



Month-by-month calendar of key Medicare dates

January 2016

January

January						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

- Medicare Advantage Plan Disenrollment Period starts
- General Enrollment Period starts
- Late January – Early February - Updated federal poverty levels are released
- Dialysis Compare star ratings are available

Medicare Advantage Plan Disenrollment

- Between January 1–February 14
 - You can leave an MA plan and switch to Original Medicare
 - If you make this change, you may also join a Medicare Prescription Drug Plan to add drug coverage
 - Coverage begins the first of the month after the plan gets enrollment form
 - Check whether you could get a Medigap policy

Medicare General Enrollment Period

- If you didn't sign up for Medicare Part A and/or Part B during your Initial Enrollment Period you can sign up during the Medicare General Enrollment Period from January 1 – March 31
- Coverage will begin on July 1
- You may have to pay a late enrollment penalty

Federal Poverty Level Data

Family Size	12 Months Income			6 Months Income			1 Month Income		
	100% Poverty Guideline	125% Poverty Guideline	150% Poverty Guideline	100% Poverty Guideline	125% Poverty Guideline	150% Poverty Guideline	100% Poverty Guideline	125% Poverty Guideline	150% Poverty Guideline
1	11,770	14,713	17,655	5,885	7,356.50	8,827.50	980.83	1,226.08	1,471.25
2	15,930	19,913	23,895	7,965	9,956.50	11,947.50	1,327.50	1,659.42	1,991.25
3	20,090	25,113	30,135	10,045	12,556.50	15,067.50	1,674.17	2,092.75	2,511.25
4	24,250	30,313	36,375	12,125	15,156.50	18,187.50	2,020.83	2,526.08	3,031.25
5	28,410	35,513	42,615	14,205	17,756.50	21,307.50	2,367.50	2,959.42	3,551.25
6	32,570	40,713	48,855	16,285	20,356.50	24,427.50	2,714.17	3,392.75	4,071.25
7	36,730	45,913	55,095	18,365	22,956.50	27,547.50	3,060.83	3,826.08	4,591.25
8	40,890	51,113	61,335	20,445	25,556.50	30,667.50	3,407.50	4,259.42	5,111.25
9	45,050	56,313	67,575	22,525	28,156.50	33,787.50	3,754.17	4,692.75	5,631.25
10	49,210	61,513	73,815	24,605	30,756.50	36,907.50	4,100.83	5,126.08	6,151.25
For each additional household member add:	4,160	5,200	6,240	2,080	2,600	3,120	346.66	433.33	520.00

<https://www.federalregister.gov/articles/2015/01/22/2015-01120/annual-update-of-the-hhs-poverty-guidelines>

Dialysis Facility Compare Star Ratings

Español | A A A | Print | About Us | FAQ | Glossary | Medicare.gov | CMS.gov | MyMedicare.gov Login

Medicare.gov | **Dialysis Facility Compare**
The Official U.S. Government Site for Medicare

[Dialysis Facility Compare Home](#) | [About Dialysis Facility Compare](#) | [About the Data](#) | [Resources](#) | [Help](#)

Home → Share

Find a dialysis facility

A field with an asterisk (*) is required.

* **Location**
Example: 45802 or Lima, OH or Ohio

Dialysis Facility Name (optional)

Find and compare Medicare-certified dialysis facilities and get information about chronic kidney disease, dialysis and transplants. 1 2 3 4 5

Spotlight

NEW Search for facilities based on their star rating. [Learn more.](#)

Learn more about our Quality Measures

Use these helpful resources when looking for a dialysis facility:

- [What to ask dialysis care providers](#)
- [What to ask about dialysis centers](#)

Additional Information

Dialysis Facility Compare data last updated: January 29, 2015

[Download the Dialysis Facility Compare Database](#)

Coming soon! A rate of hospital readmission measure will be added to Quality measures: hospitalizations and deaths.

