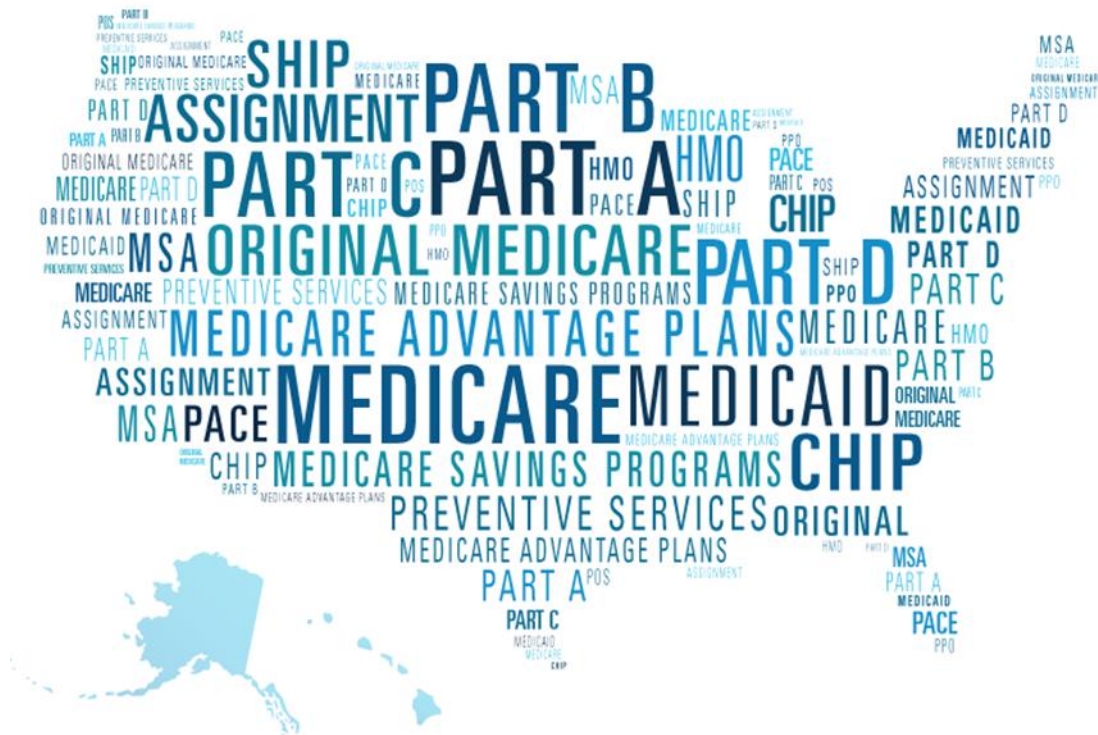


# 2015 National Training Program



## Medicare Getting Started

*With an Introduction to the  
Federally-facilitated Health  
Insurance Marketplace,  
Medicaid and related  
resources*



# What Is Medicare?



- Health insurance for people
  - 65 and older
  - Under 65 with certain disabilities
    - Amyotrophic Lateral Sclerosis
    - Any age with End-Stage Renal Disease

**NOTE:** To get Part A and/or Part B, you must be a U.S. citizen or lawfully present in the United States.

# Who Runs Medicare?



- Centers for Medicare & Medicaid Services (CMS)
  - Administers program
- Social Security Administration (SSA)
  - Enrolls most individuals
- Railroad Retirement Board (RRB) enrolls railroad retirees

