Understanding Medicare

Stayed tuned
The presentation will begin shortly
Your Presenters

Tina Higdon - PCOA Medicare SHIP/SMP/MIPPA Coordinator (Introduction)

Linda Khumalo – PCOA Medicare SHIP/SMP Specialist (moderator)

Penny Plante - PCOA Medicare SHIP/SMP/MIPPA Volunteer

Vikki Spritz - PCOA Medicare SHIP/SMP/MIPPA Volunteer

Please email questions to:
ship@pcoa.org
1. Please keep your line muted until the end of the presentation
2. Question and Answer time at the end of the presentation
3. Please hold all questions until the end except when using the chat function
4. Using the functions of Zoom;
   1. After you are entered into the meeting you will see this bar at the bottom of the screen, if you do not place your cursor over the bottom edge of the screen until this is seen.
   2. Your mic icon will be muted. To view the chat area click on the chat box. This is where questions can be typed for responses at the end of the presentation. You may not have all of the functions as shown.
3. Call in participants please mute your phone to prevent background noise during the presentation
In the “chat function” Please enter your First initial and Last name with your zip code. If you are joining by phone please state your name and zip code.
Thank you
Area Agency on Aging serving all of Pima County

520.790.7262

PCOA Helpline - help@pcoa.org
“The place to go when you don’t know where to start.”

Medicare Counseling - medicare@pcoa.org
*PCOA neither sells nor endorses any Medicare plans*

This project was supported, in part by grant number 90SAPG0049, from the U.S. Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.
Understanding Medicare

TOPICS

- Explain basics
- Help for people with lower incomes
- How to enroll
- Making changes
- Medicare hot topics
Medicare Basics

Age 65

Kidney failure (ESRD)

ALS

Medicare Eligibility

After 24 months of SSDI

Environmental health hazard exposure

Managed by Centers for Medicare & Medicaid Services (CMS)

You must be a U.S. citizen or be lawfully present in the United States
**Your Medicare Choices**

* Original Medicare

- **Part A**
  - Hospital Insurance

- **Part B**
  - Medical Insurance

  You may add

  - **Supplemental Insurance for Part A & B**
    - (for example: Medigap)

  - **Part D**
    - Prescription Drug Insurance

**Medicare Advantage**

- **Part C**
  - combines Part A & Part B

- **Part D**
  - Prescription Drug Insurance

**Not available**

**Most plans**

**Include**

- **Supplemental Insurance for Part A & B**
  - (for example: Medigap)

*Beneficiaries may see any Medicare provider in the United States who is accepting patients*
Your Medicare Choices

**Original Medicare**

- **Part A**
  - Hospital Insurance
- **Part B**
  - Medical Insurance

You may add:

- **Supplemental Insurance** for Part A & B (for example: Medigap)
- **Part D**
  - Prescription Drug Insurance

**Part C** combines Part A & Part B

**Part D** Prescription Drug Insurance

- Most plans include Supplemental Insurance for Part A & B (for example: Medigap)
- Not available

Beneficiaries may see any Medicare provider in the United States who is accepting patients.
Original Medicare

Beneficiaries may see any Medicare provider in the United States who is accepting patients.

<table>
<thead>
<tr>
<th>Part A hospital</th>
<th>Part B medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ INPATIENT Hospital or religious nonmedical health care institution</td>
<td>□ OBSERVATION status - Hospital</td>
</tr>
<tr>
<td>□ Rehab and skilled nursing - NO long term care</td>
<td>□ Doctors’ services, outpatient care, administered medications</td>
</tr>
<tr>
<td>□ Hospice</td>
<td>□ Preventive services: some shots and screenings</td>
</tr>
</tbody>
</table>

- Diagnostic tests: labs, MRIs, CT scans, and X-rays
- Therapies: occupational, physical, speech
- DME: Durable medical equipment / medical supplies
- Emergency and urgent care, ambulance to nearest hospital

Home health care may fall under Part A or Part B
PART A and PART B DO NOT COVER

- Prescription drugs (pharmacy/mail order=Part D)
- Dental care and dentures
- Hearing aids, eyeglasses
- Cosmetic surgery
- Alternative care: acupuncture, naturopaths
- Custodial and long term care
- International travel, including cruise ships
Your Original Medicare 2020 Part A Costs

Premium $0 for most people with 40+ credits
30-39 credits=$252; less than 30 credits=$458
($1410 in earnings = 1 credit. Max 4 credits/year)

- **Inpatient Hospital**
  - $1,408 deductible per benefit period. A new benefit period starts when you have not received inpatient services for 60 days in a row
  - 1st 60 days = $0 copay /day
  - 61-90 days = $352 copay /day
  - 91+ days = $704 copay /day. 60-day lifetime limit then you pay all costs

- **Skilled nursing or rehab facility** (after 3-day hospital inpatient stay):
  Copay: 1-20 days=$0; 21-100 days=$176.50/day; 101+ days=you pay all costs

- **Hospice**: Limited costs for pain meds, up to 5% for inpatient respite care, does not cover room and board

Original Medicare does NOT have out of pocket limits
Your Original Medicare 2020 Part B Costs

**Premium:** $144.60/month for most
More if 2018 modified adjusted gross income > $87,000 individual / $174,000 married

- **Annual Deductible:** You pay the first $198.00
- **Coinsurance:** Generally 20% of Medicare approved amount
- **No charge** for many preventative services

Original Medicare does NOT have out of pocket limits
Your Medicare Choices

Original Medicare

- Part A Hospital Insurance
- Part B Medical Insurance
- Part D Prescription Drug Insurance

You may add

Supplemental Insurance for Part A & B (for example: Medigap)

Medicare Advantage

- Part C combines Part A & Part B
- Not available
- Most plans include Part D Prescription Drug Insurance
- Not included

1980
Types of Supplemental Coverage

Pay some or all of your Part A & Part B costs
(deductibles, copays, coinsurance)

- **Medigap** - individuals plans, each person needs to have their own plan.

