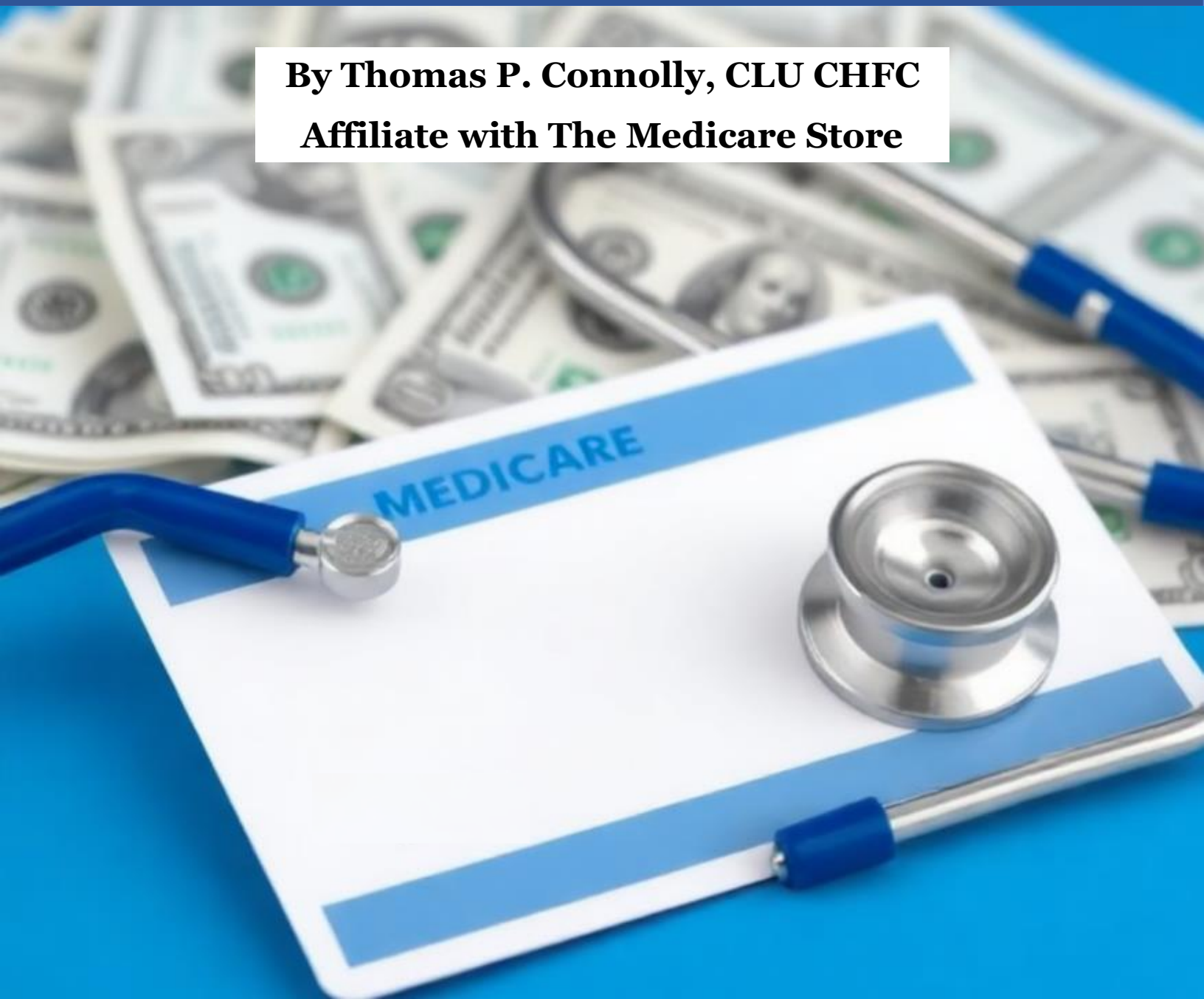
Comprehensive Guide to Medicare Plannings in Massachusetts And New England

By Thomas P. Connolly, CLU CHFC
Affiliate with The Medicare Store



Comprehensive Guide to Medicare Planning in Massachusetts and New England

By

(Thomas P. Connolly)

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Introduction – Make Medicare Fun

Come on down to the Medicare Store,
Where help and answers are never a bore!
We've got plans and options galore,
For your health, we'll always do more!

From doctors to drugs, we've got the key,
To help you live healthy and carefree!
So skip on in, don't make it a chore,
The Medicare Store will give you answers galore!

No need to stress, no need to pout,
We'll sort it all out, inside and out!
With a smile and a cheer, we'll guide you some more,
You'll love what you find at the Medicare Store!

Massachusetts Guide to Health and Medicare Planning

When evaluating different health and Medicare plans, it's essential to explore strategies that can optimize your coverage while minimizing costs. Fortunately, Massachusetts offers some of the most favorable conditions for Medicare planning, making it easier for residents to secure comprehensive coverage.

One significant advantage in Massachusetts is that there are no health-related questions on Medicare applications, meaning pre-existing conditions are not a barrier to getting coverage. Additionally, unlike many other states, Medigap policies in Massachusetts are not age-rated. This means that whether you're 65 or 95, you'll pay the same rate for a Medigap policy, which is a considerable benefit.

All Medigap plans in Massachusetts are standardized, providing the same coverage across the board. Given this standardization, it's logical to choose a plan with the lowest cost since the coverage is identical. Furthermore, Massachusetts offers flexibility in plan selection throughout the year, especially with the help of Prescription Advantage.

Prescription Advantage, a state pharmaceutical program, allows you to change your Medicare plans during the year if you meet certain income guidelines. This program not only offers the flexibility to switch plans but also helps reduce overall spending on prescription drugs.

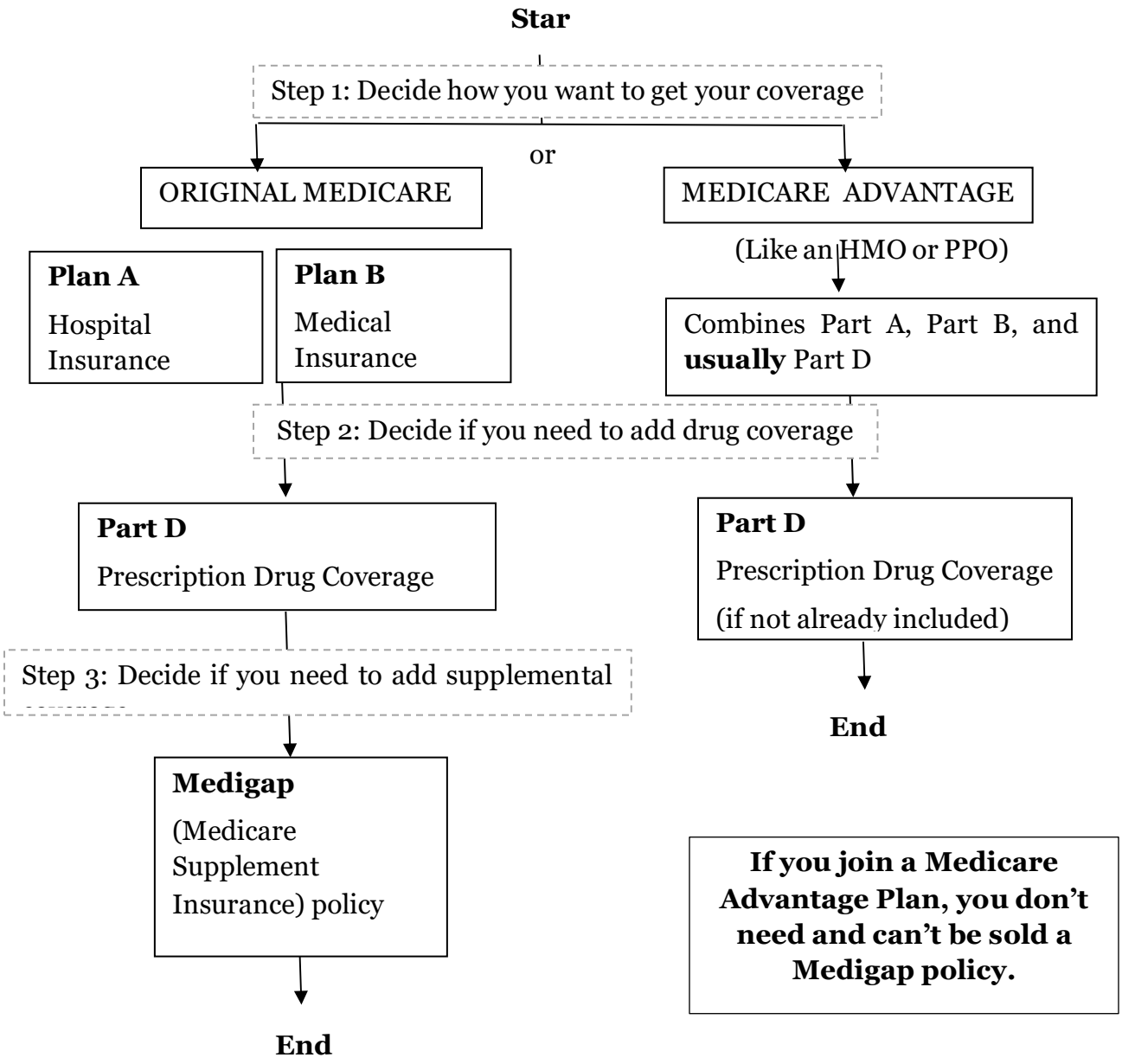
Another valuable program to consider is the Medicare Savings Program, also known as the MassHealth Buy-In. This program can further reduce your out-of-pocket costs for Medicare coverage. To qualify, you'll need to submit an application to the state of Massachusetts, including proof of your current income. As of April 1, 2024, the asset requirement has been waived, potentially increasing eligibility for many residents.

Below, you'll find the guidelines to qualify for both Prescription Advantage and the Medicare Savings Program.

Medicare Basics

Your Medicare Coverage Choices at a Glance

There are two main ways to get your Medicare coverage: Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage.



How Is Medicare Part A Funded

Employee's Contribution to Medicare Tax:

- **How it's paid**: If you're an employee, Medicare taxes are automatically deducted from your paycheck by your employer.
- **Rate**: You pay **1.45%** of your gross income toward Medicare Part A.
- **Example**:
  - For an income of **$100,000** annually:
    - Medicare tax = **$100,000 × 1.45%** = **$1,450** per year.
  - For an income of **$300,000** annually:
    - Medicare tax = **$300,000 × 1.45%** = **$4,350** per year.

Self-Employed Contribution:

- **How it's paid**: As a self-employed individual, you pay the **employee** portion (1.45%) and the **employer** portion (1.45%) — totaling **2.9%** of your income.
- **Example**:
  - For an income of **$100,000** annually:
    - Medicare tax = **$100,000 × 2.9%** = **$2,900** per year.
  - For an income of **$300,000** annually:
    - Medicare tax = **$300,000 × 2.9%** = **$8,700** per year.

Additional 0.9% Medicare Tax (For High Earners):

- **Threshold**: If you earn above:
  - **$200,000** for single filers, or
  - **$250,000** for married couples filing jointly, you will pay an **additional 0.9%** tax on the income exceeding that threshold.
- **Example for a single filer earning $300,000**:
  - First, 1.45% on $200,000:
    - $200,000 × 1.45% = $2,900
  - Then, 1.45% on the remaining $100,000:
    - $100,000 × 1.45% = $1,450
  - Additional 0.9% on income above $200,000:
    - ($300,000 - $200,000) × 0.9% = $900
  - **Total Medicare tax** for the year:
    - $2,900 + $1,450 + $900 = **$5,250** for the year.

- **Total Contribution Over 40 Years (Assuming consistent income of $100,000):**

Here’s a bullet point breakdown of your Medicare tax contributions, based on your scenario of earning $100,000 annually for 40 years:

- **Medicare Tax Rate**: The Medicare tax rate is 1.45% for employees and 1.45% for employers, making a total of 2.9%.
- **Your Contribution**:
  - **Annual Contribution**: 1.45% of $100,000 = $1,450 per year.
  - **Over 40 Years**: $1,450 x 40 years = $58,000.
- **Employer's Contribution**:
  - The employer matches your contribution, so they also pay 1.45% of your salary.
  - **Annual Contribution from Employer**: 1.45% of $100,000 = $1,450 per year.
  - **Over 40 Years**: $1,450 x 40 years = $58,000.
- **Total Contribution (Your + Employer's)**:
  - Your total contribution over 40 years: $58,000.
  - Employer’s total contribution over 40 years: $58,000.
  - **Total Combined Contribution**: $58,000 + $58,000 = $116,000.

This is the total Medicare tax paid over 40 years, combining both you and your employer's contributions.

