



The SHINE Program Introduction to Medicare 2025



Please Read This Information Before Proceeding

There are certain guidelines to follow if you will continue to work, or if you plan to have Medicare as your only insurance.

- This document explains the Medicare structure and guidelines.
- You will find links to reference sheets throughout this presentation.

They will be referenced by an icon:



NOTE:

- Medicare is an individualized program – you will not share your plan with a spouse or family members. **If you have an Employer Group Health Plan, a retiree plan, GIC, or Veteran benefits, your Medicare options, eligibility, enrollment guidelines and deadlines may vary.**
- Because of this, we encourage you to meet with your employer, the administrator of your health plan, SHINE or Medicare to ensure that you understand the Medicare enrollment guidelines and that you do not incur Medicare financial penalties.



What is SHINE?

**SHINE: Serving the Health Insurance Needs of Everyone
(on or eligible for Medicare)**

SHINE is a State Health Insurance Assistance Program with support from the federal agency: Administration for Community Living

Provides free and unbiased insurance information and counseling to Medicare beneficiaries and their caregivers

- 600+ highly trained, certified SHINE counselors in Massachusetts
- Volunteer Counselors
- In-kind Counselors (counselors who counsel as part of their job)

SHINE counselors are available at:

- senior centers\councils on aging (COAs)
- community hospitals
- other community-based sites





Just to Clarify...

Medicare is **NOT** free

Part A may or may not be premium-free; depending on your eligibility.

Medicare is individualized

You will not share your plan with anyone else.
Your Medicare choices may be different than a spouse, friend, or neighbor.

Understanding Medicare has **NOTHING** to do with your education level

It's like learning a different language!



Medicare Initial Enrollment Period (IEP)

7 Months Surrounding your 65 th Birthday							
EXAMPLE: YOU TURN 65 July 4							
If you enroll in:	April	May	June	July	Aug.	Sept.	Oct.
THEN YOUR MEDICARE STARTS:	Birthday Month			1 Month Later	1 Month Later	1 Month Later	1 Month Later
	July 1			Aug. 1	Sept. 1	Oct. 1	Nov. 1



Medicare and OTHER Coverage

- The following healthcare coverage has specific guidelines and may/may not coordinate with Medicare*:

Employer Group
Health Plan (EGHP)

Retiree Plan

Veteran Benefits

GIC or Municipal
coverage

Federal or Postal
Health and/or
Retiree insurance

Meet with a SHINE counselor or the plan administrator to learn more.



Medicare Eligibility & Enrollment Guidelines

Part A (Hospital) Enrollment

- If you have paid into Social Security for 40 quarters (10 yrs) you are entitled to **premium free** Part A
- If you have not, you will have a premium for Part A – see the 2025 Medicare Premiums chart
- Enroll if you choose, but **may not be necessary** to enroll if you have an Employer Group Health Plan (EGHP)
- **DO NOT** enroll if you have a Health Savings Account (HSA) see next slide)

Part B (Medical) Enrollment

- There is a monthly premium for Part B – can vary depending on income (see 2025 Medicare Premiums)
- **May not be necessary** to enroll if you have a qualifying Employer Group Health Plan (creditable coverage)

More info to follow...



[2025 Medicare Premiums](#)



Do you Have a Health Savings Account (HSA)?

Health Savings Account is different than:

➤ Flex Spending Account (FSA) or

➤ Health Reimbursement Account (HRA)

- Employees with Medicare are **not allowed** to contribute to an HSA
 - Continued contribution = **IRS tax penalty**
- If you were eligible, Medicare Part A enrollment date will be retroactive up to 6 months, to your 1st month of eligibility
- Therefore, contributions to the HSA must stop 6 months **prior** to enrolling in Part A to avoid a tax penalty
- Speak with your HR department or Benefits Specialist for specifics



Still Working? Not Ready to Retire?

