



Statewide Health Insurance Benefits Advisors Basic Training

Welcome to the Statewide Health Insurance Benefits Advisors (SHIBA) basic training!



As a part of introductions, please share what you would like to learn during this training.

What questions would you like to have answered?

A few notes:

- Your trainer may adjust the following slides depending on your level of experience and/or if this is a one- or two-day training.
- The electronic version of this training includes notes for many slides and is posted on My SHIBA. Ask your trainer for more information.

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Medicare training acronyms

Here's a list of acronyms used in this presentation:

ESRD	End Stage Renal Disease	PDP	Prescription Drug Plan
GEP	General Enrollment Period	PFFS	Private Fee-for-Service
HMO	Health Maintenance Organization	PPO	Preferred Provider Organization
IEP	Initial Enrollment Period	RTC	Regional Training Consultant
LIS	Low Income Subsidy (Extra Help)	SEP	Special Enrollment Period
LPR	Legal Permanent Resident	SHIBA	Statewide Health Insurance Benefits Advisors
MA	Medicare Advantage (Part C)	SHIP	State Health Insurance Assistance Program
MAPD	Medicare Advantage Plans with Prescription Drug Coverage	SMP	Senior Medicare Patrol
MIPPA	Medicare Improvements for Patients and Providers Act	SNP	Special Needs Plans
MSP	Medicare Savings Program	SSA	Social Security Administration
OEP	Open Enrollment Period	STARS	SHIP Tracking and Reporting System
OIC	Office of the Insurance Commissioner	SSDI	Social Security Disability Insurance
OM	Original Medicare (Parts A & B)	VC	Volunteer Coordinator
OTC	Over-the-counter		

A more detailed list is included with your training materials. Training acronym lists are also available by searching "acronym" on [My SHIBA](http://www.insurance.wa.gov/my-shiba) at www.insurance.wa.gov/my-shiba.

Goals for this training

Provide you with a broad high-level overview about:

- SHIBA
- Medicare
- Senior Medicare Patrol (SMP)

Ensure you're a confident candidate and have the basic training you need to move on to the SHIBA Path to Certification. The SHIBA Path includes the steps you'll complete before you start advising clients on your own.

SHIBA advisor orientation



SHIBA and our mission statement

SHIBA is the **S**tatewide **H**ealth **I**nsurance **B**enefits **A**dvisors and we're part of the Washington state Office of the Insurance Commissioner.

SHIBA's Mission

SHIBA provides free, unbiased information about health care coverage and access to help improve the lives of all Washington residents.

We cultivate community commitment through partnership, service and volunteering.

SHIBA history

- The first State Health Insurance Assistance Program (SHIP) began in our state in 1979.
- All states have a SHIP program.
- SHIBA is funded by the federal government.
- In Washington state, we are also funded by the state legislature.



Medicare introduction

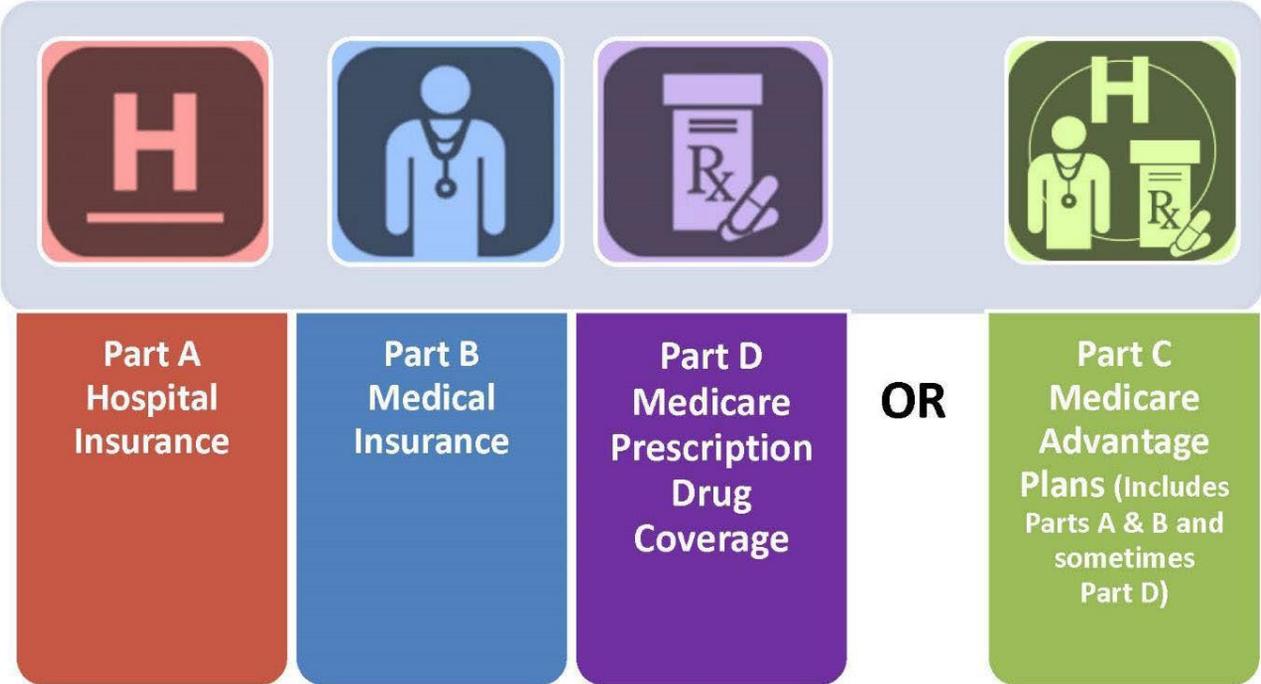
Medicare 101

Medicare is our country's health insurance program for people age 65 or older, and certain people under age 65 with disabilities. The program helps with the cost of health care but it doesn't cover all medical expenses or the cost of most long-term care.

Clients have choices for how they get Medicare coverage. If they choose to have Original Medicare (OM) coverage, they can buy a Medicare supplement policy (Medigap) from a private insurance company to cover some of the costs that Medicare does not.

Continued on next slide.

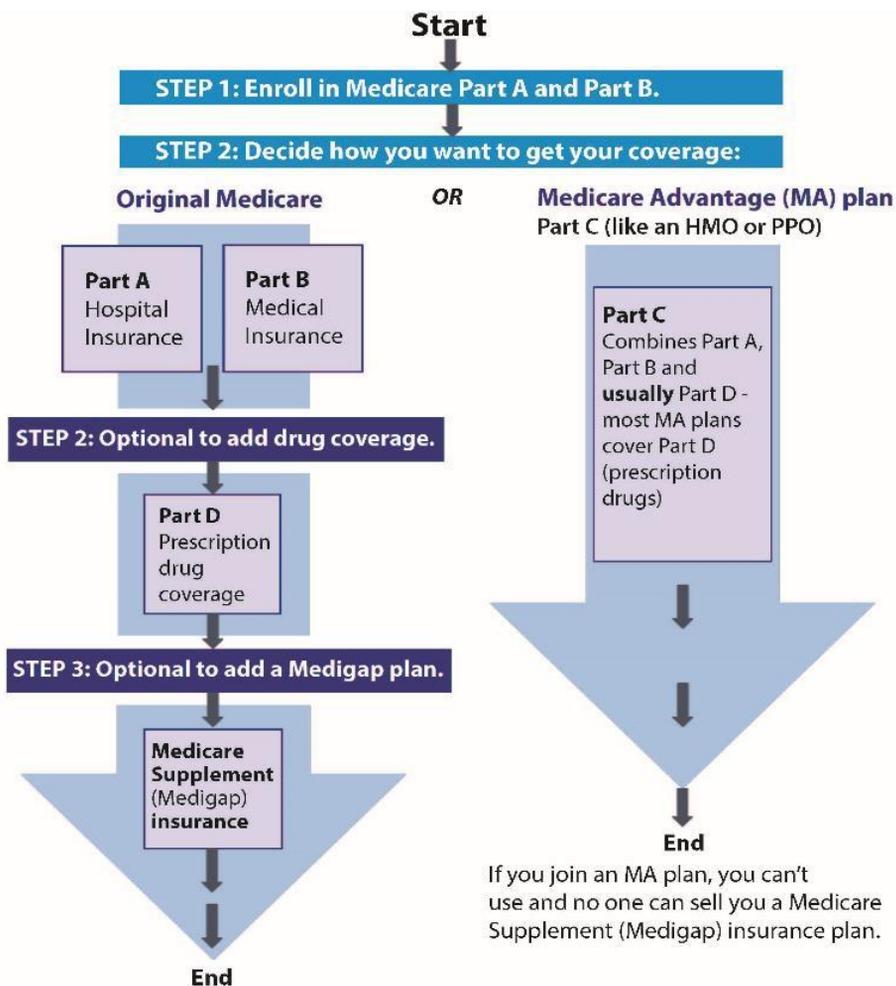
The four parts of Medicare



Medicare 101 (continued)

Medicare clients have options.

