

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

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

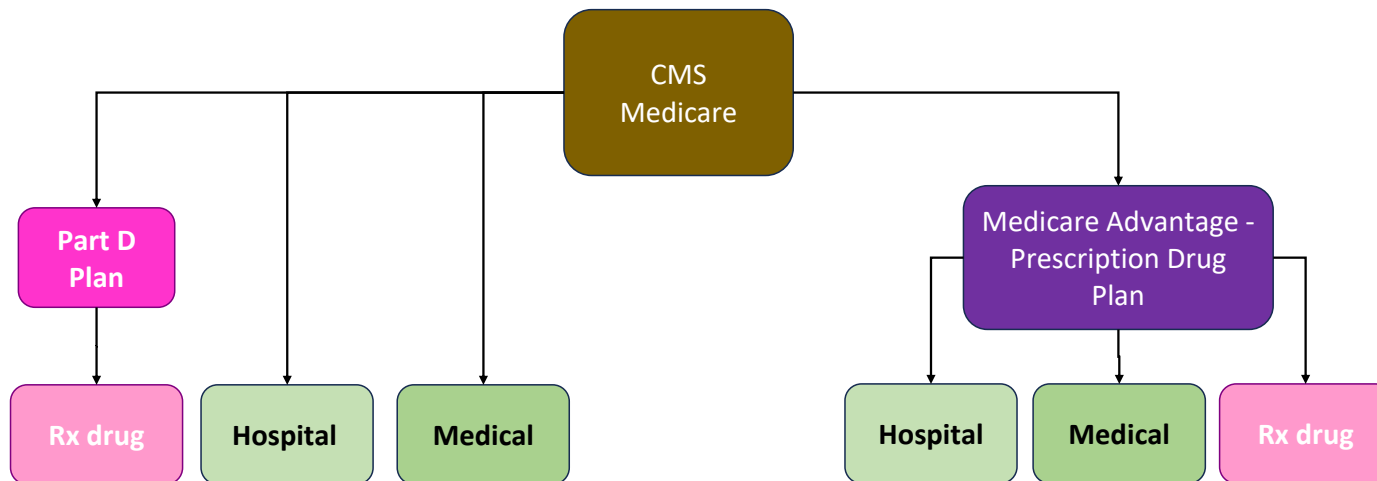


Some extra benefits

Some plans also include:

Lower out-of-pocket costs

Medicare in context



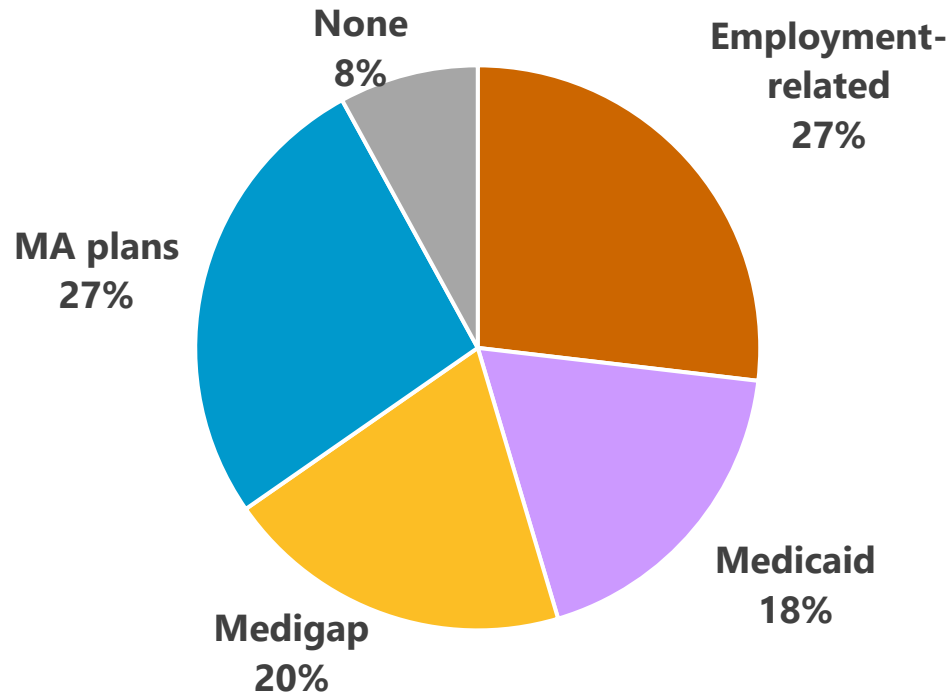
Not covered by Original Medicare

- **Prescription drugs**
- Eye exams
- Hearing aids
- Therapies
 - Acupuncture
 - Chiropractic
 - Massage
 - Naturopathy
- Dental care

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

Coverage in addition to Medicare



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%.

