



Area Agency on Aging 1-B



SHIP

State Health Insurance
Assistance Program

Medicare 101 2026

MI Options Medicare Assistance Program | State Health Insurance Assistance Program (SHIP)

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*AgeWays
Nonprofit
Senior
Services*

Helping Seniors and Their Families

- Nonprofit with a wide variety of programs, services and supports to help older adults and their families in our 6-county region
- Serve: Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw counties
- Two separate Area Agencies on Aging serving SE Michigan designated for Wayne county



800-852-7795



AgeWays.org



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Programs That Can Help: *Information and Assistance*



Free phone help line for seniors and their families. Call today: 800-852-7795



See if you qualify for one of our programs or get referrals to other programs.



First place to call when you or a loved one need help.

A Few Definitions

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- **Creditable Coverage:** coverage from your employer that is at least as good as what Medicare covers.
- **Premium:** the amount you pay for an insurance policy, generally monthly
- **Deductible:** the amount you pay for out-of-pocket costs for health care before your plan begins to pay
- **Co-Pay:** the rate (dollar amount) you pay for prescriptions, doctor's visits, etc.
- **Co-Insurance:** a percentage that you pay after you meet your deductible
- **Cost-Share:** the amount you pay out-of-pocket including deductibles, co-pays and co-insurance, but NOT premiums.



What is Medicare?

Federally Funded Health insurance for three groups of people

- 65 and older
- Under 65 with certain disabilities
- Any age with End-Stage Renal Disease (ESRD)

Administration

- Centers for Medicare & Medicaid Services (CMS)

Enrollment

- Social Security Administration (SSA) for most
- Railroad Retirement Board (RRB) for railroad retirees

When To Enroll In Medicare

- 6 month window to enroll without facing penalties
 - 3 months before you turn 65 (benefits will start the 1st day of the month you turn 65)*
 - The month you turn 65 (benefits will start on the 1st day of the following month)
 - Up to 3 months after you turn 65 (benefits will start the 1st day of the month following enrollment)
- NOTE: Failure to enroll on time may result in life-long penalties – however, if you have “creditable coverage” for example because you are still working, you may be eligible to delay enrollment

How to Enroll in Medicare

Enrollment is not automatic

- If you don't get Social Security or RRB benefits
 - For instance, you are still actively working

Enroll with Social Security

- Visit local office
- Call 1-800-772-1213
- Online at ssa.gov

If retired from Railroad enroll with RRB

- Call your local RRB office or 1-877-772-5772

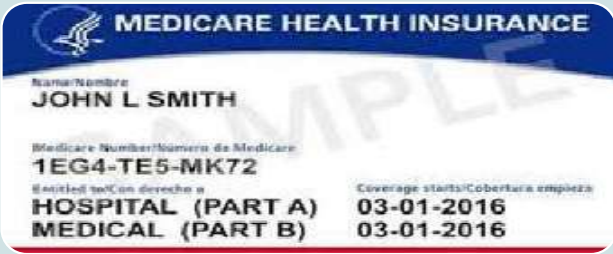


Welcome to Medicare

- First mailing you will get from Medicare
- Includes a letter, a small booklet and Medicare card
- It's sent to people who:
 - Go to SSA to sign-up for Medicare
 - First sign up for SSA retirement benefits (age 65 or older)
 - Automatically get Medicare with less than 3 months before coverage starts (usually people under 65 with certain disabilities)

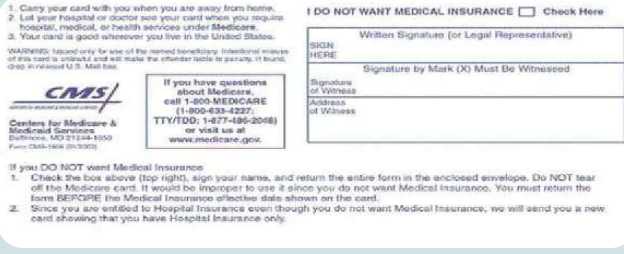
It will generally arrive 2 weeks after you sign up for Medicare or Social Security (if disabled, 2 weeks after SSA approves your benefits)

