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Medicare 2025

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212-244-6469 or

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NYCTM

**Department for
the Aging**



**Health Insurance
Information, Counseling
and Assistance Program**



SHIP
State Health Insurance
Assistance Program

Medicare Questions? Call Aging Connect at 212-244-6469

This presentation will cover:

- Medicare Enrollment in Parts A and B
- Original Medicare and its out-of-pocket costs
- Supplemental insurance with Original Medicare
- Non-covered services under Original Medicare
- Medicare Advantage plans and out-of-pocket costs
- Part D Rx coverage with both forms of Medicare
 - Income-based assistance programs
 - Resources for assistance

What is Medicare?



Medicare is a Federal program for those who are:

- Age 65 or older
- Disabled
- End Stage Renal Disease

The Medicare Alphabet

Part A	Part B	Part D
<ul style="list-style-type: none">• Hospital Insurance• Covers Inpatient Hospital and Skilled Nursing Facility	<ul style="list-style-type: none">• Medical Insurance• Outpatient services like doctor visits, lab work, therapy and preventive services.	<ul style="list-style-type: none">• Prescription Drug Coverage

Medicare Advantage or Part C (A + B + D)

Medicare Part A (Inpatient) Helps Pay For

Hospital Stays	Semi-private room, meals, general nursing, and other hospital services and supplies. in critical care hospitals, inpatient rehabilitation facilities, inpatient mental health care in psychiatric hospital
Skilled Nursing Facility Care	Semi-private room, meals, skilled nursing and rehabilitation services, and other services and supplies.
Home Health Care Services	Can include part-time or intermittent skilled care, and physical therapy, speech-language pathology, and occupational therapy.
Hospice Care	Includes drugs, medical, and support services from a Medicare-approved hospice agency.
Blood	In most cases, if you need blood as an inpatient, you won't have to pay for it or replace it.

Medicare Part B (Outpatient) is often referred to as your "Medical Insurance"

- Doctor services
- Outpatient medical and surgical services and supplies
- Diagnostic tests and laboratory tests
- Outpatient therapy (PT/OT)
- Outpatient mental health services
- Home health services
- Durable medical equipment
- Outpatient hospital services
- Blood
- Ambulance services (if other transportation would endanger health)
- **Preventive Services**

Some of the Free* Preventive Benefits covered by Medicare

- "Welcome to Medicare" preventive visit
- Annual "Wellness" visit
- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease Risk Reduction Visit
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
 - Screening fecal occult blood test
 - Screening flexible sigmoidoscopy
 - Screening colonoscopy
 - Screening barium enema
 - Multi-target stool DNA test
 - * Free if provider accepts Medicare assignment
- Depression screenings
- Diabetes screenings
- Flu shots (Vaccine)
- Glaucoma tests
- Hepatitis B shots (Vaccine)
- Hepatitis C screening test
- HIV screening
- Lung Cancer Screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Pneumococcal shots
- Prostate cancer screening
- Sexually-transmitted infections screening and counseling
- Tobacco use cessation counseling



Medicare Enrollment

Medicare Enrollment in Parts A and B

If you are receiving Social Security benefits before age 65, enrollment in Parts A & B is automatic

If not, you must take affirmative steps to enroll.

Part A is premium free for the great majority, so it makes sense to enroll at age 65

You can enroll with an online account with SSA.

Initial Enrollment Period for Part B

**7-month window surrounding your
65th birthday month**

- **Enroll 1st 3 months prior to 65th birthday month**
 - **Part B starts the 1st of month of your 65th birthday**
- **Enroll in the month of your 65th birthday**
 - Part B starts 1st of following month
- **Enroll in any of the last 3 months after 65**
 - Part B starts 1st of following month

Special Enrollment Period for Part B

- **Eligibility**
 - Covered under **active** employment, typically from a large employer since the first month eligible for Medicare either via **self or spouse**. (Cannot be a domestic partner).
- **Entitled to a separate Special Enrollment Period (SEP)**
 - **SEP** allows you to enroll in Part B **within the 8 full months following the month no longer covered through current employment**. Requires forms from enrollee and employer.

Special Enrollment Period for Part B (continued)

- Submit forms L564 and 40B to Social Security via fax or upload
 - **Completed by employer:**
www.cms.gov/medicare/CMS-Forms/CMS-Forms/Downloads/CMS-L564E.pdf
 - **Completed by individual:**
www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS40B-E.pdf

When Is My Special Enrollment Period?



