

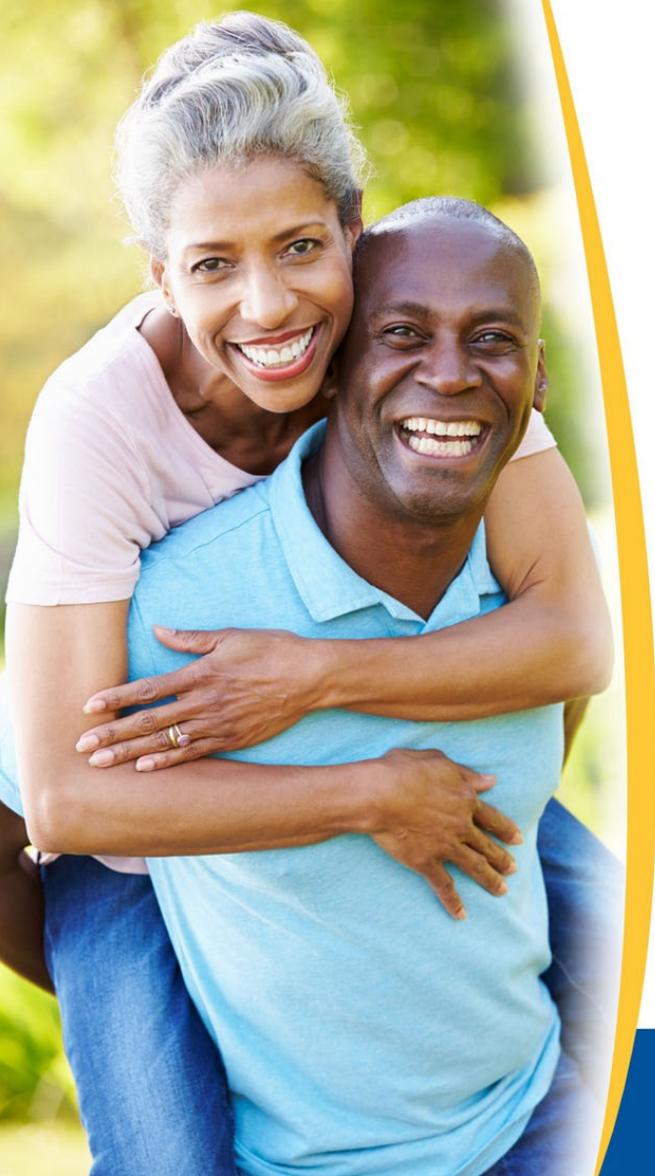


# Getting Started with Medicare



# Delaware Medicare Assistance Bureau “DMAB”

- Delaware’s State Health Insurance Assistance Program, “SHIP”
- Public Service of Insurance Commissioner Trinidad Navarro
- Funded by the Administration for Community Living
- Provide information and assistance regarding Medicare
- Trained Volunteers
- Offers Speakers, participate in health fairs/community events



# **Lesson 1**

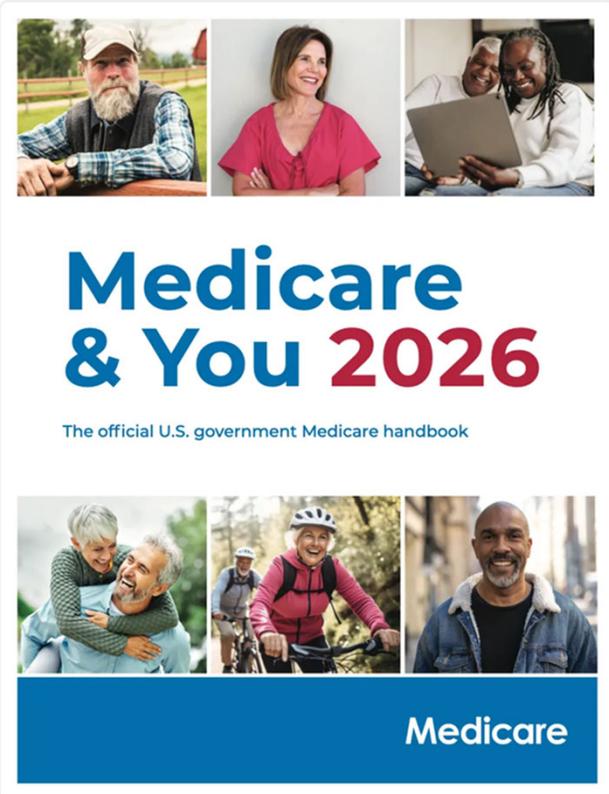
## **What's Medicare?**

# Medicare

## Health insurance for:

- People 65 or older
- Certain people who are under 65 with disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

★ **NOTE:** To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.