Medicare Card



Front

Keep it and accept Medicare Parts A and B



Back

Return it to refuse Part B
Follow instructions on back of card

The Four Parts of Medicare



Your Medicare Choices

1

ORIGINAL MEDICARE

THIS INCLUDES PART A & PART B



Part A (Hospital Insurance) +
Part B (Medical Insurance)



You can add **Part D** (Medicare
Prescription Drug Coverage)



You can also add **Medigap** (Medicare
Supplement Insurance: *Medigap policies help
pay your out-of-pocket costs in original
Medicare*)

2

MEDICARE ADVANTAGE (PART C)

THESE PLANS ARE HMO'S OR PPO'S AND TYPICALLY
INCLUDE PART A, B & D



Part A (Hospital Insurance) +



Part B (Medical Insurance)



Part D (Medicare Prescription Drug
Coverage: *Most plans cover
prescription drug plans*)

Original Medicare (Parts A & B)

Has Part A: Hospital Insurance

- Hospital inpatient care
- Skilled Nursing Facility
- Home health care
- Hospice care
- \$1,736 deductible



Has Part B: Medical Insurance

- Doctor's visits
- Outpatient hospital services
- Clinical lab tests
- Durable Medical Equipment
- Preventive services
- \$283 deductible
- \$202.90 monthly



NOTE: Original Medicare DOES NOT cover vision, dental or hearing, or medications

What is Part D?

- Optional Medicare prescription drug coverage
- Provided by private insurance companies
- You must choose and join plan
- Plans have formularies (lists of covered drugs)
- You pay the drug plan a monthly premium
- You may have deductibles and copayments



Joining a Part D Plan

New to Medicare

- 7 month initial enrollment period

Annual fall open enrollment

- October 15 – December 7
- Coverage starts January 1

Special Enrollment Periods

- Low income, involuntary loss of credible coverage, moved outside of plan's service area, etc.

Ways to join

- **Call us 248-262-0545**
- Call the Plan directly
- Call 1-800-Medicare
- Visit Medicare.gov

What is Medigap?

- Policies sold by private companies
- Fills the gaps in Original Medicare
 - Deductibles, coinsurance, copayments
- All plans with same letter have same coverage
 - Costs are the major difference
- Not all plans are offered to people under 65 with a disability

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Benefits	Medigap plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood benefit (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2025**			
							\$7,220		\$3,610	

*Plans F and G also offer a high-deductible plan in some states. You must pay Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,870 in 2025 before your policy pays anything. (You can't buy Plans C and F if you were new to Medicare on or after January 1, 2020. Go to page 75.)

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$257 in 2025), the Medigap plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance. You must pay a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

What is Medicare Advantage?

Health plans approved by Medicare (PPOs and HMOs) run by private Insurance Companies

Includes Parts A & B and usually Part D

Medicare pays amount for each member's care

Many plans include some dental, vision and hearing coverage

May have to use network doctors or hospitals

Joining a Part C Medicare Advantage Plan

- During **7-month initial enrollment period**
- Can join, drop or switch to another MA plan or Original Medicare (and add a Part D) during Annual Fall Open Enrollment
 - **October 15 – December 7 each year**
 - **Coverage begins January 1**
or during Medicare Advantage Open Enrollment
January 1-March 31 of each year
Coverage begins the first day of the following month



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Medicare Advantage Special Needs Plans (SNPs)



- SNPs or **Special Plans** are PPOs and HMOs that may offer more benefits (and at possibly a lower cost) to Medicare beneficiaries.
- There are plans for people with lower incomes, called **D-SNPs** (for **D**ually enrolled Medicare and Medicaid beneficiaries)
- There are plans for people with certain chronic conditions, called **C-SNPs**
 - Diabetes and Heart Disease, End-Stage Renal Diseases and HIV/AIDS are a few of the Chronic conditions where C-SNPs are available in Michigan
- There are plans for people residing in institutions, who require a level of care provided by long term care facilities called **I-SNPs**

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JF1

Add in information on I-SNPs

Fleming, Jessica (DHHS) | 2025-05-21T16:21:40.790

IMPORTANT!