Medicare systems of care

Original Medicare

Part A



Part B



You can add:

Part D



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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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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

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 <i>or</i> creditable coverage; other covered benefits	Part D <i>or</i> creditable coverage; other covered benefits
Employer Group Health Plans		
Medicaid - State		

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?

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?

Your questions?

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

Client questions?

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

We're here for you

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

Eligibility and Enrollment

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

Outcomes: Eligibility and Enrollment, 2 of 2

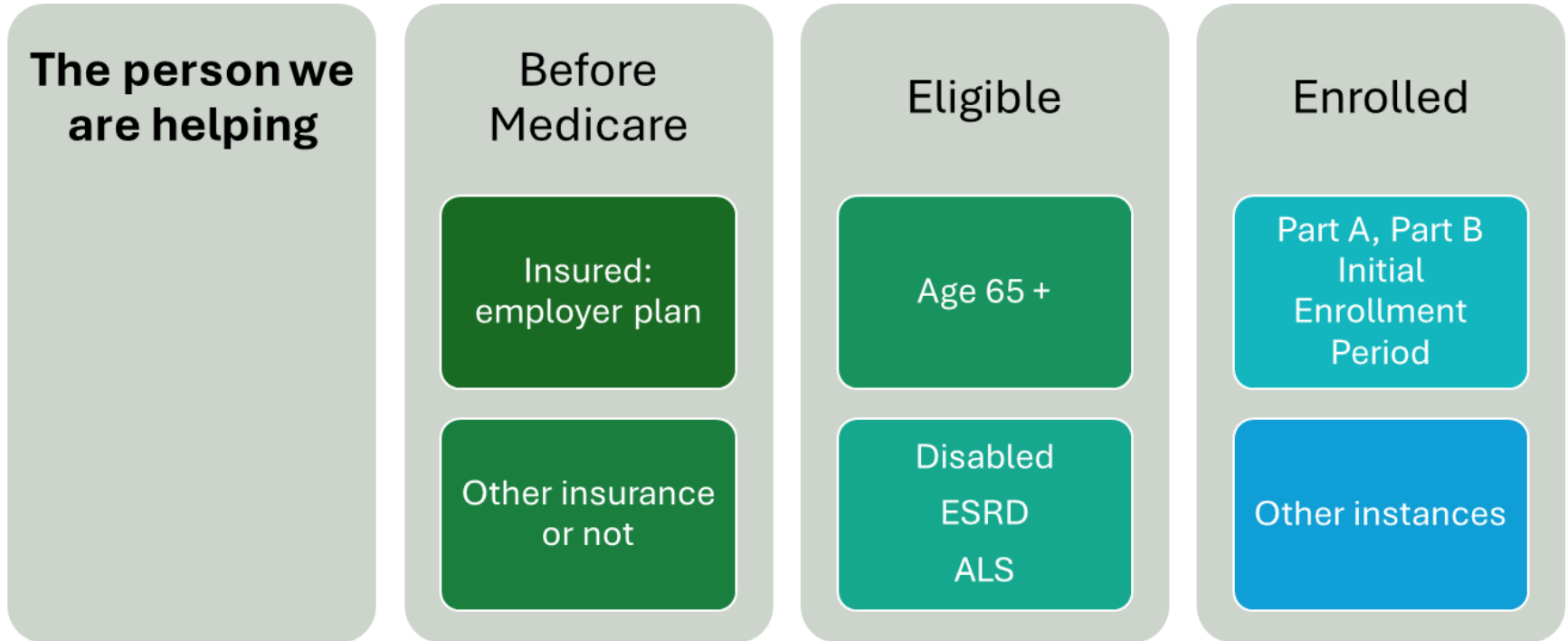
Skills/abilities

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)

We often sound like this

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

Person-centered counseling





Eligibility

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

Social Security Administration

 [What should I do if I get a call claiming there is a problem with my Social Security number or account?](#)

 **Social Security** Benefits ▾ **Medicare** ^ Card & record ▾ 🔍 Español | Sign

Secure your Social Security benefits for tomorrow

 **Prepare**

- Check eligibility for benefits
- Get a benefits estimate
- Plan for retirement

Medicare

- Plan for Medicare
- Sign up for Medicare
- ~~Request to lower IRMAA~~
- Apply for Part D Extra Help
- Manage Medicare benefits

After you apply

- Check application or appeal status
- Appeal a decision we made

Eligibility

Conditions	Conditions
<ol style="list-style-type: none">1.2.	<ol style="list-style-type: none">1.2.3.4.

Eligibility

- 1.US citizen
- 2.legal permanent resident

- 1.over age 65
- 2.disabled
- 3.ESRD
- 4.ALS

How about you?

Question:

- Are you eligible for Medicare?

Tricky question:

- When will you be eligible for Medicare?

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?

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?*

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.

Enrollment

Part 1 of 2

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

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

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 1st of Birthday Month			Medicare starts 1st of next Month	Medicare starts 1st of next month		

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.