# The 4 Parts of Medicare



**Part A  
Hospital  
Insurance**



**Part B  
Medical  
Insurance**

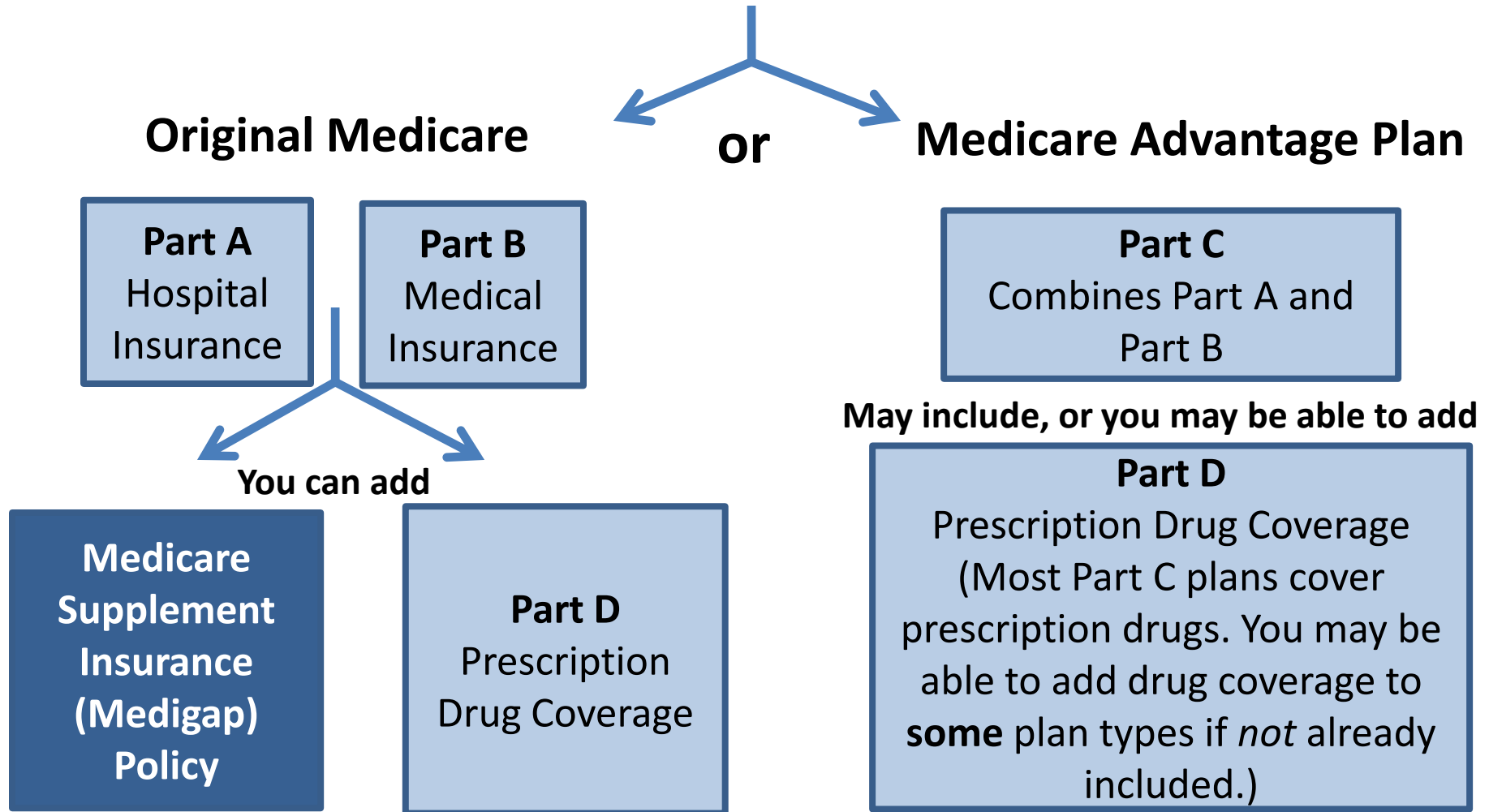


**Part C  
Medicare  
Advantage  
Plans (like  
HMOs/PPOs)**  
Includes Part A,  
Part B and  
sometimes Part  
D coverage



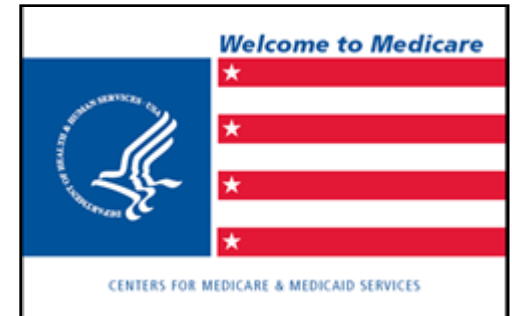
**Part D  
Medicare  
Prescription  
Drug  
Coverage**