Part B Cost Explained in the Chart Below

2025 Rates are based on you **2023** Income
Part B Deductible is $257 for 2025

Part B Cost for Higher Income

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	Your Part B Cost for 2025 Monthly
$106,000 or less	$212,000 or less	$106,000 or less	$185.00
Above $106,000 up to $133,000	Above $212,000 up to $266,000	N/A	$259.00
Above $133,000 up to $167,000	Above $266,000 up to $334,000	N/A	$370.00
Above $167,000 up to $200,000	Above $334,000 up to $400,000	N/A	$480.90
Above $200,000 and less than $500,000	Above $400,000 and less than $750,000	Above $106,000 and less than $394,000	$591.90
$500,000 and above	$750,000 and above	$394,000 and above	$628.90

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	Your Part D Cost for 2025 Monthly
$106,000 or less	$212,000 or less	$106,000 or less	$0.00+ your plan premium
Above $106,000 up to $133,000	Above $212,000 up to $266,000	N/A	$13.70+ your plan premium
Above $133,000 up to $167,000	Above $266,000 up to $334,000	N/A	$35.30+ your plan premium
Above $167,000 up to $200,000	Above $334,000 up to $400,000	N/A	$57.00+ your plan premium
Above $200,000 and less than $500,000	Above $400,000 and less than $750,000	Above $106,000 and less than $394,000	$78.60+ your plan premium
$500,000 and above	$750,000 and above	$394,000 or above	$85.80+ your plan premium

Part D Cost above for Higher Income

How to set up your Social Security account for enrolling Part A and B

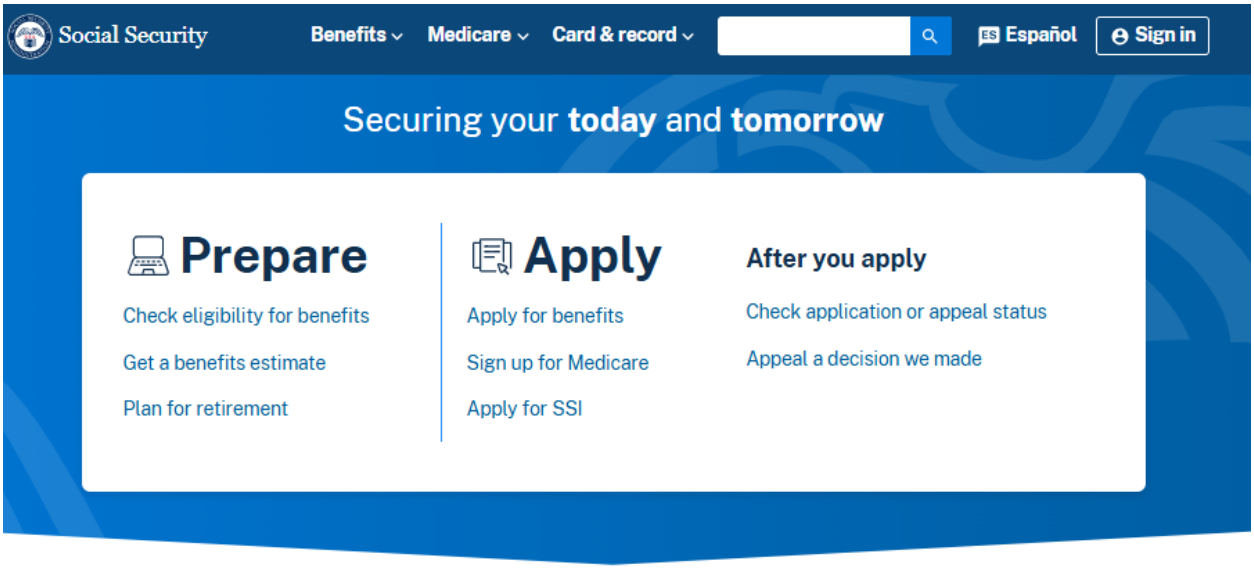
Social Security handles the enrollment and cards for **Medicare**.

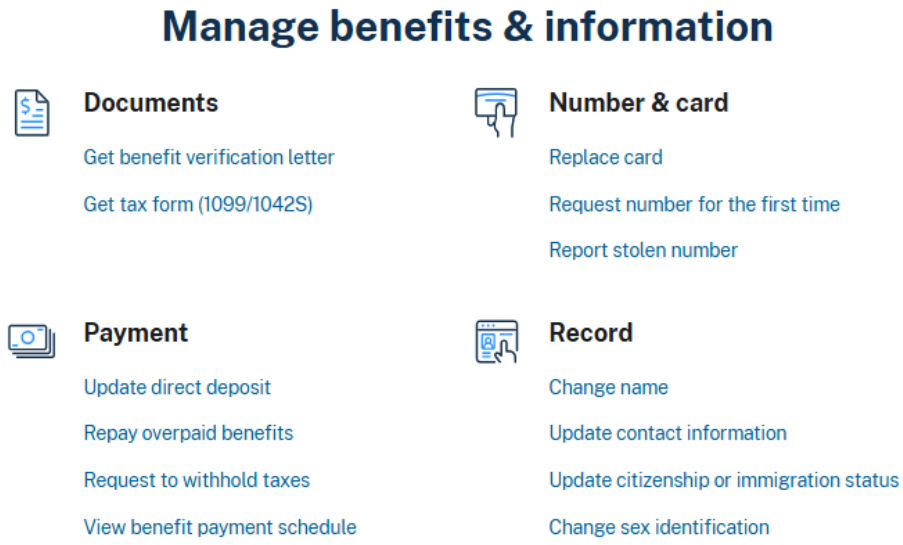
The first place the individual needs to go is to www.ssa.gov to begin the enrollment process.

In order to enroll into Medicare, the individual will first need to log into or create an account.

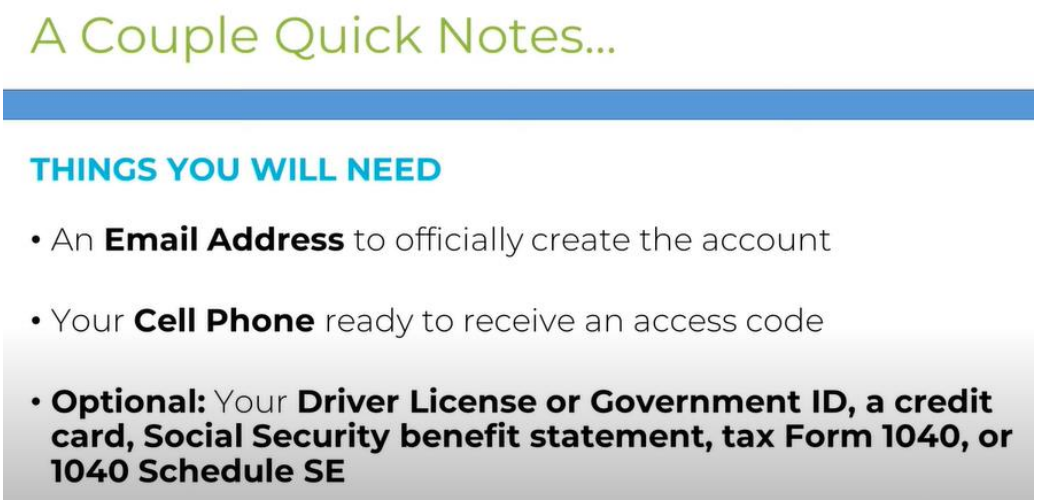
1. Go to the Social Security Website

- Visit the official Social Security website: www.ssa.gov



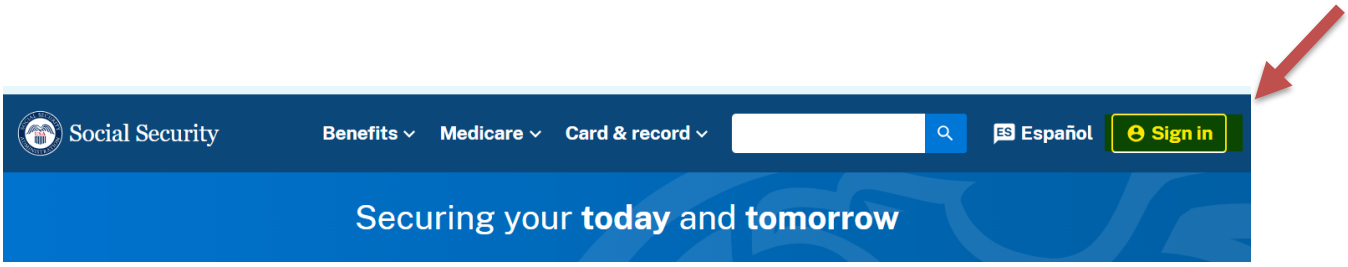


Must have your email account readily available along with your cell phone because you're going to be emailed a code and also text a code to continue your identification process.



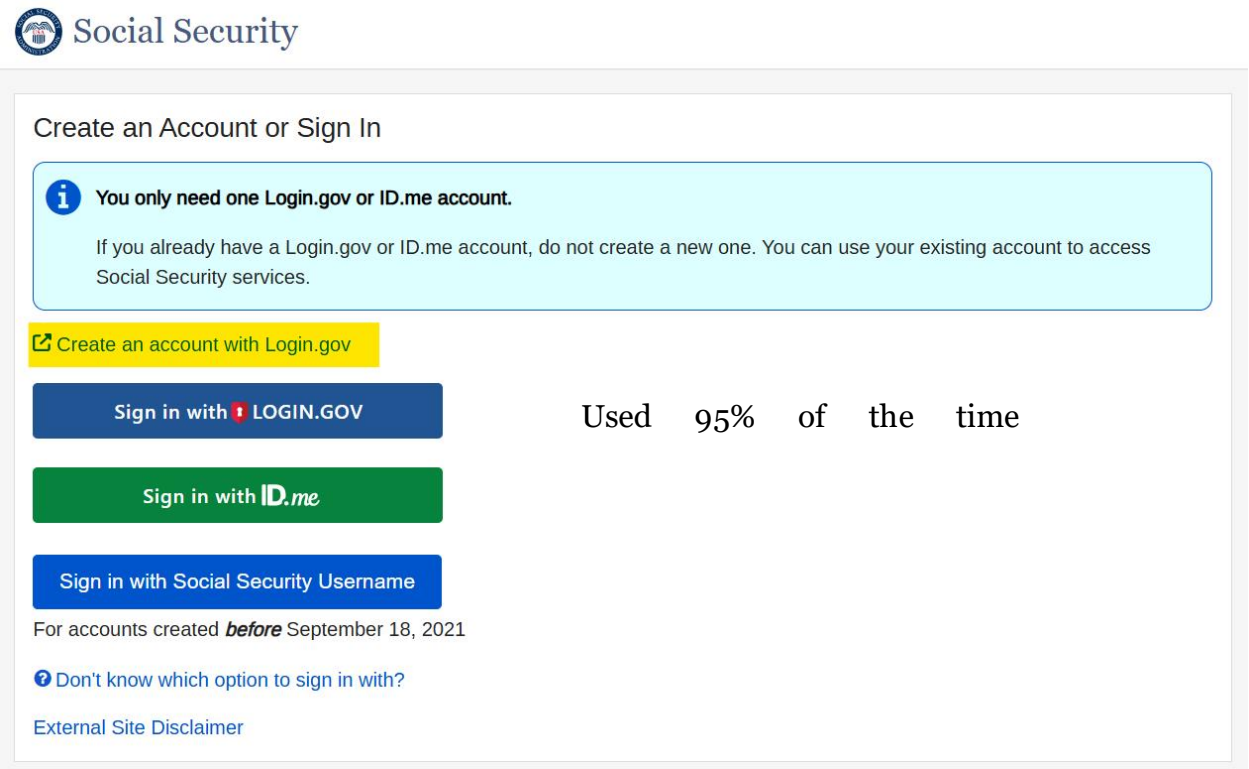
2. Select "Sign In"

- On the homepage, find the **"Sign In"** button, usually located in the top right corner of the page, and click on it.



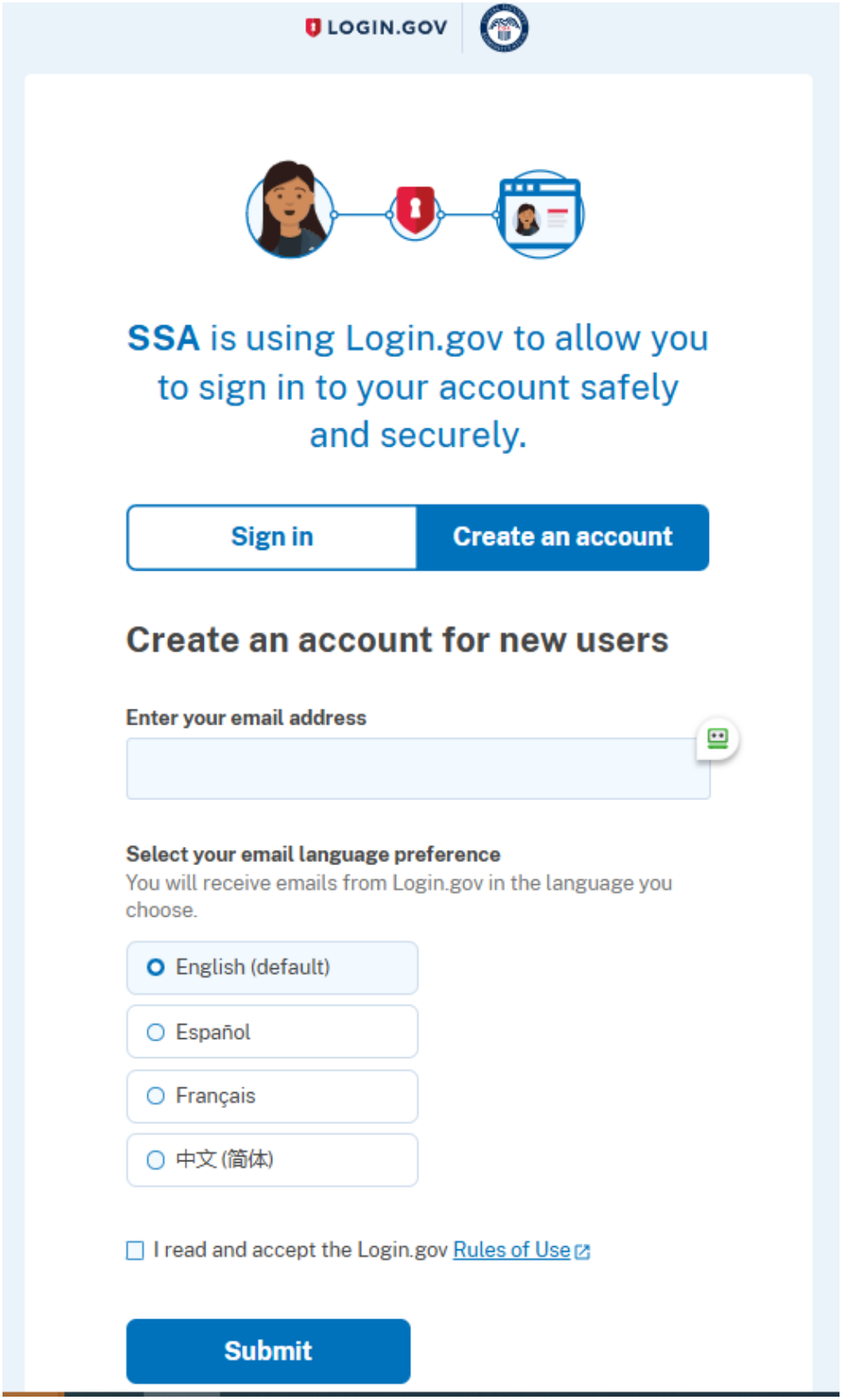
3. Choose "Create an Account"

- On the sign-in page, click on **"Create an account with Login.gov"** under the notification section.