While you have coverage
from your employer

8-months after your employer-based coverage ends

General Enrollment Period for Part B

- **January 1 – March 31**
 - Part B coverage starts 1st of following month

Part B late enrollment penalty. 10% added to future monthly premiums for every 12 months you were not enrolled in Part B for when you should have been.



MEDICARE HEALTH INSURANCE

Name/Nombre

JOHN L SMITH

Medicare Number/Número de Medicare

1EG4-TE5-MK72

Entitled to/Con derecho a

**HOSPITAL (PART A)
MEDICAL (PART B)**

Coverage starts/Cobertura empieza

**03-01-2016
03-01-2016**

**Now that you are
enrolled, how do you
want to get your
Medicare?**

**Navigating the
“fork in the road.”**

Two ways to receive Medicare benefits



Original Medicare

- Medicare **Parts A and B** benefits through traditional program administered by the federal government



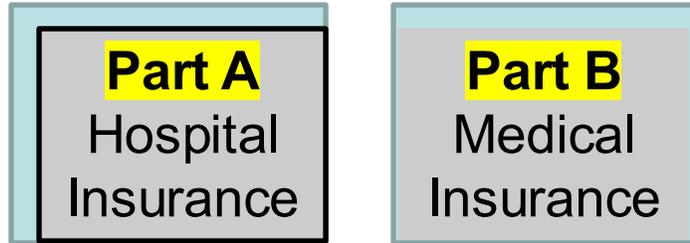
Medicare Advantage Plan

(e.g., HMO, PPO)

- Medicare **Parts A and B** benefits through private health plans that contract with the federal government (also called Part C or Medicare health plans)
- **Not a separate benefit: everyone with Medicare Advantage still has Medicare**

Your Medicare Choices

Original Medicare



Can add **Part D** plan unless you have other creditable drug coverage—will pay **monthly Part D premium**

Can add **Medicare Supplement Insurance** (Medigap) if no other other supplemental coverage—will pay **monthly Medigap premium**

Medicare Advantage Plan (HMO/PPO)

Medicare Part C
Combines **Parts A, B and D** and often provides other **benefits**—**many plans - \$0 add'l. premium**
Cannot have a Medicare supplemental plan

Choices in Medicare

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graph TD; A[Choices in Medicare] --> B[Original Medicare (Parts A and B)]; A --> C[Medicare Advantage];
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Original Medicare (Parts A and B)

- **More provider choice**—can use any Medicare provider in U.S., PR, USVI, and in the Pacific territories. No networks.
- No annual maximum out-of-pocket limit.
- **Additional monthly premiums** for **supplemental insurance** and **Part D** Rx plan if you have no other creditable coverage from retiree plan, union, Medicaid, MSP, etc.
- You will pay these **additional monthly premium costs** if subject to them regardless of whether or not you get health care.
- **Must also pay the monthly Part B premium.**

Medicare Advantage

- Includes Parts A and B coverage
- **Same benefits as Original Medicare**
- **Provider Networks**—either exclusive or if not, staying in the network will result in lower cost.
- **Pre-approval for certain procedures.**
- Annual out-of-pocket maximum limit.
- **Many MA plans have no additional monthly premium.** Part D coverage most often included at no additional premium.
 - **May get extra benefits.**
- **Must also pay monthly Part B premium.**

Part B Monthly Premium

- You are **responsible** for the Part B monthly premium **regardless of which way you get Medicare.**
- The **great majority** will pay the standard amount of **\$185.00 in 2025.** (\$206.50 is the current estimate for 2026).
 - [2025 Medicare Trustees Report](https://www.cms.gov/oact/tr/2025) - <https://www.cms.gov/oact/tr/2025>
- The remainder will be subject to the **IRMAA, the Income Related Monthly Adjustment Amount.**

Income-Related Monthly Adjustment Amount (IRMAA) for Higher Income Medicare Beneficiaries in 2025

Use SSA Form 44 to appeal.