We'll start by covering the basics of each part of Medicare and later we'll look more closely at the coverage options shown at the right.



Medicare Parts A, B and D

What are the parts of Medicare?



Part A (Hospital Insurance)

Helps cover:

- Inpatient care in hospitals
- **Skilled nursing facility care**
- Hospice care
- Home health care

Go to pages 25-29.



Part B (Medical Insurance)

Helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many **preventive services** (like screenings, shots or vaccines, and yearly “Wellness” visits)

Go to pages 29-55.



Part D (Drug coverage)

Helps cover the cost of prescription drugs (including many recommended shots or vaccines).

Plans that offer Medicare drug coverage (Part D) are run by private insurance companies that follow rules set by Medicare.

Go to pages 79-90.

Who is eligible for Medicare?

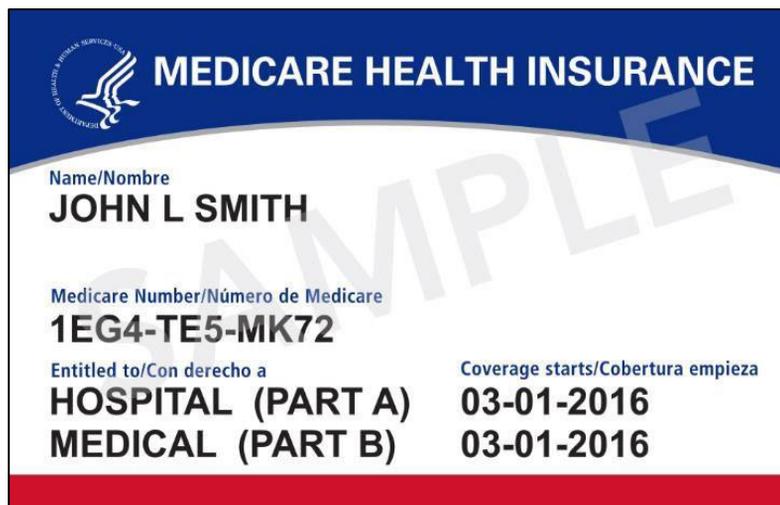
- Age 65 and older.
- Under age 65 and deemed disabled (Social Security Disability Insurance) by the Social Security Administration (SSA).
 - 24-month waiting period.
 - No waiting period if diagnosed with ESRD or ALS.

Note: Must be a US citizen or legal permanent resident (LPR). If a client is an LPR, they must reside in the U.S. for 5 continuous years.

Medicare card

Are clients using the new Medicare card that came out in 2018? Tell them to guard their card. Help prevent fraud!

https://www.facebook.com/medicare/videos/guar_d-your-medicare-card/930570750674196/



Knowledge check #1 – Intro to Medicare

1. What are the four parts of Medicare?
2. Who is eligible for Medicare?
3. What are the residency requirements to be eligible for Medicare?

Enrollment and enrollment periods

Some people are automatically enrolled

Automatic enrollment for people who turn 65 and receive:

- Social Security benefits and/or
- Railroad Retirement Board benefits.

Automatic enrollment also occurs for people:

- Under age 65 who apply to SSA for SSDI disability benefits (SSDI is Social Security Disability Insurance). Most of those with SSDI must have received it for 24 months.

Will receive an enrollment packet, including a Medicare card in the mail.

When enrollment is NOT automatic

If client is **not** receiving Social Security Administration (SSA) retirement income:

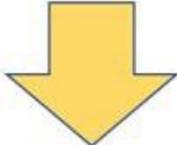
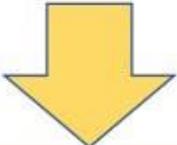
- They will need to enroll with Social Security:
 - Online at www.ssa.gov.
 - Call 1-800-772-1213.
 - Visit local SSA office.

If a client has questions about enrollment, have them contact Social Security at www.ssa.gov.

Three main Medicare enrollment periods

1. Initial Enrollment Period (IEP)
2. Special Enrollment Period (SEP)
3. General Enrollment Period (GEP)

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		

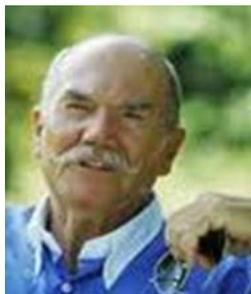
Initial Enrollment Period

When the client is first eligible to sign up for Medicare, the IEP is the 7-month window they have to sign up.

- Starts 3 months before client's 65th birthday.
- Includes the client's birthday month.
- Ends 3 months after client turns 65.

Continued on next slide

Examples of Initial Enrollment Period



George will turn 65 in May. He enrolled in Medicare in February, and it will start on May 1.



Sally turned 65 in May as well, but she did not enroll in Medicare until August. Sally faces no penalty, but her Medicare will not start until September 1.

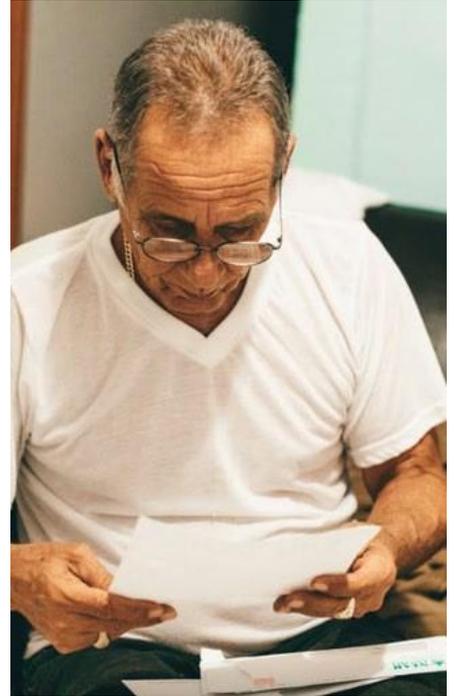
Special Enrollment Period

- Special Enrollment Period (lasts 8 months)
- Occurs **after** the Initial Enrollment Period (IEP) ends.
- For people covered by a group health insurance plan based upon **current** employment.
 - Their own, a spouse's or if disabled, then a family member's.
- Can enroll in Medicare Part A and/or B.
 - Any time still covered by the group plan.
 - During the eight-month period that starts the month after employment ends or the coverage ends, whichever happens first.

Example of Special Enrollment Period

Alec's been working for a large employer and is getting ready to retire this year. He is 68 years old and has not signed up to collect Social Security or Medicare.

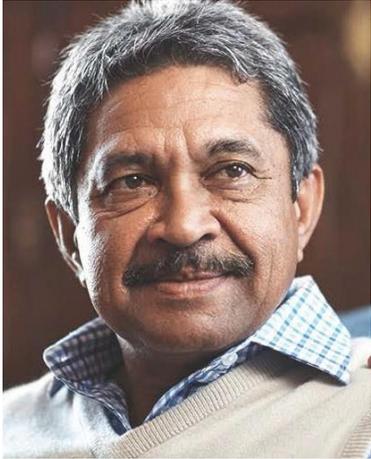
Alec can sign up for Medicare at any time now, using his Special Enrollment Period (SEP). His SEP will end when he has been retired for 8 months.



General Enrollment Period

- General Enrollment Period (GEP).
 - If client missed Initial Enrollment Period.
 - If client missed or is not eligible for a Special Enrollment period (i.e., employer coverage).
- Can enroll during the GEP.
 - January 1 – March 31 each year.
 - Coverage starts the month following sign up.
 - Possible higher premiums for Medicare Part A and/or Part B due to late enrollment.

Example of General Enrollment Period



Charlie is 68 years old. He stopped working over a year ago, and his employer doesn't offer any retiree health coverage. He plans to sign up for Social Security when he turns 70 to get his maximum benefit. Since he is quite healthy, he thought he would wait until then to enroll in Medicare. Now he needs knee surgery!

He is past his Initial Enrollment Period, and it's been more than 8 months since he was covered by **active** employer insurance, so he is past his Special Enrollment period.

Charlie will have to wait for the General Enrollment Period to enroll in Medicare.