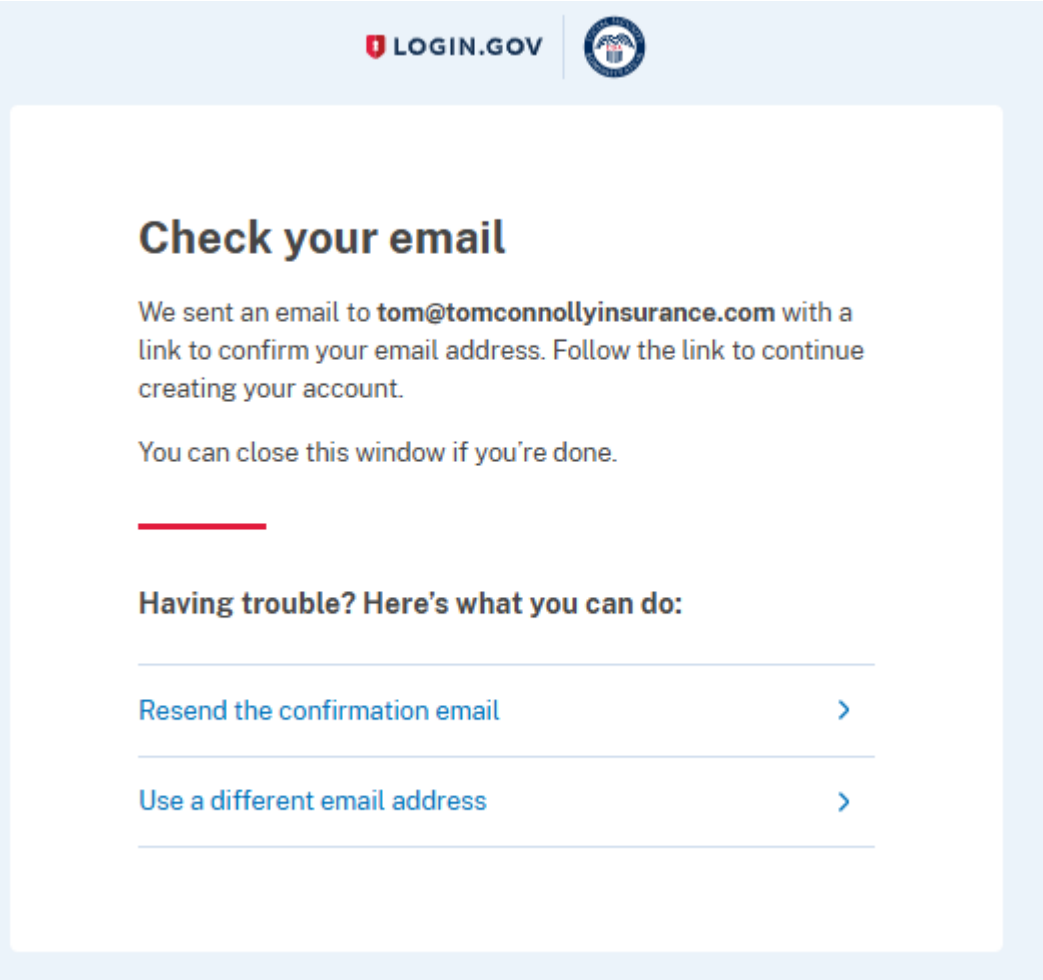


Used 95% of the time

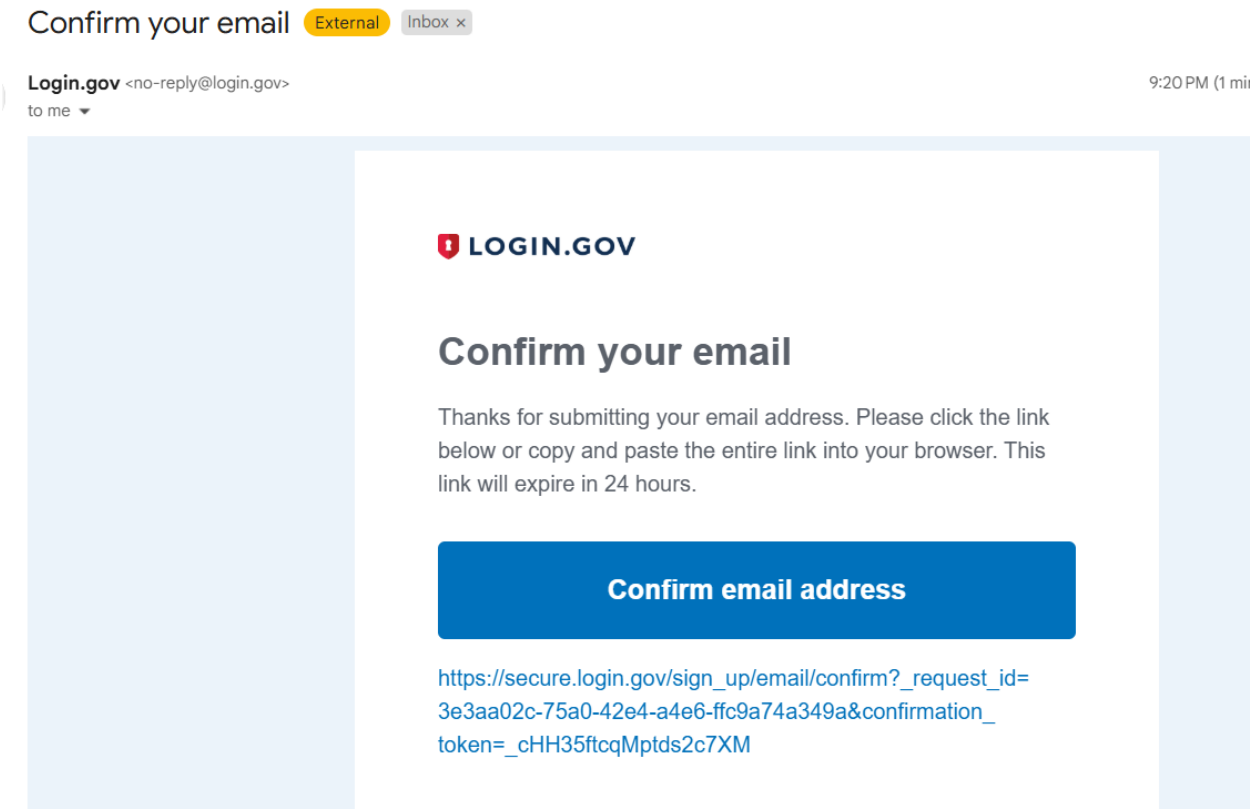
4. Provide your email address and select your preferred language, then select submit.



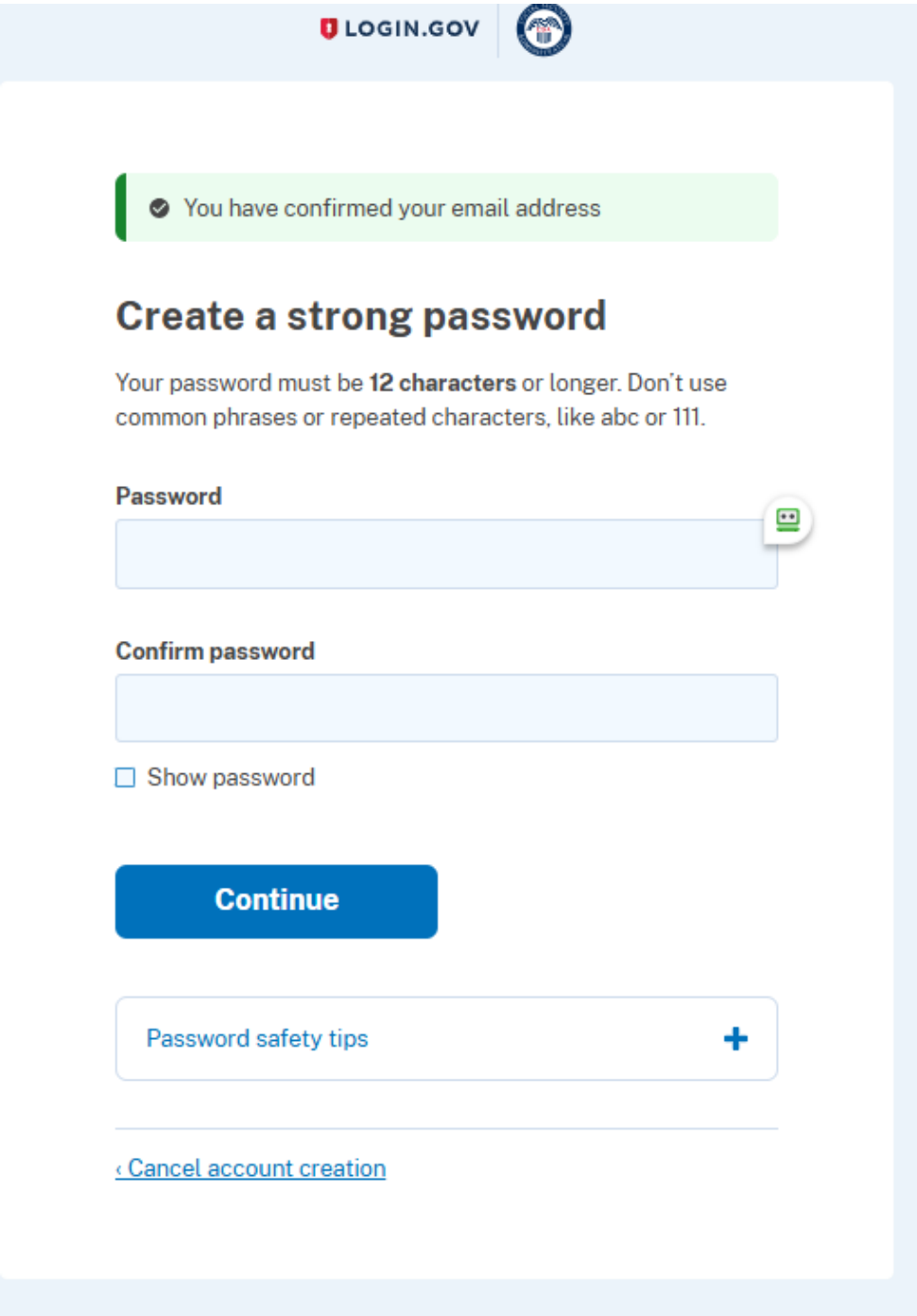
Login.gov will send you an email with a link to confirm your email address.



Check your email account for a recent email titled "**Confirm your email**" and click on the blue button.

