

SHIP Basic Training Medicare Part D

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Presentation Overview

- **Medicare Part D Overview**
- **Medicare Part D Eligibility & Enrollment**
 - Enrollment Periods (IEP, ICEP, AEP, MAOEP, OEPI)
 - Frequently used Special Enrollment Periods (SEPs)
- **Medicare Part D Coverage**
 - Medicare Part D Structure & Costs
 - Medicare Prescription Payment Plan (M3P)
 - Coverage Exceptions & Appeals
- **Low Income Subsidy Extra Help Program**
 - Limited Income Newly Eligible Transition Program (LINET)
- **Wisconsin SeniorCare**

Training Logistics

- We will pause for questions regularly throughout the presentation

Please use the chat function in Teams to ask your questions

- I will do my best to address any questions but please avoid including any personal or client specific information
- If I am unable to address your question, please don't hesitate to contact BOALTCMedigap@wisconsin.gov for assistance
- We will take **two short breaks** throughout this training
- Slides and a recording will be made available on the GWAAR webpage
 - Contact stephanie.haas@gwaar.org with any questions or issues accessing slides or recording

Medicare Part D Overview



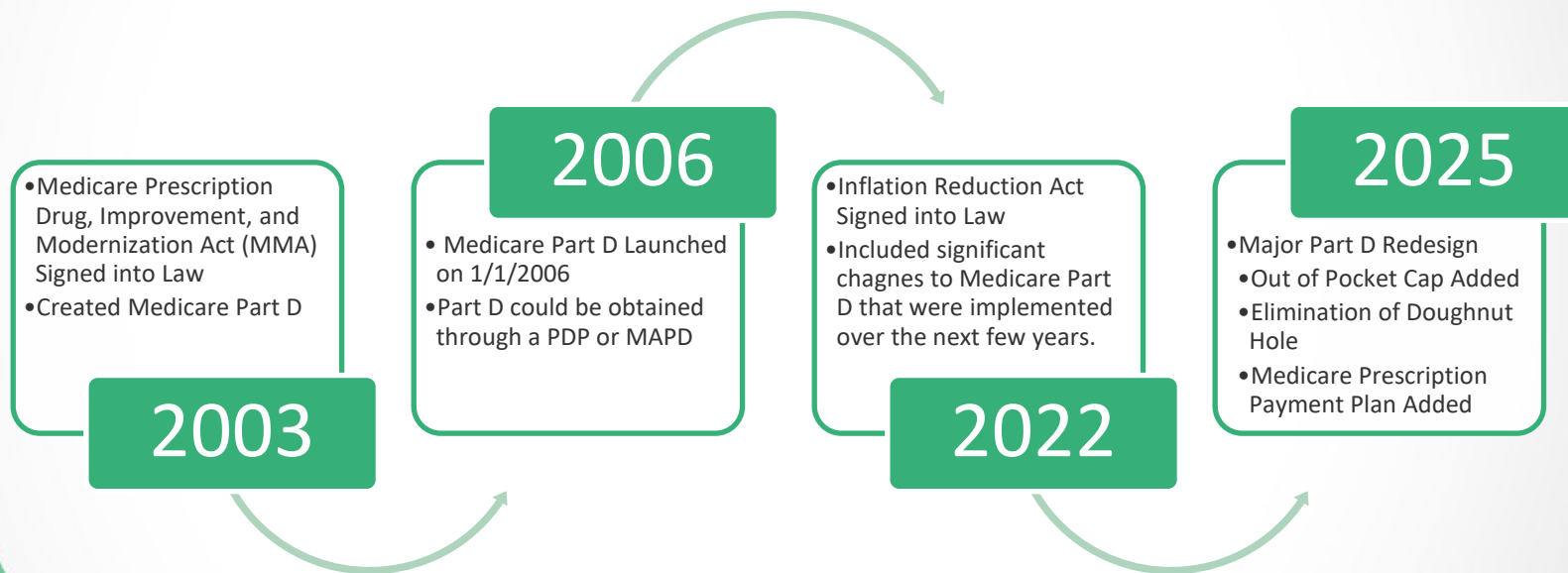
What is Medicare Part D or Medicare Prescription Drug Coverage?

Medicare Prescription Drug Coverage or Part D:

- Is optional for Medicare Beneficiaries (Enrolled in Medicare Part A **and/or** B)
(Delaying enrollment may result in Part D late enrollment penalties)
- Helps pay for prescription drugs filled at in network pharmacies
- Has an annual Out of Pocket (OOP) Limit for covered prescriptions
- Has specific formularies or lists of covered drugs for each plan
 - *Only Medicare covered drugs can be included on plan formularies*
- Can be obtained by enrolling in:
 - A standalone Part D Plan or PDP
 - A Medicare Advantage Plan with Part D coverage or MAPD

[What's Medicare drug coverage \(Part D\)? | Medicare](#)
[Creditable prescription drug coverage | Medicare](#)

History of Medicare Part D



Medicare Part D - Related Resources

Regulatory Resources

More Technical:

- [42 CFR 423](#)