# What Agencies Are Responsible for Medicare?



**Social Security**  
Enrolls most people in Medicare



**Railroad Retirement Board (RRB)**  
Enrolls both railroad retirees and active employees in Medicare



**Office of Personnel Management (OPM)**  
Handles federal retirees' premiums



**Centers for Medicare & Medicaid Services (CMS)**  
Forms Medicare policy and administers Medicare coverage, benefits, and payments

# Initial Enrollment Period (IEP)

## 7-Month Period



If you sign up for Part A and/or Part B before you turn 65, your coverage starts the 1st day of your birthday month.



If you sign up the month you turn 65 or during the last 3 months of your IEP, your coverage begins the 1<sup>st</sup> day of the month after you sign up.

If you're under 65 and have a disability, you'll automatically get Part A and Part B after getting 24 months of disability benefits, either from Social Security or certain disability benefits from the RRB.

- ★ **NOTE:** Your 6-month Medigap Open Enrollment Period (OEP) begins the month you're 65 or older and enrolled in Part B (must also have Part A) and lasts at least 6 months (may be longer in your state).

# Special Enrollment Period (SEP)

## Continues for 8 Months after GHP Coverage Ends

Starts after Medicare IEP if you have GHP coverage based on current employment



You can sign up for Part A (if you have to pay for it) and/or Part B:

- ✓ Anytime you're still covered by the GHP
- ✓ During the 8-month period that begins the month after the employment ends or the coverage ends

Usually, no late enrollment penalties



★ **NOTE:** You have 6 months from the Part B effective date to buy a Medigap policy (must have Part A and Part B).

# General Enrollment Period (GEP)

## 3-Month GEP each year



### You can sign up for:

- Part A (if you have to buy it)
- Part B
- Part D (when you sign up for Part B)



# Automatic Enrollment: Medicare Part A & Part B

## Enrollment is automatic for people who:

- Get Social Security or RRB Benefits
- Are under 65, have a disability, and getting disability benefits from Social Security or certain disability benefits from the RRB for 24 months

## Look for your “Get Ready for Medicare” package

- Mailed 3 months before:
  - Your 65<sup>th</sup> birthday
  - Your 25<sup>th</sup> month of disability benefits
- Includes a letter, booklet, and Medicare card



Get Ready  
for Medicare

Important decisions about your Medicare coverage

# Some People Must Take Action to Sign Up for Medicare

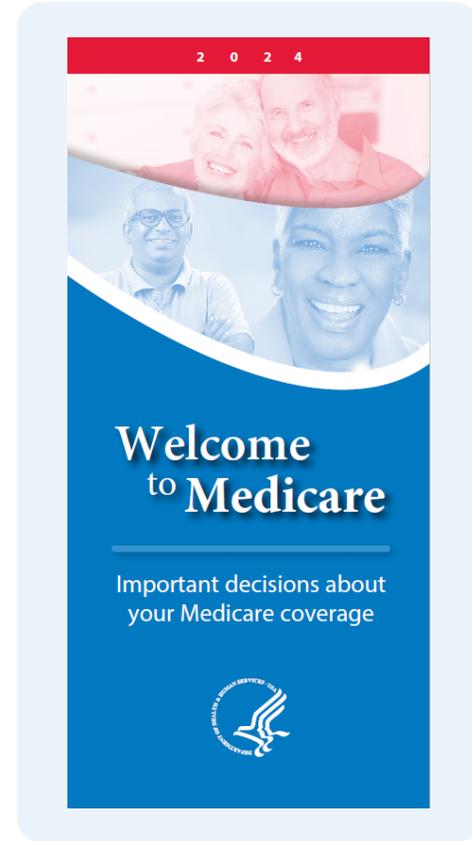


To apply for Medicare 3 months before you turn 65, contact Social Security at [SSA.gov](https://www.ssa.gov).



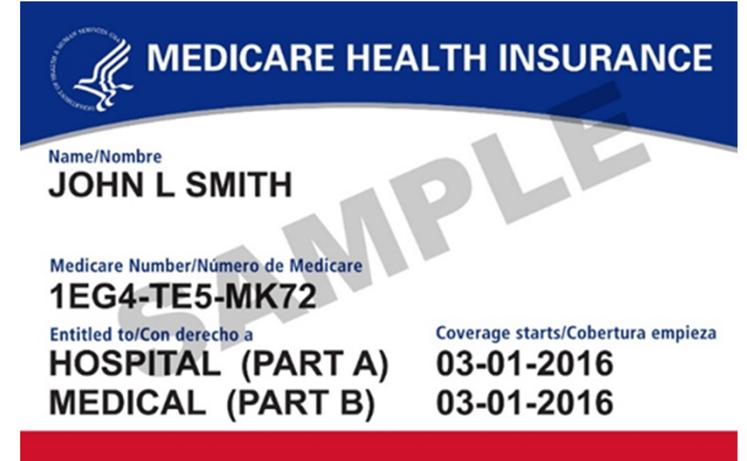
If you retired from a railroad, contact your local Railroad Retirement Board at 1-877-772-5772; TTY: 1-312-751-4701

★ **NOTE:** The age for full Social Security retirement benefits is increasing. Medicare eligibility age is still 65.