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.

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).

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

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

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

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

Initial enrollment period (IEP)

January	February	March	April 6th	May	June	July

This is your **ideal** plan.

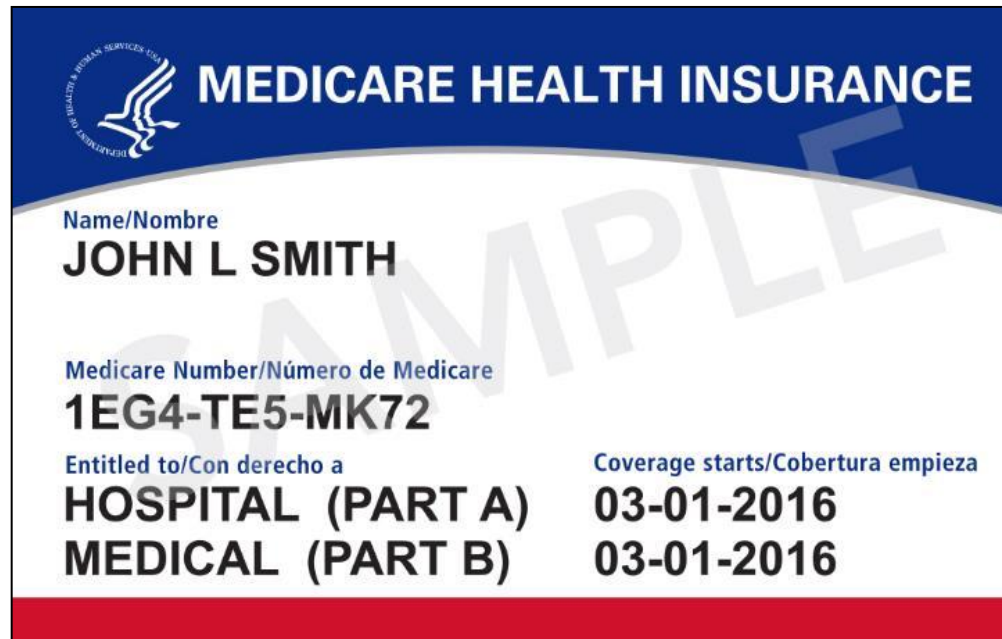
Enrollment

Part 2 of 2

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

Medicare card



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/>



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.

Who gets auto-enrolled?

- Carol
- Paul
- Lupe
- Jamal

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.

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

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

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?

Rubric

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

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?

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

Medicare Part A

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

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

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

Covered benefits and costs

Medicare Part A

Original Medicare – Part A

Part A – Hospital insurance:

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



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.

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

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

Medicare covered services chart

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

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	

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		

Knowing and wondering

Covered services

- Hospitalization
- Other inpatient
- Other services

Out-of-pocket costs

- Premium
- Cost sharing

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?

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?

Let's practice

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

We're here for you

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

We all can help you

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

Medicare Part B

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

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

Covered benefits and costs

Medicare Part B

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



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.

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)

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

Medicare covered services chart

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

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	

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		

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.

Knowing and wondering

Covered services

- Medical care
- Preventive care
- Other services and supplies

Out-of-pocket costs

- Premium
- Cost sharing

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?

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?

Let's practice

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

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

Medicare Part D

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'

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

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

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

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.



Medicare systems of care

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

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		

Eligibility & Enrollment

Medicare Part D

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

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)

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)

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.



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



Covered benefits and costs

Medicare Part D

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.](#)

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.

