

Welcome to Medicare

An Educational Series for People
with Medicare in Wisconsin

Wisconsin SHIP: 1-800-242-1060



SHIP

State Health Insurance
Assistance Program



Grant Funding Disclaimer

This project was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,061,673 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.



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Presentation Outline

Part 1: Enrollment in Medicare

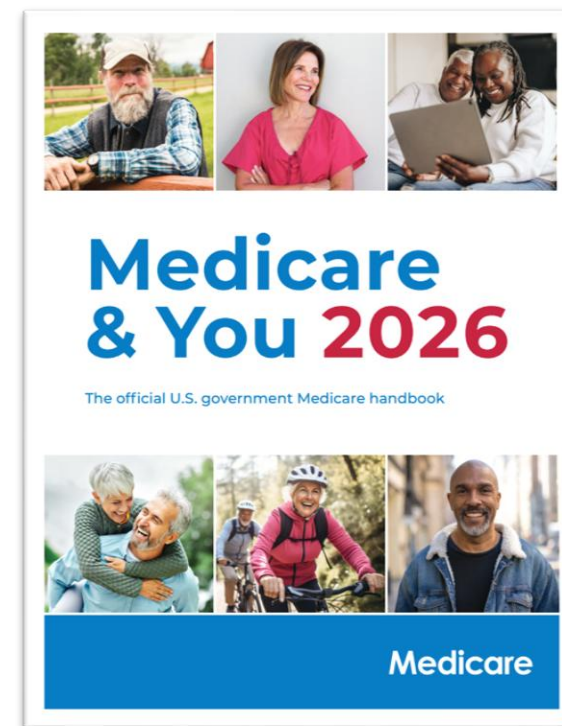
Part 2: Medicare Basics, Part A, Part B

Part 3: Your Coverage Choices, Original Medicare, Medigap Insurance

Part 4: Medicare Advantage Plans (Part C), Other Types of Coverage

Part 5: Medicare Part D, SeniorCare, Annual Open Enrollment Period

Part 6: Help for people with limited income, Protect yourself and prevent fraud, Review and Resources



Find more detailed information in your [Medicare & You Handbook](#).

Welcome to Medicare

Part 1

Enrollment in Medicare



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Enrollment in Medicare

- **If you already get benefits from Social Security** or Railroad Retirement, **you will be automatically enrolled** in Parts A & B the first day of the month you turn 65.
- **If you** are close to 65 and currently **don't receive Social Security benefits, you need to enroll** in Part A & B **with Social Security** during your *Initial Enrollment Period*:
 - Visit [ssa.gov](https://www.ssa.gov)
 - Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778)
 - Or visit your [local Social Security office](#)
- **If you are under 65 and disabled**, you are automatically enrolled in Medicare after receiving 24 consecutive months of Social Security disability insurance (SSDI).

Gain access to your personalized information anytime by registering with [Medicare.gov](https://www.Medicare.gov)



Enrollment in Medicare

■ Initial Enrollment Period

7-month period includes 3 months before, month of, and 3 months after 65th birthday.

There will be no penalty.

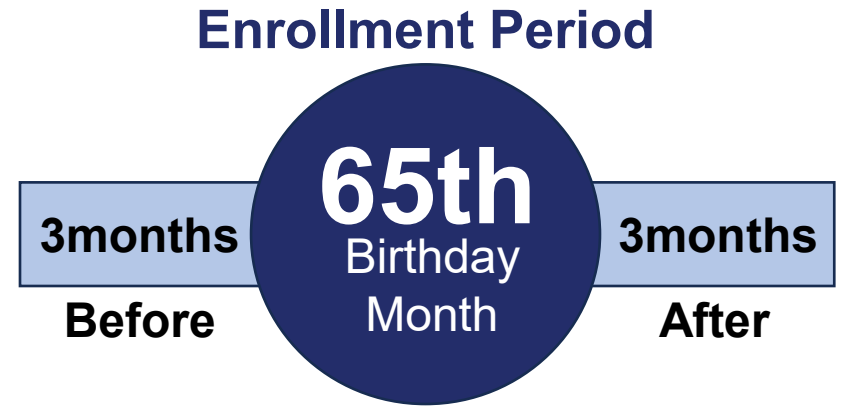
■ Special Enrollment Period

- Active employer group health insurance coverage
- Loss of Medicaid
- National Disaster or Health Emergency
- Inaccurate or misleading information from health plan or employer
- Incarceration

■ General Enrollment Period

January 1 through March 31. Annual opportunity to enroll for those who did not sign up during initial enrollment.

Penalty: Cost of Part B premium will go up 10% for each full 12-month period you delay enrolling.



Enrollment in Medicare

Medicare & Employer Coverage

- **You can delay enrollment in Medicare if**
 - You/your spouse are currently working, *and*
 - You are covered under a group health plan based on that employment, *and*
 - Employer has more than 20 employees. (If less than 20 employees you should take Medicare at age 65, even if you are still working.)
- **Enroll in Medicare anytime while actively working.**
- **To avoid penalty, *must* enroll within 8 months of**
 - Stopping work (quit or retire), or
 - Lose health insurance through work.

After 8 months, you'll start incurring a late enrollment penalty, and you may not be able to enroll until the General Enrollment Period.



Enrollment in Medicare

So, if you are working and turn 65:



- Check with your human resources department.
- Check with your health insurance plan.
- Check with your spouse's health insurance plan.
- Contact [Social Security](#).

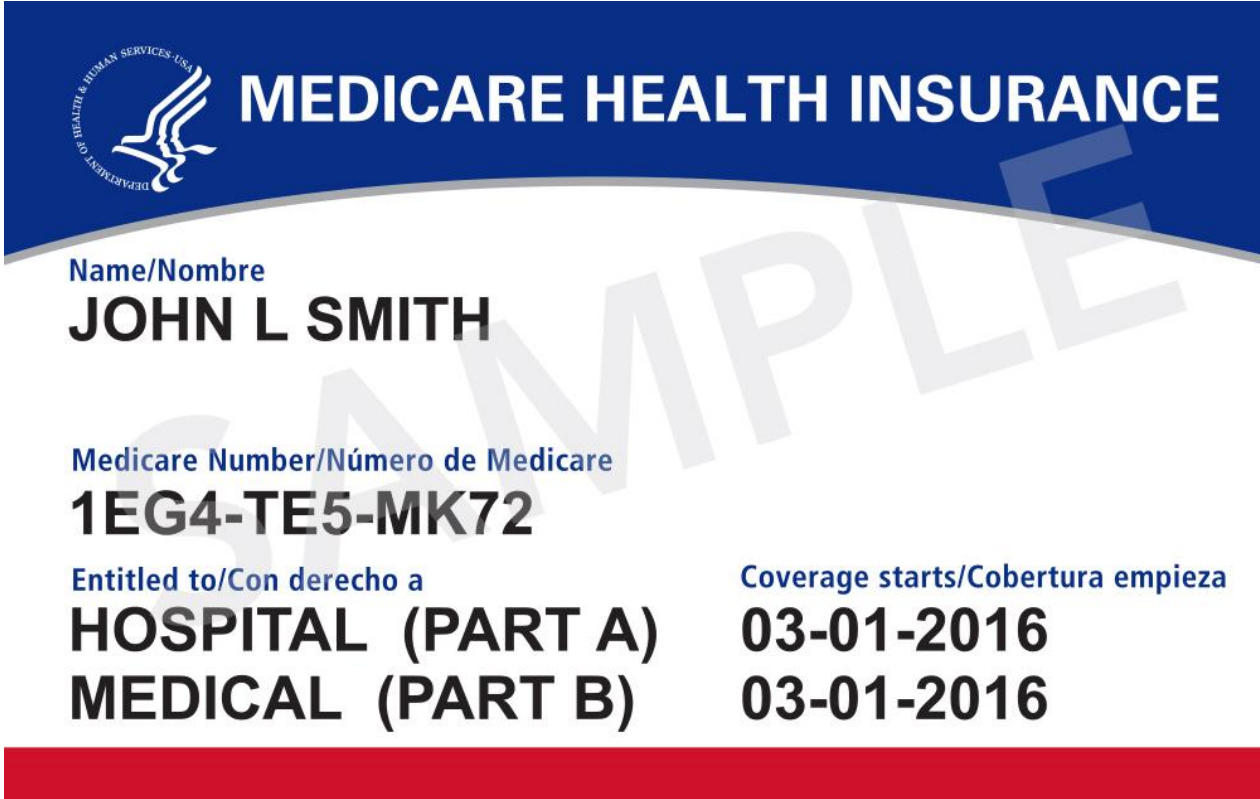
NOTE: Health Savings Account (HSA) Information

- **Stop contributions to your H.S.A. 6 months before Part A starts to avoid tax penalties.** If your employer offers an HSA, contact your Human Resources before enrolling into Medicare Part A or B.
- **You can not contribute to your HSA account once you have Medicare.**




Enrollment in Medicare

Medicare Card



The image shows a sample Medicare Health Insurance Card. The card has a blue header with the Department of Health & Human Services logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name is listed as JOHN L. SMITH. The Medicare Number is 1EG4-TE5-MK72. The card also lists the coverage for Hospital (Part A) and Medical (Part B), both starting on 03-01-2016. A large "SAMPLE" watermark is visible across the card. A red bar is at the bottom of the card area.