# Your Medicare Card

- Lists Medicare Part A (shown as HOSPITAL), Part B (shown as MEDICAL) along with the date your coverage begins
- To accept Part B, keep your card (and carry it when you're away from home)
- To refuse Part B, follow the instructions in the “Get Ready for Medicare” booklet



## Need a replacement card?

- Visit [Medicare.gov/account](https://www.Medicare.gov/account) to log into your secure Medicare account and print an official copy
- Call **1-800-MEDICARE** (1-800-633-4227) (TTY: 1-877-486-2048)

# What Are the Parts of Medicare?



**Part A**  
(Hospital Insurance)



**Part B**  
(Medical Insurance)



**Part C**  
(Medicare  
Advantage)



**Part D**  
(Drug coverage)

# Your Medicare Options

## Original Medicare

Part A



Part B



**You can add:**

Part D



**You can also add:**

**Supplemental coverage**



It can help pay some costs that other parts don't cover. This includes Medicare Supplement Insurance (Medigap). Or you can use coverage from a current or former employer or union, or Medicaid (if you have it).

## Medicare Advantage (also known as Part C)

Part A



Part B



**Most plans include:**

Part D



**Some extra benefits**



## **Lesson 2**

# **Original Medicare Part A (Hospital Insurance) & Part B (Medical Insurance)**

# Part A (Hospital Insurance) Covers

- **Inpatient care in a hospital, including:**

- ✓ Semi-private room
- ✓ Meals
- ✓ General nursing
- ✓ Drugs (including methadone to treat an opioid use disorder)
- ✓ Other hospital services and supplies

- **Inpatient care in a skilled nursing facility (SNF)**  
after a related 3-day inpatient hospital stay



Part A  
Hospital Insurance

# Part A (Hospital Insurance) Covers (continued)

## Part A also helps cover:

Blood (inpatient)

Hospice care

Home health services



Part A  
Hospital Insurance

# Paying for Part A (Hospital Insurance) in 2026

## Most people don't pay a premium for Part A

- If you or your spouse paid FICA taxes for at least 10 years, you get Part A without paying a **premium**
- You may have to pay a **penalty** if you don't sign up when first eligible for Part A (if you have to buy it)
  - Your monthly premium may go up 10%
  - You'll have to pay the higher premium for twice the number of years you could've had Part A, but didn't sign up



# Benefit Periods in Original Medicare



Benefit periods can span across calendar years

- **Each benefit period:**
  - Begins the day you first get inpatient care in hospital or SNF
  - Ends after being home for 60 days in a row (not in a hospital or skilled care in a SNF)
- You pay Part A deductible for each benefit period
- No limit to number of benefit periods you can have

# What You Pay in Original Medicare 2026: Part A

## Hospital Inpatient Stay

- \$1,736 deductible for each benefit period.
- Days 1–60: \$0 copayment for each day.
- Days 61–90: \$434 copayment each day.
- Days 91-150: \$868 copayment each day while using your 60 “lifetime reserve days.”
- After day 150: You pay all costs.

**NOTE:** You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it’s medically necessary.

## Mental Health Inpatient Stay

- \$1,736 deductible for each benefit period.
- Days 1–60: \$0 each day.
- Days 61–90: \$434 copayment each day.
- Days 91 and beyond: An \$868 copayment each day while using your 60 "lifetime reserve days."
- Each day after the lifetime reserve days: All costs.
- 20% of the Medicare-approved amount for mental health services you get from doctors and other health care providers while you're a hospital inpatient.

**NOTE:** There’s no limit to the number of benefit periods you can have, whether you’re getting mental health care in a general or psychiatric hospital. However, if you're in a psychiatric hospital (instead of a general hospital), Part A only pays for up to 190 days of inpatient psychiatric hospital services during your lifetime.

# Part A (Hospital Insurance) Costs in 2026 (continued)

## Skilled Nursing Facility (SNF) Stay

- Days 1–20: \$0 for each benefit period.
- Days 21–100: \$217 copayment each day.
- Days 101 and beyond: You pay all costs.

## Home Health Services

- \$0 for home health services.
- 20% of the Medicare-approved amount for durable medical equipment (DME) like wheelchairs, walkers, hospital beds, and other equipment.

## Hospice Care

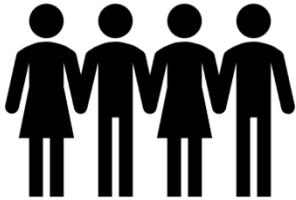
- \$0 for hospice care services.
- You may need to pay a copayment of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under Medicare drug coverage (Part D).
- You may need to pay 5% of the Medicare-approved amount for inpatient respite care.
- Medicare won't pay room and board for your care in a facility, unless the hospice medical team decides you need short-term inpatient care to manage pain and other symptoms. This care must be in a Medicare-approved facility, like a hospice facility, hospital, or skilled nursing facility that contracts with the hospice.