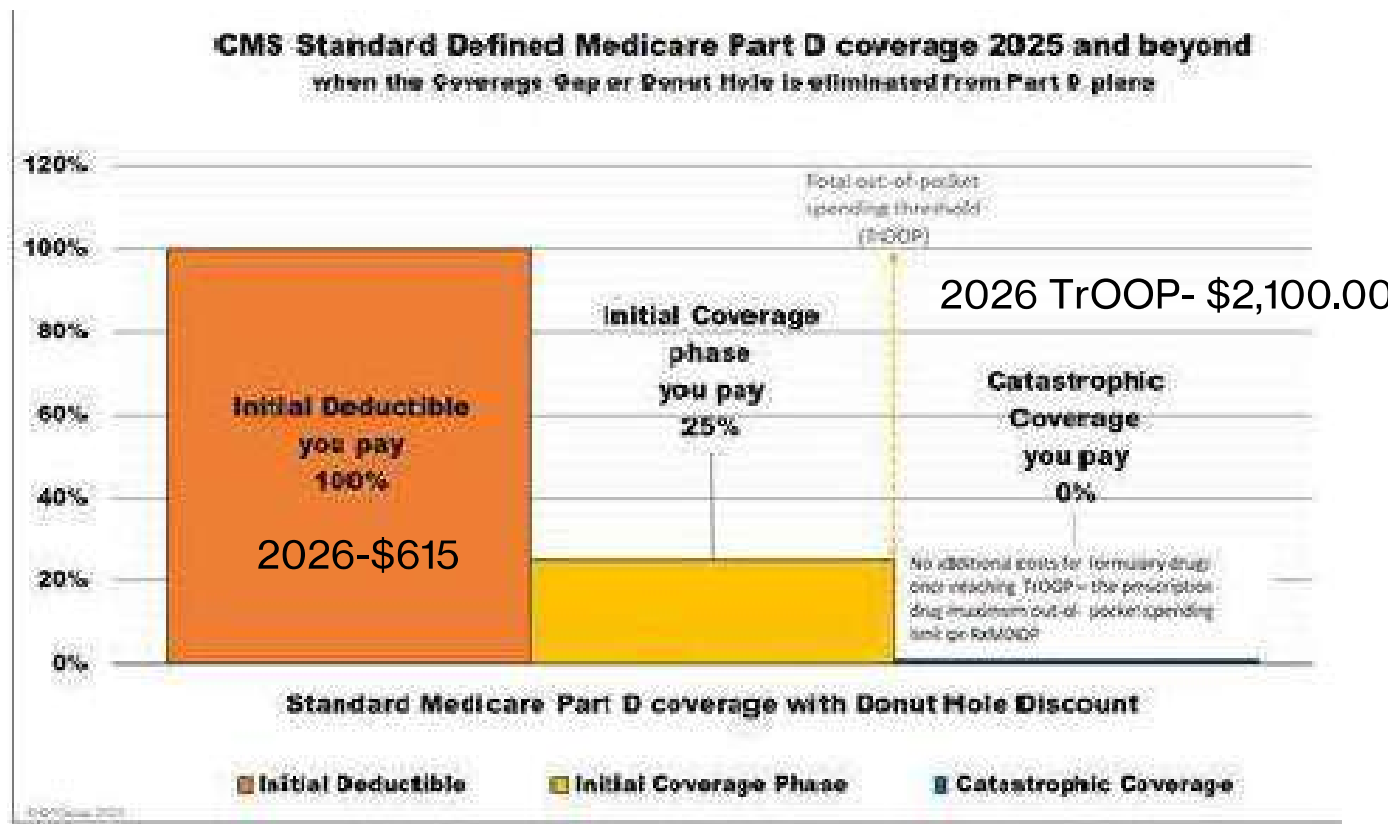
DON'T DO IT ALONE! If you are interested in a SNP, it is very important that you educate yourself and talk to a counselor. It can be complicated to navigate the myriad of programs and services that are available. There are also strict rules about applying for, and changing plans that need to be understood and followed.

Making a choice between Original & Medicare Advantage Plans (should this just be notes?)