- **Retiree health benefits** – check with your plan
  - Military (Tri-Care for Life or CHAMPVA)
  - Federal (FEHB)
  - Some employer or union plans

- **AHCCCS** (Medicaid) – lower income beneficiaries
Medigap/ Supplemental Insurance

- Pays all or some of your **Part A or Part B costs**
  - You must have Original Medicare – both Part A and Part B
  - Policy must say “Medicare Supplement Insurance”

- Plan benefits are [standardized by Federal law](#)
  - 8 plans: A, B, D, G¹, K, L, M & N
  - Plans with the same letter offer the same standard benefits
  - Some plans offer additional benefits (example: gym)

CANNOT GET MEDIGAP UNDER AGE 65 in ARIZONA
## Medigap Plans sold after January 1, 2020


Note: only insurance carriers with a stable outlook and A- or better rating were considered in the pricing example below. Premium may be affected by gender, age, & smoking history. May include enrollment discount. Household and other discounts may be available.

After the Guaranteed Issue period, you may be denied coverage or charged more for certain health conditions.

<table>
<thead>
<tr>
<th>Plan type</th>
<th>Medigap pays (2020)</th>
<th>A</th>
<th>B</th>
<th>D</th>
<th>G(HD¹)</th>
<th>K</th>
<th>L</th>
<th>M</th>
<th>N</th>
<th>C</th>
<th>F(HD²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A deductible</td>
<td>$1,408 per benefit period</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>50%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Part A coinsurance &amp; hospital costs (up to an additional 365 days)</td>
<td>For each benefit period: Days 61-90:$352/day. Days 91-150:$704/day (60 day lifetime limit) + 365 additional days after Medicare benefits end</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Part A skilled nursing facility coinsurance</td>
<td>For each benefit period: Days 21–100: $176.00/day</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Part A hospice coinsurance or copay</td>
<td>5% of the approved amount for inpatient respite care and $5 copays for prescriptions for pain relief while you're home. Doesn't cover room and board</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Part A or Part B Blood</td>
<td>First 3 pints of blood each year</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Part B deductible</td>
<td>$198 per year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part B coinsurance or copay</td>
<td>Generally 20% of Medicare approved amount</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Part B excess charges</td>
<td>Additional amount charged by doctor or other health care provider who does not accept assignment. (Excess charges are limited by Medicare)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign travel emergency (up to plan limits)</td>
<td>80% after $250 annual deductible. Care must begin during first 60 days of trip. $50,000 lifetime limit</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Plans G(HD¹) and F(HD²) are high-deductible plans. After you pay $2,340, plan pays 100%. Plans K & L pay the percentages above. When you reach your out-of-pocket limit, the plan pays 100%. 2020 out of pocket limits: K=$5,880; L=$2,940. Plan N pays 100% of Part B coinsurance except for a copay of up to $20 for some office visits and up to a $50 copay for emergency room visits that don’t result in an inpatient admission.

Plans C & F: You may purchase these plans only if you were eligible for Part A before 1/1/20 due to age (65), disability, or ESRD - even if you didn’t apply for Medicare at the time and even if you didn’t sign up for Part B.

In Arizona, Medigap is not available to individuals under 65. (Those under 65 who bought a Medigap plan in prior years are grandfathered in.)

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This project was supported, in part by grant number 90SAPG0049, from the U.S. Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy. 12/31/19 ck
# Part B Excess Charges

<table>
<thead>
<tr>
<th>If Medicare assigned amount is $100</th>
<th>Participating</th>
<th>Non-participating</th>
<th>Opt-out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor charges</td>
<td>agrees to accept Medicare’s assigned amount</td>
<td>accepts Medicare but may charge more than Medicare’s assigned amount</td>
<td>formally opted out of Medicare</td>
</tr>
<tr>
<td>Medicare pays 80%</td>
<td>$80</td>
<td>$80</td>
<td>not applicable</td>
</tr>
<tr>
<td>Medigap Plan</td>
<td>A, B, C, D, F, G, &amp; M</td>
<td>A, B, C, D, &amp; M</td>
<td>F &amp; G</td>
</tr>
<tr>
<td>Plan pays 20%</td>
<td>$20</td>
<td>$20</td>
<td>$35 (excess charges)</td>
</tr>
<tr>
<td>You pay</td>
<td>$0</td>
<td>$15 (excess charges)</td>
<td>$0</td>
</tr>
</tbody>
</table>

Plans K, L, N - see chart for payment schedule
Income-Related Monthly Adjustment Amount (IRMAA) for those with Higher Incomes (applies whether you have Original Medicare or Medicare Advantage)

The law requires an adjustment to your monthly Medicare Part B and Part D premiums if your modified adjusted gross income (MAGI) in 2018 was

<table>
<thead>
<tr>
<th>File individual tax return</th>
<th>File joint tax return</th>
<th>File married &amp; separate tax return</th>
<th>PART B Premium</th>
<th>PART D Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$87,000 or less</td>
<td>$174,000 or less</td>
<td>$86,000 or less</td>
<td>$144.60</td>
<td>your plan premium</td>
</tr>
<tr>
<td>&gt; $86,000 up to $109,000</td>
<td>above $172,000 up to $218,000</td>
<td>Not applicable</td>
<td>$202.40</td>
<td>$12.40 + your plan premium</td>
</tr>
<tr>
<td>&gt; $109,000 up to $136,000</td>
<td>above $218,000 up to $272,000</td>
<td>Not applicable</td>
<td>$289.20</td>
<td>$31.90 + your plan premium</td>
</tr>
<tr>
<td>&gt; $136,000 up to $163,000</td>
<td>above $272,000 up to $326,000</td>
<td>Not applicable</td>
<td>$376.00</td>
<td>$51.40 + your plan premium</td>
</tr>
<tr>
<td>&gt; $163,000 &amp; &lt; $500,000</td>
<td>above $326,000 &lt; $750,000</td>
<td>&gt;$85,000, &lt;$415,000</td>
<td>$462.70</td>
<td>$70.90 + your plan premium</td>
</tr>
<tr>
<td>&gt;= $500,000</td>
<td>&gt;= $750,000</td>
<td>&gt;= $415,000</td>
<td>$491.60</td>
<td>$77.40 + your plan premium</td>
</tr>
</tbody>
</table>

MAGI is your total adjusted gross income and tax-exempt interest income.

