



MASTERING MEDICARE

Learn your A, B and Ds with CEs



**Diane
Omdahl, RN, MS**



MEET YOUR PRESENTERS

- Co-Founders of a 65 Incorporated® and the i65® Medicare Guidance Software, i65.com, 65incorporated.com
- Professional Medicare educators who **DO NOT SELL INSURANCE**
- Combined six decades of helping business and consumers make sense of Medicare (*Conducted over a thousand Medicare consultations and have done hundreds of speaking engagements*)
- Regularly featured in national news media
- Diane released the book, "Medicare For You," in 2023. (*An Amazon Best Seller!*)



**Melinda
Caughill, CSA**



Learning Objectives:

- Name three tips for comparing Medicare plans.
- Explain how to use the Medicare Plan Finder to assist clients with plan selection.
- Describe two tips for enrolling online in Medicare.
- Identify two forms for Medicare enrollment after age 65.



SESSION THREE:

Enrolling in Medicare



STEP THREE:

Choose Your Medicare Plans



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CHAPTER ONE:

Choosing a **Part D, Prescription Drug Plan**



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Part D, Prescription Drug Coverage

- Coverage that is provided and administered by private insurance companies
- This coverage is provided in two ways:
- A stand-alone Part D drug plan:
 - Those who choose the Original Medicare Path or need drug coverage
 - Enrolled in Part A, Part B, or Part A and Part B
- A Medicare Advantage plan with prescription drug coverage (MA-PD plan): Enrolled in Part A and Part B



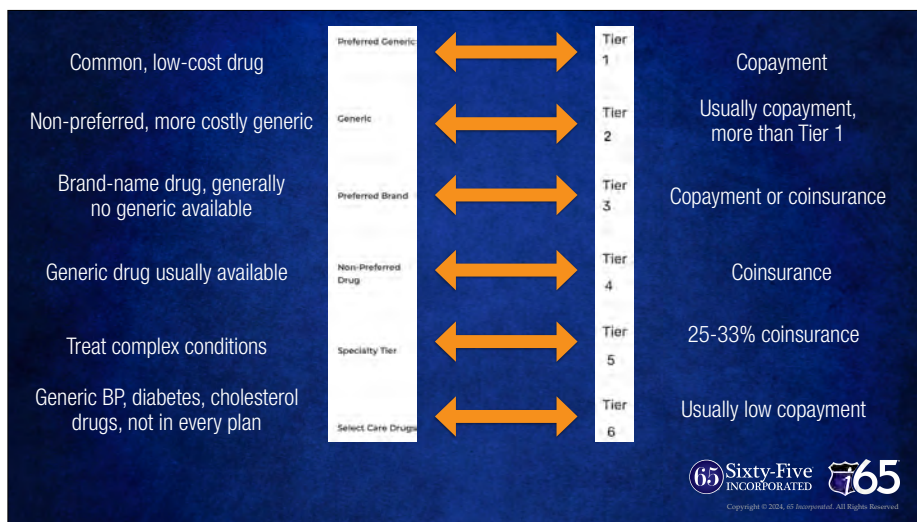
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Drug Plan Lingo


- Brand-name drug: Sold under a trademark
- Generic drug: Chemical copy, sold under different names after trademark expires
- Drug tier: An insurance company grouping of drugs for pricing and coverage rules





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Drug Plan Lingo





- Brand-name drug: Sold under a trademark
- Generic drug: Chemical copy, sold under different names
- Drug tier: An insurance company group of drugs for pricing and coverage rules
- Formulary: List of drugs a plan covers






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Drug Plan Lingo: Formulary





- List of drugs that a plan covers
- Plans must cover:
 - All "protected drugs" (six classes)
 - At least two drugs in all other categories
- Plans cannot cover drugs that are:
 - For weight loss, colds, cosmetic purposes, vitamins, and over-the-counter (OTC)
 - Not approved by the FDA
 - Covered by Part B






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Part B vs. Part D Drugs



- Part B, medical insurance, drugs:
 - Intravenous, injectable drugs administered in clinic or office
 - Insulin administered via pump
 - Immunosuppressive drugs
 - Oral medications post-chemotherapy
 - Parenteral nutrition
 - Flu, pneumonia, COVID vaccinations
 - Subject to deductible, coinsurance (except insulin, vaccines)
- Part D: Generally oral and injectable medications that can be self-administered

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Drug Plan Lingo: Formulary



- No two formularies are the same
- Formularies can change at any time
- If a drug is not covered, physician can request a formulary exception:
 - Order a drug that is not included on a plan formulary
 - All covered Part D drugs would not be as effective or would have adverse effects



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Drug Plan Lingo: Costs



- Premium:
 - Monthly payment for drug coverage
 - Many Advantage plans do not charge a premium (now)
- Deductible:
 - Amount member pays before plan pays its share
 - Plan determines which drugs apply; generally Tier 3, Tier 4, and Tier 5 drugs
 - Plans can charge from zero up to the standard deductible, \$545 in 2024



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Drug Plan Lingo: Costs



- Copayment:
 - Predetermined out-of-pocket cost
 - Pay the same amount all year
- Coinsurance:
 - Percentage of the retail price
 - As drug price goes up, so does member cost



