

**Please read this information before proceeding.**

There are certain guidelines to follow if you will continue to work, or if you plan to have Medicare as your only insurance.

This packet explains the Medicare structure and guidelines.

You will find reference sheets in this packet.

It will be helpful to keep them in the order in which you find them.

They will be referenced by **title (written in bold as shown here)** throughout.

**NOTE:**

Medicare is an individualized program – you will not share your plan with spouse or family members.


**If you have an Employer Group Health Plan, a retiree plan, Veteran coverage or GIC, Medicare options, eligibility, enrollment guidelines and deadlines may vary.**

Because of this, we encourage you to meet with your employer or call your health plan, Medicare or SHINE to ensure that you understand the Medicare enrollment guidelines and that you do not incur Medicare financial penalties.



### What is SHINE?

SHINE: Serving the Health Insurance Needs of Everyone  
(on or eligible for Medicare)

- Provides free and unbiased insurance information and counseling to Medicare beneficiaries and their caregivers
- 600+ highly trained, certified SHINE counselors in Massachusetts, in-kind and volunteers
- SHINE counselors are available at Senior Centers, Councils on Aging (COAs), community hospitals and many other community-based sites



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Due to COVID-19 safety guidelines, SHINE counselors are not meeting face to face, and can assist by phone and/or email.

The Merrimack Valley/Cape Ann Regional SHINE office number can be found at the end of this presentation as “Local SHINE”.

If you would like to speak with a SHINE counselor in your area, more information will follow.

## Just to clarify ...


- Medicare is NOT free
  - Part A may be premium free – depending on your situation
- Medicare is individualized
  - You will not share your plan with anyone else
  - Your Medicare choices may be different than a spouse, friend or neighbor
- Understanding Medicare has **NOTHING** to do with your education level – it is like learning a different language.



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## Slide 4




PARTS OF MEDICARE	PREMIUM COST 2021	2021 ADDITIONAL COSTS
PART A (Hospital)	*Premium free for most.	Inpatient hospital deductible \$1484.00 Skilled Nursing Facility co-insurance
PART B (Medical)	\$148.50/mo *May be higher based on income **May be \$0 if eligible	Annual deductible \$203.00 20% co-insurance
MEDIGAP (Helps to cover some Part A and Part B additional costs)	From \$107.88-\$293.70	Additional cost depends on type of Medigap. Coverage may include all costs listed above.
PART D (Drug coverage)	Premiums from \$7.20-\$135.00/mo *May be higher based on income **May be \$0 if eligible	Pharmacy co-pays/co-insurance Possible annual deductible
PART C (Medicare Advantage Plans)	Premiums from \$0-\$267.00/mo *May be higher based on income	Co-pays and co-insurance vary per plan
*See Medicare Part A & B Premium sheet    **See Concerned About Medicare Costs sheet		
		

What does Medicare cost?

This gives you an idea of what to expect for basic costs.

We will explain and review cost information in upcoming slides

Medicare Initial Enrollment Period							
7 Months Surrounding your 65 <sup>th</sup> Birthday							
EXAMPLE: YOU TURN 65 July 4							
If you enroll in:	April	May	June	July	Aug	Sept	Oct
THEN YOUR MEDICARE STARTS:	Birthday Month			1 Month Later	2 Months Later	3 Months Later	3 Months Later
	July 1			Aug. 1	Oct. 1	Dec. 1	Jan. 1

This chart shows your Medicare start date if you enroll during your “**Initial Enrollment Period**”, the 7 months surrounding your 65<sup>th</sup> birthday. The next slides will explain how this is different if you are still working and plan to continue to do so at age 65.

**Note:** if you enroll due to leaving an Employer Group Health Plan, and you are still in this 7-month time period, these Initial Enrollment Period timelines apply. A SHINE counselor can help you determine start date based on your circumstance if you have questions about it.

When to enroll in Medicare varies depending on your age and current health care coverage status. The Initial Enrollment Period for Medicare Parts A & B is around the 65<sup>th</sup> birthday as shown above. You will NOT automatically get notified to enroll in Medicare unless you are receiving Social Security benefits, and you MAY get notified if you have a Health Connector Plan.

The Initial Enrollment 7-month time frame:

- 3 months prior to 65<sup>th</sup> birthday month
- Month of birthday\*
- 3 months after 65<sup>th</sup> birthday month

Your Medicare coverage begins on the 1<sup>st</sup> of the month of your birthday, regardless of the actual date of your birthday.

\* If your birthday is on the 1<sup>st</sup> of the month, your Medicare begins on the 1<sup>st</sup> of the month **before** your birthday.

Note the delay in coverage start date if you enroll during the month of your birthday or during the 3 months following.

**If you are under 65 and receiving Social Security disability benefits for 2 consecutive years you will automatically be enrolled in Medicare on the 25<sup>th</sup> month.**

## **Medicare and OTHER coverage**

The following health care coverage has specific guidelines and may/may not coordinate with Medicare\*:

- Employer Group Health Plan (EGHP)
- Retiree Plan
- Veteran Benefits
- GIC
- Federal Health and/or Retiree insurance

**\*Meet with a SHINE counselor or the plan administrator to learn more.**



The following health care coverage has specific guidelines and may/may not coordinate with Medicare\*:

Employer Group Health Plan (EGHP)

Retiree Plan

Veteran Benefits

GIC

Federal Health and/or Retiree insurance


**\*Meet with a SHINE counselor or the plan administrator to learn more**

### Still working? Not ready to retire?



You **MAY** be required to enroll in Medicare, depending on the amount of employees your employer has.