 **MEDICARE HEALTH INSURANCE**

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016



Local Help for People with Medicare

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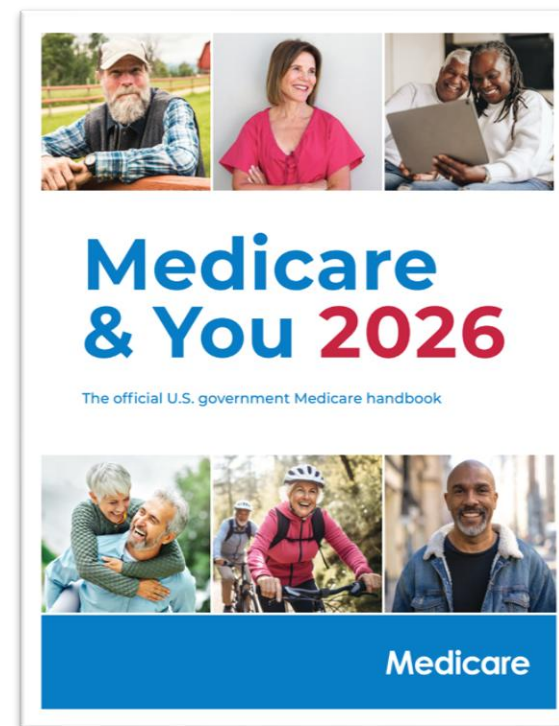
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Find more detailed information in your [Medicare & You Handbook](#).

Part 2

Medicare Basics



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Medicare Basics



Part of Medicare

Part A (Hospital Insurance)

What It Covers

Helps cover inpatient care in hospitals and skilled nursing facilities, as well as hospice, some home health care, and blood.



Part B (Medical Insurance)

Helps cover doctors' services, outpatient care, home health care, and some preventive services.

Medicare Advantage (also known as Part C)

An alternative to original Medicare, managed by private insurance companies under contract with Medicare. Includes Part A and B and usually Part D.



Part D (Prescription Drug Coverage)

Helps cover prescription drugs. Run by private insurance companies under contract with Medicare.



Medicare Basics

Medicare Part A



Part A
Hospital
Insurance



Medicare Part A



Part A Hospital Insurance

Part A – Hospital Insurance helps cover:

- Inpatient hospital care
 - Semi-private room, meals, general nursing, other hospital services and supplies. Includes inpatient rehabilitation facilities and inpatient mental health care in a psychiatric hospital (lifetime 190-day limit).
- Inpatient skilled nursing facility (SNF) care (After a related 3-day inpatient hospital stay)
- Blood (inpatient)
- Home health care
- Hospice care

What's not covered?

- Private-duty nursing
- Private room (unless medically necessary)
- Television and phone in your room (if there's a separate charge for these items)
- Personal care items, like razors or slipper socks
- Custodial (non-skilled) care in SNF



Medicare Part A – 2026 Costs



Part A
Hospital
Insurance

- **Premium:** No premium for most people
- **Deductible:** \$1,736 for each inpatient hospitalization benefit period
- **Copays**
 - **Hospital inpatient:** See next slide
 - **Skilled nursing facility:** See separate slide
 - **Home health care:** \$0 Copay
 - **Hospice care:** \$0 Copay
- **Out-of-pocket maximum:** None in Original Medicare

Costs change every year.
See current costs at [medicare.gov](https://www.medicare.gov).



Medicare Part A – 2026 Costs

Inpatient Hospital Copays



Part A
Hospital
Insurance

Days	Medicare pays	You pay
1-60	All except \$1,736	\$1,736 deductible
61-90	All except \$434/day	\$434/day
91-150	All except \$838/day	\$836/day



Medicare Part A – 2026 Costs

Skilled Nursing Facility Copays



Part A
Hospital
Insurance

Days	Medicare pays	You pay
1-20	All costs	\$0
21-100	All except \$217/day	\$217
Days 100+	None	All costs



Medicare Part A

Are You an Inpatient or an Outpatient?

Inpatient – Formally admitted to the hospital with a doctor's order.

Outpatient – No doctor's order to admit you. ER visit is considered Outpatient.

Hospital "Observation Status"

- Outpatient, **not** Inpatient, even if you spend the night.
- *Medicare A pays nothing.*
- Medicare Part B pays for doctors services and hospital outpatient services after you pay your deductibles, coinsurance and copayments.
- For drugs received during an observation stay, you'll likely need to pay out-of-pocket and submit a claim form to your drug plan for reimbursement. Request an *out-of-network pharmacy claim form* from your Part D plan.



Medicare Basics

Medicare Part B



Part B
Medical
Insurance



Medicare Part B

Part B — Medical Insurance



Part B
Medical
Insurance

Helps cover medically necessary:

- Doctors' services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (may need to use certain suppliers)
- Diabetic testing supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health care



Medicare Part B – 2026 Costs



Part B Medical Insurance

- **Monthly premium:** Standard premium is \$202.90 (or higher depending on your income, see next slide)
- **Yearly:** \$283
- **Coinsurance:** 20% coinsurance for most covered services, like doctor's services.
 - \$0 for some preventive services
 - +15% for providers who don't "accept assignment" (the Medicare payment amount)



Medicare Part B – 2026 Costs

Income-Related Monthly Adjustment Amount (IRMAA) for 2026

Chart is based on your yearly income in 2024 for what you pay in 2026 for Part B premium.

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	In 2026 You Pay
\$109,000 or less	\$218,000 or less	\$109,000 or less	\$202.90
\$109,000–\$137,000	\$218,000 - \$274,000	Not applicable	\$284.10
\$137,000–\$171,000	\$274,000 - \$342,000	Not applicable	\$405.80
\$171,000–\$205,000	\$342,000 - \$410,000	Not applicable	\$527.50
\$205,000-\$500,000	\$410,000 - \$750,000	\$109,000 - \$391,000	\$649.20
\$500,000 or Above	\$750,000 or Above	\$391,000 or Above	\$689.90



Medicare Part B – Preventive Services

Preventive Services



Part B
Medical
Insurance

- Welcome to Medicare Visit
- Yearly Wellness Visit
- Additional screenings/tests/services
(Most covered with no deductible or co-pay)

***“An ounce of prevention is worth a pound of cure”
-Benjamin Franklin***



Review the preventive services chart & discuss your prevention plan with your doctor.



Medicare Part B – Preventive Services

“Welcome to Medicare” Visit

Includes:

- Height, weight, and blood pressure
- Body mass index
- Vision test
- Review of potential risk for depression and level of safety
- Discussion about advance directives if you choose
- A written plan regarding screenings, shots, and other preventive services needed

Note: NOT a physical!



Part B
Medical
Insurance



Medicare Part B – Preventive Services

Yearly Wellness Visit

Includes:

- Review of medical and family history
- Develop list of current providers and prescriptions
- Record height, weight, blood pressure
- Create list of risk factors and treatment options
- Detection of cognitive impairment
- Establish schedule of screenings for appropriate preventive services
- Offer personalized health advice

Note: Not a physical. Be sure to ask for **Yearly Wellness Visit** by name.



Part B
Medical
Insurance



Medicare Part B – Preventive Services

Medicare Preventive Benefits

The Part B deductible and coinsurance are waived for most preventive care services. This chart is a partial list of preventive benefits.