2023 Modified Adjusted Gross Income (MAGI)	Part B Monthly Premium	Part D (Prescription Drug) Monthly Premium
Individuals with a MAGI of \$106,000 or less / Married couples with a MAGI of \$212,000 or less	2025 Standard Premium = \$185	Your Plan Premium
Individuals with a MAGI \$106,000 - \$133,000/ Married couples with a MAGI \$212,000 - \$266,000	\$259.00	Your Plan Premium + \$13.70
Individuals with a MAGI \$133,000 - \$167,000/ Married couples with a MAGI \$266,000 - \$334,000	\$370.00	Your Plan Premium + \$35.30
Individuals with a MAGI \$167,000 - \$200,000/ Married couples with a MAGI \$334,000 - \$400,000	\$480.90	Your Plan Premium + \$57.00
Individuals with a MAGI \$200,000 - \$500,000/ Married couples with a MAGI \$400,000 - \$750,00	\$591.90	Your Plan Premium + \$78.60
Individuals with a MAGI greater than \$500,000 / Married couples with a MAGI greater than \$750,000	\$628.90	Your Plan Premium + \$85.80
Married filing separately with a MAGI less than \$106,000	\$185.00	Your plan premium
Married filing separately with a MAGI \$106,000 - \$394,000	\$591.90	Your Plan Premium + \$78.60
Married filing separately with a MAGI \$394,000 and greater	\$628.90	Your Plan Premium + \$85.80

Cost-Sharing with Original Medicare



- **No limit** on out-of-pocket costs with Original Medicare.
- Can purchase **Medigap policy to cover Original Medicare cost-sharing** if no retiree coverage or Medicaid or Medicare Savings Program.

Original Medicare's out-of-pocket costs

3 cost gaps—Part B

1. Part B annual deductible: \$257
2. Part B coinsurance: 20% for most
3. Part B excess charges: Up to 15%
 - Must pay monthly Part B premium regardless of how you get Medicare.
 - Lab work and preventive services fully covered if medically necessary and within time frames.
 - The estimated deductible for 2026 is \$288.