- If you have insurance via current employment\* of you/spouse, you may be able to delay Part B enrollment
- **Enroll in Part B within 8 months of leaving that coverage**
- If you wait, you can only enroll during General Enrollment Period: Jan 1-Mar 31, coverage to begin July 1
- You may incur a **lifetime financial penalty** if you do not enroll in Part B when eligible – currently 10% of Part B premium for each 12-month period of delayed enrollment.

**\*COBRA does not prevent the Part B penalty**



If you are unsure about enrolling in Part B, check with your employer or a SHINE Counselor to determine when you should enroll.



### Still working?

**\*Depending on the size of the company or agency, you may be required to enroll in Medicare.**

If you have insurance coverage through current employment of yourself or a spouse, you may be able to wait to enroll in Part B until that employer coverage ends.

Enroll in Part B within 8 months of leaving that coverage

If you do not enroll in Part B within 8 months of leaving that coverage, you can only enroll between Jan 1-Mar 31, coverage to begin July 1 and you will have a lifetime penalty for not enrolling when eligible.

**\*COBRA does not prevent the Part B penalty.**

**You may incur a lifetime financial penalty if you do not enroll in Part B when eligible.**

At this time, Part B lifetime penalty is 10% of the current Part B premium for each 12 months of delayed enrollment.

*If you are unsure about enrolling in Part B, check with your employer or a SHINE Counselor to determine when you should enroll.*






### Still working? Not ready to retire?

**Part A (Hospital) Enrollment**

- If you have paid into Social Security for 40 quarters (10 yrs) you will have premium free Part A
- Enroll if you choose, but may not be necessary if you have an Employer Group Health Plan (EGHP)
- DO NOT enroll if you have a Health Savings Account (HSA) (see next slide)

**Part B (Medical) Enrollment**

- There is a monthly premium for Part B – can vary depending on income (see 2021 Medicare Premium chart)
- May not be necessary to enroll if you have qualifying EGHP
- Talk to a SHINE counselor or the plan administrator for information



**Still working? Part A (Hospital) Enrollment**

If you have paid into Social Security for 40 quarters (10 yrs), you will have Premium Free Part A

Enroll if you choose, but may not be necessary if you have EGHP

**DO NOT** enroll if you have a Health Savings Account (HSA)

There will be no benefit used from your Medicare Part A if you are covered by EGHP

\*More info on HSA to follow

**Part B (Medical) Enrollment**

Monthly premium for Part B – can vary depending on income (see [2021 Medicare Premiums](#)) Not necessary to enroll if you have qualifying EGHP

Talk to a SHINE counselor or the plan administrator for information

### Do you have a Health Savings Account (HSA)?

- People with Medicare are **not allowed** to contribute to a HSA
- Continued contribution = **IRS tax penalty**
- Medicare Part A will be retroactive for up to 6 months (if you were eligible during that 6 months)
- Contributions to the HSA must stop 6 months **prior** to enrolling in Part A to avoid a tax penalty
- Speak with your HR department or Benefits Specialist



People with Medicare are **not allowed** to contribute to a HSA

If you are contributing money into an HSA and enroll in Part A, you will receive a penalty from the IRS.

If you enroll in Medicare after turning 65, Part A will be retroactive up to 6 months as long as you were eligible during that time, so contributions should be stopped 6 months prior to enrolling in Part A.

We encourage you to speak with your Human Resource Dept. or Benefits Specialist



### Part D Drug Plan Enrollment

#### Know your guidelines

- If you are eligible for Medicare and have creditable coverage you **may** delay enrollment with no penalty
- If you delay due to creditable coverage, enroll during the 2-month Special Enrollment Period after that drug coverage ends or you will have a Part D late enrollment penalty\*.
- If you miss or do not have a Special Enrollment Period for Part D, you must wait until the Open Enrollment Period (October 15<sup>th</sup> to December 7<sup>th</sup>) to enroll for coverage January 1st



*\*The current lifetime Part D Penalty is an increased premium of 1% of benchmark premium per month for each month of delayed enrollment.*



Medicare beneficiaries (whether working or not) must have “creditable” drug coverage to avoid the Part D late enrollment penalty\*

If you delay enrollment in Part D because you have union or employer “creditable” drug coverage, you have a 2-month Special Enrollment Period after that drug coverage ends

If you do not have a Special Enrollment Period for Part D, you must wait until the Open Enrollment Period (October 15<sup>th</sup> to December 7<sup>th</sup>) to enroll for coverage January 1st

\*The current lifetime Part D Penalty is an increased premium of 1% of benchmark premium per month for each month of delayed enrollment.

## Medicare and the Health Connector

- A Health Connector (HC) member cannot remain on the HC plan when eligible for premium-free Medicare Part A
- Will be dis-enrolled from the Connector
- If required to pay for Part A, may remain on plan and premium subsidy continues
- Would still be subject to Part B penalty if enrolling late.



A Health Connector (HC) member cannot remain on the HC plan when eligible for premium-free Medicare Part A

Member will be dis-enrolled from the Connector when eligible for Medicare.

If required to pay for Part A, may remain on plan and premium subsidy continues

Would still be subject to Part B penalty if enrolling late.

### Enrollment in Medicare begins at Social Security

- Online: [www.ssa.gov](http://www.ssa.gov); click: Medicare Enrollment
- Call Social Security: 1-800-772-1213\*  
Best: call your local Social Security Office  
Monday through Friday, 7AM to 7PM
- All offices currently closed for in-person appointments until further notice  
\*TTY: 1-800-0778



Enrollment begins at Social Security, not Medicare.

There are different ways you can enroll in Part A and/or Part B.

(More information about Part A and Part B to follow).