# Your Medicare Coverage Choices



# Enrolling in Medicare—Automatic

- Automatic enrollment for those receiving
  - Social Security benefits
  - Railroad Retirement Board benefits
- Initial Enrollment Period Package
  - Mailed 3 months before
    - 65 or
    - 25th month of disability benefits
  - Includes your Medicare card



# Medicare Card

- Keep it and accept Medicare Part A and Part B
- Return it to refuse Part B
  - Follow instructions on back of card

Front

**MEDICARE HEALTH INSURANCE**

**1-800-MEDICARE (1-800-633-4227)**

NAME OF BENEFICIARY  
**JANE DOE**

MEDICARE CLAIM NUMBER SEX  
**000-00-0000-A FEMALE**

IS ENTITLED TO EFFECTIVE DATE  
**HOSPITAL (PART A) 07-01-1986**  
**MEDICAL (PART B) 07-01-1986**

SIGN HERE → Jane Doe

Back

1. Carry your card with you when you are away from home.  
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under Medicare.  
3. Your card is good wherever you live in the United States.

WARNING: Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty. If found, drop in nearest U.S. Mail box.

**CMS**  
Centers for Medicare & Medicaid Services  
Baltimore, MD 21244-1850  
Form CMS-1968 (01/2002)

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227) or visit us at [www.medicare.gov](http://www.medicare.gov).

**I DO NOT WANT MEDICAL INSURANCE ☒ Check Here**

Written Signature (or Legal Representative)  
SIGN HERE

Signature by Mark (X) Must Be Witnessed

Signature of Witness  
Address of Witness

If you DO NOT want Medical Insurance

1. Check the box above (top right), sign your name, and return the entire form in the enclosed envelope. Do NOT tear off the Medicare card. It would be improper to use it since you do not want Medical Insurance. You must return the form BEFORE the Medical Insurance effective date shown on the card.

2. Since you are entitled to Hospital Insurance even though you do not want Medical Insurance, we will send you a new card showing that you have Hospital Insurance only.

# Enrolling in Medicare When It's Not Automatic

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- If you're not automatically enrolled
  - You need to enroll with Social Security
    - Visit [socialsecurity.gov](http://socialsecurity.gov), or
    - Call 1-800-772-1213, or
    - Visit your local office
  - If retired from Railroad, enroll with the Railroad Retirement Board (RRB)
    - Call your local RRB office or 1-877-772-5772



# When to Enroll in Medicare



- Your Initial Enrollment Period (IEP) lasts 7 months
  - Begins 3 months before your 65th birthday
  - Includes the month you turn 65
  - Ends 3 months after you turn 65
    - Your start date will be delayed
- Can enroll in free Part A anytime after IEP begins
- Can only enroll in Part B (and premium Part A) during IEP and other limited times
- May have a lifetime penalty if you don't enroll during IEP

# More About Enrolling During Your Initial Enrollment Period (IEP)



- You can first enroll in Part B (and premium Part A) during your IEP
- Must pay a monthly premium for coverage
- Your coverage starts based on when you enroll:
  - Enroll before the month you turn 65, your coverage starts the month you turn 65
  - Enroll the month you turn 65, your coverage starts the next month
  - Enroll the last 3 months of your IEP, your coverage won't start for 2 to 3 months

**NOTE:** If you're eligible for premium free Part A, you can enroll in Part A any time after your IEP starts

# Enrolling During the General Enrollment Period (GEP)

---

- GEP
  - For people who didn't sign up for Part B (or premium Part A) during Initial Enrollment Period
- Occurs January 1 through March 31 annually
- Coverage starts July 1
- May have to pay a lifetime penalty
  - 10% for each 12 months eligible but not enrolled

# Enrolling During the Limited Special Enrollment Period (SEP)

---

- Most people don't qualify for a SEP
- Must have group health plan coverage based on active, current employment of you or your spouse
- Can enroll:
  - Anytime still covered by group health plan, or
  - Within 8 months of the loss of coverage or current employment, whichever happens first

**NOTE:** Retiree and COBRA coverage not considered active employment.

# Decision Review: How Do I Want to Get My Medicare Coverage?

- Original Medicare or Medicare Advantage?
- Should I take Part A and Part B? When?
- Do I need a Medigap policy?
- What about Part D?
- What do I need to do if I'm not retiring at 65?



