



Medicare & You

Partner with



OSHIP
Answers to your
Medicare questions

April 2020

Medicare 101

Parts of Medicare

Part A Usually no premium, In-patient hospital care

Part B Monthly premium

Part C Medicare managed care plans

Part D Prescription drug coverage

Medicare 101

Original Medicare

Original Medicare

Part A – Hospital Expenses

Part B – Medical Expenses

What is Medicare?

Federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS) for those who are:

1. 65 and older
2. receiving Social Security Disability benefits, any age
3. diagnosed with End Stage Renal Disease (ESRD)

“Original” Medicare Medical Services



Part A- Hospital

- Inpatient Hospitalization
- Skilled Nursing Facilities
- Home Health Care
- Hospice
- No Doctors' charges
- Deductible for admission

Part B- Medical

- Outpatient services
- Doctors/Providers
- Preventive Benefits
- Durable Medical Equipment
- Hospital “Observation”
- Prescription drugs not covered

“Original” Medicare – Parts A & B



Can go to **any** medical provider who accepts Medicare for payment – *no network restrictions*

Original Medicare does not provide services outside the United States

2020 Medicare Costs

Part A

- \$0 Premium for most folks
- Hospital Deductible
\$1,408/benefit period
- Hospital Copays
\$352/day, days 61-90
\$704 Lifetime Reserve Days
- Skilled Nursing Copay
\$0 days 1 - 20
\$176/day, days 21-100

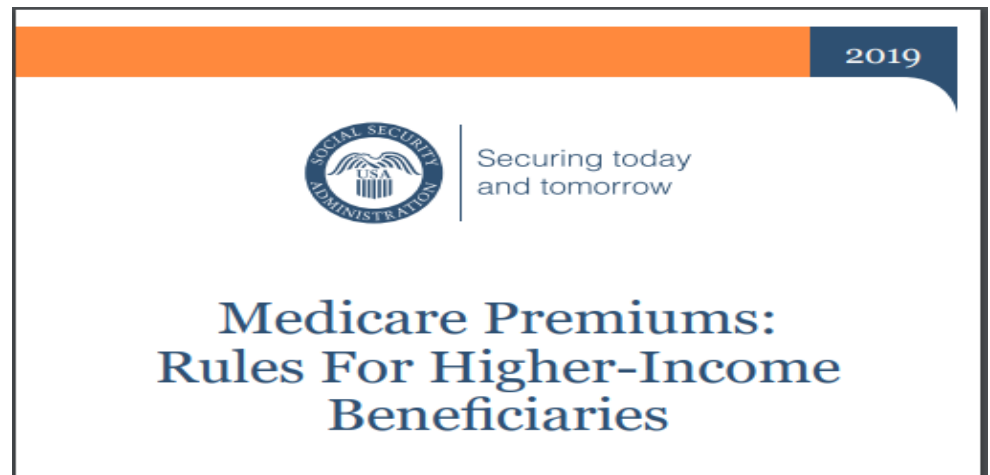
Part B

- Monthly Premium \$144.60 standard premium
- Higher income may increase premium
- Late enrollees may incur a 10% penalty for each year of delay
- Annual Deductible of \$198
- Copayments generally 20% of Medicare approved amount

Use [MyMedicare.gov](https://www.mymedicare.gov) to see all your Medicare claims!

Higher Part B premiums for some

Part B premiums are increased for persons with higher incomes. Income from 2 years prior to the current year is used to determine who will pay a higher Part D premium.



