

Medicare in 2025



Presented by:
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November 13, 2024

PA Health Law Project

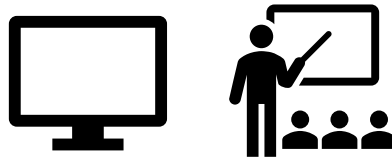
- PHLP provides free legal services to help people having problems accessing public health care coverage and services



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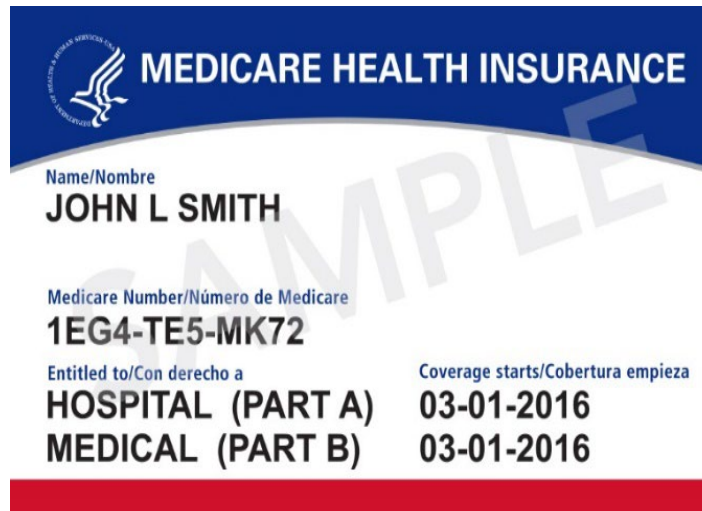
What We'll Cover Today

Medicare Basics


Medicare
Updates

Programs that
Help with
Medicare Costs

I. Medicare Basics



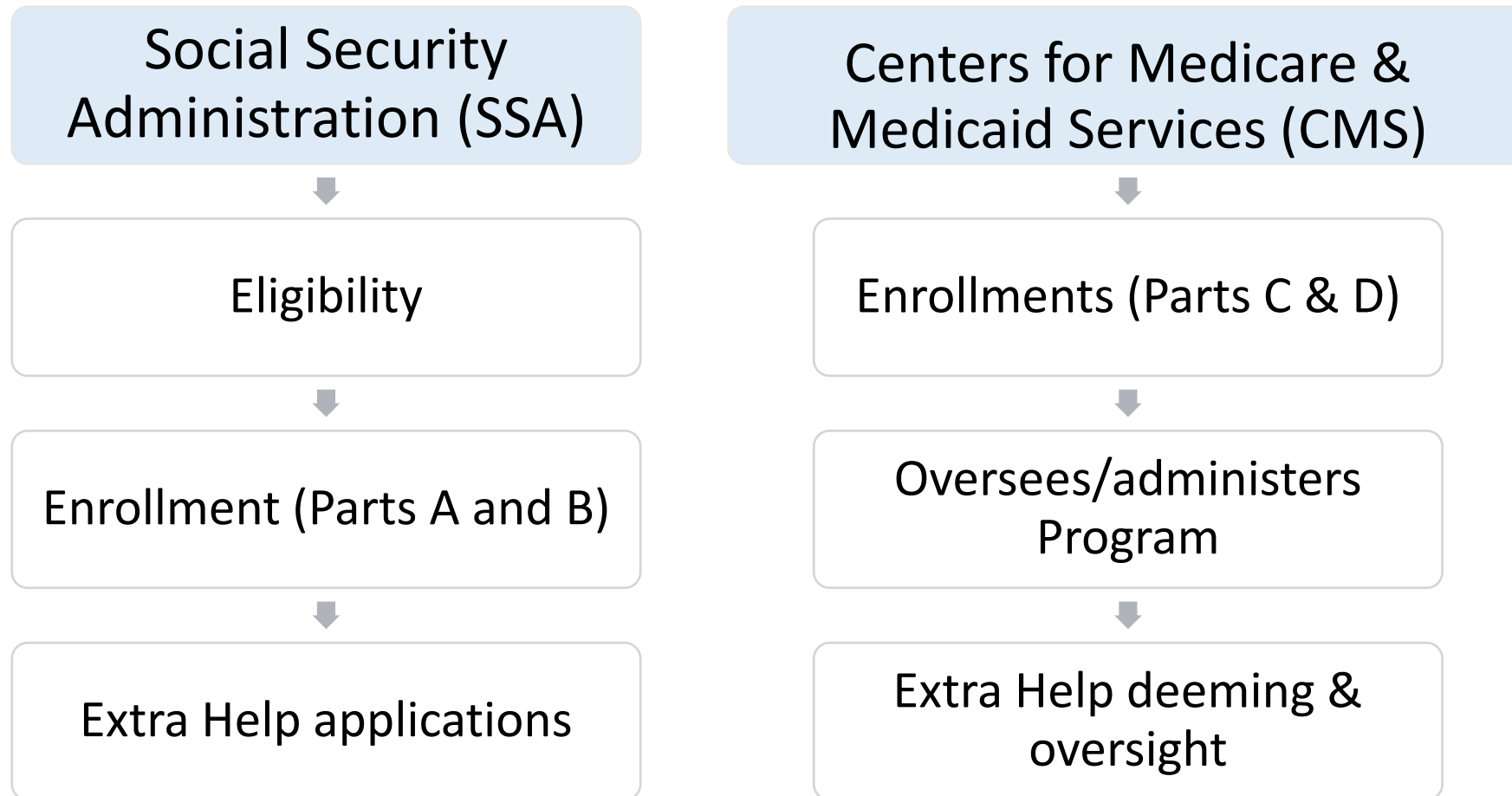
The image shows a Medicare Health Insurance card for John L. Smith. The card has a blue header with the Medicare logo and the text "MEDICARE HEALTH INSURANCE". Below the header, the cardholder's name is listed as "JOHN L SMITH". The Medicare Number is "1EG4-TE5-MK72". The card also lists the coverage start dates for Hospital (Part A) and Medical (Part B) as "03-01-2016". A large, semi-transparent "SAMPLE" watermark is overlaid on the card.

 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

What is Medicare?

