



# What's New for Medicare in 2025?


## Part A: Hospital insurance

<b>Part A premium</b>	Free if you've worked 10 years or more \$285 per month if you've worked 7.5 to 10 years \$518 per month if you've worked fewer than 7.5 years	
<b>Part A hospital deductible</b>	\$1,676 each benefit period	
<b>Part A hospital coinsurance</b>	\$0 for the first 60 days of inpatient care each benefit period \$419 per day for days 61-90 each benefit period \$838 per lifetime reserve day after day 90 in a benefit period (You have 60 lifetime reserve days that can only be used once. They're not renewable.)	
<b>Skilled nursing facility insurance</b>	\$0 for the first 20 days of inpatient care each benefit period \$209.50 per day for days 21-100 each benefit period	

## Part B: Medical insurance

<b>Part B premium</b> (For individuals with incomes below \$106,000 or couples with incomes below \$212,000)	\$185 is the standard premium	
<b>Part B deductible</b>	\$257 per year	
<b>Part B coinsurance</b>	20% for most services Part B covers	

## Part D: Prescription drug coverage

<b>National average Part D premium</b>	\$36.78 per month	
<b>Part D maximum deductible</b>	\$590 per year	
<b>Catastrophic coverage</b> You will owe \$0 on covered drugs after reaching this cap.	\$2,000	

# What's New for Medicare in 2025?

## Changes to Part D in 2025

### The \$2,000 cap on out-of-pocket drug costs

- Starting in 2025, your annual out-of-pocket Part D costs are capped at \$2,000. After you reach this out-of-pocket limit, you owe nothing for covered drugs for the rest of the year.
- Your Part D plan should keep track of how much money you have spent out of pocket for covered drugs and your progression through coverage periods—and this information should appear in your monthly statements.
- Remember that only costs associated with covered drugs help you move through the coverage phases. If you spend money on non-covered drugs, those costs will not help you reach the annual cap.

### The Medicare Prescription Payment Plan (MPPP)

- Beginning in 2025, you have the option to sign up for a payment plan for Part D out-of-pocket costs.
- The MPPP allows you to spread your drug costs throughout the year, with the goal of helping you manage your monthly expenses.
- For example, if you anticipate reaching the annual Part D cap quickly due to expensive medications, you can spread those costs throughout the year—rather than paying a lot in the first months of the year and nothing in later months of the year.
- When you sign up for the MPPP, your plan will communicate your choice to your pharmacy. You should pay \$0 at the pharmacy for your covered Part D drugs. Your plan will pay the cost-sharing at the time of your purchase and send monthly bills to you for the cost-sharing amounts. You pay no fees or interest, even if your payment is late.

**If you have a Medicare Advantage Plan,**  
contact your plan directly to learn about your 2025 costs.

# What's New for Medicare in 2025?

## “New” Medicare card schemes



**Do you know what isn't new this year? Your Medicare card.**

Medicare beneficiaries are not receiving new cards this year, but scammers may try to convince you otherwise. For example, scammers may falsely tell you that Medicare is issuing new cards—perhaps a card that is plastic, or a card that has a chip in it. The scammers may tell you that for them to send your new card, you need to verify your identity, which could include your Medicare number. This is an attempt to get your personal or financial information.

Here are some red flags to look for:

- Unsolicited calls from anyone claiming to be from Medicare
- Anyone needing your personal information so that they can send you an updated Medicare card
- Anyone saying your card is expiring, and they need to send you a new one or you will be charged a fine
- Anyone stating Medicare is issuing new cards and you need to verify your number

## Who to contact



- **Contact your State Health Insurance Assistance Program (SHIP)** if you have questions about 2025 coverage, enrollment periods, or cost assistance programs.
- **Contact your Senior Medicare Patrol (SMP)** if you may have experienced Medicare fraud, errors, or abuse.
- **Contact your Medicare Advantage or Part D plan** to ask about 2025 changes to your costs or coverage.
- **Call 1-800-MEDICARE (1-800-633-4227)** to request another copy of your 2025 *Medicare & You* handbook.

## Premium-related Appeals and Troubleshooting



You might owe higher Medicare premiums if you enrolled in Medicare late, or if you have a higher income. But everyone has the right to file an appeal about their premium determination. Understanding how higher premiums work can help you determine if your premium is accurate to your situation—or if you should appeal.

