

# Volunteer continuing education

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Statewide Health Insurance Benefits Advisors (SHIBA)

## Welcome to 2020!

Update on 2020 costs and Veteran health and Medicare

### January 2020 continuing education outline

- I. Learning objectives
- II. Debrief Open Enrollment
- III. Preview 2020 continuing education and feedback
- IV. What's new for 2020
- V. Counseling tips for veterans: Recorded webinar

**Note:** Acronyms and advanced study resources are available on [My SHIBA](#).

**For training purposes only – do NOT share with consumers.**

## Learning objectives and job aids

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### Learning objectives

After today's training you should be able to:

- Share best practices and what we learned during Open Enrollment
- Answer basic questions about Medicare costs for 2020
- Explain enrollment periods that occur early in 2020
- Explain that doctors must bill with new beneficiary Medicare numbers starting 2020
- Tell clients how to get an updated Medicare card
- Provide basic information about Medicare for veterans

### Publications

1. Client publication: *2020 Medicare hospital insurance (Part A) covered services & 2020 Medicare medical insurance (Part B) covered Services*  
[www.insurance.wa.gov/sites/default/files/documents/2020-medicare-parts-a-b-chart.pdf](http://www.insurance.wa.gov/sites/default/files/documents/2020-medicare-parts-a-b-chart.pdf)
2. Partner publication: *Understanding Medicare Advantage & Prescription Drug Plan Enrollment Periods*, CMS Product number 11219, updated Sept. 2019  
[www.medicare.gov/pubs/pdf/11219-understanding-medicare-part-c-d.pdf](http://www.medicare.gov/pubs/pdf/11219-understanding-medicare-part-c-d.pdf)
3. Partner publication: *Get your new Medicare Card*  
[www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/GetYourNewMedicareCard.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/GetYourNewMedicareCard.pdf)
4. Job aid: *Veteran health care and Medicare*  
[www.insurance.wa.gov/media/8732](http://www.insurance.wa.gov/media/8732)

## 2020 Medicare hospital insurance (Part A) covered services

Services	Benefit	Medicare pays	You pay
<b>Hospitalization</b> 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 \$1,408	\$1,408 (Deductible per benefit period - see comment 2)
	61st to 90th day	All but \$352/day	\$352/day
	91st to 150th day (60 reserve days may be used only once)	All but \$704/day	\$704/day
	Beyond 150 days	Nothing	All costs
<b>Skilled Nursing Facility Care</b> 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 \$176/day	up to \$176/day
	Beyond 100 days	Nothing	All costs
<b>Home Health Care</b> 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
<b>Hospice Care</b> 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
<b>Blood</b> ◆ When furnished by a hospital or skilled nursing facility during a covered stay			

1 - Neither Medicare nor Medigap insurance pay for most nursing home care (See Medicare & You booklet, page 50).

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.

◆ 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.

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 \$458/mo. For 30-39 quarters of coverage, you pay \$252/mo.

## 2020 Medicare medical insurance (Part B) covered services

Services	Benefit	Medicare pays	You pay
<b>Medical Expenses</b> 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 \$198 deductible)	\$198 deductible, * plus 20% of approved amount and limited charges above approved amount**
<b>Clinical Laboratory Services</b> Blood test, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
<b>Home Health Care</b> 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
<b>Outpatient Hospital Treatment</b> 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*
<b>Blood</b> ◆	Unlimited during a benefit period if medically necessary	80% of approved amount (after \$198 deductible and starting with 4th pint)	First 3 pints plus 20% of approved amount for additional pints◆*

\* After you pay the yearly deductible of \$198, 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 2020 is \$144.60 (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: <https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html>.

We attempt to provide the most current information possible. Due to frequent changes, always check with Medicare at [www.medicare.gov](http://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 your area. SHP520FR--SHIBA Part A&B-Rev. 11.12.19



Revised September 2019

# Understanding Medicare Advantage & Prescription Drug Plan Enrollment Periods

Enrollment in Medicare is limited to certain times. This publication has information about enrolling in Medicare Advantage Plans and Medicare Prescription Drug Plans (Part D). You must have Medicare Part A and Part B to join a Medicare Advantage Plan. In most cases, if you have End-Stage Renal Disease (ESRD), you can't join a Medicare Advantage Plan.

**Note:** For information about signing up for Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view the booklet “Enrolling in Medicare Part A & Part B.”