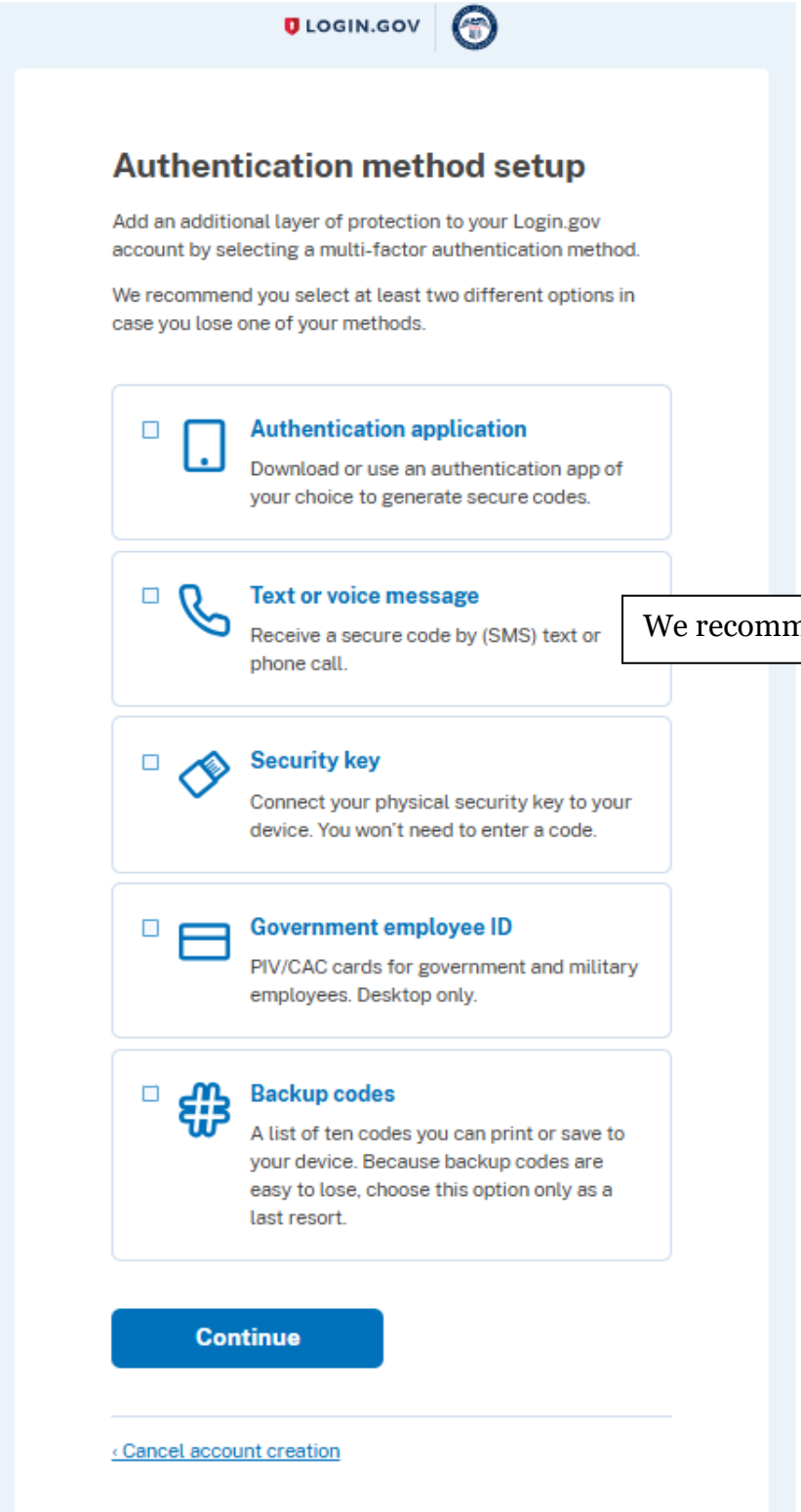


5. Choose your password



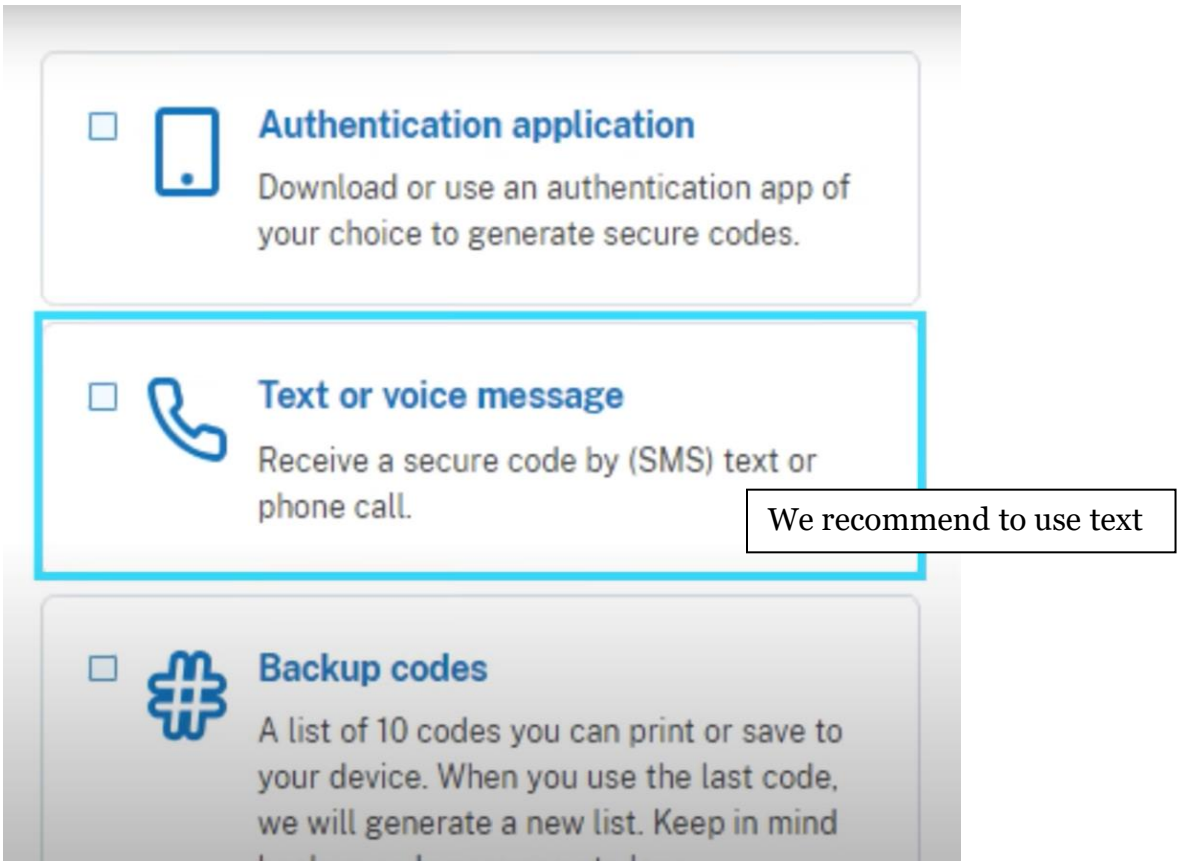
6. Choose an authentication method

You will be asked to select a two-factor authentication method.Login.gov will use this method to verify it is you during future login attempts.



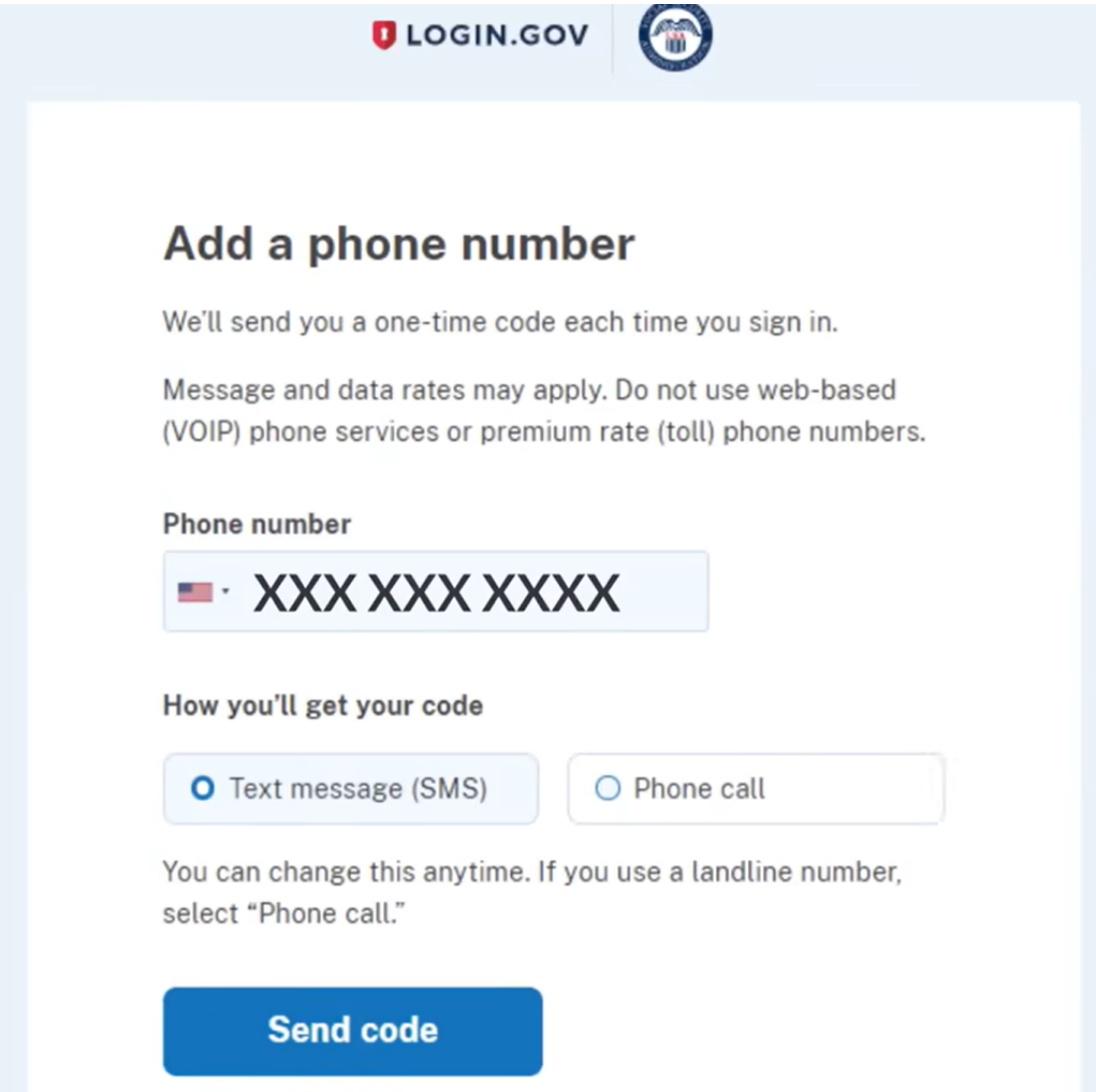
We recommend to use text method

We recommend choosing **text or voice message** option.



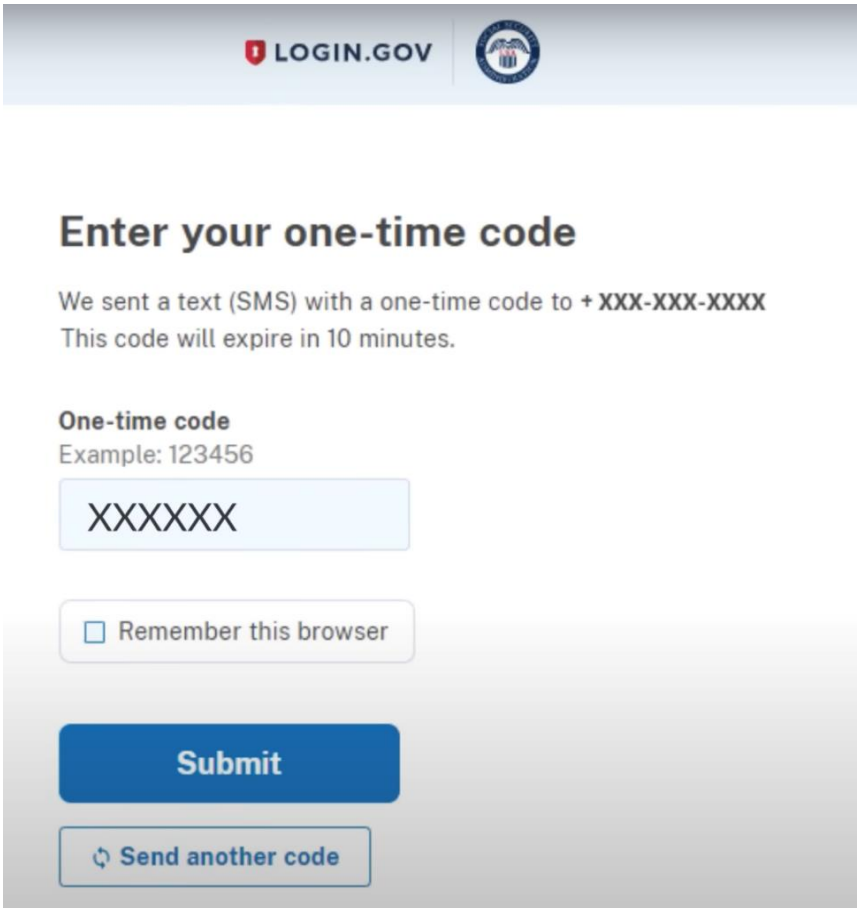
Then you will need to enter your phone number and select how you prefer to receive your one-time code each time you sign in.

Choose a method to receive your code, then select "**Send code**" button.

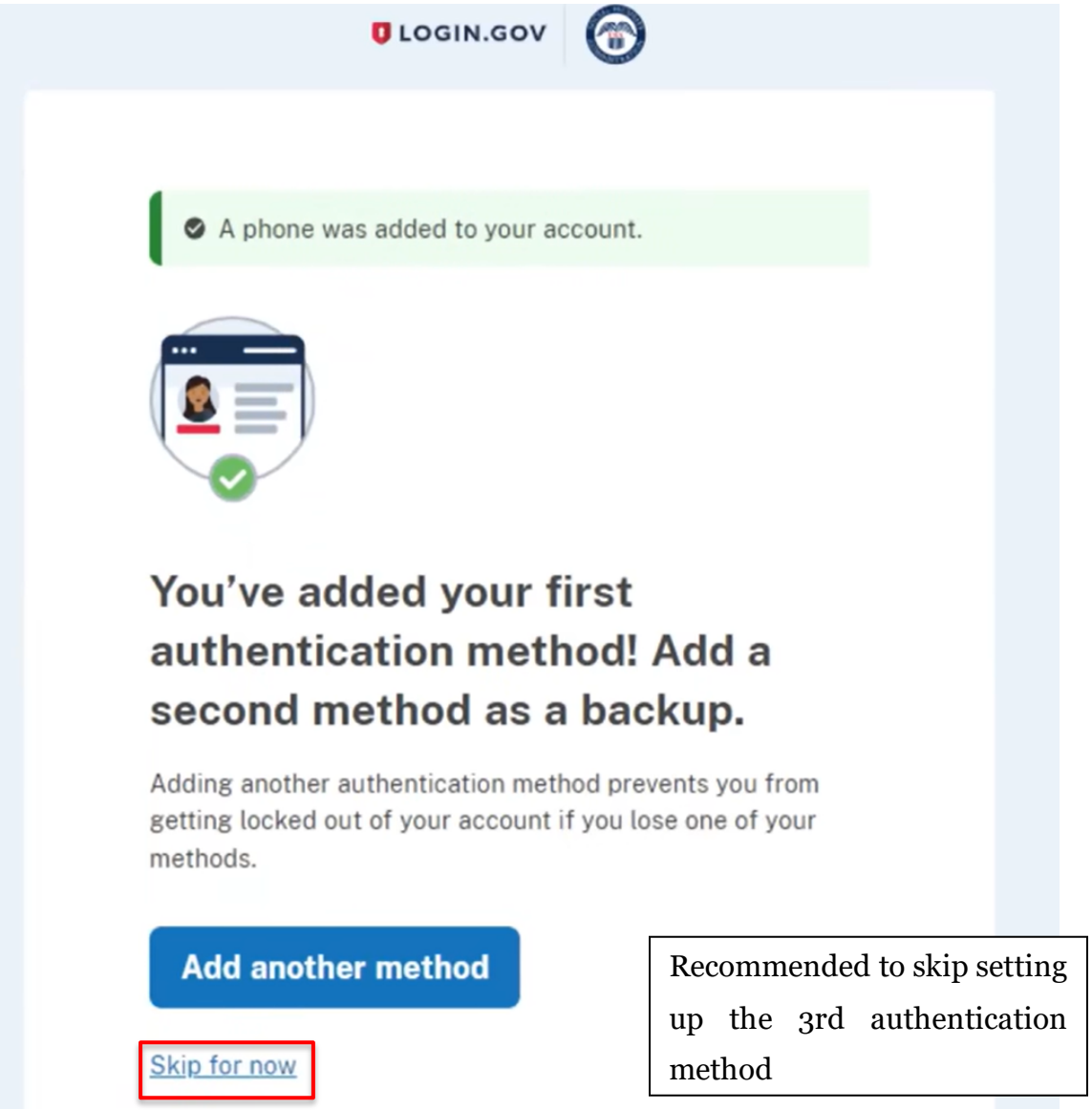


Next you will be asked to enter the code sent to your phone via call or text.