If you had a life-changing event, submit Form SSA-44 – “Medicare Income-Related Monthly Adjustment Amount Life-Changing Event” – to request a reduction in IRMAA surcharges. See SSA-44 for list of events.
Medigap questions to ask

Years in Market ____________  Rating ____________  Date contacted ____________

Premium $ ____________ for age ______ (may be affected by gender, age, and if applicant smokes)

Does the premium include an enrollment discount? YES  NO

What is the enrollment discount for my first year? ____________

How much does the enrollment discount decrease every year? ____________

When does the enrollment discount end? ____________

What is your household discount (if any)? ____________

Does household member have to enroll in a Medigap with your company? YES  NO

Other discounts (describe) ____________________________________________

Premium History

$ ____________ last year  $ ____________ 3 years ago

$ ____________ 2 years ago  $ ____________ 4 years ago

$ ____________ 5 years ago

Do you have crossover billing? (Medicare automatically sends the claim to your company) YES  NO

If you do NOT have a guaranteed issue and have a pre-existing condition, see if the plan will accept you.

My condition  Lookback period

Even if you are in your guaranteed issue period, if you are NOT currently covered by an insurance plan, there may be a waiting period for certain pre-existing conditions.

My condition  Waiting period

List optional riders and/or additional benefits below
Your Medicare Choices

**Original Medicare**

- **Part A**
  - Hospital Insurance

- **Part B**
  - Medical Insurance

**You may add**

- **Supplemental Insurance for Part A & B**
  - (for example: Medigap)

**Medicare Advantage**

- **Part C**
  - combines
  - Part A & Part B

**Part D**

- **Prescription Drug Insurance**

**Not available**

- **Supplemental Insurance for Part A & B**
  - (for example: Medigap)

**Most plans**

- Include

**Part D Prescription Drug Insurance**

1997
Medicare Advantage (Part C)

Another way to get your Medicare

- Medicare Advantage plans combine your Part A and B benefits into one plan, most also include Part D
- Has all Medicare rights and protections
- *Extras* – vision, dental, etc - vary by plan
- You are choosing to receive your Part A and Part B benefits through a private insurance company. Use the plan’s ID card - your provider may also ask to see your Medicare card
- Should not be enrolled in a Medigap Plan

Note: Cannot have ESRD at enrollment (unless you’ve had a successful kidney transplant)
Medicare Advantage (Part C)

Types of plans

- **HMO**: *Often need referrals, must use network providers*. Emergencies covered out of network but follow up care may not be covered – Notify your plan ASAP

- **PPO**: You usually *pay less if you use network providers*. In most cases you may see any Medicare *participating* provider who is accepting new patients. You don’t need referrals for a specialist

- **MSA**: You may see any Medicare *participating* provider who is accepting new patients. Non-participating providers do not have to agree to treat you. Has 2 parts:
  1. The plan deposits $3,240 into a special type of savings account
  2. You pay 100% of Medicare approved amount (not 20%), including the full cost of preventative services, up to a $7,400 deductible

Some providers will *not* accept Medicare Advantage members – even if the member wants to pay out-of-pocket
Medicare Advantage (Part C)

Review: 2 kinds of Medicare providers

**Participating** providers accept Medicare and agree to accept Medicare’s assigned amount.

**Non-participating** providers accept Medicare but may charge more than Medicare’s assigned amount.

Non-participating providers *don’t* have to accept Medicare Advantage members even if the member wants to pay out-of-pocket.
Your 2020 Part C Costs

Part A Premium $0 for most people (40+ credits)

Part B Premium: $144.60 \$/ month for most

(More if modified adjusted gross income > $87k individual/$174k married)

Part C Plan Premium: $0-114/ month

Annual Deductible: $0 for most HMOs and some PPOs

*There may be a separate deductible for Part D drugs*

Combination of copays and coinsurance. For example:

- Primary Care $0 - $35; Specialist $0-$50
- Ambulance $195-$350; 20%
- Inpatient hospital stay $100-$375/day for first 5-7 days
- Chemotherapy medications 20% coinsurance
- DME-durable medical equipment 20% coinsurance

Out-of-pocket limit ($2,800-$10,000) excludes Part D and extra benefit costs; MSA plans do not have out of pocket limits
Your Medicare Choices

Original Medicare

- Part A Hospital Insurance
- Part B Medical Insurance

You may add

Supplemental Insurance for Part A & B (for example: Medigap)

Part D Prescription Drug Insurance

2006

Medicare Advantage

- Part C combines Part A & Part B

Most plans include

Part D Prescription Drug Insurance

Not available

Supplemental Insurance for Part A & B (for example: Medigap)

2006
Prescription Drug Coverage (Part D) for Original Medicare and Medicare Advantage

- Must first enroll in Medicare Part A and/or Part B
- Each plan has a formulary - the list of covered prescription drugs will vary by plan.
- You may pay full price if:
  - Your drug is not in the formulary
  - You use a non-network pharmacy

**Original Medicare**
May purchase **standalone** Part D
Medigap does not pickup Part D charges

**Medicare Advantage**
- MSA: May purchase **standalone** Part D
- HMO/*PPO: **include** Part D
- *Two PPOs with **no** Part D
Part D Costs

- **Premium:**
  - Original Medicare & MSA: $13-99 monthly for standalone plan
  - HMO and PPO: included in the Part C plan premium
  - **Additional Part D Premium** if your 2018 modified adjusted gross income is > $87,000 individual / $174,000 married. Applies to: Original Medicare and *all* Medicare Advantage plans

- **Annual Deductible:** $0-435 (some drugs the deductible does not apply)

- **2020 Copay/Coinsurance**
  - As of 2020, there will no longer be a “hole” for brand-name or generic drugs
  - Cost share between participant, insurer and manufacturer at varying levels.