Less Technical:

- [Medicare Prescription Drug Benefit Manual](#)
- [Medicare Prescription Drug Eligibility and Enrollment](#)
- [Medicare Managed Care Eligibility and Enrollment](#)
- [Medicare Managed Care Manual](#)

Other Part D Related Resources:

Medicare Publications:

- [Your Guide to Medicare Drug Coverage](#)
- [Medicare's Extra Help Program](#)
- [Your Yearly Medicare Review](#)
- [What's the Medicare Prescription Payment Plan?](#)

Other Part D Publications:

- [How will Medicare Part D affect your Current Insurance - BOALTC](#)
- [2026 Wisconsin Medicare Part D Plans - BOALTC](#)
- [Medicare Part D – Things to Know Before Signing Up - OCI](#)
- [Understanding the Extra Help With Your Medicare Prescription Drug Plan - SSA](#)

Medicare Part D

Eligibility & Enrollment



Part D Eligibility & Enrollment

ENROLLMENT PERIODS



When Can a Beneficiary Enroll in Medicare Part D Coverage?

- **Must live in the plan's service area**
 - Medicare Part D Plans (PDPs) are Statewide in Wisconsin
 - [2026 Wisconsin Medicare Part D Plans](#)
 - Medicare Advantage Plans with Prescription Drug Coverage (MAPDs) are county specific
 - [2026 Wisconsin Medicare Advantage Plan County Landscapes](#)
 - [2026 Medicare Advantage Phone Numbers](#)
- **Must be During an Enrollment Period**
- **CMS Publication:** [Understanding Medicare Advantage & Medicare Drug Plan Enrollment Periods](#)

[Joining a plan | Medicare](#)

Enrollment Period Overview

Examples of Enrollment Periods Include:

- Medicare Part D Initial Enrollment Period (IEP)
- Initial Coverage Election Period (ICEP)
- Annual Election Period (AEP)
- Medicare Advantage Open Enrollment Period (MAOEP)
- Open Enrollment Period for Institutionalized Individuals (OEPI)
- Special Enrollment Periods (SEPs)
 - [SEP-Chart.pdf](#) - NCOA (updates each year)

[Medicare Advantage and Part D Enrollment & Disenrollment Guidance](#)

Initial Enrollment Period (IEP)

- **Timeframe:** The seven-month period that begins three months prior to the month the individual is first eligible for Medicare Part A and ends three months after the first month of eligibility (same as the IEP for Part B). The Part D IEP will generally correspond to the individual's 65th birthday, 25th month of disability, or active ESRD-status.
- **Changes Allowed:** Enrollment into a PDP or MAPD
- **Effective Date:** First of the month following the enrollment request or the date of entitlement for Medicare, if the request for enrollment is made before entitlement.

30.1 - [Medicare Advantage and Part D](#)

Initial Coverage Election Period (ICEP)

- **Timeframe:** Always begins three months prior to the date an individual has both Medicare Part A and Part B for the first time. It ends either on:
 - The last day of the second month after the month in which they are first entitled to Part A and enrolled in Part B; or
 - The last day of their Part B IEP, whichever is later.
- **Changes Allowed:** Enrollment into MA or MA-PD plan
- **Effective Date:** First of the month following the enrollment request or the date of entitlement for Medicare, if the request for enrollment is made before entitlement.
- **Note:** The ICEP and the IEP for Part D occur together as one period when a newly Medicare eligible individual has enrolled in both Part A and B at first eligibility. Should an individual delay enrollment into Part B to a later time, the ICEP and IEP for Part D become separate.

30.2 - [Medicare Advantage and Part D](#)

Annual Election Period (AEP)

- **Timeframe:** October 15th through December 7th every year
- **Changes Allowed:**
 - Enrollment into a PDP, MA, or MAPD
 - Disenrollment from a PDP, MA, or MAPD
- **Effective date:** January 1 of the following year
- CMS Publication: [Your Yearly Medicare Review](#)

30.3 - [Medicare Advantage and Part D](#)

Medicare Advantage Open Enrollment Period (MAOEP)

- **Timeframe:** January 1st through March 31st every year
- **Changes Allowed:**
 - Drop or Switch Medicare Advantage Plans (MAPD or MA Only).
 - If they elect to drop their MAPD there is a corresponding enrollment period into a PDP.
- **Effective date:** First of the month following the enrollment request.