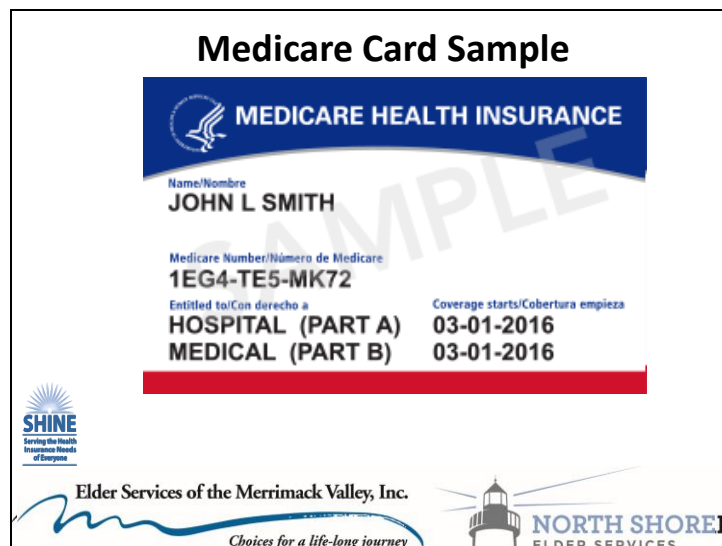
You can enroll:

- Online at [www.ssa.gov](http://www.ssa.gov), choose Medicare Enrollment
- Call Social Security: 1-800-772-1213 or look online for your local SS office  
Monday through Friday, 7AM to 7PM
- All offices are closed until further notice due to COVID-19 except for specific situations.

However, they are receiving and processing mail.

- When open, In-person by appointment at your local Social Security office
- (TTY users 1-800-0778)

If you are leaving your Employer Group Health Plan and enrolling in Medicare after age 65, you will need to submit a completed Part B application: CMS-40B form and a CMS-L564 "Request for Employment Information" completed by your employer if you're signing up in a Special Enrollment Period (SEP).



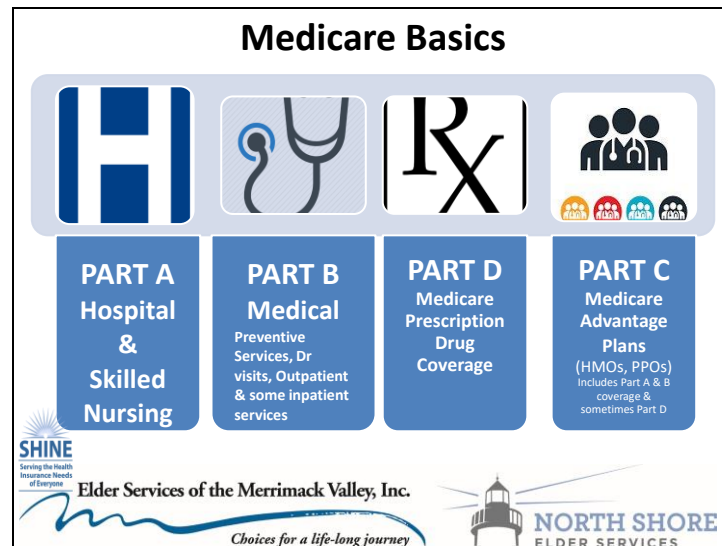
### Welcome to Medicare!

This is what your Medicare card will look like.

The Medicare Claim Number is unique to you so keep it protected and share only with providers.

The Part A & B dates may not be the same – depending on when you enroll.

Remember: Medicare and Social Security will NEVER call you to ask you for your number – they already know it. Keep this personal information protected.



Each part of Medicare serves a different purpose.

**Part A, B & D** are all under **Original Medicare**

Part C is a different way to get your Medicare services. More to follow

**Part A:** Hospital and Skilled Nursing (rehab services)

You are responsible for hospital deductions, copays and skilled nursing facility costs

You can purchase a Medigap to supplement cost (information to follow)

**Part B:** Medical coverage; preventive services, dr. visits, outpatient care and some in-patient services

Monthly premium varies per income

Gaps in coverage: Annual deductible, 20% copay for most services

You can purchase a Medigap to supplement cost (information to follow)

No coverage via Part A or Part B for routine hearing, vision, dental and foreign travel (information to follow)




**Part D:** Medicare Drug plan

Or, you can choose **Part C:** Medicare Advantage Plans (HMOs, PPOs), you also must enroll in Part A & Part B

## Part B Preventive Benefits

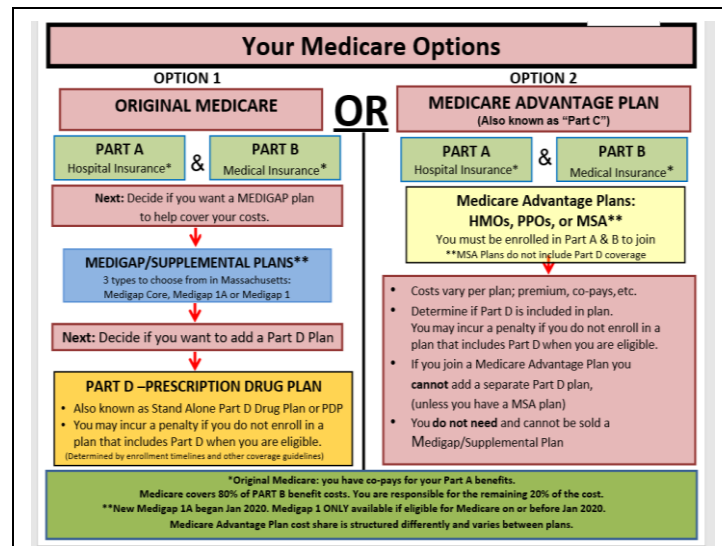
Many services are no cost to beneficiaries

- Mammograms
- Some pap smear and pelvic exams
- Diabetes Self-management training and tests
- Bone Mass Measurements
- Colorectal screenings
- Prostate cancer screening
- Obesity screening and counseling
- Depression screening and counseling
- Annual Wellness Visit
  - Update medical and family history
  - Record vital signs and routine measurements
  - Provide personal health advice and coordinate referrals and health education



See “[Medicare Part B Preventive Services](#)” for extensive list of benefits





This chart: ["Your Medicare Options"](#)

There are two primary options to choose from when you decide to enroll in Medicare:

ORIGINAL MEDICARE (left column – Option 1) **OR** a MEDICARE ADVANTAGE PLAN (right column – Option 2)

You cannot cross the line to mix options – you choose one or the other and can change annually.