You MAY or MAY NOT be required to enroll in Medicare, depending on status of Creditable Coverage of your Employer Group Health Plan

- If you have insurance via current/active employment of you/spouse, you **may** be able to delay Part B enrollment; No enrollment requirements for premium-free Part A – see HSA info
- Check with your employer to determine if coverage is ‘creditable’
 - If so, ask for and save documentation for future reference
- General guideline: If your employer has 20+ employees*, your coverage is likely creditable
 - * If you have a documented disability; 100+ employees
- ***Be sure to enroll in Part B within 8 months of leaving that coverage***
- If you miss the enrollment period, you can only enroll during General Enrollment Period: **Jan 1 - Mar 31; coverage begins the first of the month following enrollment**
- You may incur a ***lifetime financial penalty*** if you do not enroll in Part B when eligible
Penalty: 10% of current Part B premium for each 12-month period of delayed enrollment
- COBRA does not prevent the Part B penalty
- ***If you are unsure about enrolling in Part B, check with your employer, a SHINE Counselor, or call 1-800-medicare to determine when you should enroll.***
 - Remain aware of HSA Part A contribution guidelines

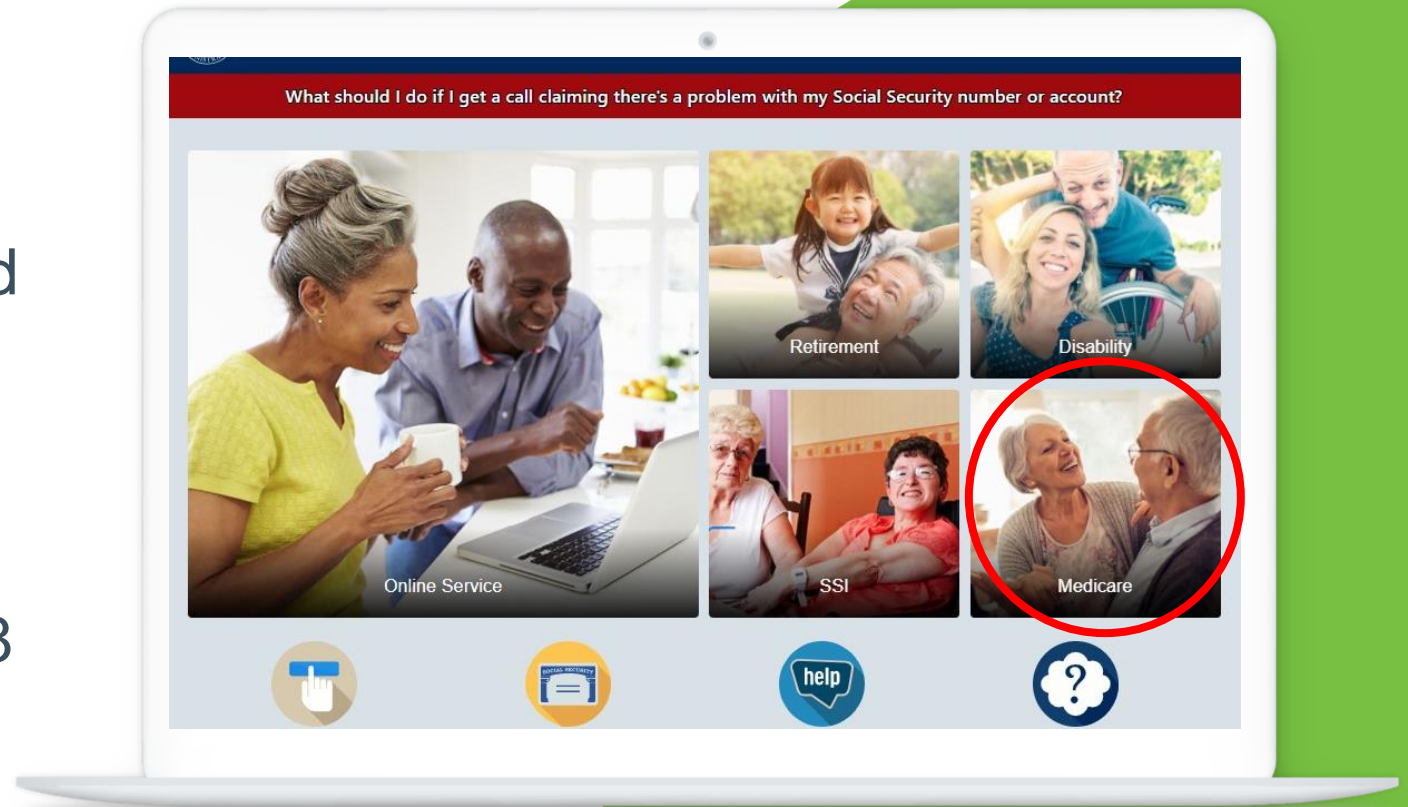


TIP: Always document date, time and who you spoke with for all Medicare inquiry calls you make.



