

The A, B, C and D's of Medicare



A PROFESSIONAL'S GUIDE



Webcast: The A, B, C and D's of Medicare

Competency/skill – Understand the main components of Medicare A, B, C and D.

Objectives:

1. Describe the four parts of Medicare Part A, B, C and D.
2. Describe who is eligible for Medicare Coverage?
3. Explain the roles of the U.S. Department of Health and Human Services, Social Security Administration and private companies as they relate to Medicare.
4. Explain the concepts of deductibles, coinsurance and premiums.

Sample discussion questions:

1. The different parts of Medicare can be confusing for consumers. Role play how you would explain benefits related to Parts A, B C and D.
2. Medicare Part A contains a skilled nursing services benefit. How would you describe this benefit to consumers and their families?
3. Benefits counseling is a service provided by Aging & Disability Resource Centers. Discuss your procedure for referring a consumer to the Benefit Specialists?



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The A, B, and Ds of Medicare

An Overview of the Basics
Presented by
Coalition of Wisconsin Aging Groups

Presentation Overview

- **Medicare Basics – Part A, B, and D**

Overview of Benefits

- Eligibility requirements
- Coverage provisions
- Cost sharing



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The History of Medicare.

- 1965 - Medicare was created for individuals age 65 and over to provide them with health coverage.
- 1977 – Medicare Part C was created as a way to provide private insurance plan choices under Medicare
- 2003 – the Medicare Prescription Drug, Improvement, and Modernization Act made the biggest modifications to the program since Medicare was created. This Act created Medicare Part D, the new prescription drug benefit.



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Federal Oversight

U.S. Department of Health and Human Services

- Program administrator:
 - The Centers for Medicare & Medicaid Services (CMS)
 - www.medicare.gov
- Application and Enrollment:
 - Social Security Administration
 - www.socialsecurity.gov



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Who is Eligible for Medicare Coverage?

- An individual or individual's spouse who worked at least 10 years in Medicare-covered employment; and
- Is at least 65 years old; and
- Is a citizen or permanent resident of the United States.

Others who may qualify for coverage:

- Those with a disability who meet the Social Security Administration (SSA) or Railroad Retirement Benefit (RRB) disability requirements;
- Individuals of any age with permanent kidney failure (End Stage Renal Disease - ESRD)



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What is Medicare?

Four Parts:

- Part A - (Hospital Insurance)
- Part B - (Supplementary Medical Insurance)
- Part C - (Medicare Managed Care "Advantage")
- Part D - (Drug Discount Cards (2004);
New Prescription Drug Benefit(2006))



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Medicare Part A

Those 65 and over who are entitled to Social Security or Railroad Retirement benefits, or who had Medicare covered federal employment are automatically eligible for premium-free Medicare Part A coverage.

Part A = Hospital Insurance

Covers institutional and post-institutional care including:

- Hospitals
- Skilled Nursing Facilities
- Post- Institutional Home Health
- Hospice



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Medicare Part A & Hospitals

Services covered during an inpatient stay:

- Semiprivate room (two to four beds in a room)
- Meals, including special diets
- Special care units (intensive care, coronary care)
- Drugs furnished by the hospital during the patient's stay
- Blood transfusions
- Lab tests



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Part A Inpatient Hospital Services:

- X-rays and other radiology services (including radiation therapy)
- Medical supplies (casts, surgical dressings, splints)
- Use of appliances (including wheelchairs)
- Operating and recovery room charges
- Rehabilitation services (PT, OT, ST)
- Regular nursing services



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Part A Hospital Services NOT Covered:

- Personal convenience items (telephone, TV)
- Private duty nurses
- Extra charges for a private room (unless room is medically necessary)
- Cosmetic surgery
- Medical devices not approved by the FDA



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Part A: Hospital Insurance Costs.

Although most people do not have to pay a premium for Medicare Part A, there are deductibles and coinsurance.