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Drug Plan Lingo: Pharmacies



- In-network pharmacy (has a contract with the plan)
- Standard retail: In-network, drugs at a plan's negotiated rate
- Preferred:
 - In-network, drugs at a lower cost than standard pharmacy
 - However, that is not always the case



#21143
Preferred
\$5,505.63
PHARMACY
#02902
In-network
\$2,236.51



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Drug Plan Lingo: Pharmacies



- In-network pharmacy (has a contract)
- Standard retail: In-network, drugs at a plan's negotiated rate
- Preferred:
 - In-network, drugs at lower cost than standard pharmacy
 - However, that is not always the case
- Mail order: Usually a three-month supply
- Out-of-network:
 - No contract with plan
 - Member pays full retail price



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Drug Plan Lingo: Coverage Rules

- Requirements to control use of medications
- Quantity limit: A limit on number of pills in prescription, number of prescriptions in a month, dosage strength
- Prior authorization: Physician must obtain plan's consent before prescribing drug
- Step therapy:
 - Before prescribing one drug, physician must order another proven, but less costly, medication
 - If there are problems, then physician can "step up" to order the more costly drug



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Find coverage rules under "Other Plan Information" on Plan Details page

Tier	Prior authorization	Quantity limits	Step therapy
Tier 5	—	Yes	Yes
Tier 5	Yes	Yes	—



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Drug Plan Lingo: Star Ratings



- Each plan receives an overall quality rating (five-star scale)
- Four indicators of quality:
 - Drug plan customer service
 - Member complaints, and changes in the plan's performance
 - Member experience and ease of getting prescriptions filled
 - Drug safety and accuracy of drug pricing



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Go beyond the overall ratings to
the **details of relevant data elements**

Star Ratings + Expand All Ratings	
— Member experience with the drug plan	★☆☆☆☆
Members' rating of drug plan	★☆☆☆☆
Ease of getting prescriptions filled when using the plan	★☆☆☆☆
Summary rating of drug plan quality	★★★★☆



Part D Drug Plan: Considerations

- Coverage:
 - The plan should cover all prescribed medications
 - Evaluate the impact of any coverage rules
 - Confirm that your pharmacy is in-network and cost-effective
- Cost: Go beyond the monthly premium to overall costs for the calendar year
- Quality: Choose a 3-star or higher plan whenever possible

CHAPTER TWO:

Choosing a **Medicare Advantage Plan**

Medicare Advantage Lingo: Types of Plans

- Health maintenance organization (HMO):
 - Many are zero-premium, generally lower maximum limit
 - Select primary physician, need referrals to see others
 - No out-of-network coverage for routine medical care
 - Can include drug coverage; if not, cannot purchase a plan
- HMO with point-of-service option (HMO-POS):
 - See selected providers out-of-network
 - All instances *65 Incorporated* sees now are for dental care



Medicare Advantage Lingo: Types of Plans

- Preferred provider organization (PPO):
 - More have premiums, higher cost-sharing and limit
 - Flexibility to see out-of-network providers, likely higher cost
 - Local PPO has a small service area, e.g., county
 - Regional PPO serves entire region
- Medical savings account (MSA):
 - High-deductible with savings account funded by plan
 - Only one plan in the country this year



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Medicare Advantage Lingo: Types of Plans

- Private fee-for-service (PFFS):
 - Networks but member can choose to see any provider who accepts Medicare at a higher cost
 - *No referral or prior authorization requirements*
- Special needs plan (SNP):
 - Dual-eligible, nursing home residents, designed for specific chronic conditions
 - Network-based, focused care management for special needs
 - Must include drug coverage



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Medicare Advantage Lingo: Costs

- Monthly premium: Zero- or low-premium plans available
 - **NOT FREE**
- Deductibles:
 - Many plans do not have health plan deductible
 - Some also have no drug plan deductible
- Cost-sharing:
 - "Pay as you go" copayments, coinsurance for services
 - In-network maximum is \$8,850, out-of-network \$13,300
 - Plans can have lower limits



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Medicare Advantage Lingo: Star Ratings

- Two summary ratings
- One for drug coverage, same as for Part D stand-alone plans
- Second for health plan (medical coverage):
 - Staying healthy (screenings, tests, and vaccines)
 - Managing chronic (long-term) conditions
 - Members' experiences with the health plan (ease of getting needed care, getting appointments, members' ratings)
 - Members' complaints
 - Health plan customer service



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Medicare Advantage Lingo: Additional Benefits

- Additional benefits not covered by Medicare
- Most plans offer extra benefits, like dental, vision care, hearing aide, gym membership
 - PLAN LIMITS matter
- Plans can provide “daily maintenance” benefits: ADL assistance, transportation, meals after hospitalization, OTC drugs, groceries, chow for a service dog
- Offerings are limited, prior authorization, network limitations
- Reports that plans may cut benefits in 2025



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Millions of Americans on Humana's Medicare Advantage plans could see their health care benefits cut after the company makes major profit-boosting adjustments to its plans.

Humana said it would be ending some plans and cutting benefits for patients in 2025 as it hopes to boost its financial performance. Altogether, 6 million Americans are insured through Humana's Medicare Advantage.

Newsweek, May 1, 2024



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Medicare Advantage Plan: Considerations

- Coverage:
 - Check that physicians are in-network
 - Confirm that drugs are covered, pharmacies in-network
 - Evaluate the impact of any coverage rules (prior authorization)
 - Identify any additional benefits of value
- Cost: Ignore the monthly premium; focus on the costs for necessary services
- Quality: Go beyond the overall rating and check out the important specifics



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CHAPTER THREE:

The Medicare Plan Finder



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Explore your Medicare coverage options

Get more coverage, once you have Part A and/or Part B.