Medicare Premium Rules for Higher-Income Beneficiaries

<https://www.ssa.gov/pubs/EN-05-10536.pdf>

Higher Part B premiums for some

\$144.60 is standard Part B premium, per individual. If you are single and file an individual tax return, or married and file a joint tax return, Part B premium will be increased as shown below as taxable income increases:

If your 2018 yearly income was as noted below and you		Your Part B Premium is
<i>File Individual tax return</i>	<i>File Joint Tax return</i>	
Above \$87,000	Above \$174,000	\$202.40
Above \$109,000	Above \$218,000	\$289.20
Above \$136,000	Above \$272,000	\$376.00
Above \$163,000	Above \$326,000	\$462.70
\$500,000 or more	\$750,000 or more	\$491.60

Higher Part B premiums for some

If you are married and lived with your spouse at some time during the taxable year, but filed a separate tax return, the Part B premium increases as shown below

If your yearly income in 2018 was as noted below and you Married filing separately	Your Part B Premium is
\$87,000 or less	\$144.60
Above \$87,000	\$462.70
\$413,000 or more	\$491.60

Applying for Medicare

Apply with Social Security for *Original Medicare*, Parts A and B. However,

If you receive Social Security or Railroad Retirement benefits before age 65, enrollment is *automatic* at age 65 – no contact with Social Security is needed.

Applying for Medicare

If not receiving Social Security (or Railroad Retirement) benefits, apply for Medicare during

7 month Initial Enrollment Period (IEP)

- 3 months before your 65th birthday
- Month of your 65th birthday
- 3 months after your 65th birthday

Note: Filing in the last four months of the IEP will delay enrollment in Part B by up to two months after the month of filing

Applying for Medicare – Part B

If employer group health coverage will end during the 7 month **IEP**, do not delay enrolling in Part B.

The extended enrollment provisions from having employer group health coverage do not apply when employer coverage ends during the IEP

Applying for Medicare

Apply with Social Security Administration

- Call 800 772 1213 to make an appointment (7 am – 7 pm) An appointment date is recognized as the filing date. Telephone or in-person appointments
- File online for Medicare only at www.ssa.gov
- Visit a Social Security office without appointment (*not recommended*)

Applying for Medicare - Part A

- No premium for Part A if you have at least 40 credits in the Social Security system
- No Part A premium if eligible for a Social Security cash benefit. Dependents such as spouses, divorced spouse and surviving spouses may also be eligible for premium free Part A
- No penalty for delaying enrollment in Part A after age 65 if eligible for Part A without a premium
- You can apply for Part A only and decline Part B

Applying for Medicare – Part B

- If covered under your (or your spouse's) **current** employer group health plan, you may delay enrollment in Medicare Part B with no late enrollment penalty or coverage gap.
- ***If retired**, you are not an employee any longer!*
- ***COBRA** insurance is not an employer health plan*
- If covered by an employer group health plan, you may enroll in Part B at any time your coverage continues. When employment or insurance ends, you will be provided an 8 month *Special Enrollment Period*.
- The 8-month *Special Enrollment Period* begins with the month after the group health plan coverage or the employment it is based on ends, whichever comes first

Applying for Medicare – Part B

If not covered by an employer group health plan, delaying enrollment in Medicare Part B can cause higher premiums and delayed enrollment

Premium is permanently increased by 10% for every 12 months Part B enrollment is delayed if no employer coverage

Enrollment is then only permitted January to March, coverage beginning in July

Employer Group Health Plan

If covered by an Employer provided group health insurance, Medicare is usually secondary payer to the insurance provided by the employer

Medicare.gov

The Official U.S. Government Site for Medicare

type search term here

Search

Sign Up /
Change Plans

Your Medicare
Costs

What Medicare
Covers

Drug Coverage
(Part D)

Supplements &
Other Insurance

Claims &
Appeals

Manage Your
Health

Forms, Help, &
Resources

Employer Group Health Plan

Caution

If the *Employer Group Health Plan* is from an employer with fewer than

- 20 employees for an individual age 65 or older
- 100 employees for an individual under age 65 and receiving Social Security disability benefits

The benefits from the employer insurance may be reduced without Medicare entitlement

Medicare's Dental, Vision & Hearing Benefits

Original Medicare has no dental, vision or hearing benefits!

Medicare is for Medical Procedures & prescriptions only

- Not unskilled nursing care
- Not routine or recurring dental & vision
- Not eyeglasses
- Not hearing aids
- Not routine eye or dental checkups
- Not dental crowns, periodontics, dentures, etc.