- A SHIP Counselor can be very instrumental in helping you make a choice between Original Medicare, adding a stand-alone Part D plan and possibly a supplement, or choosing a Medigap plan.
- There are pros and cons to each depending on your unique situation.
- Examples:
 1. Supplemental (Medigap) plans cost more up-front, however, if you are a big user of Medical care, you may end up paying more down the road for an MA plan
 2. Most MA plans offer extra's in addition to Vision, Dental and Hearing, such as gym memberships and over-the-counter debit card.

A SHIP counselor will spend time learning about how you like to access health care and what types of services are important to you. From there, your choices become easier.

2026 Medicare Part D Phases



Who is Paying for Medicare?

Figure 1

The Inflation Reduction Act Made Changes to the Share of Medicare Part D Drug Costs Paid by Enrollees, Plans, Drug Manufacturers, and Medicare in 2024 and 2025

Share of total drug costs paid by:

■ Part D enrollees ■ Part D plans ■ Drug manufacturers ■ Medicare

2023



2024



2025



Note: The manufacturer discount applies to brand-name drug costs only. For generic drug costs, plans pay 75% in the coverage gap phase in 2023 and 2024, and 75% in the initial coverage phase in 2025; plans will pay 60% and Medicare will pay 40% in the catastrophic coverage phase in 2025.

Source: KFF, based on Medicare Part D benefit design changes in the Inflation Reduction Act.

IMPORTANT!

1. Only medications that are on your **plan formulary** count towards the \$2,100 out-of-pocket. Over-the-counter drugs do not count, nor do prescription medications purchased without going through your insurance (for example, GoodRX) – even if they are on the formulary
2. Plan Premiums **do not count towards** your out-of-pocket expenses
3. Plans may choose to **not cover medications** that are prescribed for “off-label” use, even if the medication is on the formulary

A Few Things to Consider if You Work Past Age 65



If you choose to take Social Security, you must take Part A



If you don't sign up for Medicare at 65, there are no late penalties as long as you have creditable coverage. You will have to submit form 40B to Medicare when you are ready to sign up



Your employer will have to submit a form to SSA indicating that you had creditable coverage when you are ready to sign up for Part B

A Few Things to Consider if You Work Past Age 65



Be sure you are aware of all relevant dates and deadlines. There are life-long penalties for enrolling late in both Part B and Part D



If you delay enrollment in Part B, you must get proof of creditable coverage from your employer in order to avoid a penalty



If you get your health insurance through your spouse, you will need to check with their benefits coordinator for health insurance to make sure you have creditable coverage

A Few Things to Consider if you are working past 65

1. If you are still working after 65, even if you are taking Social Security, you DO NOT necessarily need to enroll in Medicare.
2. If you are collecting Social Security you will automatically be enrolled in Parts A & B. Most people choose to keep Part A.
3. If you have qualifying health insurance through your employer, you can refuse Part B (There are no late enrollment penalties provided you have qualifying (creditable) coverage)
4. When you are ready to take Medicare you will need some paperwork to be sent to the Social Security Administration. Your HR people should be familiar with this process

COBRA and Medicare

COBRA is a Federal law that may allows one to keep their employer coverage for generally 18 months after their employment ends.

HOWEVER: COBRA is **not** considered “creditable coverage” for Medicare.

- Individuals on COBRA MUST enroll in Medicare Part B within 8 months of turning 65 or they will face major penalties for the rest of their lives, regardless of whether or not they still have COBRA months remaining.
- COBRA may be considered creditable coverage for Medicare Part D allowing a Special Enrollment Period of **exactly** 63 days to enroll without a lifelong penalty.

NOTE: COBRA tends to end when Medicare coverage begins.

COBRA and Medicare

- If one has Medicare and COBRA, Medicare pays primary
- Medicare is generally significantly less expensive than COBRA
- COBRA may be useful as secondary coverage to pay for:
 - Medicare deductibles and co-payments
 - Benefits not covered by Medicare, such as vision and dental
- A spouse and dependents can generally remain on COBRA for up to 36 months whether or not the employee enrolls in Medicare.