### Income-Related Monthly Adjustment Amount (IRMAA)

The Medicare Income-Related Monthly Adjustment Amount, often shortened to IRMAA, is an amount you may owe in addition to your Part B and Part D premium if your income is above a certain level. Federal law sets income brackets that determine your—or you and your spouse's—IRMAA each year.

Your annual income		Your monthly premium	
Individuals	Couples	Part B	Part D*
Equal to or below \$106,000	Equal to or below \$212,000	\$185	\$0
\$106,001-\$133,000	\$212,001-\$266,000	\$259	\$13.70
\$133,001-\$167,000	\$266,001-\$334,000	\$370	\$35.30
\$167,001-\$200,000	\$334,001-\$400,000	\$480.90	\$57.00
\$200,001-\$499,999	\$400,001-\$749,999	\$591.90	\$78.60
\$500,000 and above	\$750,000 and above	\$628.90	\$85.80

\*This is the amount you pay in addition to your plan's regular Part D premium.

You can ask for a new IRMAA determination. If the Social Security Administration determines that you owe an IRMAA, they will mail you a notice called an initial determination. This notice should include information on how to request a new initial determination. A new initial determination is a revised decision that Social Security makes regarding your IRMAA. You can request that Social Security revisit its decision if you have experienced a life-changing event that caused an income decrease, or if you think the income information Social Security used to determine your IRMAA was incorrect.

# Premium-related Appeals and Troubleshooting

## Part B Late Enrollment Penalty

For each 12-month period you delay enrollment in Medicare Part B, you will owe a 10% Part B late enrollment penalty (LEP)—generally every month for as long as you have Medicare. Everyone has a right to file an appeal with the Social Security Administration (SSA) regarding their LEP. To appeal, follow the directions on the letter informing you about the penalty. Unfortunately, being unaware of the requirement to enroll in Part B is unlikely to be a successful argument for an appeal.

### How to calculate the Part B LEP:

Let's say you delayed enrolling in Medicare Part B for seven years and you owe a premium penalty. Your monthly premium would be 70% higher for as long as you have Medicare (7 years x 10%). Since the base Part B premium in 2025 is \$185, your monthly premium with the penalty will be \$314.50 ( $\$185 \times 1.7$ ).

## Part D Late Enrollment Penalty

For each month you delay enrollment in Part D, you will owe a 1% Part D LEP (generally every month for as long as you have Part D). The Part D penalty is always calculated using that year's national base beneficiary premium. Your penalty will not decrease if you enroll in a Part D plan with a lower premium.

Everyone has the right to file an appeal with C2C Innovative Solutions regarding their LEP determination. C2C Solutions is the company contracted by Medicare to handle these appeals. You can appeal the penalty (if you think you were continuously covered) or its amount (if you think it was calculated incorrectly). You should complete the appeal form you received from your plan, attach any evidence you have, and mail everything to C2C Innovative Solutions.

### How to calculate the Part D LEP:

Let's say you delayed enrollment in Part D for seven months (and you didn't have other creditable drug coverage, which allows you to delay enrollment). Your monthly premium would be 7% higher for as long as you have Part D (7 months x 1%). The national base beneficiary premium in 2025 is \$36.78 a month. Your monthly premium penalty would therefore be \$2.57 ( $\$36.78 \times 0.07 = \$2.57$ ) per month, which you would pay in addition to your plan's premium.

# Premium-related Appeals and Troubleshooting

## Identify billing errors

Health care providers and their billing departments sometimes make billing errors or honest mistakes. If you think your doctor or their billing department made an error or mistake, contact them directly to resolve the issue. They should correct these errors if you tell them.



You can spot these errors by keeping an appointment calendar or using a My Health Care Tracker to keep track of your medical appointments and services. You can call your local Senior Medicare Patrol (SMP) for a My Health Care Tracker if you don't already use one. The tracker can help you compare your appointments, services, and notes to your Medicare statements.

If something does not seem right on your Medicare statement, remember to first call your provider. Here are just a couple examples of potential errors:



Your provider billed Medicare for an office visit on a day when you did not see them.



Your provider billed you for a service that was different than what you received.

If your provider does not resolve the issue, or if you notice a pattern of errors, contact your local Senior Medicare Patrol (SMP). They can assist to try to resolve the error. Your SMP can also help you identify Medicare potential fraud, or abuse, and can help you report it to CMS and the correct authorities.

### Medicare statements:

- If you have Original Medicare, you should receive a Medicare Summary Notice (MSN).
- If you have a Medicare Advantage Plan and/or Part D plan, you should receive an Explanation of Benefits (EOB).