Federal Health Insurance Program

67.7 million people covered; > 2.9 million people in PA



Medicare Coverage Basics

Part A	Part B	Part C	Part D
Hospital	Outpatient Care	Medicare Advantage/ managed care	Prescription Drugs
Skilled Nursing Facility/Rehab	Medical visits	Cover Part A and B services	Different plans available
Home Health	X-rays, lab tests, scans, etc	Can cover extra benefits	Each plan has its own formulary (list of covered drugs)
Hospice	Medical Equipment, Ambulance, Mental Health Care, and more...	Must follow plan rules	Must follow plan rules

Who Gets Medicare?

Eligibility

- Age 65 or older, **or**
- Getting Social Security Disability (SSDI) benefits for two years, **or**
- Have End-Stage Renal Disease (ESRD) **and** are receiving dialysis or have had a kidney transplant

Enrollment

- Automatic unless 1) individual is not getting SS benefits at age 65 **or** 2) individual has ESRD
- Enrollment Periods apply - if wait to enroll, may have gap in coverage and have late enrollment penalty
- Enrollment rules for [Part A and B](#) differ from [Part C and D](#); special rules for [ESRD](#)

Medicare Part A and B Enrollment Periods

Initial Enrollment Period (IEP)	General Enrollment Period (GEP)	Special Enrollment Periods (SEPs)
<ul style="list-style-type: none">• 7-month window surrounding the month of entitlement to Medicare due to age or disability	<ul style="list-style-type: none">• For those who missed IEP or SEP• Every year from January 1-March 31• Coverage starts the first of the month after enroll*<ul style="list-style-type: none">• If sign up for Part B during GEP also get SEP to sign up for Part D	<ul style="list-style-type: none">• Loss of employer-based coverage (current, active employment)• Loss of Medicaid• Former incarceration• Health plan/employer error

More Part A and B SEPs can be found [here](#).

Notes – special rules for people with ESRD; *if someone doesn't enroll when they are first eligible, may have late Enrollment Penalty

Medicare Health and Drug Plan Enrollment Periods

Initial Enrollment Period (IEP)	Annual Open Enrollment Period (OEP)	Medicare Advantage Open Enrollment Period	Special Enrollment Periods (SEPs)
First 7 months of eligibility	Oct 15 – Dec 7	January 1-March 31	People in PACE/PACENET (once/year)
	Changes start Jan 1st	For people in Medicare Advantage plans – can change Medicare Advantage plan or go back to Original Medicare + PDP	5-Star Plans (once/year)
	Everyone can enroll in, change, or drop health and/or drug plan		People in plans that are ending (12/8-2/28)
			People who enroll in Part A and/or Part B during GEP
			Full list here

Medicare Coverage Options

Original Medicare

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



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

Medicare Advantage (also known as Part C)

Part A



Part B



Most plans include:

Part D



Some extra benefits

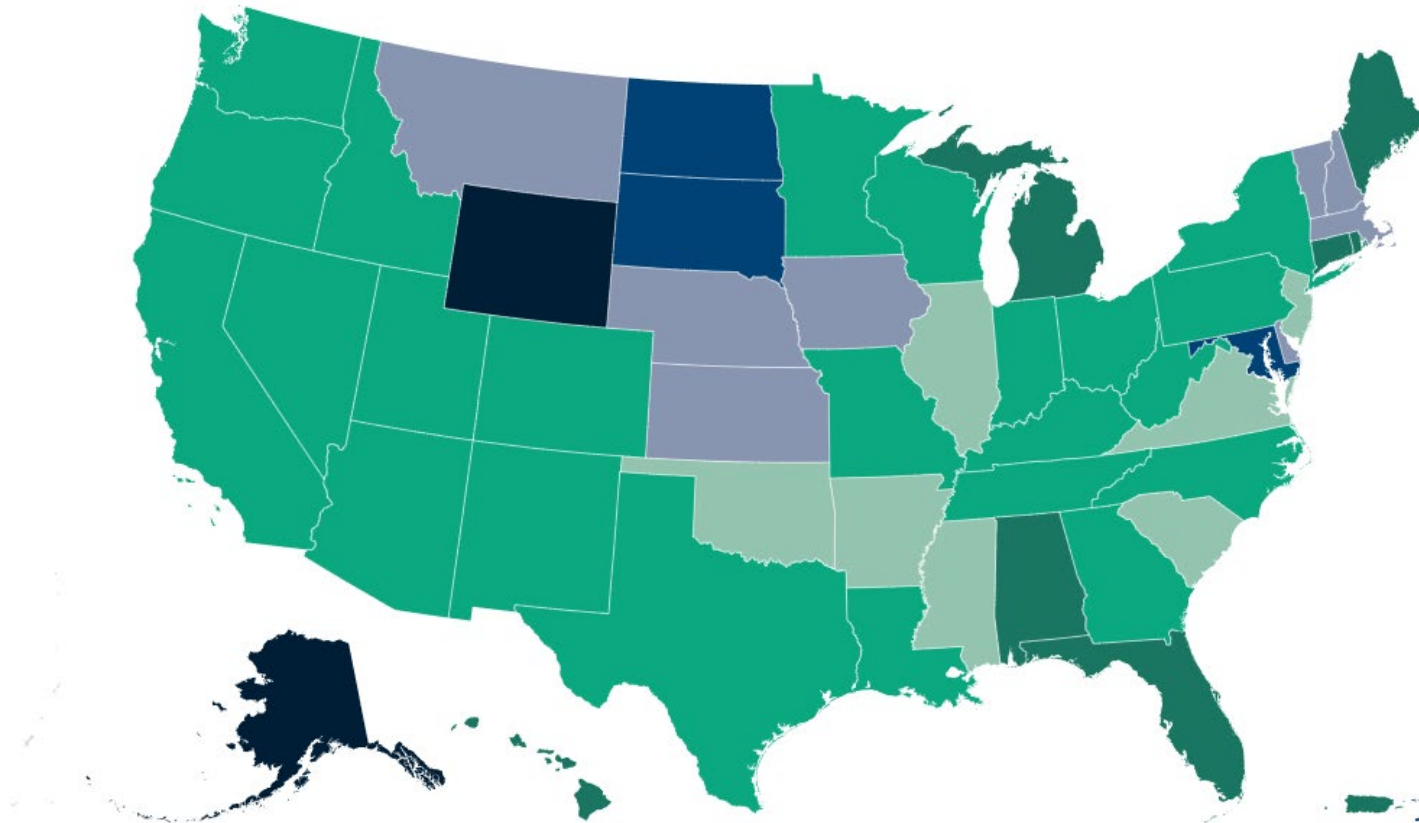
Some plans also include:

Lower out-of-pocket costs

Growth in Medicare Advantage Enrollment

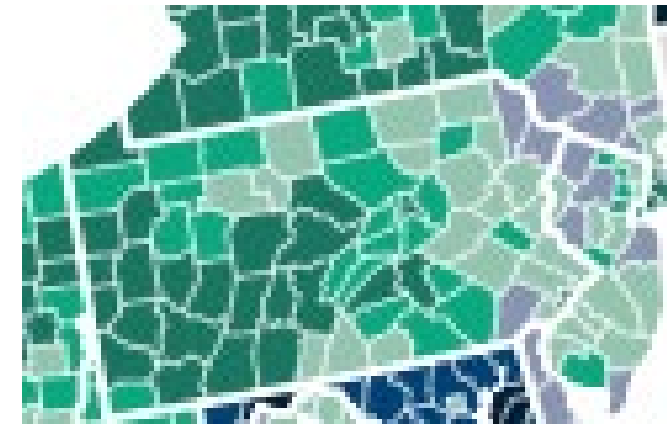
Share of Beneficiaries Enrolled in Medicare Advantage in 2024, by State

■ < 20% ■ 20%–30% ■ 30%–40% ■ 40%–50% ■ 50%–60% ■ ≥ 60%



Medicare Advantage Penetration, by County, 2024

■ < 20% ■ 20%–30% ■ 30%–40% ■ 40%–50% ■ 50%–60% ■ ≥ 60%



Note: Includes only Medicare beneficiaries with Part A and B coverage.

Source: KFF analysis of CMS Medicare Advantage Enrollment Files, 2024 and March Medicare Enrollment Dashboard, 2024.

Considerations

Costs

Coverage and coverage rules

Choice of doctor/hospital – provider networks

Drug formularies

Extra benefits-understanding scope of coverage

Quality of Care

Coverage for travel

If have coverage through employer/union – may not have choice

Medigap Basics

Medicare Supplement Insurance Policies (sold by private companies)

Fill in the gaps of Medicare & don't cover "extra benefits"

Best time to join Medigap is when first get Medicare; otherwise, may be refused coverage and/or may be charged more based on health conditions

Plans are standardized - all plans with same letter have same coverage; costs differ by insurer

[Guide to Choosing a Medigap Policy \(2024\)](#)

Medigap Enrollment

Strict rules about when people can get Medigap policies

- Medigap Open Enrollment-first 6 months after someone has Part B
 - If someone in PA has Medicare < 65, get another Open Enrollment chance when turn 65!
 - People on full Medicaid cannot be sold Medigap policies (duplicate coverage)
 - [Guaranteed Issue Rights](#)

Right to Suspend Medigap when newly eligible for Medicaid

- Can suspend for up to 24 months
- Must request suspension within 90 days of being approved for Medicaid
- See CMS guidance: <https://www.cms.gov/Medicare/Health-Plans/Medigap/downloads/mdgp0103.pdf>

II. Medicare 2025 Updates

General Medicare Updates

- Dental Coverage & Payment Codification Finalized
- The 2023 and 2024 Physician Fee Schedule rules codified Medicare payment for dental services under Medicare Part A and Medicare Part B in specific circumstances related to medical procedures:
 - Heart valve repair or replacement, organ transplant, cancer related treatments
- CMS has announced that Preexposure Prophylaxis (PrEP) antiretroviral drugs to prevent HIV have become a preventive service
 - Coverage has moved from Part D to Part B
 - [Official National Coverage Determination](#) published 9/30/24

Medicare Costs - 2025

	2024	2025
Part A Monthly Premium	\$0 for most \$278 (30-40 quarters) \$505 (<30 quarters)	\$0 for most \$285 (30-40 quarters) \$518 (<30 quarters)
Part A Hospital	\$1,632 deductible/benefit pd \$408/day (days 61-90) \$816/day (days 91-150)	\$1,676 deductible/benefit pd \$419/day (days 61-90) \$838/day (days 91-150)
Part A SNF Costs	\$204/day	\$209.50/day (days 21-100)
Part B Monthly Premium	\$174.70 (standard)	\$185 (standard)
Part B Yearly Deductible	\$240	\$257
Part C	Premiums, deductibles, coinsurance, and copays vary by plan (still have to pay Part A and B premiums)	
Part D	Premiums, deductibles, coinsurance, and copays vary by plan	

Part D – 2025 Standard Drug Benefit

2025 Costs	Part D Costs Standard Drug Benefit
Premium	Premium varies by plan; National base beneficiary premium is \$36.78 Regional benchmark premium is \$48.36
Deductible	\$590 (up from \$545 in 2024)
Initial Coverage Period	Pay 25% until total drug costs = \$2,000 (\$5,030 in 2024)
Catastrophic Coverage	\$0

Out of Pocket Limit on Part D Drugs

- Yearly out-of-pocket limit on Part D drugs is capped at \$2,000 for 2025
 - Subject to change annually
- Drug must be on the plan's formulary to count towards cap
- No cost for covered Part D drugs after a beneficiary meets the \$2,000 cap

Medicare Prescription Payment Plan (MPPP)

- Medicare drug plans must offer the option to pay out-of-pocket drug costs in monthly payments instead of all at once at the pharmacy – effective 1/1/25
- Participation by Medicare beneficiaries is voluntary
 - Program participants pay \$0 at the pharmacy for formulary Part D drugs
 - Part D plans will bill participants monthly for any cost sharing while enrolled in the payment plan
- Medicare beneficiaries with higher costs earlier in the calendar year are more likely to benefit from the program
- Those with Extra Help or PACE/PACENET are unlikely to benefit from the program