2005 Hospital Insurance Costs:

- Deductible \$912 for a hospital stay of 1 to 60 days
- Coinsurance \$228 per day for days 61 to 90 of a hospital stay
\$456 per day for Lifetime Reserve Days
(91-150 days of a hospital stay)
- The beneficiary pays all costs for each day beyond 150 days.



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Medicare Part A: Skilled Nursing Facility

Coverage Requirements

- The patient must require daily skilled nursing or daily skilled rehabilitation services; and
- the care to be provided must be considered a “skilled service”; and
- the patient must have first spent 3 days in a hospital

The benefit ends when there is:

- A period of 60 consecutive days; or
- the patient was neither an inpatient of hospital nor a skilled nursing facility; or
- the patient goes from covered level of care to non-covered level of care

The counting of total days begins with the day of discharge



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Part A: Skilled Nursing Services

- Semiprivate room (two to four beds in a room)
- Meals, including special diets
- Regular nursing services
- Physical, occupational, and speech therapy
- Drugs furnished during the patient's stay
- Blood transfusions furnished during the patient's stay
- Medical supplies (including casts, surgical dressings, splints)
- Use of appliances (including wheelchairs)



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Part A: 2005 Skilled Nursing Facility Insurance Costs

- No cost for the first 20 days of service
- Coinsurance up to \$114 per day for the 21st to 100 days of service for each benefit period
- The beneficiary pays all costs beyond the 100th day in the benefit period



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Part A: Home Health

Coverage Requirements:

- Confined to home (homebound)
- Under care of a physician
- Plan Of Care/ MD certification
- Need for skilled care
- Provider Medicare-certified
- Services are medically reasonable & necessary
- Skilled Nurse/Home Health Aide meets intermittent/part-time requirements



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Part A: Home Health Services.

Services covered - Skilled Services:

- Nursing
- Physical Therapy
- Speech-Language Therapy
- Occupational Therapy (continuing)

Services NOT covered:

- 24-hour-a-day nursing care at home
- Prescription drugs
- Meals delivered to beneficiary's home
- Homemaker services
- Blood transfusions
- Personal care given by home health aides when this is the only care needed



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Part A: Home Health Care Insurance Costs

- No cost for home health care services
- 20% of the Medicare-approved amount for durable medical equipment
- All costs beyond the part-time Skilled Nurse/Home Health Aide coverage limits



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Medicare Part A: Hospice

Coverage Requirements:

- Must be entitled to Medicare Part A
- Must be certified by a physician as being terminally ill (probably less than 6 months or less to live if illness runs its normal course)
- Must sign a "Notice of Election"
- Waive all non-hospice Medicare benefits for care related to the terminal diagnosis (Medicare will still pay for covered benefits for health problems not related to your terminal illness).



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Part A: Hospice Services

- Physician services
- Nursing services
- Therapy services (PT, OT and ST)
- Medical social services
- Home health aide and homemaker services
- Counseling services
- Short-term inpatient care, including respite care
- Medications related to terminal illness
- Volunteer services
- Medical equipment and supplies



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Part A: Hospice Benefit Periods.

- First Period - 90 days
- Second Period - 90 days
- Third Period - Unlimited number of 60 day period (Beginning with each period the beneficiary must be terminally ill and a physician certification to this effect is required)



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Part A: 2005 Hospice Insurance Costs

Medicare pays the hospice for your hospice care.

You pay:

- 5% of the Medicare-approved payment amount for inpatient respite care
- No more than \$5 for each prescription drug or other similar products for pain relief and symptom control
- Services related to terminal care that were not authorized by the hospice provider



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Medicare Part B

Medicare Part B pays for:

- Doctors' services
- Outpatient hospital care
- Diagnostic tests
- Durable Medical Equipment
- Ambulance services
- Other specified health services and supplies not covered by Medicare Part A



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Medicare Part B: New Additions

Starting January 1, 2005, Medicare will now cover these three preventive services:

- One-time "Welcome to Medicare" Physical Exam
- Cardiovascular Screening
- Diabetes Screening to check for diabetes



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2005 Medicare Part B Costs.

