



The SHINE Program Introduction to Medicare 2026





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)

- 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



***Note:** This is for Enrollment Period reference. You may not need to enroll in Medicare around your 65th birthday. See upcoming slide information.

When to enroll in Medicare varies depending on your age and current health care coverage status. This chart shows your Medicare start date if you enroll during your "Initial Enrollment Period" (IEP); the 7 months surrounding your 65th birthday.

IEP 7-months = 3 months prior to 65th birthday month; Month of birthday* or during the 3 months after 65th birthday month.

Note: IEP timeline is different from Special Enrollment Period (SEP) such as over age 65 and leaving Employer Group Health Plan. If you plan to continue working over age 65, guidelines are different and will be referenced in upcoming slides.

Important Note: if you enroll due to leaving an Employer Group Health Plan, and your 65th birthday falls within this 7-month time period, IEP timelines apply. A SHINE counselor can help you determine start date based on your circumstance if you have questions.

You will **NOT** automatically be notified to enroll in Medicare unless you are receiving Social Security benefits, and you **MAY** (should) get notified if you have a Health Connector Plan.

Your Medicare coverage will always begin on the 1st of the month, regardless of the actual date of your birthday.

Exception:

If your birthday is on the 1st of the month, your Medicare eligibility begins on the 1st of the month **before** your birthday month.

If you are under 65 and receiving Social Security disability benefits for 2 consecutive years you will automatically be enrolled in Medicare on the 25th month after benefit start date, regardless of your age.



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...



[2026 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 HAS
- 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.



To reiterate:

If you are still working and not ready to retire, and depending on whether the employer offers 'creditable coverage', you may/may not be required to enroll in Medicare.

It's important that you understand the guidelines and timelines of enrollment.

If you are entitled to Premium Free Part A you can enroll in that any time. There are no penalties associated with it. (Don't enroll if you are contributing to a HSA)

Creditable coverage:

If you have insurance coverage through current/active employment of yourself or a spouse, you **may** be able to wait to enroll in Part B until that employer coverage ends.

You may delay enrollment if you are currently/actively employed and the company has 20+ employees (100+ if you have a documented disability).

Enroll in Part B within 8 months of leaving that coverage (even if employer is paying for the health plan). If you miss the 8-month enrollment period, you can only enroll during the General Enrollment Period: Jan 1-Mar 31, coverage will begin 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 the current Part B premium for each 12 months of delayed enrollment.

Note: COBRA does not prevent the Part B penalty.

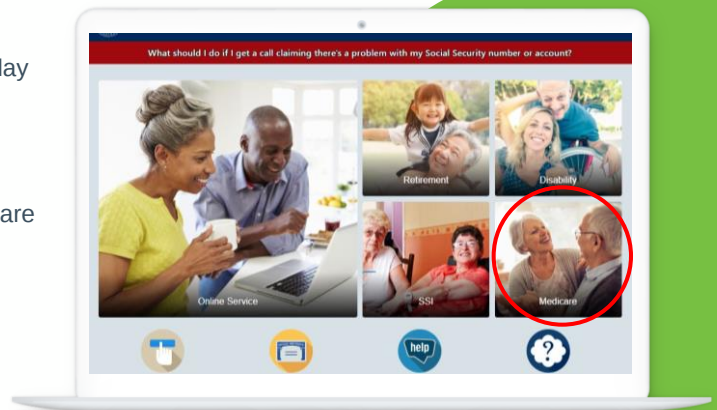
If you are unsure about enrolling in Part B, check with your employer, a SHINE Counselor, or call 1-800-medicare to determine when you should enroll.

****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



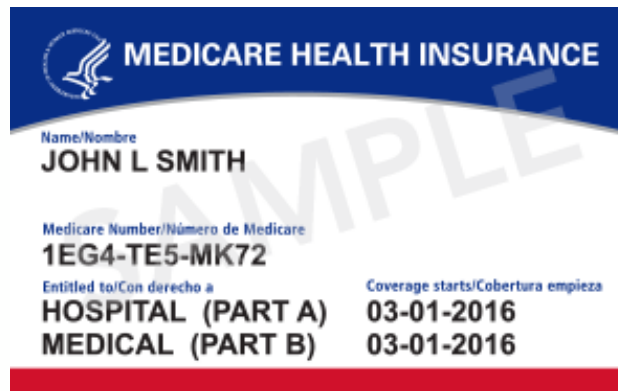
Enrollment begins at Social Security, not Medicare.
There are different ways you can enroll in Part A and/or Part B.
(More information about Part A and Part B to follow).
Ways to enroll:

- Call your local Social Security office Monday through Friday
- Office hours may vary.
- Online at www.ssa.gov, choose Medicare Enrollment
- (TTY users 1-800-325-0778)

Note: If you are leaving your Employer Group Health Plan and enrolling in Medicare **after** age 65, you will need to submit a completed Part B application: CMS-40B form **and** a CMS-L564 "Request for Employment Information" completed by your employer if you're enrolling after turning age 65.



Medicare Card Sample



Welcome to Medicare!

This is what your Medicare card will look like.

The Medicare Number is unique to you so keep it protected and share only with providers.

The date next to Hospital Part A & Medical Part B represents your start date for each and may or may not be the same.

Remember: Medicare and Social Security will NEVER call you to ask you for your number – they already know it.

Keep this personal information protected.



Medicare Basics



Each part of Medicare serves a different purpose.

Part A, B & D are all under **Original Medicare**

Part C is a different way to get your Medicare services. (More information to follow)

Part A: Inpatient Hospital and Skilled Nursing (rehab services)

You are responsible for hospital deductions, copays and skilled nursing facility costs

You can purchase a Medigap to supplement cost (information to follow)

Part B: Medical coverage; preventive services, doctor visits, outpatient care and some in-patient services

Monthly premium varies per income; standard 2025 premium: \$185.00

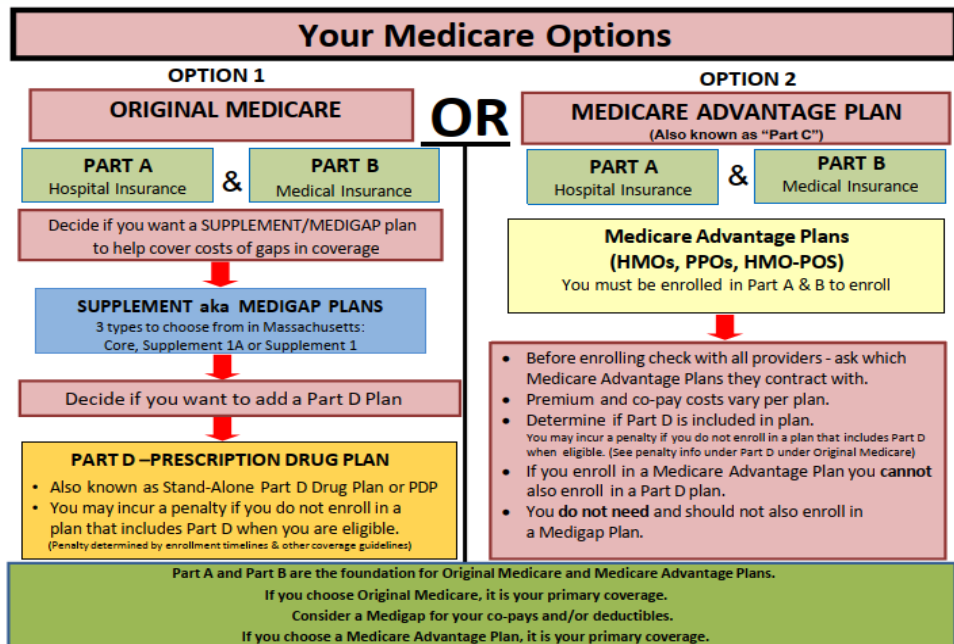
There are gaps in coverage with Original Medicare, such as hospital costs, the Part B annual deductible and a 20% copay for most services

You can purchase a Medigap (aka supplement) to supplement the cost of gaps (information to follow)

Part D: Medicare Drug plan

Or, you can choose

Part C: Medicare Advantage Plans (HMO, HMO-POS, or PPO), you must be enrolled in Part A & Part B to enroll in a Medicare Advantage Plan



See “Your Medicare Options” chart

This is how the parts of Medicare come together.

We will be referencing this chart later in this presentation.