Assignment/Participation

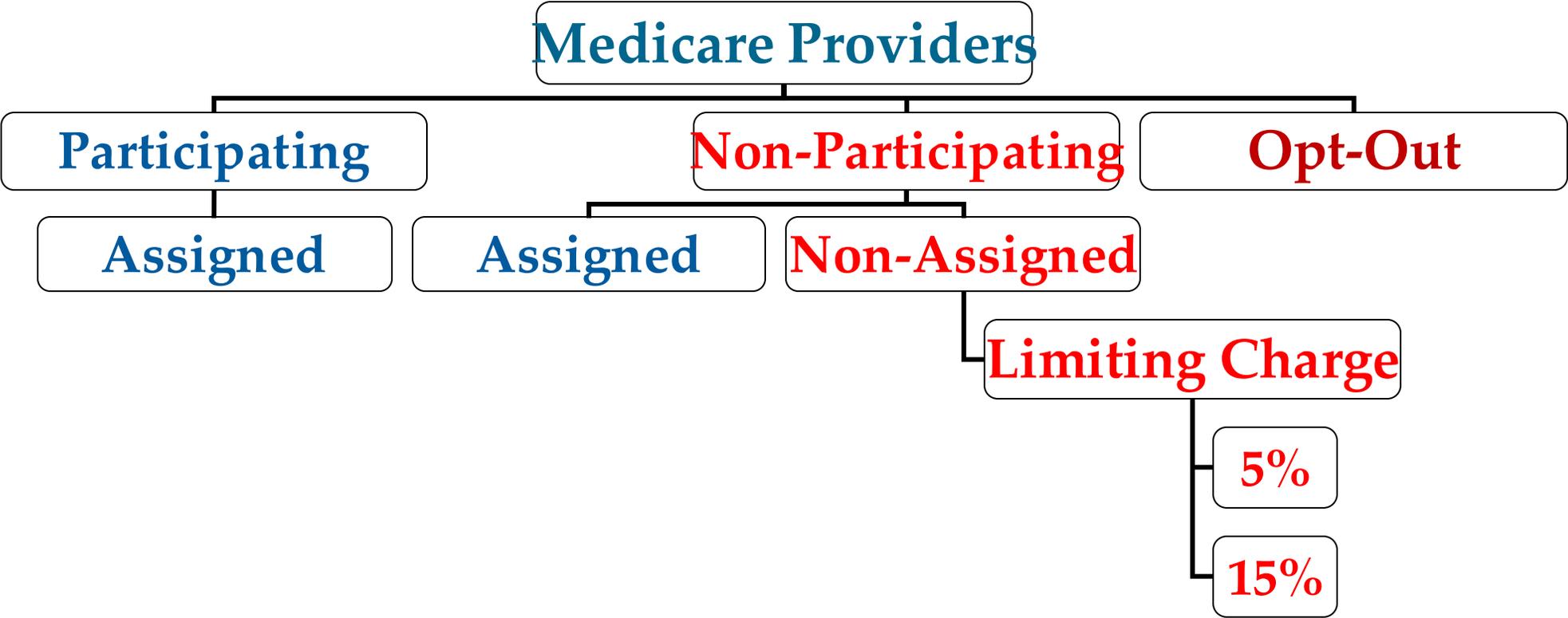
Limiting Charge

- Participation and assignment---the great majority of providers accept assignment. They will accept Medicare's payment as payment in full, file the claim for you, and then you are responsible for the 20% coinsurance after meeting the Part B deductible.
- **Limiting charge/Part B excess charge** for non-assigned claims—Some providers do not accept assignment, meaning that they have not signed a participation agreement with Medicare. They are still in the Medicare program but they are allowed by law to charge more. They may also ask you to pay up front.
 - Federal/national limit/cap (115%)
 - NYS physician limit/cap (105%)**
 - (NYS exceptions--home and office visits).
- www.medicare.gov (or 1-800-MEDICARE) to find participating and non-participating providers or call the provider's office and ask if they take assignment.

Opt-Out Providers (Private Contracts)

- Provider “**opts out**” of Medicare program.
 - Cannot bill Medicare for two years.
- Signed contract by provider and beneficiary.
- Beneficiary pays full provider charge.
- Medicare does not pay for the services at all.
- Does not apply to emergency care.

Medicare Assignment/Participation/Opt-Out Summary





- **No limit** on out-of-pocket costs with Original Medicare.
- Can purchase **Medigap** policy to help cover Medicare cost-sharing

Original Medicare's out-of-pocket costs

3 cost gaps—Part A (inpatient)

1. Part A **deductible**--\$1,676 per benefit period (\$1,716 is 2026 estimate)
2. Part A **days 61-90**---\$419 per day (\$429 in 2026)
2. Part A **days 91-150**--\$838 per day (\$858 in 2026)
3. Part A **Skilled Nursing Facility**--\$209.50 per day (days 21-100) (\$214.50 in 2026)

NOTE: 2026 numbers are estimates. You could also be subject to multiple Part A deductibles.

How to help cover the out-of-pocket costs with Original Medicare

**Medigap/
Medicare Supplement
for Original Medicare**

Only works with Original Medicare. You cannot have or be sold a supplement with Medicare Advantage plans.

What is Medigap?

- Policies sold by **insurance companies**.
- Covers “**cost gaps**” in Original Medicare Plan:
Part A & B deductibles, co-pays, coinsurance
- Also called “**Medicare Supplement Insurance**”
- 10 Standardized Policies Available
 - Labeled Plan **A thru N**
 - **Plans of same letter have same coverage!**
 - Only premium costs are different!
- Can go to any doctor, hospital, or provider that accepts Medicare in any state. No networks.

What Is Medigap? (cont'd)

- You pay a **monthly premium** for Medigap **in addition to the** Medicare Part B premium.
- Medigap pays claim **after** Medicare pays.
- Only covers **Medicare approved** services.
- Does **NOT** cover prescription drugs; need separate Medicare Part D Prescription Drug Plan unless you have other creditable coverage.

Medigap Supplement Plans in New York State

- **Standard Benefit/Continuous open enrollment**

(Can be subject up to a maximum **6 month waiting period (WP)** for **pre-existing conditions** depending upon when you sign up BUT you can get credit for prior coverage so long as no break exceeded 63 days)

- <https://www.dfs.ny.gov>

for Medigap plan information

- **People newly eligible for Medicare in 2020 (or later) CANNOT purchase Plan C or Plan F.**

BENEFITS INCLUDED IN THE TEN STANDARD MEDICARE SUPPLEMENT PLANS

Basic Benefit: Included in all plans

•**Hospitalization:** Part A copayment, coverage for 365 additional days after Medicare benefits end, and coverage for 60 lifetime reserve days copayment.

•**Medical Expenses:** Part B coinsurance (generally 20% of Medicare-approved expenses).

