

MEDICARE BASICS

**IF YOU ARE TURNING 65 OR BECOMING
ELIGIBLE FOR MEDICARE (WHEN UNDER 65)**

**STATE HEALTH INSURANCE ASSISTANCE
PROGRAM Revised 04/4/2023**

Baltimore County Department of Aging

410-887-2059



Navigating Medicare



Preventing Medicare Fraud

Terms to Know:

Some important terms and definitions:

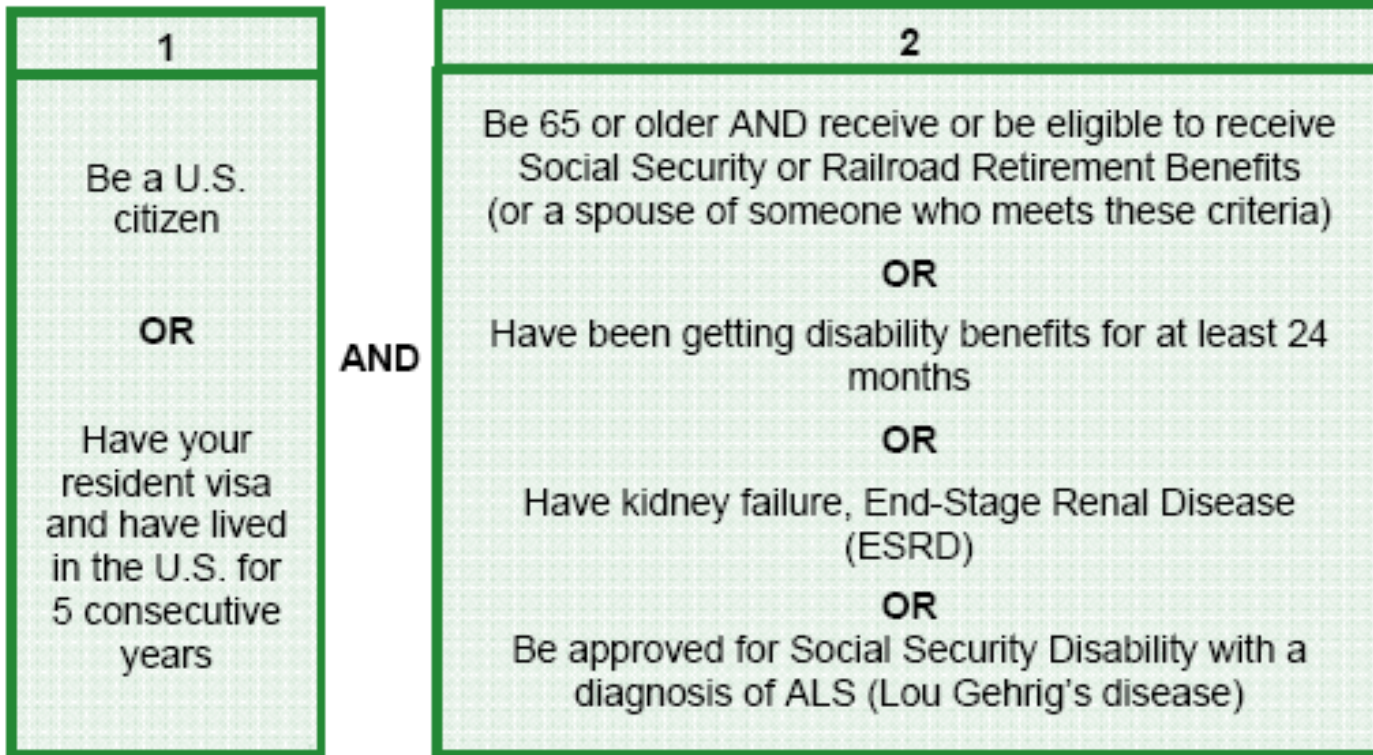
- **Coinsurance** – an amount you may be required to pay as your share of the cost for services after you pay any deductibles
- **Deductible** – the amount you must pay for health care or prescriptions before Original Medicare, your Medicare Advantage Plan, your Medicare drug plan, or your other insurance begins to pay
- **Copayment** – an amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit or a prescription drug. It is typically a set amount rather than a percentage
- **Premium** – the periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage
- For any terms you may want clarification on visit:
<https://www.medicare.gov/glossary>