Medicare Preventive Benefits

- Screening tests and procedures
- No out of pocket costs for most preventive benefits
- Examples:
 - Flu, Pneumonia, Hepatitis B Vaccine
 - Welcome to Medicare & Annual Wellness Checks
 - Diabetes testing supplies
- Complete list at www.medicare.gov or Medicare & You Handbook



Medicare and Veteran's Healthcare

Medicare and Veteran's (VA) healthcare do not coordinate benefits or copays, if any.

Tricare requires enrollment in both Medicare A and B

Medicare & Health Savings Accounts

- Persons enrolled in Medicare (A or B) cannot make tax deductible contributions to a health savings account (HSA), per IRS regulations.
- Monies already in an HSA can still be used to pay medical expenses, Medicare Part B premiums, long term care insurance premiums, etc.

See IRS Publication 969 for HSA information

Medicare & Government Retirees

- OPERS retirees are required to enroll in both Parts A and B
- All other Ohio public employee retirement systems require members to enroll in Part B once they become entitled to retirement benefits and are age 65
- Federal government retirees who have FEHB insurance are not required to enroll in either Part A or Part B (but many do). If enrolled in Medicare, Federal retirees' FEHB plans act as a Medicare Supplement insurance plan and Medicare is the primary payer

Know Your Options!

Option 1

Original Medicare

Part A and Part B

+

Secondary Insurance

Group Health Plan, MedSup,
or Medicaid

+

RX Coverage

Part D or Group Health Plan

OR

Option 2

Medicare Advantage

(Part C)

1. Hospitalization,
2. Medical
3. Rx (MA-PD)

Medicare 101

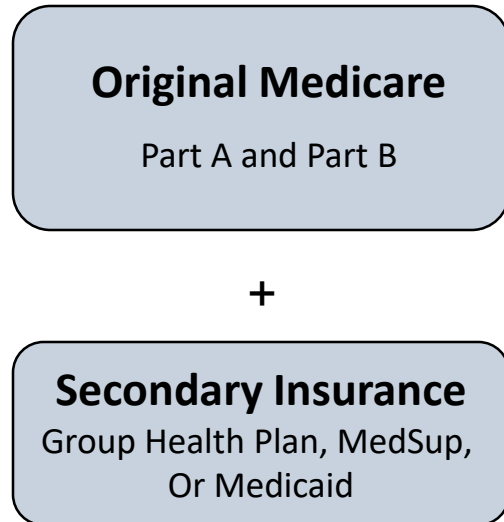
Secondary Medical Insurance Coverage

Secondary Insurance

Group Health Insurance,
MedSup, or Medicaid

To Pay Original Medicare's Co-Pays & Deductibles

Secondary Insurance



- **Group Health Plan Insurance**
 - Insurance from a former employer or union that supplements Medicare
- **Medicaid/Medicare Savings Programs**
 - Assistance for those with limited income and resources
- **Medicare Supplemental Insurance**
 - Private insurance that coordinates with Original Medicare
 - Also called Medigap or MedSup

Medicare Supplement Insurance

- Private Insurance
- Has a premium
- Must have Part A & B of Original Medicare
- Reduced or no out-of-pocket costs after premium
- Pays Part A & B co-pays and deductibles

Medicare Supplement Insurance

- No networks for doctors or hospitals
- Use any provider who accepts Medicare
- Some plans have coverage outside the U.S.
- No annual open enrollment period
- No prescription drug coverage

Medicare Supplement Insurance

Standardized plan models

- 8-10 plan models, depending upon your age
- Identified by letter - A,B,C,D,F,G,K,L,M,N
- Plans of same letter have identical coverage
- Plan premiums vary greatly between companies
- Rate that premiums increase as you age varies

Medicare Supplement Insurance

Standardized plan models

- Compare plans on price, benefits provided and how quickly premiums increase with age
- OSHIIP or COAAA can provide pricing schedules from lowest to highest premium for different plan models
- Sign up with the insurance company, not Social Security or Medicare