Once you enter the code, select the "**Submit**" button.



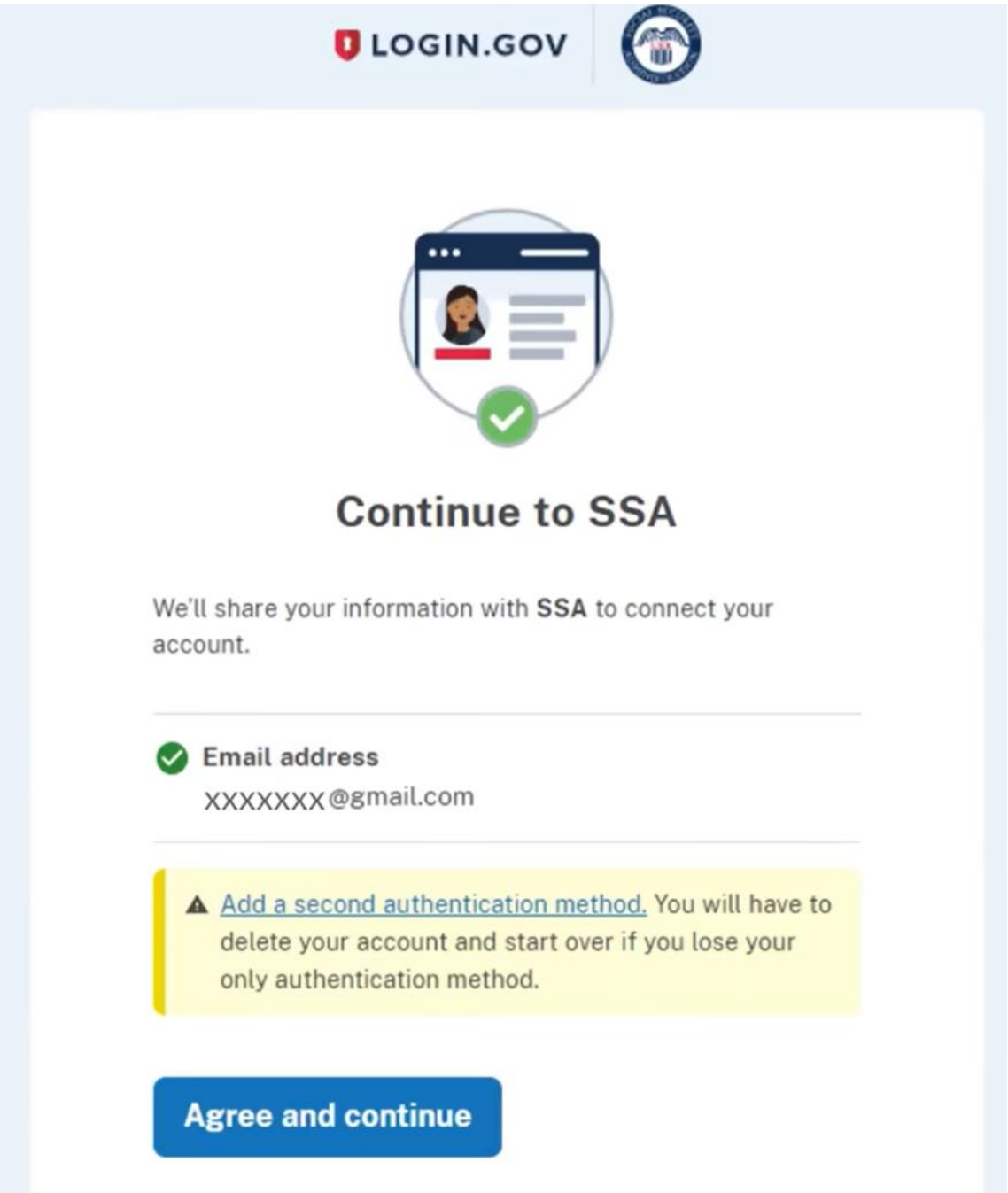
If you enter your code correctly, you will see this screen confirming your new authentication method.



You will also be asked if you would like to use an alternative authentication method. While we do recommend setting up an alternative method, you can choose to skip this process by selecting the "**Skip for now**" link.

7. Share your information with SSA

On the following screen, you will need to select “Agree and continue” button to complete this part of the process.

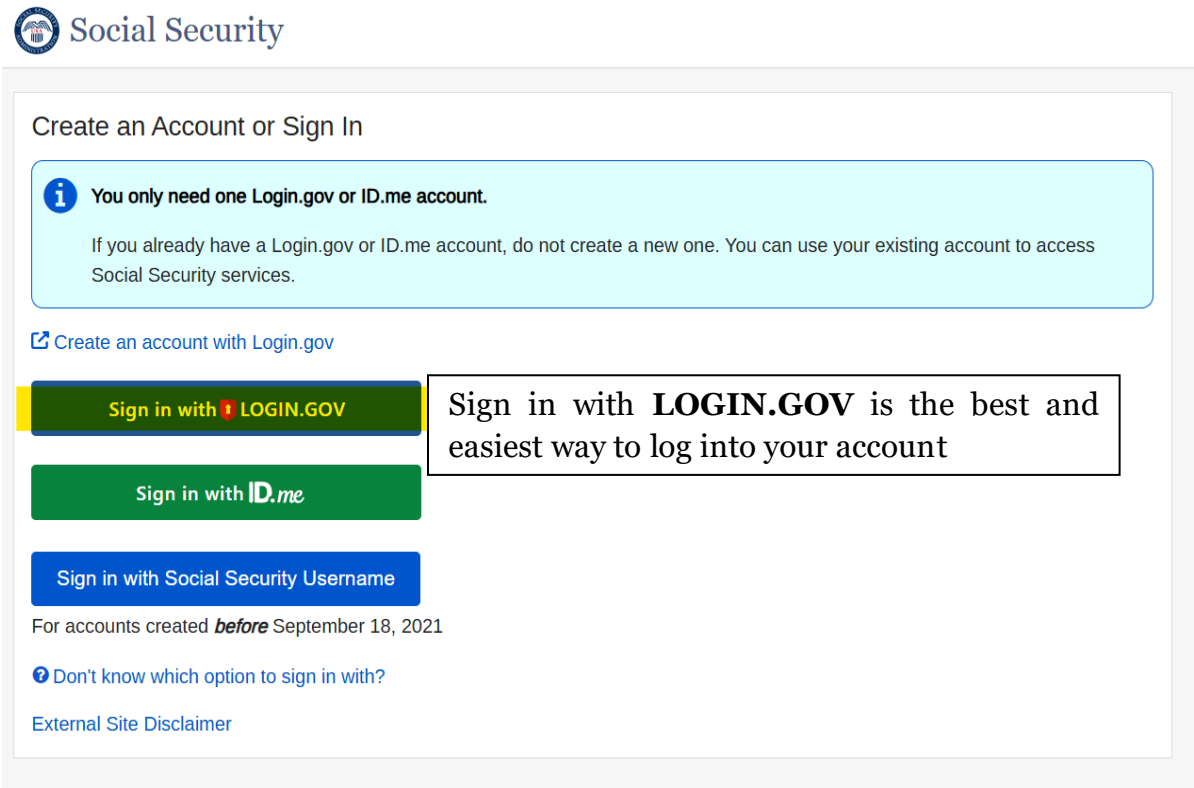


8. Check for successful account creation

Once you see this screen, you have successfully created your Login.gov account and you can log into your **MySocialSecurity** account.

9. Access Your Account

Once your account is set up, you can log in anytime using your **username** and **password**.



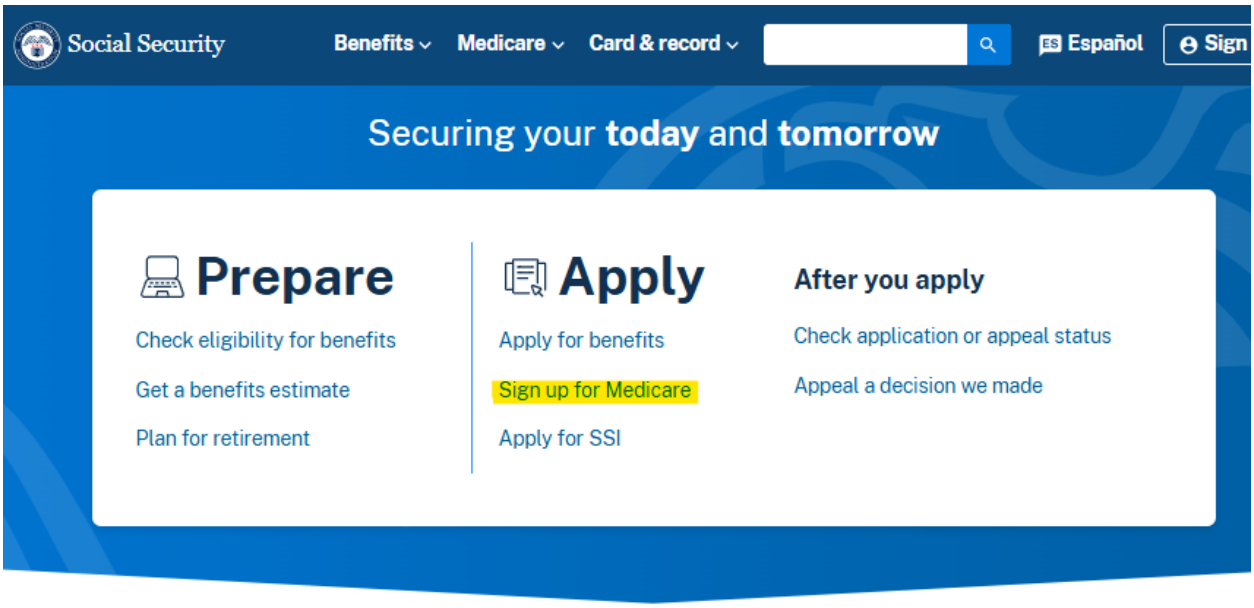
Sign in with **LOGIN.GOV** is the best and easiest way to log into your account

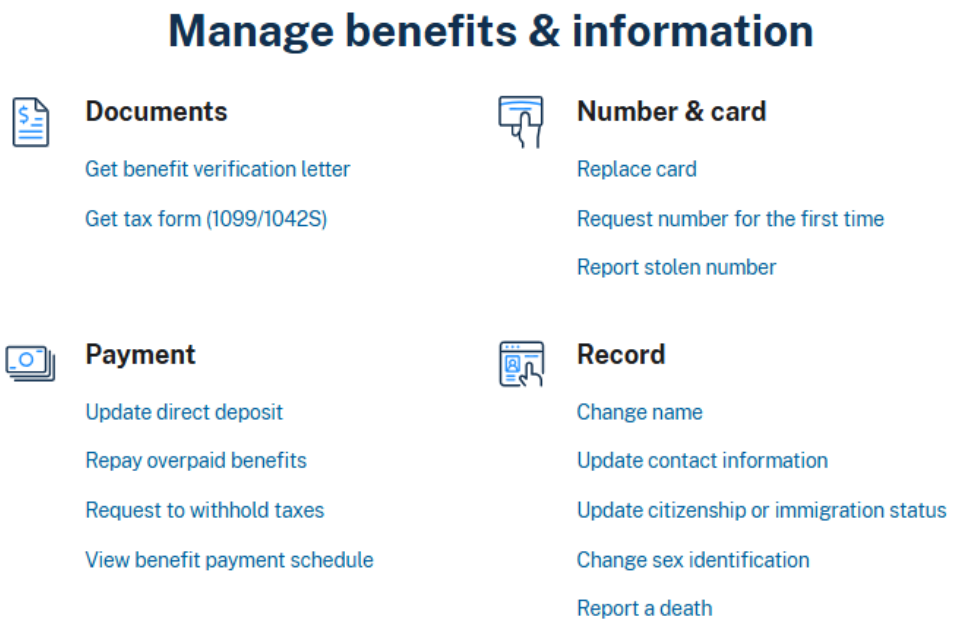
From here, you can access various services, such as:

- Applying for **Medicare**
- Requesting a **Social Security card replacement**
- Viewing your **Social Security statement**
- Checking your **Medicare status** or **eligibility**

How to activate your Part B from your personal Social Security account

Step 1





Step 2

- Plan for Medicare
- Sign up for Medicare
  - Sign up for Part B only
- Request to lower IRMAA
- Apply for Part D Extra Help
- Manage Medicare benefits

Sign up for Medicare

Medicare is our country's health insurance program for people age 65 or older. You'll sign up for Medicare Part A and Part B through Social Security, so you can make both retirement and Medicare choices and withhold any premiums from your benefit payments.