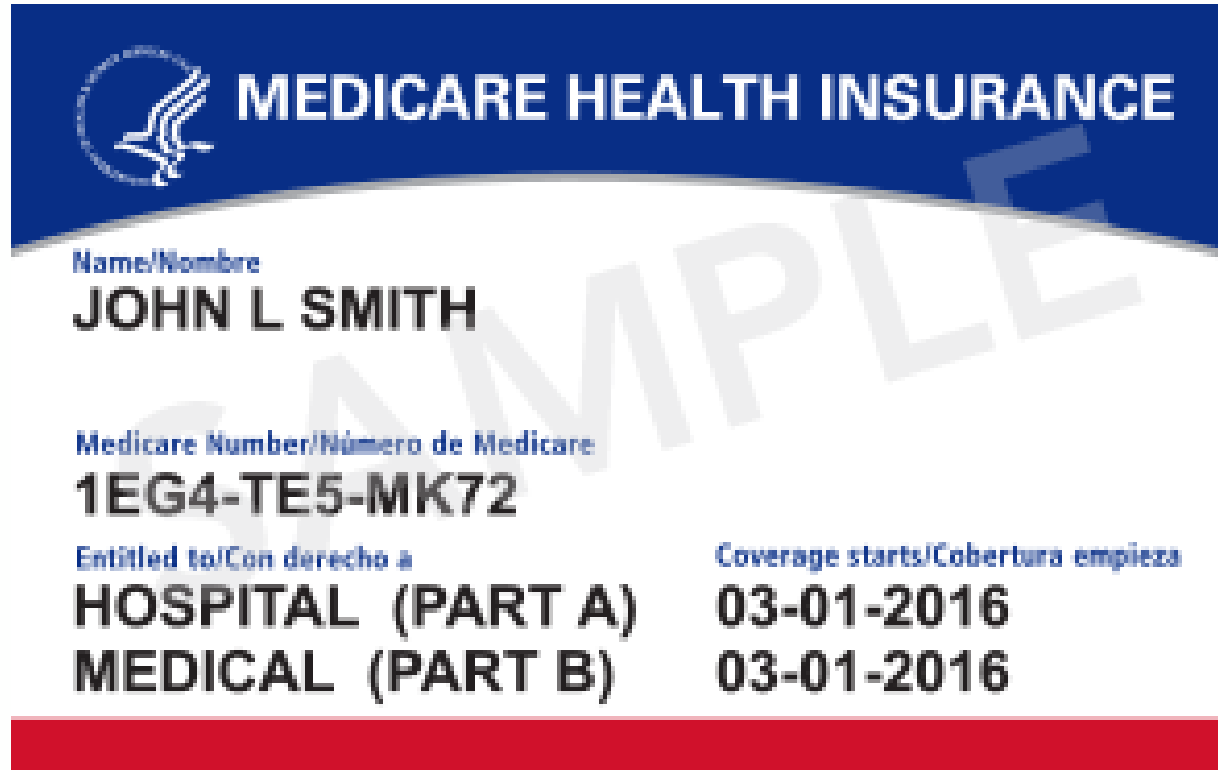
Enrollment in Medicare Part A & Part B begins at Social Security

- Call your **local** Social Security office Monday through Friday. Office hours and some services may vary between in person and phone
- Online: www.ssa.gov; and choose: Medicare
- Social Security TTY: 1-800-0778





Medicare Card Sample



The image shows a sample Medicare Health Insurance card. At the top, there is a blue banner with the Medicare logo (an eagle) and the text "MEDICARE HEALTH INSURANCE". Below this, the cardholder's name is listed as "JOHN L SMITH". The Medicare number is "1EG4-TE5-MK72". The card also lists the types of coverage and their start dates: "HOSPITAL (PART A)" and "MEDICAL (PART B)", both starting on "03-01-2016". A large, light gray "SAMPLE" watermark is overlaid diagonally across the center of the card. The card has a white background with a red bar at the bottom.