To learn more about Medicare Preventive and Screening Services [click here](#)

Shots	<ul style="list-style-type: none">• Pneumococcal• Flu• Hepatitis B (for people medium to high risk)• Covid-19• Shingles (covered under Medicare Part D benefit)
Exams	<ul style="list-style-type: none">• One-time “Welcome to Medicare” physical exam (within the first 12 months you have part B)• Annual “Wellness” visits
Screenings	<ul style="list-style-type: none">• Cancer Screenings: Colorectal, Prostate, Breast Cancer (mammograms)• Pelvic exam• Cardiovascular• Diabetes (for those at risk)• Glaucoma (for those at risk)
Other	<ul style="list-style-type: none">• Diabetes supplies and self-management training• Bone mass measurement• Medical nutrition therapy• Smoking cessation counseling



Local Help for People with Medicare

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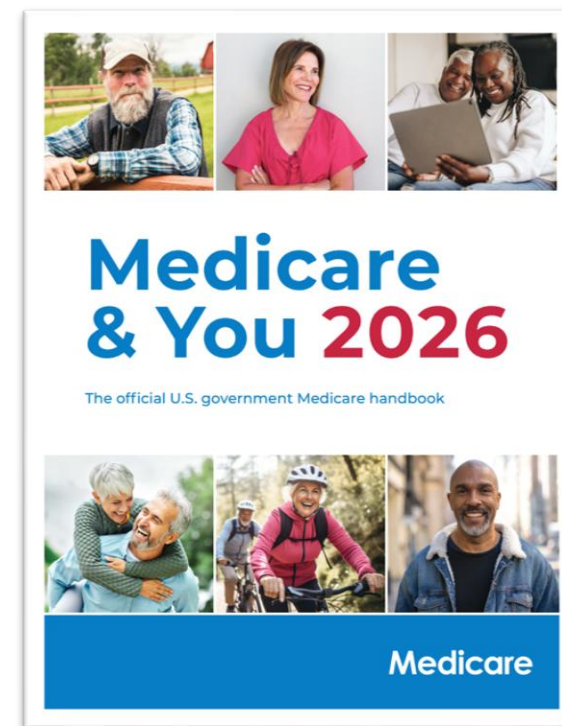
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Welcome to Medicare

Part 3

- Your Coverage Choices
- Original Medicare
- Medicare Supplement Insurance (Medigap)

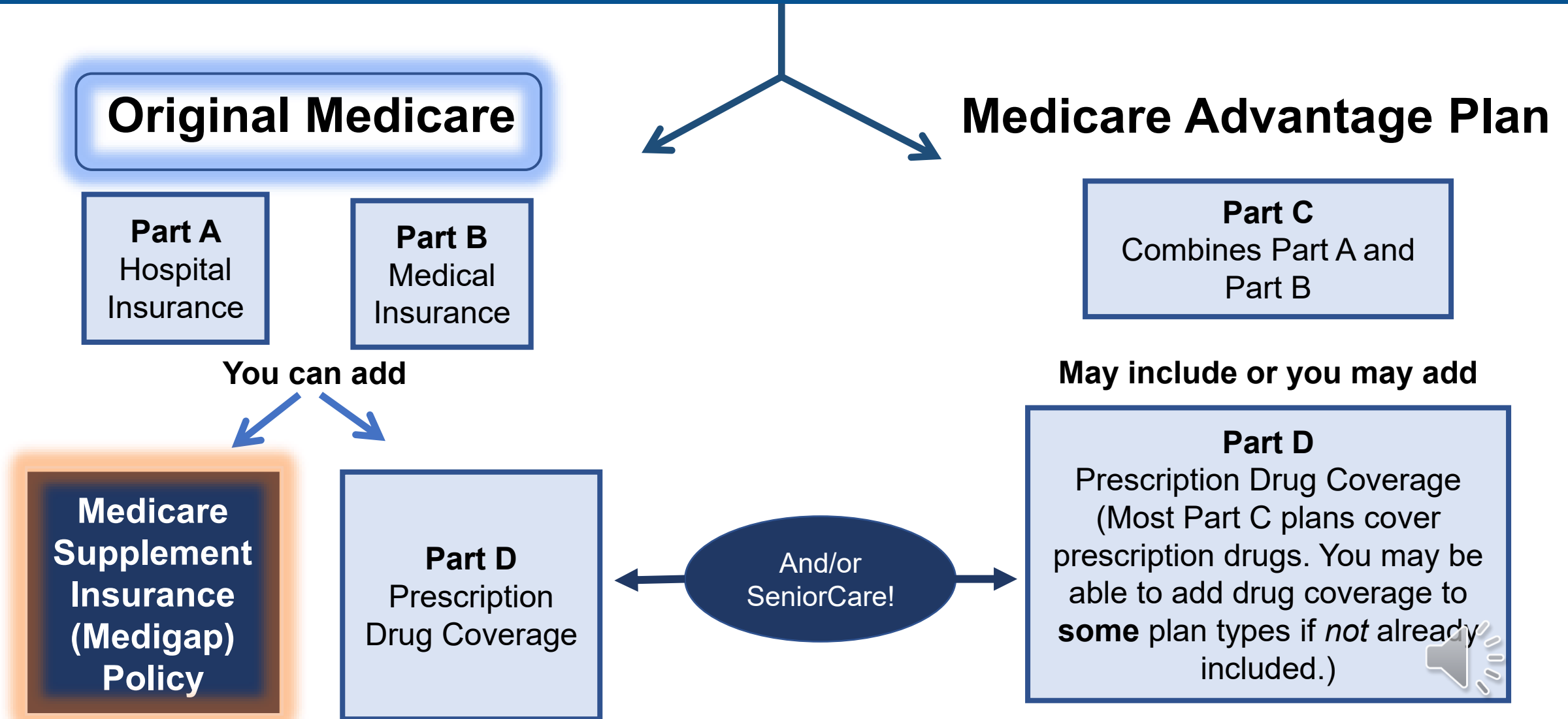


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Your Coverage Choices



Original Medicare



Part A
Hospital
Insurance



Part B
Medical
Insurance

- Original Medicare is Part A (Hospital Insurance) and/or Part B (Medical Insurance).
- Medicare provides coverage.
- You have your choice of any doctors, hospitals, and other providers that are accepting new Medicare patients
 - Costs are affected by whether or not they accept **assignment**, which is an agreement by your doctor/provider, to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

You can add



- **Medicare Supplement (Medigap) Insurance**



- **Part D**



Original Medicare

Original Medicare Doesn't Cover Everything

Some items and services not covered by Medicare include:

- Long-term care
- Acupuncture
- Most dental care or dentures
- Cosmetic surgery
- Health care while traveling outside the U.S.
- Hearing aids and/or exams for fitting hearing aids
- Most routine foot care and most supportive devices for feet
- Routine eye care and most eyeglasses
- Routine Physicals



Original Medicare

Medicare Supplement Insurance (Medigap)



Medicare Supplement (Medigap) Insurance

- Private Insurance to supplement **Original Medicare**. Approved & regulated by WI Commissioner of Insurance.
- Helps pay some health care costs that Original Medicare doesn't cover.
- You must have Medicare Parts A and B to buy a Medigap policy.
- You pay a monthly premium for a Medigap policy.
 - Costs vary depending on insurance company, optional benefits selected, age of applicant, where applicant lives.
 - Once Medicare pays its share of Medicare-approved amounts for covered costs, then your Medigap policy pays its share.
- Does not include outpatient prescription drug coverage.
- No need to review coverage yearly.



Medigap Insurance

Types of Policies

- Traditional Medicare Supplement Policies
 - *Attained Age* – As you age your premiums will change to meet your age range and premiums become higher.*
 - *Issue Age* – Premiums are set at the age you are when you buy the policy and will not increase because you get older.* Premiums may increase for other reasons.
- Cost-Sharing Supplemental Policies (50% or 25% cost sharing)
- High-Deductible Medicare Supplement
- Medicare Select



*Medigap Premiums may also increase each year due to cost-of-living adjustments.

Medigap Insurance

Basic Benefits cover:

- Part A copays
- Part B 20% coinsurance
- Additional inpatient psychiatric days
- First 3 pints of blood
- 40 home health care visits.

▪ **Wisconsin Mandated Benefits:**

Covers some chiropractic services and 30 days non-Medicare Skilled Nursing Facility. *(Only applies to policies issued in Wisconsin to Wisconsin residents.)*

- See the Office of the Commissioner of Insurance's ["WI Guide to Health Insurance for People with Medicare"](#) for more information.