[Get Dialysis Facility Compare data archives](#)

Dialysis facilities: Update your address, phone number, and other information

[Get End Stage Renal Disease \(ESRD\) Quality](#)

Tools & Tips

[Learn how Medicare covers dialysis services and supplies](#)

[Report a concern or grievance/complaint about your dialysis or transplant care, or access to care](#)



[Get tips for printing dialysis facility information](#)

[Compare other providers and plans](#)

- [Hospital Compare](#)
- [Physician Compare](#)
- [Home Health Compare](#)

<http://www.medicare.gov/dialysisfacilitycompare/#search>

Star Ratings

- The purpose of Star Ratings is to make it easier for consumers to use quality comparisons in health care choice
- In recent years, two symbols (icons) were introduced to further highlight high () and low () performers have been added to the Medicare Plan Finder

February

February						
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28	29					

- Medicare Advantage Plan Disenrollment Period ends
- Draft call letter is released by CMS and provides insight into possible changes to the Part C and D programs for the following plan year

March

March						
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27	28	29	30	31		

- General Enrollment Period ends on March 31
- If you sign up for Medicare Part B during the General Enrollment Period, you can enroll in a Medicare Advantage Plan until June 30

April

April						
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- Final call letter is released
- Hospital Compare patient survey (HCAHPS) star ratings are available
- Those without Medicare Part A coverage, who enrolled in Medicare Part B during the General Enrollment Period (January 1-March 31) can sign up for a Medicare Prescription Drug plan from April 1-June 30
- Those with Part A who enrolled in Medicare Part B during the General Enrollment Period can sign up for a Medicare Advantage Plan, with, or without drug coverage, from April 1-June 30

Hospital Compare Star Ratings

Español | | Print

About Us | FAQ | Glossary | Medicare.gov | CMS.gov | MyMedicare.gov Login

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

[Hospital Compare Home](#) | [About Hospital Compare](#) | [About the data](#) | [Resources](#) | [Help](#)

Home Share

Find a hospital

A field with an asterisk (*) is required.

* **Location**
Example: 45802 or Lima, OH or Ohio

Hospital Name (optional)



Spotlight

- ◆ We've added new measures!
 - ◆ HCAHPS Care Transition
 - ◆ COPD and Stroke Outcomes (Readmissions and Complications Tab)
 - ◆ Heart Attack Payment and Value
 - ◆ Healthcare professional flu vaccine (Preventative Care Tab)
- ◆ PPS-Exempt Cancer Hospital measures data.

Additional information

- ◆ **Hospital Compare data last updated:** December 18, 2014. [Go to updates.](#)
- ◆ Download the Hospital Compare database
- ◆ Get Hospital Compare data archives.
- ◆ Linking quality to payment:
 - ◆ Hospital Value-Based Purchasing Program (HVBP):
 - ◆ Fiscal Year 2015

Tools and Tips

- ◆ Learn how Medicare covers [inpatient](#) and [outpatient](#) hospital services.
- ◆ Use [The Guide to Choosing a Hospital](#) when comparing hospitals.
- ◆ Get tips for printing hospital information
- ◆ Compare Other Providers and Plans
 - ◆ Visit [Physician Compare](#) to learn what hospitals your physicians and other healthcare