MPPP Logistics and Management

Medicare beneficiaries who want to participate in MPPP must opt-in directly with their plan

Participation does not roll over automatically if a plan switch occurs mid-year

Medicare beneficiaries cannot be dropped from their Medicare plan for non-payment of MPPP prescription drug bills

MPPP Calculator

YEARLY DRUG COSTS BY PHARMACY

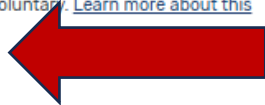
Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. [Can my drug costs change by pharmacy?](#)

	Rite Aid Pharmacy 11011 ✔ Preferred
Dupixent 300mg/2ml solution prefilled syringe	\$2,000.00
Total yearly drug cost	\$2,000.00



The **Medicare Prescription Payment Plan** is a new payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). All plans offer this payment option and participation is voluntary. [Learn more about this payment option.](#)

[Find out what your drug costs might look like with this payment option.](#)



PHARMACY

Drug costs vary based on the pharmacy you use.

RITE AID PHARMACY 11011 ▼ Change

Month	Your monthly cost for drugs covered by Part D	
	Without this payment option	With this payment option
January	\$1,393.97	\$166.67
February	\$606.03	\$166.67
March	\$0.00	\$166.67
April	\$0.00	\$166.67
May	\$0.00	\$166.67
June	\$0.00	\$166.66
July	\$0.00	\$166.67
August	\$0.00	\$166.66
September	\$0.00	\$166.67
October	\$0.00	\$166.66
November	\$0.00	\$166.67
December	\$0.00	\$166.66
TOTAL	\$2,000.00	\$2,000.00

MPPP Key Takeaways

- MPPP is a payment option to help manage out-of-pocket drug costs by spreading them across the calendar year – **it does not lower drug costs or help save money**
- A beneficiary must continue to pay their plan premium in addition to paying a bill that will be sent by the plan for drug costs
- Participation by Medicare beneficiaries is voluntary
- Review eligibility for Extra Help, Medicare Savings Programs and PACE/PACENET

[Medicare Prescription Payment Plan Fact Sheet](#)

[CMS YouTube Medicare Prescription Payment Plan Video](#)

2025 Plan Options

Stand-alone
Prescription
Drug Plans
(PDPs)

- 14 PDPs in Pennsylvania
- 2 are zero-premium PDPs for duals and others with full subsidy (see [list](#))

Medicare
Advantage
Plans

- The average county has 65 plan options (mostly HMOs and PPOs)
- Special Needs Plans vary by county; limit enrollment to certain groups of people (people in institutions; people with certain chronic conditions; dual eligibles)

Zero Part D Premium Plan Updates

AARP and Cigna

- Will not offer a zero-premium plan in 2025.
- Reassigned to different zero-premium plan **ONLY** if Medicare auto-enrolled someone in AARP Medicare Rx Basic or Cigna Secure Rx – Blue reassignment notice
- Otherwise, get TAN chooser notice about premium starting 1/1/2025

Clear Spring Value Rx

- Under sanctions and could be terminated at end of 2025!
- Cannot market or enroll people
- Will not show up in www.medicare.gov plan finder

5-Star Plan Updates

Fewer 5-Star Plans Available in 2025

- Only Medicare Advantage Plan
- No stand-alone Part D plans

Number of 5-Star Plan vary by county

- Some counties have zero 5-Star plan options

Dual eligible/Extra Help SEP Changes

- Current SEP:
 - People dual eligible for both Medicare and Medicaid and those with Extra Help can currently change their health or drug plan once per quarter during the first three quarters of the calendar year.
 - Current SEP allows eligible benes to switch between Medicare Advantage and Original Medicare + PDP
 - Changes made during the first three quarters of the year start the first of the next month
 - After September 30th, duals and those eligible for Extra Help can use the annual Open Enrollment Period (October 15th – December 7th) to make changes with the new plan starting January 1st.
- This Part C/D SEP is changing for 2025 and an additional SEP for full duals will be available effective 1/1/2025

Dual Eligible/Extra Help SEP changes

- CMS revised the current quarterly SEP for dual eligibles and people with Extra Help to a once per month SEP for enrollment into a standalone Part D plan
- Starting on 1/1/25, the monthly dual eligible/Extra Help SEP will allow a once per month election to leave a Medicare Advantage Plan for Original Medicare and enroll into a Part D plan or to switch between standalone Part D plans
- It will no longer permit enrollment into Medicare Advantage Plans or changes between Medicare Advantage plans

New – Integrated Care SEP

- Starting on 1/1/25, the new SEP will permit full benefit dual eligibles to enroll monthly into certain D-SNPs that provide integrated and aligned enrollment with their Medicaid managed care organization.
 - Only certain D-SNPs meet the criteria for this SEP.
- Allows full duals to switch from Original Medicare + PDP or another Medicare Advantage plan to an eligible D-SNP
- Reminder
 - Full benefit dual eligible = Medicare + full Medicaid coverage
 - Partial benefit dual eligible = Medicare + limited Medicaid, through the Medicare Savings Programs
 - LIS-only = Medicare + Extra Help (no Medicaid)

ONLY full benefit dual eligibles are eligible for the new monthly integrated SEP

Current Integrated Care SEP Plan Options

D-SNP	CHC MCO
AmeriHealth Caritas VIP Care	AmeriHealth Caritas Community Health Choices
Keystone First VIP Choice	Keystone First Community Health Choices
Wellcare Dual Access	PA Health & Wellness
UPMC for Life Complete Care	UPMC Community Health Choices

*Potential for additional plan options depending on outcome of CHC competitive procurement process and challenges filed. Currently in a stay.

Takeaways - Dual/LIS SEP changes for 2025

Full benefit duals

- Monthly SEP to drop Med Adv plan and switch to Original Medicare + PDP
- Monthly SEP to switch PDP
- Monthly SEP to switch from Med Adv or Original Medicare + PDP to aligned D-SNP
- No longer have a quarterly SEP to change Medicare Advantage plans other than to aligned D-SNPs. Other SEPs may apply.