# Check Your Knowledge—Question 1

Which of the following best describes your Initial Enrollment Period?

- a. The period between January 1–March 31 each year
- b. The period between January 1–February 14
- c. An 8-month period to sign up after employment ends or the group health plan insurance based on current employment ends, whichever happens first
- d. An enrollment period that becomes available to you when you first become eligible for Medicare (in most cases)

# Original Medicare

## Part A—Hospital Insurance Coverage

---

- Part A – Hospital Insurance helps cover
  - Inpatient hospital care
  - Inpatient skilled nursing facility (SNF) care
  - Blood (inpatient)
  - Inpatient non-religious nonmedical health care institutions (RNHCIs)
  - Home health care
  - Hospice care



# Paying for Medicare Part A (Hospital Insurance)

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- Most people don't pay a premium for Part A
  - If you paid Federal Insurance Contributions Act (FICA) taxes at least 10 years
- If you paid FICA less than 10 years
  - Can pay a premium to get Part A
- May have a penalty if you don't enroll when first eligible



# Part A—What You Pay in Original Medicare—2015

<b>Hospital Inpatient Stay</b>	<ul style="list-style-type: none"><li>▪ <b>\$1,260</b> deductible and no coinsurance for days 1–60 of each benefit period</li><li>▪ <b>\$315</b> per day for days 61–90 each benefit period</li><li>▪ <b>\$630</b> per “lifetime reserve day” after day 90 of each benefit period (up to 60 days over your lifetime)</li><li>▪ All costs for each day after the lifetime reserve days</li><li>▪ Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime</li></ul>
<b>Skilled Nursing Facility Care</b>	<ul style="list-style-type: none"><li>▪ <b>\$0</b> for the first 20 days of each benefit period</li><li>▪ <b>\$157.50</b> per day for days 21–100 of each benefit period</li><li>▪ All costs for each day after day 100 in a benefit period</li></ul>
<b>Home Health Care Services</b>	<ul style="list-style-type: none"><li>▪ <b>\$0</b> for home health care services</li><li>▪ 20% of the Medicare-approved amount for durable medical equipment</li></ul>

# Benefit Periods

- Measures use of inpatient hospital and skilled nursing facility (SNF) services
- Begins the day you first receive inpatient care
  - In hospital or SNF
- Ends when not in hospital/SNF 60 days in a row
- Pay Part A deductible for each benefit period
  - \$1,260 in 2015
- No limit to number of benefit periods you can have

# Decision: Do I Need to Sign up for Part A?



- Consider
  - It's free for most people
  - You can pay for it if your work history isn't sufficient
    - There may be a penalty if you delay
  - If you/your spouse is actively working and covered by employer plan
    - Talk to your benefits administrator
- Stop contributions to Health Savings Account 6 months prior to enrollment
- Private insurance doesn't have to pay primary if you aren't enrolled

# Original Medicare

## Part B—Medical Insurance Coverage

- Part B—Medical Insurance helps cover
  - Doctors' services
  - Outpatient medical and surgical services, supplies
  - Clinical lab tests
  - Durable medical equipment
  - Diabetic testing supplies
  - Preventive services



# Monthly Part B Premium



If Your Yearly Individual Income in 2013 was	If Your Yearly Joint Income in 2013 was	In 2015 You Pay Per Month
\$85,000 or less	\$170,000 or less	\$104.90
\$85,000.01–\$107,000	\$170,000.01–\$214,000	\$146.90
\$107,000.01–\$160,000	\$214,000.01–\$320,000	\$209.80
\$160,000.01–\$214,000	\$320,000.01–\$428,000	\$272.70
Above \$214,000	Above \$428,000	\$335.70