Medicare Part D

Beneficiary Premiums

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**

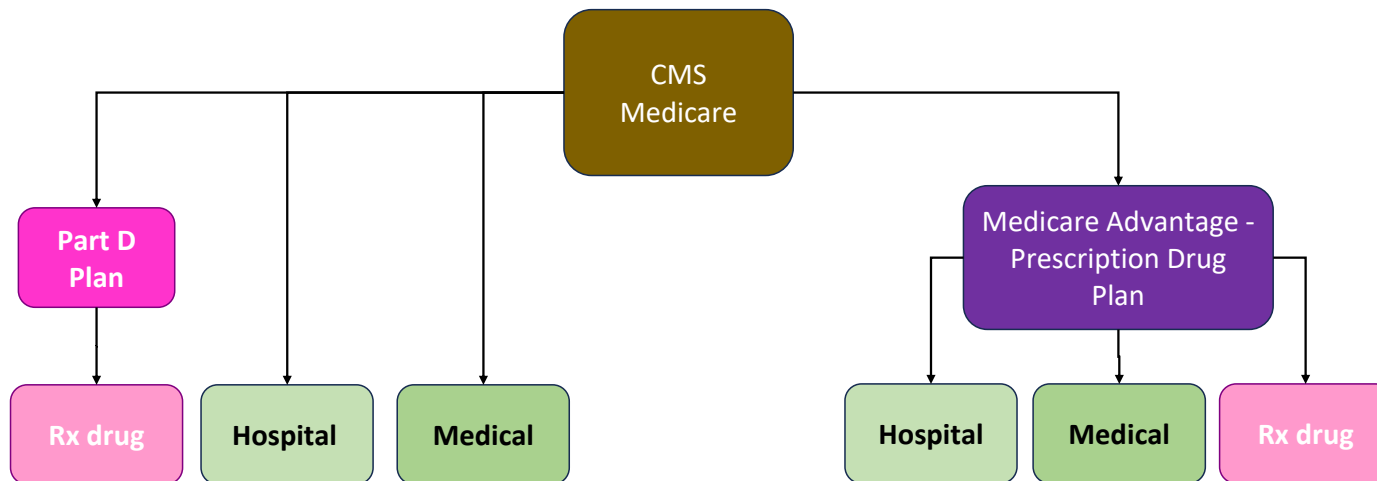
Medicare Part C

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

Medicare Part D (Rx drugs insurance)

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

Medicare in context



Medicare Part D

Covered benefits & Cost sharing

Medicare Part D standard benefit

The benefit will have three phases, including a deductible, an initial coverage phase, and catastrophic coverage.

For 2025, Part D enrollees pay a deductible of up to \$590 and then pay 25% of their drug costs in the initial coverage phase, until their out-of-pocket spending totals \$2,000. At that point, they will qualify for catastrophic coverage and will pay no additional out-of-pocket costs.

Medicare Part D design, cont.

Offer either the defined standard benefit or an alternative equal in value - can provide enhanced benefits.

Varies in terms of their specific benefit design, coverage, and costs, including deductibles, cost-sharing amounts, utilization management tools (i.e., prior authorization, quantity limits, and step therapy), and which drugs are covered on their formularies.

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.

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.

Knowing and wondering

Covered services

- Formulary
- Network pharmacies
- Step therapy
- *Differences in 'markets'*

Out-of-pocket costs

- Premium
- Cost sharing

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.



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?

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?

Client questions?

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

Medicare Advantage (MA) plans

Also called Medicare Health Plans or Medicare Part C

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.

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'

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.

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)

Outcomes: Medicare Advantage, 5 of 7

Knowledge

10. The Medicare 'Plan Finder' tool is our resource for helping

- research options
- enroll people into coverage

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

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

Eligibility & Enrollment

Medicare Advantage plans

Medicare Advantage Plan eligibility

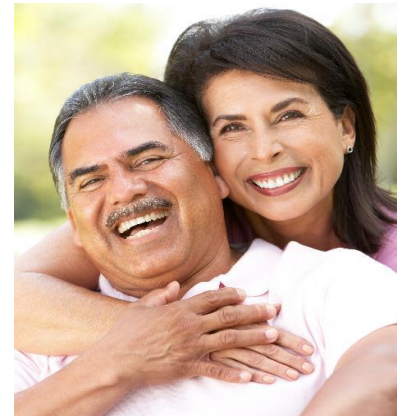
- Be a United States citizen or be lawfully present in the U.S.
- Be eligible to enroll in a Medicare Advantage plan by having both Part A and Part B
- Permanently reside within the plan's service area
- Agree to abide by the rules of the plan
- Complete an enrollment request
- Submit the enrollment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

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.



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.