## When can I sign up?

There are specific times when you can sign up for a Medicare Advantage Plan (like an HMO or PPO) or Medicare prescription drug coverage, or make changes to coverage you already have:

- During your Initial Enrollment Period when you first become eligible for Medicare or when you turn 65. See page 3.
- During certain enrollment periods that happen each year. See page 5.
- Under certain circumstances that qualify you for a Special Enrollment Period (SEP), like:
  - You move.
  - You're eligible for Medicaid.
  - You qualify for Extra Help with Medicare prescription drug costs.
  - You're getting care in an institution, like a skilled nursing facility or long-term care hospital.
  - You want to switch to a plan with a 5-star overall quality rating. Quality ratings are available on [Medicare.gov](https://www.Medicare.gov).

See the charts beginning on page 7 for a list of different SEPs, including rules about how to qualify.

## **Is my plan right for me?**

Use Medicare Plan Finder to compare coverage options and shop for plans.

You may be able to find plans in your area that:

- Cost less
- Cover your drugs
- Let you go to the providers you want, like your doctor or pharmacy
- Offer extra benefits like vision, hearing, dental, prescription drugs, or extended coverage when you travel.

You can also get:

- An estimate of your out-of-pocket costs
- Quality and customer service ratings from current plan members

Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to get started.

## **How do I compare the quality of Medicare health and drug plans?**

The Medicare Plan Finder at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) features a star rating system for Medicare health and drug plans. The Overall Star Rating gives an overall rating of the plan's quality and performance for the types of services each plan offers.

## Initial Enrollment Periods

If this describes you...	You can...	At this time...
<p><b>You're newly eligible for Medicare because you turn 65.</b></p>	<p>Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.</p>	<p>During the 7-month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.</p> <p>If you sign up for a Medicare Advantage Plan during this time, you can drop that plan at any time during the next 12 months and go back to Original Medicare.</p>
<p><b>You're newly eligible for Medicare because you have a disability and you're under 65.</b></p>	<p>Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.</p>	<p>Starting 21 months after you get Social Security or Railroad Retirement Board (RRB) disability benefits. Your Medicare coverage begins 24 months after you get Social Security or RRB benefits. Your chance to sign up lasts through the 28th month after you get Social Security or RRB benefits.</p>
<p><b>You're already eligible for Medicare because of a disability, and you turn 65.</b></p>	<ul style="list-style-type: none"> <li>▪ Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.</li> <li>▪ Switch from your current Medicare Advantage or Medicare Prescription Drug Plan to another plan.</li> <li>▪ Drop a Medicare Advantage or Medicare Prescription Drug Plan completely.</li> </ul>	<p>During the 7-month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.</p>
<p><b>You have Medicare Part A coverage, and you get Part B for the first time by enrolling during the Part B General Enrollment Period (January 1–March 31).</b></p>	<p>Sign up for a Medicare Advantage Plan (with or without prescription drug coverage).</p>	<p>Between April 1–June 30.</p>



## **Part D late enrollment penalty**

The late enrollment penalty is an amount that's added to your Part D premium. You may owe a late enrollment penalty if at any time after your Initial Enrollment Period is over, there's a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage. Creditable prescription drug coverage is coverage (for example, from an employer or union) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. If you have a penalty, you may have to pay it each month for as long as you have Medicare drug coverage. For more information about the late enrollment penalty, visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



## Enrollment periods that happen each year

Each year, you can make changes to your Medicare Advantage or Medicare prescription drug coverage for the following year. There are 2 separate enrollment periods each year. See the chart below for specific dates.