There are two primary options to choose from when you enroll in Medicare:

ORIGINAL MEDICARE (left column – Option 1)

OR a MEDICARE ADVANTAGE PLAN (right column – Option 2)

Both options include the foundation of Part A & Part B

You cannot cross the line to mix options – you choose one or the other and can change annually.

If you have Medicare through a retiree plan or if you have veteran’s benefits, you may or may not need a supplement and/or a Part D plan.

Be sure to understand the guidelines – a SHINE counselor can assist with information.

You can enroll in a Prescription Drug Plan if you only have Part A.

This is rare – ask your SHINE counselor if you have questions.



- [2026 Medicare Premiums](#)
- [2026 Medicare Part A Benefits and Gaps/Part B Benefits and Gaps](#)
- [Concerned About Medicare Costs](#)

PARTS OF MEDICARE	PREMIUM COST 2026	2026 ADDITIONAL COSTS
PART A (Hospital)	Premium-free for most or \$311.00/mo or \$565.00/mo	Inpatient hospital deductible \$1676.00 Skilled Nursing Facility co-insurance Days 21-100: \$209.50/day
PART B (Medical)	\$202.90/mo May be higher, based on income or May be \$0 if eligible Medicare Savings Program	Annual deductible \$283.00 + 20% of Medicare's approved amount
MEDIGAP (Helps to cover some Part A and Part B additional costs)	From \$142.64 - \$254.00	Additional cost depends on type of Medigap. Coverage may include all costs listed above.
PART D (Drug coverage)	Premiums from \$8.40 - \$238.60/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 - \$325.00/mo May be higher, based on income	Co-pays and co-insurance vary per plan

What does Medicare cost?

This gives you an idea of what to expect for basic costs.

The parts of Medicare and associated cost will be explained in upcoming slides.

See **“2026 Medicare Premiums”**

and **“2026 Medicare Part A Benefits and Gaps”** and

“2026 Medicare Part B Benefits and Gaps” (2 sided)

See **“Concerned About Medicare Costs?”** for benefit programs that can help pay for these costs if eligible.



Part B Preventive Benefits

Many services are no cost to Medicare beneficiaries

Obesity screening and counseling

Prostate cancer screening

Annual Wellness Visit

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

Mammograms

Colorectal screenings

Bone mass measurements

Depression screening and counseling

Diabetes self-management training and tests

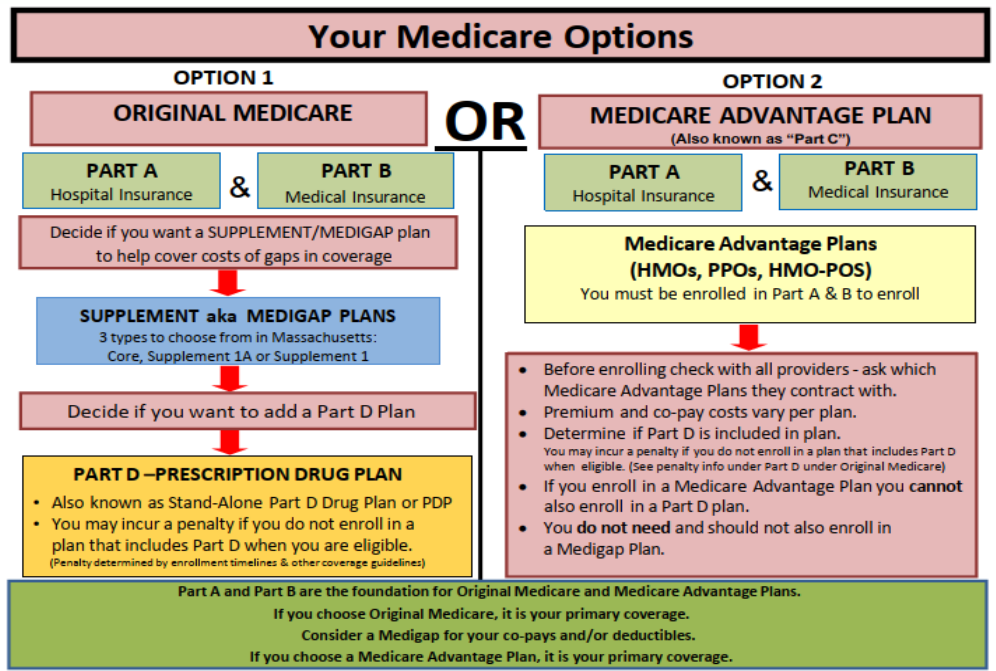
Some pap smear and pelvic exams



Medicare Part B Preventive Services

See “**Medicare Part B Preventive Services**” for extensive list of benefits

You may have office visit co-pays depending on your plan.