Knowledge Check #2 – Enrollment Periods

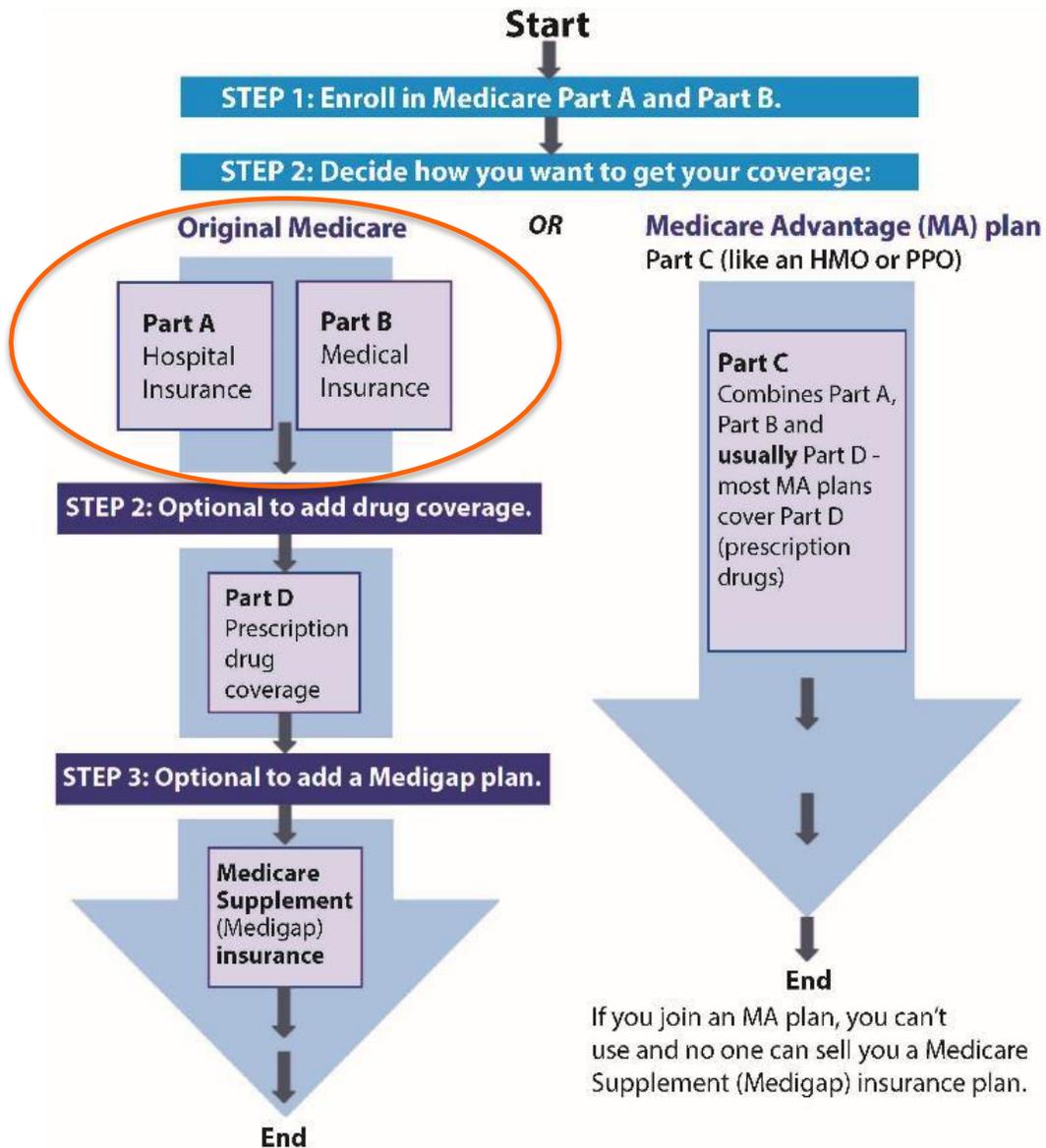
1. The 7-month period when first starting Medicare is called...

2. People may have a Part B penalty if they go without Part B for how long...

Original Medicare

Parts A and B are referred to as Original Medicare (OM)

Original Medicare: Parts A and B



Original Medicare – Part A

Part A – Hospital insurance:

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



Medicare hospital insurance (Part A)

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

2024 Medicare hospital insurance (Part A) covered services

Services	Benefit	Medicare pays	You pay
Hospitalization Semi-private room and board, general nursing and other hospital services and supplies (Medicare payments based on benefit periods) <i>(See comments 1 & 2)</i>	First 60 days	All but \$1,632	\$1,632 (Deductible per benefit period - <i>see comment 2</i>)
	61st to 90th day	All but \$408/day	\$408/day
	91st to 150th day (<i>60 reserve days may be used only once</i>)	All but \$816/day	\$816/day
	Beyond 150 days	Nothing	All costs
Skilled Nursing Facility Care Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies (Medicare payments based on benefit periods) <i>(See comments 1 & 2)</i>	First 20 days	100% of approved amount	Nothing
	Next 80 days	All but \$204/day	up to \$204/day
	Beyond 100 days	Nothing	All costs
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements for home health care benefits	100% of approved amount 80% of approved amount for durable medical equipment	Nothing for services 20% of approved amount for durable medical equipment
Hospice Care Pain relief, symptom management and support services for the terminally ill	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
Blood♦ When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited during a benefit period if medically necessary	All but first 3 pints per calendar year	For first 3 pints

[Medicare Part A](#) hospital insurance covered services.

Medicare Part A (hospital insurance)

What does Part A cost in 2024?

- Most people get Part A premium-free.
 - They **or their spouse** must have paid FICA taxes for at least 10 years (40 quarters).
- **IF** they paid into Medicare less than 10 years, they:
 - Can pay a premium to get Part A
 - ❖ \$505 per month (if worked fewer than 30 quarters).
 - ❖ \$278 per month (if worked 30 -39 quarters).



See the bottom of your [\(Medicare Part A chart\)](#).

Examples of Medicare Part A

Evelyn is a widow and has contributed to Medicare for the last 20 years through her job. She's earned 40 working quarters throughout her active work. When Evelyn enrolls in part A, it'll be premium-free.

Vivian is single and has acquired only 35 quarters for Medicare, therefore she doesn't qualify for premium-free Part A. Vivian will have to pay a monthly premium of \$278 to receive Part A. Vivian can also continue to earn more quarters.

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 medical insurance (Part B)

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

2024 Medicare medical insurance (Part B) covered services

Services	Benefit	Medicare pays	You pay
Medical Expenses Doctor services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, most outpatient mental health services, and other services	Unlimited if medically necessary	80% of approved amount (after \$240 deductible)	\$240 deductible* plus 20% of approved amount and limited charges above approved amount**
Clinical Laboratory Services Blood test, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount* for durable medical equipment
Outpatient Hospital Treatment Services for the diagnosis or treatment of an illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital costs	20% of billed amount*
Blood♦	Unlimited during a benefit period if medically necessary	80% of approved amount (after \$240 deductible and starting with 4th pint)	First 3 pints plus 20% of approved amount for additional pints♦*

[Medicare Part B](#) medical insurance covered services.

Medicare Part B (medical insurance)

What does Part B cost?

- In 2024, most people will pay \$174.70 per month.
 - People with higher incomes could pay more.
- Social Security will notify clients if they have to pay more or less than the standard premium.
 - The amount may change depending on the client's yearly income.



Examples of Medicare Part B

William enrolled in Medicare in 2013. His Part B premium in 2024 is \$174.70.

Natasha's Medicare started in 2018. Her income is over \$103,000 per year. Her Part B premium in 2024 is \$244.60.

New Medicare premiums are announced each fall for the next calendar year. Social Security notifies individual enrollees of their premium. Factors affecting the amount include:

- Current income (higher or lower may pay more or less).
- If there's a cost-of-living adjustment to people's Social Security benefit in the new year.

Does a client need Part B?

It depends. Potentially no, if:

- They have coverage through **active** employment.
 - Their own job, their spouse's job, or if disabled and under 65, then another family member's job.

Things to consider:

- Some of the decision is based upon rules about when Medicare would pay BEFORE the employer plan pays.
- People should check with their employer, in some cases, small employers will pay AFTER Medicare pays, even with active employment.
- Delaying Part B may mean:
 - Higher premiums (late enrollment penalty).
 - Waiting for GEP.
 - Paying for their health care out-of-pocket.

Examples of Part B coverage considerations

Maggie plans to keep working until she's 68. She's covered by her employer's insurance. Maggie will sign up for Part A, but defer Part B until she stops **actively** working.

Barbara retired at age 63 and has been paying for a private insurance plan. At age 65, she will start her Medicare Parts A and B.