Medicare and Affordable Care Act's Marketplace and New Insurance Plans

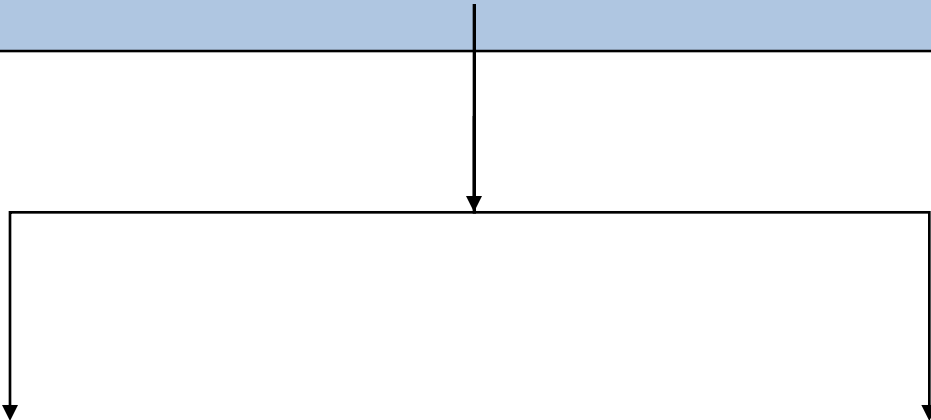
The Marketplace is designed for people under 65, who are not on Medicare and do not have group health insurance through an employer as a result of active working – by either spouse.

Eligibility

In order to be eligible for Medicare, you must:



Medicare Basics



Part A
Hospital Insurance

Part B
Medical Insurance

YOU PAY

No Premium If You or Your Spouse Worked 40 Quarters – approximately 10 years and paid Medicare taxes.

YOU PAY

\$164.90* per month in 2023

New Medicare Billing Identifier

- Maryland Medicare beneficiaries should have received the new Medicare card by now. New identifier has 11 random letters and numbers.
- Must use new card by 1/1/2020.

IS MEDICARE ENROLLMENT AUTOMATIC?

NO!

IT IS AUTOMATIC ONLY FOR THOSE who signed up for and are currently receiving Social Security Benefits due to Age or are eligible for and receiving Social Security Disability Benefits.

WHEN MEDICARE ENROLLMENT IS AUTOMATIC:

- A packet of information and the Medicare card is sent 3 months before one's 65th birthday or 3 months before the 25th month one has been receiving Social Security Disability benefits.
- You will be enrolled in Medicare A and B if you take no further action. It will start the first day of the month you turn 65 or the 25th month.

WHEN IT IS NOT AUTOMATIC?

If you are not receiving Social Security benefits, you will need to contact the Social Security Administration 3 months before you turn 65 to apply for Medicare:

- Go online if you are applying only for Medicare A or A and B www.ssa.gov
- Call SSA 1 -800-772-1213.

Only One Group Can Delay Enrolling at 65 Or 25th month of disability

- You or your spouse is actively working, you have group health insurance through that employer and the employer has 20 or more employees.
- If you are under age 65, and a family member is actively working, you have health insurance through the employer and the employer has must have 100 or more employees.

Initial Medicare Enrollment Period

You need to enroll during the 7 month IEP – Initial Enrollment Period - to avoid a penalty if:

You are not actively working, do not have group health insurance through that employer with more than 20 employees (100 if under 65)

You are on the Expanded Medical Assistance

You are on a Qualified Health Plan through the Exchange

You are retired and have a retiree health benefit

You are on COBRA

You are working as a contract employee without group health benefits for this employer.