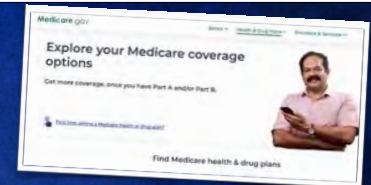
First time joining a Medicare health or drug plan?

Find Medicare health & drug plans



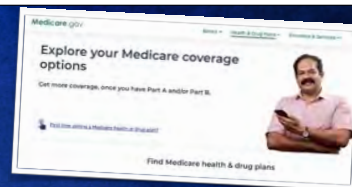
The Medicare Plan Finder

- A searchable tool to shop and compare Part D drug and Medicare Advantage plans coverage and costs
- Find it at www.medicare.gov/plan-compare
- Anyone enrolled in Medicare should access this tool through a medicare.gov account
- Those not yet enrolled in Medicare can only do anonymous searches (information is not saved)



The Medicare Plan Finder: Tips

- If not enrolled in Medicare:
 - Be ready to do this comparison in one session
 - Unable to save “anonymous” drug information
- If enrolled, establish a medicare.gov account:
 - Will save new or updated information
 - Can review list of recently filled prescriptions



Add recently filled drugs

These are all the drugs you filled in the last 12 months. If you want to see their costs when looking at plans, select them, and then select “Next” to add them and review your drug list.

Add these drugs to my drug list:

- ☐ Select all drugs
- ☐ Valsartan 320mg tablet
 - ☐ Methylprednisolone 4mg tablet therapy pack
 - ☐ Amlodipine besylate 5mg tablet
 - ☐ Amlodipine besylate 5mg tablet
 - ☐ Amlodipine besylate 5mg tablet
 - ☐ Omeprazole 40mg capsule delayed release
 - ☐ Omeprazole 40mg capsule delayed release
 - ☐ Clonidine hcl 0.1mg tablet
 - ☐ Valsartan 320mg tablet
 - ☐ Hydrocodone-acetaminophen 5-325mg tablet
 - ☐ Clonidine hcl 0.1mg tablet
 - ☐ Hydrochlorothiazide 25mg tablet
 - ☐ Atenolol 50mg tablet
 - ☐ Hydrochlorothiazide 25mg tablet
 - ☐ Atenolol 50mg tablet



The Medicare Plan Finder: Tips for Comparing Drug Coverage

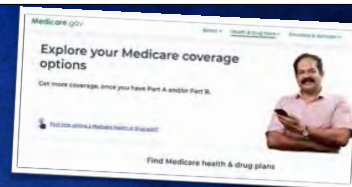
- Have prescription drugs ready (complete name, dose, quantity, method of administration, frequency of refills)

Add prescription drug

Medicare Plan Finder: Add prescription drug

Search for drug by name, NDC, or brand name

Search



Have the **complete name** of a drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

metoprolol

metoprolol tartrate

metoprolol succinate

Toprol

hydrochlorothiazide / metoprolol

Enter the **proper dose and method of administration**

Select a dosage

100unit/ml solution

100unit/ml solution cartridge

✓ Humalog kwikpen 100unit/ml solution pen injector

Humalog junior kwikpen 100unit/ml solution pen injector

Humalog tempo pen 100unit/ml solution pen injector

200unit/ml solution pen injector

2mg/5ml syrup

2mg tablet

4mg tablet

The Medicare Plan Finder: Tips for Comparing Drug Coverage

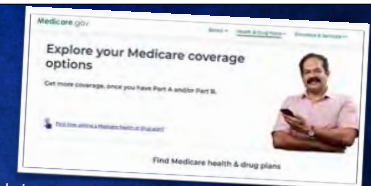
- Have prescription drugs ready (complete name, dose, quantity, method of administration, frequency of refills)
- Choose four pharmacies and mail order service

Choose up to 5 pharmacies

Medicare Plan Finder: Choose up to 5 pharmacies

Search for pharmacy by name, address, or ZIP code

Search

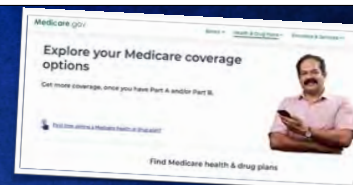


Consider a **grocery story pharmacy**



Grocery store pharmacies are often cost-effective and may provide a higher level of customer service than chain pharmacies

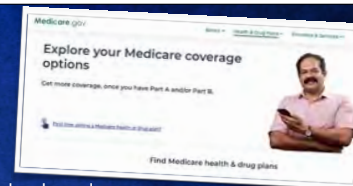
The Medicare Plan Finder: **Tips for Comparing Drug Coverage**



- Search results list plans in order of lowest cost (premium plus out-of-pocket costs)
- If a particular drug is not covered, go back and try entering alternatives
- Case in point – Generic and brand-name drugs:
 - Generally, if a generic is available, the plan will not cover a brand-name

	Tier
Androgel 20.25 MG/ACT(1.62%) gel	Not covered
Testosterone 50 MG/SGM(1%) gel	Tier 4