What are Health Savings Accounts? (HSA)

- Accounts for individuals with high-deductible health plans (HDHPs)
- Funds are not taxed to deposit or withdraw
- In order to deposit you must have an HDHP and have no other health insurance (including Medicare)



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When To Stop Your HSA

If you sign up for Medicare:	During your Initial Enrollment Period	You can avoid a tax penalty by making your last HSA contribution the month before you turn 65.
	2 months after your Initial Enrollment Period ends	
	And your birthday is on the 1st day of the month	Generally, your Medicare coverage starts the first day of the month before you turn 65. You can avoid a tax penalty by making your last HSA contribution 2 months before you turn 65.
If you wait to sign up for Medicare:	Less than 6 months after you turn 65	You can avoid a tax penalty by stopping HSA contributions the month before you turn 65.
	6 or more months after you turn 65	You can avoid a tax penalty by stopping HSA contributions 6 months before the month you apply for Medicare.

Income Related Medicare Adjustment Amount (IRMAA)

- Beneficiaries with significant income will pay a sliding scale higher Part B & D premiums (*based on IRS tax returns from 2 years prior*)
- There are 6 income categories
- Each category has a set dollar amount associated with it



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2026 IRMAA

Single	Married Filing Jointly	Married Filing Separately	Part B Premium + IRMAA	Part D IRMAA
\$109,000 or less	\$218,00 or less	\$109,00 or less	\$202.90	\$0 + your plan premium (pp)
\$109,001-\$137,000	\$218,001-\$274,000	N/A	\$284.10	\$14.50 + pp
\$137,001-\$171,000	\$274,001-342,000	N/A	\$405.80	\$37.50 + pp
\$171,001-\$205,000	3442,001-\$410,000	N/A	\$527.50	\$60.40 + pp
\$205,001- <\$500,00	\$410,001-<\$750,000	>\$109,000 and <\$391,000	\$649.20	\$83.30 + pp
\$500,000 or above	\$750,000 or above	\$391,000 or above	\$689.90	\$91.00 + pp

Help For People With Limited Income and/or Resources



Extra Help (with prescription drugs)



Medicaid



Medicare Savings Programs



Pharmaceutical** Assistance Programs



Prescription** Savings Cards

**Not necessarily income dependent

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Enroll on Time!

There are life-long penalties that will follow you if you miss the deadlines for Part D and/or B.

Part B Late Enrollment Penalty is 10% of the Standard Monthly Premium for each full year you should have enrolled but didn't

- So, if you should have enrolled in October of 2023, and decide to enroll during the General Enrollment Period in January of 2026, you will pay \$20.90 on top of your Part B Premium
- As the Premium changes (generally goes up) every year, so will the amount you pay as a penalty

Part D Late Enrollment Penalty

Calculation: Penalty is calculated as 1% of the Part D base beneficiary premium (\$38.99 in 2026),

- For each month a beneficiary does not have creditable coverage and is not enrolled in Part- D (approximately \$0.39 a month x the number of months, added to the monthly premium)
- The penalty amount changes each year as the Part D base beneficiary premium changes

Medicare Enrollment Periods

A quick overview of the different Medicare enrollment periods

PERIOD	WHO	WHAT	WHEN
Initial Enrollment/Election Period (IEP)	People eligible for Medicare due to turning 65	To enroll in Part A, Part B, an Advantage plan, or Part D plan	3 months before 65th birthday month & 3 months after
General Enrollment Period (GEP)	People who missed their IEP & don't qualify for a SEP	To enroll in Part A & Part B	Each year from Jan 1 to March 31
Annual Election Period (AEP)	People already enrolled in Medicare	To enroll in, change, or disenroll from an Advantage or Part D plan	Each year from Oct 15 to Dec 7
Medicare Advantage Open Enrollment Period (MAOEP)	People who currently have an Advantage plan	To switch Advantage plans or return to Original Medicare	Each year from Jan 1 to March 31
Special Enrollment/Election Period (SEP)	People who have a qualifying situation	Qualifying event to enroll in Medicare, Medicare Advantage or Part D mid-year	8 months for Part A & Part B, 2 months for Advantage & Part D plans
Medigap Open Enrollment Period (MOEP)	People who just started Part B	To enroll in a Medigap plan without underwriting	6 months from Part B effective date

[Medicare.gov/basics/get-started-with-medicare](https://www.Medicare.gov/basics/get-started-with-medicare)

Special Enrollment Periods (SEPs)

Enable beneficiaries to make Part D changes in special situations, including:

- Involuntary loss of creditable coverage
- Entering, residing in or leaving a long-term care facility
- Moving
- Other exceptional circumstances
 - Automatic enrollment into a plan by Medicare
 - Error by a Federal Employee
 - First year trial period for Medicare Advantage
 - Switching to/from PACE (Program of All-Inclusive Care for the Elderly)
 - When an employer group health plan would otherwise allow a beneficiary to make changes to his/her employer group health plan.