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

SHIBA Program Basic Training January 2025

Covered benefits and costs

Medicare Advantage

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

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

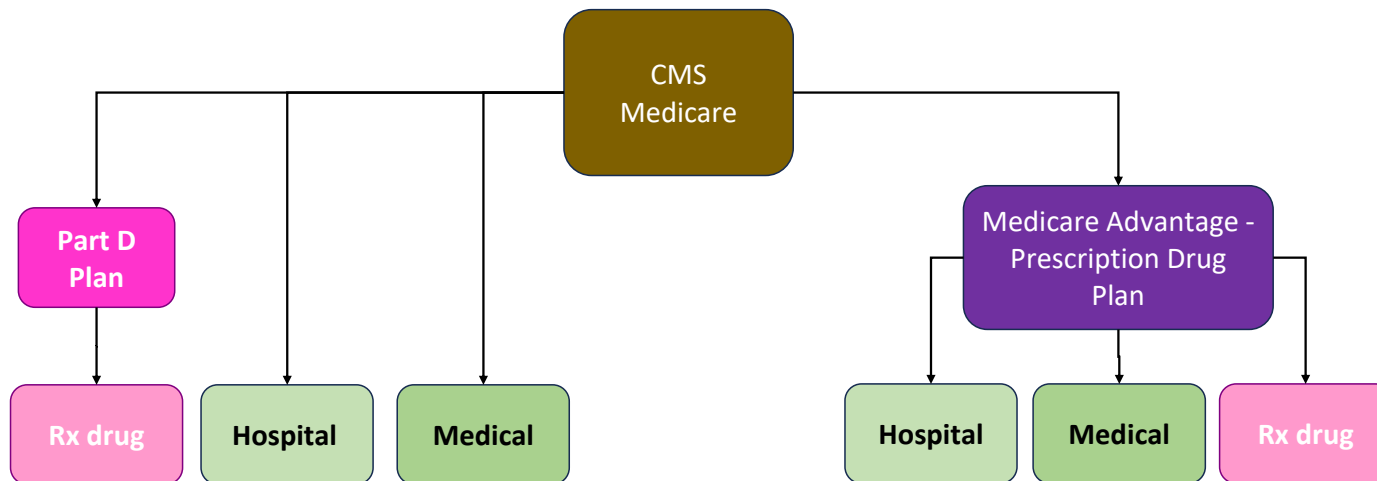


Some extra benefits

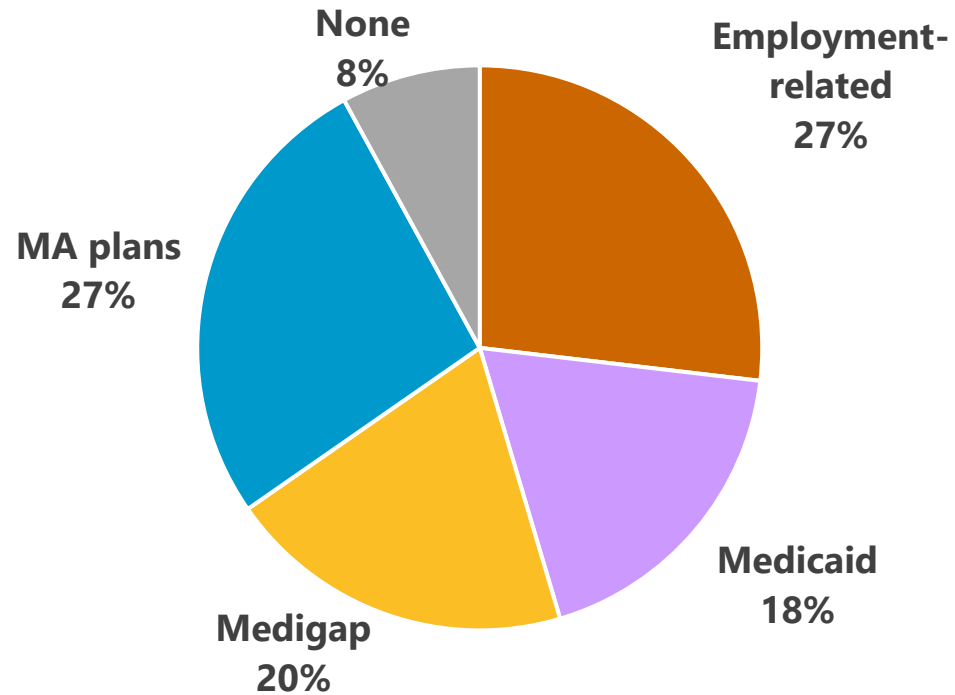
Some plans also include:

Lower out-of-pocket costs

Medicare in context



Coverage in addition to Medicare



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 <i>or</i> creditable coverage; other covered benefits	Part D <i>or</i> creditable coverage; other covered benefits
Employer Group Health Plans		
Medicaid - State		

Medicare Advantage *Beneficiary Premiums*

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	

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

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

Medicare Advantage

Covered benefits & cost sharing

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.

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.

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

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](#)

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 will 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

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

HMO

CMS explains

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

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.

PPO

CMS explains

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

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.

Medicare Advantage cost sharing

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	

Medicare Advantage Plan	
Item	You pay

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.



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.

Commercial market plans

Discontinued plans

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

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

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?

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

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

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?

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.

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.

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		

Knowing and wondering

Covered services

- Provider network
- Extra benefits
- Formulary
- *Differences in 'markets'*

Out-of-pocket costs

- Premium
- Cost sharing

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.



Client questions?