The Medicare Plan Finder: **Tips for Comparing Drug Coverage**



- If a particular drug is not covered, go back and try entering alternatives
- Case in point – Generic and brand-name drugs:
 - Generally, if a generic is available, the plan will not cover a brand-name
 - However, that is not always the case

	Tier
Cyclosporine 0.05% emulsion	Not covered
Restasis 0.05% emulsion	Tier 3

Consider getting prescription medications
through **prescription savings programs**



GoodRx, Single Care, Cost Plus, Amazon Pharmacy,
Visory Health, Lower My Rx and more

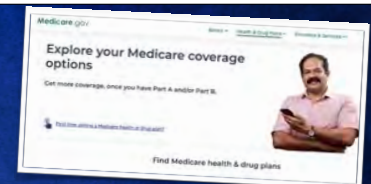
Part D Savings Programs: The Basics

- Prescription drug savings programs can offer lower prices for certain medications than Medicare Part D plans
- These programs are essentially marketing programs for pharmacies/retailers
 - The pharmacy pays the savings program a fee as well as eating the cost of the prescription discount in the hopes that you will become a regular customer or buy other things during your shopping visit



The Medicare Plan Finder: Tips for Comparing Medicare Advantage Plans

- Follow guidance for drug coverage
- Select plan type: HMO, PPO, and if available, PFFS, MSA
- Special Needs Plans:
 - Plans do not appear until searching for them
 - Then, those plans just get mixed in with all plans
- Can also filter for plan benefits, insurance carrier, star ratings



Filter Plans

PLAN BENEFITS

☐ Vision coverage

☐ Dental coverage

☐ Hearing coverage

☐ Transportation

☐ Fitness benefits

PLAN TYPE

☒ Medicare Advantage

Types of Medicare health plans

☐ HMO (Health Maintenance Organization)

☐ PPO (Preferred Provider Organization)

☐ RFFS (Private Fee-for-Service)

☐ MSA (Medical Savings Account)

☐ Prescription Drug Plans

INSURANCE CARRIER

Select insurance carrier

DRUG COVERAGE

Select drug coverage

STAR RATING

Select star rating

SPECIAL-NEEDS PLANS

☐ Plans for people who have a chronic or disabling condition (like vision, hearing, or dementia)

☐ Plans for people who have both Medicare and Medicaid

☐ Plans for people who need long-term care in a facility or at home

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CHAPTER FOUR:

Choosing a **Medigap** Policy

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Medigap Policy:
Basics



- Officially, Medicare supplement insurance
- Must be enrolled in Part A and Part B
- Works only with the Original Medicare Path
- Nine benefits and plans may choose to provide more
- Plans are standardized by letter in 47 states:
 - Newly eligible beneficiaries cannot purchase Plan F or Plan C
- Massachusetts, Minnesota, and Wisconsin have their own standardization

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Your Out-of-Pocket Costs of Original Medicare	MEDIGAP POLICY COVERAGE DETAILS										Not Available in These Jurisdictions
	PLAN A	PLAN B	PLAN D	PLAN G ¹	PLAN K	PLAN L	PLAN M	PLAN N	PLAN C	PLAN F	
Part A (Hospital Insurance) Cost & Benefits											
Hospitalization Deductible: \$1,632 per benefit period	100%	100%	100%	100%	50%	75%	50%	100%	100%	100%	
Hospitalization Copayment: Days 0-60: No cost	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Days 61-90: \$400 per day	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Days 91-150: \$816 per day	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%	
Hospice Care Coinsurance: 5% for inpatient hospice stay	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%	
Part B (Medical Insurance) Cost & Benefits											
Part B Annual Deductible: \$240	—	—	—	—	—	—	—	—	100%	100%	
Part B Service Coinsurance: 20% of medical services after deductible	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%	
Part B Excess Charges: Physicians who do not accept Medicare assignment can charge up to 15% more than what Medicare covers. ³	—	—	—	100%	—	—	—	—	—	100%	
Other Original Medicare Costs & Benefits											
Skilled Nursing Facility Stay Copayment: Days 0-20: No cost	—	—	100%	100%	50%	75%	100%	100%	100%	100%	
Days 21-100: \$204 per day	—	—	100%	100%	50%	75%	100%	100%	100%	100%	
Blood: First three pints: 100%	100%	100%	100%	100%	50%	75%	100%	100%	100%	100%	
Foreign Travel Emergency: Up to 80% for medically-necessary emergency care outside the U.S. within the first 60 days of a trip. Deductible of up to \$250. Lifetime limit of \$50,000.	—	—	✓	✓	—	—	✓	✓	✓	✓	
2024 Out-of-pocket Limit ⁵	—	—	—	—	\$7,000	\$3,500	—	—	—	—	

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Medigap Policy: Basics

- Plan G is “Greatest”
- Plan N is “Next” or “New York”
- Plan C and F only for older Medicare beneficiaries and “Failing”
 - Plan C and F have no new younger people enrolling in them
 - Only difference between F and G is coverage of the Part B annual deductible (currently \$240)
 - Most Plan F policies are between \$300 - \$1,000 more than Plan G per year



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Medigap Policy: Pricing

- Medicare allows three pricing methods but states can dictate which pricing can be used
- **Attained-age-rated:**
 - Premiums increase when an enrollee “attains” a new age
 - Low premiums to new enrollees but premium increases when attaining a new age
 - Also can increase because of medical costs, inflation
 - Tend to become more expensive over time