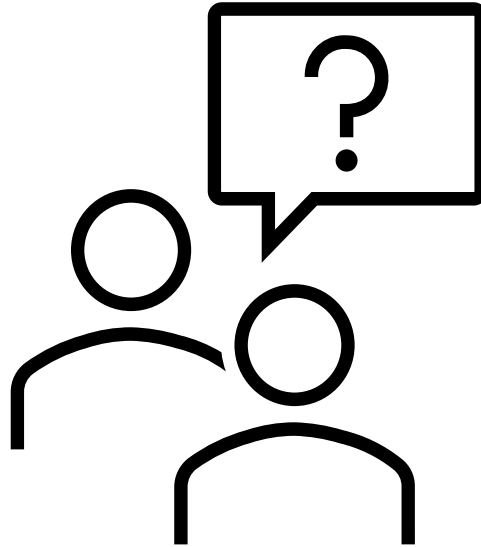
30.4 - Medicare Advantage and Part D

Open Enrollment Period for Institutionalized Individuals (OEPI)

- **Timeframe:** Continuous for an MA-eligible institutionalized individual who moves into, resides in, or moves out of an institution. The OEPI ends two months after the month the individual moves out of the institution (See [42 CFR § 422.2](#) for definition of “institutionalized”).
- **Changes Allowed:**
 - Enrollment into MA plan (MA-only, MA-PD)
 - Disenrollment from MA plan (MA-only, MA-PD)
 - Enrollment into Original Medicare
- **Effective Date:** Generally, the first of the month following the plan’s receipt of the enrollment request.

30.5 - [Medicare Advantage and Part D](#)

Questions?



Part D Eligibility & Enrollment

FREQUENTLY USED SPECIAL ENROLLMENT PERIODS (SEP)



SEP for LIS Eligible Individuals

- **Timeframe:** Once per month SEP for low-income subsidy eligible individuals to enroll once per month into any standalone prescription drug plan but does not permit enrollment into MA-PD plans or changes between MA-PD plans.
- **Changes Allowed:**
 - Enroll in or Change Medicare Part D Plans (PDPs)
- **Effective Date:** The first of the month following the plan's receipt of the enrollment request.

30.6.7 - Medicare Advantage and Part D

SEP for Individuals Who Gain, Lose, or Have a Change in Their Dual or LIS Status

- **Timeframe:** A one time SEP for individuals who gain, lose, or have a change in their dual- or LIS-eligible status. This includes their Medicaid or subsidy-level status or LIS eligibility. An individual may make an election using this SEP within three months of any of the changes, or notification of such a change, whichever is later.
- **Changes Allowed:**
 - Enroll or Disenroll from a Part D Plan (PDP)
- **Effective Date:** Generally, the first of the month following the plan's receipt of the enrollment request.

30.6.8 - Medicare Advantage and Part D

SEP for individuals who belong to a qualified SPAP

- **Timeframe:** An individual who belongs to a qualified “State Pharmaceutical Assistance Program” (SPAP) can utilize this SEP once per calendar year. In Wisconsin SeniorCare is a qualifying SPAP.
- **Changes Allowed:**
 - Enrollment into a PDP or MAPD Plan
- **Effective Date:** The first of the month following the plan’s receipt of the enrollment request.

Link: [Wisconsin SeniorCare Medicare Special Enrollment Periods 4.26.pdf](#)

30.6.9 - [Medicare Advantage and Part D](#)

SEP to Maintain Other Creditable Coverage

- **Timeframe:** An individual who is enrolled in a Part D plan can disenroll from that Part D plan to enroll in or maintain other creditable prescription drug coverage (SeniorCare, TRICARE, VA coverage, etc.).
- **Changes Allowed:**
 - Disenrollment out of a PDP or MAPD Plan.
 - Can use the corresponding SEP to elect an MA-only plan if a beneficiary elects to return to Original Medicare using this SEP.
- **Effective Date:** The first of the month following the plan's receipt of the disenrollment request.

30.6.19 - Medicare Advantage and Part D

SEP for Individuals Who Involuntarily Lose Creditable Coverage

- **Timeframe:**

- This SEP allows individuals who experience an involuntary loss of creditable prescription drug coverage, including a reduction in the level of coverage such that it is no longer creditable coverage (as defined at 42 CFR § 423.56(a)), to enroll in a PDP.
- The SEP begins when an individual is notified of the loss of (or reduction in) creditable coverage and ends two calendar months after either the loss (or reduction) occurs or the individual's receipt of the notice, whichever is later.

- **Changes Allowed:**

- Enrollment into a PDP or MAPD

- **Effective Date:**

- First of the month after the enrollment election request is made or, at the individual's request, may be later; however, the effective date may not be more than two months from the end of the SEP.

SEP for Part D

Plan Terminations / Non-Renewals

- **Timeframe:** The SEP can be used when CMS, an MAO, or a Part D sponsor has terminated an individual's MA or Part D plan contract, discontinued the plan in the area in which an individual resides (i.e., service area reduction), or notified an individual of an impending plan termination or an impending service area reduction.
- **Changes Allowed:**
 - Enrollment into MA plan (MA-only, MA-PD)
 - Enrollment into a PDP
- **Effective Date:** Generally, the first of the month following the plan's receipt of the enrollment request. The effective date of enrollment may change depending on timing of termination or non-renewal.

[Medigap Helpline letter regarding terminating plan options](#)

30.6.10 - [Medicare Advantage and Part D](#)

How Can Beneficiaries Enroll in Medicare Part D?

Using [Medicare.Gov](https://www.medicare.gov)

- Individuals can create an account to manage their Medicare plan enrollments.

Call 1-800-MEDICARE (633-4227)

- Speak with a customer service representative to request an enrollment or disenrollment.