If you're under age 65, you may be eligible for Medicare if you have permanent kidney failure or if you receive Disability benefits. Supplemental Security Income (SSI) does not qualify you for Medicare on its own. Even if you receive SSI, you must meet one of the other requirements to qualify.

Information you'll need to provide +

Sign up for Medicare

If you're 65 or older, you can enroll online for Parts A and B, or Part A only. You can delay Part B if you're already covered through an employer group health plan.

The application is for retirement benefits and Medicare, or Medicare only.

Apply online

Sign up for Part B only

If you already have Part A and previously declined or never signed up for Part B, you can sign up for Part B only.

Get started

Step 3

- Plan for Medicare
- **Sign up for Medicare**
  - **Sign up for Part B only**
- Request to lower IRMAA
- Apply for Part D Extra Help
- Manage Medicare benefits

Sign up for Part B only

Part B helps pay for your basic healthcare services. If you already have Part A, you can add Part B during specific enrollment periods.

It's important to sign up promptly to avoid gaps in coverage or late enrollment penalties. Your coverage generally begins the first day of the month after you sign up.

When you're ending an employer group health plan

If you've been covered by an active employer group health plan (either yours or your spouse's) since turning 65, and it ended within the last 8 months, you can enroll in Part B without any penalty. This is considered a "Special Enrollment Period." See exactly when to sign up.

Submit an application

You can apply online when you're ending an employer group health plan. During this Special Enrollment Period, you can apply any time of year.

Start application

Other times to sign up

When you have a special situation

In certain situations, Medicare offers different enrollment periods for a limited time. This allows you to sign up without penalties during these windows.

See if you qualify for a Special Enrollment Period on Medicare.gov

Step 4

Instructions

Medicare Part B Enrollment:

The Social Security Administration is accepting Medicare Part B enrollment applications online for working individuals who qualify for a Special Enrollment Period (SEP).
You may use this online enrollment application if you are age 65 or older and you currently have or had within the last 8 months, group health plan (GHP) coverage through your (or your spouse's) current employment.

To complete this online enrollment application you will need:

- Your Medicare number
- Your current address and phone number
- A valid email address
- Documentation verifying your GHP coverage through your or your spouse's current employment.

IMPORTANT: You will need to digitally sign the form to complete your application. To complete your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.**

PLEASE NOTE:

- This application is most compatible with the following browsers: Microsoft Edge and Google Chrome.

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

I understand that:

- the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.
- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.
- I am authorized to file a claim on my own behalf or on behalf of someone else with the Social Security Administration.

Information about Social Security's Online Policies
The privacy of our customers is always very important to us. We encourage you to read our Privacy Act Statement.

☐ **I understand and agree to the above statement** *

Step 5

Social Security

pply Online for Medicare Part B During a Special Enrollment Period

Options

Please sign: Medicare Part B Online Application

Next Required 21

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE) UNDER A SPECIAL ENROLLMENT PERIOD

WHO CAN USE THIS APPLICATION?

People with Medicare who have Part A but not Part B AND qualify for a Special Enrollment Period (SEP)

In order to apply for Medicare in an SEP, you must have or had group health plan (GHP) coverage within the last 8 months through your or your spouse's current employment.

NOTE: If you **do not** have Part A, **do not** complete this form. If you **do not** qualify for an SEP, **do not** complete this form. Contact Social Security if you want to apply for Medicare for the first time.

WHEN DO YOU USE THIS APPLICATION?

Use this form:

- If you live in the US and Puerto Rico. You may sign up for Part B using this form.

WHAT HAPPENS NEXT?

Complete and then sign the form digitally. To provide your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.** If you have questions, call Social Security at **1-800-772-1213. TTY users should call 1-800-325-0778.**

HOW DO YOU GET HELP WITH THIS APPLICATION?

Start

1 / 6

Powered by Adobe Acrobat Sign

Step 6

- Complete the online forms, which will ask for:
  - Your name
  - Date of birth
  - Home address
  - Social Security number
- Submit the following forms:
  - 40B form
  - L564 form (from your employer)
- Scan and upload the completed documents.
- After submission, you will receive an email confirmation that your forms have been processed.
- Save the email confirmation in case there is an issue in the future.

Options

Please sign: Medicare Part B Online Application

Next Required 21

Start

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

SECTION A: Applicant Info

1. Your Medicare Number *

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? * ☐ YES

3. Your Name (Last Name, First Name, Middle Name) *

4. Mailing Address (Number and Street, P.O. Box, or Route) *

5. City * State * Zip Code *

6. Phone Number (including area code) *

7. Remark (For Example - Desired Coverage Start Date)

Powered by Adobe Acrobat Sign

Options

Please sign: Medicare Part B Online Application

Next Required 21

Start

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

SECTION C: For Employer Group Health Plans ONLY

Complete this information to the best of your ability.

1. Are or were you covered under an employer group health plan? * ○ Yes * ○ No

2. If yes, provide date coverage began. (mm/yyyy)

3. Has the coverage ended? * ○ Yes * ○ No

4. If yes, provide date coverage ended. (mm/yyyy)

5. When did you or your spouse work for the company?
From: (mm/yyyy) | To: (mm/yyyy)

SECTION D: Employment Verification

INSTRUCTIONS

Attach documentation that verifies your group health plan coverage within the last 8 months through your or your spouse's current employment. Please see instructions for acceptable types of verifying documents. Please note that submitting incorrect or incomplete documentation may delay processing of your application and/or cause the application to be rejected.

Powered by Adobe Acrobat Sign

Options

Please sign: Medicare Part B Online Application

Next Required 20

SECTION D: Employment Verification

INSTRUCTIONS

Attach documentation that verifies your group health plan coverage within the last 8 months through your or your spouse's current employment. Please see instructions for acceptable types of verifying documents. Please note that submitting incorrect or incomplete documentation may delay processing of your application and/or cause the application to be rejected.

Only attach PNG, JPG, JPEG, GIF, BMP, PDF, DOC, DOCX, WP, TXT, RTF, HTM, or HTML file types. Attachments are limited to 5 MB and 25 Pages

1. Verifying Documents

Next

FILE: Carl Pearsom L564.pdf

FILE: Carl Pearson 40b form.pdf

2. Signature

*Click here to sign

You will need to digitally sign the form to complete your application. To provide your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.**

Powered by **Adobe Acrobat Sign**

- After submitting, you will receive a confirmation email, which verifies that your forms have been successfully sent into the system.
- At this point, you've done everything you can.
- Now, you will need to wait for them to process your application for Part B.

Medicare Part B Online Application has been Signed and Filed Inbox ×

Social Security Administration <adobesign@adobesign.com> 8:20 PM (37

to me

Social Security

You're done signing

Medicare Part B Online Application

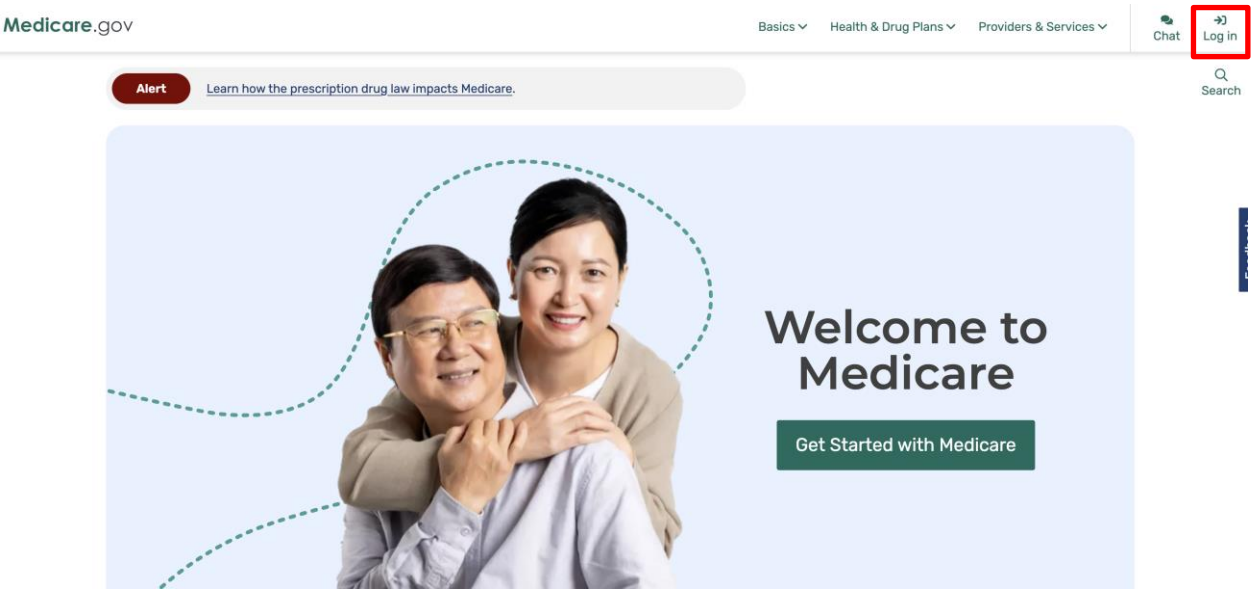
Open Document

You can **open the final document** to review its activity history or download a copy for reference.

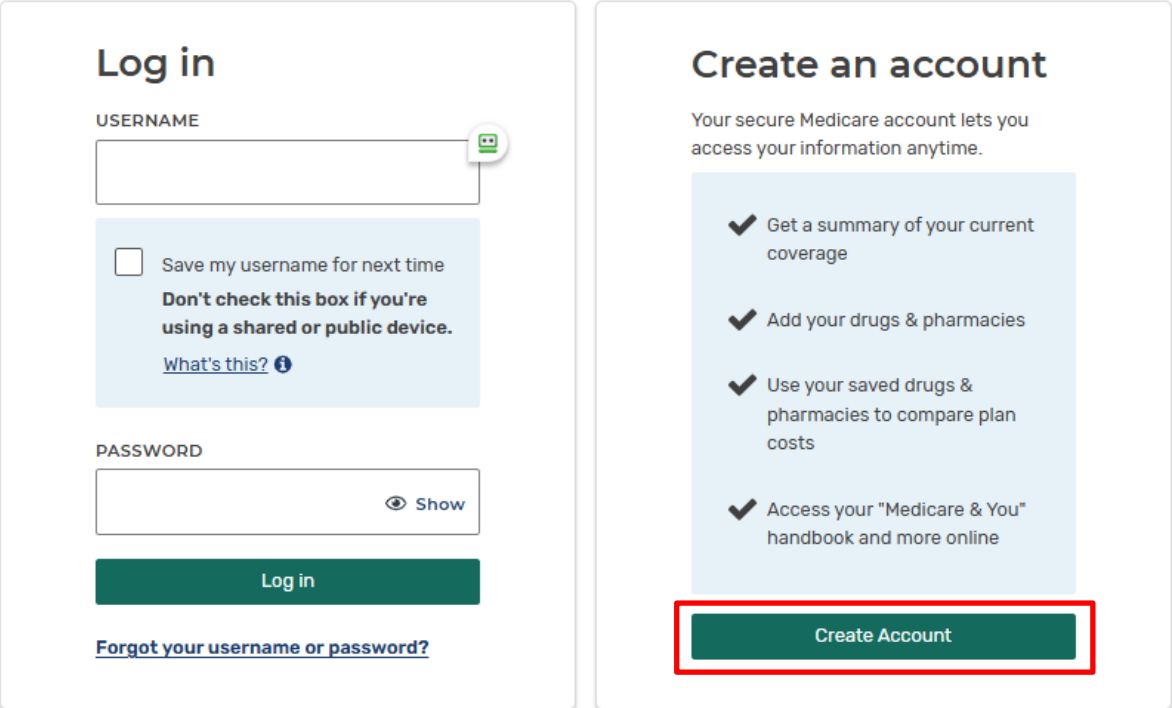
Steps to create your Medicare account

Here's the main Medicare.gov page.

1. Click on **Log in** button on the top right conner to access login page.



2. Click on **Create Account** to get started.



3. Enter your **Medicare number** and your **Medicare part A start date** then click next.

Create an account

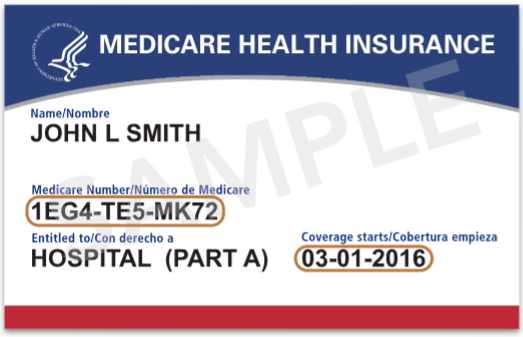
Step 1 of 3

Enter your Medicare information

To get started, you'll need your red, white, and blue Medicare card.

I don't have a Medicare card

Enter your Medicare Number and coverage start date



MEDICARE NUMBER

PART A COVERAGE START DATE

Use the format MM/YYYY

MONTH / YEAR

Don't have Part A?

Get other options

By giving us your personal information, you understand and agree with the Medicare.gov Privacy Act Statement.

Cancel Next

4. Click **OK** to agree to the security notice.

Security Notice

By logging in, you're accessing data on a U.S. Government Information System that is owned and operated by the Centers for Medicare & Medicaid Services, the federal agency that runs Medicare.

- Any information in this system is for use by authorized Medicare.gov users only.
- Your visit may be monitored, recorded, and subject to audit. We do this to protect the security of this system and data.
- If you access, use, or share anyone else's information, you may face civil and criminal penalties, including disciplinary action.

Cancel OK

5. Enter your basic contact information (last name, date of birth and email) on this page. Check the agreement box and click **Next** button to proceed.

Create an account

Step 2 of 3

Enter your information

All fields required.