Paying for Medicare Parts A and B

In addition to Part B premiums (and sometimes Part A), client pays:

- Part A hospital deductible.
- Part B yearly deductible.
- 20% coinsurance for most services.
- May be other costs.



Example: Coverage for “medically necessary”

Sara is diagnosed with glaucoma. Medicare does not cover eye exams related to prescribing glasses (with the exception it does cover eyeglasses after cataract surgery).

Medicare does consider covering regularly scheduled eye exams to monitor Sara’s eye health as “medically necessary.”

Medically necessary:

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



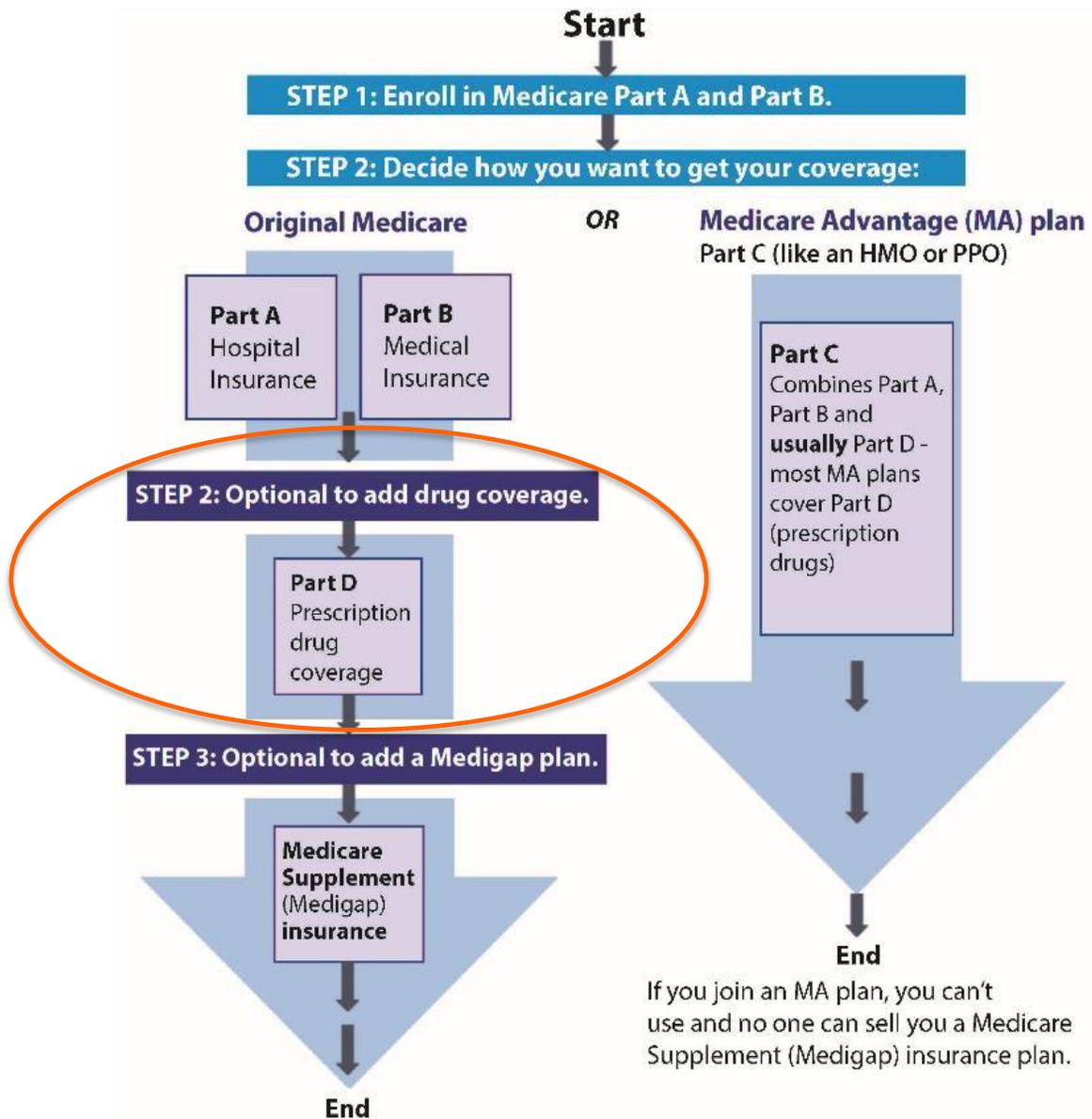
Knowledge check #3 – Parts of Medicare

1. What parts of Medicare are known as Original Medicare?
2. Does Part B cover hospital or medical?

Medicare prescription drug coverage

Also called Part D

Medicare Part D



Medicare Part D

- Medicare prescription drug coverage (Part D) helps clients pay for both brand-name and generic drugs. Drug plans are offered by insurance companies and other private companies approved by Medicare.
- Available to all people with Medicare Parts A and/or B.
- Provided through:
 - Stand-alone Part D plans (PDP).
 - Medicare Advantage Plans (MAPD).



Who can enroll in Part D?

Clients must:

- Have Medicare Part A or Part B or both.
- Live inside the U.S. and can't be incarcerated.

Enrollment is not automatic for most.



Do all clients need Part D?

It depends...

- Do they already have creditable drug coverage from another source?
- Creditable means it's as good as Medicare Part D.
 - For example, through an employer plan.
- Without creditable coverage, client may have:
 - To wait to enroll.
 - A penalty.

What Part D covers

- Prescription brand-name and generic drugs only.
- Each plan has its own formulary (a list of covered prescription drugs, also called a drug list).
- Plans must cover a range of drugs in each category.
- Coverage and rules vary by plan.

Note: Part D does not cover over-the-counter drugs.

Examples of Part D plan coverage

Bob was told by his doctor to take a low-dose aspirin daily. Since this is an over-the-counter (OTC) medication, Part D plans do not cover it.

Samantha takes several brand-name and generic prescriptions. The Plan Finder will help her see if there's a plan that will cover these and if there are any coverage rules, such as:

- Quantity limits.
- Prior authorization.
- Step-therapy.

Medicare drug plan costs

What do clients pay?

- Cost varies by plan.
- Most people pay:
 - A monthly premium.
 - A yearly deductible.
 - Copayments or coinsurance
 - Amounts vary over the course of the year based on cost of drugs.



When can clients enroll in Part D?

- During 7-month Medicare Initial Enrollment Period (IEP).
- During Open Enrollment Period (OEP).
 - October 15 – December 7
 - Coverage starts January 1
- Can possibly join at other times.
 - Special Enrollment Period (SEP).
 - Examples: Move to a new area, gain or lose employer or retiree coverage, are eligible for Extra Help/Low Income Subsidy (LIS).

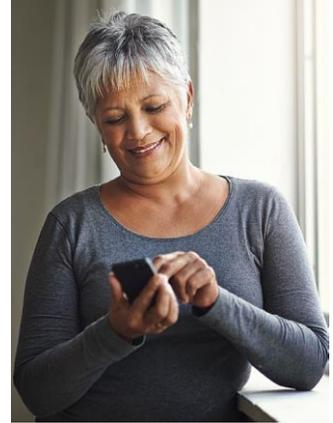
How do clients choose a Part D plan?

Call SHIBA for help at 1-800-562-6900.

Research the online Plan Finder at:
<https://www.medicare.gov>.

Contact the plan to find out if their medications are on the plan formularies and ask about costs.