<http://www.medicare.gov/hospitalcompare/search.html>

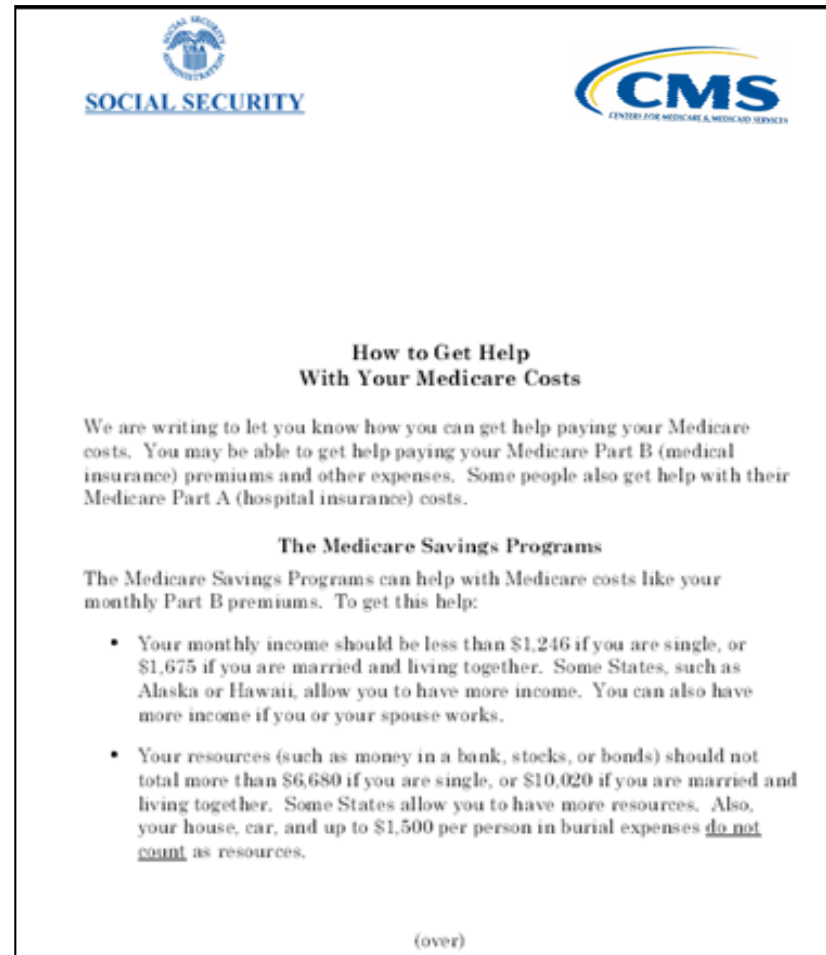
May

May						
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- Medicare Savings Program (MSP) notices are distributed

Medicare Savings Program Notices

- Informs people who may be eligible for Medicare Savings Programs (MSPs) about MSPs and the Extra Help that may be available for Medicare prescription drug coverage.
- Distributed by Social Security Administration

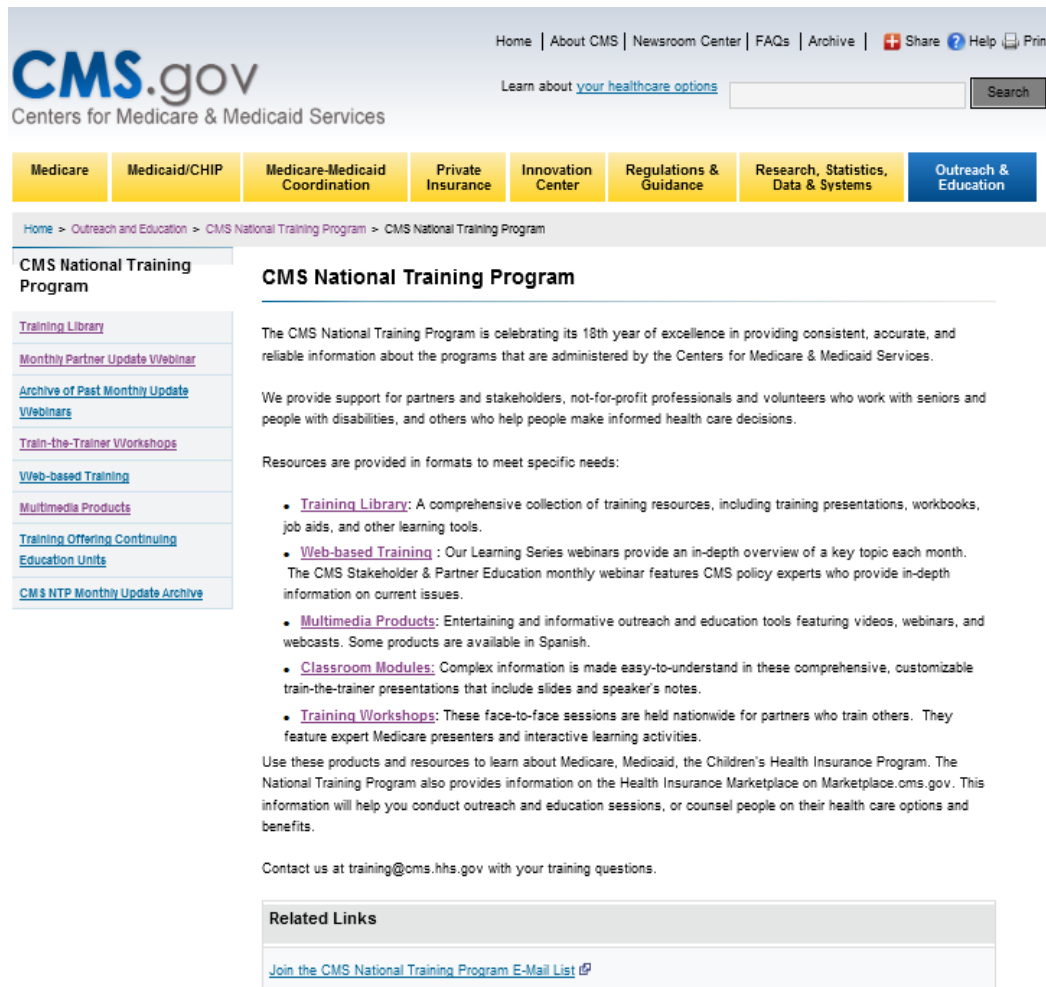


June

June						
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26	27	28	29	30		

- The CMS National Training Program announces the details for the annual Train-the-Trainer workshops

NTP Training Resources



The screenshot shows the CMS.gov website with the "Outreach & Education" menu selected. The page title is "CMS National Training Program". The left sidebar contains links to various training resources. The main content area provides an overview of the program, its history, and the types of resources available. A "Related Links" section at the bottom includes a link to the NTP email list.