## Blood

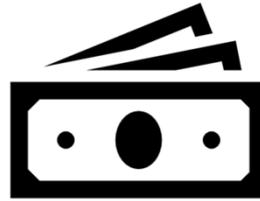
- If hospital gets it from a blood bank at no charge, you have no charge.
- If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else.

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

## Consider:



It's free for most people



You can pay for it if you or your spouse's work history isn't sufficient (there may be a penalty if you delay)



Talk to your benefits administrator if you (or your spouse) are actively working and covered by an employer plan

★ **NOTE:** To avoid Internal Revenue Service (IRS) tax penalties, stop contributions to your Health Savings Account (HSA) before Medicare starts.

# Medicare Part B (Medical Insurance) Covers

- Doctors' services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health services
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services
- Limited number of outpatient prescription drugs under certain conditions



**Part B**  
Medical Insurance

# Part B: Preventive Services

- Abdominal aortic aneurysm screenings
- Alcohol misuse screenings & counseling
- Bone mass measurements
- Cardiovascular behavioral therapy
- Cardiovascular disease screenings
- Cervical & vaginal cancer screenings
- Colorectal cancer screenings
- Counseling to prevent tobacco use & tobacco-caused disease
- Covid-19 vaccines
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma screenings
- Hepatitis B shots
- Hepatitis B Virus infection screenings
- Hepatitis C Virus infection screenings
- HIV (Human Immunodeficiency Virus) screenings
- Lung cancer screenings
- Mammograms
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program
- Obesity behavioral therapy
- Pneumococcal shots
- Prostate cancer screenings
- Sexually transmitted infection (STI) screenings & counseling
- **“Welcome to Medicare” preventive visit**
- **Yearly “Wellness” visit**

# What's Not Covered by Part A & Part B?

Some of the items and services that Part A and Part B don't cover include:



- Eye exams (for prescription eyeglasses)
- Long-term care
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting
- them
- Concierge care
- Covered items or services you get from a doctor or other provider that has opted out of participating in Medicare
- Most dental care

They may be covered if you have other coverage, like Medicaid or a Medicare Advantage Plan that covers these services.

# What You Pay in 2026: Part B Monthly Premiums

Standard premium is \$202.90



Some people who get Social Security benefits pay less due to the statutory hold harmless provision



Your premium may be higher if you didn't choose Part B when you first became eligible or if your income exceeds a certain threshold

# Monthly Part B Standard Premium: Income-Related Monthly Adjustment Amount (IRMAA) for 2026

If your yearly income in 2024 (for what you pay in 2026) was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay each month (in 2026)
\$109,000 or less	\$218,000 or less	\$109,000 or less	\$202.90
Above \$109,000 up to \$137,000	Above \$218,000 up to \$274,000	Not applicable	\$284.10
Above \$137,000 up to \$171,000	Above \$274,000 up to \$342,000	Not applicable	\$405.80
Above \$171,000 up to \$205,000	Above \$342,000 up to \$410,000	Not applicable	\$527.50
Above \$205,000 and less than \$500,000	Above \$410,000 and less than \$750,000	Above \$109,000 and less than \$391,000	\$649.20
\$500,000 or above	\$750,000 or above	\$391,000 or above	\$689.90

# What You Pay in Original Medicare in 2026: Part B

Yearly Deductible

**\$283** (You pay this deductible once each year)

Coinsurance for Part B Services

- 20% for most covered services, like doctor's services and some preventive services, if provider accepts assignment
- \$0 for most preventive services
- 20% for outpatient mental health services, and copayments for hospital outpatient services

 **NOTE:** If you can't afford to pay these costs, there are programs that may help. These programs are discussed later in Lesson 7.

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

## Consider:

- Most people pay a monthly premium
  - Usually deducted from Social Security/Railroad Retirement Board (RRB) benefits
  - Amount depends on income
- You can delay enrollment if you have group health plan (GHP) coverage based on your current employment, or the employment of a spouse or a family member if you're disabled
- You can apply for Part B at any time while working and continue for 8 months after employment ends or GHP ends, whichever comes first
- Sometimes, you must have Part B

# When You Must Have Part A & Part B



To buy a Medicare Supplement Insurance (Medigap) policy



To join a Medicare Advantage Plan



Eligible For TRICARE for Life (TFL)



Eligible for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)



Employer coverage requires you to have it (has fewer than 20 employees)