Partial duals

- Monthly SEP to drop Med Adv plan and switch to Original Medicare + PDP
- Monthly SEP to switch PDP
- No longer have a quarterly SEP to change Medicare Advantage plans. Other SEPs may apply

Extra Help-only

- Monthly SEP to drop Med Adv plan and switch to Original Medicare + PDP
- Monthly SEP to switch PDP
- No longer have a quarterly SEP to change Medicare Advantage plans. Other SEPs may apply

Example 1: Full Benefit Dual Eligible

Lisa is currently enrolled in Geisinger Gold Secure Rx HMO D-SNP for her Medicare and the UPMC CHC-MCO for her Medicaid. In May, Lisa found out that her current PCP will no longer be in-network with Geisinger. Lisa doesn't want to change providers.

What are Lisa's Special Enrollment Period options?

Example 1: Full Benefit Dual Eligible

- Lisa could disenroll from the Geisinger D-SNP and return to Original Medicare + Part D plan using the monthly SEP for duals/people with Extra Help
 - Original Medicare + Part D + UPMC CHC-MCO
- Lisa could switch from the Geisinger D-SNP to the UPMC for Life Complete Care D-SNP
 - UPMC Complete Care D-SNP + UPMC CHC-MCO
 - UPMC Complete Care D-SNP qualifies for the new monthly integrated care SEP because it is integrated and aligned with her Medicaid managed care plan
- Check to see if Lisa meets the requirements another Special Enrollment Periods with less restrictive rules

Example 2: Partial Dual – MSP Only

Jane, 63, is enrolled in the Medicare Savings Program. She currently has Original Medicare with a Part D plan. Jane wants to enroll in a Medicare Advantage plan for extra dental and vision benefits but is outside of the Annual Open Enrollment Period.

What are Jane's Special Enrollment Period Options?

Example 2: Partial Dual – MSP Only

- Monthly SEP for duals/people with Extra Help allows Jane to switch to another Part D plan
 - This doesn't help with extra vision or dental benefits
- Check to see if Jane meets the requirements another Special Enrollment Periods with less restrictive rules
 - 5-Star Plan one time per year SEP
- Check to see if Jane would be eligible for another assistance program
 - Would she be eligible for MAWD? Providing access to another Special Enrollment Period
- Wait for the Medicare Annual Open Enrollment Period to change plans for the following year

Example 3: Extra Help Only

Tim is 68 and has Original Medicare and a Part D plan with Extra Help. Tim was auto-enrolled in his Part D plan by Medicare. In April, Tim had an ER visit and found out that he has a heart condition. He now must see several specialists on top of his PCP. Tim is having a hard time affording the Original Medicare cost sharing for his provider visits and subsequent tests. He wants enroll in a Medicare Advantage plan to help him budget his costs.

What are Tim's options?

Example 3: Extra Help Only

- Tim can use the monthly dual/Extra Help SEP to switch to another Part D plan
 - This doesn't help with his Original Medicare cost sharing
- Check to see if Tim meets the requirements another SEP with less restrictive rules
 - PACE/PACENET one time per year SEP
 - 5-Star Plan one time per year SEP
- Check to see if Tim qualifies for another assistance program
 - Is Tim eligible for MSP? Providing access to another Special Enrollment Period
- Wait for the Medicare Annual Open Enrollment Period to change plans for the following year
- Apply for a Medigap policy – may not be accepted and/or not budget friendly

Marketing/Communications Reminders

Allowed Unsolicited Marketing Activities

- Conventional mail or other print media
- Email with an opt-out option

Prohibited Unsolicited Marketing Activities

- Door to door solicitation
- Solicitation in health care common area
- Direct social media
- Cold calls
- Marketing of non-health related products: annuities, life insurance, other products

Marketing/Communications Reminders

Rewards & Incentives

- Must not be used in exchange for enrollment
- Must be provided to all potential enrollees without discrimination
- Medicare Part D plans may not develop, use or market rewards and incentive programs

Nominal Gifts

- Can be provided to potential enrollees for marketing purposes
- \$15 or less per item
- Aggregate of all gifts per person, per year: \$75
- Can't be contingent on enrollment into the plan
- Cannot be in the form of cash or other monetary rebates

Marketing/Communications Reminders

Resources

PA MEDI

CARIE Senior
Medicare Patrol


1-800-Medicare

**Special Enrollment
Period**

Marketing violations
or enrollment fraud

Call 1-800-MEDICARE to
request

Future Inflation Reduction Act Changes



2026

- Allows Medicare to negotiate drug prices for certain high-cost drugs
- Starts with 10 drugs for 2026; additional drugs to be selected for negotiation through 2029
- Drugs selected for negotiation: Eliquis, Jardiance, Xarelto, Januvia, Farxiga, Entresto, Enbrel, Imbruvica, Stelara, Fiasp (FlexTough/Pen Fill)/NovoLog (FlexPen; PenFill)
- [Medicare Drug Price Negotiation Program: Negotiated Prices for Initial Price Applicability Year 2026](#)