CMS.gov
Centers for Medicare & Medicaid Services

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Learn about [your healthcare options](#)

Medicare | Medicaid/CHIP | Medicare-Medicaid Coordination | Private Insurance | Innovation Center | Regulations & Guidance | Research, Statistics, Data & Systems | Outreach & Education

Home > Outreach and Education > CMS National Training Program > CMS National Training Program

CMS National Training Program

The CMS National Training Program is celebrating its 18th year of excellence in providing consistent, accurate, and reliable information about the programs that are administered by the Centers for Medicare & Medicaid Services.

We provide support for partners and stakeholders, not-for-profit professionals and volunteers who work with seniors and people with disabilities, and others who help people make informed health care decisions.

Resources are provided in formats to meet specific needs:

- **Training Library:** A comprehensive collection of training resources, including training presentations, workbooks, job aids, and other learning tools.
- **Web-based Training:** Our Learning Series webinars provide an in-depth overview of a key topic each month. The CMS Stakeholder & Partner Education monthly webinar features CMS policy experts who provide in-depth information on current issues.
- **Multimedia Products:** Entertaining and informative outreach and education tools featuring videos, webinars, and webcasts. Some products are available in Spanish.
- **Classroom Modules:** Complex information is made easy-to-understand in these comprehensive, customizable train-the-trainer presentations that include slides and speaker's notes.
- **Training Workshops:** These face-to-face sessions are held nationwide for partners who train others. They feature expert Medicare presenters and interactive learning activities.

Use these products and resources to learn about Medicare, Medicaid, the Children's Health Insurance Program. The National Training Program also provides information on the Health Insurance Marketplace on [Marketplace.cms.gov](#). This information will help you conduct outreach and education sessions, or counsel people on their health care options and benefits.

Contact us at training@cms.hhs.gov with your training questions.

Related Links

[Join the CMS National Training Program E-Mail List](#)

<http://cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/index.html>

July

July						
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- Medicare coverage begins for people who signed up during the General Enrollment period on July 1

August

August						
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- Initial Part C and D data is released for the following plan year, including figures such as the national average premium, base beneficiary premium, regional low-income subsidy benchmarks, Part D IRMAA amounts, etc. for the following plan year