  “Resets” every January 1

  Part D does NOT have out of pocket limits
1. Creating an account allows you to save your medication and other information to compare plans
2. List of prescriptions, dosage, and strength
3. Choose 3 pharmacies – costs may be lower using plan’s preferred pharmacies. Medicare will show your prescription costs for each plan
Part D - More Tips for Saving Money

- Mail order is sometimes, but not always, less expensive
- Costs are usually lowest if you use the plan’s preferred pharmacies, followed by network pharmacies, and highest with out-of-network pharmacies
- Compare the cash price with your Part D copay. If paying cash, check for discounts from websites such as www.goodrx.com or www.needymeds.org

- If your medication is in a high tier
  - Ask your plan for a tiering exception
  - Ask your doctor about samples. Know that your doctor may not be able to provide samples for long

- If your medication is not on the plan’s formulary
  - Ask your plan for a formulary exception
  - Ask your pharmacist or doctor if there are generics or other medications on the plans formulary that you can take
  - Compare plan coverages during open/special enrollment periods
Extra Help

- Find out if you are eligible for extra help;
- Programs that help pay your Medicare Part B premiums

  **QMB** - Qualified Medicare Beneficiary
  **SLMB** - Specified Low-Income Medicare Beneficiary
  **QI** - Qualified Individual program

- Extra help for Part D prescription drug costs

  **LIS** - Limited income subsidy
Help with Medicare Costs

If your gross monthly income is at or below:

$1,615 single / $2,175 married - you may be eligible for help paying
   ✓ your Medicare Part D copays, premium, and deductible

$1,456 single / $1,960 married - you may be eligible for help paying
   ✓ your Medicare Part D copays, premium, and deductible
   ✓ your Medicare Part B premium

$1,084 single / $1,457 married - you may be eligible for help paying
   ✓ your Medicare Part D copays, premium, and deductible
   ✓ Medicare Part A and Part B copays, premium, and deductibles
Help with Medicare Costs

2020 income eligibility limits

MEDICARE SAVINGS PROGRAMS (MSP)

No resource limits in Arizona

Once approved for Medicare Savings Program - QMB, SLMB, QI-1, you are automatically approved for Full Extra Help with your Part D/Low Income Subsidy (LIS) program thru Social Security. Full LIS pays your Part D premium & deductible.

1. Qualified Medicare Beneficiary (QMB)
   $0 - $1,084 (Single) per month
   $0 - $1,457 ( Married) per month
   Eligible for full AHCCCS and may enroll in one of the AHCCCS Health Plans
   Pays your Part A and Part B premiums, deductibles & co-pays
   Full LIS thru Social Security reduces Part D co-pays - $1.30 generics / $3.90 brand-name

2. Specified Low-Income Beneficiary (SLMB)
   $1,084.01 - $1,296 (Single) per month
   $1,457.01 - $1,744 (Married) per month
   Pays your Part B premium only
   Full LIS thru Social Security reduces Part D co-pays - $3.60 generics / $8.95 brand-name

3. Qualified Individual (QI-1)
   $1,296.01 - $1,456 (Single) per month
   $1,744.01 - $1,960 (Married) per month
   Pays your Part B premium only
   Full LIS thru Social Security reduces Part D co-pays - $3.60 generics / $8.95 brand-name
Arizona Long Term Care System (ALTCS)

The Arizona Long Term Care System is part of AHCCCS. It provides long-term care in assisted living facilities, nursing homes, and provides in-home care for individuals who would otherwise be institutionalized. It is a complex income- and asset-limited program.

⚠️ Giving away your assets may affect your eligibility!

PCOA offers a class on ALTCS

For more information or to register.

Call PCOA Helpline 520.790.7262
Transition break

Please take this time to jot down any questions for the end of the presentation

Would you like to volunteer?

We are looking for bi-lingual people interested in joining our team.

Please contact

Shane Lynch
Community Relations Coordinator
Office: 520.305.3418
SLynch@pcoa.org
What factors are important to you?

- **Access to providers**
  - Referrals: Do you want to see providers without having to first get a referral from an HMO primary care provider?
  - Provider choice:
    - Is the ability to choose any doctor and hospital important to you?
    - Do you want access to specialists outside Pima County?
    - Do you want access to Medicare providers who do not take assignment? (example: Mayo Clinic)
    - Do you plan to travel?

- **Health concerns: What are your current and future concerns? What is your family medical history?**
  - Pay monthly (Medigap) or pay at time of service (Medicare Advantage)?
    - **If you are under 65 in Arizona, you cannot purchase a Medigap**
  - Do you take expensive medications? (use medicare.gov plan finder)

- **Are additional benefits important? (example: hearing, vision)**
# The Big Choice

<table>
<thead>
<tr>
<th>Original Medicare + Medigap Supplement + Standalone Part D</th>
<th>Medicare Advantage MSA + Standalone Part D</th>
<th>Medicare Advantage HMO, PPO Part D is included</th>
<th>Are you eligible for a retiree plan such as ASRS, FEHB, Tricare, or another employer/union plan?</th>
<th>Are you eligible for AHCCCS? Gross monthly income = $1,084 individual $1,457 married</th>
</tr>
</thead>
</table>