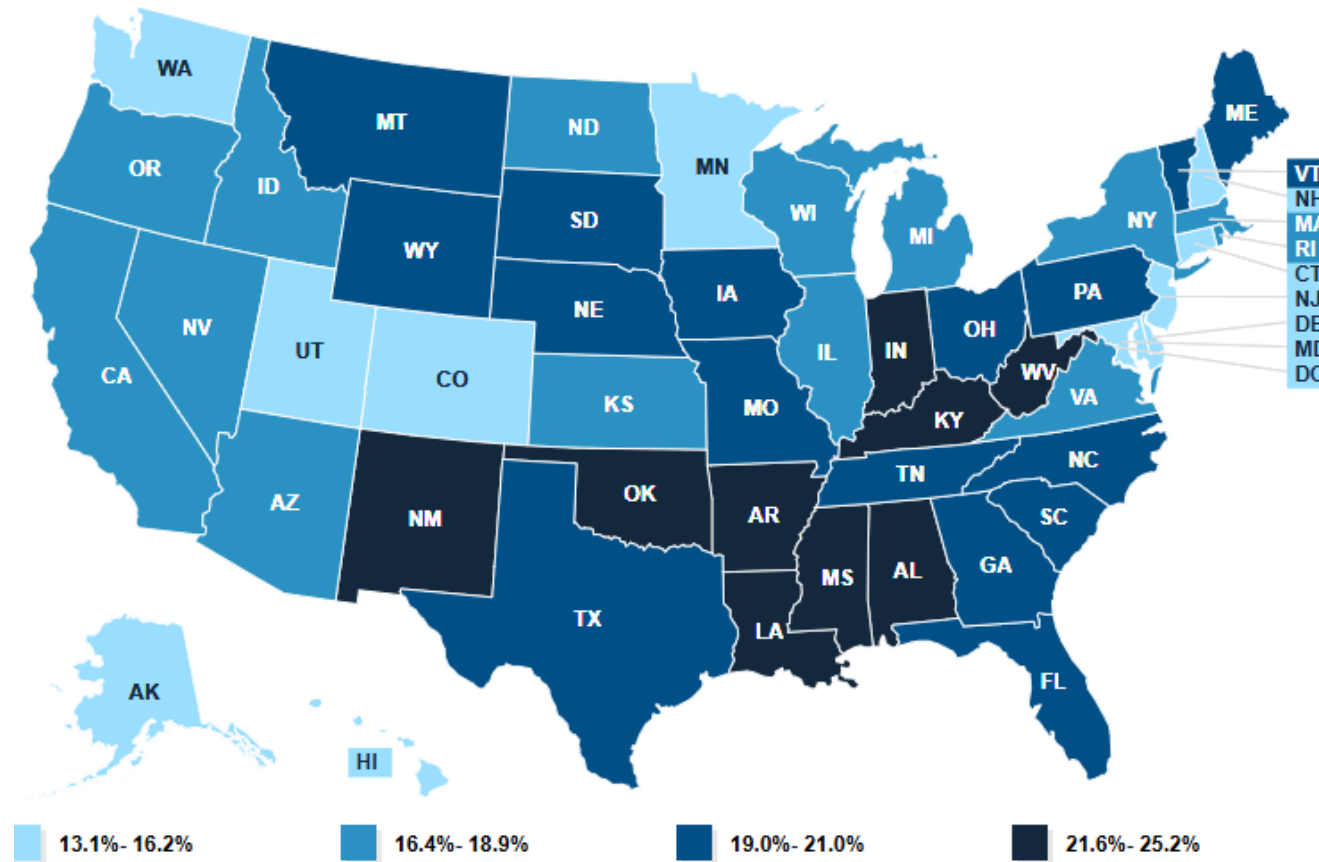
Medicare Plan Finder

- Find health and drug plans – www.medicare.gov/plan-compare
- Create an account for best results – do not need an email address!
 - See personalized information
 - Save drug and pharmacy lists - can be updated
 - Utilize the MPPP Calculator
 - Allows people enrolled in a plan to see changes to current plan for next year
 - Enrollment Request Notifications in Medicare Message Center

III. Programs that Help with Medicare Costs

Poverty is Pervasive in Medicare - 2023

Distribution of Medicare Beneficiaries by Federal Poverty Level



Sources

KFF estimates based on the 2008-2023 American Community Survey, 1-Year Estimates.

Programs that Help with Medicare Costs

Medicare Savings Programs

- Medicaid programs that pay Medicare premiums and sometimes cost-sharing
- Not everyone with Medicare & Medicaid gets this help
- Eliminates late enrollment penalty
- PHLP Fact Sheet [here](#)

Extra Help

- Program that helps lower or eliminate Part D costs
- Duals automatically qualify
- Eliminates late enrollment penalty
- PHLP Fact Sheet [here](#)

PACE/PACENET

- Prescription plan for people age 65+ with limited incomes

Medicare Savings Programs

A/K/A Medicare “buy-in”

What are the Medicare Savings Programs (MSPs)?

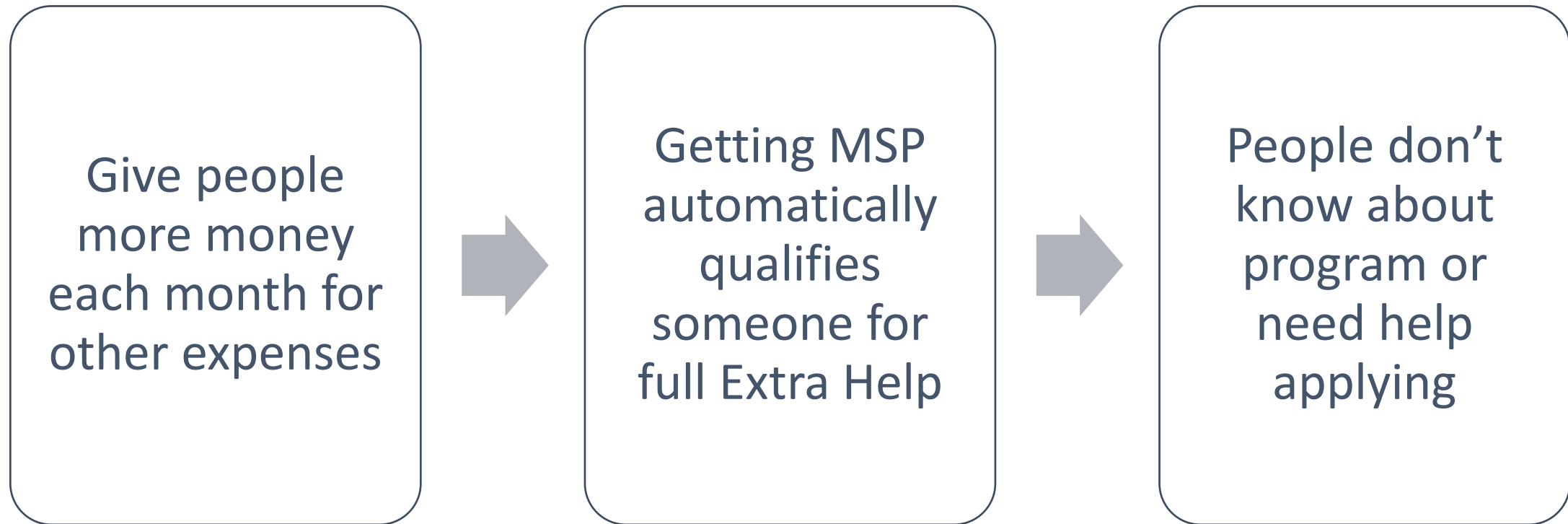
MSPs are a Medicaid benefit-connected primarily to **Medicare Part B**

- Also called Medicare “buy-in”
- State pays Part B premium
- Individuals with lowest income (QMBs) also get help with Medicare Part A and B deductibles and cost-sharing

Individuals eligible for MSP do **not** pay any Part B late enrollment penalty **and** can be enrolled in Part B at any time of the year

Administered by DHS; eligibility determined by local CAOs. See [MAEH 388.1 et seq](#)

Why are MSPs Important?