Both options include the foundation of Part A & Part B

If you have Medicare through a retiree plan or if you have veteran's benefits, you may or may not need a supplement and/or a Part D plan

### **Does Part A & Part B cover everything?**

- Medicare has premiums, deductibles, and co-payments
- To offset these costs, beneficiaries may purchase additional coverage
  - Medigap/Supplement
  - Medicare Advantage Plan






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### Medicare Supplement Plans (Medigaps)

- 3 types of Medigap Plans in Massachusetts:
  - Medigap Core, Medigap 1A, Medigap 1
  - Coverage varies for deductibles and co-insurance
- Sold by private insurance companies
- Must have Part A & Part B to enroll
- No network restrictions – accepted by all Medicare approved providers
- Drug coverage not included – see Part D plans upcoming



#### OPTION 1: ORIGINAL MEDICARE - MEDIGAPS EXPLAINED

To enroll in a Medigap plan, you must also be enrolled in Part A and Part B

See: “[2021 Medigap Plans](#)”

\*\*This sheet shows the plan providers on the front, and the explanation of benefits on the back.

**Medigaps:** There are three types of Medigap plans – Medigap Core, Medigap 1A and Medigap 1.

Important note: Medigap 1 is only available to you if you are eligible for Medicare on or before 1/1/2020.

For example, you were eligible for Medicare prior to that date but did not enroll due to Employer Group Health Plan coverage.

Deductibles and co-insurance vary per Medigap.

\*The only difference between Medigap 1A and Medigap 1: Medigap 1 covers the Part B deductible.

Medigaps are sold by private insurance companies and all provide the same coverage. For example, all Medigap Core plan, Medigap 1A or Medigap 1 benefits are the same, **no matter which company you choose to purchase from**. The only difference between plans are the monthly premiums. Some may have additional benefits as indicated on the sheet.

Must have Part A & Part B to enroll.

There are no network restrictions and Medigaps are accepted nation-wide by all Medicare approved providers. (Massachusetts is one of 3 states that have **different** Medigap structures than all other states. Others have plan names identified by letters, i.e. Plan A, Plan N, etc.)

Drug coverage is not included in Medigap plans.




Be sure to ask a provider about a “New to Medicare” discount if you choose any one of these plans.

\*Though many companies also sell Part D plans – you **do not** have to enroll with the same company.

For example, you can have a Medigap from one plan, and a Part D plan from another. More on Part D Plans to follow.

### Part D: Medicare Prescription Drug Coverage

- Can have Part A **and/or** Part B to enroll in Part D
- Coverage for outpatient prescription drugs provided by Prescription Drug plans (PDPs), also known as: “Stand-Alone Plans”
- May incur a penalty if you do not enroll when you start your Medicare
- If you don’t take meds, consider enrolling in low-cost plan



#### OPTION 1: ORIGINAL MEDICARE – PART D PLAN

Part D = Medicare Prescription Drug Coverage aka PDP or Stand-Alone Plans

**To enroll in a Part D plan, you can be enrolled in Part A OR Part B**

Refer to the “[2021 Medicare Part D Stand Alone Prescription Drug Plans](#)” sheet. More information to follow explaining how SHINE can assist you with choosing the most cost-effective of the plans, or you can choose on your own using [www.medicare.gov](http://www.medicare.gov) (be sure it’s .gov, not .com or any other domain suffix).

If you are eligible for a Part D plan and **opt not** to enroll, you can only enroll during specific time periods and **may** incur a financial penalty when you do enroll at a later date.




If you do not take any medication, consider enrolling in the lowest cost plan to avoid a lifetime late enrollment penalty at a later date.

You are not required to enroll with the same company as your Medicare Supplement plan.

### Part D (PDP) with other coverage

- Other coverage d
  - Employer Group Health Plan
  - Retiree Plan
  - GIC, State, Municipal or Federal retiree benefits
  - Veteran benefits

Check with plan to see if you should/should not have a PDP  
Many of the Medicare Advantage Plans also include Part D coverage – you cannot enroll in a Part D plan if you have a Medicare Advantage Plan



#### OPTION 1: ORIGINAL MEDICARE – PART D (PDP) PLAN

On the “[Your Medicare Options](#)” sheet, note the black line between Option 1 OR Option 2 on the sheet.

This indicates that you cannot cross the line and enroll in a Stand-alone PDP if you are enrolled in a Medicare Advantage Plan.

Many of the Medicare Advantage Plans also include Part D coverage, more on that later.

If you have an Employer Group Health Plan, a Retiree Plan, GIC, State, Municipal or Federal retiree benefits, you may be assigned a specific plan and **should not** enroll in a Stand-Alone Part D plan, unless you are required to enroll in Part D coverage that the plan offers. If you have Veteran benefits, you may not need a Part D plan. Speak to a SHINE counselor for details.