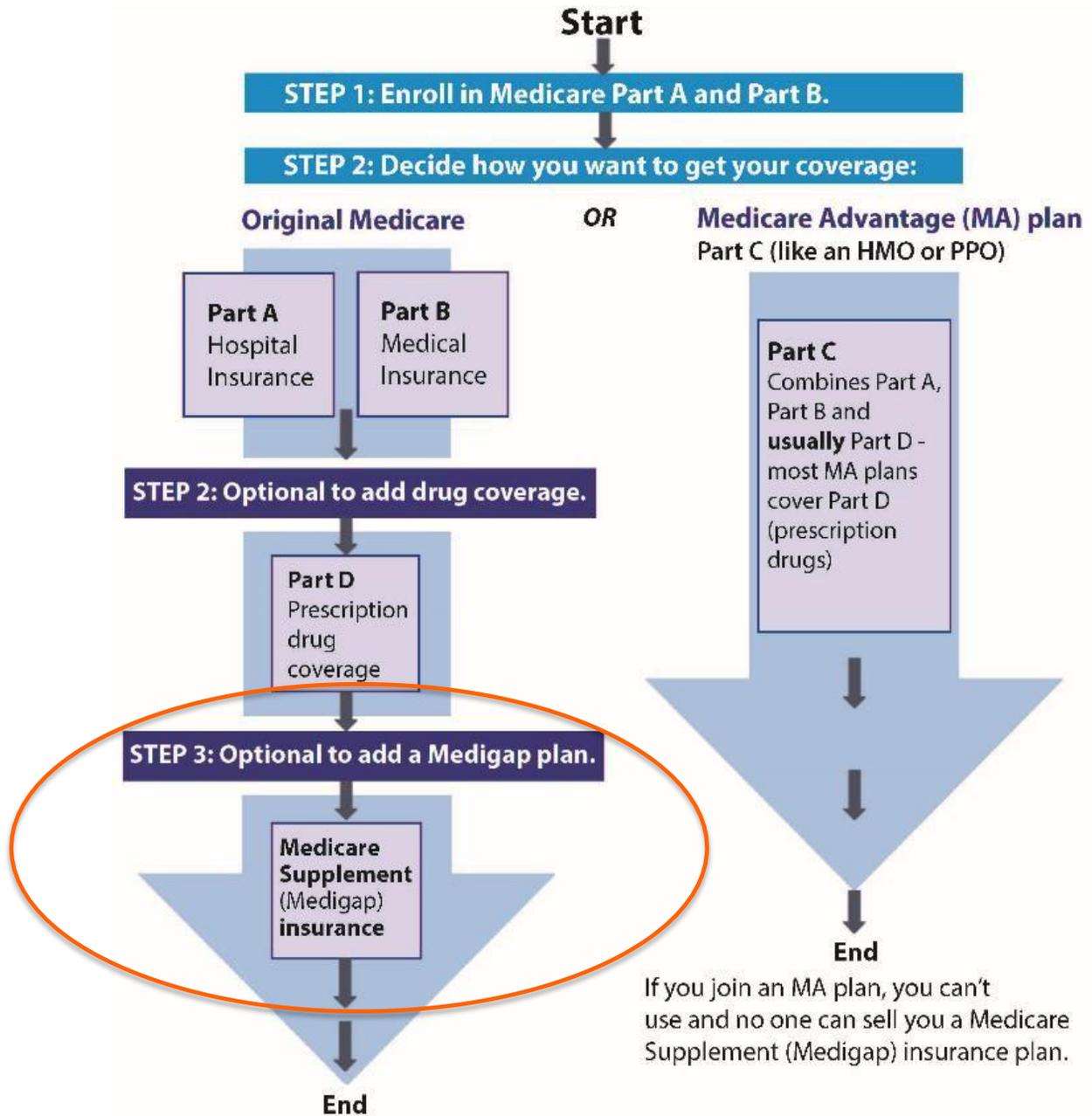
Additional training is offered to SHIBA volunteers in this area – it's the best way for clients to compare plans.



Medigaps

Also called Medicare Supplement plans

Medigap (Medicare Supplement)



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.
- Gaps include:
 - Deductibles, coinsurance and copayments.
- Medigaps are standardized and designated by letters A-N.

How to compare Medigap plans

10 Standardized Medicare Supplement (Medigap) plans chart

This chart shows the benefits included in each of the standard Medigap plans effective on or after Jan. 1, 2024.

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

Note about Plans C and F:

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

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

Plans available to all Medigap applicants

Medicare-eligible before 2020

Basic benefits	A	B	D	G*	K	L	M	N	Medicare-eligible before 2020	
	C	F*								
Part A: Hospital coinsurance (plus costs up to an additional 365 days after Medicare benefits end)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part A: Hospice care coinsurance or copay	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part B: Coinsurance or copay	✓	✓	✓	✓	50%	75%	✓	✓***	✓	✓
Medicare preventive care Part B coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parts A & B: Blood (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Additional benefits	A	B	D	G*	K	L	M	N	C	F*
Skilled nursing facility care coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible: \$1,632		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible: \$240									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (lifetime limit of \$50,000)			80%	80%			80%	80%	80%	80%
Out-of-pocket yearly limit**					\$7,060	\$3,530				

Approved Medigap plans and rates

April - June 2024 Approved Medicare Supplement (Medigap) plans

By federal law, high-deductible plans G and F have a \$2,800 deductible for the year 2024

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

People enrolled in Original Medicare who have:

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

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

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

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

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

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

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

Approved Medicare Supplement (Medigap) plans

https://www.insurance.wa.gov/sites/default/files/documents/medicare-supp-plans_72.pdf

Example of Medigap plan

Willem has Original Medicare Parts A and B and a Medigap plan. As long as Willem's doctor accepts Medicare and Medicare Parts A and B cover the care he gets, his Medigap will pay its part after Medicare pays. Then, if there's anything left over, Willem will be billed for the remaining.

Medicare coordinates its payments with most Medigap plans, so the doctor or Willem most likely will not have to take any other action to get the Medigap to pay.



Who is eligible for a Medigap?

- Any client with Original Medicare Parts A **and** B.
- Medicare clients under age 65 have limited choices.
 - There are no “guaranteed issue” protections for people under age 65 in Washington state.



Do clients need a Medigap?

If a client is NOT covered under an employer plan (active or retired) and does not have any other source to pay for the balances after Original Medicare has paid, they may want to consider a Medigap.

When to enroll in a Medigap

- Clients may enroll in a Medigap any time after they enroll in Medicare Parts A & B **if a company agrees to sell them one.**
- Medigaps don't have an annual Open Enrollment Period (OEP).
- Each individual gets their own one-time six-month OEP (see next slide).

When to enroll in a Medigap

Clients are guaranteed to get a Medigap without a written health screening:

- During the six-month period that starts the first day of the month that they're 65 or older AND enrolled in Part B. Medicare calls this the "Medigap Open Enrollment Period."
- If they currently have a Medigap plan B through N, they can join any Medigap plan – except Plan A.
- If they currently have Medigap Plan A they can join any Medigap Plan A.

Examples of Medigap OEP

Toby is 69 years old and just enrolled in Medicare Part B. Toby is retiring from his job, therefore he is going to use his Special Enrollment Period. His six-month Medigap Open Enrollment Period starts as soon as his Medicare Part B starts.

Samantha is 63 years old, disabled and on SSDI. She was automatically enrolled in Medicare Parts A and B because she has been on SSDI for 24 months. Her six-month Medigap Open Enrollment Period will not start until the month she turns 65.

Examples of Medigap enrollment rules

Lin bought a G plan with Pear Company. Lin now wants an N plan that Pear Company provides. She can call Pear Company and buy the N plan to replace her G plan.

Lee bought a G plan with Pear Company but wants a G plan from Grape Company. He can call the Grape Company and enroll. Once his new plan activates, it is **his responsibility** to cancel with Pear Company.



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.
- There is portability in Medigaps.
- Plans C & F are only available to people who were eligible for Medicare prior to Jan. 1, 2020.



Continued on next slide

Things to consider about Medigaps *(continued)*

- Insurance companies can only sell the client a “standardized” plan (letters A – N).
- Medicare standardizes Medigaps:
 - Plans with the same letter designation all cover the same benefits.
 - Different insurance companies may charge different premiums for the exact same plan.
- Medigaps sold today DO NOT pay for prescription drugs.
 - Most should consider buying a drug plan (Part D).

How to find the right Medigap plan

Clients can call SHIBA for help at 1-800-562-6900.

Research what benefits each plan letter provides.

Compare the plan costs to what is affordable to the client.