•**Blood:** First 3 pints of blood each year.

•**Hospice:** Part A cost sharing.

High-Deductible Plan F and Plan G – \$2,870

A	B	C	D	F*	G*	K	L	M	N
Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit*	Basic Benefit*	Basic Benefit	*Basic Benefit
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsur.	Skilled Nursing Coinsur.	Skilled Nursing Coinsurance (50%)	Skilled Nursing Coinsurance (75%)	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible (50%)	Part A Deductible (75%)	Part A Deductible (50%)	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess	Part B Excess				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out of Pocket limit \$6,940 \$7,220 In 2025	Out of Pocket limit \$3,470 \$3,610 In 2025		

MEDICARE SUPPLEMENT INSURANCE POLICIES
(January 2025)

PLAN	Aetna 800-345-6022	Bankers Conseco 800-845-5512	Emblem (formerly GHI) 800-444-2333	Empire Blue Cross Blue Shield *NOT Available for New Members	Globe Life Insurance 800-331-2512	Humana 800-486-2620	Mutual of Omaha 800-228-9999	TransAmerica Financial 800-752-9797	United Health (AARP) Must be an AARP member to enroll (age 50+) 800-523-5800
A	\$318.21	\$413.53	\$213.79		\$267/\$299	\$348	\$351.72	\$230.50	\$209.00
B	\$362.44	\$664.86	\$303.93		\$328/368	\$392.90	\$512.25	\$277.94	\$303.00
C**			\$355.60		\$397/444	\$479.87	\$512.82	\$360.08	\$415.50
D					\$391/438		\$539.03	\$330.88	
F**	\$422.90	\$897.73	\$636.35		\$389/\$436	\$489.60	\$516.15	\$362.17	\$394.00
F+**		\$75.69	\$74		\$90/\$101	\$111.34			
G	\$406.26	\$826.24	\$362.40		\$348/390	\$607.88	\$511.36	\$303.85	\$326.75
G+		\$75.69	\$67.69		\$72/\$81	\$111.19			
K		\$137.69			\$137/154	\$226.75		\$165.84	\$106.75
L		\$322.45			\$234/262	\$323.93		\$246.18	\$216.25
M		\$446.64					\$526.10	\$303.13	
N		\$514.82	\$264.00		\$329/369	\$430.95		\$285.05	\$262.25

GHI Senior Care for NYC Retirees

- **Most NYC Medicare retirees are enrolled in GHI Senior Care.**
 - **Senior Care** supplements Original Medicare
 - Combination of Anthem/Blue Cross Blue Shield which supplements Part A and GHI/Emblem supplements Part B
- **GHI Senior Care does NOT cover the Part B deductible.**
 - **Senior Care** has its own additional \$50 deductible.
 - Once both deductibles are met, the 20% coinsurance is covered.
- As of January 2025, **GHI Senior Care** added \$15 co-pays for many services, including PCP/specialist visits
 - <https://www.nyc.gov/site/olr/health/retiree/health-retiree-responsibilities-assistance.page>

Services not covered
by
Original Medicare!

TV Ads offering “extra benefits” in Medicare



Ads will link you to insurance agents selling Medicare Advantage Plans which are designed for the general public.

Services that are not covered by Original Medicare!

- Dental care
- Routine Vision/Eyeglasses*
- Hearing Aids
- Long Term Care
- Fully covered/paid for Annual Physical Exam*
- Services outside of USA
- Gym memberships, routine medical transportation, OTC shopping cards, hot meals delivered to your home after surgery or nursing home stay, etc.
- Do not sign up for plans that offer these services if you have retiree benefits without first asking your HR department! These plans are for the general public. They are not for you.