LAST NAME

SUFFIX

None

DATE OF BIRTH

Use the format MM/DD/YYYY

MONTH / DAY / YEAR

ZIP CODE OR CITY

EMAIL ADDRESS

CONFIRM EMAIL ADDRESS

Don't have an email address?

We'll send information about your account by mail to the address on file.

☐ I don't have an email address.

Agree to the statement below

☐ By checking this box, you certify that the information listed is true and complete to the best of your knowledge.

Back Next

6. Create your **username** and **password** on this page. Select you **secret question** and enter the answer then click **Create Account**.

Create an account

Step 3 of 3

Set up your account

All fields required.

Create Username

Your username can be your email address, but can't be your Social Security Number or your password.

USERNAME

- Must be 8-30 characters, with at least 4 letters, and no spaces
- Can only use these symbols @ ! . - _ $ (but not as the first or last ch
- Can't include your Medicare Number

Create Password

Your password can't be your username, Social Security Number, or a password you've used before.

PASSWORD

- Must be 8-16 characters long
- Must have at least 1 letter, 1 number, and 1 of these symbols: @ ! $ %
- Can't include your Medicare Number

Show

CONFIRM PASSWORD

Show

Secure your account

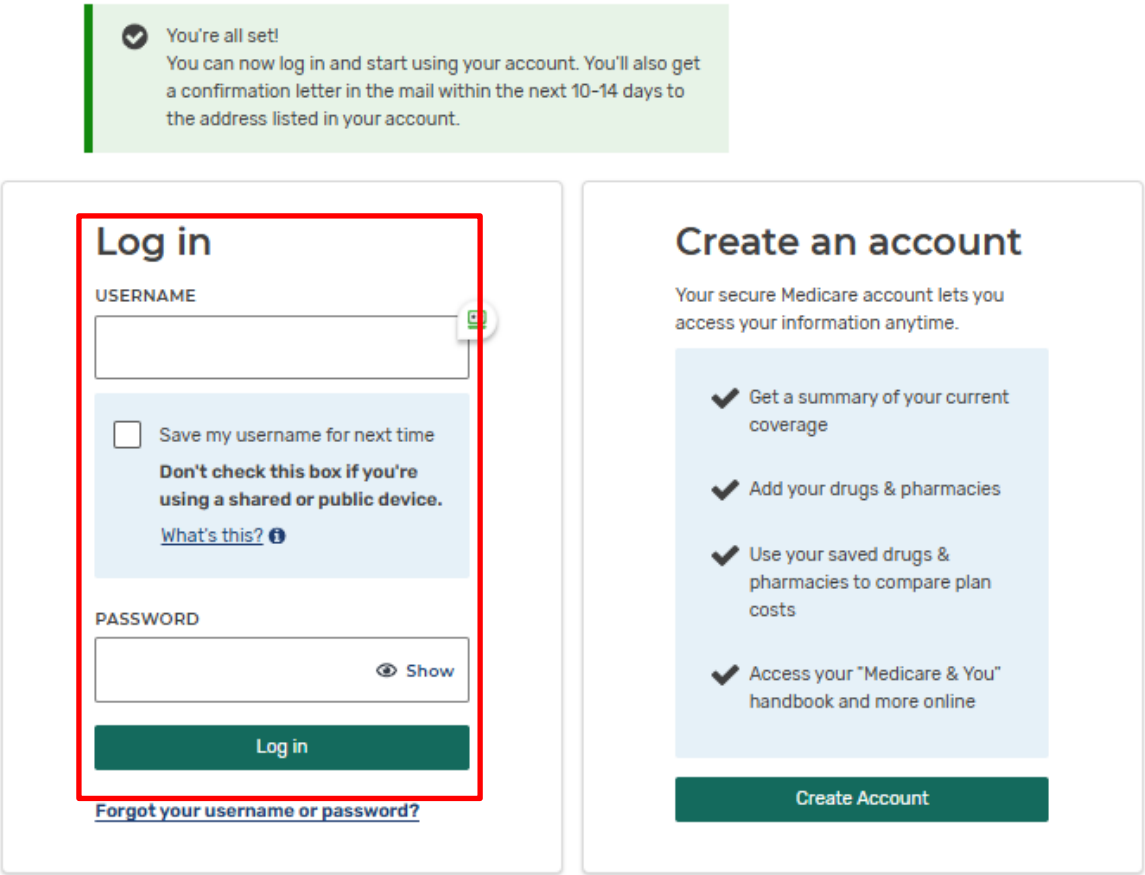
SECRET QUESTION

Select question

SECRET ANSWER

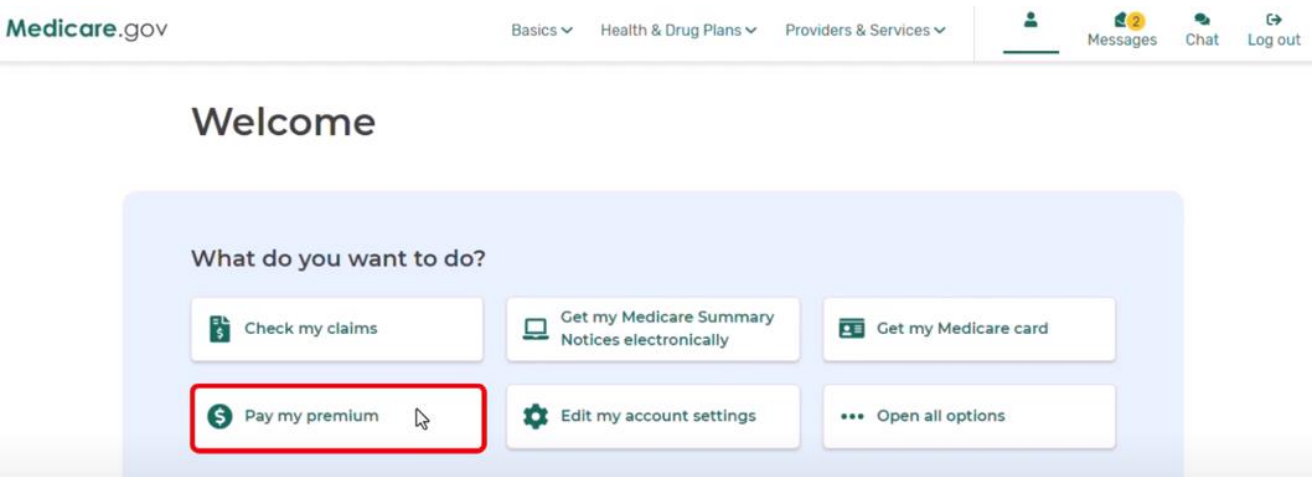
Back | Create Account

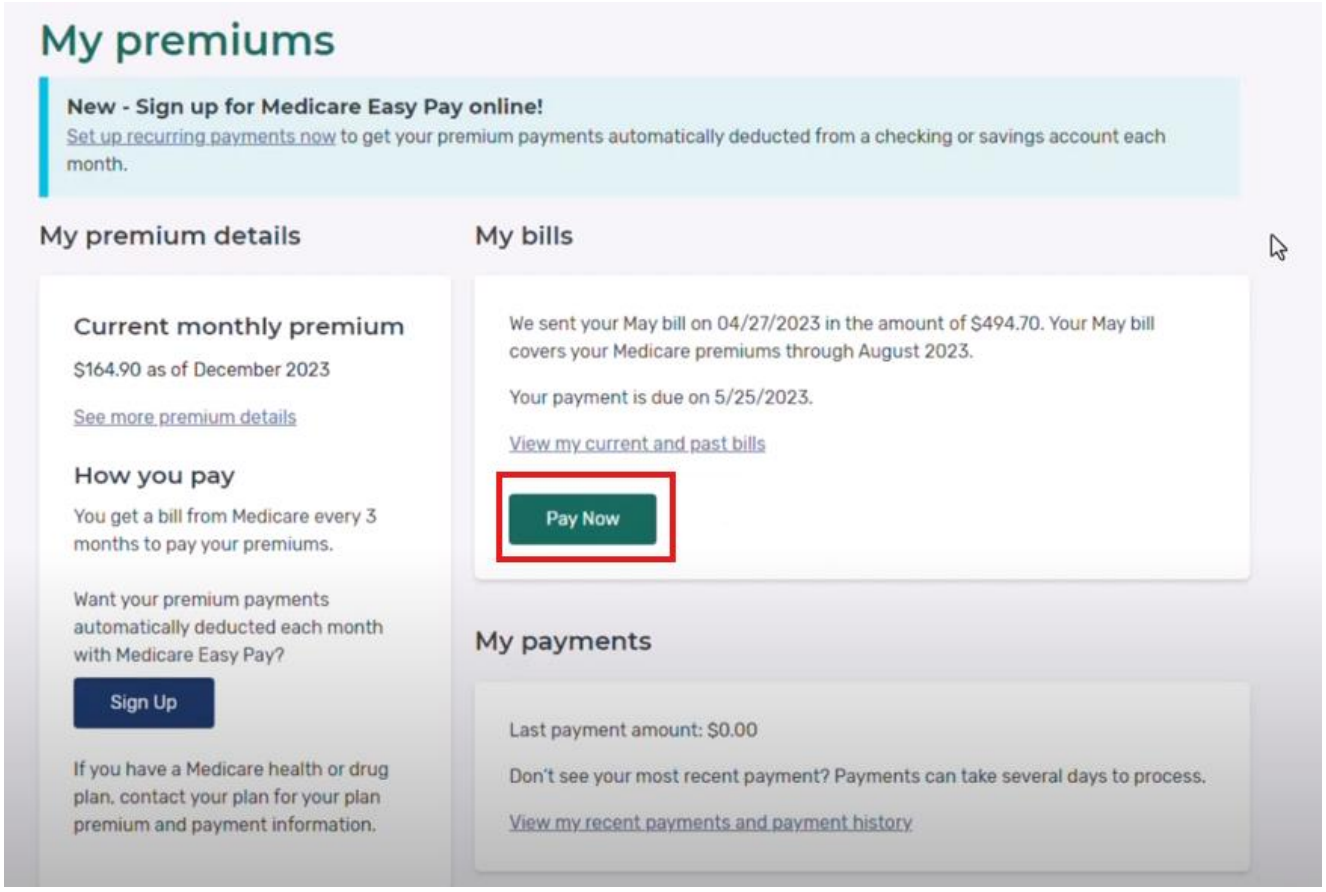
7. The next page shows you a confirmation box at the top stating the account has been created. To get into your account, you need to enter the username and password you just created.



Pay Your Medicare Part B Premium Online

After creating your account at [Medicare.gov](), select "**My Premiums**" and then "**Pay Now**". You will then be prompted to select your payment method, such as credit/debit card, checking account, or savings account. Follow the instructions to complete your **one-time electronic payment**.





Make a payment

Before you pay

You can pay your Medicare Part A, Part B, and/or Part D IRMAA premiums online. If you pay with a credit card, debit card, or Health Savings Account (HSA), your statement will show a payment to "CMS Medicare Insurance." If you pay with a checking or savings account, your statement will show a payment to "CMS Medicare Premiums."

Sign up for Medicare Easy Pay to set up recurring payments to get your premium payments automatically deducted from a checking or savings account each month.

See other ways to pay your premiums

Pay your premium

Premium payments are due by the 25th of the month. Please allow at least 5 business days for your payment to process.

There's no charge or service fee – it's free to use this service.

We sent your May bill on 04/27/2023 in the amount of $494.70. Your May bill covers your Medicare premiums through August 2023.

All fields required.

PAYMENT METHOD

- Credit or debit card
- Checking or savings account
- Health Savings Account (HSA) card

What's an HSA?

PAYMENT AMOUNT

$

(HSA), your statement will show a payment to "CMS Medicare Insurance." If you pay with a checking or savings account, your statement will show a payment to "CMS Medicare Premiums."

Sign up for Medicare Easy Pay to set up recurring payments to get your premium payments automatically deducted from a checking or savings account each month.

See other ways to pay your premiums

There's no charge or service fee – it's free to use this service.

We sent your May bill on 04/27/2023 in the amount of $494.70. Your May bill covers your Medicare premiums through August 2023.

All fields required.

PAYMENT METHOD

- Credit or debit card
- Checking or savings account
- Health Savings Account (HSA) card

What's an HSA?

PAYMENT AMOUNT

$

The payment amount must be between $10 and $15,000. Enter an amount in dollars and cents. For example, if you want to pay $300, enter 300.00.