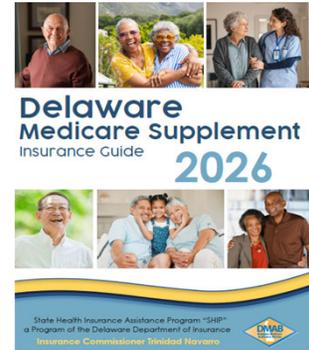


## **Lesson 3**

# **Medicare Supplement Insurance (Medigap) Policies**

# Medicare Supplement Insurance (Medigap) Policies

- Help pay out-of-pocket costs in **Original Medicare**
- Sold by **private health insurance companies**
- Some policies also cover benefits Original Medicare doesn't cover, like medical care when you travel outside the U.S.
- All **standardized** Medigap policies offer the same basic benefits no matter where you live or which insurance company you buy the policy from



**Medicare  
Supplement  
Insurance  
(Medigap)**

# Medigap Plan Coverage in 2026

Benefits	Medigap plans									
	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A <b>coinsurance</b> and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B <b>coinsurance</b> or <b>copayment</b>	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood benefit (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A <b>deductible</b>		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B <b>excess charges</b>					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2026**	Out-of-pocket limit in 2026**		
							\$8,000	\$4,000		

\* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,950 in 2026 before your policy pays anything. (You can't buy Plans C and F if you were new to Medicare on or after January 1, 2020.)

\*\* For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$283 in 2026), the Medigap plan pays 100% of covered services for the rest of the calendar year.

\*\*\* Plan N pays 100% of the Part B coinsurance. You must pay a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

# Decision: Do I Need a Medigap Policy?

**It only works with Original Medicare, right?**

Yes.

**What if I have other supplemental coverage, like from an employer?**

You might not need Medigap.

**Can I afford Medicare deductibles and copayments?**

Weigh this against how much the monthly Medigap premium costs.

**What does the monthly Medigap premium cost?**

It can vary.

# When's the Best Time to Buy a Medigap Policy?

## Medigap Open Enrollment Period (OEP):

- Begins the month you're 65 or older **and** enrolled in Part B (must also have Part A)
- Lasts at least 6 months (may be longer in your state)

## During your Medigap OEP, companies can't:

- Refuse to sell you any Medigap policy they offer
- Make you wait for coverage
- Charge more because of a past/present health problem

★ **NOTE:** You can also buy a Medigap policy whenever a company agrees to sell you one



# How to Buy a Medigap Policy



Decide on a  
**Medigap plan (A–N)**



**Shop around**  
(consider plan and price)



Find **insurance companies** that sell  
Medigap policies in  
your state



**Choose** the insurance  
company and the  
Medigap policy



Check on **Medigap protections** in your state



**Apply** for the policy

# Senate Bill 71 “Delaware Birthday Rule”

## New Law Increases Access to Medicare Supplement Plans

New in 2026

Effective January 1, 2026, a new law from the Department of Insurance and Delaware General Assembly creates additional enrollment protections and opportunities for eligible Medicare beneficiaries.

- **For existing Medicare Supplement Policyholders**, the law requires a new Special Enrollment Period where policyholders can change to a different Medicare Supplement (Medigap) plan with equal or lesser benefits, and carriers are required to approve the coverage without consideration of medical history. This period is specific to the individual, beginning 30 days before the individual’s birthday, and remaining open for 30 days after their birthday. Carriers must notify policyholders of their right to utilize this opportunity.
- **For existing Medicare Advantage Policyholders**, the new law better ensures that those enrolled in a Medicare Advantage (Part C) can cancel their coverage and return to Original Medicare with a Medigap plan during federally designated enrollment windows, currently October 15-December 7, and January 1-March 31. Because this coverage is very different from Medicare Advantage offerings, Medigap carriers can consider medical history and may apply waiting periods for pre-existing conditions.



## **Lesson 4**

# **Medicare Drug Coverage (Part D)**

# Medicare Drug Coverage (Part D)

- An optional benefit available to all people with Medicare
- Run by private companies that contract with Medicare
- Provided through:
  - Medicare drug plans (also known as PDPs) (work with Original Medicare)
  - Medicare Advantage Plans with drug coverage (also known as MA-PDs)
  - Some other Medicare health plans

# How Part D Works

- It's optional
  - You can choose a plan and join
  - You may pay a lifetime penalty if you join late
- Plans have formularies (lists of covered drugs), which:
  - Must include a range of drugs in each category
  - May change during the year—you'll be notified
- Your out-of-pocket costs may be less if you use a preferred pharmacy
- If you have limited income and resources, you may get Extra Help

# Medicare Drug Plan Costs: What You Pay in 2026

## Most people will pay:

- A monthly **premium** (varies by plan and income)
- A yearly **deductible** (if applicable)
- **Copayments or coinsurance**
- **Out-of-pocket costs**—**No copayment or coinsurance** after spending \$2,100 out of pocket for prescription drugs covered by your plan. You'll automatically get catastrophic coverage.