<b>During this enrollment period...</b>	<b>You can...</b>
<p><b>October 15–December 7</b> (Changes will take effect on January 1.)</p>	<ul style="list-style-type: none"> <li>▪ Change from Original Medicare to a Medicare Advantage Plan.</li> <li>▪ Change from a Medicare Advantage Plan back to Original Medicare.</li> <li>▪ Switch from one Medicare Advantage Plan to another Medicare Advantage Plan.</li> <li>▪ Switch from a Medicare Advantage Plan that doesn't offer drug coverage to a Medicare Advantage Plan that offers drug coverage.</li> <li>▪ Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that doesn't offer drug coverage.</li> <li>▪ Join a Medicare Prescription Drug Plan.</li> <li>▪ Switch from one Medicare Prescription Drug Plan to another Medicare Prescription Drug Plan.</li> <li>▪ Drop your Medicare prescription drug coverage completely.</li> </ul>
<p><b>January 1–March 31</b> <b>Medicare Advantage Open Enrollment Period</b> (You can only make one change during this period. Changes will take effect the first of the month after the plan gets your request.)</p>	<ul style="list-style-type: none"> <li>▪ If you're in a Medicare Advantage Plan (with or without drug coverage), switch to another Medicare Advantage Plan (with or without drug coverage).</li> <li>▪ Disenroll from your Medicare Advantage Plan and return to Original Medicare. If you choose to do so, you'll be able to join a Medicare Prescription Drug Plan.</li> <li>▪ If you enrolled in a Medicare Advantage Plan during your Initial Enrollment Period, change to another Medicare Advantage Plan (with or without drug coverage) or go back to Original Medicare (with or without a Medicare Prescription Drug Plan) within the first 3 months you have Medicare.</li> </ul>
	<p><b>You can't...</b></p>
	<ul style="list-style-type: none"> <li>▪ Switch from Original Medicare to a Medicare Advantage Plan.</li> <li>▪ Join a Medicare Prescription Drug Plan if you're in Original Medicare.</li> <li>▪ Switch from one Medicare Prescription Drug Plan to another if you're in Original Medicare.</li> </ul>



## Special Enrollment Periods

You can make changes to your Medicare health and Medicare prescription drug coverage when certain events happen in your life, like if you move or you lose other insurance coverage. These chances to make changes are called Special Enrollment Periods (SEPs) and are in addition to the regular enrollment periods that happen each year. Rules about when you can make changes and the type of changes you can make are different for each SEP.

The SEPs listed on the next pages are examples. **This list doesn't include every situation.** For more information about SEPs, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Changes in where you live

If this describes you...	You can...	At this time...
<p><b>You move to a new address that isn't in your plan's service area.*</b></p>	<p>Switch to a new Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>If you tell your plan <b>before</b> you move, your chance to switch plans begins the month before the month you move and continues for 2 full months after you move.</p>
<p><b>You move to a new address that's still in your plan's service area, but you have new plan options in your new location.</b></p>	<p>* <b>Note:</b> If you're in a Medicare Advantage Plan and you move outside your plan's service area, you can also choose to return to Original Medicare. If you don't enroll in a new Medicare Advantage Plan during this SEP, you'll be enrolled in Original Medicare when you're disenrolled from your old Medicare Advantage Plan.</p>	<p>If you tell your plan <b>after</b> you move, your chance to switch plans begins the month you tell your plan, plus 2 more full months.</p>
<p><b>You move back to the U.S. after living outside the country.</b></p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you move back to the U.S.</p>
<p><b>You just moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital).</b></p>	<ul style="list-style-type: none"> <li>▪ Join a Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Drop your Medicare Advantage Plan and return to Original Medicare.</li> <li>▪ Drop your Medicare prescription drug coverage.</li> </ul>	<p>Your chance to join, switch, or drop coverage lasts as long as you live in the institution and for 2 full months after the month you move out of the institution.</p>
<p><b>You're released from jail.</b></p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you're released from jail.</p>

## Changes that cause you to lose your current coverage

If this describes you...	You can...	At this time...
<p><b>You're no longer eligible for Medicaid.</b></p>	<ul style="list-style-type: none"> <li>▪ Join a Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Drop your Medicare Advantage Plan and return to Original Medicare.</li> <li>▪ Drop your Medicare prescription drug coverage.</li> </ul>	<p>Your chance to change lasts for 3 full months from either the date you're no longer eligible or notified you're no longer eligible, whichever is later.</p>
<p><b>You find out that you won't be eligible for Extra Help for the following year.</b></p>	<ul style="list-style-type: none"> <li>▪ Join a Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan.</li> <li>▪ Drop your Medicare Advantage Plan and return to Original Medicare.</li> <li>▪ Drop your Medicare prescription drug coverage.</li> </ul>	<p>Your chance to change lasts for 3 full months from either the date you're no longer eligible or notified you're no longer eligible, whichever is later.</p>
<p><b>You leave coverage from your employer or union.</b></p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month your coverage ends.</p>
<p><b>You involuntarily lose other drug coverage that's as good as Medicare drug coverage (creditable coverage), or your other coverage changes and is no longer creditable.</b></p>	<p>Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you lose your creditable coverage or are notified of the loss of creditable coverage, whichever is later.</p>
<p><b>You have drug coverage through a Medicare Cost Plan and you leave the plan.</b></p>	<p>Join a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you drop your Medicare Cost Plan.</p>
<p><b>You drop your coverage in a Program of All-inclusive Care for the Elderly (PACE) Plan.</b></p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you drop your PACE plan.</p>