These statements are not bills. MSNs and EOBs summarize the health care services and items you have recently received. They include the charges billed to Medicare and the amount you owe. Read these carefully to spot any potential billing errors.

## Premium-related Appeals and Troubleshooting



### Who to contact

- **Social Security Administration (SSA):** Contact SSA if you have questions about your premiums—including late enrollment penalties or IRMAAs. You can contact SSA calling 1-800-772-1213 or visiting your local branch.
- **State Health Insurance Assistance Program (SHIP):** SHIP counselors can provide you with individual Medicare counseling to support you in your specific situation.
- **Senior Medicare Patrol (SMP):** Contact your SMP if you believe you have experienced potential Medicare fraud, errors, or abuse.
- **Local Medicaid office:** If you have limited income and assets, you may be eligible for premium assistance through a Medicare Savings Program (MSP) or Medicaid. Contact your local Medicaid office to learn more.

Local SHIP contact information	Local SMP contact information
<b>SHIP toll-free:</b>	<b>SMP toll-free:</b>
<b>SHIP email:</b>	<b>SMP email:</b>
<b>SHIP website:</b>	<b>SMP website:</b>
<b>To find a SHIP in another state:</b> Call 877-839-2675 (and say “Medicare” when prompted) or visit <a href="http://www.shiphelp.org">www.shiphelp.org</a>	<b>To find an SMP in another state:</b> Call 877-808-2468 or visit <a href="http://www.smpresource.org">www.smpresource.org</a>

SHIP Technical Assistance Center: 877-839-2675 | [www.shiphelp.org](http://www.shiphelp.org) | [info@shiphelp.org](mailto:info@shiphelp.org)

SMP Resource Center: 877-808-2468 | [www.smpresource.org](http://www.smpresource.org) | [info@smpresource.org](mailto:info@smpresource.org)

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# Lowering Part D Costs

## Cost-saving checklist:



### **Apply for Extra Help**

- You may qualify if you have limited income and assets. See the following page for details.



### **Learn about any State Pharmaceutical Assistance Programs (SPAPs) in your state**

- Call your local State Health Insurance Assistance Program (SHIP) to find out whether your state has an SPAP, if you are eligible, and how to apply. Call 877-839-2675 or go to [www.shiphelp.org](http://www.shiphelp.org) to contact your SHIP.



### **Talk to your doctor**

- Ask your doctor if a generic drug could work for you. Generic drugs are often less expensive and have lower cost-sharing than brand-name drugs.
- Ask your doctor if they can provide you with samples of your medication. This is only a temporary solution.
- Ask your doctor for assistance with appealing. If your drug is not covered or is covered on a high cost-sharing tier, you may be able to appeal.



### **Learn about any Patient Assistance Programs (PAPs) that could help you**

- Some drug manufacturers offer PAPs. Your doctor may have to apply for you, and eligibility varies based on the program.



### **Ask your pharmacist to waive your copay**

- While they may not be able to do so routinely, your pharmacist may be able to waive copays on a case-by-case basis.



### **Look for charity programs that help pay drug costs**

- Hospitals may have a charity care policy; ask your hospital's pharmacist.
- See if you are eligible for programs through charitable foundations like the Patient Access Network (PAN) Foundation, Good Days, CancerCare CoPayment Assistance Foundation, the HealthWell Foundation, and the National Organization for Rare Disorders (NORD)

## Extra Help

Extra Help is a federal program that helps pay for some to most of the out-of-pocket costs of Medicare prescription drug coverage. If you think you may qualify, you can apply through the Social Security Administration (SSA). Visit [www.ssa.gov](http://www.ssa.gov) or call 800-772-1213 to learn more.

The Extra Help program		
You have:	Your eligibility requirements:	Your costs:
Medicare only	<b>Income Limit<sup>1</sup></b> Individual: \$1,976/month Couple: \$2,664/month  <b>Asset Limit<sup>2</sup></b> Individual: \$17,600 Couple: \$35,130	\$0 premium and deductible \$4.90 generic copay \$12.15 brand-name copay
Medicare and an MSP	You are automatically enrolled in Extra Help	
Medicare and Medicaid with or without an MSP	You are automatically enrolled in Extra Help	\$0 premium <sup>3</sup> and deductible  <b>Income above 100% FPL</b> \$4.90 generic copay \$12.15 brand-name copay  <b>Income below 100% FPL<sup>4</sup></b> \$1.60 generic copay \$4.80 brand-name copay

<sup>1</sup> Income limits are based on the Federal Poverty Level (FPL), which changes every year in January or February. The above income limits are based off the 2025 FPL. Limits are higher for each additional relative living with you for whom you are responsible. Income and asset limits on this chart are rounded to the nearest whole dollar. There is a \$20 income disregard (factored into the income limits above) that the Social Security Administration automatically subtracts from your monthly unearned income (e.g., retirement income).