One company's actual schedule of premium increases as enrollee ages

Group 1		Applies to individuals whose plan effective date will be within ten years following their 65th birthday						
Age ¹	Plan A	Plan B	Plan C	Select C ²	Plan F	Select F ²	Plan G	
Standard Rates with Enrollment Discount ³ for individuals ages 65-76 whose acceptance is guaranteed <u>or</u> conditions on the application ⁴ .								
65	\$81.44	\$124.00	\$154.24	\$130.88	\$155.20	\$131.20	\$119.84	\$
66	\$85.25	\$129.81	\$161.47	\$137.01	\$162.47	\$137.35	\$125.45	\$
67	\$89.07	\$135.62	\$168.70	\$143.15	\$169.75	\$143.50	\$131.07	\$
68	\$92.89	\$141.43	\$175.93	\$149.28	\$177.02	\$149.65	\$136.69	\$
69	\$96.71	\$147.25	\$183.16	\$155.42	\$184.30	\$155.80	\$142.31	\$
70	\$100.52	\$153.06	\$190.39	\$161.55	\$191.57	\$161.95	\$147.92	\$
71	\$104.34	\$158.87	\$197.62	\$167.69	\$198.85	\$168.10	\$153.54	\$
72	\$108.16	\$164.68	\$204.85	\$173.82	\$206.12	\$174.25	\$159.16	\$
73	\$111.98	\$170.50	\$212.08	\$179.96	\$213.40	\$180.40	\$164.78	\$
74	\$115.79	\$176.31	\$219.31	\$186.09	\$220.67	\$186.55	\$170.39	\$
75	\$119.61	\$182.12	\$226.54	\$192.23	\$227.95	\$192.70	\$176.01	\$
76	\$123.43	\$187.93	\$233.77	\$198.36	\$235.22	\$198.85	\$181.63	\$
Standard Rates for ages 77 and older whose acceptance is guaranteed <u>or</u> who do not have any of the m								
77+	\$127.25	\$193.75	\$241.00	\$204.50	\$242.50	\$205.00	\$187.25	\$
Level 2 Rates for individuals ages 65 and older whose acceptance is not guaranteed <u>and</u> who have one o application ⁴ .								
65+	\$190.87	\$290.62	\$361.50	\$306.75	\$363.75	\$307.50	\$350.15	\$
Group 2		Applies to individuals whose plan effective date will be ten or more years following their 65th birthday						
Age ¹	Plan A	Plan B	Plan C	Select C ²	Plan F	Select F ²	Plan G	
Level 1 Rates for individuals ages 75 and older whose acceptance is guaranteed <u>or</u> who do not have a application ⁴ .								
75+	\$139.97	\$213.12	\$265.10	\$224.95	\$266.75	\$225.50	\$205.97	\$
Level 2 Rates for individuals ages 75 and older whose acceptance is not guaranteed <u>and</u> who have one o application ⁴ .								
75+	\$190.87	\$290.62	\$361.50	\$306.75	\$363.75	\$307.50	\$350.15	\$

Medicare Supplement Insurance

When to buy

Guaranteed Issue Period

No medical underwriting questions/evaluation

First 6 months you are age 65 or older & also enrolled in Part B

Medicare Supplement Insurance

“Special Circumstances” may also provide guaranteed issue of a Medsup policy for 63 days after other coverage ends. Not all Medsup plans may be available. Circumstances such as

- Your Medicare Advantage plan is leaving the Medicare program
- Your coverage through a Group Health plan ends
- Your health coverage is ending because you are moving outside the plan’s service area
- You lose your coverage because your insurance company goes bankrupt or your Medsup coverage ends through no fault of your own
- You leave your plan (Advantage or Medsup) because the company has misled you or hasn’t followed the rules

Medicare Supplement Insurance

“Trial Right” guaranteed issue period

- If you drop your Medsup policy for the first time to join a Medicare Advantage plan and then decide to return to a Medsup plan within one year of joining the Advantage plan
- You join a Medicare Advantage Plan when first eligible for Medicare at age 65. Within the first year of joining the Advantage plan, you can change to a Medicare Supplement policy with guaranteed issue rights