## You have a chance to get other coverage

<b>If this describes you...</b>	<b>You can...</b>	<b>At this time...</b>
<b>You have a chance to enroll in other coverage offered by your employer or union.</b>	Drop your current Medicare Advantage or Medicare Prescription Drug Plan to enroll in the private plan offered by your employer or union.	Whenever your employer or union allows you to make changes in your plan.
<b>You have or are enrolling in other drug coverage as good as Medicare prescription drug coverage (like TRICARE or VA coverage).</b>	Drop your current Medicare Advantage Plan with drug coverage or your Medicare Prescription Drug Plan.	Anytime.
<b>You enroll in a Program of All-inclusive Care for the Elderly (PACE) Plan.</b>	Drop your current Medicare Advantage or Medicare Prescription Drug Plan.	Anytime.
<b>You live in the service area of one or more Medicare Advantage or Medicare Prescription Drug Plans with an overall quality rating of 5 stars.</b>	Join a Medicare Advantage, Medicare Cost, or Medicare Prescription Drug Plan with an overall quality rating of 5 stars.	One time between December 8–November 30.

## Changes in your plan's contract with Medicare

<b>If this happens...</b>	<b>You can...</b>	<b>At this time...</b>
<b>Medicare takes an official action (called a "sanction") because of a problem with the plan that affects you.</b>	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch is determined by Medicare on a case-by-case basis.
<b>Your plan's contract ends (terminates) during the contract year.</b>	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch starts 2 months before and ends 1 full month after the contract ends.
<b>Your Medicare Advantage Plan, Medicare Prescription Drug Plan, or Medicare Cost Plan's contract with Medicare isn't renewed for the next contract year.</b>	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Between October 15 and the last day in February.

## Changes due to other special situations

If this describes you...	You can...	At this time...
<p><b>You're eligible for both Medicare and Medicaid.</b></p>	<p>Join, switch, or drop a Medicare Advantage Plan or Medicare prescription drug coverage.</p>	<p>Once during each of these periods, and the change will take effect on the first day of the next month:</p> <ul style="list-style-type: none"> <li>▪ January–March</li> <li>▪ April–June</li> <li>▪ July–September</li> </ul> <p>(You can also make a change from October 15–December 7, and the change will take effect on January 1.)</p>
<p><b>You get Extra Help paying for Medicare prescription drug coverage.</b></p>	<p>Join, switch, or drop Medicare prescription drug coverage.</p>	<p>Once during each of these periods:</p> <ul style="list-style-type: none"> <li>▪ January–March</li> <li>▪ April–June</li> <li>▪ July–September</li> </ul> <p>(You can also make a change from October 15–December 7, and the change will take effect on January 1.)</p>
<p><b>You're enrolled in a State Pharmaceutical Assistance Program (SPAP).</b></p>	<p>Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.</p>	<p>Once during the calendar year.</p>
<p><b>You're enrolled in a State Pharmaceutical Assistance Program (SPAP) and you lose SPAP eligibility.</b></p>	<p>Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.</p>	<p>Your chance to switch starts either the month you lose eligibility or are notified of the loss, whichever is earlier. It ends 2 months after either the month of the loss of eligibility or notification of the loss, whichever is later.</p>
<p><b>You dropped a Medicare Supplemental Insurance (Medigap) policy the first time you joined a Medicare Advantage Plan.</b></p>	<p>Drop your Medicare Advantage Plan and enroll in Original Medicare. You'll have special rights to buy a Medigap policy.</p>	<p>Your chance to drop your Medicare Advantage Plan lasts for 12 months after you join the Medicare Advantage Plan for the first time.</p>