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Medigap Policy: Pricing

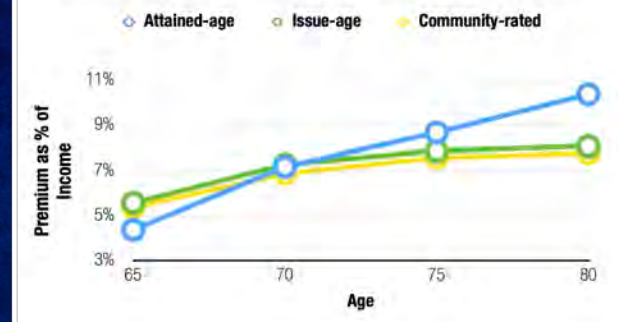
- **Issue-age-rated:**
 - Premium based on age when buying the policy
 - Often more expensive over a lifetime than attained-age-rated
 - Premiums go up for medical costs, inflation, but not birthdays
- **Community-rated (no-age-rated):**
 - Based upon the health of the “community” enrolled in the plan
 - Generally, the same premium for everyone
 - Premiums go up for medical costs, inflation but not birthdays



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Illustration of price increases as a person ages, by policy pricing structure:



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Medigap Policy: Comparison Tips

- Remember Guaranteed Issue Right
 - Enrollees in most states will not be able to change policies without going through medical underwriting
 - Beware of policies new to a market who do not have track record of premium increases
- Marketshare matters
 - The more people enrolled in a plan, the more people there are to share the risk which controls costs overall



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Medigap Policy: Comparison Tips

- Loss Ratio is a critical comparison factor
 - A medical loss ratio is how much an insurance company spends on health claims vs. how much it retains as profit.



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Lives Covered: 130	Lives Covered: 28,626	Lives Covered: 1,619
Premium: \$255,437	Premium: \$72,781,061	Premium: \$1,999,978
Loss Ratio: 75.36%	Loss Ratio: 80.76%	Loss Ratio: 97.34%
Market %: 0.06%	Market %: 17.92%	Market %: 0.49%
Year: 2023	Year: 2023	Year: 2023



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Medigap Policy: Comparison Tips

- Loss Ratio is a critical comparison factor
 - A medical loss ratio is how much an insurance company spends on health claims vs. how much it retains as profit.
 - The government allows Medigap insurers to keep 20¢ of every dollar
 - They are going to try to keep 20¢ of every dollar
 - A loss ratio between 70-79% is ideal
 - The higher it is above 80%, the greater the premium increase coming



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Medigap Policy: Comparison Tips

- Medigap policy data is **not** readily available through public data sources like Medicare.gov
- i65 uses an actuarial subscription service called CSG Actuarial to get this data
- You can ask insurance companies representatives to provide this data



A **comparison tool** for you

Estimated Medicare Costs — By Path		
EXACT ORIGINAL MEDIGAP + MEDIGAP COSTS		
\$5,118.52		
\$2,251		\$8,251
The range of LOWEST to HIGHEST potential Medicare Advantage Costs		
To customize this worksheet, enter data into the yellow cells.		
Static Costs	Original + Medigap	Medicare Advantage
Part B Premium	\$174.70	\$174.70
IRMAA (if applicable)	\$0.00	\$0.00
Medicare Advantage Plan Premium	—	\$0.00
Prescription Drug Plan Premium	\$33.00	\$0.00
Medigap (Plan G) Premium	\$136.01	—
Dental, Vision Hearing Allotment	\$50.00	\$0.00
MONTHLY SUBTOTAL	\$393.71	\$174.70
YEARLY SUBTOTAL	\$4,724.52	\$2,096.40
Static Costs	Original + Medigap	Medicare Advantage

CHAPTER SIX:

The Medicare Plan Finder Demonstration

CHAPTER SIX:

CSG Actuarial Medigap Demonstration

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STEP FOUR:

Enroll in **Medicare**



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CHAPTER SEVEN:

Enrolling at Age 65 and The **Initial Enrollment Period**



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Initial Enrollment Period (IEP)

- The most important Medicare enrollment period:
 - EVERYONE needs to determine what to do about Medicare
 - The root cause of too many Medicare mistakes
- Seven-month period surrounding 65th birthday
- For those not born on the first day of the month:
 - Enroll during the three months before birth month, coverage begins on first day of birth month
 - Enroll during birth month or three months after that, coverage is effective first day of the next month



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IEP:

Born on the First Day of Month

- Treated as though the birthday was on the last day in previous month
- IEP:
 - Begins four months before and ends three months after birth month
 - Enroll in first three months, effective first day of the month before birth month
 - Enroll in last four months, effective first day of next month



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Birthdate October 2, 1959



www.65incorporated.com/when_can_i_sign_up_for_medicare



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IEP:

Born on the First Day of Month

- Treated as though the birthday was on the last day in previous month
- IEP:
 - Begins four months before and ends three months after birth month
 - Enroll in first three months, effective first day of the month before birth month
 - Enroll in last four months, effective first day of next month



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Birthdate October 1, 1959



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IEP:

Delaying Medicare Enrollment

- No rule that everyone must enroll at age 65
- Who can consider a delay (policy owner or spouse):
 - EGHP sponsored by company with 20 or more employees
 - FEHB plan, working or retired (can be repercussions)
- Other points:
 - Not applying for Social Security
 - Could be contributing to Health Savings Account
 - A positive cost-benefit analysis