Medicare Supplement Insurance

Choosing a Medsup policy

- Decide which plan's coverage works best for you
- Review information from 3 or more plans
- Consider initial premium and scheduled premium increases
- Review % rate of recent premium increases
- Affordability now, affordability later

Medicare 101

Prescription Drug Coverage

RX Coverage

Part D or
Group Health Plan

Medicare Part D – Prescription Coverage

- Medicare's Prescription Drug Coverage
 - Offered by private companies that contract with Medicare
 - Available two ways
 - Stand Alone Prescription Drug Plans (PDPs)
 - Available through Medicare Advantage Plans (MAPDs)
- Penalties and restricted enrollment periods may apply due to failure to enroll in a Part D plan timely at age 65
- Over 20 prescription only plans in Central Ohio and more than 40 Advantage plans with prescription coverage

Medicare Part D – Prescription Coverage

Creditable Coverage enrollment exception

Enrollment in a Medicare Prescription Drug plan is not required if any you have any other insurance provides prescription drug coverage equivalent to Medicare.

Employer/Retiree/Cobra/Veterans/etc.

Applying for Medicare - Part D

- At age 65, Initial Enrollment Period (IEP) is the same as Part B.
- If you declined enrollment at age 65 because you had creditable drug coverage, you may enroll in a drug plan at any time while you have creditable coverage
- If your creditable coverage ends, enroll in a Part D drug plan within 62 days of that coverage ending to avoid penalties or coverage gaps
- Other special circumstances or changes may provide a special enrollment period.

Medicare Part D

- ALL persons with Medicare A or B can get Part D
 - May not need Part D if you have creditable coverage
 - Enroll with insurance company or Medicare.gov
- Open Enrollment **October 15th- December 7th**
 - Change from one plan to another
 - Enrollment for persons not previously enrolled
 - Coverage will begin on January 1
 - Other Special enrollment times based on circumstance
- Review plans annually with COAAA, OSHIIP or www.medicare.gov

Part D Costs in 2020

Average Monthly Premiums- \$35 (\$13.20 - \$81.90)

Annual Deductible- \$0-\$435, depending upon plan.

Cost for the same drug may vary significantly from plan to plan

Cost of a drug can change as you obtain drugs during the year

Plans may differ on step therapy, quantity limits or prior authorization

<https://www.medicare.gov/drug-coverage-part-d/what-medicare-part-d-drug-plans-cover>



Part D Costs in 2020

Initial Coverage Limit

Until you and the plan have spent \$4,020 on covered drugs, the plans have significant discretion in setting drug costs.

Cost of a drug may be a set percentage or a flat copay noted in the plan formulary

Cost of a drug may vary significantly from plan to plan

Part D Costs in 2020

Coverage Gap Limit (*the “donut hole”*)

Once you and the plan combined have spent **\$4,020** on covered drugs, your cost for a drug will not exceed 25% of the plan’s cost for the drug. Some plans offer copays lower than 25% in the coverage gap

Costs will vary among plans



Part D Costs in 2020

Catastrophic coverage

When your out of pocket costs equal **\$6,350**, you are out of the coverage gap.

You then get catastrophic coverage. It assures you only pay a small [coinsurance](#) amount or [copayment](#) for covered drugs for the rest of the year, not to exceed a 5% copay.

<https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/catastrophic-coverage>



Higher Part D premiums for some

Every Prescription Drug plan has a premium. As with the Part B premium, higher premiums may be paid by higher income persons.