# Income-Related Monthly Adjustment Amount (IRMAA): Part D Premium for 2026

If your filing status and yearly income in 2024 was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay each month (in 2026)
\$109,000 or less	\$218,000 or less	\$109,000 or less	Your plan premium (YPP)
Above \$109,000 up to \$137,000	Above \$218,000 up to \$274,000	Not applicable	\$14.50 + YPP
Above \$137,000 up to \$171,000	Above \$274,000 up to \$342,000	Not applicable	\$37.50 + YPP
Above \$171,000 up to \$205,000	Above \$342,000 up to \$410,000	Not applicable	\$60.40 + YPP
Above \$205,000 and less than \$500,000	Above \$410,000 and less than \$750,000	Above \$109,000 and less than \$391,000	\$83.30 + YPP
\$500,000 or above	\$750,000 or above	\$391,000 or above	\$91.00 + YPP

# Part D Late Enrollment Penalty 2026

- You may have to pay more if you wait to join, unless you have:
  - Creditable prescription drug coverage
  - Extra Help
- You'll pay the penalty for as long as you have coverage
  - 1% for each full month eligible and without creditable prescription drug coverage
  - Multiply percentage by base beneficiary premium \$38.99 for 2026
  - Amount changes every year

# Who Can Join Part D?

	To join a Medicare Drug Plan	To join a Medicare Advantage Plan with Drug Coverage	To join a Medicare Cost Plan with Drug Coverage or a PACE Program
<b>You must have</b>	Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance)	Part A and Part B	Part A and Part B, or Part B only

**★ NOTE:** To join any Medicare drug or health plan you must be a United States citizen or lawfully present in the U.S.

# When Can I Join a Part D Plan?

**Can I join during my 7-month Initial Enrollment Period (IEP)?**

Yes. It starts 3 months before the month you turn 65. Or, if you get Medicare due to a disability, it starts 3 months before your 25<sup>th</sup> month of disability.

**Can I sign up, switch, or join during the yearly Open Enrollment Period (OEP)?**

Yes. It's from October 15–December 7. Coverage begins January 1.

**What if I get Part B for the first time during a General Enrollment Period (GEP)?**

You can sign up for a Medicare drug coverage starting the date you submit your Part B application.

# When Can I Join a Part D Plan? (continued)

**What if I'm in a Medicare Advantage Plan on January 1 but I want to switch to Original Medicare?**

You may add Medicare drug coverage if you switch during the Medicare Advantage OEP (January 1–March 31).

**What if I'm new to Medicare and enrolled in a Medicare Advantage Plan during my IEP?**

You can make a change within the first 3 months you have Medicare.

**Can I join, switch, or drop a drug plan if I qualify for a Special Enrollment Period (SEP)?**

Yes

# Decision: Should I Join a Part D Plan?

## If you have creditable drug coverage, consider costs and coverage:

- Will you or your spouse or dependents lose your health coverage if you join a Medicare drug plan?
- How do your out-of-pocket drug costs compare to out-of-pocket drug costs with a Medicare drug plan?
- How will your costs change if you get Extra Help with Medicare drug plan costs?

## If you don't have creditable drug coverage, consider possible penalties:

- Will joining when you're first eligible help you avoid a likely lifetime late enrollment penalty if you join a plan later?
- Do you qualify for Extra Help? If so, you may join a plan without penalty.

# Choosing a Part D Plan

- **Compare plans by computer or phone:**
  - Find health and drug plans at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)
  - Call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)
  - Contact Delaware Medicare Assistance Bureau “DMAB” at 302-674-7364
- **To join a Medicare drug plan, you can:**
  - Join at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)
  - Call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048)
  - Join on the plan’s website or call the plan
  - Contact Delaware Medicare Assistance Bureau “DMAB” at 302-674-7364
- The plan will notify you whether it has accepted or denied your application



## **Lesson 5**

# **Medicare Advantage & Other Medicare Health Plans**

# Medicare Advantage Plans (Part C)

✓ **Part A**



✓ **Part B**



**Most plans include:**

✓ **Part D**



✓ **Some extra benefits**

- Another way (other than Original Medicare) to get your Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) **coverage**
- Offered by Medicare-approved **private companies** that must follow rules set by Medicare
- Most Medicare Advantage Plans include drug coverage (Part D)
- In most cases, you'll need to use health care providers who participate in the **plan's network** (some plans offer non-emergency coverage out of network, but typically at a higher cost)

# How Medicare Advantage Plans Work

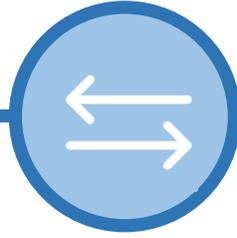
## In a Medicare Advantage Plan, you:



Are still in Medicare with all **rights and protections**



Still get **services** covered by Part A and Part B



Can't be **charged** more than Original Medicare for certain services, like chemotherapy, dialysis, and skilled nursing facility (SNF) care



May choose a plan that includes **drug coverage** and/or **extra benefits** like vision, dental or fitness and wellness benefits