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IEP:

Enrolling in Part A Only

- Policy owner or spouse with EGHP sponsored by company with 20 or more employees:
 - Applying for Social Security
 - Not contributing to Health Savings Account (now or in future)
 - A positive cost-benefit analysis
- Federal Employee Health Benefits (FEHB) plan, working or retired (can be repercussions with Part A only)



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IEP:

Who Should Enroll in Part A and Part B

- Those who have COBRA, retiree, individual plans
- Policy owner or spouse with an employer group health plan (EGHP) sponsored by company with fewer than 20 employees
- Veterans and FEHB plan members who determine Medicare is beneficial
- Those who do not qualify for premium-free Part A and do not have employer coverage



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IEP:

Others Who Must Take Action

- Those with Social Security Disability Insurance (SSDI) and enrolled in Medicare: A second IEP
- Those receiving Social Security retirement benefits:
 - Enrolled automatically
 - Must make the Part B decision
- Residents of Puerto Rico:
 - Not enrolled automatically if receiving retirement benefits
 - Must apply for Part B



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Online Enrollment: Part A Only or Part A and Part B

- Recommended method:
 - Efficient, easy, convenient (long waits on hold or for phone appointment, few office make appointments)
 - Trackable
- Eligibility criteria to use online enrollment:
 - Live in the United States
 - Not receiving Social Security benefits
 - Not enrolled in Part A
 - At least 64 years, nine months (in IEP)



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Online Enrollment: Basic Instructions

- Download checklist, pay attention to Medicare items



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Checklist for Online Medicare, Retirement, & Spouses Applications

The information below will help you gather the information you may need to create a **my Social Security** account and complete the online Medicare, Retirement, and Spouse's applications. We recommend you print this page to use while gathering your information.

Create a **my Social Security Account**

You are required to login to your existing **my Social Security** account, or attempt to create one. To create an account, we will ask you a series of identity questions for verification. You may want to have certain items on hand to be prepared for additional security questions, such as, but not limited to: **mobile phone (for the purpose of receiving texts and emails), credit card, W-2, and tax forms.**

File for Benefits Online – The Information You Need	Medicare Only	Retirement & Spouses
Date and Place of Birth If you were born outside the United States or its territories: <ul style="list-style-type: none">• Name of your birth country at the time of your birth (it may have a different name now)• Permanent Resident Card number (if you are not a U.S. citizen)	X	X
MEDICAID Number (State Health Insurance) - Start and End Dates	X	
Current Health Insurance <ul style="list-style-type: none">• Employment start and end dates for the current employer (of you or your spouse) who provides your health insurance coverage through a Group Health Plan• Start and end dates for the Group Health Insurance provided by you (or your spouse's) current employer	X	

www.ssa.gov/hp/isba/10/isba-checklist.pdf



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Online Enrollment: Basic Instructions

- Download checklist, pay attention to Medicare items
- Click "More Info" for additional information
- Write down or print page with re-entry number
- Enroll online at <https://secure.ssa.gov/iClaim/rib>.
- Log into your **my Social Security** account



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Yes – applying for Medicare only; No – applying for Medicare and retirement benefits

The screenshot shows the 'Social Security' website header and the 'Apply for Benefits' section. The 'Identification' tab is selected. The 'Medicare Information' section is highlighted with an orange arrow. It contains the question: 'Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time?' with a 'Things to Consider' link and radio buttons for 'Yes' and 'No'. The 'Next' button is visible at the bottom left.

Yes – A plan sponsored by a large or small employer
No – COBRA, retiree, individual plans; VA, no coverage

The screenshot shows the 'Social Security' website header and the 'Apply for Benefits' section. The 'Identification' tab is selected. The 'Group Health Plan Information' section is highlighted with an orange arrow. It contains the question: 'Are you covered under a Group Health Plan?' with a 'More Info' link and radio buttons for 'Yes' and 'No'. The 'Next', 'Previous', and 'Save & Exit' buttons are visible at the bottom.

The screenshot shows the 'Social Security' website header and the 'Apply for Benefits' section. The 'Identification' tab is selected. The 'Medicare Coverage for' section is highlighted with an orange arrow. It contains the question: 'Do you want to enroll in Medicare Part B?' with a 'More Info' link and radio buttons for 'Yes' and 'No'. The 'Next', 'Previous', and 'Save & Exit' buttons are visible at the bottom.

The screenshot shows the 'Medicare Election' form. It contains the following information:
- 'Wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: Yes'
- 'Already enrolled in Medicare under a Social Security Number other than own: No'
- 'Re-entry Number: 12345678 (The Re-entry Number cannot be edited.)'
- 'Other Benefits' section with 'Health Insurance Information' and 'Group Health Plan Information' tabs.
- 'Health Insurance Information' section with 'Want to enroll in Medicare Part B: Yes', 'Receiving Medicaid (state health insurance): No', and 'Employment information' (start date: July 1, 2017; end date: Yes; has not ended: Yes).
- 'Health Insurance Coverage' section with 'Health insurance start date: September 1, 2017' and 'Health insurance has not ended: Yes'.
- 'Remarks' section with 'Remarks' tab and 'The following are your remarks:' text.

Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for Medicare insurance.