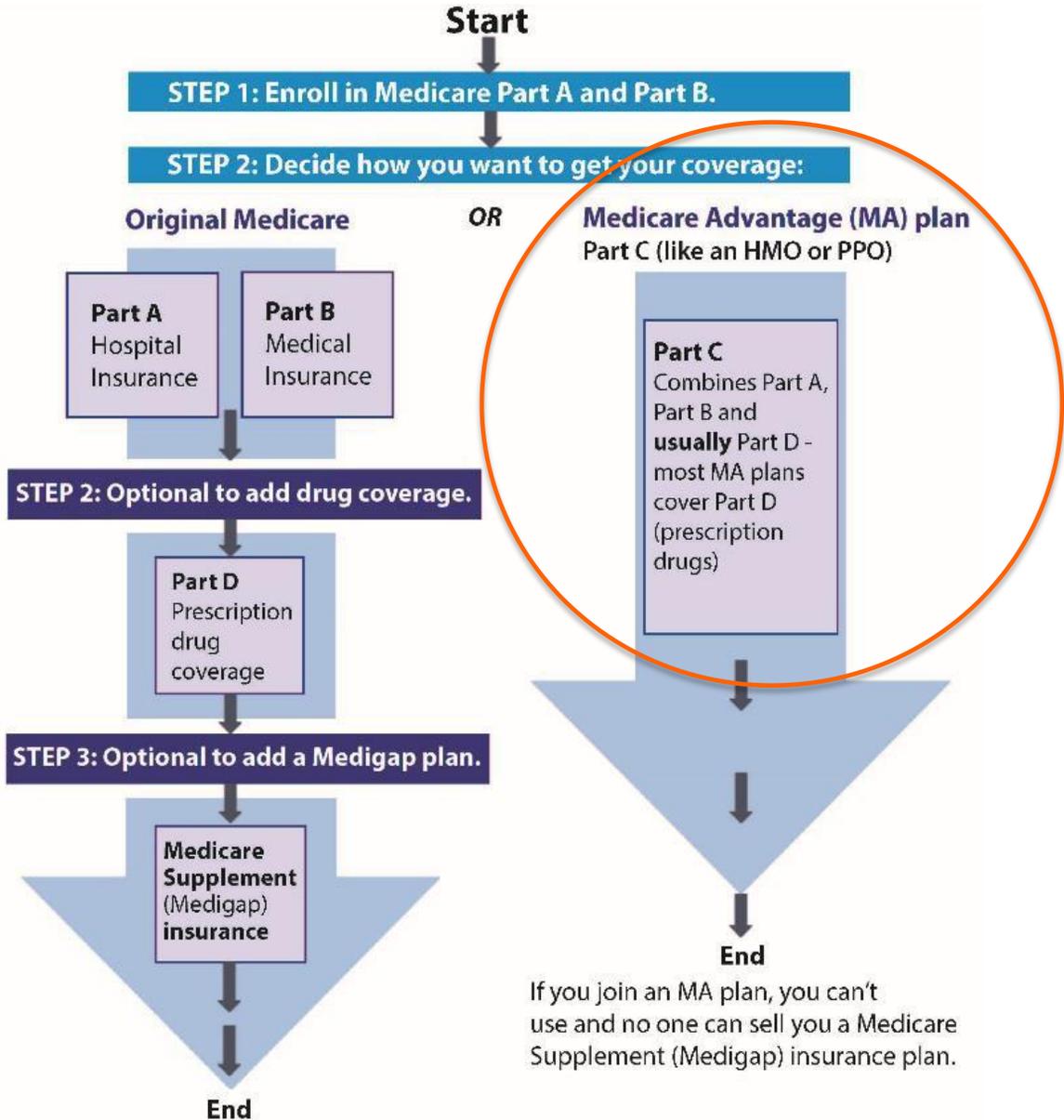
Knowledge check #5 - Medigaps

1. Which part(s) of Medicare do Medigaps help cover?
2. When can a client enroll in a Medigap?

Medicare Advantage (MA) plans

Also called Medicare Health Plans or Part C

Medicare Advantage



Medicare Advantage (Part C)

Medicare Part C (Medicare Advantage) is another way to get Medicare coverage.

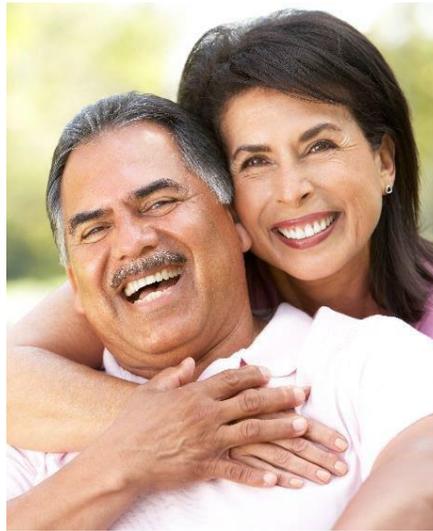
- Plans are sold by private insurance companies.
- Most plans require clients use a defined provider network.
- Clients can get a coverage determination from the plan before they get a service to find out if it's covered and get an estimate of costs.
- Choice of plans varies depending on what county the client lives in.
 - Some counties don't offer plans.

How Medicare Advantage (MA) plans work

- Provides all the same rights and protections as Original Medicare.
- Delivers Part A and B benefits, but rules can vary.
- Generally, must use network providers for best coverage.
- Medicare pays a private plan to provide the services.
 - Client pays Part B premium and may also pay plan premium.
 - An annual maximum out-of-pocket limit can protect clients from catastrophic health costs.
- Most include Part D prescription drug coverage.
- May include extra benefits:
 - Vision, dental, hearing and health club memberships.

Who is eligible?

Anyone enrolled in Original Medicare Parts A and B and lives in the plan's service area.



When can clients enroll in an MA plan?

- During seven-month Medicare Initial Enrollment Period (IEP).
- During Open Enrollment Period (OEP):
 - October 15 – December 7
 - Coverage starts January 1
 - May be able to join at other times.
 - Special Enrollment Period (SEP).
 - Examples: Move to a new area, gain, or lose employer or retiree coverage, are eligible for Extra Help/Low Income Subsidy (LIS)
- Depending on what county the client lives in, MA plans may not be available.

Examples of Medicare Advantage plan

Sally checked with her doctor's office about Medicare and they told her they only accept three Medicare Advantage (MA) plans. They gave her the list. They do not accept Original Medicare. Sally wants to continue to see her doctor when her Medicare starts, so she will choose one of these MA plans.

Bob checked with his doctor's office about Medicare and they told him that they only accept Original Medicare. They do not accept any MA plans. Bob wants to continue to see his doctor when his Medicare starts, so he will not enroll in an MA plan.

Example of Medicare Advantage plan

Morgan is 57 years old and is on Medicare because he's disabled. He has a lot of health problems and is not able to buy a Medigap plan. Choosing an MA plan can help protect him from catastrophic health care costs.



What are Medicare Advantage plan costs?

Medicare pays a fixed monthly payment to the private plan for the client's care. Clients pay:

- Part A premium (if any).
- Part B premium.
- MA plan's monthly premium (if any).
- Copays.
- Coinsurance.
- Deductible.
- Non-covered services – (not calculated in maximum out-of-pocket).



Note: "Maximum out-of-pocket" limits costs of covered care to enrollee.

Four most common types of MA plans

1. Health Maintenance Organization (HMO) plans.
2. Preferred Provider Organization (PPO) plans.
3. Special Needs Plans (SNPs).
4. Private Fee-for-Service (PFFS) plans.
In 2024, there are no PFFs plans in WA state.

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's 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.

Where do clients enroll?

- Call: SHIBA at 1-800-562-6900.
- Call: 1-800-633-4227 (1-800-MEDICARE).
- Call the plan.

- Online at www.medicare.gov.
- Contact a licensed agent.



Low-Income Assistance

Medicaid & Medicare Savings Program (MSP)

Social Security Extra Help

LIS/Extra Help automatic enrollment

All beneficiaries enrolled in Medicaid and MSP programs are automatically enrolled in LIS/Extra Help.

- No separate application for LIS is needed.

What is a Medicare Savings Program?

- Medicare Savings Programs (MSPs) are state programs that assist with paying Medicare costs.
- These are assistance programs, not insurance plans.

Qualified Medicare Beneficiary (QMB)

QMB pays for Part A and B:

- Premiums.
- Deductibles.
- Co-pays.
- Co-insurance.

Clients must be < 110% FPL.

Specified Low-income Medicare Beneficiary (SLMB)

- SLMB pays for Part B premium.
- Client's income is < 120% FPL.

Qualified Individual (QI-1)

- QI-1 pays for Part B premium.
- Client's income is < 138% FPL.

Categorically Needy (CN) Medicaid

CN Medicaid eliminates cost sharing and offers these benefits:

- Dental coverage.
- Transportation for medical appointments.
- Enhanced mental health benefits.
- Hearing aids and exams.
- Vision exams and discounts on vision hardware.
- Some over-the-counter (OTC) drugs.