If your yearly income in 2018 was:

File individual tax return

File joint tax return

You pay

Above \$87,000 up to \$109,000

Above \$174,000 up to \$218,000

Plan Premium
+ \$12.20

Above \$109,000 up to \$136,000

Above \$218,000 up to \$272,000

Plan Premium
+ \$31.50

Above \$136,000 up to \$163,000

Above \$272,000 up to \$326,000

Plan Premium
+ \$51.40

Above \$163,000 up to \$500,000

above \$326,000 up to \$750,000

Plan Premium
+ \$70.00

\$500,000 or more

\$750,000 or more

Plan Premium
+ \$76.40

Higher Part D premiums for some

If you are married and lived with your spouse at some time during the taxable year, but filed a separate tax return, Part D premiums increase as shown below

If your yearly income in 2018 was and tax status was

Married filing separately

You pay

\$87,000 or less

Plan Premium

Above \$87,000 up to \$413,000

Plan Premium
+70.00

\$413,000 or more

Plan Premium
+76.40

Part D

Things to Consider

- Plans have different cost schedules and formularies
- Plans do not cover all drugs
- Plans have different preferred pharmacy network(s)
- Plans may charge different prices for the same drug
- Cost is based on your own, individual drug needs
- Plan coverages may change from year to year **so**
- Review coverage annually during fall Open Enrollment

Part D

Things to Consider

- Late enrollees without creditable coverage incur a 1% premium increase for each month of delay
- Late enrollees without creditable coverage can only enroll during the fall Open Enrollment Period. Thus, you should probably enroll in a drug plan even if you take few or no prescription drugs

Group Health Plans

Medicare Advantage
Part C

Medicare Advantage Plans

Available to anyone who is

- Enrolled in both Parts A & B Original Medicare
- Living within the plan's service area
- No age or medical restrictions
- No pre-existing medical restrictions
 - Except end stage renal disease

Medicare Advantage Plans

Combines Original Medicare Parts A and B

- Enrollees still pay Part B premium
- Offered by private companies. Two plan types
 - HMO (Health Maintenance Organization)
 - PPO (Preferred Provider Organization)
- Most plans include prescription drug benefit
- Plans have deductibles and co-pays for most services
- Networks, Premiums and Co-pays vary by plan

Applying for Medicare Advantage

- Initial Enrollment Period
 - 7 Months (IEP) surrounding Medicare eligibility at age 65
- Open Enrollment **October 15th- December 7th**
 - Coverage begins January 1
 - Change from one Advantage plan to another
 - Apply for Advantage plan first time
 - Other enrollment times based on special circumstances
- You may also switch to a different Advantage plan from January 1 through March 31

How does an Advantage Plan Work?

- Plan provides medical coverage instead of “Original Medicare”
- Charges are submitted to the plan, not to Medicare
- Use the plan’s insurance card, not your **R**/**W**/**B** Medicare card
- Plan may have designated preferred medical networks
- Plan may not cover, or charge higher co-pays, for non-network providers
- Some plans have no premium as Medicare pays a fixed amount monthly to each insurer that covers cost

How does an Advantage Plan Work?

- Plans may require referral to a specialist
- Plans may have coverage for vision, dental, or other services not covered in original Medicare
- Plans often include drug coverage
- Plans have co-pays or deductibles for most services
- Plans do not coordinate with Medicare Supplement plans

Choosing a Medicare Advantage Plan

- Review its Prescription Drug Coverage
- What medical providers in plan'? Are your preferred medical providers in that network?
- Can you use out-of-network medical providers ?
- Does the plan offer benefits Original Medicare does not, such as vision, dental, *Silver Sneakers*, etc.

Moving Between Options

- Supplement to Medicare Advantage
 - Guaranteed Issue anytime enrollment is open
- Supplement to Supplement
 - Not guaranteed Issue
 - Can try anytime
 - no annual open enrollment period
- Medicare Advantage to Medicare Advantage
 - Guaranteed Issue during Open Enrollment Period and January - March
- Medicare Advantage to Supplement
 - Not Guaranteed Issue
 - Unless in a Special Enrollment Period