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

We're here for you

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

Medicare supplement plans

Medigap plans

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

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

Outcomes: Medicare supplement plans, 3 of 4

Knowledge

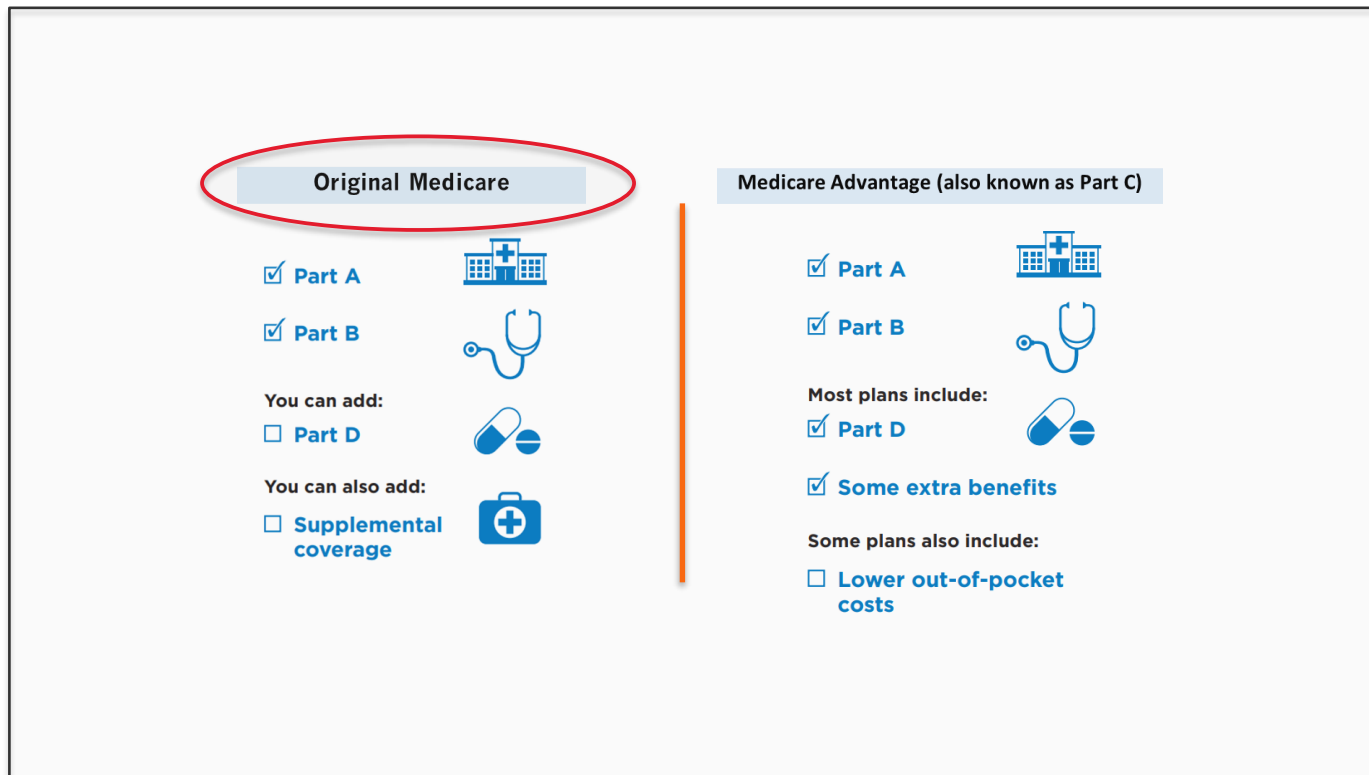
8. Standardized plans sold by private companies
9. Insured coverage varies by the plan (lettered)
10. There is no 'provider network'
11. Monthly premium varies by the company
12. Regulated by CMS and State (consult with NAIC)
- 13. Washington** laws and rules matter

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

Medicare systems of care



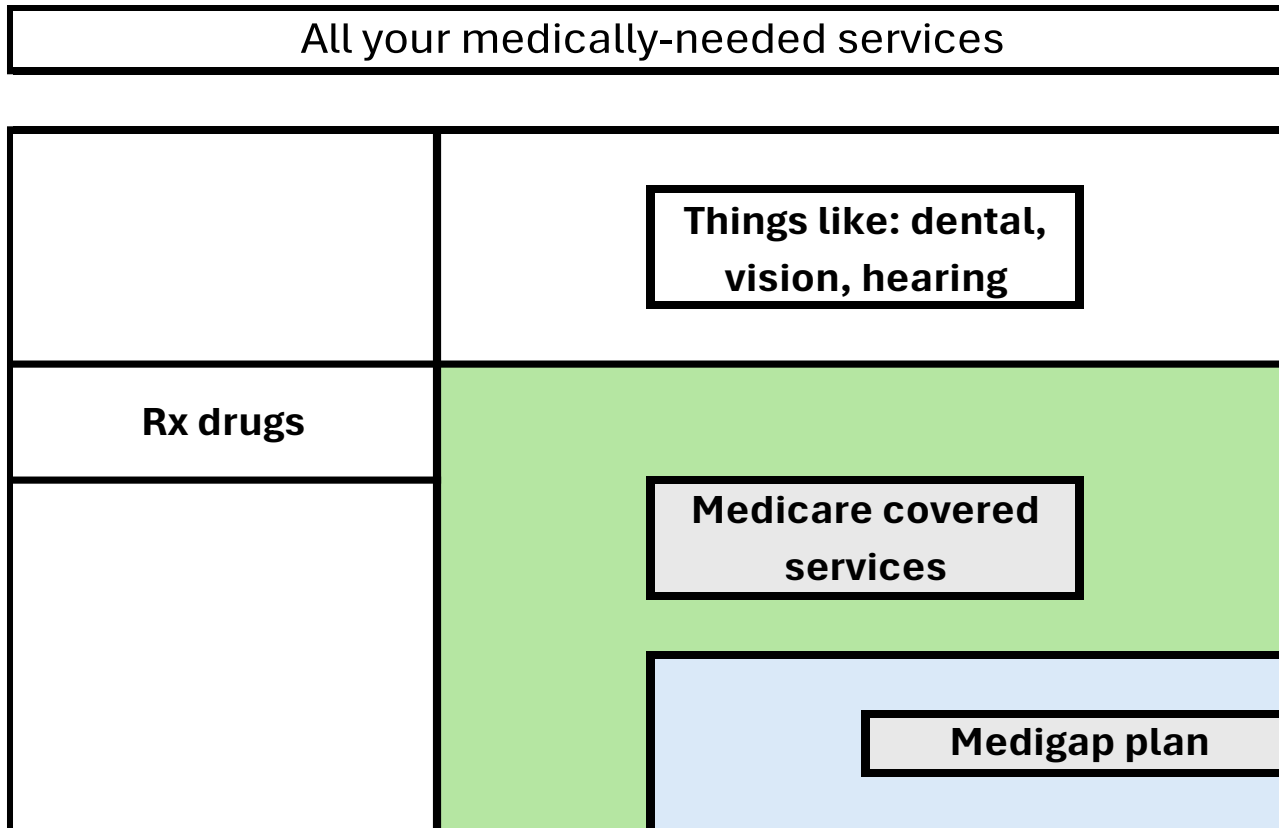
This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a current or former employer or union, or Medicaid.