<sup>2</sup> Asset limits include \$1,500 per person for burial expenses.

<sup>3</sup> You pay no premium if you have a basic Part D drug plan with a premium at or below the Extra Help premium limit for your area.

<sup>4</sup> You pay \$0 copays if you are institutionalized or receive home and community-based services.

## Prescription Drug Fraud

Medicare drug coverage (Part D) helps cover the cost of prescription drugs; some prescriptions are also covered under Part B. Fraudulent prescription drug schemes can occur in both programs so it's important to be on the lookout. A few examples include:

- You see charges on your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) for:
  - Drugs that were never picked up, delivered, or even prescribed.
  - Drugs (sometimes controlled drugs such as opioids) that were prescribed by a doctor you have never seen.
  - Drugs beyond the amount you were prescribed.
  - A different prescription drug, often one that costs more, than the one you were prescribed.
  - A drug that is not approved by the U.S. Food and Drug Administration (FDA).
- If someone offers to pay you for the use of your Medicare number to bill for prescription drugs or offers you cash or other payment to pick up prescriptions for you.
- A company offers you “free” or “discount” prescription drugs without a treating physician’s order and then bills Medicare.



Read and compare your Medicare statements to your appointment records to check for errors or suspicious charges.



If you have any concerns about your Medicare statements, contact your local **Senior Medicare Patrol (SMP)**. Your SMP can help and report the potential fraud to the correct authorities. Contact information for your local SMP is on the last page of this document.

## Lowering Part D Costs



### Who to contact

- **Your doctor:** If you are having trouble affording your drugs, work with your doctor to determine if you can switch to a different version of the drug or request a tiering exception from your plan.
- **State Health Insurance Assistance Program (SHIP):** Contact your SHIP if you have questions about Part D cost assistance programs, such as Extra Help or State Pharmaceutical Assistance Programs.
- **Senior Medicare Patrol (SMP):** Contact your local SMP if you believe you have experienced potential Medicare fraud, errors, or abuse.

## Part B vs. Part D drugs

**Part  
A**

**Part A** covers your drugs during a stay in a hospital or skilled nursing facility.

**Part  
B**

**Part B** covers most drugs administered by your provider or at a dialysis facility. The provider or facility must buy and supply the drugs, though.

**Part  
D**

**Part D** covers most outpatient prescription drugs. In other words, drugs you fill at the pharmacy. Check your plan's list of covered drugs to find out whether it covers the drugs you need. This list is called the formulary.

Some drugs may be covered by Part B or Part D. For example:

### Injectable drugs

- Part B covers injectable drugs if you can't administer the drug yourself and your doctor provides the drug in their office and injects it for you.
- Part D covers injectable drugs that you buy at the pharmacy, whether a doctor injects the drug for you or you inject it yourself.



### Vaccines

- Part B covers certain vaccines. For example, influenza (flu) shots, pneumonia shots, and hepatitis B shots for certain people. Part B also covers vaccines after you have been exposed to a dangerous virus or disease, like tetanus.
- Part D covers most vaccines that your doctor recommends.

### Insulin

- Part B may cover insulin that you use with an insulin pump. Part B covers insulin pumps, related supplies, and the insulin used with these pumps as durable medical equipment.
- Part D covers insulin and related medical supplies if you self-inject insulin. Supplies include syringes, gauze, and alcohol swabs.

### Immunosuppressants

- Part B covers your immunosuppressants if you had a kidney transplant in a Medicare-approved facility and you had Medicare Part A at the time of your transplant.
- Part D covers immunosuppressants if you didn't have Medicare Part A at the time of your transplant or you didn't have your transplant in a Medicare-approved facility.

### HIV Prevention and Treatment

- Part B covers Pre-exposure Prophylaxis (PrEP) both oral and injectable to prevent HIV if you are at increased risk of HIV. Part B covers individual counseling and HIV screenings.
- Part D covers PrEP if you currently have HIV and use antiretroviral drugs to treat HIV.