Contact the Plan Sponsor (Insurer) Directly

- The plan sponsor can process the enrollment request.

[Medicare.gov Plan Finder](https://www.medicare.gov)
[Joining a plan | Medicare](#)

Part D Late Enrollment Penalty

The Medicare Part D late enrollment penalty (LEP) is a permanent monthly surcharge added to a Part D premium if an individual goes 63+ consecutive days without creditable drug coverage.

○ **Penalty Calculation**

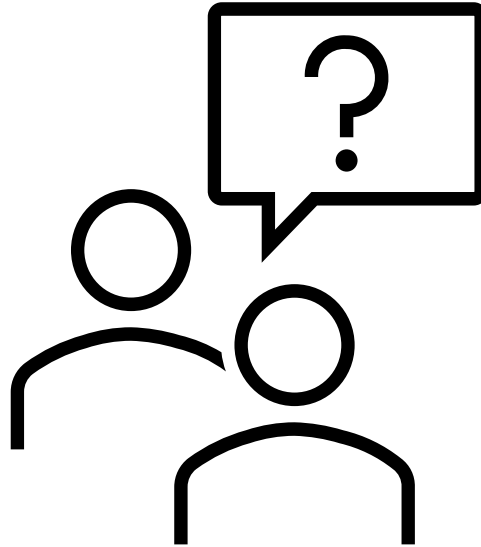
- The penalty is calculated as 1% of the national base beneficiary premium (\$38.99 in 2026) for every uncovered month, rounded to the nearest \$0.10.
- Example: A 12-month gap in creditable coverage would result in a Part D LEP of \$4.70 in 2026.

○ **Appeals:** [Late Enrollment Penalty \(LEP\) Appeals | CMS](#)

Note: The Medicare Part D Late Enrollment Penalty resets at 65 if an individual becomes eligible for Medicare before 65 and is assessed a Part D penalty.

[Avoid late enrollment penalties | Medicare](#)

Questions?



Short Break – 5 Minutes

See you in
5 Minutes



Medicare Part D Coverage



Part D Coverage

STRUCTURE AND COSTS



Part D – Structure & Cost Overview

- Standalone Part D Plans & Medicare Advantage Plans with Prescription Coverage have the same "Part D" structure.
- Coinsurance or co-pays for specific drugs can vary significantly from plan to plan.
- Medicare Prescription Drug Plan spending transfers from plan to plan, if individuals change coverage mid-year.
 - *Example: John was enrolled in an Anthem PDP and had spent \$600 of his \$2,100 out of pocket cap as of February 21st, he then used a SEP to change his enrollment to a WellCare PDP effective March 1st. His \$600 spent towards his out of pocket cap would transfer to the WellCare PDP.*

Part D – Standard & Enhanced Drug Benefits

Standard Prescription Benefit

- The plan's benefits (prescription coverage) meet the minimum required by CMS.
- Follows the Part D plan structure typically with the maximum allowable deductible, \$615 in 2026.

Enhanced Prescription Benefit

- Must offer prescription coverage that has a “higher actuarial” value, a higher percentage of drug costs covered.
- May have:
 - Lower deductible
 - Lower copays or coinsurance
 - Larger formulary
 - Generics that do not count towards the plan deductible

Medicare Part D Plan Structure in 2026

Deductible Phase

- Standard (maximum) deductible of \$615
- Enrollee pays 100% of prescription costs

Initial Coverage Phase

- Enrollee pays up to 25% coinsurance
- Out of Pocket Limit of \$2,100 ends this phase

Catastrophic Phase

- Enrollee pays 0% coinsurance
- Enrollee will not have any costs for covered drugs

Part D – **Deductible**

The standard (maximum) deductible for all Medicare Drug Plans in 2026 is \$615.

- Beneficiaries typically pay 100% of the cost of their covered prescription drugs until they hit their Part D plan deductible.
- CMS refers to the amount enrollees pay towards their deductible as the enrollees' gross covered prescription drug costs (GCPDC).

Part D – Initial Coverage Phase

Initial Coverage Phase within Medicare Drug Plans in 2026 occurs after the plan deductible is reached

- During Initial Coverage, payment for prescription drugs is:
 - **Enrollee pays up to 25% coinsurance**
 - *Enrollees may have costs below 25% coinsurance depending on individual plan formularies*
 - Plan Sponsors pay 65-75% of the cost of covered Part D prescriptions
 - The manufacturer (through the Manufacturer Discount Program) pays 10% of the cost of applicable drugs
 - CMS may pay a 10% subsidy for selected drugs

Part D – Out-of-Pocket Limit

The out-of-pocket limit will increase \$100 dollars to
\$2,100 in 2026

- This maximum out-of-pocket limit is reached when the enrollee has reached \$2,100 of applicable spending within the deductible and initial coverage phases.