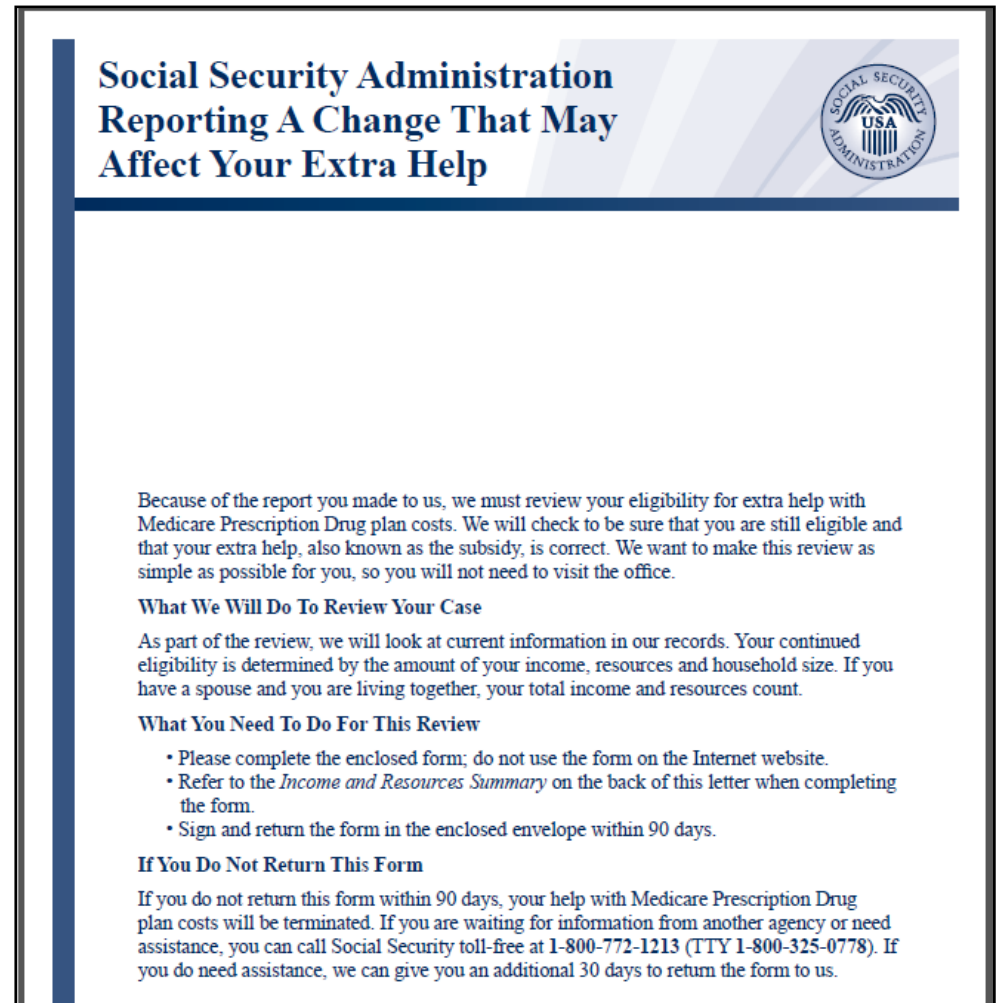
September

September						
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25	26	27	28	29	30	

- Social Security Notice to Review Eligibility for Extra Help
- Plan Annual Notice of Change (ANOC) and Evidence of Coverage (EOC)
- Plan Low Income Subsidy (LIS) Notice
- Loss of Deemed Status Notice
- Medicare & You Handbook
- The Part C and D plan landscape files are released
- Notice of Creditable Coverage distributed

Social Security Notice to Review Eligibility for Extra Help

- Informs people selected for review that they should see if they continue to qualify for Extra Help. Includes an “Income and Resources Summary” sheet.



The image shows a sample of a Social Security Administration notice. At the top, the title reads "Social Security Administration Reporting A Change That May Affect Your Extra Help". To the right of the title is the Social Security Administration seal. The main body of the notice contains the following text:

Because of the report you made to us, we must review your eligibility for extra help with Medicare Prescription Drug plan costs. We will check to be sure that you are still eligible and that your extra help, also known as the subsidy, is correct. We want to make this review as simple as possible for you, so you will not need to visit the office.

What We Will Do To Review Your Case

As part of the review, we will look at current information in our records. Your continued eligibility is determined by the amount of your income, resources and household size. If you have a spouse and you are living together, your total income and resources count.

What You Need To Do For This Review

- Please complete the enclosed form; do not use the form on the Internet website.
- Refer to the *Income and Resources Summary* on the back of this letter when completing the form.
- Sign and return the form in the enclosed envelope within 90 days.

If You Do Not Return This Form

If you do not return this form within 90 days, your help with Medicare Prescription Drug plan costs will be terminated. If you are waiting for information from another agency or need assistance, you can call Social Security toll-free at 1-800-772-1213 (TTY 1-800-325-0778). If you do need assistance, we can give you an additional 30 days to return the form to us.

Plan Annual Notice of Change Notices


- By September 30 people will get a notice from their current plan outlining the formulary, benefit design, and/or premium changes.

Plan Low Income Subsidy Notice

- By September 30, all people who qualify for Extra Help will get an LIS notice from their plan telling them how much help they'll get in towards their Part D premium, deductible, and copayments.

Loss of Deemed Status Notice

- Informs people if they no longer automatically qualify for Extra Help as of January the following year.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850

<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

HICN <1234>
September 2014

Please keep this notice for your records.

You no longer automatically qualify for Extra Help
You currently get Extra Help paying for Medicare prescription drug coverage. Starting January 1, 2015, you'll no longer get this Extra Help automatically for one of these reasons:

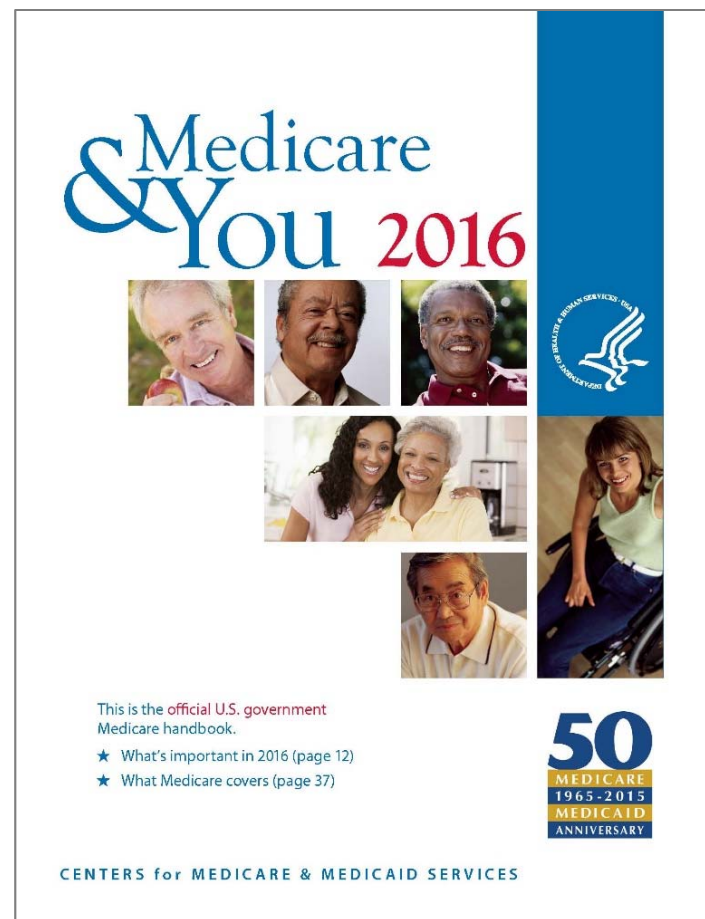
- You no longer qualify for Medicaid.
- You no longer belong to a Medicare Savings Program (help from your state Medicaid Program to pay your Medicare Part B premiums).
- You no longer get Supplemental Security Income (SSI).

This means your costs for Medicare prescription drug coverage may increase.

You must apply to see if you still qualify
You may still be able to get Extra Help in 2015, but you need to apply. Please complete the enclosed application and mail it back in the postage-paid envelope. You can also apply online at socialsecurity.gov. To apply by phone, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also call your State Health Insurance Assistance Program (SHIP) at <SHIP phone number> for help.

“Medicare & You” Handbook

- Mailed to all Medicare households each fall
- Includes:
 - A summary of Medicare benefits
 - Rights and protections
 - Lists of available health and drug plans
 - Answers to frequently asked questions about Medicare
- Download a copy at Medicare.gov



Part C and D Plan Landscape Files

- The Part C and D plan landscape files are released
- Includes approved contract plans. Employer-sponsored plans are not included.
- <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/>

2016 Medicare Advantage, and Cost Plans														
Data as of September 9, 2015. Includes 2016 approved contracts/plans. PACE, Special Needs Plans, Part B Only Plans, and Employer-sponsored plans (800 series) are excluded. Plans under sanction are not shown. Medicare/Medicaid plans are shown in a separate Landscape file.														
Notes: Data are subject to change as contracts are finalized. For 2016, enhanced alternative plans may offer additional cost sharing reductions in the gap on a sub-set of the formulary drugs, beyond the standard Part D benefit.														
* Indicates plan does not offer Part D drug coverage.														
** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services. N/A is defined as Not Applicable														
State	County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Annual Drug Deductible	Drug Benefit Type	Additional Coverage Offered in the Gap	Drug Benefit Type Detail	Contract ID	Plan ID	Segment ID	In-network MOOP Amount **	Overall
Alabama	Autauga	Blue Advantage (PPO)	Blue Advantage Complete (PPO)	Local PPO	\$85.00	\$360.00	Enhanced	No	EA	H0104	013	0	\$ 5,000	4
Alabama	Autauga	Blue Advantage (PPO)	Blue Advantage Premier (PPO)	Local PPO	\$179.00	\$0.00	Enhanced	No	EA	H0104	015	0	\$ 3,400	4
Alabama	Autauga	Cigna-HealthSpring	Cigna-HealthSpring Advantage (HMO)	Local HMO *	\$0.00					H0150	012	0	\$ 6,700	4
Alabama	Autauga	Cigna-HealthSpring	Cigna-HealthSpring Preferred (HMO)	Local HMO	\$0.00	\$150.00	Enhanced	Yes	EA	H0150	024	1	\$ 6,700	4
Alabama	Autauga	Cigna-HealthSpring	Cigna-HealthSpring Premier (HMO-POS)	Local HMO	\$135.00	\$0.00	Enhanced	Yes	EA	H0150	025	0	\$ 3,600	4

Notice of Creditable Coverage

- People who have drug coverage from an employer/union or other group health plan, will get a notice each year in September letting you know whether or not their drug coverage is creditable.