Initial Medicare Enrollment Period

Time to sign up for Medicare Part A and Part B and D without fear of a late-enrollment penalty:

The **Initial Enrollment Period (IEP)** lasts 7 months:

3 months before 65th Birthday (Medicare starts month you turn 65)

Month of the 65th Birthday (Medicare starts 1 month later)

3 months after 65th Birthday (Medicare starts the first day of the month after you sign up)

But I Plan to work beyond the age of 65, do I need PART A?

- If you or your spouse is actively working for an employer which has more than 20 employees (100 if disabled) and provides group health coverage, there is no reason not to take Part A. (If you are under 65 and on disability you must keep the A)
- If you have worked 40 quarters (10 years) and paid taxes, you have already paid for the benefit and it is premium free.
- Part A will be secondary and may pay for something that your insurance does not cover.

However, do NOT take Part A if ...

- Your employee health plan is a “Health Savings Account with a High Deductible Health Plan”).
- You may only continue to contribute to the HSA if you are not on Medicare. Beyond age 65, you must stop contributing to the HSA 6 months before you want Medicare Part A to start to avoid an IRS Penalty.
- Whether or not you are contributing to the HSA, you can withdraw funds to pay for Medicare and other health costs.

If I am working, do I need PART B?

- If you are 65 or older, you can delay enrollment in Part B without fear of a penalty IF you or your spouse is actively working for an employer, have employer/union health coverage through that same employer and the business has 20 or more employees.
- If you are a younger person with a disability, you may not need Part B because a family member is actively working for an employer, who has group health coverage and the business has 100 or more employees.
- If you do not need Part B: follow the directions on the back of the Medicare card to decline Part B at this time (or go online and sign up only for Part A).

Timelines

Part B

You can enroll in Part B at any time while you are working and covered by employer group insurance. In addition, you will have an **8 month Special Enrollment Period (SEP)** to enroll in Part B without a penalty from the date you no longer have group health insurance through your employer/union based on active employment.

To enroll in Part B

Several months before you plan to retire, go to CMS.gov and download and complete form CMS-40B stating that you want to enroll in Part B and CMS – L564 which your employer must complete to verify you have had employer group coverage continually since you started Medicare. Present the forms to SSA. The forms will enable you to enroll on Part B without a penalty.

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To enroll in Part B - Covid modifications

1. You can not take the forms to the SSA offices
2. Send certified mail to your local SSA office.
3. Fax: 1-833-914-2016
4. NEW - You can complete online process at www.ssa.gov/medicare-PartB-SEP

If your employer can't sign CMS-L564 then you must provide 1 form of secondary evidence of coverage since age 65 – Pay stubs showing health insurance premiums, Health insurance card with start date, income tax returns showing health insurance premiums paid, etc. This evidence must be included if mailing, faxing or going online if you do not have an employer signature of the form.

Who is Primary?

- You or your spouse is actively working for an employer with 20 or more employees and are covered by employer/union coverage. The employers group health insurance will be primary and Medicare will pay secondary. (If on SSDI – employer with 100 or more employees will be primary, Medicare will pay secondary.)
- The day after you, your spouse or family member stops actively working, Medicare will be primary. If you have retiree drug and health benefits, they will become secondary.

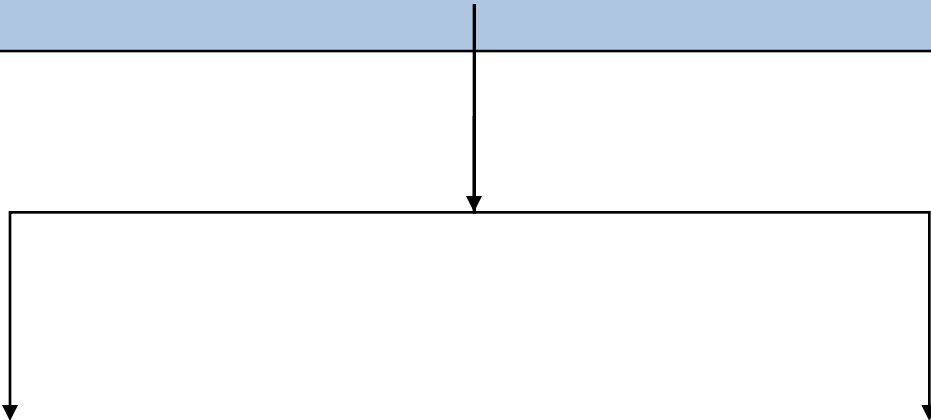
General Enrollment Period (GEP)