NOTE: COBRA is **not** considered creditable coverage for Medicare Part B. You **may** qualify for a Part D Special Enrollment Period, but not in all cases.

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JF1 List categories on Medicare.gov ex. You change where you live, You lose current coverage, etc.

<https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan/special-enrollme>
Fleming, Jessica (DHHS)| 2025-05-21T16:56:19.265

SS1 0 They are listed
Shari Smith| 2025-05-27T15:24:00.357

SS2 General statement in the talking points
Shari Smith| 2025-05-27T19:01:33.595

Medicare Plan Finder Star Rating System

Part D plan rating categories:

- Drug plan customer service
- Member complaints, problems getting services, and choosing to leave the plan
- Member experience with the drug plan
- Drug pricing and patient safety

Medicare Advantage Plans rating categories:

- Staying healthy: screenings, tests, and vaccines
- Managing chronic (long-term) conditions
- Plan responsiveness and care
- Member complaints, problems getting services, and choosing to leave the plan
- Health plan customer service



Annual Notice of Plan Changes

- Plan Annual Notice of Change (ANOC)
- Part D and Medicare Advantage Plans can change their benefits and costs annually
- Be sure to check
 - Premium, deductible, co-payment changes
 - Are your drugs still covered?
 - Are your drugs still covered at the same tier?
 - Are there restrictions to your drugs?
 - Is there another Plan that offers better coverage?

Marketing Guidelines | Medicare Advantage and Part D Plans **CANNOT:**

Solicit door-to-door

Call people on national
and state “do not call”
lists*

Enroll people over the
phone during a
solicitation call

Offer incentives or
gifts exceeding \$15, or
offer a meal

Engage in activities to
mislead or confuse

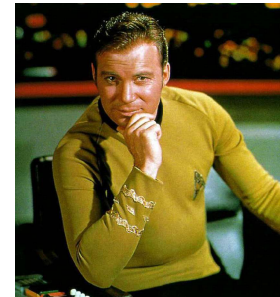
Conduct sales
presentations or collect
enrollment information
at health fairs or
educational events

Third Party Marketing Organizations Must Include Disclaimers on TV/Radio and Social Media Ads

Example:

- “We do not offer every plan available in your area. Currently we represent **[number of organizations]** organizations which offer **[number of plans]** products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your **local State Health Insurance Program (SHIP)** to get information on all of your options.

“Currently we represent **[number of organizations]** organizations which offer **[number of plans]** products in your area. You can always contact Medicare.gov, 1-800-MEDICARE or your **local State Health Insurance Program** for help with plan choices.”



Medicare Preventive Services

Find problems early, when treatment works best. These are covered by:

- **Medicare Part B**
- **Original Medicare:** Pay nothing for most preventive services from a provider who accepts assignment
 - May require copayment/coinsurance for office visit
 - May pay more from provider who does not accept assignment
- **Medicare Advantage and other plans**
 - May require copayments/coinsurances depending on plan benefits

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“Welcome to Medicare” Visit

One-time visit covered within first 12 months of enrolling in Part B.