Important Notice from [Insert Name of Entity] About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with [Insert Name of Entity] and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. [Insert Name of Entity] has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

CMS Form 10182-CC

Updated April 1, 2011

October

October						
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30	31					

- Full Medicare Part C and D plan data is released and can be found on the Medicare Plan Finder
- Insurance organizations can start marketing for the coming year
- Medicare Open Enrollment Period starts October 15 (Changes will take effect on January 1)

Medicare Part C & D Plan Data is Available On Medicare Plan Finder Tool

- Search for drug and health plans
- Personalize your search to find plans that meet your needs
- Compare plans based on star ratings, benefits, costs, and more
- Enroll in a plan
- <https://www.medicare.gov/find-a-plan/questions/home.aspx>

The screenshot shows the Medicare.gov website's Plan Finder tool. At the top, the Medicare.gov logo is displayed with the tagline "The Official U.S. Government Site for Medicare". Below the logo is a navigation bar with links: "Sign Up / Change Plans", "Your Medicare Costs", "What Medicare Covers", "Drug Coverage (Part D)", "Supplements & Other Insurance", "Claims & Appeals", "Manage Your Health", and "Forms, Help, & Resources". A search bar is located in the top right corner.

The main heading is "Medicare Plan Finder". Below this, there is a paragraph explaining the search process: "Between January 1-February 14, if you're in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare. If you switch to Original Medicare during this period, you will have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. Your coverage will begin the first day of the month after the plan gets your enrollment form." It then states: "You have the option to complete a general or personalized plan search. A personalized search may provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below."

There are two main search options:

- General Search:** A general plan search only requires your zip code. It includes a "ZIP Code:" input field, a link to the "User Agreement", and a "Find Plans" button.
- Personalized Search:** A personalized plan search requires your zip code and complete Medicare information. It includes input fields for "ZIP Code:", "Medicare Number:" (with an example: 123456789A), "Last Name:", "Effective Date for Part A:" (with a dropdown for "Month" and "Year"), and "Date of Birth:" (with dropdowns for "Month", "Day", and "Year"). It also includes a link to the "Plan Agreement" and a "Find Plans" button.

On the right side of the page, there are two sections:

- Plan Finder Multimedia:** Includes a "Step by step overview on how to complete a plan search" link, a "Lesson 1: Getting Started" link, a "Medicare Plan Finder" video player, and a "View more videos" link.
- Additional Tools:** Includes links for "Find and compare Medicare policies", "Search by plan name and/or ID", "Enroll now", "Check your enrollment", and "Medicare complaint form".
- Related Resources:** Includes links for "Extra Help paying for Medicare prescription drug coverage", "Helpful contacts", "6 ways to lower your drug costs", and "Download Plan Finder databases".

Health Plan Marketing

- Insurance plans can start marketing their health plans for the coming year.
- Must follow CMS guidelines
- <http://www.cms.gov/Medicare/Health-Plans/ManagedCareMarketing/FinalPartCMarketingGuidelines.html>

The screenshot displays the CMS.gov website. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below this is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". A search bar is also present. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area is titled "Managed Care Marketing" and includes a sidebar with links to Regulatory Resources, Medicare Marketing Guidelines, Agent Broker Compensation, Marketing Models, Standard Documents, and Educational Material. The main text area is titled "Medicare Marketing Guidelines" and contains a paragraph explaining that the guidelines reflect CMS' interpretation of marketing requirements and related provisions of the Medicare Advantage and Medicare Prescription Drug Benefit rules. It also states that the guidelines are for use by Medicare Advantage Plans (MAPs), Medicare Advantage Prescription Drug Plans (MA-PDs), Prescription Drug Plans (PDPs), and 1876 Cost Plans. Below this is a "Downloads" section with links to various documents, including "CY 2016 Medicare Marketing Guidelines (PDF, 748KB)", "Medicare Marketing Guidelines 06.17.14 Updated with Issue Date (ZIP, 817KB)", "Medicare Marketing Guidelines 06.28.13 (ZIP, 798KB)", "Allowable Use of Medicare Beneficiary Information Obtained from CMS & Prohibition on Using Federal Funds for Non-Plan Related Activities (ZIP, 72KB)", "MMG Correction Clarification Notifications (ZIP, 168KB)", and "Clarification of Medicare Marketing Guidelines Requirements and Outbound Enrollment Verification Policy (PDF, 80KB)". At the bottom, there is a footer with the CMS.gov logo, the text "A federal government website managed by the Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244", and a small seal of the Department of Health and Human Services.