<b>If this describes you...</b>	<b>You can...</b>	<b>At this time...</b>
<b>You have a severe or disabling condition, and there's a Medicare Chronic Care Special Needs Plan (SNP) available that serves people with your condition.</b>	Join a Medicare Chronic Care SNP that serves people with your condition.	You can join anytime, but once you join, your chance to make changes using this SEP ends.
<b>You joined a plan, or chose not to join a plan, due to an error by a federal employee.</b>	<ul style="list-style-type: none"> <li>▪ Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</li> <li>▪ Switch from your current plan to another Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</li> <li>▪ Drop your Medicare Advantage Plan with drug coverage and return to Original Medicare.</li> <li>▪ Drop your Medicare prescription drug coverage.</li> </ul>	Your chance to change coverage lasts for 2 full months after the month you get a notice of the error from Medicare.
<b>You weren't properly told that your other private drug coverage wasn't as good as Medicare drug coverage (creditable coverage).</b>	Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you get a notice of the error.
<b>You weren't properly told that you were losing private drug coverage that was as good as Medicare drug coverage (creditable coverage).</b>	Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.	Your chance to join lasts for 2 full months after the month you get a notice of the error.
<b>You don't have Part A coverage, and you enroll in Medicare Part B during the Part B General Enrollment Period (January 1–March 31).</b>	Join a Medicare Prescription Drug Plan.	Between April 1–June 30.

## Get more information

For more detailed information about signing up, including instructions on how to join, visit [Medicare.gov](https://www.Medicare.gov). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

### **Extra Help is available!**

If you have limited income and resources, you may be able to get Extra Help paying your prescription drug coverage costs. People who qualify may be able to get their prescriptions filled and pay little or nothing out of pocket. You can apply for Extra Help at any time for free. You should apply even if you're not sure if you qualify. To apply online, visit [socialsecurity.gov/i1020](https://www.socialsecurity.gov/i1020). Or, call Social Security at 1-800-772-1213 to apply by phone or get a paper application. TTY users can call 1-800-325-0778.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against.

Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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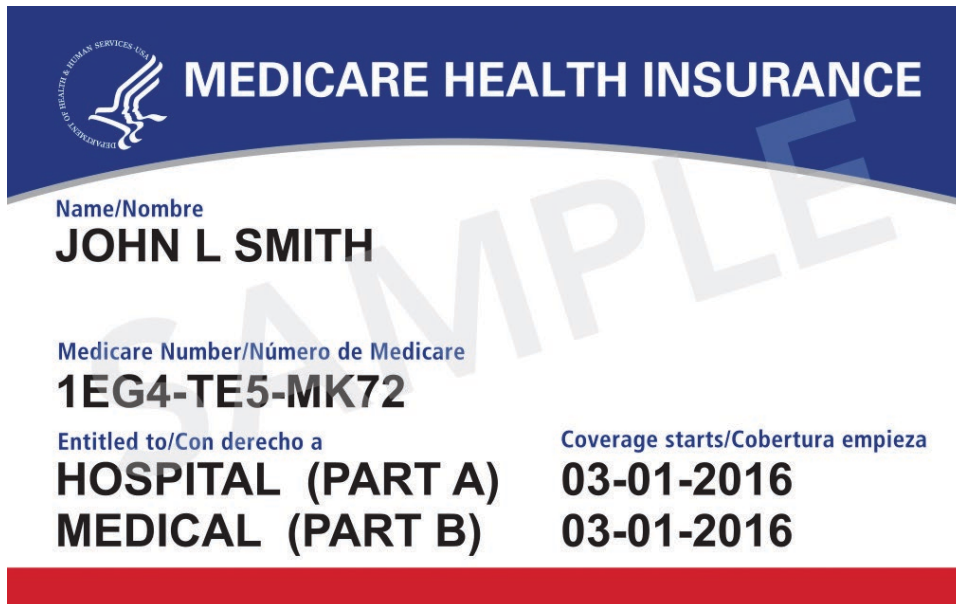


## GET YOUR NEW MEDICARE CARD


To help protect against identity theft, Medicare mailed new health insurance cards. Your new card has a new Medicare Number that's unique to you, instead of your Social Security Number. To get your Medicare card:

- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users can call **1-877-486-2048**. There might be a problem that needs to be corrected, like updating your mailing address.
- Sign in to your [MyMedicare.gov](http://MyMedicare.gov) account. If you don't have an account yet, visit [MyMedicare.gov](http://MyMedicare.gov) to create one. You can sign in to see your Medicare Number or print an official copy of your card.

Guard your Medicare card like it's a credit card. Be sure to carry your card with you when you're away from home. Let your doctor, hospital, or other health care provider see your card when you need hospital, medical, or other health care services.