Medigap Insurance

Optional Riders (Benefits):

- Part A Deductible (or Part A 50% Deductible)
- Part B Deductible*
- Part B Copay/Coinsurance (reduces premiums)
- Part B Excess Charges
- Additional Home Health
- Emergency Foreign Travel

**As of January 1, 2020 the Part B Deductible rider is no longer an option for people newly eligible for Medicare.*



Medigap Insurance

Steps to Buy a Policy

- STEP 1: Decide which benefits (riders) you want, then decide which of the Medigap policies meets your needs.
- STEP 2: Find out which insurance companies sell Medigap policies in your state.
- STEP 3: Call the insurance companies (or insurance agent) that sell the Medigap policies you're interested in and compare costs.
- STEP 4: Buy the Medigap policy.



Medigap Insurance

When You Can Buy a Medigap Policy

- Your one-time 6-month Open Enrollment Period (**OEP**) begins when you're 65 or older and enrolled in Part B.
- May buy a Medigap policy any time an insurance company will sell you one.



During Your Medigap OEP	NOT During Your Medigap OEP
Best time to buy	May have waiting period for preexisting conditions
Guaranteed Issue Period	May cost more
Companies must sell to you any policy they sell for the same price even if you have a pre-existing condition	Companies can deny coverage



Medigap Insurance

Delayed Open Enrollment Period (OEP)

- If you delay enrolling in Medicare Part B
 - Because you or your spouse are **still** working, **and**
 - You have group health coverage (primary),
- Then your Medigap OEP is delayed
 - Until you are enrolled in Part B.
- If you have Medicare due to a disability, you get 2nd OEP at age 65.



Medigap Insurance

Other times you cannot be denied a policy:

- Your Medicare Advantage plan terminates or stops providing care in your service area.
- You move outside the plan's service area.
- Your employer group health plan ends some or all of your coverage.
- Your employer group plan increases cost by more than 25% in one 12-month period.
- You are in Trial Period of Medicare Advantage plan.

Must apply within 63 days of the date your other coverage ends.

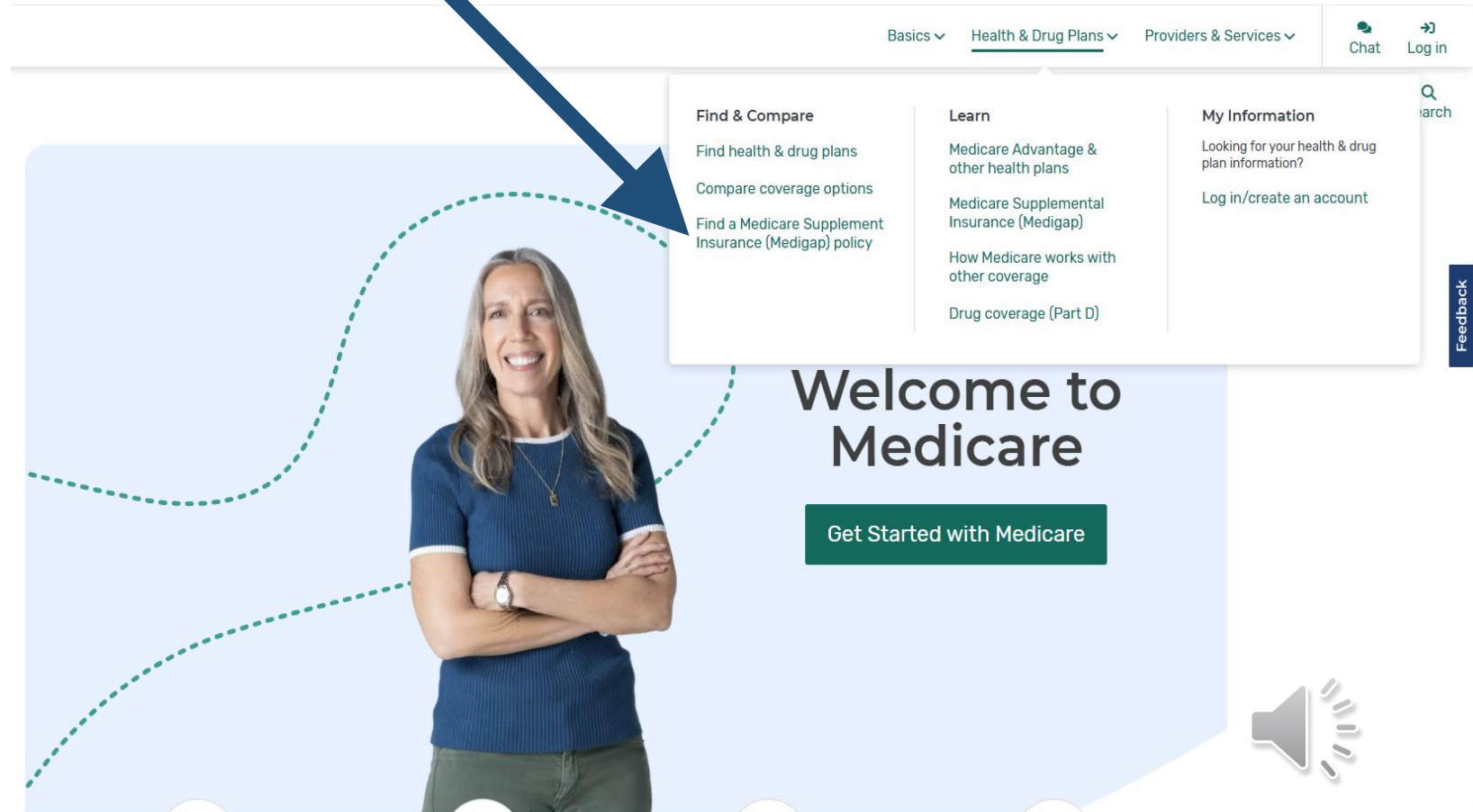


Medigap Insurance

For questions contact:

- Wisconsin Medigap Helpline
1-800-242-1060
- Commissioner of Insurance
1-800-236-8517
<https://oci.wi.gov>
- Medicare
1-800-MEDICARE
www.Medicare.gov

Or visit Medicare.gov to find a Medigap policy



The screenshot shows the Medicare.gov website interface. At the top, there are navigation tabs: "Basics", "Health & Drug Plans", and "Providers & Services". A blue arrow points from the text above to the "Health & Drug Plans" tab. Below this tab, a dropdown menu is open, displaying three main categories: "Find & Compare", "Learn", and "My Information". Under "Find & Compare", there are links for "Find health & drug plans", "Compare coverage options", and "Find a Medicare Supplement Insurance (Medigap) policy". Under "Learn", there are links for "Medicare Advantage & other health plans", "Medicare Supplemental Insurance (Medigap)", "How Medicare works with other coverage", and "Drug coverage (Part D)". Under "My Information", there are links for "Looking for your health & drug plan information?" and "Log in/create an account". The main content area features a woman with her arms crossed and the text "Welcome to Medicare" with a "Get Started with Medicare" button. A search bar is visible on the right side, and a "Feedback" button is at the bottom right.

Local Help for People with Medicare

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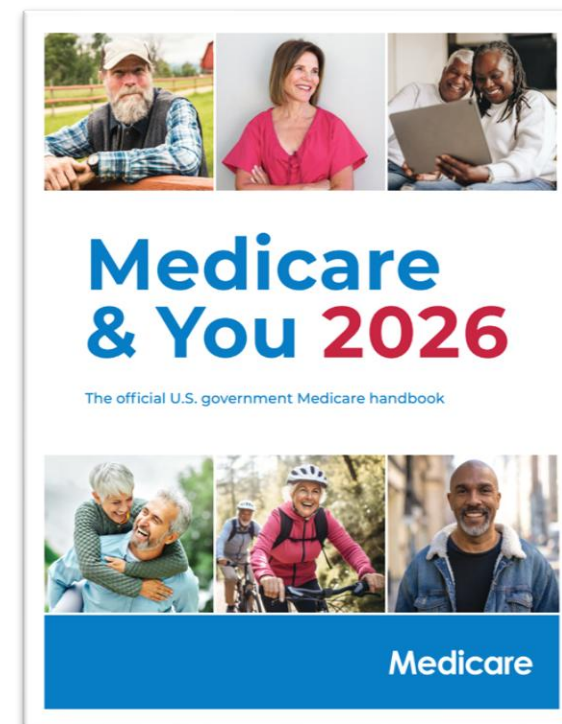
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Part 4

Medicare Advantage Plans (Part C)

Part A



Part B



Most plans include:

Part D



Some extra benefits



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Your Coverage Choices

Original Medicare

Part A
Hospital
Insurance

Part B
Medical
Insurance

You can add

**Medicare
Supplement
Insurance
(Medigap)
Policy**

Part D
Prescription
Drug Coverage

Medicare Advantage Plan

Part C
Combines Part A and
Part B

May include or you may add

Part D
Prescription Drug Coverage
(Most Part C plans cover
prescription drugs. You may
be able to add drug coverage
to **some** plan types if *not*
already included.)