## Sound familiar?

“You may not be getting all the Medicare benefits you’re entitled to!”
<table>
<thead>
<tr>
<th>The Big Choice</th>
<th>Original Medicare</th>
<th>Medicare Advantage MSA</th>
<th>Medicare Advantage HMO/PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A Premium</td>
<td>Usually $0</td>
<td><strong>$144.60</strong></td>
<td><strong>$144.60</strong></td>
</tr>
<tr>
<td>Part B Premium</td>
<td><strong>$144.60</strong></td>
<td><strong>$144.60</strong></td>
<td><strong>$144.60</strong></td>
</tr>
<tr>
<td>Part D Premium</td>
<td><strong>$13.20-94.90 monthly - 31 plans</strong></td>
<td><strong>$13.20-94.90 monthly - 31 plans</strong></td>
<td><strong>Included 26 plans</strong></td>
</tr>
<tr>
<td>Plan Premium</td>
<td>Medigap: G $96.89 ↑ F(hd) $34.51 ↑</td>
<td>MSA $0</td>
<td>HMO/PPO $0-114 monthly Included except 2 plans</td>
</tr>
<tr>
<td>Your Part A and Part B share of cost</td>
<td>No out of Pocket Limit Supplement (if you have one) pays all or some of your copays, coinsurance, and deductables</td>
<td>Plan deposits $3,240 into MSA account, which you may apply to $7,400 deductible. After deductible, plan pays all costs through Dec.31.</td>
<td>In network. You pay copays and coinsurance up to $2,600 - 6,700 out of pocket limit. After out of pocket limit, plan pays all costs through Dec.31.</td>
</tr>
<tr>
<td>Part A and Part B access to care</td>
<td>Any Medicare provider anywhere in the USA who accepts Medicare and is accepting new patients.</td>
<td>Any Medicare participating provider anywhere in the USA who is accepting new patients</td>
<td>HMO: must stay in network: + your PCP is &quot;gatekeeper&quot;. PPO: out of network usually costs more. Exception: emergency care</td>
</tr>
<tr>
<td>Your Part D share of cost</td>
<td>Separate Part D payment schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International emergencies</td>
<td>Some supplements</td>
<td>None</td>
<td>ask</td>
</tr>
<tr>
<td>Extra benefits</td>
<td>ask</td>
<td>None</td>
<td>Varies by plan: dental, vision, gym, etc.</td>
</tr>
</tbody>
</table>

**Part B and Part D: higher premiums for incomes > $87k indiv./$174k married and late enrollment penalties apply to both Original Medicare & Medicare Advantage**

Non-participating providers do not have to accept Medicare Advantage members - even if the member wants to pay out-of-pocket.
Choosing an HMO or PPO

Coverage

- **Network**: How large is the plan’s network? Are your providers (hospitals, doctors, & pharmacy) in the network?
- Are your **prescriptions** included in the plans formulary?
- If you travel **outside the plan’s service area**:
  - Does the plan contract with any providers outside of your home service area? Are there other travel benefits?
  - What situations are considered emergencies?
- Ask about **extra services** (example: dental, vision, gym, etc)

Costs

- Is there a plan premium **in addition to** your Part B premium?
- How much will your prescriptions cost?

**Star quality** – how does the plan rate?
Special Advantage Plans

Chronic Needs or Institutional Care

- Offered by Amerivantage - HMO
  - COPD
  - Diabetes
  - Heart Care
  - ESRD
  - Institutional Care such as nursing home, or facility level at-home care

- Offered by United Healthcare - PPO
  - Institutional Care such as nursing home, or facility level at-home care

Dual Eligible – Medicare and AHCCCS (Medicaid)

- Three plans available
  - United Healthcare Dual Complete
  - Banner-University Care
  - Allwell Dual Medicare
Enrolling in Medicare

Social Security Website:  https://www.ssa.gov
National Phone number:  1-800-772-1213
Local Soc Sec phone numbers:  1-866-331-7693 or 1-866-220-9779
If retired from a railroad, enroll with the RRB
Call your local RRB office at 1-877-772-5772
Everything starts with A & B

Original Medicare

Part A
Hospital Insurance

Part B
Medical Insurance

You may add

Supplemental Insurance for Part A & B
(for example: Medigap)

Part D
Prescription Drug Insurance

Medicare Advantage

Part C combines Part A & Part B

Not available

Most plans Include

Supplemental Insurance for Part A & B
(for example: Medigap)

Part D Prescription Drug Insurance
Automatic Enrollment in Parts A & B

Is not the end of the story

If you are receiving Social Security or Railroad Retirement Board benefits

- at least 4 months before your 65th birthday
- 25th month of disability benefit (1st month of disability benefit if ALS)

**Note: You will not be notified when it’s time to enroll in Medicare**

You will receive your Medicare card in the mail.

*Does Social Security have your correct address?*

There is an opportunity to delay Part B

Do you want a Medicare Advantage (Part C) or Prescription Drug Plan (Part D)?

You must enroll *no later than 3 months* after your Medicare effective date.
If you are not automatically enrolled…

Initial Enrollment Period
Parts A & Part B

65 YEARS

7 months to apply with SSA (or RRB)

<table>
<thead>
<tr>
<th>3 months before the month you turn 65</th>
<th>2 months before the month you turn 65</th>
<th>1 month before the month you turn 65</th>
<th>The month you turn 65</th>
<th>1 month after you turn 65</th>
<th>2 months after you turn 65</th>
<th>3 months after you turn 65</th>
</tr>
</thead>
</table>

You must enroll during the first 3 months before your birthday month to get Part B when you turn 65

If you wait until the last 4 months of your Initial Enrollment Period your Part B may be delayed up to 3 months after the date you sign up

Enroll in Part C or Part D during the same 7 month period
If your birthday is on the 1st of the month, enrollment is 4 months before/2 months after the month you turn 65

Example

Mr. Kim's 65th birthday is July 1

If he is either automatically enrolled or signs up for Medicare in March, April, or May his coverage will start on June 1

If Mr. Kim's 65th birthday is on the 1st of the month, enrollment is 4 months before/2 months after the month you turn 65.

Mr. Kim must enroll during these first 3 months to get Part B on June 1.

If Mr. Kim waits until these last 4 months, his Part B may be delayed up to 3 months after the date he signed up.