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

Medicare supplement plans in context



Eligibility & Enrollment

Medicare supplement plans

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

Medigap eligibility, 2 of 2

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



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

Medigap OEP

Medigap Open Enrollment Period

Medigap OEP

Clients are guaranteed to get a Medigap – can't be denied, no waiting period for a pre-existing condition:

- The six-month period that starts the first day of the month that they're **both** age 65 or older and enrolled in Part A and Medicare B.

Medigap OEP period (Paul – April 6, 65th b-day)

Medicare Supplement (Medigap) guaranteed issue worksheet

			Start <u>both</u> 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

Ideal timing

Medicare Supplement (Medigap) guaranteed issue worksheet

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

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.

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*

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

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)

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?

Covered benefits and costs

Medicare supplement plans

Medicare supplement plans

Beneficiary premiums

Medigap costs: Monthly premium

- Monthly premium varies by the company
- Regulated by CMS and State (consult with NAIC)
- **Washington** laws and rules matter

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.

Approved plans (WA)

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

Let's practice

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

Medicare supplement plans

Covered benefits & cost sharing

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

Medigap covered benefits, 1 of 2

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	

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.

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.

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.

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.

How will you explain that?

These are standard plans.

“Plan G is Plan G”

Resources

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



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 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?

Knowing and wondering

Covered services

- Medicare Part A
 - Deductibles
 - Co-insurance
 - Co-pays
- Medicare Part A
 - Deductibles
 - Co-insurance
 - Co-pays

Out-of-pocket costs

- Premium
- Cost sharing

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?

We're here for you

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

Medicare Savings Programs (MSP's)

'partial benefit' Medicaid programs

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

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

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

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 a/k/a 'spenddown'	Like QMB <u>and</u> * coverage for certain services not covered by Medicare
	CN	Categorically Needy Program	

“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.

What is a Medicare Savings Program?

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

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.

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).

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

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

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

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

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

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!

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?

MSP Brochure, from HCA

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

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.

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?

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?

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?

Your questions?

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

Client questions?

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

We're here for you

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

Medicare Part D *Extra Help* Low-Income Subsidy

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.

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.