At a Glance

	Medicare Supplement	Medicare Advantage
Cost	<ul style="list-style-type: none"> • Part B Premium • Higher plan premium • \$100-\$200+ monthly • Little or no out of pocket cost when used 	<ul style="list-style-type: none"> • Part B Premium • Lower plan premium • \$0-\$100/month • Charged out of pocket cost as plan is used
Provider Choice	<ul style="list-style-type: none"> • Any provider that accepts Medicare • May have foreign travel emergency coverage 	<ul style="list-style-type: none"> • Plan will have a provider network. Cost will be higher out of network • Check with plan for travel restrictions
Considerations	<ul style="list-style-type: none"> • Important to use any provider without network restrictions • Can afford higher monthly premiums 	<ul style="list-style-type: none"> • Willing to use network of providers • May have added benefits (vision, dental, hearing, fitness, etc.)
Drug Coverage Included?	<ul style="list-style-type: none"> • No • Need to purchase separate Part D Plan 	<ul style="list-style-type: none"> • Yes • Some plans available without drug coverage

Research and Compare Prescription Drug Plans and/or Medicare Advantage Plans

[Sign Up /
Change Plans](#)

[Your Medicare
Costs](#)

[What Medicare
Covers](#)

[Drug Coverage
\(Part D\)](#)

[Supplements &
Other Insurance](#)

[Claims &
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Get the most from your Medicare

[Get Started with Medicare](#)

[Log In/Create Account](#)

[See if you can change your health or drug plan](#)

[Learn more](#)



2020 Costs
See basic costs



Find care
Search all
providers &
facilities



What's covered?
Check covered
items & services



Find plans
Find 2020 health &
drug plans



Find a 2020 Medicare plan

You can shop here for **drug plans (Part D)** and **Medicare Advantage Plans**.
See your 2020 plan options now by logging in or creating an account.

Log in or Create Account

[Continue without logging in](#)

New to Medicare?

Learn about your options & enroll in a plan.

Learn more about options

Qualify for a Special Enrollment Period?

Log in or create account to change your 2019 coverage.

Log in or Create Account

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Manage Your
Health

Forms, Help, &
Resources

Home → Forms, help, & resources → Find & compare doctors, hospitals & other providers

Share

Find doctors, hospitals, & other providers

Medicare forms

Free Medicare publications

"Medicare & You" handbook

Mail you get about Medicare

Lost/incorrect Medicare card

Report fraud & abuse

Identity theft: protect yourself

Phone numbers & websites

Privacy practices

Contact Medicare

Find & compare doctors, hospitals & other providers

- ♦ Search for providers based on your needs
- ♦ Use information to help you better compare providers and understand their differences
- ♦ Get helpful tips to choose providers and plans
- ♦ Make informed decisions about where you get your health care



Dialysis facilities



Long-term care
hospitals



Inpatient rehabilitation
facilities



Hospice care



Home health services



Nursing homes

Related Resources

- ♦ Find a Medigap policy
- ♦ Find suppliers of medical equipment & supplies

Find someone to talk to

Select your state...



Go

Is my test, item, or service covered?

type your test, item, or service

Go

And Doctors & Hospitals

Financial Assistance for some Medicare beneficiaries

Medicare Savings Programs (MSP) 2020*

- Pays Part B Premium
 - May also pay Part A & B coinsurance & deductibles
- Income less than
 - \$1,426/month single
 - \$1,923/month married
- Resources less than
 - \$7,730 single
 - \$11,600 married

Apply: Phone - Ohio Medicaid Hotline 800 324 8680

Online - <https://benefits.ohio.gov/>

Visit local Ohio Jobs & Family Services Office

2020 Low Income Subsidy

“Extra Help” with Prescription Drug Costs)

- Reduced or NO Premium
- Reduced or NO Deductible
- Copays no higher than 15%
- Quarterly Special Enrollment Periods

NO DONUT HOLE

Income:

single- \$18,972 yr

married \$25,608 yr

Resources:

single- \$14,390

married-\$28,720

Apply with Social Security

www.ssa.gov/medicare/prescriptionhelp/



1-800-589-7277

www.coaaa.org



1-800-686-1578

www.insurance.ohio.gov



1-800-MEDICARE

www.medicare.gov

www.mymedicare.gov



1-800-772-1213

www.socialsecurity.gov