- Deductible \$110 per calendar year
- Coinsurance 20% of Medicare-approved amounts
- Premium \$78.20 per month (deducted from Social Security, Railroad Retirement, or Civil Service Retirement checks)



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Part B: Doctor's Covered Services

- Medical and surgical services (including anesthesia)
- Diagnostic tests and procedures that are part of a patient's treatment
- Radiology and pathology services while the beneficiary is an inpatient or outpatient of a hospital
- Treatment of mental illness (limited)
- X-rays
- Services of a doctor's office nurse
- Drugs that cannot be self-administered (including Antigens, Hemophilia clotting factors, Hepatitis B vaccine, Immunosuppressive drugs, some oral cancer drugs)
- Transfusions of blood and blood components
- Medical supplies
- Physical and occupational therapy
- Speech language pathology services



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Part B: Doctor's Services NOT Covered

- Most routine physicals and tests related to those physicals
- Most routine foot care and dental care
- Examinations for prescribing or fitting eyeglasses or hearing aids
- Most immunizations
- Most prescription drugs
- Most cosmetic surgeries



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Part B: Outpatient Services

- Emergency room or outpatient clinic
- Laboratory tests billed by the hospital
- Mental health care in a partial hospitalization psychiatric program
- X-rays and other radiology services billed by the hospital
- Medical supplies (including splints/casts)
- Drugs and biologicals that cannot be self-administered



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Part B: Outpatient Services NOT Covered.

- Most routine physicals and tests related to those physicals
- Most routine foot care
- Eye or ear examinations to prescribe or fit eyeglasses or hearing aids
- Most immunizations
- Most prescription drugs
- Blood transfusions furnished as an outpatient



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Part B: Ambulance Services.

Coverage Requirements:

- The ambulance vehicle and crew meet all state requirements
- Transporting the patient by other means is hazardous to the patient's health
- Origin and destination requirements are met
- The destination is the closest facility appropriate for the patient's condition



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Part B: Durable Medical Equipment

Coverage Requirements:

Durable Medical Equipment must:

- serve a medical purpose
- withstand repeated use
- be appropriate for use in the home; and
- be ordered by a physician.



Some medical equipment requires a Certificate of Medical Necessity.



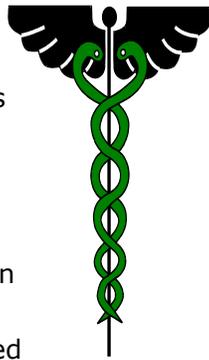
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Medicare Providers

PART A

Hospitals
Skilled Nursing Facilities (SNF)
Home health agencies
Hospices
Outpatient Rehabilitation
Rural Health Clinics (RHC)/Federally Qualified Health Clinics (FQHC)
Renal Dialysis Facilities



PART B

Physician Services
Physician Group Practices
Non-Physician Practitioners
Ambulatory Surgical Centers
DME/P&O Suppliers
Ambulance Services
Laboratories
Portable X-ray Suppliers
Psychiatric Services



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The Reasonable and Necessary Care Requirement.



Both in Part A and Part B Medicare only pays for services that are determined to be medically reasonable and necessary to the diagnosis and treatment of the beneficiary's illness or injury.

To determine if something is medically necessary and reasonable, look to:

Medicare regulations and coverage

Medical records identifying the unique medical condition of the beneficiary

There are NO Rules of Thumb.



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Medicare Part D: The New Prescription Drug Coverage Program



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Presentation Overview

- **The New Prescription Drug Benefit:
Medicare Part D**

- Eligibility
- Enrollment
- Coverage and Costs
- Other Sources of Coverage
- Extra Help with Costs
- Steps for Choosing a Plan



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Eligibility

ELIGIBILITY:

Who is eligible for Medicare Part D?

All Medicare beneficiaries.