## Part B vs. Part D drugs

If you have trouble accessing your medications:



### **Know how Medicare covers your medication.**

- If you aren't sure, call 1-800-MEDICARE (633-4227).
- If it's a Part D drug, check that it's on your plan's list of covered drugs and see if there are any coverage restrictions, like rules you must follow before your plan covers your drug.



### **Ask your pharmacist or provider to submit claims to the correct part of Medicare.**

- It's possible that they are billing the medication incorrectly.
- If your provider is unsure of how to submit these claims, tell them they can reach out to your plan or to Medicare for help.



### **Make sure your pharmacist or provider has the documentation they need.**

- For example, if your insulin should be covered by Part B because you use an infusion pump to take it, Medicare may need proof that you have an insulin pump



### **Appeal any denials.**

- You have the right to appeal Medicare's or your plan's denial.
- Ask your doctor to help prove that your medication is medically necessary and that you meet the coverage criteria.
- If you need help appealing a denial, contact your State Health Insurance Assistance Program (SHIP) by calling 877-839-2675 or visiting [www.shiphelp.org](http://www.shiphelp.org)

## Part B vs. Part D drugs

### Watch out for pharmacy fraud!

Pharmacy fraud can happen in many different forms. Most often, we see pharmacy fraud when:

- The pharmacy bills Medicare for medication you didn't receive.
- The pharmacy gives you a different, or less, medication than what your doctor prescribed.



### Read your Medicare statements to help spot potential pharmacy fraud.

Look for errors or suspicious charges. For example, check that the medications you got from the pharmacy are the same type and amount that your doctor prescribed.



### Call your local Senior Medicare Patrol (SMP) for help!

Call your SMP if you have any concerns about Medicare fraud. For example, if you have concerns about your Medicare statements or medications. Your SMP can help report potential fraud to the correct authorities.

### Other red flags related to pharmacy fraud include when:

- A pharmacy gives you expired drugs.
- A pharmacy gives you an expensive compounded medication, but your doctor prescribed you a lower cost drug.
- A pharmacy offers you “free” or “discount” drugs without an order from your doctor. They then bill Medicare and get paid.
- A pharmacy refills a prescription you no longer need without you knowing. You don't pick it up, but the pharmacy still bills Medicare and gets paid.
- A pharmacy offers you gift cards or other payment to switch your prescription drugs over to their pharmacy.

## Part B vs. Part D drugs

### Who to contact for help:

- **Work with your doctor or pharmacist** if you have trouble getting your medication.
- **Call your State Health Insurance Assistance Program (SHIP)** if you need help learning how Medicare covers your medications. Your SHIP can also help you appeal a drug denial.
- **Call your Senior Medicare Patrol (SMP)** if you believe you have experienced potential Medicare fraud, errors, or abuse.



# Medicare and Durable Medical Equipment

## What kind of durable medical equipment (DME) does Medicare cover?

Medicare usually covers DME if:



It's **durable**, meaning it can withstand repeated use



It serves a **medical purpose**



It's appropriate and needed for use **in the home**, although you can also use it outside the home



It's likely to **last for three years** or more

**Examples of DME:** Wheelchairs, walkers, hospital beds, power scooters, portable oxygen equipment, orthotics, catheters (if your need for them is permanent), prosthetics, certain diabetes supplies (including glucose monitors)

## What kind of DME does Medicare not cover?

- Equipment to mainly help you outside the home
- Items intended only to make things more convenient or comfortable
- Items that you throw away after one use
- Items that you don't use with equipment
- Modifications to your home
- Equipment not for use in the home

For example: Air conditioners, incontinence pads, surgical facemasks, or oscillating beds.

Note: Some Medicare Advantage Plans may cover minor home modifications or other items as a supplemental benefit.

# Medicare and Durable Medical Equipment

## How does Medicare cover my DME?

Your primary care provider (PCP) must prescribe your DME. Your PCP must sign an order, prescription, or certificate. In this document, your PCP must state that:

- You need the DME to help a medical condition or injury.
- The equipment is for home use.
- And, if applicable, you had a face-to-face visit with your PCP. Your PCP should know if Medicare requires this visit for your DME.



If you need a manual or power wheelchair or scooter, the process is different. Speak with your doctor for more information.

## What supplier should I use to get my DME?

Once you have your PCP's order or prescription, you must take it to the right supplier.