Part D – Catastrophic Coverage

The Part D enrollee pays **no cost share** for covered Part D drugs in the catastrophic coverage phase

- Sponsors typically pay 60% of the costs of all covered Part D drugs
- The manufacturer pays a discount (typically equal to 20%) for applicable drugs
- CMS pays a reinsurance subsidy equal to 20% of the costs of applicable drugs and 40% of the costs of all other covered Part D drugs

2026 Medicare Negotiated Drug Prices Process

IRA Passed (2022)

- President Biden signs the Inflation Reduction Act of 2022.
- This law authorized CMS to directly negotiate the prices of certain high-cost drugs.

CMS Selects Drugs for Negotiation (2024)

- On February 1, 2024 CMS sent an initial offer for each selected drug, with a concise justification for the initial offer, to each respective participating drug company.

CMS and Drug Manufacturer Negotiate (2024)

- August 1, 2024, the negotiation period ended with agreement reached for negotiated prices between CMS and participating drug companies for 10 selected drugs.

Negotiated Prices Implemented (2026)

- The negotiated prescription drug prices are implemented beginning 1/1/2026.
- Prices are effective for as long as the drugs remain in the program.

Medicare Negotiated Drug Prices 2026

Drug Name	Commonly Treated Condition(s)	30-Day Supply Price in 2026	30-Day Supply Price in 2023	Percent Savings	2023 Part D Enrollees who use the Drug
Januvia	Diabetes	\$113.00	\$527.00	79%	843,000
Fiasp & NovoLog	Diabetes	\$119.00	\$495.00	76%	785,000
Farxiga	Diabetes, Heart Failure	\$178.50	\$556.00	68%	994,000
Enbrel	Arthritis	\$2,355.00	\$7,106.00	67%	48,000
Jardiance	Diabetes	\$197.00	\$573.00	66%	1,883,000

Medicare Negotiated Drug Prices 2026

Drug Name	Commonly Treated Condition(s)	30-Day Supply Price in 2026	30-Day Supply Price in 2023	Percent Savings	2023 Part D Enrollees who use the Drug
Stelara	Arthritis	\$4,685.00	\$13,836.00	66%	23,000
Xarelto	Blood Clots	\$197.00	\$517.00	62%	1,324,000
Eliquis	Blood Clots	\$231.00	\$521.00	56%	3,928,000
Entresto	Heart Failure	\$295.00	\$628.00	53%	664,000
Imbruvica	Blood Cancers	\$9,319.00	\$14,934.00	38%	17,000

Future Medicare Negotiated Drug Prices

Medicare is continuing to negotiate the prices of selected prescription drugs, as authorized by the Inflation Reduction Act of 2022.

Additional resources:

- 2027 Newly Negotiated Drug Prices (Effective 1/1/2027):
 - [New Lower Drug Prices Under the Medicare Drug Price Negotiation Program](#)
- CMS Webpage with More Resources:
 - [Selected Drugs and Negotiated Prices | CMS](#)

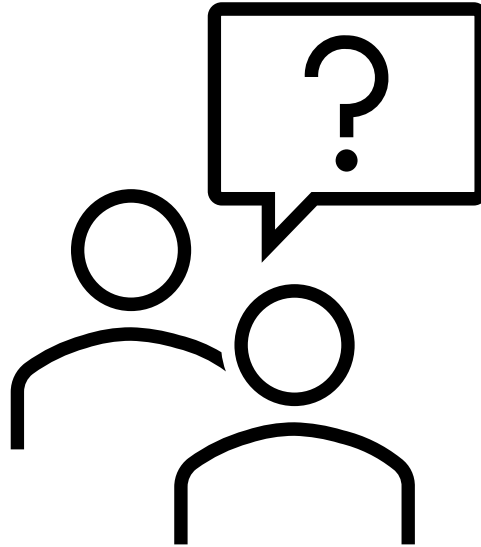
Medicare Prescription Coverage Reminders - Discount Cards & Coupons

Discount card and prescription coupons may be used by Medicare beneficiaries. Examples include:

- GoodRx, SingleCare, BuzzRx, etc.

Do	Don't
• Help temporarily lower co-pays or coinsurance. • Coupons may change from month to month.	• Count towards your Part D plans: • Deductible • Out of Pocket Limit

Questions?



Part D Coverage

MEDICARE PRESCRIPTION PAYMENT PLAN (M3P)



Medicare Prescription Payment Plan

The **Medicare Prescription Payment Plan (M3P)** is a payment option that works with Medicare Part D coverage to help spread your costs across the calendar year.

- All plans offer this payment option, participation is voluntary, and there's no cost to participate.

What Part D enrollees can benefit from this payment plan?