The image shows a sample Medicare Health Insurance Card. It features a blue header with the Department of Health & Human Services logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name is listed as "JOHN L SMITH". The Medicare Number is "1EG4-TE5-MK72". The card is titled "HOSPITAL (PART A)" and "MEDICAL (PART B)", with coverage starting on "03-01-2016". A large "SAMPLE" watermark is overlaid on the card. A red bar is at the bottom.

	<b>MEDICARE HEALTH INSURANCE</b>	
Name/Nombre	<b>JOHN L SMITH</b>	
Medicare Number/Número de Medicare	<b>1EG4-TE5-MK72</b>	
Entitled to/Con derecho a	<b>HOSPITAL (PART A)</b>	Coverage starts/Cobertura empieza <b>03-01-2016</b>
	<b>MEDICAL (PART B)</b>	<b>03-01-2016</b>



## Veteran health care and Medicare

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### Key points for counseling

#### Eligibility

A veteran who served on active duty for a required period of time and received an honorable discharge may be eligible for Veterans Affairs (VA) health care benefits. Eligibility is based on disability rating, priority groups and finances, which is determined by the information the veteran submits on the application.

VA health care benefits are not insurance, and Medicare and the VA do not coordinate benefits the way Medicare coordinates benefits with other insurance products.

#### Accessing VA health care

VA benefits are mainly provided in VA medical centers, clinics or nursing homes, while Medicare benefits are provided by providers, suppliers and hospitals that accept Medicare.

**Veterans apply** using the VA Form 10-10EZ online at [www.va.gov/health-care/how-to-apply/](http://www.va.gov/health-care/how-to-apply/), by phone at 1-877-222-VETS (8387) or fill out the online form at [www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf](http://www.va.gov/vaforms/medical/pdf/1010EZ-fillable.pdf) and apply in person at the nearest VA medical center.

#### Medicare Part A considerations

The VA and Medicare suggest that veterans enroll in Medicare Part A. This allows the veteran to receive hospital coverage at a non-VA facility. Veterans who collect Social Security are automatically enrolled in Part A.

#### Medicare Part B considerations

The VA strongly recommends that veterans enroll in Medicare Part B. This protects the veteran from:

1. Future changes to finances that may cause them to lose VA benefits; or
2. Changes to the federal VA program, which helps with services such as ambulance coverage to a non-VA facility.

If a veteran doesn't enroll in Part B when they're first eligible they'll have a late enrollment penalty because VA benefits are not considered an Employer Group

## ***Veteran Health Care and Medicare***

Health Plan. Low-income veterans eligible for a Medicare Savings Program can get enrolled in Part B right away and will have no late enrollment penalty.

### **Medicare Part D considerations**

The VA does offer Part D creditable drug coverage. The veteran must use a VA pharmacy or facility to get their prescriptions filled and the prescriber must be in the VA system.

A veteran with VA benefits who lives far from a VA facility may want to have Part D for the flexibility of filling prescriptions at a retail pharmacy or because they might find the VA formulary too restrictive. Low-income veterans may be eligible for Extra Help with their Part D coverage.

### **Medicaid considerations**

Rules for coordination between Medicare and Medicaid work the same for veterans as they do for others. Medicare pays as primary and Medicaid pays secondary. Medicaid does not coordinate with VA health care. The state Medicaid agency will automatically enroll veterans who qualify and are not yet enrolled in Medicare. This gives them options to use VA or non-VA providers and facilities.

### **Community Care and Choice Programs**

The Veterans Community Care Program (formerly Choice Act) allows veterans to get health care from a community provider based on distance to a VA facility. The Veteran Care Program (VCP) sets up appointments, must approve travel and assists with getting prescriptions filled at a non-VA pharmacy.

### **Resources:**

Veterans Benefits Administration

1-800-827-1000

[www.benefits.va.gov/benefits/](http://www.benefits.va.gov/benefits/)

# Continuing education evaluation

Date of Training: \_\_\_\_\_ Training Location: \_\_\_\_\_

**Topic: Open Enrollment**

What worked well? \_\_\_\_\_

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What didn't go so well? \_\_\_\_\_

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What specific suggestions do you have for improvement? \_\_\_\_\_

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**Topic: SHIBA monthly continuing education**

What do you like best about the monthly training? \_\_\_\_\_

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What do you like least about monthly training? \_\_\_\_\_

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Continued on back

What specific suggestions do you have to improve training? \_\_\_\_\_

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