November

November						
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- Updated Part A and B premium, deductible, and copayment amounts are released for the following calendar year (the timing of the release of this information can vary greatly from year to year)
- Social Security LIS & MSP Outreach Notice mailed to people that may be eligible for the Qualified Disabled and Working Individuals (QDWI) Program



Updated Medicare Part A & B Amounts

- Data available in multiple languages
- [CMS National Training Program Training Library – Medicare Amounts Page](#)

2016 MEDICARE AMOUNTS	
Part A - Hospital Insurance	
Part A Standard Premium - No charge for most people (at least 40 work credits) \$411.00 per month for people with less than 30 work credits \$226.00 per month for people with 30 or more work credits	
Part A Deductible for Each Benefit Period	\$1,288.00
Hospital Inpatient	<ul style="list-style-type: none">• \$0 for days 1-60• \$322.00 a day for days 61-90• \$644.00 a day for days 91-150 (lifetime reserve days)• All costs for all days after 150
Skilled Nursing Facility	<ul style="list-style-type: none">• \$0 for days 1-20• \$161 a day for days 21-100• All costs for all days after 100
Home Health Care	<ul style="list-style-type: none">• \$0 for home health care services• 20% of the Medicare-approved amount for durable medical equipment
Hospice Care	<ul style="list-style-type: none">• \$0 for hospice care <p>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 Part D.</p> <p>You may need to pay 5% of the Medicare-approved amount for inpatient respite care.</p> <p>Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).</p>
Part A Late Enrollment Surcharges/Penalties:	
If you aren't eligible for premium-free Part A, and you don't buy it when you're first eligible, 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.	

Social Security Low Income Subsidy and MSP Outreach Notice Mailed

- Notice mailed to people eligible for Qualified Disabled and Working Individuals (QDWI) Program



How To Get Help With Medical Costs

We are writing to let you know that you can buy Medicare Part A (hospital insurance) coverage. If you get Part A, you can sign up for Medicare Part B (medical insurance) and Medicare prescription drug coverage. In addition, your State may be able to help you with your Medicare costs.

When Can I Apply For Medicare And How Much Will It Cost?

If you stopped getting your free Part A in the last eight months, you can apply for Part A and Part B now. If you stopped getting your free Part A earlier, you can apply for Part A and Part B coverage between January and March 2014. In this case, your coverage will start in July 2014.

In 2014, the monthly cost for your Medicare Part A will be:

- \$234.00 if you worked 30 or more quarters under Social Security; or
- \$426.00 if you worked less.

In 2014, your monthly premium for Part B will be \$104.90.

You must have Medicare Part A or Part B to get Medicare prescription drug coverage.

How Can I Get Help Paying For My Medicare Part A Premiums?

If you have limited income and resources, you may be able to get help from your State to pay for your Part A premiums through the Medicare Savings Programs. To qualify, if all of your income is from earnings, your earnings usually should be:

- \$3,915 a month or less if you are single; or
- \$5,255 a month or less if you are married and living with your spouse.

The income amounts may be slightly higher in Alaska and Hawaii.

Your resources (such as money in the bank, stocks, and bonds) should not total more than \$4,000 if you are single or \$6,000 if you are married and living with your spouse.

Form SSA-L441 (12-2013)

December

December						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

- Medicare Open Enrollment Period ends December 7 (changes will take effect on January 1)

Enrollment Periods

- **Initial Enrollment Period (IEP)** — When someone is first eligible for Medicare, they have a seven-month period to sign up. This seven-month period begins three months before their 65th birthday, includes the month they turn 65, and ends three months after they turn 65.
- **General Enrollment Period (GEP)** — If someone misses their Initial Enrollment Period, they can sign up between January 1 through March 31 each year. Coverage begins July 1.

Enrollment Periods Continued

- **Special Enrollment Period (SEP)**— Someone may make changes to their health and/or drug coverage when certain events happen such as moving or losing other insurance coverage.
- **Open Enrollment Period (OEP)** - October 15 to December 7 is when all people with Medicare can change their Medicare health plan and prescription drug coverage.

Sources for Additional Information

- [Understanding Medicare Parts C & D Enrollment Periods](#) – CMS publication 11219
- [Enrolling in Medicare Part A & Part B](#) – CMS publication 11036
- [Medicare Open Enrollment](#) - CMS publication 11220
- [Guide to consumer mailings from CMS, Social Security, & plans in 2014/2015](#)

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