Please read and accept the following statement to finish the application. If you are helping someone apply, then the person filing for benefits must read and accept this agreement by checking the box themselves.

I apply for all insurance benefits for which I may be eligible under Part A (and Part B, if applicable) of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act as presently amended.

I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to file for Medicare insurance and have provided the Social Security Administration with accurate information.

I understand that I must apply separately to get monthly Social Security benefits.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

☐ I agree with the Electronic Signature Agreement above.

You will no longer be able to change this information once you continue.

When you select "Submit Now" below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

[Submit Now](#) [Previous](#) [Save & Exit](#)

Social Security

The Official Website of the U.S. Social Security Administration

Apply for Benefits

Thank you for applying for Medicare.

Your Confirmation Number is **12345678**

You can check the status of your application after 5 business days. Go to "www.socialsecurity.gov," select "Check Your Application Status" and enter your Confirmation Number.

We will contact you with any updates or questions we may have about your information.

[View & Print Your Receipt](#)

We recommend that you keep a copy for your records.

Contact Us [Useful Links](#)

If you live within the U.S., our territories or commonwealths, you may:

- Call our toll-free number 1-800-772-1213 (TTY 1-800-325-0778) from Monday through Friday from 7 a.m. to 7 p.m.
- Find and visit a nearby Social Security office by using our [Office Locator](#).

If you live outside the U.S., our territories or commonwealths, you may visit our [Service Around the World](#) page, or contact your local U.S. embassy or Consulate.

[Done](#)

Online Enrollment: Check Status of Enrollment

- Social Security says you can do this five days after enrolling
- Log into *my* Social Security account:
 - Select "Check Your Application Status"
 - Enter your Confirmation Number



CHAPTER EIGHT: Enrolling after Age 65 and the **Part B Special Enrollment Period**

Enrolling After Age 65: Part A Enrollment Only



- Those who qualify for premium-free Part A can enroll at anytime
- Enroll online, answer No to question about Part B enrollment



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Enrolling After Age 65: Part B Special Enrollment Period (SEP)



- Enroll in Part B only without delay or penalty
- Eight-month period beginning with end of coverage or employment, **whichever comes first**
- Eligibility:
 - At age 65, had coverage through an EGHP based on current employment (employee or spouse)
 - No gaps of eight months or more in coverage
 - Can start enrollment three months before retirement date



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Enrolling After Age 65: Dangerous Situations



- No EGHP at age 65 based on current employment of individual or spouse
- COBRA continuation coverage, severance package:
 - Same coverage as when employed
 - However, no longer employed
- Considers self an employee:
 - Collecting paychecks, benefits
 - But no longer working



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Enrolling After Age 65: Enrolling in Part B Only



- Already enrolled in Part A, not eligible for online enrollment
- Complete and submit two forms to local Social Security office:
 - Find at <https://secure.ssa.gov/ICON/main.jsp>
 - Send certified mail (receipt), UPS, or FedEx
- CMS-40B, Application for Enrollment in Medicare Part B, Medical Insurance:
 - Request to enroll in Part B
 - Find at www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms40b-e.pdf



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CMS-40B, Application for Enrollment in Medicare Part B

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0918-1225
Expires 06/2025

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? ☐ YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City State Zip Code

6. Phone Number (including area code)
() - -

7. Written Signature (DO NOT PRINT)

SIGN HERE

8. Date Signed

Note Part B effective date in Remarks

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness

10. Date Signed

11. Address of Witness

12. Remarks

Part B to take effect 07012024

Enrolling After Age 65: CMS-L564, Request for Employment Information

- Find at www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms-l564e.pdf
- Documents employment and coverage history (no gaps of eight months or more in coverage or employment since age 65)
- Applicant completes Section A

CMS-L546, Request for Employment Information

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name

2. Date

3. Employer's Address

City State Zip Code

4. Applicant's Name

5. Applicant's Social Security Number

6. Employee's Name

7. Employee's Social Security Number

Enrolling After Age 65: CMS-L564, Request for Employment Information

- Find at www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms-l564e.pdf
- Documents employment and coverage history (no gaps of eight months or more in coverage or employment since age 65)
- Applicant completes Section A
- Section B:
 - Employer completes this section
 - Applicant must double check accuracy



Date health insurance (not current plan) began should predate 65th birthday
If not, additional forms may be necessary
Enter best guess if exact month, year not known

SECTION B: To be completed by Employers
For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
 / /

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)
 / /

5. When did the employee work for your company?
 From: (mm/yyyy) / / To: (mm/yyyy) / / Still Employed: (mm/yyyy) / /

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
 From: (mm/yyyy) / / To: (mm/yyyy) / /



This is insurance coverage, not the specific current plan
Enter best guess of date if exact date not known

SECTION B: To be completed by Employers
For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
 / /

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)
 / /

5. When did the employee work for your company?
 From: (mm/yyyy) / / To: (mm/yyyy) / / Still Employed: (mm/yyyy) / /

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
 From: (mm/yyyy) / / To: (mm/yyyy) / /



If coverage and/or employment has ended, hopefully,
there won't be more than eight months between the earliest date and today's date

SECTION B: To be completed by Employers
For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
 / /

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)
 / /

5. When did the employee work for your company?
 From: (mm/yyyy) / / To: (mm/yyyy) / / Still Employed: (mm/yyyy) / /

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
 From: (mm/yyyy) / / To: (mm/yyyy) / /