See “Your Medicare Options” chart

There are two options to choose from with Medicare; we call it Option 1: Original Medicare, and Option 2: Medicare Advantage Plan. It’s helpful for you to understand this so you can choose the most cost-effective coverage for your individual need. Remember from the earlier slide – you cannot cross the line to choose a Part D plan if you have a Medicare Advantage plan.

Both options start with the foundation of Part A (Hospital Insurance) and Part B (Medical Insurance – all outpatient services).

We’ll start with Option 1; Original Medicare

Side note: you can enroll in a Part D plan if you only have Part A.

You need A & B to enroll in a Supplement/Medigap (they are the same – just different terminology)

You will likely want to enroll in a Medigap if you have Original Medicare - explained in the next slide.



Medicare Supplement Plans (Medigaps) Explained

3 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 nation-wide
- 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 \$142.64 - \$254.00
- If you are a New Hampshire resident, call Aging and Disability Resource Centers (formerly Service Link) for information. Plans and guidelines are different than Massachusetts: ADRC: 1-866-634-9412*



[2026 Medigap Plans](#) , [2026 Massachusetts Medigap Plans - Additional Benefits and Discounts](#)

Remember: The terms Medigap and Supplement are interchangeable.

To enroll in a Medigap plan, you must also be enrolled in Part A and Part B

See: "2025 Medigap Plans" which shows the plan carriers on the front, and the explanation of benefits on the back.

Also review **"2025 Massachusetts Medigap Plans - Additional Benefits and Discounts"** for additional benefits many of the plan carriers offer – some for additional cost, others may be included.

Medigaps: There are three types of Medigap plans:

Supplement Core, Supplement 1A or Supplement 1.

Note: Supplement 1 is only available to you if you were eligible for Medicare before 1/1/2020, i.e. age 65 by that date or have a Part A start date prior to 1/1/2020

Deductibles and co-insurance vary per Medigap as noted on the second page of chart

Note: The only difference between Supplement 1A and Supplement 1:

Supplement 1 covers the Part B deductible.

Medigaps are sold by private insurance companies, and all provide the same coverage, i.e. all Supplement Core, Supplement 1A or Supplement 1 benefits are the same, **no matter which company you choose.**

The only difference between carriers are the monthly premiums, and some may have additional benefits as indicated on **"2025 Massachusetts Medigap Plans – Additional Benefits and Discounts"** document.

Must have Part A & Part B to enroll.

There are no network restrictions and Medigaps are accepted nation-wide by all Medicare approved providers.

Drug coverage is not included in Medigap plans.

(Massachusetts is one of 3 states that have different Medigap structures than all other states. Others have plan names identified by letters, i.e. Plan G, Plan N, etc.)

New Hampshire residents, call ServiceLink for information 1-866-634-9412

Be sure to ask a provider about a "New to Medicare" discount if you choose any one of these plans.



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

Review the 2026 Massachusetts Medicare Part D Stand Alone Prescription Drug Plan chart.

To choose the most cost-effective plan, use www.medicare.gov to compare plans (see upcoming info).

SHINE does not suggest using this chart to choose a plan.



[Medicare Part D Stand Alone Prescription Drug Plan chart](#)



When choosing Original Medicare, enroll in a Part D plan for prescription drug coverage.

Part D = Medicare Prescription Drug Coverage aka PDP or Stand-Alone Plans

To enroll in a Part D plan, you can be enrolled in Part A OR Part B

If you are eligible for a Part D plan and **opt not** to enroll, you can only enroll during specific time periods and **may** incur a financial penalty when you enroll later. The current lifetime Part D Penalty is 1% of \$36.78 in 2025 for each month of delayed enrollment from when you were eligible and did not have creditable coverage. This penalty is added to your Part D plan premium each month.

If you do not take any medication, consider enrolling in the lowest monthly premium plan to avoid a lifetime late enrollment penalty if you enroll at a later date.