Medicare Advantage Plans (Part C)

Part C Includes



Part A
Hospital
Insurance



Part B
Medical
Insurance



Most include Part D
Medicare prescription
drug coverage

- Medicare Advantage, sometimes called Part C, includes both Part A, Part B, and usually Part D.
- Private insurance companies approved by Medicare provide your Medicare coverage.
- In most plans you need to use doctors, hospitals, and other providers that are in the plan's network or you will pay more or all of the costs.



Medicare Advantage Plans (Part C)

Extra Benefits:

- Food & Meals
- Transportation
- Flex Spending
- Part B Coverage Premium
- Fitness
- Vision
- Hearing Aids
- Dental



Medicare Advantage Plans (Part C)

Part C Includes



Part A
Hospital
Insurance



Part B
Medical
Insurance



Most include Part D
Medicare prescription
drug coverage

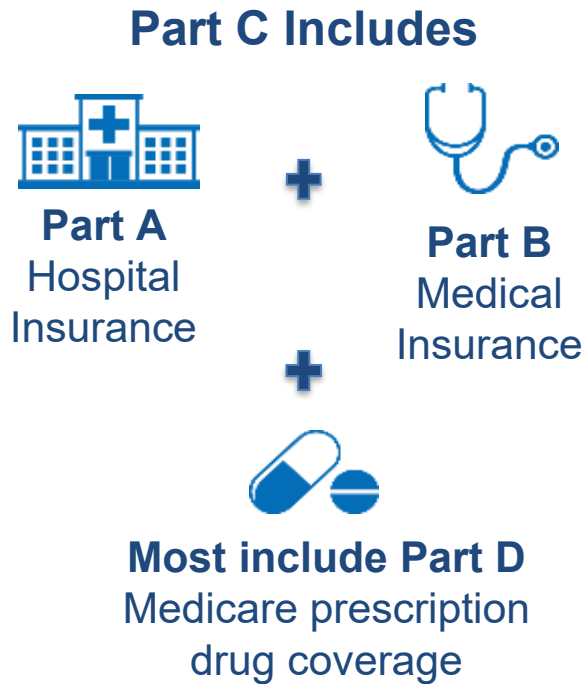
Types of Medicare Advantage Plans

- Medicare Health Maintenance Organization (HMO)
- Medicare Preferred Provider Organization (PPO)
- Medicare Private Fee-for-Service (PFFS)
- Medicare Special Needs (SNP)
- Medicare Medical Savings Account (MSA)



Medicare Advantage Plans (Part C)

If you join a Medicare Advantage Plan you:

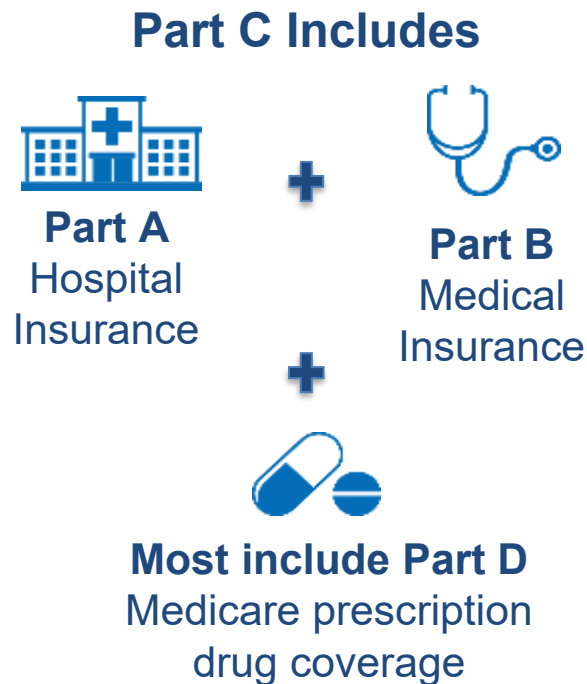


- Still have Medicare rights and protections.
- You must follow the plan rules for how you get services.
- May choose a plan that includes Part D prescription drug coverage.
- Can't be charged more for certain services than you would pay under Original Medicare.
- May have different benefits and cost-sharing.
- May choose a plan that includes extra benefits not covered by Original Medicare, such as vision or dental care.
- Cannot use a Medigap policy to supplement your coverage.



Medicare Advantage Plans (Part C) - Costs

What you pay in 2026



- **Monthly premium**
 - Part B premium - \$202.90
 - Additional monthly premium, depending on the plan
- **Deductibles, coinsurance, and copayments**
 - Different from Original Medicare
 - Vary from plan to plan
 - May be higher if out-of-network
- 2026 Out-of-pocket maximum - \$9,250



Medicare Advantage Plans (Part C)

Advantages

- **May have lower monthly premiums** (beyond Part B premium)
- **Coordinated care** with network physicians
- Some offer **extra benefits** (vision, dental, hearing)
- Varied plans and choices
- Can change plans each year
- **Out-of-pocket copay maximum**
- Must follow Medicare regulations

Disadvantages

- **May have higher out-of-pocket expenses**
- **Must see in-network providers;** higher costs when out of network
- May need **referrals and prior authorization for services**
- No state mandates or protections for extra benefits
- Confusion over plans/coverage
- Must **re-evaluate plan each year;** may need to change plans (and providers)

Other Types of Health Insurance



- **Employer/Retiree Group Health Plan**
 - Check with plan for coverage details.
 - Some offer **creditable** prescription coverage.
 - Contact your employer or union benefits administrator to find out how your insurance works with Medicare.
- **Military Coverage:** Veterans Administration (VA) or TriCare
- **Medicaid and financial assistance programs**



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Assistance Program



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This project was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,061,673 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.



SHIP

State Health Insurance
Assistance Program



Presentation Outline

Part 1: Enrollment in Medicare

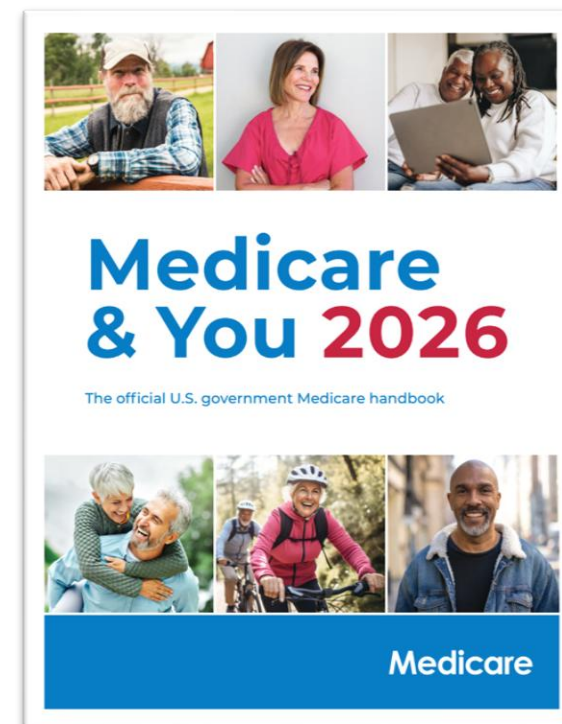
Part 2: Medicare Basics, Part A, Part B

Part 3: Your Coverage Choices, Original Medicare,
Medigap Insurance

Part 4: Medicare Advantage Plans (Part C), Other
Types of Coverage

Part 5: Medicare Part D, SeniorCare, Annual Open
Enrollment Period

Part 6: Help for people with limited income, Protect
yourself and prevent fraud, Review and Resources



Find more detailed
information in your
[Medicare & You Handbook](#).