**NOTE:** Premiums are usually deducted from your Social Security benefit payment.

# Part B—(Medical Insurance)

## What You Pay in Original Medicare in 2015



<b>Yearly Deductible</b>	\$147.00
<b>Coinsurance for Part B Services</b>	<ul style="list-style-type: none"><li>■ 20% coinsurance for most covered services, like doctor's services and some preventive services, if provider accepts assignment</li><li>■ \$0 for some preventive services</li><li>■ 20% coinsurance for outpatient mental health services, and copayments for hospital outpatient services</li></ul>

# Decision: Should I Keep/Sign up for Part B?



- Consider
  - Most people pay a monthly premium
    - Usually deducted from SSA/Railroad Retirement benefits
    - Amount depends on income
  - It may supplement employer coverage
    - Contact your benefits administrator to understand the impact to your employer plan

# When You Must Have Part B



- You must have Part B if
  - You want to buy a Medigap policy
  - You want to join a Medicare Advantage Plan
- You're eligible for TRICARE for Life (TFL) or CHAMPVA
- Your employer coverage requires you have it (less than 20 employees)
  - Talk to your employer's or union benefits administrator
- VA benefits are separate from Medicare
  - You pay a penalty if you sign up late or if you don't sign up during your Initial Enrollment Period



# Part B and Active Employment

- If you don't have coverage from active employment
  - Delaying Part B may mean
    - Higher premiums
    - Paying for your health care out of pocket
    - Waiting until next General Enrollment Period to enroll (January 1 –March 31)
      - With coverage not starting until July 1
- If you do have coverage through active employment
  - You may want to delay Part B
  - No penalty if you enroll while you have coverage or within 8 months of losing coverage

# Check Your Knowledge—Question 2

Which part of Medicare covers diabetic testing supplies?

a. Part A

b. Part B

c. Part C

d. Part D

# Check Your Knowledge—Question 3

Which of the following best describes what Medicare Part A covers when the services are medically necessary?

- a. First 3 pints of blood, all costs for skilled nursing facility care after day 100 in the benefit period
- b. Emergency room visits, X-rays, lab work
- c. Outpatient prescription drugs
- d. Inpatient hospital care, inpatient care in a skilled nursing facility care, home health care and hospice care

# What Is a Medigap Policy?



- Medigap (Medicare Supplement Insurance) Policies
  - Sold by private companies
- Fills gaps in Original Medicare
  - Deductibles, coinsurance, copayments
- All plans with same letter
  - Have same coverage
  - Costs are different
  - Except Minnesota, Massachusetts, and Wisconsin

# Medigap Plan Types

	Medicare Supplement Insurance (Medigap) Plans									
Benefits	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 (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%	50%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	100%	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 2015**							\$4,940	\$2,470		

\*Plan F is also offered as a high-deductible plan by some insurance companies in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,180 in 2015 before your policy pays anything.

\*\*For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$147 in 2015), the Medigap plan pays 100% of covered services for the rest of the calendar year.

\*\*\* Plan N pays 100% of the Part B coinsurance, except for 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.

# Decision: Do I Need a Medigap Policy?



- Consider
  - It only works with Original Medicare
  - Do you have other supplemental coverage?
    - If so, you might not need Medigap
  - Can you afford Medicare deductibles and copayments?
  - What does the monthly Medigap premium cost?

# How Do I Find the Right Medigap Policy for Me?

---

- Compare plans by computer or phone
  - Visit Medicare.gov
    - Use the Medigap comparison tool
  - Call 1-800-MEDICARE (1-800-633-4227)
    - TTY users should call 1-877-486-2048
  - Call your State Health Insurance Assistance Program (SHIP)
  - Only a few states extend protections to the disabled population
    - Check with your State Department of Insurance

# When Is the Best Time to Buy a Medigap Policy?

---

- Consider
  - Your Medigap Open Enrollment Period (OEP) begins the month you're 65 or older AND enrolled in Part B
    - Lasts 6 months minimum, may be longer in your state
    - You have protections – companies MUST sell you a plan if in your OEP
  - You can also buy a Medigap policy whenever a company agrees to sell you one
    - If later, there may be restrictions



# To Buy a Medigap Policy, Follow These Steps



- Decide which Medigap Plan A–N has the benefits you need
  - Find out which insurance companies sell Medigap policies in your state
    - Call your State Health Insurance Assistance Program (SHIP), your State Insurance Department, or visit [Medicare.gov](http://Medicare.gov)
    - Check if your state extends protections for those with a disability
- Call the insurance companies and shop around for the best policy at a price you can afford
- Once you choose the insurance company and the Medigap policy, apply for the policy

# Check Your Knowledge—Question 4

Medigap (Medicare supplement insurance) policies may help fill in which coverage or cost gaps?