After you enroll in Medicare and join a Part D plan you remain on the plan until the following January. However, you may have a Special Enrollment Period during the year for qualifying circumstances, or if you are a member of Prescription Advantage, you can change your plan once per year (more on Prescription Advantage to follow).




Medicare Open Enrollment period October 15-December 7 allows you to choose different Medicare options and plans each year from Oct 15-Dec 7 to begin in January. If you do not make any changes, your plan will continue into January (**but may have cost and formulary changes**).

We encourage you to mark your calendar to review your plan every year as plans can change annually.

To help you determine the most cost-effective Part D plan with Original Medicare, you can send the golden colored completed sheet entitled “[\*\*YOUR MEDICARE PLAN COMPARISON\*\*](#)” and a SHINE Counselor will run a report showing a comparison of the most cost-effective plans for you to choose from, based on your current medication list.

Or...we encourage you to search on your own! You can compare Part D Plans on [www.medicare.gov](http://www.medicare.gov)

Refer to the “[\*\*TIPS FOR EFFECTIVE USE OF THE NEW MEDICARE PLAN FINDER\*\*](#)” sheet.

MAY CHANGE EACH YEAR - REVIEW YOUR PLANS ANNUALLY	
<b>Premium</b>	Monthly plan cost
<b>Formulary</b>	List of medications covered on plan
<b>Deductibles</b>	Annual cost – may apply only to specific tiers
<b>Co-pays and co-insurance</b>	Your cost at the pharmacy
<b>Drug Tiers</b>	Each drug is assigned a tier – cost varies per tier
<b>Restrictions</b>	Some medications may have: quantity limits, prior authorization or step-therapy requirements
 <b>Preferred/Network Pharmacy</b>	Your costs can vary per pharmacy for the same med
 	

We encourage you to review your plans **every year** during Open Enrollment.

Here is a list of variables that may change annually.

**Premium:** Monthly plan cost

**Formulary:** The list of medications that a plan covers can change year to year.

**Deductibles:** Some plans have deductibles and some don't, and some deductibles apply to only Tier 3-5 medications

**Co-pays & co-insurance:** Can change year to year per plan

**Drug Tiers:** Each medication is assigned a drug tier, and tier levels may vary from plan to plan.

For example, a medication may be a Tier 2 on one plan, but a Tier 3 on another.

Tier level determines your co-pay amount and may change year to year.




**Restrictions:** Some medications may have quantity limits, prior authorization or step-therapy requirements

**Preferred Pharmacy:** Your costs can vary at different pharmacies for the same medication, and preferred or in-network pharmacies may change year to year.

To help choose the most cost-effective plan for you, use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov) (best results if log in to MyMedicare.gov account). More on that later.

### 2021 Part D Coverage Gap (The Donut Hole) explained

- Beneficiary pays the plan deductible (if applicable), then co-pays begin
- Beneficiary pays until combined retail drug cost & deductible = \$4,020
- This begins the Coverage Gap/Donut Hole and your cost share may increase or possibly decrease.
- Now beneficiary pays 25% of brand name drugs & 25% of generic (plus dispensing fee) until total spent is \$6,350
- Once the beneficiary's out-of-pocket costs reach \$6,350, they begin 'catastrophic coverage' = beneficiary pays 5% coinsurance or \$3.60-\$8.95 for medication.



Have you heard of the “Coverage Gap”? AKA the “Donut Hole”.

This slide helps to explain how a Medicare beneficiary may reach Coverage Gap (Donut Hole).

Not everybody reaches this Gap. It depends on the costs of your medications which may vary from plan to plan.

This is another reason why we encourage annual review of your plans.

The numbers in the formula change each year, and what we are showing here reflect the numbers for 2021 Part D Coverage Gap.

For a simplified explanation, refer to [“2021 Medicare Part D Coverage Gap Explanation \(aka Donut Hole\)”](#).


Both sides of the sheet describe the same information, just in a different format. Here is a basic overview:

- Beneficiary pays the plan deductible (if applicable), then co-pays begin
- Beneficiary pays until combined retail drug cost & deductible = \$4,020
- This begins the Coverage Gap/Donut Hole and your cost share may increase or possibly decrease.
- Now beneficiary pays 25% of brand name drugs & 25% of generic (plus dispensing fee) until total spent is \$6,350
- Once the beneficiary's out-of-pocket costs reach \$6,350, they begin 'catastrophic coverage' = beneficiary pays 5% coinsurance or \$3.60-\$8.95 for medication.

The Plan Finder results on [www.medicare.gov](http://www.medicare.gov) can help you determine if and when you may hit the Donut Hole.






## Prescription Advantage



### State Pharmaceutical Assistance Program

- NOT a separate drug plan
- Can help with drug costs – especially during the Coverage Gap/Donut Hole
- Membership gives you a Special Enrollment Period each year.
- Simple to enroll: [www.prescriptionadvantagemma.org](http://www.prescriptionadvantagemma.org) or 1-800-243-4636 choose Prescription Advantage



Enrolling in Prescription Advantage **may** help you with costs during the “Coverage Gap/Donut Hole”. This is NOT a separate drug plan and can help with drug costs – especially during the Coverage Gap/Donut Hole

Membership gives you a Special Enrollment Period (the option to change your plan once per year).

See “[Prescription Advantage Rate Schedule Guide for Members Eligible for Medicare or Other Drug Coverage](#)”

When reviewing this sheet, be sure you are on the side reflecting “Eligible for Medicare” in the title.

Use this guide to determine eligibility based on your income.

For Categories S0-S4, this is a **free** State Pharmaceutical Assistance program and assists with coverage during the Coverage Gap/Donut Hole only.