Enroll in Part C or Part D during the same 7 month period.
Enrolling in Part C or Part D

Original Medicare

Part A
Hospital Insurance

Part B
Medical Insurance

You may add
Supplemental Insurance for Part A & B
(for example: Medigap)

Part D
Prescription Drug Insurance

Medicare Advantage

Part C
combines Part A & Part B

Not available
Supplemental Insurance for Part A & B
(for example: Medigap)

Most plans Include
Supplemental Insurance for Part A & B
(for example: Medigap)

Part D
Prescription Drug Insurance
How to enroll in Part C Medicare Advantage and Part D Prescription Drug Plans

Call 1-800-medicare (800-633-4227) or use Plan Finder on Medicare.gov contact the plan directly or use an agent/broker

Enrolling in Part C: you must first enroll in both Part A and Part B

Enrolling in standalone Part D: you must first enroll in Part A and/or Part B

Marketing Guidelines

See the end of your handout for:

- Rules for agents and brokers
- Rules when you meet with an agent
- How to report plans and agents who don’t follow the rules!
Enrolling in Medigap

Original Medicare

- **Part A** Hospital Insurance
- **Part B** Medical Insurance
- **Part D** Prescription Drug Insurance

You may add:

- **Supplemental Insurance for Part A & B** (for example: Medigap)

Medicare Advantage

- **Part C** combines Part A & Part B

Supplemental Insurance for Part A & B (for example: Medigap)

Part D Prescription Drug Insurance

Not available

Most plans Include
Enrolling in Medigap

- Enroll by contacting the plan directly or through an agent or a broker
- Must have Original Medicare – both Part A and Part B
- You may buy a Medigap policy *anytime an insurer is willing to sell one to you*
- May *not* purchase Medigap if you have AHCCCS -or- are under 65

**Guaranteed Issue**

You can’t be denied or charged a higher premium for health conditions if you apply *within 6 months* of your:

- Part B start date -or-
- 65th birthday *if* receiving Medicare due to disability

Note: if you had *no insurance coverage* prior to purchasing a Medigap policy, you may have to wait up to 6 months before pre-existing conditions are covered
If you don’t take retiree health coverage when it is first offered or if you dis-enroll from your retiree health plan:

- **Some** plans may allow you to keep your “foot in the door” as long as you retain dental or other benefits
- With **many** plans, you may never get your benefits back
- You may cause family members to lose coverage

**Before you enroll** in a Medicare Advantage, Prescription Drug, or Medigap plan:

- Check with your benefits administrator to determine your retiree benefits
- Compare benefits as well as cost. For example, many retiree plans have prescription drug benefits that are superior to Part D benefits
- Most retiree plans will not pay unless you take Medicare when you become eligible
Delaying Medicare

What if you aren’t ready to take Medicare benefits?
Delaying Premium **Free** Part A

Most people have 40 or more credits = $0 premium

If you are eligible for free Part A, you may enroll with **no penalty** any time during or after your Initial Enrollment Period. If you are over 65, your coverage start date will be retroactive up to 6 months from when you sign up (but no earlier than your 65th birthday)

**Most won’t delay enrolling in premium-free Part A**

Exception: those with **Health Savings Accounts** - contributions to an HSA are not allowed if you are enrolled in Medicare

If you have an **HSA** and enroll after you turn 65, be aware of the **6-month** retroactive Part A
Delaying *Premium* Part A

Very few will pay a premium

30-39 credits = $253/mo  
Less than 30 credits = $460/mo

**Penalty** is an additional 10% of Part A premium every month

For *twice the number of years* you could have had Part A but didn't sign up
Delaying Part B

Penalty may be an additional 10% of Part B premium for each full 12 months in the period you could have had Part B and did not enroll and lasts for as long as you have Part B.

There is no penalty for delaying Part B if:

1. You have coverage through your or your spouse’s current job – and – employer has 20+ employees. (If disabled, may delay if have coverage through your or your family’s current job – and – employer has 100+ employees).

2. You enroll within your Special Enrollment Period: Enroll in Part B within 8 months after loss of coverage or current employment, whichever comes first. Enroll at Social Security (by mail or in-person).

You only have 2 months after coverage ends to enroll in a Part D or Medicare Advantage plan.

Having VA, COBRA, retiree group health, or Marketplace insurance won’t exempt you from the penalty.

and
General Enrollment Period

If you miss your Initial Enrollment Period and/or Special Enrollment Periods...

Part B & Premium Part A
January 1 - March 31

You have until June 30 to enroll in a Part D or Medicare Advantage plan

Coverage begins JULY 1

LATE ENROLLMENT PENALTIES MAY APPLY

You may enroll in premium-free Part A at any time with no late enrollment penalty
The Marketplace (ACA)

Marketplace participants should transfer to Medicare when they first become eligible

• Subsidies end if you’re eligible for premium-free Part A, whether you sign up or not
• If you pay a premium for Part A, you may be eligible to remain on the Marketplace plan and qualify for subsidies.
• You may pay a penalty for Part A and/or B if you enroll later than your initial eligibility date.

Marketplace plans are NOT automatically cancelled.

• Notify the plan of your switch to Medicare.
• Don’t cancel family members who may still be eligible for the Marketplace plan.
COBRA

- Delaying Part B because you have COBRA does not exempt you from the Part B late enrollment penalty

- COBRA is not a Medicare supplement

- If you have Medicare when you become eligible for COBRA, you can enroll in COBRA AND keep Medicare
  - Medicare coverage is primary to COBRA
  - Exception to the primary rule applies for Medicare qualified ESRD care
  - Check with the COBRA administrator for details

Confirm with the COBRA administrator for when and how enrollment in Medicare affects the right to continue COBRA for you and/or your family members.

Avoid a late enrollment penalty for Part B!

Keeping COBRA for the full period and not enrolling in Medicare when entitled to Part A will cost you BIG BUCKS the rest of your life!
Delaying Part D

Penalty:

An additional 1% of the current base beneficiary premium ($32.74), per month for any continuous period of 63 days or more, after your initial Enrollment Period for as long as you have Part D.

No penalty for delayed enrollment if you have other “creditable coverage”, including:

- VA
- Some group health insurance (employee, retiree)

Special Enrollment Period:

Avoid penalty by enrolling in Part D (via Medicare Advantage or standalone plan) within 2 months after creditable coverage ends.
Now that you are enrolled, how do you make changes?