- a. Part A and/or Part B deductibles
- b. Medicare Enrollment Penalties
- c. Prescription Drug Copays
- d. Medicare Premiums

# Part D—Medicare Prescription Drug Coverage

- Available for all people with Medicare
- Provided through
  - Medicare Prescription Drug Plans (PDPs)
  - Medicare Advantage Prescription Drug Plans (MA-PDs)
  - Some other Medicare health plans



# How Medicare Part D Works



- It's optional
  - You can choose a plan and join
  - May pay a penalty to join later
- Plans have formularies
  - Lists of covered drugs
  - Must include range of drugs in each category
- You pay the plan a monthly premium
- You pay deductibles and copayments
- There is Extra Help to pay Part D costs
  - If you have limited income and resources

# Who Can Join Part D?



- To join Part D you
  - Must have Part A and/or Part B
  - Must live in the plan's service area
  - Can't live outside the United States
  - Can't be incarcerated
  - Must be lawfully present (effective 1/1/2016)
  - Must actively enroll to join in most cases
    - ❑ Some people with limited income and resources are automatically enrolled into a plan

# When Can I Enroll in a Part D Plan?



- During your 7-month Initial Enrollment Period
- During the yearly Open Enrollment Period
  - October 15–December 7 each year
  - Coverage begins January 1
- May be able to join at other times
  - Medicare Advantage Disenrollment Period
  - Special Enrollment Period
    - For example, anytime you get Extra Help

# Choosing a Part D Plan



- Compare plans by computer or phone
  - Use the Medicare Plan Finder at [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan)
  - Call 1-800-MEDICARE (1-800-633-4227).
  - TTY users should call 1-877-486-2048
  - Contact your State Health Insurance Assistance Program (SHIP) for help comparing plans
- To join a Part D Plan
  - Enroll at [Medicare.gov](https://www.medicare.gov)
  - Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048
  - Enroll on the plan's website or call the plan
  - Complete a paper enrollment form

# Decision: Should I Enroll in a Part D Plan?

- Consider
  - Do you have creditable drug coverage?
    - Coverage as good as Medicare's
      - For example, through an employer plan
      - No penalty if you have creditable drug coverage and delay enrolling in a Medicare drug plan
  - Will that coverage end when you retire?
  - How much do your current drugs cost?
  - What do the premiums cost for Part D plans?
- Without creditable coverage
  - Later enrollment may mean you pay a penalty
    - If a period of 63 or more days in a row lapse



# Check Your Knowledge—Question 5

What are the Part D options for people with Medicare?

- a. Stand Alone Prescription Drug Plan (PDP)
- b. Medicare Advantage Prescription Drug (MA-PD) Plan
- c. Prescription Drug Discount Card
- d. Both a and b

# Check Your Knowledge—Question 6

It's July. You enrolled in Medicare last year but didn't enroll in a Medicare Prescription drug plan. Generally, when is your next chance to enroll in Part D?

- a. June
- b. May
- c. October
- d. December

# Part C—Medicare Advantage

- Health plan options approved by Medicare
  - Another way to get Medicare coverage
  - Still part of the Medicare program
  - Run by private companies
- Medicare pays the plan an amount
  - For each member's care
- May have to use network doctors or hospitals
- Types of plans available may vary



# How Medicare Advantage (MA) Plans Work



- If you join an MA Plan you
  - Are still in Medicare with all rights and protections
  - Still get those services covered by Part A and Part B
    - But the MA Plan covers those services instead
  - May choose a plan that includes prescription drug coverage
  - May have different benefits and cost-sharing
    - May choose a plan that includes extra benefits
      - Such as vision or dental offered at the plan's expense (not covered by Medicare)