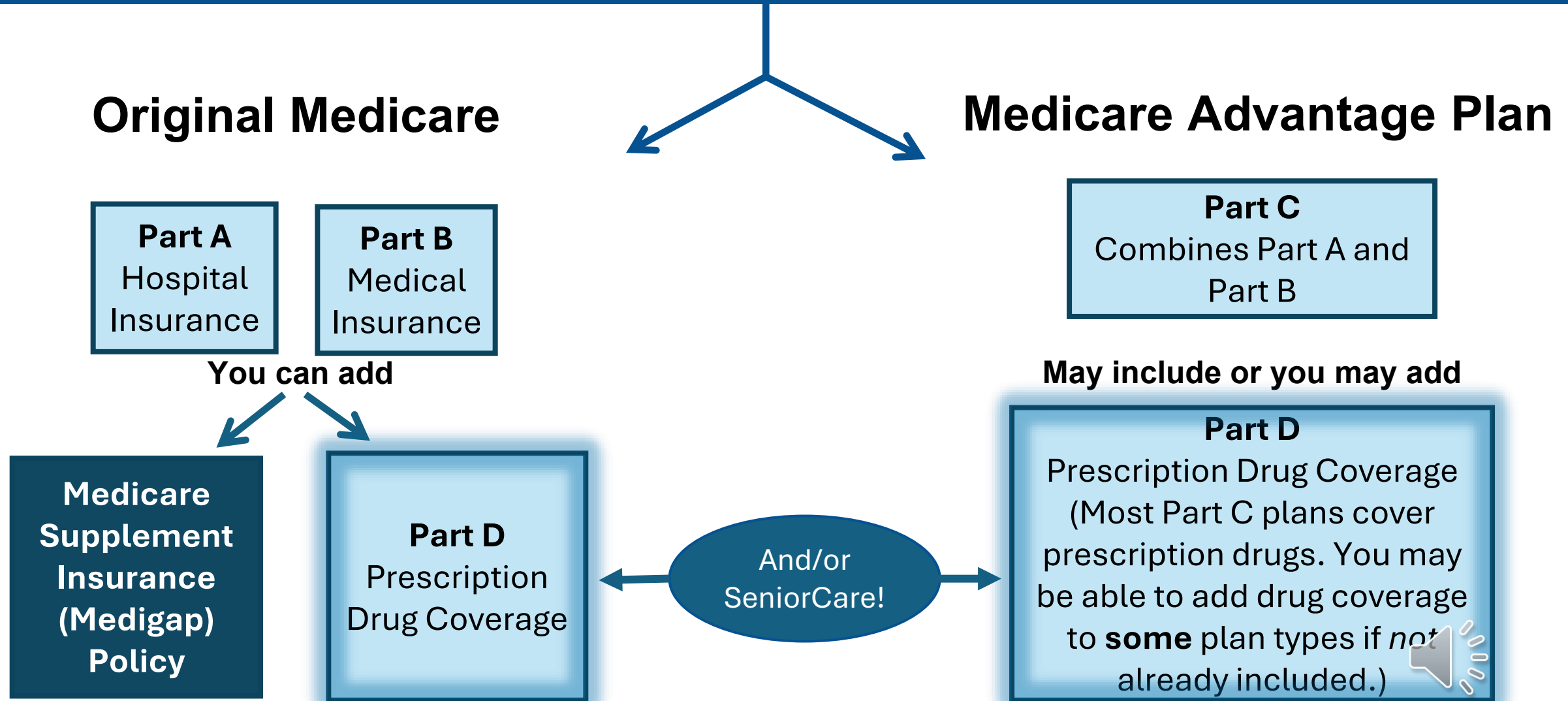
Welcome to Medicare

Part 5

Medicare Part D



Your Coverage Choices



Medicare Part D



Part D
Medicare
prescription drug
coverage

- **To receive Part D coverage, you must enroll in a Part D Plan.**
- **Covers prescription Medications**
- **Run by private companies that contract with Medicare**
- **Part D Plans are provided through:**
 - Medicare Advantage Prescription Drug Plans (MA-PDs).
 - Medicare Prescription Drug Plans (PDPs) that work with Original Medicare.

You can compare plans and enroll in a plan on the Plan Finder at www.medicare.gov



Medicare Part D: Enrollment Opportunities

Initial Enrollment Period

- 3 months prior, month of, and 3 months after starting Medicare

Annual Open Enrollment Period

- October 15 - December 7 each year
Change your coverage, Changes become effective January 1 of the following year

Medicare Advantage Open Enrollment Period

- People who already have a Medicare Advantage plan can make one change
January 1 – March 31 every year

Special Enrollment Periods

- Qualifying events may trigger an opportunity to change your Medicare coverage



Medicare Part D – 2026 Costs



Part D

Medicare
prescription drug
coverage

Costs change every year.
See current costs at
[medicare.gov](https://www.medicare.gov)

Premiums, Deductibles, and Copays or Coinsurance

- Costs vary by plan and change **annually**.
- 2026 premiums range from \$0 to \$106.60 per month
- 2026 National base beneficiary premium is \$34.50
- 2026 Limit for a deductible is \$615
- Copays and coinsurance may vary per drug, per plan, per pharmacy.

Income Related Monthly Adjustment Amount (IRMAA)

- People with Part D who have higher incomes will pay an additional amount on top of their premium. Income thresholds:
 - Individuals: \$109,000
 - Couples filing jointly: \$218,000
- This amount is based on their tax filing from two years prior. (2026 amount is based on 2024 tax filing.) Only about 7% of people with Medicare are subject to IRMAA.





Medicare Part D - Costs

Late Enrollment Penalty

- You may pay a late enrollment penalty if you did not enroll in Part D during Initial Enrollment Period and did not have other **creditable coverage***.
- The penalty is 1% of the average national monthly premium for every month you delayed enrollment.
- The penalty will be added to your monthly premium if and when you enroll in a Part D plan, and it will continue as long as you are enrolled.

* **Creditable coverage:** Prescription drug coverage that is expected to pay, on average, at least as much as Medicare's standard Part D coverage, such as:

- Veterans Administration (VA) drug coverage
- SeniorCare
- Some types of employer coverage (must ask)



Medicare Part D - Costs

Part D Coverage Phases

Deductible Phase \$615	Initial Coverage Phase \$2,100	Catastrophic Phase
Beneficiary pays full cost of medications	Beneficiary pays either 25% or actuarially equivalent tier structure cost	Beneficiary Pays \$0 for the rest of they calendar year



Medicare Part D



Part D
Medicare
prescription drug
coverage

What is Covered

- Prescribed medications
- Medications that are included in a plan's formulary (Not all medications are covered by all plans.)
- Insulin and needles and syringes for the administration of insulin
- Medications must be for medically prescribed use.
- The law excludes certain medications from coverage under Part D.



Medicare Part D

What Is Not Covered?



- Medications that are not on a plan's formulary
- Non-prescription, over-the-counter drugs
- Drugs that are not approved by the Federal Drug Administration (FDA)
- Vitamins and minerals
- Cough medicine
- ED medications
- Drugs for cosmetic purposes
 - Weight loss or weight gain
 - Hair loss
- Medications prescribed for "off-label" use



Prescription Payment Plan



- The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage
- Helps you manage your out-of-pocket costs for drugs covered by your plan
- Most likely to benefit if you have high drug costs
- Spreads them across the calendar year (January-December)
- Signing up earlier in the year gives you more months to spread out your drug costs



Prescription Payment Plan



- ***Your payments might change every month, so you might not know what your exact bill will be ahead of time.***
- Future payments might increase when you fill a new prescription or refill an existing prescription because new out-of-pocket costs get added to your monthly payment
- Anyone with a Medicare drug plan or Medicare health plan with drug coverage can use this payment option
- ***All plans offer this payment option, and participation is voluntary***



Part 5

SENIORCARE[®]
Prescription Drugs for Wisconsin Seniors **X**



SeniorCare

Wisconsin's Prescription Drug Assistance Program

- Available to Wisconsin residents age 65 and over who are U.S. citizens or have qualifying immigrant status.
- \$30 annual application fee. (No monthly premium)
- Creditable coverage. (Avoids Part D penalty)
- Your annual income determines your level of coverage.
 - No deductible at Level 1.
 - Level 2a and 2b have a deductible.
 - Level 3 has a deductible and spenddown.
- No asset limit.
- May use alone or in addition to Part D.