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016



Medicare Basics



PART A
Hospital &
Skilled
Nursing

PART B
Medical

PART D
Prescription
Drug
Coverage

PART C
Medicare
Advantage
Plans

Your Medicare Options

OPTION 1

ORIGINAL MEDICARE

PART A
Hospital Insurance

&

PART B
Medical Insurance

Decide if you want a SUPPLEMENT/MEDIGAP plan to help cover costs of gaps in coverage

SUPPLEMENT aka MEDIGAP PLANS
3 types to choose from in Massachusetts:
Core, Supplement 1A or Supplement 1

Decide if you want to add a Part D Plan

PART D –PRESCRIPTION DRUG PLAN

- Also known as Stand-Alone Part D Drug Plan or PDP
- You may incur a penalty if you do not enroll in a plan that includes Part D when you are eligible.
(Penalty determined by enrollment timelines & other coverage guidelines)

OR

OPTION 2

MEDICARE ADVANTAGE PLAN (Also known as "Part C")

PART A
Hospital Insurance

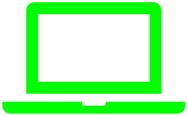
&

PART B
Medical Insurance

**Medicare Advantage Plans
(HMOs, PPOs, HMO-POS)**
You must be enrolled in Part A & B to enroll

- Before enrolling check with all providers - ask which Medicare Advantage Plans they contract with.
- Premium and co-pay costs vary per plan.
- Determine if Part D is included in plan.
You may incur a penalty if you do not enroll in a plan that includes Part D when eligible. (See penalty info under Part D under Original Medicare)
- If you enroll in a Medicare Advantage Plan you **cannot** also enroll in a Part D plan.
- You **do not need** and should not also enroll in a Medigap Plan.

Part A and Part B are the foundation for Original Medicare and Medicare Advantage Plans.
If you choose Original Medicare, it is your primary coverage.
Consider a Medigap for your co-pays and/or deductibles.
If you choose a Medicare Advantage Plan, it is your primary coverage.



Your Medicare Options



PARTS OF MEDICARE	PREMIUM COST 2025	2025 ADDITIONAL COSTS
PART A (Hospital)	Premium-free for most or \$285.00-\$518.00/mo	Inpatient hospital deductible \$1676.00 Skilled Nursing Facility co-insurance Days 21-100: \$209.50/day
PART B (Medical)	\$185.00/mo May be higher, based on income or May be \$0 if eligible Medicare Savings Program	Annual deductible \$257.00 20% co-insurance
MEDIGAP (Helps to cover some Part A and Part B additional costs)	From \$129.81 - \$298.00	Additional cost depends on type of Medigap. Coverage may include all costs listed above.
PART D (Drug coverage)	Premiums from \$12.40 - \$190.80/mo May be higher, based on income or May be \$0 if eligible	Pharmacy co-pays/co-insurance Possible annual deductible
PART C (Medicare Advantage Plans)	Premiums from \$0 - \$299.00/mo May be higher, based on income	Co-pays and co-insurance vary per plan



[See 2025 Medicare Premiums, 2025 Medicare Part A Benefits and Gaps/Part B Benefits and Gaps and Concerned About Medicare Costs](#)



Part B Preventive Benefits

Many services are no cost to Medicare beneficiaries

Obesity screening and counseling

Mammograms

Bone mass measurements

Diabetes self-management training and tests

Prostate cancer screening

Colorectal screenings

Depression screening and counseling

Some pap smear and pelvic exams

Annual Wellness Visit

- Update medical and family history
- Record vital signs and routine measurements
- Provide personal health advice and coordinate referrals and health education





Your Medicare Options

Your Medicare Options

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PART A Hospital Insurance & **PART B** Medical Insurance

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(Penalty determined by enrollment timelines & other coverage guidelines)

OR

OPTION 2

MEDICARE ADVANTAGE PLAN (Also known as "Part C")

PART A Hospital Insurance & **PART B** Medical Insurance

Medicare Advantage Plans (HMOs, PPOs, HMO-POS)
You must be enrolled in Part A & B to enroll

- Before enrolling check with all providers - ask which Medicare Advantage Plans they contract with.
- Premium and co-pay costs vary per plan.
- Determine if Part D is included in plan.
You may incur a penalty if you do not enroll in a plan that includes Part D when eligible. (See penalty info under Part D under Original Medicare)
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If you choose a Medicare Advantage Plan, it is your primary coverage.