Rainbow chart

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>	<i>\$2,000</i>	<i>\$3,000</i>		
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>	<i>\$2,000</i>	<i>\$3,000</i>		
MSP- QMB Income Limit 110% FPL (S03) No Resource/Asset Limit as of 1/1/2023	\$1,401	\$1,894	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
MSP- SLMB Income Limit 120% FPL (S05) No Resource/Asset Limit as of 1/1/2023	\$1,526	\$2,064	NO	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
MSP- QI-1 Income Limit 138% FPL (S06) No Resource/Asset Limit as of 1/1/2023	\$1,752	\$2,371	NO	
Extra Help Income Limit 138% FPL Apply for MSP to eliminate Resource/Asset Limit	\$1,752	\$2,371	NO <i>If approved for MSP first</i>	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
Extra Help (effective 1/1/2024) Income Limit 138-150% FPL	\$1,903	\$2,575	YES	Copay: \$4.50 generic/\$11.20 brand Catastrophic Copay: \$0
<i>Resource Limit</i>	<i>\$17,220</i>	<i>\$34,360</i>		

Rainbow chart - QMB

Medicare help rainbow chart

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

- “Extra Help” or “Low-income-subsidy” (LIS) is a program available to clients with limited income and resources.
- Extra Help or LIS will pay for part or all of premiums, deductible and copay for eligible clients.
 - Part D penalties waived for LIS clients.
 - LIS enrollees can change plans more than once per year.
 - Find LIS applications at: www.ssa.gov.

Example of help paying Part D premium



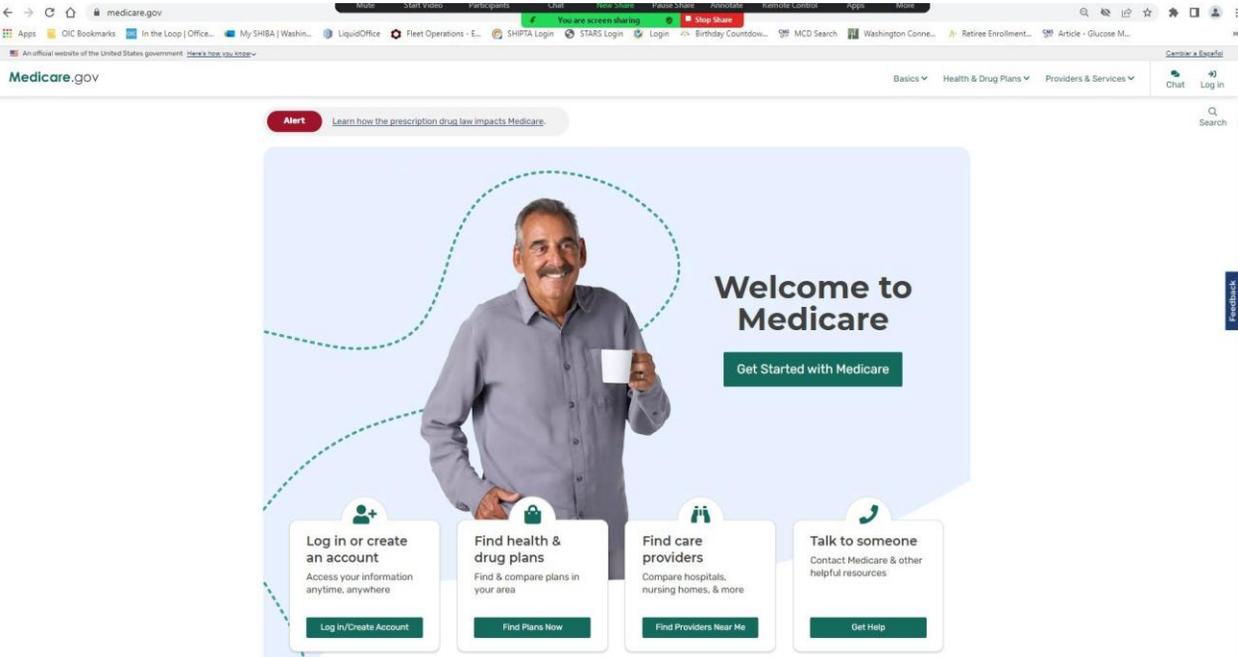
Samantha receives \$1,600 per month in Social Security retirement. She has less than \$10,000 in savings. Extra Help could save her a lot of money. The program:

- Could help pay some or all of her Part D premium.
- Pay most or all of her deductible.
- Make it so she has small drug copays.
- Could allow her to change her drug plans more than once per year.

Training tools and wrap-up

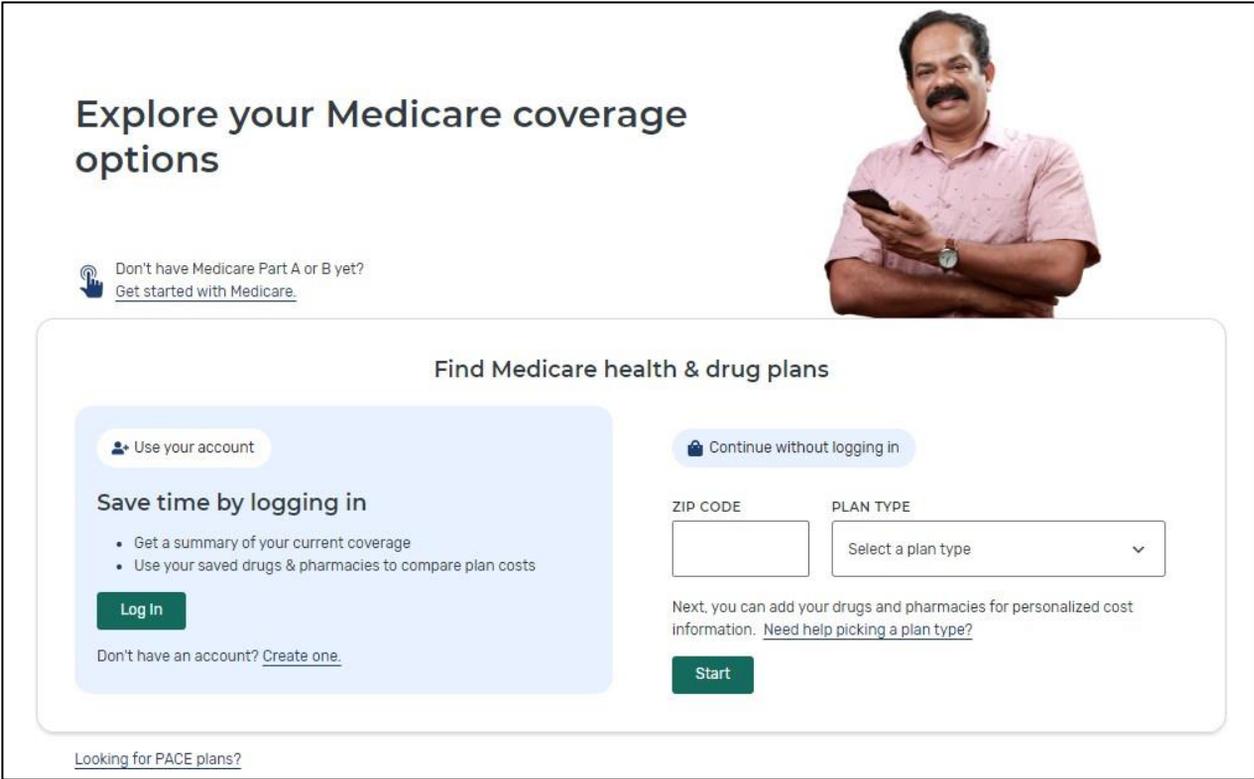
Medicare.gov

Medicare.gov



Plan Finder

[Medicare Plan Finder](https://www.medicare.gov) (medicare.gov)



The screenshot shows the Medicare Plan Finder website. At the top left, the text reads "Explore your Medicare coverage options". To the right is a photograph of a man with a mustache, wearing a pink shirt, holding a smartphone. Below the main heading, there is a link: "Don't have Medicare Part A or B yet? [Get started with Medicare.](#)".

The main section is titled "Find Medicare health & drug plans". It features two primary options: "Use your account" and "Continue without logging in".