SENIORCARE[®]
Prescription Drugs for Wisconsin Seniors **X**

For more information or to
download an application :
www.dhs.wisconsin.gov/seniorcare

Or call:
1-800-657-2038



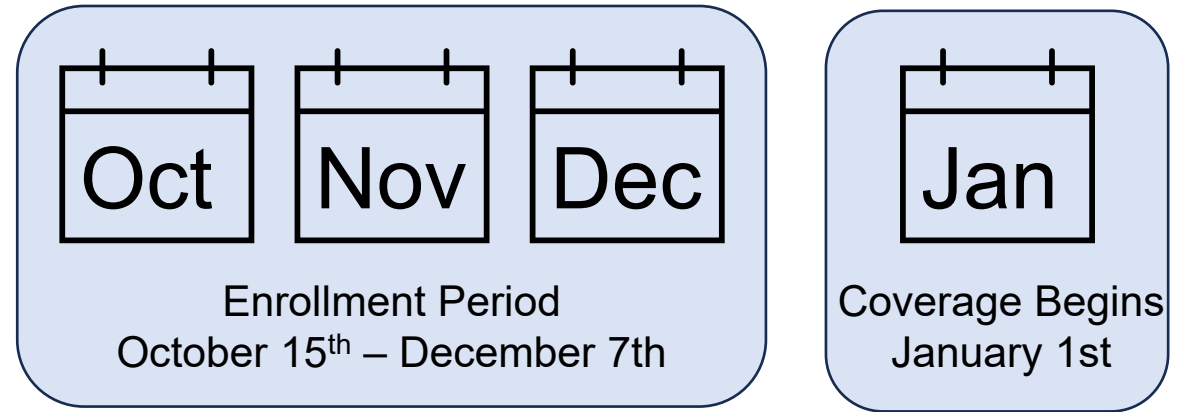
Levels of SeniorCare

Income Limits* <small>Based on 2026 FPL Numbers</small>	Annual Out-of-Pocket Expense Requirements and Benefits
<p>Level 1 Income at or below 160% of FPL At or below \$25,536 per Individual or \$34,624 per couple annually</p>	<ul style="list-style-type: none"> •No deductible or spenddown •\$5 copay for each covered generic prescription drug •\$15 copay for each covered brand-name prescription drug
<p>Level 2A Income above 160% and at or below 200% FPL \$25,537-\$31,920 per individual and \$34,625-\$43,280 per couple annually</p>	<ul style="list-style-type: none"> •\$500 deductible per person •Pay the SeniorCare rate for covered drugs until the \$500 deductible is met •Once \$500 deductible is met: <ul style="list-style-type: none"> •\$5 copay for each covered generic prescription drug •\$15 copay for each covered brand-name prescription drug
<p>Level 2B Income above 200% and at or below 240% of the FPL \$31,921-\$38,304 per individual and \$43,281-\$51,936 per couple annually</p>	<ul style="list-style-type: none"> •\$850 deductible per person •Pay the SeniorCare rate for covered drugs until the \$850 deductible is met •Once \$850 deductible is met: <ul style="list-style-type: none"> •\$5 copay for each covered generic prescription drug •\$15 copay for each covered brand-name prescription drug
<p>Level 3 Income more than 240% of FPL \$38,305 or higher per individual and \$51,937 or higher per couple annually</p>	<ul style="list-style-type: none"> •Retail price for covered drugs during spenddown •Once spenddown is met, meet and \$850 deductible per person •Pay the SeniorCare rate for covered drugs until the \$850 deductible is met •Once \$850 deductible is met: <ul style="list-style-type: none"> •\$5 copay for each covered generic prescription drug •\$15 copay for each covered brand-name prescription drug

Part 5

Annual Open Enrollment Period

Open Enrollment



Annual Open Enrollment Period

October 15th – December 7th



- Medicare Part D plans, as well as Medicare Advantage plans (Part C), can change their plan details each year.
- Plan formularies, pharmacy networks, premiums, and other costs can change each year.

Review your plan each year!



Local Help for People with Medicare

Get free, unbiased help!

- Medicare Plan Finder at: www.medicare.gov
- Medicare: **1-800-633-4227**
- Wisconsin State Health Insurance Assistance Program (SHIP):
 - Medigap Helpline: **1-800-242-1060**
 - Medigap Part D Helpline: **855-677-2783**
 - **Local SHIP counselors** near you: dhs.wi.gov/medicare-help




The Medicare Plan Finder




Welcome to
Medicare

Get Started with Medicare

 Log in or create
an account


Access your information
anytime, anywhere

Log in/Create Account

 Find health &
drug plans

Find & compare plans in
your area

Find Plans Now

 Find care
providers

Compare hospitals,
nursing homes, & more

Find Providers Near Me

 Talk to someone

Contact Medicare & other
helpful resources

Get Help

Compare plans at
www.medicare.gov

Click “Find Health &
Drug Plans”

- Create/Log into account to personalize your search to find plans that meet your needs.
- Compare plans based on star ratings, formularies, benefits, costs, and more.



Local Help for People with Medicare

For **free and unbiased help with Medicare**, contact the Wisconsin State Health Insurance Assistance Program:

- Call the Medigap Helpline at 1-800-242-1060.
- Visit the Wisconsin Department of Health Services website at dhs.wi.gov/medicare-help.



SHIP

State Health Insurance
Assistance Program



Welcome to Medicare

An Educational Series for People
with Medicare in Wisconsin

Wisconsin SHIP: 1-800-242-1060



SHIP

State Health Insurance
Assistance Program



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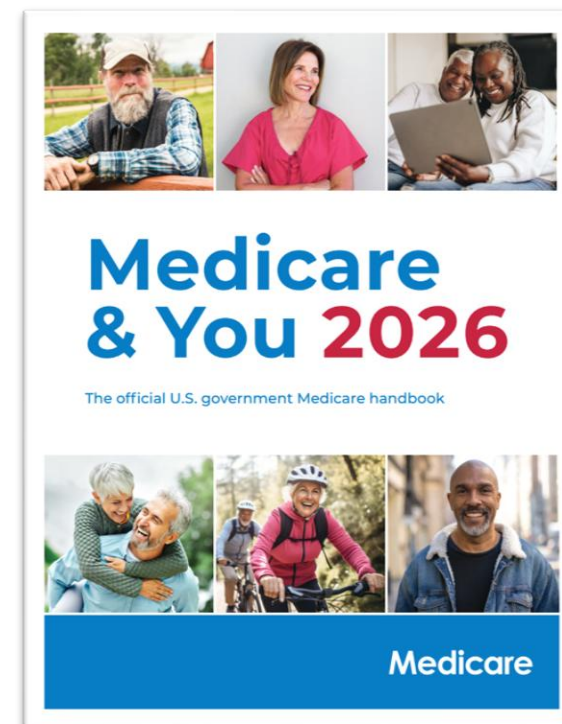
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Find more detailed information in your [Medicare & You Handbook](#).

Welcome to Medicare

Part 6

Help for People with Limited Income



SHIP

State Health Insurance
Assistance Program



Help for People with Limited Income



Help for People with Limited Income



Medicare Savings Programs

- Helps pay for Medicare Part B premium
- May also help pay Medicare copays and deductibles



Extra Help (Low Income Subsidy)

- Assistance with Medicare prescription drug coverage.
- Reduces Part D premiums, deductibles, and copays based on income and assets.



SeniorCare Prescription Drug Assistance Program

Level of assistance depends on annual income.



Help for People with Limited Income

Program Eligibility Guidelines

Program	Single Individual (Unmarried)		Married Couple	
	Monthly Income	Assets	Monthly Income	Assets
Medicare Savings Program	< \$1,816	< \$9,950	< \$2,455	< \$14,910
Extra Help	< \$1,956.26	< \$16,590	< \$2,643.75	< \$33,100
Wisconsin SeniorCare Level 1	< \$2,128 or below	No asset limit	< \$2,885 or below	No asset limit

*Income Limits based on 2026 federal poverty guidelines



Help for People with Limited Income

Check if you qualify

Medicare Savings Program

- Learn more at www.dhs.wisconsin.gov/medicaid or [Medicare Savings Program fact sheet \(P-10062\)](#)
- Apply at access.wisconsin.gov
- Get help or apply at your [local Medicaid office](#)

You can also get help from a [Wisconsin benefit specialist](#).

Extra Help

- Learn more or apply at ssa.gov
- Call Social Security with questions or to apply: 1-800-772-1213 (TTY 1-800-325-0778)

SeniorCare

- Learn more and print an application at www.dhs.wisconsin.gov/seniorcare
- Call the SeniorCare Helpline with questions: 1-800-657-2038



Protect Yourself / Prevent Fraud

*A few
words of
caution...*



Protect Yourself / Prevent Fraud

Three Steps to Prevent Fraud

Step 1: **Protect** Yourself and Others from Medicare Fraud

DON'T

- Don't give out your Medicare number except to your doctor or other Medicare provider.