Category 5 members pay an annual membership fee of \$200/yr for this program.

We encourage you to determine if this cost would be beneficial for you or not.




Even if it appears that you won’t get into the Donut Hole, we encourage you to enroll in Prescription Advantage if you qualify for Categories S0-S4, as being a member of Prescription Advantage gives you one Special Enrollment Period per year which allows you to change your Part D plan during the year. Enroll in Prescription Advantage online: [www.prescriptionadvantagemma.org](http://www.prescriptionadvantagemma.org) or by calling 1-800-243-4636 and follow the prompts.

### Medicare Advantage Plans (MA, MAPD, Part C)

- Must have Part A and Part B to enroll
- HMOs, PPOs or MSA (Medicare Medical Savings Account)
- May have monthly premium and copays for services
- Coverage provided through private network-based plans
- Prescription drug coverage may/may not be included

**Before enrolling:**

- Be sure your provider accepts the plan you want
- Be sure your prescriptions are covered in the plan you want



**MEDICARE ADVANTAGE PLANS: Also known as “MA Plans”, “MAPD Plans” or “PART C”**

**Must have Part A & Part B to enroll**

Refer to: [“2021 Essex County Medicare Advantage Plans”](#) or [“2021 Middlesex County Medicare Advantage Plans”](#), which show you the monthly premium costs only. Read further for more information about other costs associated with these plans.

These plans are HMOs: Health Maintenance Organizations (must stay within provider networks) or PPOs: Preferred Provider Organizations; your co-pays vary depending on whether you are seeing in or out of network providers.

New in 2021: MSA: Medicare Medical Savings Account. More on the next slide.

MA plans are also “county specific”. Be sure that you are reviewing the correct side of this sheet, depending on which county you reside in. Many different companies offer multiple plans and monthly premiums vary per plan; there is one company that offers the MSA in Massachusetts this year.

In addition to monthly premiums, these plans have various costs for services under Part A, Part B, & drug coverage (if applicable). For example, you will have co-pays for Hospital services, Medical Services, Part B medications and prescription drug costs.

Before enrolling in any plan, call the plan to ask if your Primary Care Physician and preferred hospital(s) are in the network.

Also ask if the prescription drugs you currently take are covered in that specific plan, and what your co-pays (per medication) will be at your favorite pharmacy as costs may vary per pharmacy. You, or a SHINE counselor can help determine costs via the Plan Finder on [www.medicare.gov](http://www.medicare.gov).

Special Needs Plans (SNP) or Senior Care Option Plans (SCO) : These plans are available if you qualify for Medicare **and** MassHealth Standard (Medicaid).

Call SHINE for more information about eligibility: 978-946-1374

You can compare Medicare Advantage Plans on [www.medicare.gov](http://www.medicare.gov)

Refer to the [\*\*"TIPS FOR EFFECTIVE USE OF THE NEW MEDICARE PLAN FINDER"\*\*](#) sheet.

More on MA plans to follow.



### Medicare Medical Savings Account (MSA)

- Medicare Medical Savings Account is a consumer-directed MA plan
- Similar to Health Savings Account Plans available outside of Medicare
- You can go to any Medicare provider who will accept the plan
- MSA plans cover the Medicare services that all MA plans must cover
- May cover extra benefits (vision, dental, hearing, long term care not covered by Medicare)
- Cannot be eligible for Medicaid or currently receiving hospice benefits
- **Medicare MSA Plans don't cover Medicare Part D coverage. If you join a Medicare MSA Plan and need drug coverage, you should join a stand-alone Medicare Prescription Drug Plan.**

 <https://lassohealthcare.com/>



Medicare Medical Savings Account is a consumer-directed MA plan

These plans are similar to Health Savings Account Plans available outside of Medicare

You can go to any Medicare provider who will accept the plan

MSA plans cover the Medicare services that all MA plans must cover

May cover extra benefits (vision, dental, hearing, long term care not covered by Medicare)

Cannot be eligible for Medicaid or currently receiving hospice benefits

**Medicare MSA Plans don't cover Medicare Part D coverage.**


**If you join a Medicare MSA Plan and need drug coverage, you should join a stand-alone Medicare Prescription Drug Plan.**

There is one company offering MSA in Massachusetts for 2021: Lasso Health Care


## HMOs and PPOs explained


### All HMOs and PPOs\*

No medical deductibles	Copays for Part A & B services
Out of pocket maximums vary per plan	Many, not all, cover prescription drugs
May have copays for Part B medications	Foreign travel not covered



\*MSA Plans explained on prior slide








MA Plans – HMOs and PPOs explained

Helpful hint – if you use medicare.gov to compare costs, the health care costs are estimates and not personalized.

The drug cost estimates are based on your list of medications if you entered them.

\*MSA Plans explained on prior slide




HMOs and PPOs explained cont.	
HMO	PPO
Primary Care Physician (PCP) must be in plan network	Primary Care Physician may not be required
Stay in plan's network Emergency/urgent care will be covered if out of network	Can visit out of network providers; co-pays may vary with in and out of network providers
Referrals required for specialists and providers other than PCP	No referrals required for other providers and specialists

This chart explains the differences between an HMO and a PPO.

We encourage you to determine if all providers/hospitals you want to visit accept the plan you are interested in.