Medicare Advantage (Part C)

Choices in Medicare

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Original Medicare (Parts A and B)

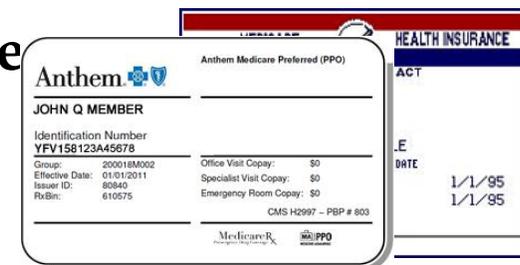
- **More provider choice**—can use any Medicare provider in U.S., PR, USVI, and in the Pacific territories. No networks.
- No annual maximum out-of-pocket limit.
- **Additional monthly premiums** for supplemental insurance and Part D Rx plan if you have no other creditable coverage from retiree plan, union, Medicaid, MSP, etc.
- You will pay these **additional monthly premium costs** if subject to them regardless of whether or not you get health care.
- **Must also pay the monthly Part B premium.**

Medicare Advantage

- Includes Parts A and B coverage
- Same benefits as Original Medicare
- **Provider Networks**—either exclusive or if not, staying in the network will result in lower cost.
- **Pre-approval for certain procedures.**
- Annual out-of-pocket maximum limit.
- **Many MA plans have no additional monthly premium.** Part D coverage most often included at no additional premium.
 - **May get extra benefits.**
- **Must also pay monthly Part B premium.**

What are Medicare Advantage plans?

- Structured as **HMOs or PPOs**, called *Medicare Health Plans*.
- **Insurance companies** contract with Medicare.
- Must get **all medical services and drugs** from the plan.
 - May have to use **specific** doctors, hospitals and labs.
 - May need **referrals** for services and specialists.
 - **Preauthorization** for higher cost procedures.
 - HMOs are the most restrictive. **In-network care only.**
 - PPOs allow you to go out-of-network at a greater cost.
- MA plans are **NOT** supplements to Medicare.
 - **No claims go to Medicare; all claims processed by the plan you are in.**



Medicare Advantage (MA)

- Must Have **Parts A and B** and live in the **Service Area** of Plan to be eligible.
 - Enrollment: **October 15 – December 7** (Annual Election Period)
Or **January 1 – March 31** (**MA Open Enrollment Period**)
- **Benefits/Costs---By law, must cover at least what Original Medicare does.**
 - Fixed co-payments (or coinsurance) for most services.**
 - Much higher for inpatient days.**
 - You pay as you use health care.**
 - Many plans will have no additional monthly premium.**
 - **Many plans offer additional benefits (Hearing Aids/Dental/Vision, etc.)**

Maximum Out-of-Pocket (MOOP)

- Medicare Advantage plans have an annual MOOP limit—**Original Medicare has no annual MOOP limit.**
 - MA cost-sharing for **all Part A and Part B covered services** is applied to MOOP.
 - If beneficiary reaches limit, **100% coverage** for the rest of the calendar year.
 - **MOOP does NOT include:** Plan premium if any, Part D costs and other benefits not covered by original Medicare.
- **\$9,350 annual max. out-of-pocket limit for In-Network care only.**
- **\$14,000 annual max. out-of-pocket limit for In/Out-of-Network combined.**
- **Many MA plans have lower MOOP limits. Most enrollees will not hit or exceed the limit. Plans with lower MOOP limits are allowed to charge more for copays for both out and inpatient care.**
- **Do the math to compare potential financial exposure between Original Medicare with a supplement vs. MA plan.**

CAN'T HAVE OR BE SOLD A MEDIGAP PLAN WITH MEDICARE ADVANTAGE!

Medicare Advantage (MA)

How do you choose a MA plan with so many plans offered in NYC?

- Ask your provider's office which plans they take?
- Look to see if hospitals, labs and therapy locations you might wish to use are in the plan.
- Come up with a much shorter list of plans to check out.
- Go to www.medicare.gov to compare plans, call 1-800-MEDICARE or speak to a HIICAP counselor.

Medicare Part D
Prescription Drug
Coverage

Part D with both forms of Medicare



Original Medicare

- Purchase a **stand-alone prescription drug plan**
- Or have other **creditable** coverage via retiree benefit.



Medicare Advantage

- **Part D is generally included,** and individual receives all Medicare benefits from one plan

Medicare Prescription Drug Coverage (Part D)

- Optional/Voluntary/Penalty
 - 1% per month of average national premium added as penalty for every month you should have had Part D but didn't.
- 12 Stand-Alone plans for 2025.
- Medicare Advantage plans offer their own Part D coverage.
 - MA drug costs will vary by MA plan.

Each Part D plan has their own Formulary and Pharmacy Networks.

- Enrollment Periods
 - October 15 – December 7 (AEP)
 - Some may qualify for Special Enrollment Periods

Part D costs

- Each plan charges different premiums, deductibles, and co-pays.
- Part D plans use tiers to categorize prescription drugs---pay less for drugs in lower tiers.