If still working, enter current month, year

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
 / /

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)
 / /

5. When did the employee work for your company?
 From: (mm/yyyy) / / To: (mm/yyyy) / / Still Employed: (mm/yyyy) / /

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
 From: (mm/yyyy) / / To: (mm/yyyy) / /



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In blank spot, enter date for Part B to take effect
 Otherwise, coverage will likely take effect the next month

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
 / /

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)
 / /

5. When did the employee work for your company?
 From: (mm/yyyy) / / To: (mm/yyyy) / / Still Employed: (mm/yyyy) / /

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
 From: (mm/yyyy) / / To: (mm/yyyy) / /

Part B to take effect 07012024



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Enrolling After Age 65: Part B Online Enrollment

- COVID innovation
- Issues:
 - Focuses on the last eight months of coverage
 - No employer verification of coverage, employment, dates
 - Doesn't appear to shorten enrollment time
- Bottom line: Not something we recommend



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CHAPTER NINE:

The General Enrollment Period



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Enrolling After Age 65: Enrolling in Both Part A and Part B



- Follow the "Turning 65" instructions for online enrollment
- Note date for Part B to take effect in Remarks
- No need to complete CMS-40B; online enrollment is the request
- Social Security will contact enrollee about submission of CMS-L564



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The General Enrollment Period (GEP)



- The "Oops, you missed your chance" time
- Did not enroll during IEP:
 - No coverage
 - Coverage other than an EGHP based on current employment
 - Did not qualify for premium-free Part A and no employer coverage
- Did not enroll during Part B SEP: COBRA, retiree, FEHB retiree, any non-EGHP coverage



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GEP Basics

- Those who qualify for premium-free Part A can enroll online at any time or do it during the GEP
- Those who need Part B must wait for GEP, January 1-March 31 every year
- How to enroll:
 - Online for Part A and Part B
 - Submit CMS-40B form to local Social Security office for Part B only
- Coverage begins (supposedly) on first day of month after enrolling



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GEP Basics

- After enrolling in Part B, there is opportunity to enroll in additional coverage but there may be a gap in coverage
- Penalties can apply:
 - Part B, medical insurance, after one year (12 months) that enrollment is delayed
 - Part D, prescription drug coverage, after 63 days without creditable coverage
 - Premium Part A, hospital insurance, after one year



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STEP FIVE:

Enroll in **Medicare Plans**



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CHAPTER TEN:

Enrolling in a Part D Drug Plan, Medigap Policy, or a Medicare Advantage Plan



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Enrolling in a Medicare Advantage Plan or Part D, Prescription Drug Plan

- Eligibility:
 - Part A and/or Part B for a drug plan
 - Both Part A and Part B for a Medicare Advantage plan
- Arrange payment:
 - Automatic deductions from Social Security benefit
 - Auto pay
- Online enrollment through Medicare Plan Finder or *medicare.gov* account



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Enrolling in a Medicare Advantage Plan or Part D, Prescription Drug Plan

- Use care if calling the plan or enrolling through the plan's website: Questions could lead to change in paths or plans
- Use an independent agent:
 - Know what you want
 - It's possible the agent may not sell a particular plan
- May be necessary to contact the plan with questions
- Arrange payment:
 - Automatic deductions from Social Security
 - Set up auto-pay



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Enrolling in a Medigap Policy (Medicare Supplement Insurance Plan)



- Cannot enroll online through *medicare.gov* or Medicare Plan Finder
- Work with an independent agent or call the plan directly
- Online enrollment through plan's website also an option
- Do your homework first



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Paying Premiums Part B, Medical Insurance



- Premiums include Part B IRMAA and late enrollment penalty
- If receiving Social Security benefits, payment will be deducted automatically
- If not, set up Easy Pay account (www.medicare.gov/basics/costs/pay-premiums/medicare-easy-pay):
 - Log into your *medicare.gov* account
 - Send in the Authorization Agreement
- Or, submit payment to the Medicare Payment Center



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Not Paying Premiums Part B, Medical Insurance



- Failure to pay the premium will result in cancellation of Part B and a Medicare Advantage plan or Medigap policy
- CMS has policy for restoring coverage if paying back premiums and acting in timely manner
- Gap in coverage can result in late enrollment penalty



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Paying Premiums Part A, Hospital Insurance



- Premium includes late enrollment penalty
- No option for deducting from Social Security account (does not qualify)
- Set up Easy Pay account or submit payment to the Medicare Payment Center
- Failure to pay premium will result in cancellation of Part A and possibly Part D drug plan (if not enrolled in Part B)





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Paying Premiums Other Medicare Plans




- Part D, drug plan, or Medicare Advantage plan:
 - Premiums include IRMAA and late enrollment penalties
 - Arrange for automatic deductions from Social Security benefit
 - Set up payment with the plan directly (suggest auto pay)
- Medigap policy: Set up payment with the plan directly (suggest auto pay)
- Failing to pay premiums will result in cancellation of coverage



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Session 3: Enrolling in Medicare

- The Medicare Plan Finder is a valuable tool for comparing Part D and Medicare Advantage plans
- Some simple tips make it easier to compare plans
- An individual's situation drives the Medicare enrollment process
- There are different processes for enrolling in Medicare after the age of 65



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SESSION 1:
Thank you.



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