***Not required to enroll with the same company as your Medicare Supplement plan.**

Note: There are 14 Part D plans in Massachusetts this year “**2025 Massachusetts Medicare Part D Stand Alone Prescription Drug Plans**”. This list does not provide adequate information to make an informed decision for a plan that is best for you.

More information to follow explaining how SHINE can assist you with choosing the most cost-effective plan, or you can choose on your own using www.medicare.gov (be sure you are choosing **.gov**, NOT .com or any other domain suffix).



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.
- **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 (\$38.99) per month for each month of delayed enrollment added to your monthly premium.



[Tips for Effective Use of the Medicare Plan Finder](#)

To reiterate:

Choose a Medicare Part D Stand-alone plan if you are choosing Original Medicare to ensure drug coverage. ***See next slide for exceptions**

After you enroll in Medicare and join a Part D plan you remain on the plan until the end of the calendar year.

The annual Medicare Open Enrollment period October 15-December 7 allows you to choose different Medicare options and plans each year for plans to begin in January. If you do not make any changes, your plan will continue into January (**but may have cost and formulary changes**).

We encourage you to mark your calendar to **review your plan every year** as plans can change annually.

*Watch your mail each year in August/September and review your Part D Annual Notice of Change

If you want to change your plan during the year, you **may** have a Special Enrollment Period with qualifying circumstances.

To help you determine the most cost-effective Part D plan out of the 14 plans available in 2025 in Massachusetts, complete and send the sheet entitled **"Your Medicare Plan Comparison"** and a SHINE Counselor will run a report using www.medicare.gov showing a comparison of the most cost-effective plans for you to choose from based on your current medication list.

Or...we encourage you to search on your own! You can compare Part D Plans or Medicare Advantage Plans on www.medicare.gov

Refer to the **"Tips For Effective Use of the Medicare Plan Finder"** sheet.



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.



If you have an Employer Group Health Plan, a Retiree Plan, GIC, State, Municipal, Federal or Postal retiree benefits, you may be assigned a specific plan and **should not** enroll in a Stand-Alone Part D plan, unless you are required to do so according to the plan guidelines. Check with your plan administrator for information.

If you have Veteran benefits, you may not need a Part D plan. Speak to a SHINE counselor for details.

Many of the Medicare Advantage Plans (MAPD) also include Part D coverage

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

Your Part D plan may change annually so we encourage you to review your plans **every year** during Medicare Open Enrollment; October 15 – December 7

Here is a list of variables that may change:

Premium: Monthly plan cost

Formulary: The list of medications that a plan covers can change year to year.

Deductible: Some plans have a deductible, and some don't, and deductibles may apply to all tier levels or only Tier 3-5 medications

Drug Tiers: Each medication is assigned a drug tier, and tier levels may vary from plan to plan.

For example, a medication may be a Tier 2 on one plan, but a Tier 3 on another.

Tier level determines your cost at the pharmacy and may change year to year.

Co-pays & co-insurance: Your cost at the pharmacy – can change year to year; co-pay is specific, co-insurance is a %

Restrictions: Some medications may have quantity limits, prior authorization or step-therapy requirements

Pharmacy Networks: Your costs can vary at different pharmacies for the same medication and preferred or in-network pharmacies may change year to year.

To help choose the most cost-effective plan for you, use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov) (If you create an account it will save your medication list and you can access your personal Medicare information.) More on that later.



2026 Medicare Standard Part D Coverage Phases

See “2026 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 \$2,100
- 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.



[2026 Medicare Standard Part D Coverage Phases](#)

See “2026 Medicare Standard Part D Coverage Phases”