Medicare Supplement Plans (Medigaps) Explained

Three types of Medigap Plans in Massachusetts: Supplement Core, Supplement 1A, Supplement 1

- Coverage varies for deductibles and co-insurance; some have additional benefits
- Sold by private insurance companies
- Must have Part A & Part B to enroll
- No network restrictions; accepted by all Medicare approved providers nationwide
- Drug coverage not included – see Part D plans upcoming
- Most other states have different Medigap options identified by a letter of the alphabet, i.e. Plan G, Plan N, etc.
- Monthly premiums range from \$129.81 - \$298.00
- If you are a New Hampshire resident, call ServiceLink for information as the plans and guidelines are different than Massachusetts: 1-866-634-9412





Part D Plans (PDP)

Medicare Prescription Drug Coverage

- Can have Part A *and/or* Part B to enroll in Part D
- Coverage for outpatient prescription drugs provided by Prescription Drug plans (PDPs), also known as: “Stand-Alone Plans”
- **May** incur a penalty if you do not enroll when you start your Medicare – depending on your individual situation (See info below in notes)
- If you don’t take meds, consider enrolling in low-cost plan
- If you also choose a Medigap, you are not required to enroll with the same company for your Part D plan





Part D Drug Plan Enrollment Guidelines

- If you have an Employer Group Health Plan (EGHP) with prescription drug coverage, you do not need to enroll in a Part D plan until you leave that coverage if coverage is deemed creditable by the employer*.
- If you delay due to creditable coverage, enroll during the 2-month Special Enrollment Period (SEP) after that drug coverage ends or you may incur a late enrollment penalty.
- If you miss or do not have a SEP for Part D, you must wait until the Open Enrollment Period (October 15th to December 7th) to enroll for coverage beginning January 1, or
- If you are eligible for Prescription Advantage (info to follow) you can enroll in a Part D plan once per year outside of Open Enrollment.
- **Always check in with SHINE to help determine your options for Special Enrollments**
- See next slide for exceptions to Part D drug coverage

***Creditable Coverage:** Your employer provides documentation re: creditable coverage on your EGHP.

Note: The current Part D Penalty = 1% of base beneficiary premium (\$36.78) per month for each month of delayed enrollment added to your monthly premium.





Part D Plan (PDP) with Other Coverage

Other coverage can include

- Employer Group Health Plan
- Retiree Plan
- GIC, state, municipal or federal retiree benefits
- Veteran benefits
- **Check with plan administrator** to determine if you should/shouldn't have a Medicare PDP
- Many of the Medicare Advantage Plans (MAPD) also include Part D coverage
- Reminder: if you enroll in a PDP or a MAPD, it will automatically disenroll you from your current plan.





Review Your Plans Annually

PART D PLANS MAY CHANGE EACH YEAR	
Premium	Monthly plan cost
Formulary	List of medications covered on plan
Deductible	Annual cost added to co-pay until deductible is met – may apply only to specific tiers
Drug tiers	Each drug is assigned a tier and co-pays vary per tier
Co-pays and co-insurance	Your cost at the pharmacy; co-pay is specific, co-insurance based on a %
Restrictions	Some medications may have quantity limits, prior authorization or step-therapy requirements
Pharmacy Networks	Your costs can vary per pharmacy for the same med based on network status



2025 Medicare Standard Part D Coverage Phases

See “2025 Medicare Standard Part D Coverage Phases”

This document explains the Coverage Phases in more detail two ways; word format or graph (same info)

This explanation can be confusing. In simpler terms,

- YOU are the beneficiary
- When plan begins, beneficiary pays the plan deductible included in the co-pay (if applicable), then co-pay/co-insurance begins
- Your report from www.medicare.gov will help break down cost estimates
- In the background, the drug manufacturer covers some cost
- The beneficiary reaches TrOOP (True Out of Pocket Cost) (that may include Manufacturer Discount Program) when costs reach \$2,000
- When TrOOP is reached, beneficiary is now in ‘catastrophic coverage’: for the remainder of the calendar year, the beneficiary will have NO co-insurance payments.