Part D coverage phases--2025

- Beneficiary will have different drug costs throughout the year, depending on which coverage period they are in.
- **Part D coverage periods:**
 1. **Deductible Period—up to a maximum \$590.**
 2. **Initial Coverage Period---you pay co-pays ~ 25% of drug cost.**
 3. **Catastrophic Coverage—Plan pays all costs after you spend a certain amount. Does not include monthly premiums.**

2025 Part D Changes

- **New \$2,000 out-of-pocket catastrophic coverage limit.**
 - (Amount subject to change each year)
 - Can spread the \$2,000 limit across monthly payments.
- **Medicare Prescription Payment Plan (MPPP)**
 - **Enroll in MPPP with Part D plan.**
 - Pay \$0 at pharmacy for covered drugs.
 - Plan bills member for monthly Part D cost.
- MPPP most helpful for people with **high Part D cost-sharing at beginning of year**
- Reference: What's the Medicare Prescription Payment Plan?
 - <https://www.medicare.gov/publications/12211-whats-the-medicare-prescription-payment-plan.pdf>

How to choose a Part D plan?

- Go to www.medicare.gov to compare plans and prices each year or contact HIICAP.
- Pay attention to the Annual Notice of Change that is mailed to you each fall
- Never assume the plan that worked best this year will work best for you next year, or that the plan your friend has and likes will be good for you, too!

Help with Costs

**Income-based
assistance programs**

EPIC

1. **\$75,000/\$100,000**
2. Fee or Deductible Plan
3. Supplements Part D but Does Not Cover Deductible
4. **Maximum Co-Pay \$20**
5. **SEP to Switch Part D Plans**

1-800-332-3742

Fillable Application:

<https://www.health.ny.gov/forms/doh-5080-fillin.pdf>



and Medicare Working Together

What is EPIC?

The Elderly Pharmaceutical Insurance Coverage (EPIC) program is a New York State program administered by the Department of Health. It provides seniors with co-payment assistance for Medicare Part D covered prescription drugs **after any Part D deductible is met**. EPIC also covers many Medicare Part D excluded drugs.

- **Fee Plan** members pay an annual fee to EPIC based on their income. The EPIC co-payments range from \$3 - \$20 based on the cost of the drug. Those with Full Extra Help from Medicare have their EPIC fee waived.
- **Deductible Plan** members must meet an annual out-of-pocket deductible based on their income before paying EPIC co-payments for drugs.

EPIC also pays Medicare Part D plan premiums, up to the amount of a basic plan, for members with annual income below \$23,000 if single or \$29,000 if married.

Those with higher incomes must pay their Part D plan premiums.

- To help them pay, their EPIC deductible is lowered by the annual cost of a Medicare Part D basic plan.
- EPIC deductibles for Income in shaded areas on the Deductible Plan schedule will be less than the amounts shown.

Who can join?

- A resident of New York State 65 or older with annual income up to \$75,000 if single or \$100,000 if married.
- An eligible senior with a Medicaid spend down not receiving full Medicaid benefits.

Medicare Part D Enrollment

All EPIC members must have Part D in order to receive EPIC benefits. Because EPIC is a qualified State Pharmaceutical Assistance Program, members are able to join a Part D plan during the year once enrolled in EPIC. They also can change their Medicare Part D plan one time during the year.

"Extra Help" can save money!

If EPIC determines a senior may be eligible for Extra Help, EPIC will mail a Request for Additional Information (RAI) form. The senior is then required, by law, to provide the additional information to obtain EPIC coverage.

- Seniors who already receive Extra Help can send a copy of their determination letter from Social Security Administration with their form.
- If approved for full Extra Help, the senior will have lower co-payments and will not have a Medicare Part D coverage gap. Medicare and EPIC will pay all or most of the monthly Part D plan premium.
- EPIC will use the information on the RAI form to apply for Extra Help on the senior's behalf and it will not be used for EPIC determination.

How to Apply

- Complete the application, sign it and mail it to the address below.
- Apply separately or spouses living together can both use the same form.
- Report the total income for you and your spouse if living together (even if only one is applying) and both must sign the form.