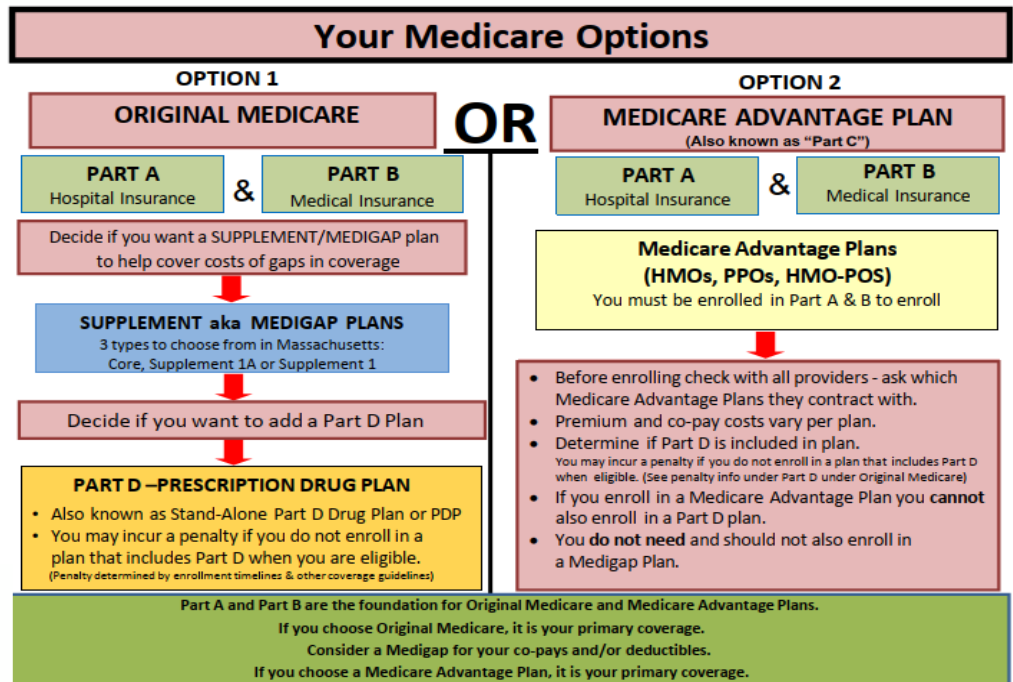
Medicare Prescription Payment Plan

- 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 \$2,100 in 2026 whether you participate in the Medicare Prescription Payment Plan or not.



This option is helpful for **some** beneficiaries.

Be sure to check with your plan to know exactly what to expect, or discuss the option with a SHINE counselor before enrolling in a payment plan.



We just explained Original Medicare, and will now explain “Option 2”;
 MEDICARE ADVANTAGE PLANS: Also known as “MA Plans”, “MAPD Plans” or “PART C”



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 Medicare and MassHealth Standard

IMPORTANT

Before enrolling: Be sure all of your providers accept the plan you want and be sure your prescriptions are covered in the plan you want



[Medicare Advantage Plans Essex, Middlesex Counties 2026, Concerned About Medicare Costs, Tips for Effective Use of the Medicare Plan Finder](#)

MA = Medicare Advantage; MAPD = Medicare Advantage Plans with Part D coverage

*Must have Part A & Part B to enroll

These plans are:

HMO: Health Maintenance Organizations (must stay within provider networks),

HMO-POS: (can see providers outside of network with PCP referral), or

PPO: Preferred Provider Organizations; your co-pays vary depending on whether you are seeing in or out of network providers.

The plans to choose from are available depending on which county you live in.

Your providers may be in other counties but your plan options are based in the county you reside in. Many different companies offer multiple plans and monthly premiums vary per plan.

Refer to the applicable chart: "**Medicare Advantage Plans Essex, Middlesex Counties 2025**" which shows the carriers (companies) and the range of monthly premium cost per carrier. Read further for important information about other costs associated with these plans.

In addition to monthly premiums, MA plans have various costs for services under Part A, Part B, & drug coverage (if applicable).

For example, you may have co-pays for Hospital services, Medical Services, Part B medications and prescription drug costs. You or a SHINE counselor can help determine costs via the Plan Finder on www.medicare.gov.

Before searching and enrolling in any MA plan, call your Primary Care Physician and specialists to ask which MA plans they are in network with and check if your preferred hospital(s) are in the network.

Use the www.medicare.gov Plan Finder tool to compare accepted plans and review costs at your favorite pharmacy for drugs you currently take as **costs may vary per pharmacy** (or request assistance at SHINE).

Senior Care Option Plans (SCO), aka Special Needs Plans (SNP) are available if you qualify for Medicare **and** MassHealth Standard (Medicaid).

Call SHINE for more information about eligibility: 978-946-1374 or review the "**Concerned About Costs?**" document.

As with Part D plans, you can compare Medicare Advantage Plans on www.medicare.gov

Refer to the "**Tips For Effective Use of the Medicare Plan Finder**".

More on Medicare Advantage Plans to follow.