If you did not sign up for Part B during the Initial Enrollment Period or during the Special Enrollment Period, you may enroll during the **General Enrollment Period (GEP)** from Jan. 1 to March 31 of each year and the coverage will begin the month after your enrollment. This is new beginning 2023!

Part B Penalty

- For each full 12-month period that you could have had Part B, but did not sign up for it, your Part B premium may be increased by 10% per month for as long as you live.

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Original Medicare - Part A

Inpatient Hospital Care

Skilled Nursing Care

Home Health Care

Hospice Care

“Free” If You Worked 10 YEARS or 40 Quarters
Or Coverage based on Spouse’s Employment History
(Can purchase A: \$506 per month if worked less than 30
quarters, \$278 per month if worked 30 – 39 quarters)

Part A continued

1. Go to Any Facility or Provider that Accepts Medicare

For Part A Hospital Services in 2023 You Pay

- \$1,600 Deductible for Hospital Stays up to 60 Days (**per benefit period**)
- \$400 per day for days 61 thru 90 (**per Benefit period**)
- \$800 for each of the 60 **lifetime** reserve days

For Part A Skilled Nursing Stays in 2023, You Pay (must have been admitted as a hospital inpatient for 3 midnights, not counting the day of discharge (& not just for observation).

- \$0 for the first 20 days of each Benefit period.
- \$200 per day for days 21 – 100 in a Benefit period.

Part A and Skilled Nursing Services

For Medicare Part A to pay for you to be cared for in a skilled nursing facility, you must have been admitted to the hospital for 3 midnights. This does not include nights in the ER or in Observation Status, which are covered by Part B.

“MOON”

- As of March 8, 2017 all hospitals in the nation will have to give patients or their representatives, notification of their observation status.
- “Medicare Outpatient Observation Notice (MOON) must be given after 24 hours but no more than 36 hours in observation status as noted in Medical Record by Doctor.
- You or your representative will be required to sign it to indicate you received and understand the notice.
- Goal to keep you informed re cost sharing Part B vs Part A pays and implications re Medicare payment for a Skilled Nursing Facility - SNF.

Medicare Part B

Covers

Doctors' Services and Outpatient Care from any provider who accepts Medicare. Includes:

- Preventive Services
- Diagnostic Tests
- Some Therapies – PT, OT Speech
- Home Health
- Durable Medical Equipment
- \$164.90 per month in 2023
 - More for those with incomes over \$97,000 for individual or \$194,000 for couples.

Medicare Part B - New Coverage

Acupuncture- YES for low back pain only (up to 12 sessions in 90 days with an additional 8 sessions for those who demonstrate improvement).

Methadone Clinics – Opioid Treatment Programs. They must be enrolled in Medicare. NO 20% co-insurance once the Part B deductible is met. (Northern Parkway and Concerted Care have been approved)

COVID-19 Test Coverage

Updated as of 4/4/2023

Medicare will cover up to 8 over the counter COVID-19 tests from any participating pharmacy or provider UNTIL the public health emergency ends.

When the public health emergency ends, Medicare will continue to cover COVID-19 tests that are ordered by your doctor.

If you are enrolled in a Medicare Advantage plan, check with your plan to determine your COVID-19 test coverage.