Who Qualifies for the Medicare Savings Programs?

- Must have Medicare Part B or be eligible for it, **and**
- Must meet income and resource guidelines:

MSP Program	Monthly Income Limits	Resource Limits
Qualified Medicare Beneficiary (QMB)	100% FPL \$1,255 (single) \$1,704 (married)	\$9,430 (single) \$14,130 (married)
Specified Low-Income Medicare Beneficiary (SLMB)	120% FPL \$1,506 (single) \$2,044 (married)	\$9,430 (single) \$14,130 (married)
Qualified Individual (QI-1)	135% FPL \$1,695 (single) \$2,300 (married)	\$9,430 (single) \$14,130 (married)

NOTE: *Not all income and resources count*

Medicare Savings Programs - Benefits

- Qualified Medicare Beneficiary (QMB) – 100% FPL
 - State pays Part B premium (and Part A premium, if applicable)
 - Individual gets ACCESS card that ONLY covers Medicare cost-sharing
- Specified Low-Income Beneficiary (SLMB) – 120% FPL
 - State pays Part B premium
- Qualified Individual (QI-1) – 135% FPL
 - State pays Part B premium
 - Cannot have QI-1 and full Medicaid (i.e. through MAWD or waiver)

Applying for MSPs

- Use [PA600M](#) Form - shorter application specifically for MSP
 - Can apply on [COMPASS](#) but it is a much longer application
- Submit completed form + verification documents to local [County Assistance Office](#)
 - Customer Service Center - 1-877-395-8930
 - Call for questions about where to send application and to check that application has been received
- Can apply at any time!
 - CAO should notify person if additional information is needed to process application
 - Written notice of eligibility within 45 days
 - Denials can be appealed!

Part A buy-in

Medicaid can pay the Part A premium, if eligible

- People on SSI, People in Healthy Horizons or QMB cost-sharing
- Sometimes Part B buy-in happens but Part A does not
- See MAEH 388.2 and Policy Clarification [PMA 20789-388](#)

Reach out to CAO and ask for Part A buy-in

- If someone is not on Medicaid at all, have them apply
- Once goes through – client should get new Medicare card showing Part A and B
- DHS has made changes to try to catch people & enroll in Part A buy-in

Part A Buy-In Example

- Elaine is 68 years old. She is on SSI. She has Medicare Part B and Medicaid through a CHC plan. She is enrolled in the Part B buy-in.
- She doesn't have enough quarters of work to get Part A for free.
- Eileen should contact her CAO or the Customer Service Center and ask for the Part A buy-in. CAO should enter Part A buy-in code which gets sent to SSA. If info between CAO system and SSA system match, PA Medicaid starts paying Part A premium and SSA enrolls her in Part A.
- She'll get new Medicare card showing Part A and Part B
- Her CHC plan/Medicaid will cover any hospital care she needs until she gets Part A.

Extra Help with Medicare Prescription Drug Costs

A/K/A Low-Income Subsidy (LIS)

What is Extra Help?

This is a Medicare benefit

- Also known as the Low-Income Subsidy (LIS)
- As of January 1, 2024-everyone with Extra Help gets FULL Extra Help!

Helps with Medicare Part D costs

- Lowers the premiums, deductibles and co-pays
- Eliminates any late Part D late enrollment penalty
- Allows for enrollment into Part D if not already enrolled

Administered by SSA & CMS

- SSA = Social Security Administration
- CMS = Centers for Medicare & Medicaid Services

Why is Extra Help Important?

The Medicare Part D Prescription Drug Program can be costly



Created to help people with limited incomes & resources afford Part D



Many people still don't know about the Extra Help program or how to get this help

2025 Costs	Part D Costs with Extra Help
Premium	100% premium subsidy (up to \$48.36 for basic coverage)
Deductible	None
Initial Coverage Period	<p>\$0 if get Medicaid Long Term Care (Waiver or Nursing Home)</p> <p>OR</p> <p>\$1.60 generic/\$4.80 brand name if income < 100% FPL + getting full Medicaid</p> <p>OR</p> <p>\$4.90 generic/\$12.15 brand name</p>
Catastrophic Coverage	\$0

Who Qualifies for Extra Help?

If on Medicaid, automatically qualify!

- Even if only getting limited help through Medicaid (i.e., payment of the Medicare Part B premium)
- No Extra Help application needed

Other Medicare beneficiaries must apply

- Social Security Administration processes applications
- Must meet income and resource limits

2024 Extra Help Income/Resource Limits

	Monthly Income Limit (150% FPL)	Assets/ Resources Limit*
Single	\$1,883	\$17,220
Married	\$2,555	\$34,360

Not all income and resources count toward limit!

**Resource limits above include a \$1,500 funeral/burial disregard per person*

NOTE: Income limit shown is 150% FPL as of 2024 - 2025 Income Limits will be announced early next year

Applying for Extra Help

Can apply at any time
& don't need to have
Medicare Part D

No Application
Needed if Getting Any
Medicaid!