# When and How Can I Enroll in a Medicare Advantage Plan?

---

- Generally during your Initial Enrollment Period
- During the yearly Open Enrollment Period
  - October 15–December 7 each year
  - Coverage begins January 1
- May be able to join at other times
  - Special Enrollment Period
- Contact the plan to join
  - Call their telephone number
  - Visit their website
  - Use the Medicare Plan Finder at [Medicare.gov](https://www.medicare.gov)

# Decision: Should I Join a Medicare Advantage Plan?

---

- Consider
  - You must have Part A **and** Part B to join
  - Most offer comprehensive coverage
    - Including Part D drug coverage
  - Some plans may require you to use a network
  - You may need a referral to see a specialist
  - You must pay the Part B and the monthly plan premium
  - You can only join/leave plan during certain periods
  - It doesn't work with Medigap policies
  - It's NOT available to MOST people with End-Stage Renal Disease (ESRD)

# How Are Medigap Policies and Medicare Advantage Plans Different?

	Medigap (Medicare Supplement Insurance) Policies	Medicare Advantage Plans (Part C)
<b>Offered by</b>	Private companies	Private companies
<b>Government Oversight</b>	State, but must also follow federal laws	Federal (plans must be approved by Medicare)
<b>Works with</b>	Original Medicare	N/A
<b>Covers</b>	Gaps in Original Medicare coverage, like deductibles, coinsurance, and copayments for Medicare-covered services.	All Part A and Part B covered services and supplies. May also cover things not covered by Original Medicare, like vision and dental coverage. Most plans include Medicare prescription drug coverage.
<b>You must have</b>	Part A and Part B	Part A and Part B
<b>Do you pay a premium</b>	Yes. You pay a premium for the policy and you pay the Part B premium.	Yes. You pay a premium for the plan and you pay the Part B premium.

# Check Your Knowledge—Question 7

Which of these offers at least the same benefits as Original Medicare?

- a. Medigap policies
- b. Medicare Advantage Plans
- c. Medicare Prescription Drug Plans
- d. None of the above



# Check Your Knowledge—Question 8

Which Medicare option is NOT available to most people with End-Stage Renal Disease (ESRD)?

- a. Medicare Advantage Plans
- b. Employer coverage
- c. Medicare Prescription Drug Plans
- d. Medicare Part A and Part B

# Decision Comparison Summary

## How They Work



### Original Medicare

- Covers Part A and Part B benefits
- Medicare provides this coverage directly
- You have your choice of doctors and hospitals that are enrolled in Medicare and accepting new Medicare patients
- Generally, you or your supplemental coverage pay deductibles and coinsurance
- You usually pay a monthly premium for Part B

### Medicare Advantage Plan

- Covers Part A and B benefits and may cover additional benefits (like vision or dental)
- Sometimes called Part C
- Coverage provided by private insurance companies approved by Medicare
- In most plans, you need to use plan doctors, hospitals, or other providers or you pay more or all of the costs
- You may pay a monthly premium (in addition to your Part B premium) and a copayment or coinsurance for covered services

# Decision Comparison Summary

## Drug Coverage and Supplemental Coverage



Original Medicare	Medicare Advantage (MA) Plan
<b>Drug coverage:</b> If you want drug coverage, you must choose and join a Medicare Prescription Drug Plan.	<b>Drug coverage:</b> Most plans include drug coverage. You can pick a plan without drug coverage if you have other creditable coverage.
<b>Supplemental coverage:</b> You can buy a Medicare Supplement Insurance (Medigap) policy to fill gaps in coverage.	<b>Supplemental coverage:</b> If you join an MA Plan, you don't need and can't use a Medigap policy.