Medicare Part B

For Part B Services in 2023, You Pay

- \$226 Annual Deductible
- 20% Coinsurance for Most Part B Services (if provider accepts assignment)

Medicare Part B APP

What's Covered

- Can get the app for your phone from the APP Store or Google Play.
- Learn what items and service are and are not covered by Medicare A and B.
- Learn general costs, coverage and eligibility details, and how and when to get the covered benefits
- Get a list of covered preventative services.

Assignment??

- A doctor or provider who accepts assignment and participates in Medicare agrees to accept the Medicare approved amount for a service or item as the full payment (Medicare will pay 80%, beneficiary will be billed for 20%).
- Non-Participating Doctor or Provider accepts Medicare, but does not take assignment. This means that they can charge up to 15% more than the Medicare approved amount. They may ask you to pay the full amount for services up front and you will then need to seek reimbursement from Medicare for its portion of the bill. (Beneficiary will pay 20% + 15%) Claim Form is CMS-1490S.
- Opt-Out Provider: Does not accept Medicare at all, you will pay the entire cost, Medicare will not reimburse you.
- Concierge or Boutique Doctor – must ask – may be a Medicare approved provider.

DMEPOS – 2023

- Durable Medical Equipment, Prosthetics Orthotics and Supplies.
- **In Baltimore County you need to see a Medicare Contract Supplier to purchase over-the-counter back and knee braces for Medicare to pay their 80%**
- Remember: If provider does not accept assignment for the DME Item, there is no limit as to how much the price may be raised – beware.
- www.medicare.gov/supplier

Preventive Services

- Medicare covers many preventive services without additional co-pays.
- Preventive Screening – you have no prior symptoms of the disease. In some cases, Medicare may cover the test if you have certain risk factors.
- Diagnostic services tend to address symptoms or conditions you already have and typically require payment of co-pays.

Preventive Services Continued

- Welcome to Medicare Visit – not an physical exam
- Annual Wellness Visit – not a physical exam
- Flu Shots, Pneumonia Shots
- Bone Mass Measurements if have risk factors
- Lung Screening
- Diabetes Screening if have risk factors
- Mammogram Screening
- PAP Smear, Pelvic Exam and Breast Exam every 2 years if at low risk, every year if at high risk for CA.

What Medicare Does Not Cover

- Long-Term Care
- Routine Physical Exam or an exam requested by a third party – i.e. for work.
- Routine Dental Care
- Dentures
- Hearing Aids, Exams for Fitting Hearing Aids.
- Routine Eye Exams and Glasses
- Cosmetic Surgery
- Acupuncture - low back pain only

How to Decrease Out of Pocket Expenses

- Medicare Supplement Plans – Medigaps
- Part D prescription plans

- More on this later!

Retiree Health Benefits

- Secondary to Medicare the day after you stop working.
- Private Companies, City, State, Federal, Tricare, VA, etc.
- Contact Benefit Administrator concerning how your retiree benefit works with Medicare.
- If sign up for Part D, may lose entire health benefit – check with Benefit Adm.

Medicare Supplement Plans

- Medigap Plans range from A to N. Each lettered plan covers a different mix of Medicare deductibles and costs.
- The Plans are standardized. A “G” plan is the same product despite different rates among companies. Call Maryland Insurance Administration for Medicare Supplement Premium Booklet – 410-468-2244
- Policies are written based on attained age, community rating or issue age.
- Medigap Plans do not make coverage decisions. Medicare decides if something will be covered and the medigap follows along.

Individual Medicare Supplement Plan Choices – Plans A, B, C, D, F, High Deductible F, G, High Deductible G, K, L, M and N

Benefit Chart of Medicare Supplement Plans Sold on or After January 1, 2021.