If not on Medicaid, apply through SSA

- **Online:** www.ssa.gov/prescriptionhelp
- **Phone:** 1-800-772-1213
- **Mail:** Original Paper application - **no photocopies**

Dual Eligibles and Extra Help

Automatically
Get Extra Help

- ANY Medicaid
- No Extra Help application needed

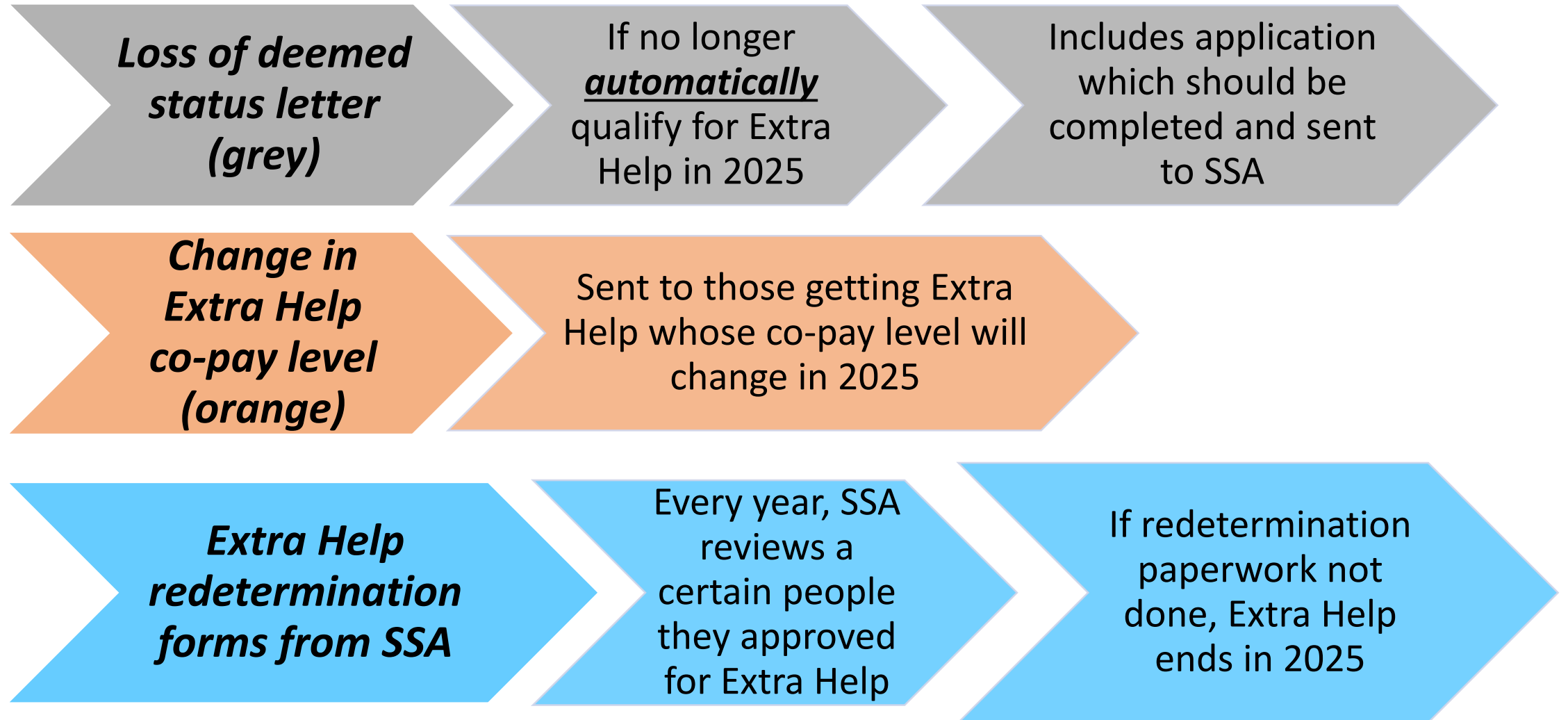
How long does
Extra Help last?

- Good for entire calendar year
- If on Medicaid between July-December-good for entire next year
- ***Keep Extra Help even if lose Medicaid!***

Check status

- www.medicare.gov (need account)
- Calling 1-800-Medicare

Extra Help Mailings to Medicare Beneficiaries



PACE/PACENET

PA's State Pharmaceutical Assistance Program (SPAP)

PACE/PACENET



Prescription program for older adults with limited incomes

- **Cannot** have full Medicaid and get PACE/PACENET
- **Can** have Medicare Part D and PACE/PACENET

To qualify

- Must be age 65 or older
- Be a PA resident for at least 90 days
- Meet income limits:
 - PACE: \$14,500 (single); \$17,700 (married)
 - **PACENET: \$33,500 (single); \$41,500 (married)**

Note about income

- Use previous year's income &
- Do **not** count amount paid for Medicare Part B premium

PACE and PACENET Benefits

- PACE – Enrollee pays no more than \$6 generic/\$9 brand for 30-day prescription
- PACENET – Enrollee pays no more than \$8 generic/\$15 brand for 30-day prescription

PACE/PACENET Program Information

Can apply at any time

- [Online](#)
- Phone: 1-800-225-7223
- Applications are processed quickly!



Can be only drug coverage or secondary coverage to Medicare Part D or other prescription coverage



Enrollment in PACE/PACENET qualifies as creditable coverage for Part D

PA Patient Assistance Program Clearinghouse (PA PAP)

- In Pennsylvania the PAP is known as the PA Patient Assistance Program Clearinghouse (PA PAP)
- Sponsored by PACE
- Navigate programs to assist with medication and medical expenses
- 1-800-955-0989 or [The Clearinghouse](#)

And don't forget – Medicaid!

Health insurance for low-income people who fit into certain groups

- Can be the person's only insurance
- Can be secondary coverage for those who also have Medicare or other private coverage

Called "Medical Assistance" in PA

- Run by the PA Dept of Human Services (DHS)
- Eligibility determined by local County Assistance Offices

Sources of Help

PA MEDI - 1-800-783-7067; www.aging.pa.gov

- PA's State Health Insurance Program for Medicare beneficiaries
- Can help with: Understanding Medicare coverage and plan choices; applying for Medicare Savings Programs and Extra Help; enrolling into or change Medicare plans

Medicare - 1-800-MEDICARE; www.medicare.gov

- Can answer questions about Medicare, help research Medicare Part C and Part D plans, and check Extra Help status

PHLP - 1-800-274-3258; www.phlp.org

- Can help with problems getting Medicaid coverage/services; eligibility or service denials, advice about Medicaid eligibility/understanding coverage, and troubleshooting other issues such as inappropriate medical bills

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