- Includes:
 - Review of medical and social history
 - Height, weight and body mass index
 - Simple vision test
 - Education and counseling
- Doctor may refer you for additional screenings



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Yearly Wellness Visit

Available every 12 months and includes:

- Personalized prevention plan
- Routine Measurements
- Health advice just for you
- Review of medical and family history
- Review of current prescriptions
- Advance care planning
- Cognitive assessment
- Referrals for health education and preventive counseling



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Wellness and Preventive Services

Service	How Often	Your Cost
Cardiovascular disease screenings	Every 5 Years	No cost for the tests. 20% for doctor's visit
Mammograms	Every 12 months for women 40 years of age and older	No cost
Colorectal Cancer Screening Colonoscopy	Every 120 months Every 24 months if high risk	No cost for test. 20% for doctor's visit or hospital copay
Prostate cancer screenings	Every 12 months for men over 50 year of age	No cost for PSA test 20% for doctor's visit or hospital copay
Flu shot	One shot per season	No cost
Pneumococcal shot	Most people only need once/lifetime	No Cost
Bone mass measurement	Every 24 months	No cost
Glaucoma tests	Every 12 months if you are high risk	20% for doctor's visit or hospital copay
Diabetes Screening	Up to 2 blood glucose laboratory test screenings each year	No cost
Pap tests/Pelvic exams	Every 24 months Every 12 months if high risk	No cost
HIV (Human Immunodeficiency Virus) screening	Every 12 months Between 15-65 years old Younger than 15 older than 65 and at an increased risk Up to 3 times during a pregnancy	No cost
Covid vaccines	As recommended by the CDC guidelines	No cost (this could change when the public health emergency ends)
Shingles Vaccine	Adults 50 years and older two doses two to six months apart	No deductible and no cost-sharing with Part D coverage
Tetanus – Diphtheria – Whooping Cough Vaccines	Can be given at any time and followed by a Td or Tdap shot every 10 years	No cost

A Few Words About Fraud and Scams

Medicare Fraud is the most common scheme affecting seniors. Some examples include:

- Medicare/Medicaid is billed for services you never received, equipment you never received or was returned
- Someone uses your Medicare/Medicaid card
- A company uses false information to mislead you into joining a Medicare plan
- Calls asking to verify your Medicare # so you can get a plastic card
- Calls offering you rebates on certain services
- Calls indicating that your Medicare plan is being terminated
- Calls offering you a wellness exam (and they will notify your doctor)

Many times the caller will be insistent on immediate action or payment and these calls can be quite scary.



Medicare Fraud

Be sure to review your Medicare Summary Notices (MSN) if you have Original Medicare, or your Explanation of Benefits (EOB) if you have a PPO or HMO, on a regular basis

- You may see charges for services services or equipment that are charged to Medicare.
- Even if you don't have to pay for them, Medicare does
- If you see such charges, contact your provider's billing department. It could simply be the wrong code entered
- If you see a pattern, or for example, multiple wrong charges on the same MSN or EOB, chances are it is fraud – especially if you are not responsible for the bill

To Report Fraud or Scams

Michigan SMP Hotline: (844)677-6424

Senior Medicare Patrol Program:

MDHHS-SMP@Michigan.gov

Outside of Michigan: (877) 808-2468

SMPResource.org

Do not be afraid or embarrassed to report if you have been a victim of a scam. The scammers are very tricky! It can happen to anyone.

How Can A MI Options Medicare Counselor Help You

01

Understand
Medicare health
plans

02

Compare and
enroll in Medicare
Advantage
Coverage

03

Compare or enroll
in Medicare
Prescription Drug
Coverage

04

Identify and
report Medicare
and Medicaid
fraud and scams

05

Assist with
enrollment into
low-income
programs

We Are Here to Help You



If you want to speak with a counselor about your specific situation, give us a call



Our service is confidential and unbiased



We counsel currently over the phone, Teams and in-person where available



No question is too trivial, and we often deal with very complicated questions as well

There are various options for counseling: In person, Microsoft Teams, or Telephone. Call us today at 248-262-0545. We serve Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw Counties.

For SHIP Counseling outside of Michigan, call the MI Options Medicare Counseling at 800-803-7174 or visit www.eldercare.acl.gov.

For More Information

- Contact us at SHIP@ageways.org or 248-262-0545
- Visit Medicare.gov
- Browse the Medicare & You Handbook
- Call 1-800-MEDICARE



Satisfaction Survey



- This survey is part of a larger analysis of our national program.
- It is completely confidential
- It is also anonymous
- Your participation is voluntary
- It takes less than 5 mins to complete
- Survey Link:

<https://www.surveymonkey.com/r/ACLED>

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