- Medicare Part D is available to all individuals, regardless of income.

• Coverage:

- Starts January 1, 2006.
- Continues for 1 year.



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ELIGIBILITY:

Part D Affects Everyone

- ✓ No coverage
- ✓ Medicare Supplemental Plan
- ✓ Employer sponsored plan
- ✓ Medicare Advantage
- ✓ SeniorCare
- ✓ Medicaid /Medicare



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Enrollment

ENROLLMENT:

Who Administers Medicare Part D?

The Centers for Medicare & Medicaid Services (CMS)



BUT...



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ENROLLMENT:

CMS DOES NOT Provide Your Drug Coverage.

Medicare Part D
Prescription Drug Coverage
will be delivered by
private companies,
NOT the federal government.



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ENROLLMENT:

A Choice of Providers

- Plan companies will offer stand alone prescription drug plans and Medicare Advantage Prescription Drug plans (plans that are offered through Medicare Part C).
- In Wisconsin, 17 companies will offer Stand-Alone Prescription Drug Plans.
 - These 17 companies offer over 45 different stand alone prescription drug plans. There are also over 23 Medicare Advantage plans (Medicare Part C plans) that also offer prescription drug coverage.



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ENROLLMENT:

Wisconsin Drug Plan Sponsors

- AETNA LIFE INSURANCE COMPANY
- ANTHEM INSURANCE COMPANIES, INC.
- CONNECTICUT GENERAL LIFE INSURANCE COMPANY
- COVENTRY HEALTH AND LIFE INSURANCE COMPANY
- HUMANA INSURANCE COMPANY
- MARQUETTE NATIONAL LIFE INSURANCE /PENNSYLVANIA LIFE INSURANCE COMPANY
- MEDCO CONTAINMENT LIFE INSURANCE COMPANY
- MEMBERHEALTH, INC.
- PACIFICARE LIFE AND HEALTH INSURANCE COMPANY
- PREMIER MEDICAL INSURANCE GROUP, INC.
- SILVERSCRIPT INSURANCE COMPANY
- STERLING LIFE INSURANCE COMPANY
- UNICARE
- UNITED AMERICAN INSURANCE COMPANY
- UNITED HEALTH CARE INSURANCE COMPANY
- WELLCARE HEALTH PLANS
- WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION



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ENROLLMENT:

Find a Drug Plan Finder.

Medicare has developed a tool to help beneficiary's find a Medicare Part D plan that meets their individual needs. This tool is available at www.Medicare.gov.

If a person chooses to perform an authenticated, or personalized, search, the beneficiary will first need to provide the "five elements":

- Medicare claims number (HICN)
- Last name
- Date of birth
- Medicare effective dates (Part A or B)
- Zip code



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ENROLLMENT:

Do I need to enroll in Medicare Part D?

- Part D is a voluntary program.
- Initial enrollment period between Nov. 15, 2005 and May 15, 2006.
- To avoid participation, don't enroll.
- There is a penalty for late enrollment.



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ENROLLMENT:

The Medicare Part D Penalty.

- You may be subject to a **late enrollment penalty** if you do not enroll during your initial enrollment period. This happens if:
 - (1) you were eligible to enroll in a Part D plan,
 - (2) you did not have "creditable coverage," AND
 - (3) you did not enroll in a Part D plan.
- "**Creditable coverage**" means coverage that is as good as, or better than, the coverage offered through Part D.
- If a participant is subject to a Part D premium penalty, they will pay an additional 1% of the premium for each month the individual was eligible, but not enrolled.



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If you receive prescription drug benefits from somewhere else, you need to make sure that your coverage will continue and that your coverage is creditable.

ENROLLMENT:

Can Participants Change Plans?