This chart shows the benefits included in each of the standard Medicare Supplement plans. Some plans may not be available to all Original (Part A/Part B) Medicare beneficiaries. Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								First eligible for Medicare before	
	A	B	D	G ¹	K	L	M	N	C	F ¹
	Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit					\$6,620 ²	\$3,310 ²				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible before the plan begins to pay. Once the plan deductible is met, the plan pay 100% of covered services for the rest of the calendar year. High deductible Plan G does not cover the Medicare Part B deductible.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

Medigap Changes – newly eligible as of 1/1/2020

- For those newly eligible for Medicare as of 2020 (means an individual who, before 1/1/2020, is neither 65, nor has Part A.
- Must pay Part B Deductible, therefore
- Plans C, F and High Deductible F will not be sold to them
- A High Deductible G will be offered.

Medigap Changes – not newly eligible as of 1/1/2020

- Will be able to keep their Plans C, F, High Deductible F as long as the premiums are paid on time.
- May purchase Plans C, F, High Deductible F if offered by any of the companies.
- Can buy High Deductible G.

Medigap Initial Enrollment Period (IEP)

- First 6 months you are 65 **and** on Medicare B, you can purchase any Medigap companies sell.
- The company can not refuse to sell you a Medigap policy or charge you more than someone without health problems.

Medigap Open Enrollment

- Regardless of age, there is NO ANNUAL Open Enrollment for Medigaps.
- Outside of the initial 6 month window, the Medicare Supplement Plan will utilize medical underwriting to determine IF it will sell you a policy and if it will, what the premium will be – no impact from Affordable Care Act.

Medigap Open Enrollment for Disabled

- In MD, first 6 months you are on Medicare Part B - guaranteed issue for Medigaps.
- Companies only required to sell Plans A or D to those less than 65, if they offer the Plans to individuals age 65 and older.
- Premiums are much higher than for a 65 year old.
- A Brand New Initial Enrollment Period begins the first 6 months the disabled individual turns 65. Example, if BD is Feb 15, 1955, the 6 months begins Feb 1, 2020

Medigap Changes – Under 65

- All medigap companies in the State of MD must sell plan A to those 65.
- As of 1/1/2020, Plan C will no longer be sold those newly eligible, therefore any Medicare Supplement company selling a Plan D to those 65 and older, must offer it to those under age 65.

Part C - Medicare Health Plans = Medicare Advantage Plans

- **MUST be on Medicare A and B.** These plans are a **substitute for Original Medicare – Part A and B.**
- Still in Medicare, but use Medicare Advantage Plan card, not the red, white and blue Medicare card, at point of service, e.g., Kaiser HMOs, Hopkins PPOs and HMO, Cigna HMOs, Carefirst HMOs, and Alterwood HMOS – new 2022. All Prescription Drug Coverage, except for Lasso
- May Include Extra Benefits (must read what exactly is covered), i.e., Vision, Hearing, Dental Services, routine physical exams
- Often low premiums (federal government subsidizes), typically are co-pays for each services. Limit annual out of pocket expenses.

Medicare Advantage Plans

Before joining a Medicare Advantage Plan:

- Check If Your Doctor Participates With the Plan
- Check Which Hospitals Participate With the Plan
- Check to make sure your drugs are on formulary
- HMOs must go in network and typically need referrals for specialists.
- PPOs can go out of network, if the provider accepts the plan, but for a higher cost.

Medicare HMOs' SNPS Special Needs Plans

1. Special Need Plans for Chronically Ill
Cigna Achieve HMO – for Diabetics
2. Special Need Plans for those on Medical Assistance and QMB – Dual eligibles.
 - Cigna Total Care SNP HMO:
 - Carefirst BCBS Dual SNP HMO (was Univ of MD)
 - Alterwood Dual Secure SNP HMO
 - United Healthcare Dual Complete Plan 1 SNP HMO

Medicare Advantage Trial Right

When you were first eligible for Medicare at Age 65 – if you joined a Medicare Advantage Plan and **within** the first 12 months of joining, you decided this was a mistake, you can go back to Original Medicare and have a guaranteed issue period to purchase any medigap sold in MD as early as 60 days before the date your coverage will end, but no later than 63 days after coverage ends.