NOTE: The Coverage Gap (aka “Donut Hole”) is eliminated as of January 1, 2025





Medicare Prescription Payment Plan – New in 2025

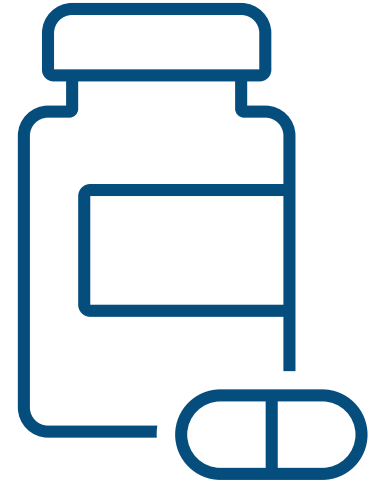
- Offered by all plans (Part D and Medicare Advantage Plans with drug coverage)
- Your plan or your pharmacy may notify you of this option
- Participation is voluntary and may/may not be helpful for you
- You continue to pay your monthly plan premium (if you have one), and you will be billed separately for your medications from your health or drug plan instead of paying at the pharmacy.
- This payment option might help manage monthly expenses but does not save you money or lower your drug costs.
- Your payment might change each month so you might not know what your exact bill will be ahead of time.
- Your out-of-pocket drug costs are capped at \$2,000 in 2025 whether you participate in the Medicare Prescription Payment Plan or not.



Prescription Advantage

State Pharmaceutical Assistance Program

- NOT a separate drug plan or Medicare Advantage Plan
- Membership gives you a Special Enrollment Period each year!
- Will cover a one time 72-hour supply of any medication that cannot be billed to the member's primary drug plan or is rejected by the plan
- Simple to enroll: Call 1-800-243-4636 choose Prescription Advantage, or www.prescriptionadvantagemma.org
- Note: If you apply, be sure to provide required documentation to Prescription Advantage in a timely manner to ensure application process is complete





Your Medicare Options

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PART A Hospital Insurance & **PART B** Medical Insurance

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(Penalty determined by enrollment timelines & other coverage guidelines)

OR

OPTION 2

MEDICARE ADVANTAGE PLAN

(Also known as "Part C")

PART A Hospital Insurance & **PART B** Medical Insurance

Medicare Advantage Plans (HMOs, PPOs, HMO-POS)

You must be enrolled in Part A & B to enroll

- Before enrolling check with all providers - ask which Medicare Advantage Plans they contract with.
- Premium and co-pay costs vary per plan.
- Determine if Part D is included in plan.
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Part A and Part B are the foundation for Original Medicare and Medicare Advantage Plans.

If you choose Original Medicare, it is your primary coverage.

Consider a Medigap for your co-pays and/or deductibles.

If you choose a Medicare Advantage Plan, it is your primary coverage.



Medicare Advantage Plans (a.k.a. MA, MAPD, Part C)

Must have
Part A and Part B
to enroll

HMOs, HMO-POS,
or PPOs

May have monthly
premium and copays
for services

Coverage provided
through private
network-based plans

Prescription drug
coverage may/may not
be included

SCO plans available if
you qualify for
MassHealth Standard

IMPORTANT - Before enrolling:

- **Be sure all of your providers accept the plan you want**
- **Be sure your prescriptions are covered in the plan you want**





Differences between HMO, HMO-POS and PPO:

HMO	HMO-POS	PPO
Primary Care Physician (PCP) must be in plan network	Primary Care Physician must be in plan network	Primary Care Physician may not be required
Stay in plan's network Referrals required for specialists and providers other than PCP	Can visit out-of-network providers with PCP referral; Co-pays may vary between in and out of network providers	Can visit out-of-network providers; co-pays may vary between in and out of network providers No referrals required for other providers and specialists
Emergency care will be covered if out of network	Emergency care will be covered if out of network	Emergency care will be covered if out of network



Medicare Advantage Plans Explained

All HMO, HMO-POS and PPOs

Co-pays for Part A & Part B services
*may not apply to Preventive Benefits

No medical deductibles

Out of pocket maximum: The most you will pay for services in a year. Once you reach that, the plan covers 100% of costs for approved services

Most, not all, cover prescription drugs

Usually has copays for Part B medications, such as infusions, injections, chemotherapy, etc.
SEE IMPORTANT NOTE BELOW

Foreign travel not covered



VARIATIONS BETWEEN ORIGINAL MEDICARE & MEDICARE ADVANTAGE

Original Medicare + Supplement (Medigap) Core, 1A or 1* Medicare Advantage Plan

Monthly premiums and co-pays after deductible depend on type of Medigap *see Medigap Chart	Many have low or \$0 monthly premiums
Accepted by all providers who accept Medicare	Network and possibly service area-based and may need referrals for specialists (more flexibility with PPO)
No referrals	May offer extra benefits such as vision, hearing, dental and/or fitness and more
Covered anywhere in the United States	Emergency services ONLY are covered outside service area
Some SNF stays and some routine services such as vision, hearing, dental may not be covered (see notes below)	No requirement of inpatient hospital stay for SNF
*You will have additional co-pays/deductibles with Medigap Core than with 1A & 1	May have co-pays for visits and services, including Part B medications





Questions to Ask Yourself When Choosing Medicare Options

- How much will my plan cost?
- Will my plan cover the cost of the medications I take?
- If I choose a Medicare Advantage Plan, are all my providers and preferred hospital in network?
- Do I have the **BEST** plan for ME?
- Did I mark my calendar to review my Medicare plans and options during Open Enrollment, every year?