### If you have a Medicare Advantage Plan:

- Follow your plan's rules for getting DME. For example, you may have to:
  - Get approval from the plan before getting your DME
  - Use a supplier in the plan's network of suppliers
  - Use a preferred brand of DME

### If you have Original Medicare:

- Get your DME from a Medicare-approved supplier that takes assignment.
  - Suppliers who take assignment can't charge you more than 20% of Medicare's approved amount for the cost of the DME.
  - Many suppliers are Medicare-approved but don't take assignment. These suppliers can charge you more than 20%. Medicare will still only pay 80% of its approved amount for the DME, so you'll have to pay any extra costs.
- Don't use suppliers who haven't signed up to bill Medicare for DME. If you do, you'll owe the full cost of your DME.






# Medicare and Durable Medical Equipment

## Watch out for DME fraud and abuse!

Scammers are calling and offering medical equipment or supplies that people often don't want or need. They may even pretend to be a health care provider. They will charge your Medicare without showing medical need and sometimes without sending the equipment. It's important to protect your Medicare information and read your Medicare statements to check for suspicious charges.



### Red flags:

-  You see charges for DME on your Medicare statements you didn't need or never asked for.
-  You were offered "free" equipment or supplies.
-  You had a DME provider ask for your Medicare number at a presentation, during a sales pitch, or on a phone call.
-  You were given a cheaper, lower quality item but Medicare was billed for a custom or fitted item.
-  You see that a DME provider continued to bill Medicare for equipment that you already returned.

### Example

Imagine you get a phone call from a telemarketer asking if you're experiencing any pain. You say yes, and the caller says you qualify for equipment to help with the pain. Then they ask for your personal information like your Medicare number. They tell you that they need this information so they can send you a knee or back brace to help with the pain.

This is likely a fraudulent call! You should not provide the caller with any personal information. If you receive a call like this or give out your personal information, contact your Senior Medicare Patrol (SMP) for help reporting it. If you do have pain and need DME, work with your trusted doctor.

## Medicare and Durable Medical Equipment



### Who to contact for help:

- **Work with your doctor** if you believe you need DME.
- **Call 1-800-MEDICARE (633-4227)** if you have Original Medicare, to get a list of DME suppliers in your area.
- **Call your Medicare Advantage Plan** to learn about its DME rules and which suppliers are in-network.
- **Call your State Health Insurance Assistance Program (SHIP)** to learn about DME coverage or get help appealing a denial of coverage.
- **Call your Senior Medicare Patrol (SMP)** if you've experienced potential DME fraud, errors, or abuse.

# Medicare and Employer Coverage

## What is the difference between primary and secondary coverage?

When you have Medicare and another type of insurance, Medicare will pay primary or secondary for your medical costs. Primary insurance pays first for your medical bills. Secondary insurance pays after. Usually, secondary insurance pays some or all of the costs left after your primary insurance pays (for example, deductibles and copays).

Type of insurance	Conditions	Primary	Secondary
<b>Age 65+ with job-based insurance</b>	Fewer than 20 employees	Medicare	Employer
	20+ employees	Employer	Medicare
<b>Disabled with job-based insurance</b>	Fewer than 100 employees	Medicare	Employer
	100+ employees	Employer	Medicare
<b>Retiree insurance</b>	Not eligible for Medicare	Retiree	N/A
	Eligible for Medicare	Medicare	Retiree
<b>COBRA</b>	Had COBRA before enrolling in Medicare	Medicare	N/A*
	Had Medicare before becoming eligible for COBRA	Medicare	COBRA

\*COBRA ends if you had COBRA before enrolling in Medicare.

Note: Different rules apply if you have Medicare because of End-Stage Renal Disease (ESRD). There are also different rules if you have retiree Federal Employee Health Benefits (FEHB).

# Medicare and Employer Coverage

## How does Medicare work with job-based insurance?

- **If your job-based insurance is primary**, you may wish to delay Medicare enrollment because you already have primary coverage and can sign up for Medicare Part B later.
- **If your job-based insurance is secondary**, you should enroll in Medicare Part B to avoid high costs for your care. If Medicare is supposed to be your primary coverage, your job-based coverage may provide little or no coverage if you're not enrolled in Part B.

Note: Job-based insurance here means insurance from current employment—not coverage for retirees, or former employees.