Medicare Savings Account

- Medicare deposits (depending upon the plan) \$2000 or \$3000 into account, Deductible is \$5000 or \$8000 (beneficiary responsibility for \$3000 or \$5000). Account and one's own money pays for Medicare A and B costs until deductible met – then there is no cost sharing for remainder of year for Medicare covered services.
- Unspent funds can be rolled over to next year
- Must see participating providers (if not, you pay 15% and it is not counted towards deductible).
- Must get a Part D plan
- Can use MSA funds to pay for IRS Qualified Medical Expenses buy if they are not covered by Medicare A and B, will not apply to deductible.

Part D Enrollment Periods

1. **Initial Enrollment Period (IEP)** for Part D and Medicare Advantage Plans is 3 months before, month of 65th birthday (25th month of SSDI check), and 3 months after.
2. **Annual Open Enrollment** for Part D and Medicare Health Plans (not Medigaps)
 - October 15 through December 7
 - Can join, drop, or switch Part D or Medicare Health Plan (Advantage Plan)
 - Effective January 1 of following year

Medicare Prescription Drug Coverage

- Available to all people with Medicare Part A and/or Part B or both
- Provided through
 - Medicare Prescription Drug Plans
 - Medicare Advantage and other Medicare Health Plans
 - Medigaps do not include a prescription benefit

Part D Late Enrollment

- People who wait to enroll in a Part D Plan and have not had creditable coverage 'at least as good as Medicare drug coverage' may pay a penalty
 - Add 1% of National Base Premium (\$32.74 in 2023) for each month eligible but not enrolled
 - Must pay the penalty as long as enrolled in a Medicare drug plan

Medicare Part D

Basic Structure – 2023

- Deductible - \$505
- Initial Coverage Area: \$505 to \$4,660 in total drug cost. Beneficiary tends to pay <25% of retail cost for brand and 0 – 100% of retail for generic.
- Coverage Gap: \$4,660 to \$11,206 - Beneficiary pays 25% of retail costs for brand drugs and 25% of retail for generics.
- Catastrophic Coverage: \$11,206 – pay 5 % or less for very low cost drugs: \$4.15 for generic and \$10.35 for brand.

Affordable Care Act Impact: 2020 Closing of Donut Hole

- 2020 – both Brand and Generic 25% of retail in gap area/donut hole
- Manufacturers pay 70% of retail cost of brand in donut hole which is counted towards beneficiaries out of pocket cost - therefore hit catastrophic sooner.
- Actual out of pocket expenses to reach catastrophic will be about \$3180 in 2023 (Not Troop of \$7400)

Medicare Part D Plans 2023

- 22 Stand Alone Medicare Part D Plans
- Premiums range from \$7.60 to \$112 per month
- More plans have a deductible
- The drugs determine which plan is the best for the individual
- Plans change every year – VERY IMPORTANT to reevaluate Part D options every year

Open a Medicare.gov account

- To do the research to determine the best Part D or Advantage Plan for 2023 –will need to open a medicare.gov/account.
- Can also print a Medicare Card
- Pay Part B premiums
- Review claims
- Chat
- Enroll in a Part D or Advantage Plan.

Medicare Part D Restrictions

- Prior Authorization
- Step Therapy
 - If you have a formulary drug subject to Step Therapy, you are required to try a less-expensive medication before the drug plan will pay for the formulary drug that your doctor may have originally prescribed.
- Quantity Limits
- Check before enroll to see if Plan requires for any of your meds

Mid Year Formulary Changes

- Medicare Advantage Plans and Medicare Part D Plans will be able to immediately substitute newly available generics for brand name drugs on the same or lower cost-sharing tiers without prior beneficiary notice.
- Plans who use a general notice that such changes may occur, will be required to provide 30 days supply of the brand upon beneficiary request. (Previously a 60 day fill)
- Then the beneficiary would have to seek a formulary exception – may or may not succeed -

Extra Help for Medicare Part D Plans

1. Extra Help is a Federal financial assistance program, administered by Social Security for those with a low income, who are on a Medicare Part D or Advantage Plan.
2. Assists with costs of Medicare Part D premiums, deductibles and co-pays.
3. Apply online application at ssa.gov or call Social Security

Extra Help Income & Asset Criteria

1. Partial Extra Help Benefit:

Partial payment of Medicare Part D premium

Deductible – no more than \$104

Drug co-pays – 15% of retail or less.