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

This chart explains the differences between an HMO, HMO-POS and PPO plans
We encourage you to determine if **all** of your providers/hospitals accept the plan you are interested in.

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

Helpful hint – if you use medicare.gov to compare costs, all health care costs are **estimates** and not personalized.

The drug cost estimates are based on your current list of medications if you entered them.

IMPORTANT NOTE:

Part B medications are medications received at a facility or provider's office, such as infusions, injections, chemotherapy, certain aspects of dialysis, etc.

Be sure to check on cost for Part B medications prior to enrolling in a Medicare Advantage plan.

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



[2026 Medicare Part A Benefits and Gaps/Medicare Part B Benefits and Gaps \(2-sided sheet\)](#), [2026 Medigap Plans](#) and [2026 Massachusetts Medigap Plans – Additional Benefits and Discounts](#)

Supplement = Medigap

Here are some helpful tips with deciding which type of Medicare is best for you.

Original Medicare and a Medigap are often selected by people with ongoing medical conditions or in need of medical services, such as infusion therapy, chemo, etc. Also, people who want flexibility, no referrals and/or predictability in costs, like to travel and can afford the premiums. Original Medicare provides the freedom to see any provider nation-wide who accepts Medicare. Some Skilled Nursing Facility stays may not be covered if you are under “Observation Status” at the hospital. Ask for “Inpatient Status” if this situation arises.

Note: Coverage is more extensive with a Medigap 1A or Medigap 1, than a Medigap Core.

Refer to “**2025 Medicare Part A Benefits and Gaps/Medicare Part B Benefits and Gaps**” for more information.

Also refer to list of benefits on the back of the “**2025 Medigap Plans**”

Also see “**2025 Massachusetts Medigap Plans – Additional Benefits and Discounts**” and “**Dental Coverage Options in Massachusetts**”

Medicare Advantage Plans are often selected by people who don’t utilize health care services often, want a plan with low or no monthly premiums, want additional benefits such as vision, hearing, dental and are comfortable with networks of providers and co-pays for services.

Reminder: Always review costs for Part B medications; they may differ between Original Medicare and Medicare Advantage Plans



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?



Be sure to ask yourself the questions listed above prior to deciding which Medicare option is best for you and mark your calendar to review your plans and options: October 15 – December 7.

Remember: Medicare is an individualized program.
Your plan may be very different than your spouse, family member or neighbor as your Medicare choice should reflect your individual needs.



How to Search for Cost-Effective Medicare Plans

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

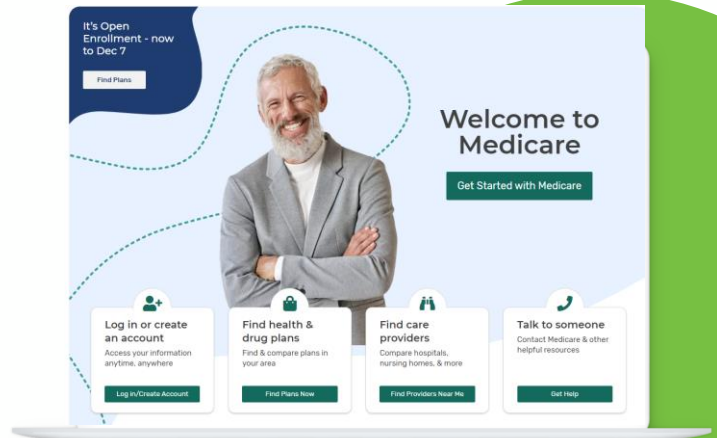
- Go to www.medicare.gov
- Click on the “Find Plans” or “LogIn/Create and Account”
- Follow the prompts or choose the link below for helpful tips.

OR

- Complete and mail “Your Medicare Plan Comparison” form and a SHINE counselor will assist with your plan comparison. Be sure you have enough time to complete this process prior to mailing in.
- [Your Medicare Plan Comparison](#)



[Tips for Effective Use of the Medicare Plan Finder](#)



We encourage you to compare your costs!

You can run a Part D or Medicare Advantage plan comparison on your own, on www.medicare.gov

See instructions on slide above or refer to:

“Tips For Effective Use of the Medicare Plan Finder”.

For a ‘Personalized Search’, you will need to create a personalized www.medicare.gov account or use your www.mymedicare.gov account log-in.