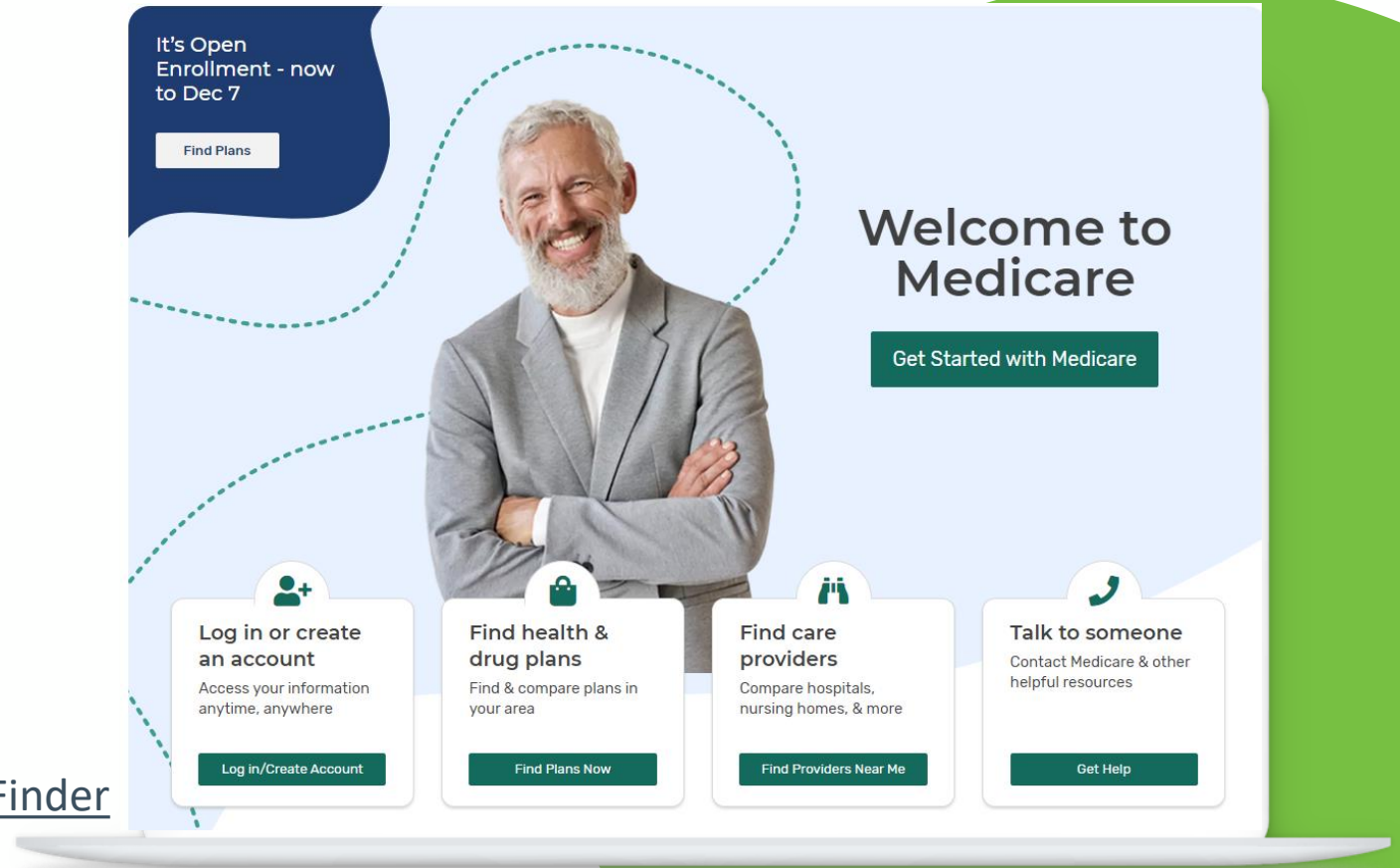




How to Search for Cost-Effective Medicare Plans

To search for cost-effective Medicare Part D Plans or Medicare Advantage Plans on your own:

- Go to www.medicare.gov
- Click on the “Find Plans” or “LogIn/Create and Account”
- Follow the prompts



Tips for Effective Use of the Medicare Plan Finder
Your Medicare Plan Comparison



Dental Benefits

Original Medicare alone does not offer dental benefits

However,

- Some companies offering Medigap plans also offer dental plans
- Some Medicare Advantage Plans offer dental benefits

Or you can:

- Purchase plans outside of Medicare
- Review the “Dental Coverage Options in Massachusetts” packet for other options
- Review the “Massachusetts Medigap Plans – Additional Benefits and Discounts”



- [Dental Coverage Options in Massachusetts](#)
- [Medigap Plans-- Additional Benefits and Discounts](#)





OneCare; Under Age 65

Managed care option that provides all Medicare & MassHealth services along with additional care coordination and support services to dual-eligible individuals with disabilities

Dual eligible: MassHealth and Medicare

- Members receive covered services through plan's network of contracted providers
- Enhanced benefits such as dental, transportation, hearing aids
- One Care is not available in all counties

Eligibility

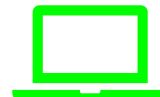
- Be age 21-64 and have Medicare Parts A & B
- Have MassHealth Standard or CommonHealth
- Cannot also be enrolled in SCO, PACE, Frail Elder Waiver, or other MassHealth waiver program



Helpful Assistance Programs

There are several assistance programs to help pay toward Medicare:

- **MassHealth Standard** - Medicaid in Massachusetts
- **Medicare Savings Programs**, aka QMB, SLMB or QI
- **Extra Help/LIS (Low Income Subsidy)** - for prescription drugs
- **Health Safety Net** – Cost assistance at participating hospitals and Community Health Centers
- **Prescription Advantage** – State Pharmaceutical Assistance Program
- **CommonHealth** – “Working disabled” MassHealth Program
- **Senior Care Options (SCO)** – Dual eligible; MassHealth/Medicare 65+
- **One Care** – Dual eligible; MassHealth/Medicare age 21-64 with disability
- **Frail Elder Waiver** – “Home and Community Based Services”
- **PACE** – Program of All-Inclusive Care for the Elderly





Protect Yourself from Error, Fraud and Abuse

- Help reduce Medicare error, fraud and abuse that cost **billion\$** each year in the United States
- Review your personalized Medicare Summary Notice (MSN) sent to you quarterly (or monthly via medicare.gov account) or your Explanation of Benefits from your plan
- Review carefully to ensure all billed services are accurate
- If you see a charge on your account that you don't recognize or did not incur, call 1-800-MEDICARE and Senior Medicare Patrol (SMP) at 800-892-0890 to report it.

If you suspect error,
fraud and/or abuse
call 1-800-MEDICARE
and
Senior Medicare
Patrol (SMP)
at 800-892-0890





Personal Protection Recommendations

- Keep updated list of medications
- Prepare for medical appointments
- Carry SMP Healthcare Journals when traveling
- ALWAYS compare SMP Personal Healthcare Journal entries to Explanation of Benefits, MSN, and other bills/statements



Call SMP for your free journal: 800-892-0890





Helpful Resources

SHINE:

800-243-4636

978-946-1374

www.shinema.org

Medicare:

800-MEDICARE

(1-800-633-4227)

www.medicare.gov

Social Security:

Call local office or

800-772-1213

www.socialsecurity.gov

**MCPHS Pharmacy
Outreach Program:**

800-633-1617

www.mcphs.edu

**Prescription
Advantage:**

800-243-4636

www.prescriptionadvantagemma.org

**Senior Medicare
Patrol (SMP):**

800-892-0890

www.masmp.org

**Medicare Advocacy
Project (MAP):**

800-323-3205

**MassHealth &
Medicare Savings
Programs:**

800-841-2900



Thank you for choosing SHINE

To meet with or speak with a SHINE counselor,
call your local SHINE program found on:
SHINE Locations and Contact Information
or call: **978-946-1374**



[SHINE Locations and Contact Information](#)



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