For more information call the toll-free EPIC Helpline at **1-800-332-3742 (TTY 1-800-290-9138)**
Download an application at: http://health.ny.gov/health_care/epic/application_contact.htm
choose which language version or write:

EPIC
P.O. Box 15018
Albany, New York 12212-5018

Medicare Savings Programs

- **No resource/asset limit.** Automatic Part D extra help.

– Qualified Medicare Beneficiary (QMB)

- **\$1,820**/individual per month.
- **\$2,453**/couple per month.
- **Covers Part B monthly premium, Parts A and B coinsurance and deductibles, most Part D costs.**

Medicare Savings Program

– Qualified Individual (QI)

- **\$2,446**/individual per month.
- **\$3,299**/couple per month.
- Covers Part B monthly premium and most Part D costs.
- Automatic Part D Extra Help.
- Can use spend down strategies to lower qualifying income.

(Part D) Extra Help/LIS

Extra Help/LIS

- Automatic with Medicaid/Medicare Savings Program
 - Otherwise, need to apply to Social Security for LIS
 - Income Limit
 - **\$1,976 Individual (\$2,664 for couples)**
 - Asset/Resource Limit
 - **Up to \$17,600 (\$35,130 for couples)**
 - Co-Pays
 - \$4.90 Generic/\$12.15 Brand-Name
 - Special Enrollment Period (SEP) (2025 Change)
- SEP allows one election per month BUT only to enroll in stand-alone Part D plan (PDP)
 - NOT to enroll into MA plan

Changes can be made every Fall

- Medicare Open Enrollment
 - Starts October 15
 - Ends December 7
- Change takes effect January 1st.
- Review and compare plans.
- If you have a Medicare Advantage Plan, you can still change plans from January 1 – March 31.
- Contact HIICAP counselors with questions.





AVOID SCAMS!

- **Medicare will NOT call you** and ask for your bank information, Medicare number, or Social Security number.
- **Protect your Medicare number** the same as you would your credit card.
- **Medicare will NOT send representatives** to your home---these are insurance agents trying to sell you health care policies.

You Can Review Your Medicare Claims on the Internet



- Register on **www.medicare.gov**
- Secure site designed to help you
 - check the status of your eligibility, enrollment, and other Medicare benefits.
 - allows you to access your claims information almost immediately after it is processed by Medicare.

Medicare Options and Resources

Summing it all up

Your Medicare Options

Original Medicare

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance ([Medigap](#)). Or, you can use coverage from a former employer or union, or [Medicaid](#).

Medicare Advantage (also known as Part C)

Part A



Part B



Most plans include:

Part D



Some extra benefits

Some plans also include:

Lower out-of-pocket costs

Be an educated consumer!

- You can change how you get Medicare every year.
 - Avoid late enrollment penalties.
- You can change your Part D and MA plan every year.
 - You can switch your Medigap plan at any time.
- Do the high-deductible F and G gap plans make sense for you?
- Comparison shop all plans during the fall open enrollment period.
 - Medigap plans of the same letter are standardized. Only the premium amount will differ.
 - Read your annual Part D notice of change.
- Your medical history and health care utilization rate, especially if you have history of frequent hospitalizations, can help you make an informed choice as to which form of Medicare to choose. So too, will your personal finances.
 - See if you qualify for the income-based assistance programs.
 - Protect your retiree benefits by investigating before acting.
 - Use the official Medicare website at [medicare.gov](https://www.medicare.gov), call 1-800 Medicare or call a HIICAP counselor at 212-244-6469 for assistance.

HOW CAN I GET HELP?

WWW.MEDICARE.GOV

1-800-MEDICARE

HIICAP/SHIP

- **Medicare Questions? Call HIICAP/SHIP**
 - **212-AGING-NYC (212-244-6469) if you live in the city.**
 - Outside of NYC call 1-800-701-0501
 - Outside of New York State
 - <https://www.shiphelp.org/> - SHIP Locator
- Learn More About Medicare - Intro to Medicare webinar:
 - <https://www.eventbrite.com/e/medicare-orientation-understand-your-costs-and-choices-in-medicare-tickets-116307108693>
- NEW: In-Person Introduction to Medicare workshops
 - @ NYC DFTA (2 Lafayette St, 6th Fl, Manhattan)
 - Next in-person session: Friday, July 11th at 10 AM – Noon.
- Volunteer with HIICAP – Become a Counselor
 - <https://www.nyc.gov/site/dfta/services/volunteer.page>