To create an account, you need your Medicare number found on your card, Part A start date, your date of birth and current zip code listed with Medicare, or for a generalized search, follow prompts for search if you are not yet enrolled in Medicare.

Creating an account will save your drug list.

If you would like assistance with comparing plans, complete the **“Your Medicare Plan Comparison”** form and mail to the address on the back. A SHINE counselor will run comparisons and return to you for your review.



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](#)
[Massachusetts Medigap Plans – Additional Benefits and Discounts](#)



Original Medicare 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 as shown in the packet:

“Dental Coverage Options in Massachusetts”.

Or review: **“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



OneCare is a managed care program for people who are:

- Dual eligible = MassHealth and Medicare with Part A and Part B
- Age 21-64

Ask SHINE for more information



Helpful Assistance Programs

There are several assistance programs to help pay toward Medicare:

- **MassHealth Standard** - Medicaid in Massachusetts
- **Medicare Savings Programs**, aka QMB (Senior Buy In), SLMB or QI (Buy In)
- **Extra Help/LIS (Low Income Subsidy)** - for prescription drugs
- **Health Safety Net** – Cost assistance at participating hospitals and Community Health Centers
- **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



[Concerned About Medicare Costs](#)



Note: MassHealth = Medicaid in Massachusetts

See **“Concerned About Medicare Costs?”**

Program eligibility is based on income and/or assets.

Review the sheet based on your income and assets.

If it looks as though you may qualify for any programs, contact SHINE and we will assist with next steps.

A SHINE Counselor can help you determine which programs you may qualify for and assist you with application resources.



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**



Your personalized Medicare Summary Notice (MSN) is mailed to you quarterly and lists all services Medicare is billed for under your Medicare number.

Or, you can review monthly by accessing your MSN on your www.medicare.gov account, or www.socialsecurity.gov/myaccount

Review carefully to ensure accurate billing for all services.

If you see a charge on your account that you did not incur, report the charge to Medicare: 1-800-MEDICARE, and/or SMP

Help reduce Medicare Error, Fraud & Abuse that cost billions each year in the United States

Call Senior Medicare Patrol (SMP) if you suspect error, fraud and/or abuse:

1-800-892-0890

*More on Senior Medicare Patrol on next slide.



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



Personal Protection Recommendations

Ask for your free Personal Health Care Journal by calling Senior Medicare Patrol (SMP): 1-800-892-0890.

This journal will help you:

- Keep track of updated list of medications
- Prepare for medical appointments
- It will be helpful to carry SMP Healthcare Journals when traveling
- ALWAYS compare SMP Personal Healthcare Journal entries to Explanation of Benefits from your plan, Medicare Summary Notice, and other bills/statements.



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

**Senior Medicare
Patrol (SMP):**
800-892-0890
www.masmp.org

**Medicare Advocacy
Project (MAP):**
800-323-3205

**MassHealth &
Medicare Savings
Programs:**
800-841-2900



You can also access most of these resources online:

SHINE: 1-800-243-4636 or local: 978-946-1374

<http://www.mass.gov/elders/healthcare/shine/serving-the-health-information-needs-of-elders.html>

SHINE can help with all Medicare-related concerns

Another helpful website:

www.shinema.org

Medicare: 1-800-MEDICARE (1-800-633-4227)

www.medicare.gov (always be sure you are on a .gov site)

Social Security: 1-800-772-1213

www.socialsecurity.gov or call your local office

Massachusetts College of Pharmacy (MCPHS) Pharmacy Outreach Program: 1-800-633-1617

<http://www.mcphs.edu/>

MCPHS can help find available cost savings for medications and review your med list for duplicates

Senior Medicare Patrol (SMP): 1-800-892-0890

<http://masmp.org/>

SMP can help resolve Medicare Error, Fraud and Abuse situations

Medicare Advocacy Project (MAP): 1-866-778-0939

MAP is based at Greater Boston Legal Services

MassHealth (Medicaid): 1-800-841-2900

<https://www.mass.gov/topics/masshealth>



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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Thank you for your time and interest in the SHINE Program.
We encourage you to share this free and unbiased resource with your friends and family!
Call your local SHINE program to make an appointment with a SHINE counselor **“SHINE Locations and Contact Information”** or if the SHINE counselor there is temporarily unavailable, call SHINE: 978-946-1374