Variations between Original Medicare & Medicare Advantage	
Original Medicare + *Medigap 1A or 1	Medicare Advantage Plan
Higher monthly premiums – <b>no</b> co-pays (exception: over 100 days in a Skilled Nursing Facility (SNF))	Generally lower premiums – has co-pays
Freedom to choose doctors	May be restricted to a network
No referrals	May need referrals for specialists
Covered anywhere in the United States	Emergency services <b>ONLY</b> are covered outside service area
Some SNF stays and some routine services may not be covered, such as vision, hearing. * You will have additional co-pays with Medigap Core than 1A & 1	May include extra benefits such as vision, hearing, dental &/or fitness.
	No requirement of a hospital stay for SNF

Here are some helpful tips on deciding which type of Medicare is best for you.  
Original Medicare with a Medigap Plan (OPTION 1), or Medicare Advantage Plan (OPTION 2).

**Original Medicare** and a Medigap are often selected by people with ongoing medical conditions or in need of medical services, such as infusion therapy, chemo, etc. Also, people who want flexibility, no referrals and/or predictability in costs, like to travel and can afford the premiums. Original Medicare provides the freedom to see any provider who accepts Medicare.

\*Note: You will get more coverage with a Medigap 1A or Medigap 1, than a Medigap Core.  
Refer to list of benefits on the back of the “[2021 Medigap Plans](#)” or refer to “[2021 Medicare Part A Benefits and Gaps/Medicare Part B Benefits and Gaps](#)” for more information.

**Medicare Advantage Plans** are often selected by people who do not often see providers, want a plan with low or no monthly premiums, want additional benefits such as vision, hearing, dental and are comfortable with network plans.

Slide 29

To search for cost-effective Medicare Part D Plans or Medicare Advantage Plans on your own on [www.medicare.gov](http://www.medicare.gov), click on the "Find Health & Drug Plans" or "Log In" box and follow the prompts. Find helpful tutorials: [www.shinema.org/drug-plans](http://www.shinema.org/drug-plans)

Or call SHINE:  
978-946-1374

**www.medicare.gov**



**SHINE**  
Serving the Health

Elder Services of the Merrimack Valley, Inc.  
*Choices for a life-long journey*

**NORTH SHORE**  
ELDER SERVICES

We encourage you to compare your costs!

You can run a Part D or Medicare Advantage plan comparison on your own, on [www.medicare.gov](http://www.medicare.gov)\*

See instructions on slide above or refer to the ["TIPS FOR EFFECTIVE USE OF THE NEW MEDICARE PLAN FINDER"](#).

For a 'Personalized Search', you will need to create a personalized [www.medicare.gov](http://www.medicare.gov) account or use your [www.mymedicare.gov](http://www.mymedicare.gov) account log-in.

To create an account, you need your Medicare number found on your card, Part A start date, your date of birth and current zip code listed with Medicare, or for a generalized search, follow prompts for search without .

If you would like assistance with comparing plans, complete the golden ["YOUR MEDICARE PLAN COMPARISON"](#) form and mail to the address on the back. A SHINE counselor will run comparisons and return to you for your review.

Any questions, call: 978-946-1374



## Dental Benefits




**Original Medicare alone does not offer dental benefits.**

However,

- Some companies offering Medigap plans also offer dental plans
- Some Medicare Advantage Plans offer dental benefits, or

You can:

- Purchase plans outside of Medicare as shown on the 2020 Dental Plans for Individuals 65+ sheet
- Review the “Dental Coverage Options in Massachusetts” sheet for other options



Original Medicare does not offer dental benefits. However,

- Some companies offering Medigap plans also offer dental plans
- Some Medicare Advantage Plans offer dental benefits, or

You can:

- Purchase plans outside of Medicare as shown on [\*\*“2021 DENTAL PLANS FOR INDIVIDUALS 65+”\*\*](#)
- Review [\*\*“DENTAL COVERAGE OPTIONS IN MASSACHUSETTS”\*\*](#) for other options

## Helpful Assistance Programs

There are several assistance programs to help pay for Medicare:

MassHealth Standard - Medicaid in Massachusetts  
Medicare Savings Programs, aka "Buy-In/Senior Buy-In"  
Extra Help/LIS - (Low Income Subsidy) for prescription drugs  
Health Safety Net – Hospital and Community Health Center  
Prescription Advantage – State Pharmaceutical Assistance Program  
Senior Care Options (SCO) – Dual eligible; MassHealth/Medicare 65+  
CommonHealth – "Working disabled"  
Frail Elder Waiver – "Home and Community Based Services"  
PACE – Program of All-Inclusive Care for the Elderly  
One Care – Dual eligible; MassHealth/Medicare age 21-64 with disability



**\*MassHealth = Medicaid in Massachusetts**

See "[CONCERNED ABOUT MEDICARE COSTS?](#)"

Program eligibility is based on income and/or assets.

Review the sheet based on your income and assets.

If it looks as though you may qualify for any programs, contact SHINE and we will assist with next steps.




A SHINE Counselor can help you determine which programs you may qualify for and assist you with application resources.

## One Care; under age 65

- Managed care option that provides all Medicare & MassHealth services along with additional care coordination and support services to dual-eligible individuals with disabilities
  - Members receive covered services through plan's network of contracted providers
  - Enhanced benefits such as dental, transportation, hearing aids
  - One Care is not available in all counties

**Eligibility**

- Be age 21-64 and have Medicare Parts A & B
- Have MassHealth Standard or CommonHealth
  - Cannot also be enrolled in SCO, PACE, Frail Elder Waiver, or other MassHealth waiver program



One Care is a plan available to dual-eligible (eligible for Medicare and MassHealth) individuals with disabilities.

Dual Eligible: Eligible for both MassHealth (Medicaid) and Medicare

It is similar to Senior Care Options (SCO), but applicant must be age 21-64 in order to enroll.

One Care is a managed care option that provides all Medicare and MassHealth services along with additional care coordination and support services. There are no premiums, deductibles, or co-payments for services. Members receive services coordinated by an interdisciplinary care team, which includes a case manager and long-term services and supports (LTSS) coordinator.