- They have high early year prescription costs
- They have a fixed income and need to spread out their costs

[What's the Medicare Prescription Payment Plan?](#)

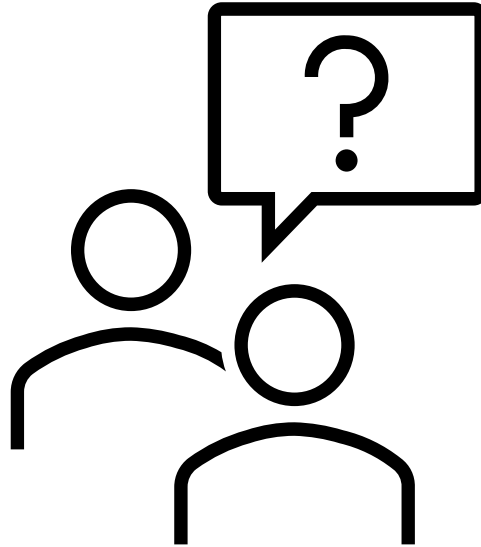
Medicare Prescription Payment Plan – How to Enroll

How can a Part D enrollee sign up for the Medicare Prescription Payment Plan?

- Contact their Medicare Part D plan and request to enroll in the Medicare Prescription Payment Plan
- Payment Plan Enrollment Processing Timeline:
 - When the request is received before the plan year begins (10 days)
 - When the request is received during the plan year (within 24 hours of receipt)

[Fact Sheet: Medicare Prescription Payment Plan Final Part One Guidance](#)

Questions?



Short Break – 5 Minutes

See you in
5 Minutes



Part D Coverage

COVERAGE EXCEPTIONS & APPEALS



Transition Fills

A **transition fill** is typically a one-time 30-day supply of a prescription for a Part D enrollee. Transition fills allow enrollees to get temporary coverage for drugs that are not on their plan's formulary or that have certain coverage restrictions (such as prior authorization or step therapy).

Typically, when can a Part D enrollee get a transition fill?

- Their current PDP is taking their prescription off of their formulary or adding a coverage restriction for the next calendar year.
- Their new PDP does not cover a Medicare-covered prescription they have been previously been taking.

Coverage Exceptions

- An exception request is a type of coverage determination. The two types are:
 - Formulary Exception
 - Tiering Exception
- A Part D enrollee, an enrollee's prescriber, or an enrollee's representative may request a coverage exception through their plan.
- Exceptions requests are granted when a plan sponsor determines that a requested drug is medically necessary for an enrollee.
- An enrollee's prescriber must submit a supporting statement to the plan sponsor supporting the request.

Formulary Exceptions

A **formulary exception** can be requested to obtain a Part D drug that is not included on a plan sponsor's formulary, or to request to have a utilization management requirement waived (e.g., step therapy, prior authorization, quantity limit) for a formulary drug.

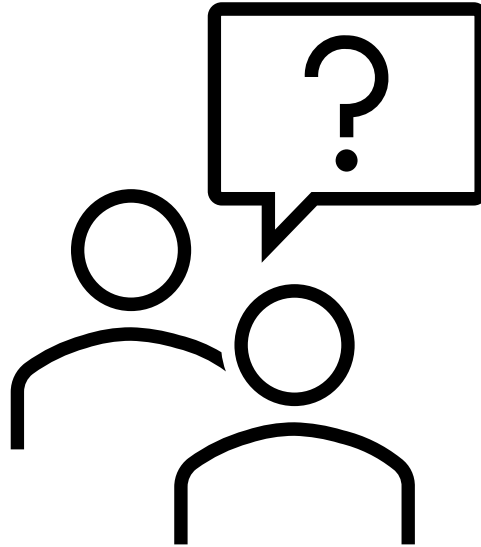
- The prescriber's supporting statement must indicate that the non-formulary drug is necessary for treating an enrollee's condition because all covered Part D drugs on any tier would not be as effective or would have adverse effects.
- Timeline:
 - 24 hours for expedited requests
 - 72 hours for standard requests

Tiering Exceptions

A **tiering exception** can be requested to obtain a non-preferred drug at the lower cost-sharing like the drugs in a preferred tier.

- The prescriber's supporting statement must indicate that the preferred drug(s) would not be as effective as the requested drug for treating the enrollee's condition, the preferred drug(s) would have adverse effects for the enrollee, or both.
- Timeline:
 - 24 hours for expedited requests
 - 72 hours for standard requests

Questions?



Low Income Subsidy (LIS) Extra Help Program



What is the Low Income Subsidy (LIS) Extra Help Program?

- “Extra Help” is a Medicare program to help people with limited income and resources pay Medicare drug coverage (Part D) costs
 - LIS/Extra Help is administered by the Social Security Administration (SSA)
- Some people qualify automatically for Extra Help and others may need to apply
- **The Extra Help program can help pay these Medicare drug costs:**
 - **Premium:** A monthly amount you pay for coverage (whether you get services or not)
 - **Deductible:** An amount you must pay for covered services and items each year before Medicare or your plan starts to pay
 - **Coinsurance:** A percentage of the cost that you pay

LIS Extra Help ‘Levels’

[Calendar Year \(CY\) 2026 Resource and Cost-Sharing Limits for Low-Income Subsidy \(LIS\)](#)