- **Yes.** Once per year from Nov. 15 through Dec. 31.
- Individuals who did not enroll in a Part D plan during their initial enrollment period may subsequently enroll during this period.
- There is a special enrollment period:
 - if you lose creditable coverage
 - if you move
 - Medicare / Medicaid Recipients



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ENROLLMENT:

Automatic / Facilitated Enrollment

- Medicare and Medicaid Recipients
 - This enrollment will be completed no later than December 31, 2005.
- Medicare Savings Programs Participants.
- Individuals who qualify for extra help.
 - This enrollment will be completed no later than May 15, 2006.



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ENROLLMENT:

Medicare Advantage Participants.

Unlike traditional Medicare participants, Medicare Advantage (Medicare Part C) participants cannot choose a Part D plan if their Medicare Advantage plan covers drug costs. They must obtain drug coverage through their plan.



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Costs & Coverage

COSTS & COVERAGE

Plans may vary according to:

- Pharmacy Network
- Drugs Covered / Formularies
- Cost Structure



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COSTS & COVERAGE:

Pharmacy Network

- Each plan will have a different pharmacy network.
- Select a plan whose network includes the pharmacy where you shop.
- If you prefer mail order, choose a plan that offers this option.



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COSTS & COVERAGE:

Drug Formularies

- A **formulary** is a list of drugs that a plan will cover.
- Formularies may divide drugs into two or more cost sharing categories called "**tiers**".
- Formularies will vary from plan to plan, so make sure the plan you select covers the drugs you use.



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COSTS & COVERAGE:

Drug Formularies

- Formularies may not change from November 15 through February of the following year.
- Plan providers must provide 60 days notice and/or a 60 day supply of the drug to affected participants if there is a change.



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COSTS & COVERAGE:

Exceptions Process

- All Part D plans must have an exception process that allows participants to request that a drug be covered.
- Medical evidence must be provided to support the request for an exception.



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COSTS & COVERAGE:

Cost Structure

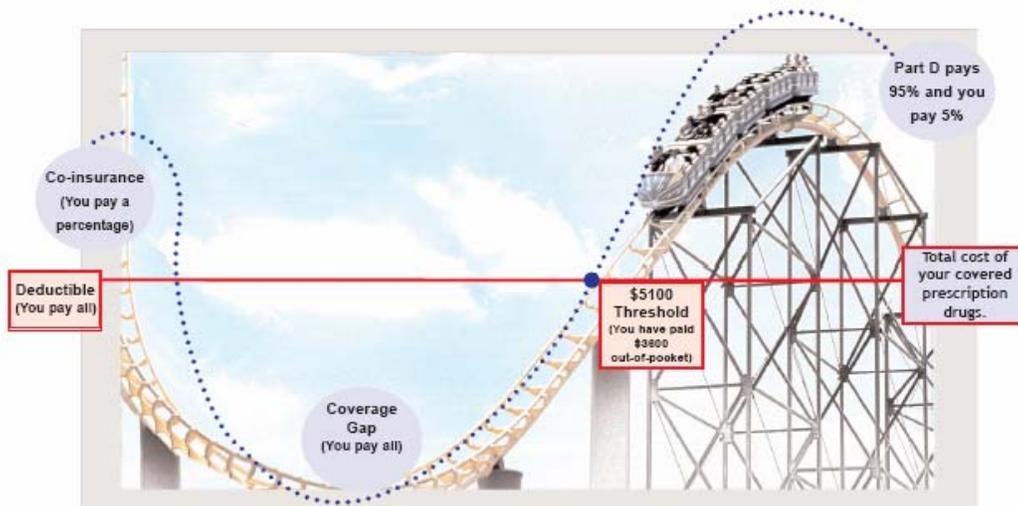
- All Part D plans will include a:
 - **Monthly premium**
 - **Annual deductible**
 - **Coinsurance**
 - **Coverage gap**



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COSTS & COVERAGE: Annual Roller Coaster of Medicare Part D Costs.



Besides the prescription costs listed above, there is also a monthly premium.