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*

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

Social Security *Extra Help*

Eligibility Limit: 150% of FPL

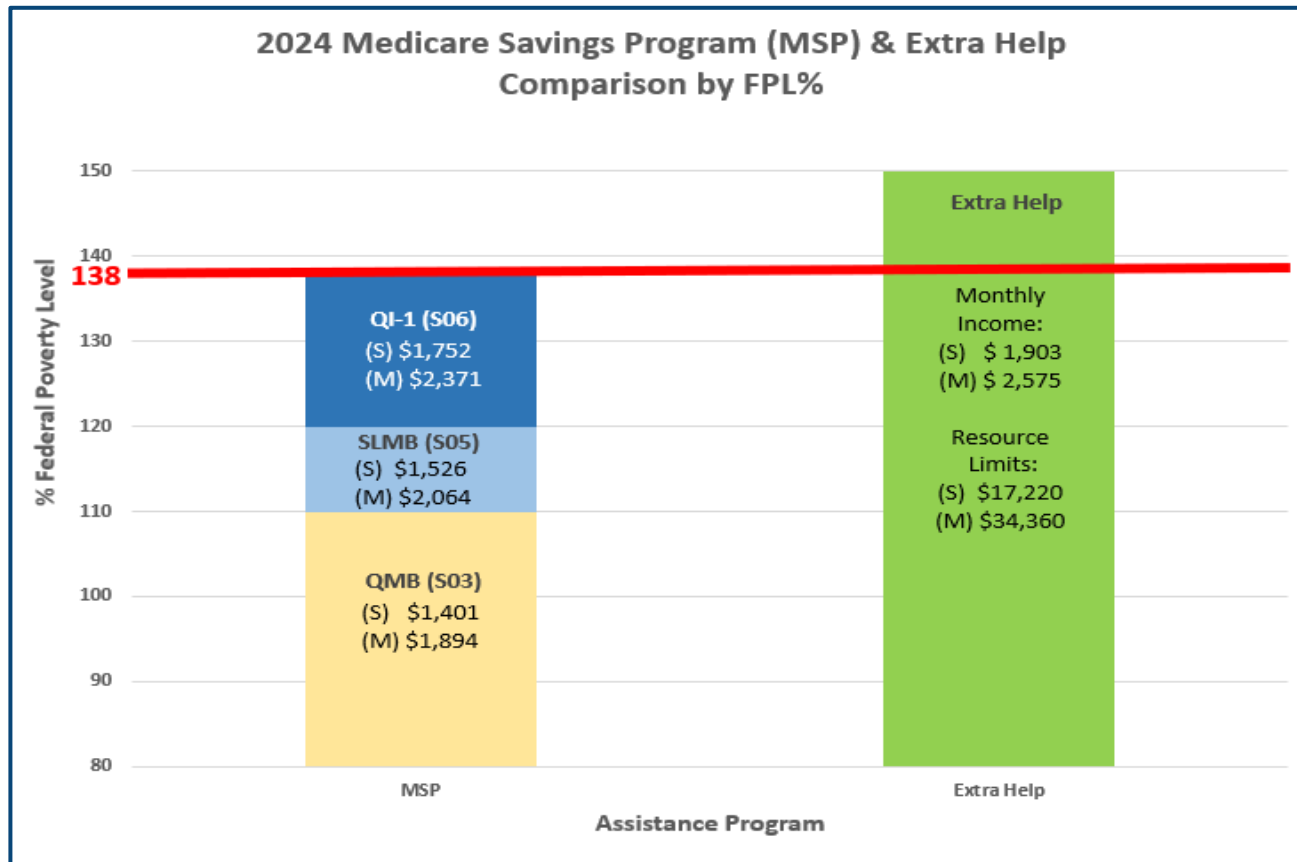
Monthly Income \$1,752(1)/\$2,371(2)

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

Extra Help by auto-enroll or not



Assistance for Costs








Original Medicare

- Part D Plan - *Extra Help*

Medicare Advantage

- MA-PD Plans – *Extra Help*

Medicare systems of care

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

How does *Extra Help* help?

What you'll pay under *Extra Help* in 2025

- Plan premium: \$0
- Plan deductible: \$0
- Prescriptions you fill at one of your plan's participating pharmacies:
 - Up to \$4.90 for each generic drug
 - Up to \$12.15 for each brand-name drug


Rainbow Chart, 1 of 2

- Updated in March; effective April 1 each year
- Eligibility criteria
- Summaries of benefits
- Detailed program information - links to source pages :
 - Medicaid
 - Medicare Savings Programs
 - *Extra Help*


Rainbow Chart, 2 of 2

- [Link to Rainbow Chart on MySHIBA](#)


☰ 2024 rainbow chart extra help
1 / 8 | - 80% + | 📄 🔍




1




2



3



4



OFFICE of the
INSURANCE
COMMISSIONER
WASHINGTON STATE

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
<i>SSI Resource Limit</i>	\$2,000	\$3,000		
MN – Medically Needy/Spendedown Income basis (S95, S99)	> \$963	> \$963	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
<i>MN Resource Limit</i>	\$2,000	\$3,000		
MSP- QMB Income Limit 110% FPL (S03) <i>No Resource/Asset Limit as of 1/1/2023</i>	\$1,401	\$1,894	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
MSP- SLMB Income Limit 120% FPL (S05) <i>No Resource/Asset Limit as of 1/1/2023</i>	\$1,526	\$2,064	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
MSP- QI-1 Income Limit 138% FPL (S06) <i>No Resource/Asset Limit as of 1/1/2023</i>	\$1,752	\$2,371	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
Extra Help Income Limit 138% FPL <i>Apply for MSP to eliminate Resource/Asset Limit</i>	\$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	\$1,903	\$2,575	YES	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
<i>Resource Limit</i>	\$17,220	\$34,360		

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

Page 1 of 8
SHIBA job aid – Updated 3.5.2024

Get ready to apply

SSA web site

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

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.

Your questions?

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

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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