Table 2. CY 2026 Maximum LIS Beneficiary Cost-Sharing Table

LIS Category	Deductible	Copayment up to Out-of-Pocket Threshold ^a	
		Generic	Brand
Full-Benefit Dual Eligible Beneficiaries Institutionalized or Receiving Home and Community-Based Services	\$0	\$0	\$0
Full-Benefit Dual Eligible Beneficiaries with income $\leq$ 100% FPL	\$0	\$1.60	\$4.90
Full-Benefit Dual Eligible Beneficiaries with income between 100% and 150% FPL	\$0	\$5.10	\$12.65
Non-Full Benefit Dual Eligible Beneficiaries Applied or are eligible for Medicare Savings Program (QMB-only, SLMB-only, or QI); or Supplemental Security Income (but not Medicaid)	\$0	\$5.10	\$12.65
Non-Full Benefit Dual Eligible Beneficiaries Applied and with income $\leq$ 150% FPL and resources $\leq$ \$18,090 (\$36,100 if married) ^b	\$0	\$5.10	\$12.65

Notes:

- a. The out-of-pocket threshold is \$2,100 for 2026. Beginning in CY 2024, under section 1860D-2(b)(4)(A)(i) of the Act, as amended by section 11201(a) of the IRA, there is no cost-sharing for covered Part D drugs above the annual out-of-pocket threshold, as defined at section 1860D-2(b)(4)(B) of the Act, for any Part D beneficiaries, including LIS-eligible beneficiaries.

LIS Extra Help Program Notices

Medicare's Extra Help Program

When you...	Medicare will mail you a...
Automatically qualify for Extra Help for any of these reasons: - You have both Medicare and Medicaid. - You're in a Medicare Savings Program (MSP). - You get Supplemental Security Income (SSI) benefits.	Purple "Deemed Status Notice."
Automatically qualify for Extra Help for both of these reasons: - You qualify for Medicare and full Medicaid coverage. - You currently get benefits through Original Medicare.	Yellow "Auto-Enrollment Notice."
Continue to automatically qualify for Extra Help, but you'll have different copayment levels next year.	Orange "Change in Extra Help Copayment Notice."
Qualify for Extra Help for one of the reasons below and you're not in a Medicare drug plan: - You belong to a Medicare Savings Program. - You get SSI. - You applied and qualified for Extra Help.	Green "Facilitated Enrollment Notice."
Already get Extra Help, joined a Medicare drug plan on your own, and your plan's premium is going to change.	Tan "LIS Choosers Notice."
Already get Extra Help and Medicare moved you into a new drug plan for next year for one of these reasons: - The premium for your old plan next year will increase above the regional low-income premium subsidy amount. - Your old plan is leaving the Medicare program.	Blue "Reassign Formulary Notice."
Don't automatically qualify for Extra Help next year.	Gray "Loss of Deemed Status Notice."

Limited Income Newly Eligible Transition (LINET) Program

- Automatic enrollment in a standalone Medicare Part D plan can typically take around 1-2 months
- During this time eligible beneficiaries can utilize LINET to pay for their prescriptions.
- LINET is temporary Part D coverage administered by Humana
- LINET does not have any monthly premium
- Beneficiary Co-Pays and Coinsurance will align with their LIS levels
 - *Example: If their co-pays are \$12.65 for brand name prescriptions, their co-pay for a brand name prescription would be \$12.65.*

[LI NET Advocate and Beneficiary Resources | Humana](#)

LINET Billing Reminders (Best Available Evidence)

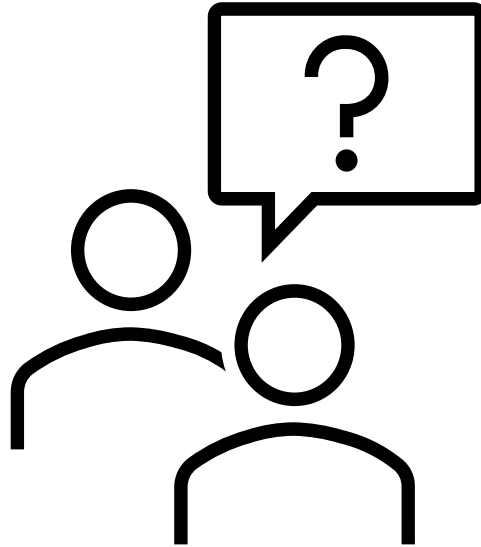
- To 'bill' LINET, a beneficiary needs to present the following at the pharmacy:
 - **Medicare Card** or Other Verification of Medicare Enrollment, and
 - **Best Available Evidence** of Medicaid Entitlement or LIS Eligibility.
- This may include:
 - Copy of Medicaid Award Letter with Effective Dates,
 - Notice from Medicare or SSA awarding “Extra Help”, or
 - Other Evidence of Medicaid Entitlement

[LI NET—Pharmacy resources for providers](#)

LIS Extra Help & LINET Resources

- [Medicare's Extra Help Program](#)
- [Understanding the Extra Help With Your Medicare Prescription Drug Plan](#)
- [LINET Two-Page Resource](#)
- [LI NET—Pharmacy resources for providers](#)

Questions?



Wisconsin SeniorCare (SPAP)



What is Wisconsin SeniorCare?