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COSTS & COVERAGE: Cost Structure

- In 2006, monthly premiums range from around \$11.00 to over \$80.00.
- The average premium in Wisconsin for 2006 is \$31.27 per month.
- Costs may change in years to come.



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The Extra Help Program

EXTRA HELP:

The Medicare Part D Extra Help.

- Provides limited means Medicare beneficiaries with assistance in meeting their Part D plan costs.
- Eligible Medicare beneficiaries will use the extra help to pay premiums, co-payments, and the deductible of the Part D program.



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EXTRA HELP:

Who is Eligible for Extra Help?

Group 1: Medicare beneficiaries who are “deemed eligible” and will receive the extra help automatically. These individuals do not have to apply for the extra help program and include:

- individuals currently on Medicaid and Medicare
- Medicare Savings Program participants

Group 2: Medicare beneficiaries who have limited incomes and assets. These individuals must submit an application to be eligible for extra help.



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EXTRA HELP:

How do I know if I’m eligible for Extra Help?

Whether or not you are eligible for the Extra Help program will depend on your income and assets.

Resources limit (your assets)

- \$10,000 individual
- \$20,000 couple

Income

- Adjusted based on earned and unearned income
 - \$14,355 single
 - \$19,245 couple



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EXTRA HELP:

What help will I receive if I'm eligible?

- Depending on income and resource level
 - Premium covered
 - Deductible covered (\$250 per year)
 - Small co-pay for drugs
- If you are eligible, you must select a drug plan with private carrier or decline coverage by May 2006. Otherwise you will be auto-enrolled in a plan that is selected for you.



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EXTRA HELP:

Potentially Eligible for Extra Help.

The Social Security Administration (SSA) has already mailed some applications for getting "Extra Help" to eligible beneficiaries.

Call SSA at 1-800-772-1213 to get the application or request help, or contact your local Social Security Office.

Also, visit online at www.socialsecurity.gov.



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Other Sources of Coverage

OTHER SOURCES OF COVERAGE

- Extra Help for people with limited income and assets.
- SeniorCare
- Discount cards (Example: Badger Rx Gold)
- Canadian Pharmacies



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OTHER SOURCES OF COVERAGE: Wisconsin SeniorCare.

- The Wisconsin SeniorCare Program provides drug coverage to Wisconsin residents age 65 and older who meet certain income requirements.
- SeniorCare offers creditable coverage. You can enroll in SeniorCare and avoid risking a penalty if you later choose to enroll in a Part D plan.
- There is \$30 annual enrollment fee. You can enroll at any time.



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Choosing A Plan

CHOOSING A PLAN: What To Do Next.

- Save your mail.
 - **Look for creditable coverage notices from your employer or health insurance provider.
 - Look for documents from Social Security and Medicare.
 - Look for the **Medicare & You 2006** Handbook.
- Take steps to gather your personal and prescription information
- Be alert for fraud and scams.
- Get help.



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CHOOSING A PLAN: Do-It-Yourself Tools

To find a plan that suits your needs, use the drug plan finder available at:

- **1-800-Medicare**
- www.medicare.gov
- www.wismedrx.org (after November 1)
- www.socialsecurity.gov



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CHOOSING A PLAN: Help is Available in Wisconsin.

- **The Wisconsin Elderly Benefit Specialist Program** provides benefits counseling services to Wisconsin residents age 60 and older. Contact the CWAG Elder Law Center at 1-800-488-2596 for each county's benefit specialist contact information.
- **The Prescription Drug Helpline** helps Medicare beneficiaries with Medicare Part D and other prescription drug coverage. Call toll free, **(866) 456-8211**.
- **The Wisconsin Coalition for Advocacy** will help Medicare beneficiaries who have a disability and are under age 60 with their Medicare Part D benefits and questions. The number is toll free, **(800) 926-4862** (weekdays).
- **Medigap Helpline** provides information on private insurance as well as Medicare Advantage or Medicare Supplemental plans. Call toll free, **(800) 242-1060**.



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Questions?



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the future*

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