# Medicare and the Health Insurance Marketplace

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- Medicare isn't part of the Marketplace
- If you have Medicare you're covered, and don't need to do anything related to the Marketplace
- The Marketplace doesn't offer Medigap or Part D plans
- It's against the law for someone who knows you have Medicare to sell you a Marketplace plan
  - Even if you only have Part A or Part B

# Marketplace and Becoming Eligible for Medicare

---

- You can keep a Marketplace plan after your Medicare coverage begins
  - You may cancel the plan when Medicare coverage starts, or
  - Once your Part A coverage starts **you *won't* be able to get lower costs for your Marketplace plan**
- Sign up for Medicare during your Initial Enrollment Period
  - Or, if you enroll later, **you may have to pay a late enrollment penalty for as long as you have Medicare**

# Medicare for People With Disabilities and the Marketplace

---

- You may qualify for Medicare based on a disability
  - You must be entitled to Social Security Disability Insurance (SSDI) benefits for 24 months
    - On the 25th month, you're automatically enrolled in Medicare Part A and B
- If you're getting SSDI, you can get a Marketplace plan to cover you during your 24-month waiting period
  - You may qualify for premium tax credits and reduced cost-sharing until your Medicare coverage starts

# Choosing Marketplace Instead of Medicare



- You can't choose Marketplace coverage instead of Medicare unless
  1. You pay or you'd have to pay a Part A premium
    - You can drop Part A and B and may be eligible to get a Marketplace plan
  2. You have a medical condition that qualifies you for Medicare (like End-Stage Renal Disease) but haven't applied for Medicare
  3. You're not yet collecting Social Security retirement or disability benefits before you're eligible for Medicare

# Check Your Knowledge—Question 9

You can enroll in the Individual Marketplace instead of Part B and get Part B later using a Special Enrollment Period if you don't have coverage from current, active employment.

a. True

b. False



# Help for People With Limited Income and Resources



- Medicare Savings Programs
  - Help from Medicaid paying Medicare costs, including Medicare premiums, deductibles, and/or coinsurance
- Extra Help
  - Help paying Part D prescription drug costs
- Medicaid
  - Federal-state health insurance program
    - For people with limited income/resources
- Children's Health Insurance Program (CHIP)
  - Covers uninsured children up to age 19 and may cover pregnant women
    - Family income too high for Medicaid

# How Are Medicare and Medicaid Different?



Medicare	Medicaid
National program that is consistent across the country	Statewide programs that vary among states
Administered by the federal government	Administered by state governments within federal rules (federal/state partnership)
Health insurance for people 65 and over and with certain disabilities, or with End-Stage Renal Disease (ESRD)	Health insurance for people based on need; financial and non-financial requirements
Nation's primary payer of inpatient hospital services to the disabled, elderly and people with ESRD	Nation's primary public payer of acute health care, mental health, and long-term care services

# 2015 Medicare Savings Program Income/Resource Limits



Medicare Savings Program	Individual Monthly Income Limit*	Married Couple Monthly Income Limit*	Helps Pay Your
<b>Qualified Medicare Beneficiary (QMB)</b>	\$1,001	\$1,348	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
<b>Specified Low-Income Medicare Beneficiary (SLMB)</b>	\$1,197	\$1,613	Part B premiums only
<b>Qualifying Individual (QI)</b>	\$1,345	\$1,813	Part B premiums only
<b>Qualified Disabled &amp; Working Individuals (QDWI)</b>	\$4,009	\$5,395	Part A premiums only
	*Visit your state's MSP Website		

# Helpful Websites

- Medicare - [Medicare.gov](http://Medicare.gov)
- Medicaid - [Medicaid.gov](http://Medicaid.gov)
- Social Security - [socialsecurity.gov](http://socialsecurity.gov)
- Health Insurance Marketplace - [HealthCare.gov](http://HealthCare.gov)
- CHIP - [InsureKidsNow.gov](http://InsureKidsNow.gov)
- CMS National Training Program - [CMS.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html](http://CMS.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html)
- State Health Insurance Assistance Program  
[Medicare.gov/contacts/](http://Medicare.gov/contacts/)

# Key Points to Remember



- Medicare is a health insurance program
- It doesn't cover all of your health care costs
- You have choices in how you get coverage
- There are programs for people with limited income and resources
- Decisions affect type of coverage you get
- Certain decisions are time-sensitive
- You can get help if you need it

# CMS National Training Program (NTP)

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