**Enrolling in Medicare after you've delayed:** You can use the Part B Special Enrollment Period (SEP) to enroll in Medicare later if you've been continuously covered by insurance from current work (not retiree) or by Medicare Part B since becoming eligible for Medicare. You can use the SEP while you have that job-based insurance from current work, or in the eight months after losing that insurance. You will need evidence from your employer(s) of your continuous coverage.

Part B  
**SEP**

## How does Medicare work with retiree insurance and COBRA coverage?

- **Retiree insurance is health coverage an employer may provide to former employees.** Retiree coverage is almost always secondary to Medicare. This means you need to enroll in Medicare to be fully covered.
- If you have COBRA coverage when you become Medicare-eligible, COBRA usually ends the date you get Medicare. You should enroll in Part B right away. If you have Part A or Part B when you become eligible for COBRA, you must still be allowed to enroll in COBRA – and you should enroll in or keep Part B. Medicare is primary insurance, and COBRA is secondary insurance.
- Retiree insurance and COBRA do not entitle you to an SEP to enroll in Part B. You may have to wait for coverage and pay a penalty.

**Don't forget prescription drug coverage!** Some employers offer creditable drug coverage for current or former employees. Ask your employer if yours is considered creditable (as good as Medicare Part D). If so, you can delay enrolling in Medicare Part D without a late enrollment penalty if you enroll in Part D later. If your prescription drug coverage isn't creditable or if you don't have prescription drug coverage, you should enroll in Part D as soon as possible.



# Protect Your Medicare Number

## Watch out for people trying to steal your medical identity!

Medical identity theft can happen when someone steals or talks you into giving them your personal information, such as your name and Medicare number, to get medical treatment or products and bills your insurance for it. It is important to protect your Medicare number and only share it with trusted individuals because it can affect your medical, health, or financial records.



### Prevent potential medical identity theft by:

- Never giving out your Medicare number, or other personal information, to anyone other than your doctor, health care provider, or other trusted representatives
- Always protecting your Medicare number and card as you would a credit card
- Never giving out your Medicare number to anyone who contacts you through unsolicited calls, texts, or emails
- Always being cautious of anyone who offers you “free” testing, treatments, medical supplies, or gifts

### Report potential medical identify theft if:

- You gave out your Medicare number over the phone or internet to someone offering medical items like durable medical equipment, genetic/dementia testing, cancer screenings, or back braces
- You gave out your Medicare number over the phone to someone that said you need a ‘NEW’ Medicare card that is plastic, has a chip in it, or is laminated. Medicare is not changing or updating Medicare cards
- You see charges on your Medicare statements for services or items you did not receive or need
- You are contacted by a debt collection agency for a bill for services you did not receive
- You receive boxes of braces, testing kits, or other medical supplies in the mail that you did not request or need.

**Report potential medical identity theft to the Senior Medicare Patrol (SMP).**

Contact information for your local SMP on the last page of this document.

# Medicare and Employer Coverage



## Who to contact for help:

- **Speak with your employer** if you have questions about your employer coverage and how it works with Medicare.
- **Enroll in Medicare through the Social Security Administration (SSA)** when you're ready to enroll.
- **Call your State Health Insurance Assistance Program (SHIP)** for more help or one-on-one Medicare counseling.
- **Call your Senior Medicare Patrol (SMP)** if you've experienced potential fraud, errors, or abuse.

## Medigap Policies



Medigaps are health insurance policies that offer standardized benefits to work with Original Medicare. They don't work with Medicare Advantage plans. Medigaps are sold by private insurance companies. If you have a Medigap, it pays part or all of the costs after Original Medicare pays first. Medigaps may also cover health care costs that Medicare does not cover at all—for example, care when traveling abroad.

### Choosing a Medigap

Insurance companies may offer up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M, and N. Each lettered policy is standardized. This means that all policies labeled with the same letter have the same benefits. Companies may sell the same Medigap for different prices, even though they have the same coverage. Note: Massachusetts, Minnesota, and Wisconsin have different Medigap plans.

Listed below are things you should consider when choosing a Medigap plan. Make sure to review the Medigap chart on the next page for more information.

- Plan A offers the most basic coverage. It's often the least expensive.
- Plans F, C, and G are the most comprehensive Medigaps. They generally cost the most.
- Plans F and C are only available if you were eligible for Medicare before January 1, 2020.
- Medigap plans are guaranteed renewable. That means that as long as you pay the premium, you can keep your plan. However, premiums may change yearly.
- Shop around. Different insurance companies charge different premiums for the exact same policy.