Have a yearly limit on **out-of-pocket costs**

# How Medicare Advantage Plans Work (continued)

## In a Medicare Advantage Plan:



Each plan has a **service area** in which its enrollees must live



You (or a provider acting on your behalf) can request to see if an item or service will be covered by the plan in advance (called an **organization determination**)



Medicare pays a fixed amount for your coverage each month to the **companies** offering Medicare Advantage Plans

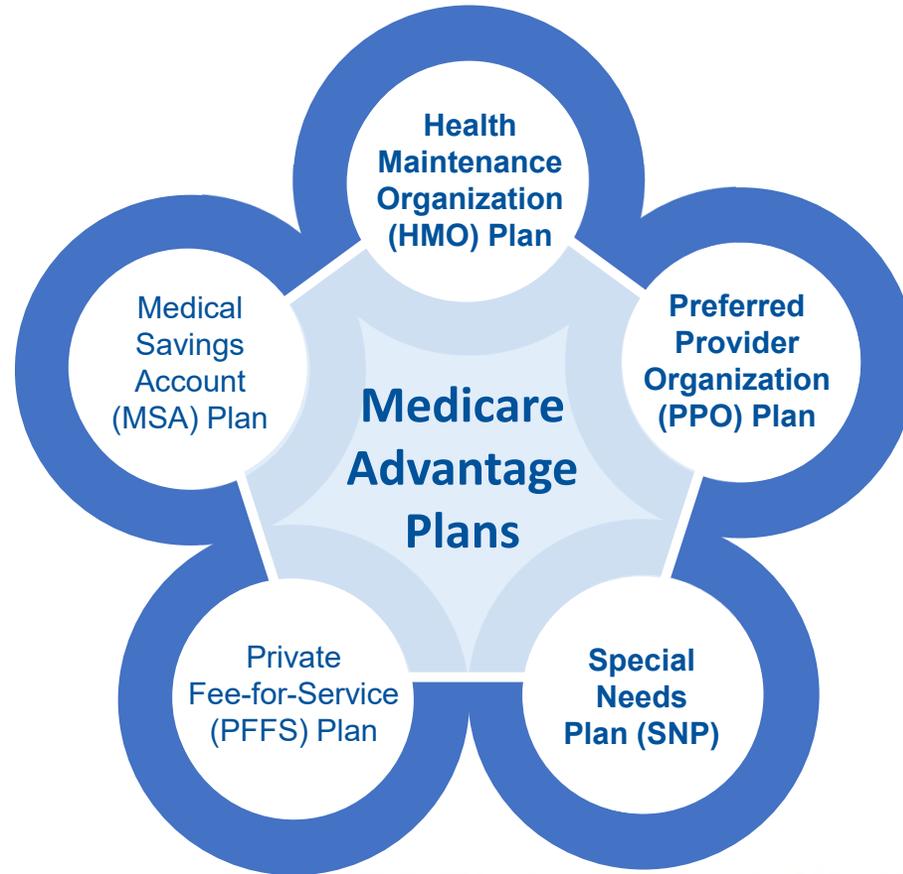


Each plan can charge different out-of-pocket costs and have different **rules** for how you get services (which can change each year)



**Hospice care** is covered, but by Original Medicare

# Different Types of Medicare Advantage Plans



# When Can I Join a Medicare Advantage Plan?

**When can I first join a Medicare Advantage Plan?**

You can join when you first qualify for Medicare, generally during your Initial Enrollment Period (IEP), which begins 3 months before you first qualify for both Part A and Part B.

**What if I have Part A and sign up for Part B during a General Enrollment Period (GEP)?**

You can join a Medicare Advantage Plan with or without drug coverage.

**If I join a Medicare Advantage Plan, when can I make a change?**

You can make changes during the yearly Open Enrollment Period (OEP), a Medicare Advantage OEP, or a Special Enrollment Period (SEP).

# How Do I Join a Medicare Advantage Plan?

- Find and enroll in health and drug plans at [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)
- Once you understand the plan's rules and costs, here are ways to join:
  - Visit the plan's website to see if you can join online
  - Contact Delaware Medicare Assistance Bureau "DMAB" at 302-674-7364
  - Call the plan you want to join (visit [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) to get your plan's contact information)
  - Call Medicare

# Decision: Should I Join a Medicare Advantage Plan?

## Consider



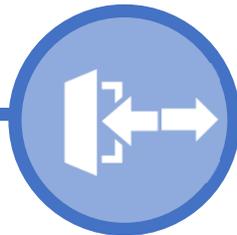
If the plan offers **extra benefits** (in addition to Original Medicare benefits) and if you need to pay extra to get them



Are my doctors in the plan's **network**?



You may need a **referral** to use a specialist



You can only **join/leave plan** during certain periods



It doesn't work with **Medigap** policies

★ **NOTE:** You must have Medicare Part A and Part B to join, and you must pay the Part B premium and usually a monthly plan premium.