No donut hole – gap

2. Partial Extra Help Criteria

Individual - Income maximum \$22,110/year or \$1843/month and assets under \$16,660.

Married couple - Income under \$29,820/year or \$2485/month and assets under \$33,240.

Extra Help Income & Asset Criteria

1. Full Extra Help Benefit

Typically no premium (unless need enhanced plan)

No deductible

Generics – no more than \$4.15 per month

Brand – no more than \$10.35 per month

No donut hole-gap

2. Full Extra Help Criteria

Individual - Income maximum \$19,923/year or \$1660/month and assets under \$10,590

Couple – Income maximum \$26,862/year or \$2239/month and assets under \$16,630

EXTRA HELP

Those on Extra Help can change their Part D or Advantage Plans to **once per calendar quarter during the first nine months of the year and during Open Enrollment for the 4th quarter.**

Maryland Senior Prescription Drug Assistance Program – MD SPDAP

- 1-800-551-5995
- State of MD benefit – must have been a resident for 6 months.
- Individual - Income Maximum \$43,740/yr
- Married couple - Income Maximum \$59,160/yr
- Assets are NOT counted
- Will pay up to \$60/month toward Part D premium costs
- Able to switch Part D or Advantage plans once outside of Open Enrollment
- For a couple – need 2 applications.

Benefits to Assist with Medicare Costs - QMB

- Qualified Medicare Beneficiary – QMB – gray and white paper card
- State benefit administered through Department of Social Services
- Income and Asset Criteria:
 - Individual – Income maximum \$14,820/yr or \$1235/mo and Assets maximum \$9,090
 - Married couple – Income maximum \$19,956/yr or \$1663 per month and Assets maximum \$13,630
- Benefit: State will pay the Medicare Part B premium, all co-insurances, co-pays and deductibles associated with Original Medicare or a Medicare Advantage Plan. Will Pay Part A Premium if did not work 40 quarters.

Benefits to Assist with Medicare Costs

- SLMB

- Specified Low Income Medicare Beneficiary - SLMB
- State benefit administered through Department of Social Services
- Income and asset criteria.
Individual – income maximum \$19,920/yr or \$1660/mo and assets under \$9,090
Couple – income maximum \$26,868/yr or \$2239/mo and assets under \$13,630
- Benefit - State will pay monthly Part B premium only.
- No assistance with Medicare co-pays, co-insurances or deductible. Kaiser has a Foundation to assist their members with co-pays.

Last but not least:

- Utilize www.medicare.gov/account/login as soon as you have Medicare A or B or both
- Enable to conduct Part D research, follow claims submitted to Medicare for accuracy, contact provider regarding any discrepancies.
- Or carefully review Medicare Summary Notice online and when it arrives quarterly.

You Can Help Save Medicare

Fraud

The **Intentional** Deception or Misrepresentation Made **Knowingly and Willingly** in Order to Secure Some Unauthorized Benefit.

Abuse

Engaging in Practices That Are **Inconsistent** **With Accepted Medical/business Practices.**

Medicare Fraud and Abuse

- Remember you are the first line of defense against Medicare fraud.
- Only you know if you received the services paid for by Medicare.
- Do not hesitate to check with your doctor – may have been a clerical error.
- If not, then contact Medicare (1-800-633-4227) or SMP – Senior Medicare Patrol – at the SHIP office (410-887-2059)

Resources

Baltimore County SHIP

- 410-887-2059
- medicareinformation@baltimorecountymd.gov

Other helpful resources:

- 1-800-Medicare
- <https://www.shiphelp.org/>
- www.medicare.gov
- <https://www.surveymonkey.com/r/ACLED>