Contact your State Health Insurance Assistance Program (SHIP) to learn when you can purchase a Medigap in your state.

Call 877-839-2675 or visit [www.shiphelp.org](http://www.shiphelp.org) to contact your local SHIP.

## Medigap policy benefits

For policies sold on or after June 1, 2010

	A	B	C	D	F*	G*	K**	L**	M	N
<b>Hospital copayment</b> Copays for days 61-90 (\$419) and days 91-150 (\$838) in hospital. Payment in full for 365 additional lifetime days.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Part B coinsurance</b> For services such as doctors' services, laboratory and x-ray services, durable medical equipment, and hospital outpatient services.	✓	✓	✓	✓	✓	✓	50%	75%	✓	Except \$20 for doctors' visits and \$50 for emergency visits
<b>First three pints of blood</b>	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
<b>Hospice care</b> Coinsurance for respite care and other Part A-covered services.	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
<b>Skilled nursing facility (SNF) copay</b> Covers \$209.50 a day for days 21-100 each benefit period.			✓	✓	✓	✓	50%	75%	✓	✓
<b>Hospital deductible</b> Covers \$1,676 in each benefit period.		✓	✓	✓	✓	✓	50%	75%	50%	✓
<b>Part B annual deductible</b> Covers \$257 (Part B deductible)			✓		✓					
<b>Part B excess charges</b> 100% of Part B excess charges (Under federal law, the excess limit is 15% more than Medicare's approved charge when provider does not take assignment)					✓	✓				
<b>Preventive care</b> 100% of coinsurance for Part B-covered preventive care services after you meet the Part B deductible.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Emergency care outside the U.S.</b> 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000.			✓	✓	✓	✓			✓	✓

Note: Plans C and F are only available to you if you became newly eligible for Medicare before January 1, 2020.

\*Plans F & G also offer a high-deductible option. You pay a \$2,870 deductible in 2025 before Medigap coverage starts.

\*\*Plans K and L pay 100% of your Part A and Part B copays after you spend a certain amount out of pocket. The 2025 out-of-pocket maximum is \$7,220 for Plan K and \$3,610 for Plan L.

This chart doesn't apply to Massachusetts, Minnesota, and Wisconsin. Those states have their own Medigap system.

## Read your Medicare statements

It is very important to understand and read your Medicare statements:

- If you have Original Medicare, with or without a Medigap, you should receive Medicare Summary Notices (MSNs).
  - Note: You receive MSNs every four months or you can also see them online at your Medicare.gov account.
- If you have a Medicare Advantage plan or Part D (prescription drug) plan, you should receive an Explanation of Benefits (EOB).



Your Medicare statements explain what services and items were billed, the Medicare-approved amount for each line item, and the amount that you may owe. Remember that MSNs and EOBs are not bills.



**Reading your MSNs and EOBs is an important strategy for detecting potential Medicare fraud, errors, or abuse.**

Keep the following tips in mind:

- Review your or your loved one's Medicare statements as soon as they arrive.
- Confirm that everything listed on your statement is accurate—in other words, that you actually received and requested all listed services or items.
- Keep notes of your medical appointments and compare them to your statements to ensure that your MSN or EOB is accurate.
- Contact your health care provider or plan if you have any questions or notice any errors on your MSNs or EOBs. Your health care provider should be able to correct any billing mistakes that they have made.
- Contact the SMP for a printed My Health Care Tracker (which helps you keep track of your appointments) or to receive assistance on how to read your Medicare statements.



Apple app store

### **NEW! SMP Medicare Tracker Mobile Application**

The app includes a digital My Health Care Tracker, the ability to report fraud, the SMP Fraud Busters game, scam alerts, fraud schemes, and news. To learn more, go to [smpresource.org/app](https://smpresource.org/app) and download from the [Apple](#) or [Google](#) stores.



Google app store

## Medigap Policies



### Who to contact for help:

- **Call your State Health Insurance Assistance Program (SHIP)** to learn about Medigap enrollment rules in your state and to get help comparing plan options.
- **Go to the Medicare.gov website** for online help comparing Medigaps in your area.
- If you decide to purchase a Medigap, **call the plan directly to purchase the policy.**
- **Call your Senior Medicare Patrol (SMP)** if you find any errors on your statements and your provider will not fix them. SMPs help Medicare beneficiaries, their families, and caregivers prevent, detect, and report potential Medicare fraud, errors, and abuse.