You **cannot** use the following periods to enroll in Parts A and/or B
Making Changes

Annual Open Enrollment Period

October 15 - December 7

Changes become effective January 1

- Change Advantage plans
- Change or add stand-alone Prescription Drug plans
- Switch between Original Medicare & Advantage Plans

Medicare Advantage Open Enrollment

January 1 – March 31

This applies only if you are enrolled in an Advantage plan as of January 1st.

You may:

- Switch between Advantage plans
- Leave your Advantage plan to enroll in Original Medicare and a standalone Part D plan

Those going back to Original Medicare may be subject to underwriting for a Medigap plan
Making Changes

Special Enrollment Periods

You may change your Medicare health and/or drug coverage outside of the standard enrollment periods if:

- You move from your plan’s coverage area
- You move into or out of an Assisted Living or Skilled Nursing Facility
- You have a chronic condition covered by a special needs plan
- Your retiree plan is permanently ending (check with your former employer)
- You want to enroll in a 5 star plan (there are none in Pima County)
- Your plan is discontinued
Making Changes

Special Enrollment Periods for those with lower incomes

Have a Special Enrollment Period (SEP) once per calendar quarter during the first nine months of the year

Those enrolled in

- AHCCCS
- Medicare Savings Programs (QMB, SLMB, QI-1)
- Part D Extra Help
How to Make Changes

Change Advantage plan: Enroll in a different Advantage plan
Change/add standalone Drug plan: Enroll in a Drug plan (already on Original Medicare)
Leave Original Medicare for an Advantage plan: Enroll in an Advantage plan
Leave an Advantage plan for Original Medicare: Enroll in a standalone Drug plan

OR: Call 1-800-Medicare to dis-enroll
OR: File a signed and dated letter with the Advantage plan stating you want to dis-enroll
AUTOMATIC DIS-ENROLLMENT

- Enrolling in a stand-alone Part D drug plan dis-enrolls you from your Part C Medicare Advantage plan.

- Enrolling in a Part C Medicare Advantage plan dis-enrolls you from Original Medicare and standalone Part D plan.

Exception: Part C Medicare Advantage MSA
When Can You Switch Medigap Policies?

When you have a guaranteed right:

- You cannot be denied or charged a higher premium for health conditions if you enroll in or switch Medigap policies under these conditions:
  
  You purchase Medigap Plans A, B, D, G¹, K, L, M, or N during your initial 6-month Medigap Guaranteed Issue period.

You purchase Medigap Plans A, B, K, or L within 63 days of these events:
  - You leave your Advantage plan’s coverage area.
  - Your Medicare Advantage or Medigap plan is discontinued.
  - You have Original Medicare, and you have a union, employer, retiree group plan that pays secondary to Medicare, and the plan is discontinued.

- Anytime an insurance company will sell one to you:
  - You may be subject to health questions.
  - You may have to pay more because of your age.
  - It is illegal for the insurance company to sell you a policy if you are on AHCCCS/Medicaid.
Some Medigap guaranteed rights

“1st Time on Medicare Advantage”

Trial Periods

- You **joined a Medicare Advantage plan** when you were **first eligible** for Medicare at 65:
  - You have 1 year to “try out” the Medicare Advantage plan. During this first year, you may switch to Original Medicare.
  - You are guaranteed the right to buy **any** Medigap policy sold in your area.

- You have **Original Medicare and a Medigap** policy, then decide to switch to a **Medicare Advantage Plan** for the **first time**:
  - You have 1 year to “try out” the Medicare Advantage plan. During this 1st year, you may switch back to Original Medicare.
  - You are only guaranteed the right to get your **former** Medigap plan back.
Part B
If receiving SSA or RRB retirement

- SSA or RRB makes automatic deductions from your retirement payments

All others:
- Federal retirees may have premiums withheld from their annuity payments
- You authorize automatic deductions from your bank account via Easy Pay
- You make payments via: Credit card, Bank check, Bank draft (electronic funds transfer/EFT), or Bill Pay. Medicare sends you a quarterly “Notice of Medicare Premium Payment Due” (Monthly bill if subject to IRMAA)

Medigap, Part C and Part D
If receiving SSA or RRB retirement

- You may instruct your insurance company to request automatic deductions from your SSA or RRB retirement (2-3 months to set up) – applies to Part C and Part D only
- You authorize automatic deductions from your bank account
- You make payments via: Credit card, Bank check, Bank draft (electronic funds transfer/EFT), or Bill Pay. The insurance company will either send you monthly statements or a coupon book.
Can you spot the difference?

Inpatient Admission:
You're in the hospital, with a bed, a nurse, and all the trimmings.

Observation Stay:
Ditto. But the doctor just wanted to observe you for a day or a week.
Ask the Hospital
“What is my admission status?”

**Inpatient Admission:**

**Part A**
Meets qualifying hospital stay for
skilled nursing or rehab facility.

Original Medicare: $1,408 for first 60 days
Days 61-90: $352.00/day

Medicare Advantage: daily copay set by plan.

**Observation Status**

**Part B**
Your Part D drugs received while in the hospital may not be covered.

Original Medicare: $198 deductible plus 20% coinsurance.

Medicare Advantage: 20% coinsurance

**Appeal Rights**

If you think you are being discharged too soon, you can appeal before leaving the hospital. Call Livanta at 877.588.1123 (24 hours a day)

Original Medicare: The hospital should give you an Advanced Beneficiary Notice (ABN) which will tell you how to appeal.

Medicare Advantage: Contact your plan.
MOON (Medicare Outpatient Observation Notice)

Notice informing beneficiaries that they are outpatients, rather than inpatients, in a hospital or Critical Access Hospital.

If you receive observation services for more than 24 hours, the Moon must be provided no later than 36 hours after observation began.