# Other Health Plans: Program of All-inclusive Care for the Elderly (PACE) Plans

To qualify, you must:



Be 55 or older



Live in the service area of a PACE organization



Need a nursing home-level of care (as certified by your state)



Be able to live safely in the community with the PACE services

# Delaware PACE Programs

## **Kent & Sussex Counties**

PACE Your LIFE

302-865-3565

## **New Castle County**

Saint Francis LIFE

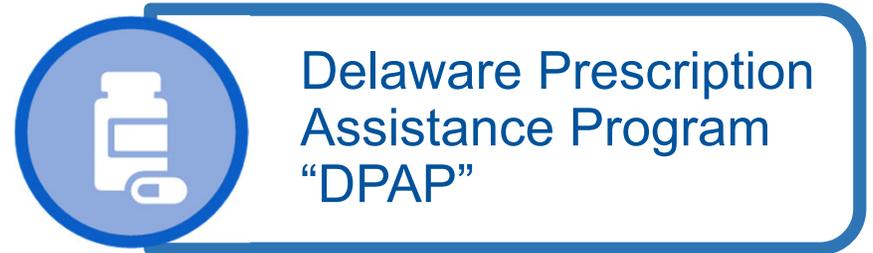
302-660-3351



## **Lesson 6**

# **Help for People with Limited Income & Resources**

# Help for People with Limited Income & Resources



# 2026 Minimum Federal Eligibility Requirements for Medicare Savings Programs

Medicare Savings Programs	Individual Monthly Income Limits	Married Couple Income Limits	Helps Pay Your
Qualified Medicare Beneficiary (QMB)	\$1,350	\$1,824	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary (SLMB)	\$1,616	\$2,184	Part B premiums only
Qualifying Individual (QI)	\$1,816	\$2,455	Part B premiums only
*Effective 4/1/2026			

# What's Extra Help?

- Program to help people pay for Medicare drug costs (Part D) (also called the low-income subsidy (LIS))
- You pay no premiums or deductible, and small or no copayments
- No coverage gap or Part D late enrollment penalty if you qualify for Extra Help

2026 Income & Resource Limits	Individual	Couple
Monthly Income	\$2,015	\$2,725
Resource Limits	\$18,090	\$36,100



# Qualifying for Extra Help

## You automatically qualify for Extra Help if you get:

- Full Medicaid coverage
- Supplemental Security Income (SSI)
- Help from Medicaid paying your Medicare premiums (Medicare Savings Programs; sometimes called “partial dual”)

## If you don't automatically qualify you must:

- Apply online at [SSA.gov/medicare/part-d-extra-help](https://SSA.gov/medicare/part-d-extra-help) and visit [secure.ssa.gov/i1020/Ee001View.action](https://secure.ssa.gov/i1020/Ee001View.action) for the “Application for Help with Medicare Prescription Drug Plan Costs” (SSA-1020)

# Delaware Prescription Assistance Program “DPAP”

DPAP program will pay up to \$3,000 per person each benefit year. Co-pays are 25% or a minimum of \$5.00. DPAP does not pay for mail order drugs.

To Qualify:

- Resident of Delaware and 65 or older, or on Medicare due to disability.
- Income below \$2,660 per month or have a drug cost more than 40% of your income.
- Enrolled into a Medicare Prescription Drug Plan
- DPAP 1-844-245-9580

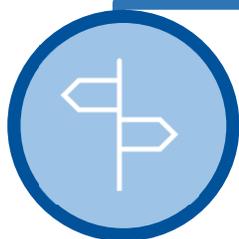
# Key Points to Remember



Medicare is a health insurance program



Medicare doesn't cover all your health care costs



You have choices in how you get coverage



Decisions affect the type of coverage you get



Certain decisions are time-sensitive



There are programs for people with limited income and resources

# When to Sign Up or Make Changes to Your Medicare Coverage

## If you don't already have Medicare:

- Initial Enrollment Period (IEP)
- Special Enrollment Period (SEP)
- General Enrollment Period (GEP)

## If you already have Medicare and want to change how you get your coverage:

- Open Enrollment Period (OEP)
- Medicare Advantage OEP
- Open Enrollment Period for Institutionalized Individual (OEPI)
- Special Enrollment Period (SEP) (in certain circumstances)

# Helpful Websites and Phone Numbers

- Delaware Medicare Assistance Bureau “DMAB”  
Insurance.delaware.gov/dmab  
302-674-7364
- Medicare  
[www.Medicare.gov](http://www.Medicare.gov)  
1-800-633-4227
- Social Security 1-800-772-1213  
[www.ssa.gov](http://www.ssa.gov)  
1-800-772-1213
- Delaware Senior Medicare Patrol “SMP” (Report Medicare Fraud)  
dhss.delaware.gov/dhss/dsaapd/medicare\_fraud.html  
1-800-223-9074