Use your account

Save time by logging in

- Get a summary of your current coverage
- Use your saved drugs & pharmacies to compare plan costs

Log In

Don't have an account? [Create one.](#)

Continue without logging in

ZIP CODE:

PLAN TYPE:

Next, you can add your drugs and pharmacies for personalized cost information. [Need help picking a plan type?](#)

Start

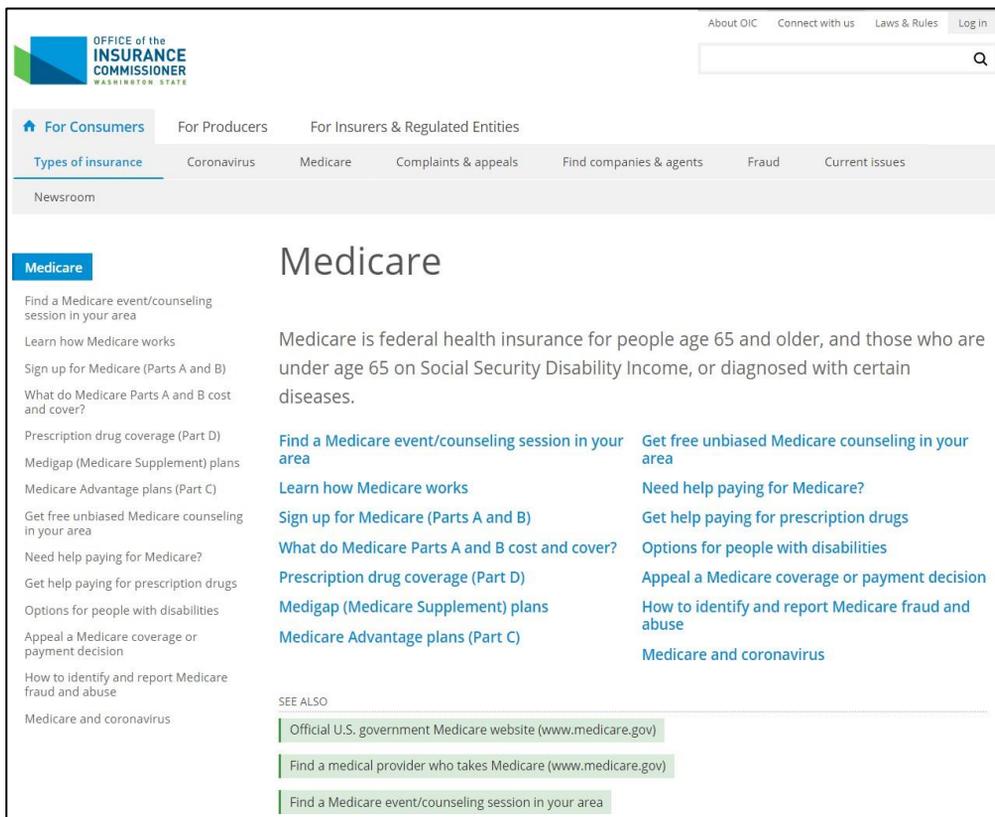
[Looking for PACE plans?](#)

Office of the Insurance Commissioner

[OIC](https://www.insurance.wa.gov)

(insurance.wa.gov)

Be familiar with the Medicare pages on the OIC website and share this information with clients.

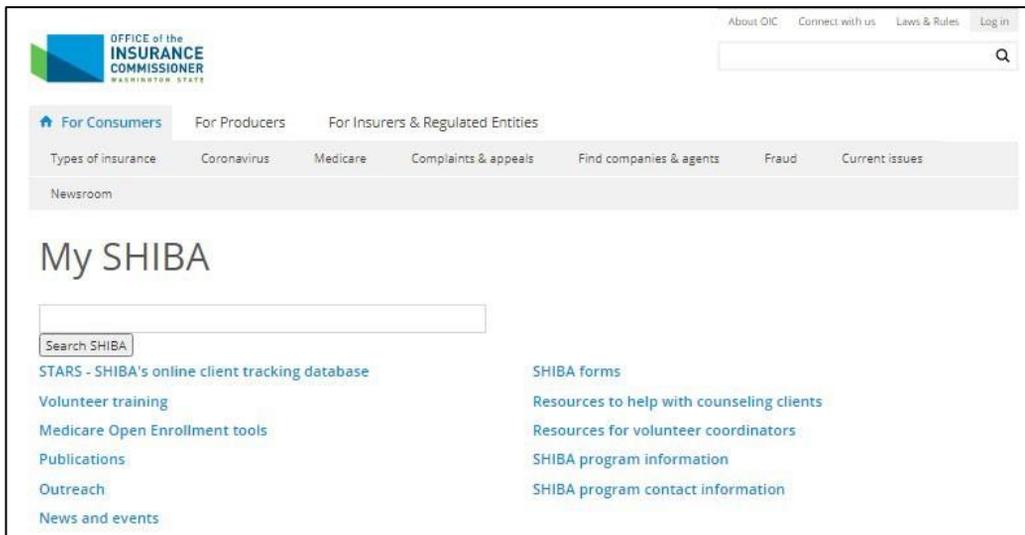


The screenshot shows the Medicare page on the OIC website. The page features a navigation menu with options like 'For Consumers', 'For Producers', and 'For Insurers & Regulated Entities'. Below the navigation, there are tabs for 'Types of insurance', 'Coronavirus', 'Medicare', 'Complaints & appeals', 'Find companies & agents', 'Fraud', and 'Current issues'. The 'Medicare' tab is selected, and the page content includes a sidebar with various links, a main heading 'Medicare', a brief description of Medicare, and a list of related links. At the bottom, there is a 'SEE ALSO' section with three links: 'Official U.S. government Medicare website (www.medicare.gov)', 'Find a medical provider who takes Medicare (www.medicare.gov)', and 'Find a Medicare event/counseling session in your area'.

My SHIBA

[My SHIBA](https://insurance.wa.gov) (insurance.wa.gov)

The home page for My SHIBA includes links to a variety of information that you'll need for your work.



Referrals and providing more insurance help

You can also help your clients by letting them know about the OIC's statewide toll-free Insurance Consumer Hotline at: 1-800-562-6900.

The Consumer Hotline is a free service where clients can get help with all types of insurance, such as home, auto, health, life, disability coverage, long-term care and even annuities.

Clients can also find more information at:
<https://www.insurance.wa.gov>

Final thoughts and questions

- What questions do you have?
- Did we answer your questions from the start of training?
- Where do you hope or plan to go from here?
- What can we do to help?

Contact SHIBA:

Email: shiba@oic.wa.gov

Phone: 1-800-562 6900

Website: www.insurance.wa.gov/my-shiba

2024 Medicare hospital insurance (Part A) covered services

Services	Benefit	Medicare pays	You pay
Hospitalization Semi-private room and board, general nursing and other hospital services and supplies (Medicare payments based on benefit periods) <i>(See comments 1 & 2)</i>	First 60 days	All but \$1,632	\$1,632 (Deductible per benefit period - <i>see comment 2</i>)
	61st to 90th day	All but \$408/day	\$408/day
	91st to 150th day <i>(60 reserve days may be used only once)</i>	All but \$816/day	\$816/day
	Beyond 150 days	Nothing	All costs
Skilled Nursing Facility Care Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies (Medicare payments based on benefit periods) <i>(See comments 1 & 2)</i>	First 20 days	100% of approved amount	Nothing
	Next 80 days	All but \$204/day	up to \$204/day
	Beyond 100 days	Nothing	All costs
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements for home health care benefits	100% of approved amount 80% of approved amount for durable medical equipment	Nothing for services 20% of approved amount for durable medical equipment
Hospice Care Pain relief, symptom management and support services for the terminally ill	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
Blood♦ When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited during a benefit period if medically necessary	All but first 3 pints per calendar year	For first 3 pints

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

2 - A benefit period starts the first day you receive a Medicare-covered service in a qualified hospital. It ends when you've been out of a hospital (or other facility that provides skilled nursing or rehab services) for 60 days in a row. It also ends if you stay in a facility (other than a hospital) that provides skilled nursing or rehab services, but do not receive any skilled care there for 60 days in a row. If you enter a hospital again after 60 days, a new benefit period starts. This also applies to mental health in-patient stays. (See Medicare & You Handbook, pages 27-29 and 115).

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

Premium for Part A: Most people don't pay a premium, because they (or their spouse) worked for over 40 quarters. If you have fewer than 30 quarters of coverage, you pay \$505/mo. For 30-39 quarters of coverage, you pay \$278/month (Note: These numbers were not available at the time of printing for the 2024 Medicare & You book.) See Medicare.gov for more information: www.medicare.gov/basics/costs/medicare-costs

2024 Medicare medical insurance (Part B) covered services

Services	Benefit	Medicare pays	You pay
Medical Expenses Doctor services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, most outpatient mental health services, and other services	Unlimited if medically necessary	80% of approved amount (after \$240 deductible)	\$240 deductible* plus 20% of approved amount and limited charges above approved amount**
Clinical Laboratory Services Blood test, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount* for durable medical equipment
Outpatient Hospital Treatment Services for the diagnosis or treatment of an illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital costs	20% of billed amount*
Blood♦	Unlimited during a benefit period if medically necessary	80% of approved amount (after \$240 deductible and starting with 4th pint)	First 3 pints plus 20% of approved amount for additional pints♦*

* After you pay the yearly deductible of \$240, 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 2024 is \$174.70 (or higher depending on your income). However, a small number of people who get Social Security benefits will pay less due to the "hold harmless" provision. Social Security will tell you the exact amount you'll pay. For more information, go to: www.medicare.gov/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 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.