In addition to the enhanced benefits listed above, a One Care member receives Part D coverage through the plan. One Care enrollees retain all the rights and protections allotted to them under the Medicare and MassHealth programs, including rights to appeal and file grievances. An eligible individual can enroll or dis-enroll from One Care at any time. Any changes in enrollment are effective the first of the following month.


A person who is enrolled in SCO, PACE, Frail Elder Waiver, or other MassHealth waiver program

**CANNOT** join One Care. Like other Special Needs Plans, a member can only receive covered services through the plan's network of contracted providers. One Care is not available in all counties.

**Protect yourself from Error, Fraud & Abuse**

- Review your personalized Medicare Summary Notice (MSN) sent to you quarterly (or monthly via medicare.gov account)
- Review carefully to ensure all services billed are accurate
- Help reduce Medicare Error, Fraud & Abuse that cost **billion\$** each year in the United States

**Call Senior Medicare Patrol (SMP): 1- 800-892-0890**  
**if you suspect error, fraud and/or abuse**



The slide contains four logos at the bottom. From left to right: 1. SHINE logo with the tagline 'Serving the Health Insurance Needs of Everyone'. 2. Elder Services of the Merrimack Valley, Inc. logo with the tagline 'Choices for a life-long journey'. 3. SMP logo with the tagline 'Empowering Seniors To Prevent Healthcare Fraud'. 4. North Shore Elder Services logo featuring a lighthouse icon.

Your personalized Medicare Summary Notice (MSN) is mailed to you quarterly and lists all services Medicare is billed for under your Medicare number.

Or, you can review monthly by accessing your MSN on [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount).

Review carefully to ensure accurate billing for all services.

If you see a charge on your account that you did not incur, report the charge to Medicare: 1-800-MEDICARE, and/or

Help reduce Medicare Error, Fraud & Abuse that cost billions each year in the United States

Call Senior Medicare Patrol (SMP) if you suspect error, fraud and/or abuse:


1-800-892-0890





\*More on Senior Medicare Patrol on next slide.

### Personal Protection Recommendations

- Keep updated list of medications
- Prepare for medical appointments
- Carry SMP Healthcare Journals when traveling
- ALWAYS compare SMP Personal Healthcare Journal entries to Explanation of Benefits, MSN, and other bills/statements

**Call SMP for your free journal: (800) 892-0890**





### Personal Protection Recommendations

Ask for your free Personal Health Care Journal by calling SMP: 1-800-892-0890

This journal will help you:

Keep track of updated list of medications

Prepare for medical appointments


It will be helpful to carry SMP Healthcare Journals when traveling

ALWAYS compare SMP Personal Healthcare Journal entries to Explanation of Benefits from your plan, Medicare Summary Notice, and other bills/statements.



### Questions to ask yourself when choosing Medicare options

- How much will my plan cost?
- Will my plan cover the cost of the medications I take?
- If I choose a Medicare Advantage Plan, will my doctor/hospital accept it?
- Do I have the **BEST** plan for ME?
- Did I mark my calendar to review my Medicare options during Open Enrollment every year?

**(October 15-December 7; coverage begins January 1)**



Elder Services of the Merrimack Valley, Inc.



Be sure to ask yourself the questions listed above prior to deciding which Medicare option is best for you.

Remember: Medicare is an individualized program.

Your plan may be very different than your spouse, family member or neighbor as your Medicare choice should reflect **your** needs.

Thank you for your time and interest in the SHINE Program.

We encourage you to share this free and unbiased resource with your friends and family!

Call your local city/town SHINE program to make an appointment with a SHINE counselor “[SHINE LOCATIONS AND CONTACT INFORMATION](#)” or call SHINE: 978-946-1374

### Helpful Resources

- **SHINE:** 1-800-243-4636 or **LOCAL SHINE:** 978-946-1374
- **www.shinema.org**
- **Medicare:** 1-800-MEDICARE (1-800-633-4227)
- **Social Security:** 1-800-772-1213
- **MCPHS Pharmacy Outreach Program:** 1-800-633-1617
- **Prescription Advantage:** 1-800-243-4636
- **Senior Medicare Patrol:** 1-800-892-0890
- **Medicare Advocacy Project (MAP):** 1-800-323-3205
- **MassHealth (Medicaid):** 1-800-841-2900



You can also access most of these resources on the internet:

**SHINE:** 1-800-243-4636 or local: 978-946-1374

<http://www.mass.gov/elders/healthcare/shine/serving-the-health-information-needs-of-elders.html>

SHINE can help with all Medicare-related concerns

Another helpful website:

**www.shinema.org**

**Medicare:** 1-800-MEDICARE (1-800-633-4227)

[www.medicare.gov](http://www.medicare.gov) (always be sure you are on a .gov site)

**Social Security:** 1-800-772-1213

[www.socialsecurity.gov](http://www.socialsecurity.gov)

**Massachusetts College of Pharmacy (MCPHS) Pharmacy Outreach Program:** 1-800-633-1617

<http://www.mcphs.edu/>

MCPHS can help find available cost savings for medications

**Prescription Advantage:** 1-800-243-4636

<https://www.prescriptionadvantagemma.org/>

Prescription Advantage can help with costs if you are in the Coverage Gap/Donut Hole.

**Senior Medicare Patrol (SMP):** 1-800-892-0890

<http://masmp.org/>

SMP can help resolve Medicare Error, Fraud and Abuse situations

**Medicare Advocacy Project (MAP):** 1-866-778-0939

MAP is based at Greater Boston Legal Services

**MassHealth (Medicaid):** 1-800-841-2900

<https://www.mass.gov/topics/masshealth>