- To enroll in SeniorCare an individual must:
 - Be a Wisconsin Resident,
 - Be a US Citizen or qualifying immigrant, and
 - Be age 65 or older.
- SeniorCare helps seniors pay for prescription drugs and vaccines.
- SeniorCare is \$30 per year per enrollee.
 - Applications can be found here: [SeniorCare: Prescription Drug Assistance Program | Wisconsin Department of Health Services](#)
 - All applications and enrollment fees must be mailed to SeniorCare for an individual to enroll.

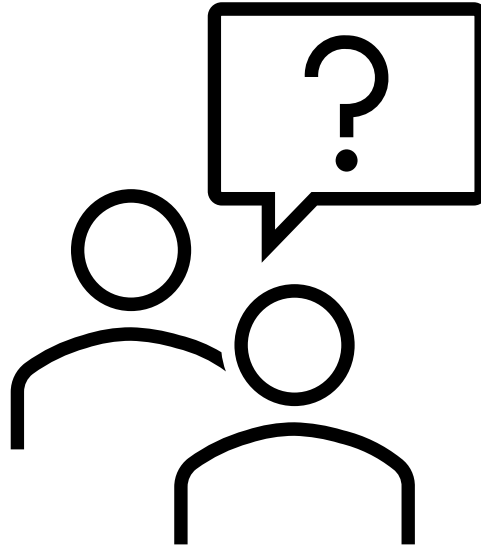
What are the 'Levels' of SeniorCare?

SeniorCare 2026 Annual Income Limits and Out-of-Pocket Expenses by Level of Participation		
Level	Income Limits	Out-of-Pocket Expenses
1	Income at or below 160% of the FPL Individual: \$25,536 Couple: \$34,624	- No deductible or spenddown. \$5 copay for each covered generic prescription drug. \$15 copay for each covered brand name prescription drug. \$0 for vaccines
2A	Income between 160% and 200% of the FPL Individual: \$25,537 to \$31,920 Couple: \$34,625 to \$43,280	\$500 deductible per person. - Pay the SeniorCare rate for covered drugs until the \$500 deductible is met. - After \$500 deductible is met, pay a \$5 copay for each covered generic prescription drug and a \$15 copay for each covered brand name prescription drug. \$0 for vaccines
2B	Income between 200% and 240% of the FPL Individual: \$31,921 to \$38,304 Couple: \$43,281 to \$51,936	\$850 deductible per person. - Pay the SeniorCare rate for covered drugs until the \$850 deductible is met. - After \$850 deductible is met, pay a \$5 copay for each covered generic prescription drug and a \$15 copay for each covered brand name prescription drug. \$0 for vaccines
3	Income more than 240% of the FPL Individual: \$38,305 or more Couple: \$51,937 or more	- Pay retail price for covered drugs during the spenddown phase. - After the spenddown is met, meet an \$850 deductible per person. - Pay the SeniorCare rate for covered drugs until the \$850 deductible is met. - After \$850 deductible is met, pay a \$5 copay for each covered generic prescription drug and a \$15 copay for each covered brand name prescription drug. \$0 for vaccines

How Does SeniorCare Work With Part D?

- An individual can have a Part D plan through a PDP or MAPD and be enrolled in SeniorCare
- SeniorCare will pay after Medicare Part D.
 - This means if an individual is filling a prescription the pharmacy would bill their Part D first and then bill their SeniorCare coverage
 - Individuals enrolled in both may want to remind their pharmacist to ensure they are running their prescriptions through their Part D plan and SeniorCare

Questions?



Important Resources

- [Wisconsin SHIP Counselor Toolkit](#)
- [Medicare Advantage and Part D](#) 2026 Enrollment and Disenrollment Guidance
- [2026 Guide to Health Insurance for People with Medicare in Wisconsin – OCI](#)
- [Medigap Helpline - Benefit Specialist Referral/Contact Form](#)

Medigap Helpline Online Resources

Webpage - [BOALTC.wi.gov](https://www.boaltc.wi.gov)

Medigap Helpline Services	
Medicare	+
Medicare Supplements (Medigap)	+
Medicare Advantage Plans	+
Prescription Drug Options	+
Other Types of Coverage	+
Long Term Care Insurance (LTC)	+
Resources	

Resources

MEDIGAP HELPLINE RESOURCES

The Medigap Helpline uses the following public-facing resources in our Medicare-related insurance counseling with Medicare beneficiaries. Resources can be found below. **Click the category names below to display the corresponding resource links (green and underlined).**

Resources produced by the Board on Aging and Long Term Care are current as of the date listed on the publication. Resources in each section are listed in numerical order.

- ▶ **Medicare Part D or Advantage Plan Review Process Resources**
- ▶ **Medicare Supplement (Medigap) Policy Resources**
- ▶ **Medicare Advantage Plan Resources**
- ▶ **Medicare Part D & Prescription Drug Resources**
- ▶ **Other Medicare (CMS) Resources**
- ▶ **Medicaid & Medicare Resources**
- ▶ **Long Term Care Insurance Resources**
- ▶ **Other Insurance-Related Resources**

THANK YOU!