DO

- Do treat your Medicare card and number like your credit card.
- Do watch out for identity theft.
- Do be aware that Medicare doesn't call or visit to sell you anything.
- Do be cautious of offers for "free" medical services.
- Do **pass it on!**



Protect Yourself / Prevent Fraud

Step 2: **Detect** Medicare Fraud & Abuse


- Always review those **Medicare Summary Notices (MSNs) !**
- Access your Medicare information online at www.medicare.gov/account/login.
- Create a **Personal Health Care Journal:**
 - Record doctor visits, tests and procedures in the journal and take it with you to appointments.
 - Compare your MSNs and other statements to your journal to make sure they are correct.



Protect Yourself / Prevent Fraud

Always review your **Medicare Summary Notice!**

- This is not a bill. Sent every 6 months.
- Check name, address, Medicare number for accuracy.
- Did you receive the service?
- Be sure claim is processed and paid. If item is denied, call doctor's office to make sure claim was coded properly. If not, office can resubmit.
- If denied, you have appeal rights. Appeal deadline is 120 days.

1  **Medicare Summary Notice** **4** Page 1 of 4
for Part B (Medical Insurance)
The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

JENNIFER WASHINGTON
TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

THIS IS NOT A BILL

2 **Notice for Jennifer Washington**

Medicare Number	1A23BC4DE56
Date of This Notice	March 1, 2020
Claims Processed Between	January 1 – March 1, 2020

3 **Your Deductible Status**

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met **\$85.00** of your **\$147.00** deductible for 2020.

Be Informed!

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

5 **Your Claims & Costs This Period**

Did Medicare Approve All Services?	NO
Number of Services Medicare Denied	1
See claims starting on page 3. Look for NO in the "Service Approved?" column. See the last page for how to handle a denied claim.	
Total You May Be Billed	\$90.15

6 **Providers with Claims This Period**

January 21, 2020
Craig I. Secosan, M.D.

7

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.
如果您需要西班牙语帮助, 请致电联邦医疗保险, 请说“agent”, 然后说“Mandarin”. 1-800-MEDICARE (1-800-633-4227)

[Part A Medicare Summary Notice \(MSN\)](#)
[Part B Medicare Summary Notice \(MSN\)](#)



Protect Yourself / Prevent Fraud

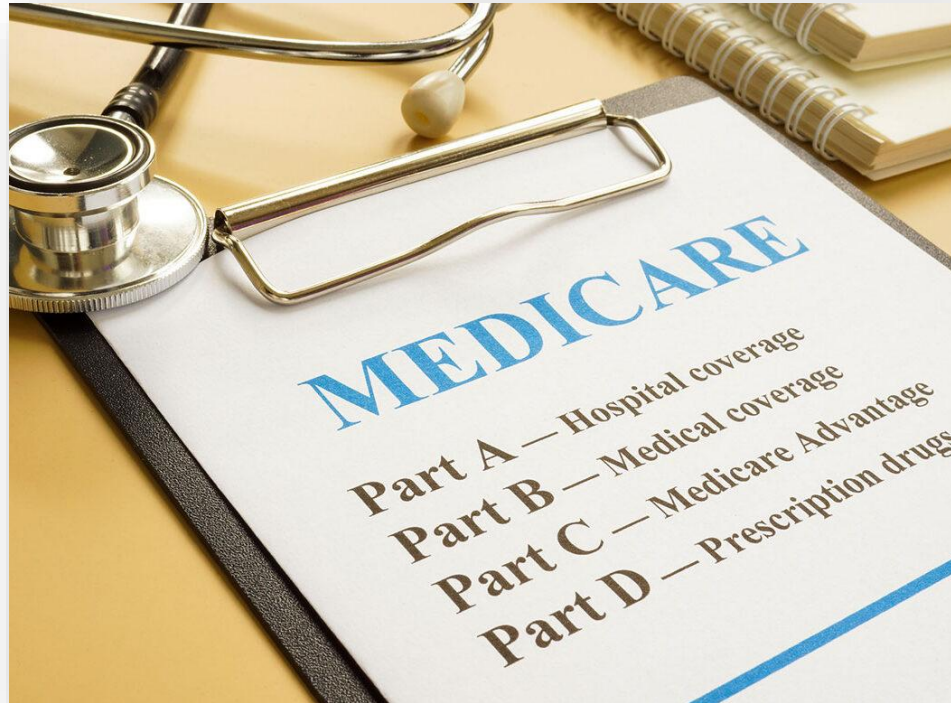
Step 3: **Report** Suspected Medicare Fraud and Abuse

- Call the provider.
- Gather information and documentation.
- Contact **WI Senior Medicare Patrol (SMP)**:
 - Call Toll-free: **1-888-818-2611** (*Free and Confidential!*)
 - To report suspected fraud/abuse.
 - For training, speakers, and/or materials.
 - To volunteer with the SMP program.

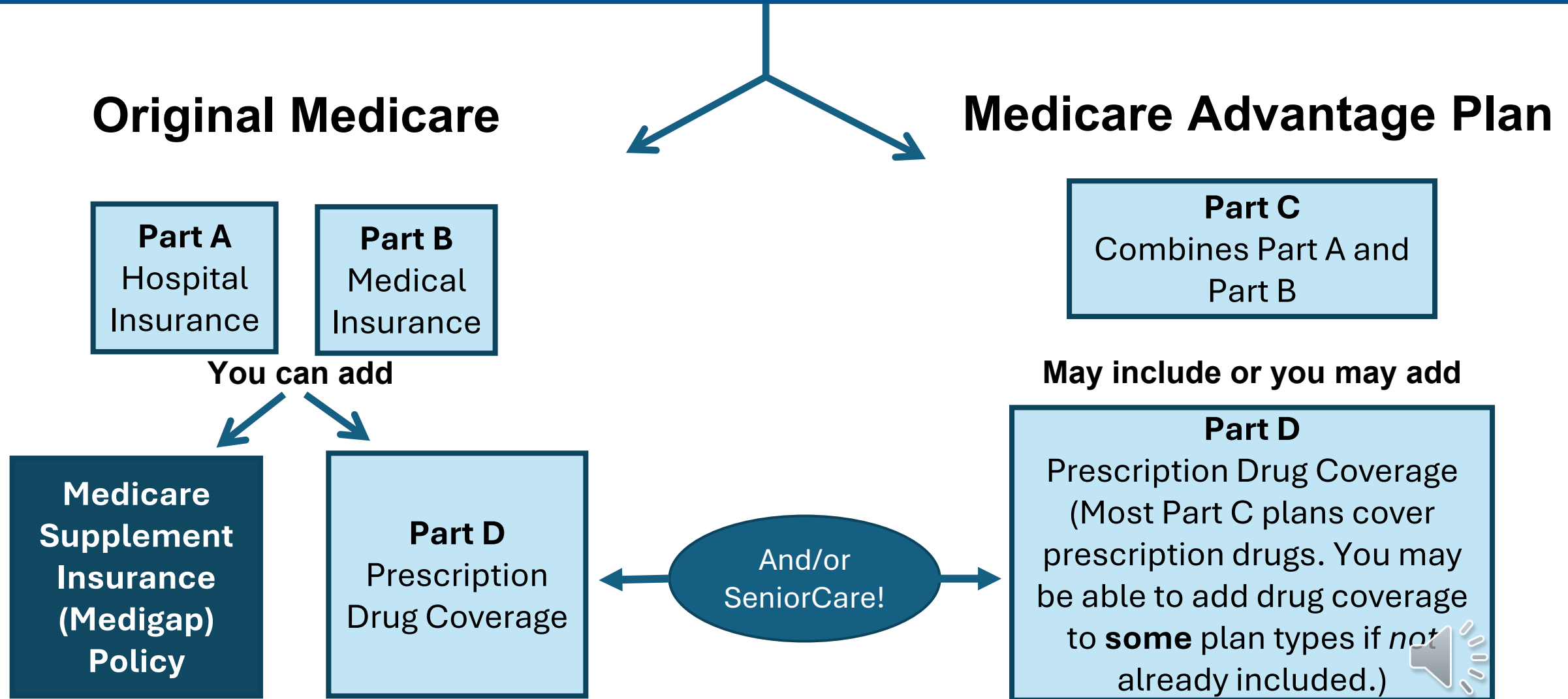


Part 6

Review & Resources



Review – Your Coverage Choices



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