Includes:
- Reason for outpatient vs. inpatient
- Financial implications
  - Part B outpatient cost-sharing
  - Self-administered drugs

Medicare Advantage

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**Medicare Outpatient Observation Notice**

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>Patient number:</th>
</tr>
</thead>
</table>

You’re a hospital outpatient receiving observation services. You are not an inpatient because:

Being an outpatient may affect what you pay in a hospital:
Advance Beneficiary Notice of Noncoverage (ABN)
Original Medicare – Part B ONLY

Part B examples:
- Hospital Observation
- Doctor office
- Laboratory
- Durable Medical Equipment Supplier

If you are asked to sign an ABN, you have the right to first call 800-Medicare or your doctor before signing.
Medicare Hot Topics

Braces and other Durable Medical Equipment (DME)

Home Health Eligibility

“Hello, this is Medicare calling”

“Free” services

Genetic Testing

Advance Beneficiary Notice (ABN)

Hospital Inpatient vs Observation Status
Durable Medical Equipment, Prosthetics, Orthotics and Supplies

EXAMPLES:

- Knee, leg, arm, back and neck braces, therapeutic shoes and inserts
- Oxygen, Enteral nutrients, Continuous Positive Airway Pressure (CPAP) devices, Respiratory Assist Devices (RADs), Negative pressure wound therapy pumps – equipment, related supplies and accessories
- Hospital beds and support surfaces (Group 2 mattresses and overlays)
- Standard (power and manual) wheelchairs, scooters, walkers, accessories
- Negative pressure wound therapy pumps, related supplies and accessories
- Diabetic supplies

You must have a doctor’s order

You must use a Medicare enrolled supplier
Durable Medical Equipment, Prosthetics, Orthotics and Supplies

Beware of aggressive marketing!

**Medicare Advantage**: Contact your plan for approved network suppliers

**Original Medicare**: Call Medicare 800-633-4227 or medicare.gov/supplier. *Ask if the supplier takes assignment and get the answer in writing.*
- If no, there is no limit to how much supplier can charge. Confirm the cost in writing
- If yes, the supplier should not charge for delivery, set up or training

**You must have a doctor’s order**
**You must use a Medicare enrolled supplier**
The following is an example of a Medicare Fraud
Have back pain? On Medicare?

*By calling in, I confirm this will serve as my signature authority for [redacted] and their customers to call me on my telephone at the number provided. I am aware of my **rights to protect my privacy and these rights are waived** for the purpose of Global Healthcare Management LLC and their customers to call me. I consent to **receive information on products not limited to** spinal support braces and/or knee braces on this phone call or subsequent phone calls until such a point I indicate not to do so. Calls will be answered by Global Healthcare Management LLC on behalf of their customers whom will provide health care services to you. I am permitting **calls to be automatically dialed. All calls will be recorded**. If I am on a **do not call list by opting in, I am waiving this right. Little or no cost with primary or secondary insurance payment. **Copays and deductibles apply.**
Knee and Back Brace Marketing Complaints Raise Questions about the Law and Regulations

Before replying to the ad, remember:

- You must use an approved supplier
- You must have a doctor’s order
- Is a TV ad the best solution for you or would it be better to have your doctor, who knows your medical problem, prescribe the brace that is best for your particular situation?
- Medicare will pay for a basic model. Upgraded models require justification
- Suppliers who don’t take assignment have no limit to the amount they can charge. Medicare only pays up to the assigned amount
- A copay is usually required, unless you have AHCCCS or a supplement
- Medicare has received complaints from seniors of high pressure marketing once the company has their contact information
Review

Medicare Summary Notices
Explanation of Benefits for items and services you didn’t receive and/or
Any other health benefits statements

- Do you recognize the names of the doctors and other providers?
- Do the dates match your appointment dates?
- Did you get the services listed?
- Do the services match the services on your bills and receipts?
- Check the maximum you may be billed. Were you billed the right amount?

If something looks fishy:
Call PCOA at 520.790.7262
ask to speak to an SMP counselor
Waste, Fraud and Abuse

- Estimated to account for 8% to 10% of Medicare spending. This is roughly $60 Billion per year.

- You can help reduce that amount.

If something looks fishy:

Call PCOA at 520.790.7262
ask to speak to a Senior Medicare Patrol Counselor
PROTECT

Don’t give your Medicare number to callers or someone who comes to the door. Medicare will never ask for a fee or your personal information.

Beware of “free” services that ask for your Medicare ID

DETECT

Check your Medicare Summary Notices and Explanation of Benefits for mistakes and/or services you did not receive

REPORT

Call Medicare or PCOA 520.790.7262 if you think fraud is involved or if a plan’s agent isn’t following the rules

Make sure Social Security has your current address!
Help is available

PIMA COUNCIL ON AGING
Medicare staff and volunteer counselors

520.790.7262

Enrollment questions
Plan comparisons
Billing appeals
Fraud prevention
Programs for those with lower incomes
How to find the Understanding Medicare Slides
How to find the Understanding Medicare Slides

Medicare

(520) 790-7262 / medicare@pcoa.org

Need help understanding the complex Medicare system?

Download the 2020 Understanding Medicare PowerPoint Here

Join us for a free 2-hour Understanding Medicare presentation followed by 1-hour Q&A.

Learn how Medicare works including:

- Understanding your benefits
- Medicare Part A, B, C, D and Medigap plans A-N
- Find the Medicare Advantage or standalone Prescription Drug plan that best fits your needs, including plans with the lowest prescription costs
- Help paying your Part B premium and/or Part D drug costs (for incomes up to $1,581 individuals / $2,534 couples)
- How and when to enroll avoid late enrollment penalties!

Check PCOA’s online calendar for additional locations and dates. There is no cost to attend.
QUESTIONS

Please email questions to;
ship@pcoa.org

Or call
PCOA Helpline
520.790.7262
Resources / Enrollment

AHCCCS, Medicare Savings Programs
PCOA 520.790.7262 or
healthearizonaplus.gov; 855-432-7587

Coordinating Benefits Benefits Coordination and Recovery Center (BCRC); 855-798-2627

Medicare medicare.gov; mymedicare.gov; 800-633-4227

Medigap enrollment contact plan/broker

Part A & B enrollment ssa.gov/medicare; 800-772-1213
rrb.gov; 877-772-5772

Part C & D enrollment medicare.gov/find-a-plan or contact plan/broker

Part D Extra Help PCOA 520.790.7262 or
ssa.gov/medicare/prescriptionhelp