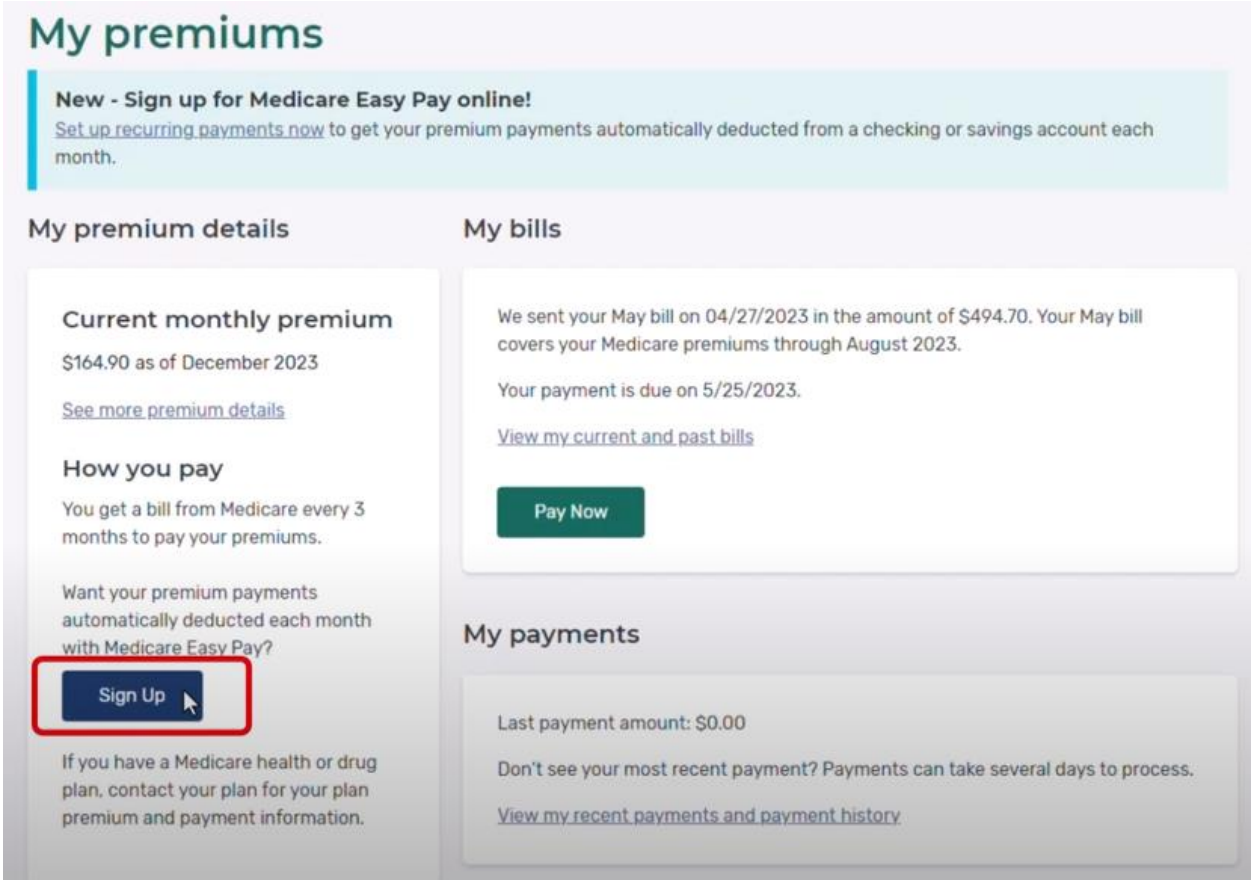
Pay through Pay.gov

To finish your payment, you'll be directed to the official and secure Pay.gov website. If you have any trouble making your payment, contact Medicare at 1-800-MEDICARE (1-800-633-4227). **Do not contact Pay.gov.**

You can also setup **Easy Pay** to have the premium **paid automatically every month**, rather than going into the site each time you receive a premium invoice.

Notes:

1. Deductions are on the **20th** of the month (or the next business day). It can take up to 6-8 weeks for your automatic deductions to start.
2. Your first automatic payment may deduct as many as three months of premiums because it does take a few months for it to take effect. After that, it would be monthly auto deductions.



Sign up for Medicare Easy Pay

Print

Complete the form to pay your premiums with automatic recurring payments from a checking or savings account. Once your Medicare Easy Pay starts, we'll deduct your premiums on the 20th of each month (or the next business day).

Before you sign up

- Your first automatic payment with Medicare Easy Pay may deduct up to 3 months of premiums.
- After your first deduction, we'll deduct your full monthly premium amount each month. If your premium changes, we'll automatically deduct the new premium amount.
- If you owe more than 1 month's premium + $10, your automatic payment won't happen. You'll get a Medicare Premium Bill (CMS-500) and you'll have to pay your premium another way.
- We won't deduct a payment if you owe less than $10.
- You can change bank accounts or stop Medicare Easy Pay after you sign up.

Complete the form

All fields required.

Account Type

Checking Savings

ROUTING NUMBER

(9 digits)

Where can I find my routing number?

ACCOUNT NUMBER

(4-17 digits)

Where can I find my account number?

Hide

RE-ENTER ACCOUNT NUMBER

Hide

premium another way.

- We won't deduct a payment if you owe less than $10.
- You can change bank accounts or stop Medicare Easy Pay after you sign up.

ACCOUNT NUMBER

(4-17 digits)

Where can I find my account number?

Hide

RE-ENTER ACCOUNT NUMBER

Hide

By checking this box, I authorize the Centers for Medicare & Medicaid Services (also called "CMS") to automatically deduct the amount due for my Medicare premiums each month from the checking or savings account listed above, on or around the 20th of each month.

I understand the following Medicare Easy Pay terms and conditions:

Print this page before clicking "Submit" to keep a copy for your records.

Cancel Submit

Now that we've activated your Medicare Parts A and B, the next step is to determine the best coverage options for you here in Massachusetts. We have two primary options to consider:

1. Medigap (Supplemental) Plans

These plans, also known as Medigap policies, are designed to fill in the gaps of Medicare Parts A and B. Medigap policies help cover additional costs such as copays, coinsurance, and deductibles that are not fully paid by Medicare. Along with a Medigap plan, you will also need a standalone prescription drug plan (Part D) to cover your medications.

2. Medicare Advantage Plans

Medicare Advantage (Part C) works similarly to a group insurance plan. With an Advantage plan, you won't have a deductible, but you will typically have copays. Most Medicare Advantage plans require you to choose between Health Maintenance Organizations (HMOs) or Preferred Provider Organizations (PPOs), so we'll need to review these options carefully to determine the best fit for your needs.

Step-by-Step Process for Setting Up Your Coverage:

To choose the right Medicare Advantage plan or Medigap policy, we'll need to do a personalized analysis. This will involve collecting important details, such as:

- Your doctors' names
- A list of your current medications
  This competitive analysis will help us identify the most suitable plan options, tailored specifically to your healthcare needs.

Illustrations of Coverage:

We've included some helpful illustrations that explain how these coverage plans work. These visuals will help clarify the benefits of each plan, and how they can help you manage costs effectively.

Drug Plan Analysis:

If you decide to go with a Medigap policy, we'll also need to set up a standalone drug plan (Part D) for you. We'll analyze your medications to determine which drug plan would be the best fit for you.

What's Next?

The following pages will explain these options in more detail, so you'll have a clear understanding of your choices and how we can help you choose the right plan."

Medicare Supplement Plans, also known as Medigap, are designed to help fill in the gaps left by original Medicare. These plans offer flexibility, allowing you to visit any doctor or hospital that accepts Medicare, without the need for a referral. This is especially helpful if you want to avoid restrictions in care or specific networks.

In Massachusetts, the most common Medigap plan is Plan 1A. This plan has a $240 deductible, but once that's met, you'll have no copays for doctor visits, MRIs, hospitalization, surgeries, and more. Some plans even offer additional benefits, such as spousal discounts on coverage.

Many carriers also offer bundled packages that include extras like dental, vision, hearing aid coverage, and even one company that provides up to $150 a year for gym memberships.

We can explore all available options, not only in Massachusetts but across the U.S., to ensure you get the best coverage for your needs. Additionally, since you'll need a separate prescription drug plan (Part D), we can help you choose the best one for your medications.

Medicare Supplement Plans are all about giving you more choice and less hassle when it comes to your healthcare. Let me know if you have any questions or if you'd like to review specific plans!

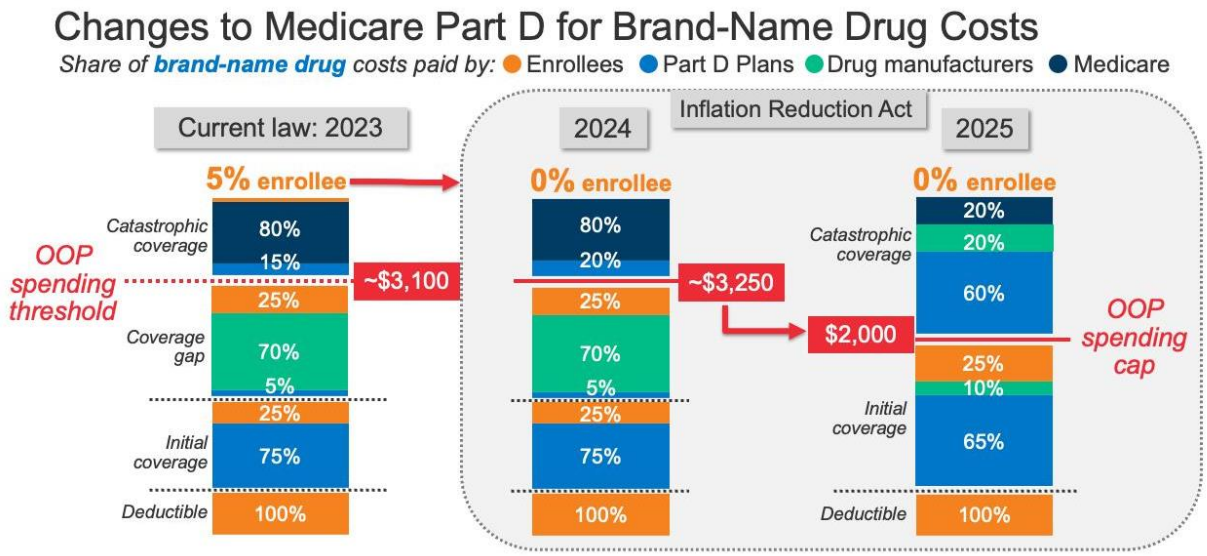
Why Drug Plan Analysis is Crucial

1. **Differences in Coverage**:
    - **Deductibles**: Some Medicare Part D plans have no deductible, while others may have a deductible that applies only to certain tiers (like Tier 3 and above).
    - **Tier Structures**: Drugs are typically categorized into tiers that determine your out-of-pocket costs. The same drug might be classified differently across plans, leading to significant variations in what you pay.
2. **Impact of Drug Tiers**:
    - **Tier 1 & Tier 2**: Generally, these tiers include generic drugs with lower copays.
    - **Tier 3**: Often includes preferred brand-name drugs. Some plans may apply the deductible only when you fill a Tier 3 drug, which can mean you pay more out of pocket until the deductible is met.
    - **Tier 4 & Tier 5**: These tiers usually consist of non-preferred brand-name drugs and specialty medications, often with much higher copays or coinsurance.
3. **Cost Differences**:
    - As you've noted, a drug covered under Tier 3 with a $47 copay in one plan could be considered a Tier 4 drug in another, with a copay of $100 or more. These differences can add up significantly over the year.

Steps to Manage and Compare Plans:

- **Use the Medicare Plan Finder**: This tool allows you to input your medications and see how different plans cover them, including estimated costs.
- **Check for Formulary Changes**: Each year, plans can change which drugs they cover and how they categorize them. Always review the formulary (the list of covered drugs) during the annual open enrollment period.
- **Consider Total Costs**: Look beyond just the monthly premium. Factor in deductibles, copays, and coinsurance when comparing plans to understand your total potential costs.
- **Consult with a Professional**: If you're unsure, working with a Medicare counselor or insurance agent who specializes in Medicare can help ensure you're in the best plan for your needs.
- Being proactive about analyzing your drug coverage options can save you a significant amount of money and ensure that your medications are covered in a way that fits your budget.
- In 2025, Medicare Part D drug coverage is set to undergo significant changes, most notably with the introduction of a $2,000 maximum out-of-pocket limit. This change is a considerable shift from previous years, offering greater financial protection for beneficiaries. Below, you'll find a comparison grid that outlines how Medicare Part D will work in 2025 compared to 2024,
- highlighting the key differences in coverage and out-of-pocket costs.

2025 Drug Coverage Explanation



We use software to analyze and compare your drugs with the carriers to try to get you the best value in the marketplace for prescription drug plans see our analysis that we've done prior below.

Medicare drug plans and Medicare Advantage Plans with drug coverage typically include three stages:

1. **Deductible Stage**: In this stage, if your Medicare plan has a deductible, you are responsible for paying all out-of-pocket costs until you reach the full deductible amount. For 2025, no Medicare drug plan can have a deductible exceeding $590. Some plans may not have a deductible at all.

2. **Initial Coverage Stage**: Once you meet your deductible (if applicable), you'll pay 25% of the cost as coinsurance for both generic and brand-name drugs. This continues until your total out-of-pocket spending on covered Part D drugs reaches $2,000 in 2025. This total includes certain payments made on your behalf, such as those from the Extra Help program. After reaching this threshold, you will automatically enter the next stage: catastrophic coverage.

3. **Catastrophic Coverage Stage**: In this stage, you will not have to pay out-of-pocket for covered Part D drugs for the remainder of the calendar year.

When enrolled in Medicare drug coverage, you will receive an Explanation of Benefits (EOB) the month following any pharmacy transactions. The EOB details the prescriptions you filled, the amounts your plan paid, your contributions, your current coverage stage, and what counts toward your out-of-pocket and total drug costs.

Compare Drug Plans

Compare Plans

Show plan differences Send quote Costs are based on CVS Pharmacy #01845 Walgreens #5075 Mail order Effective September 2024	Company A	Company B	Company C
	Not enough data to calculate overall rating Medicare Star Rating	Medicare Star Rating	Medicare Star Rating
	Monthly plan premium $0.00	Monthly plan premium $27.00	Monthly plan premium $49.00
	Plan details Add to cart	Plan details Add to cart	Plan details Add to cart
Additional Information	1	Aetna and SilverScript CMS and Legal Disclaimers	N/A
Costs			
Est. drug cost Based on 4 drugs Add/edit	$921 partial year	$0 partial year	$0 partial year
Est. Health cost Add health information if you would like to view estimated annual costs	Add health information	Add health information	Add health information
Total est. cost Based on plan premium, health and drug costs. (Effective Sep 2024)	$921 partial year	$108 partial year	$196 partial year
Benefits			
Medical coverage			

Advantage Plan analysis

Costs	
Plan Premium	**$34.50 monthly**
Est. drug cost Based on 4 drugs Add/edit	**$1,040 partial year**
Total est. cost Based on plan premium and drug costs. (Effective Sep 2024)	**$1,178 partial year**

Benefits	
Pharmacy Coverage	
Prescription Deductible	**$545.00**
Initial Coverage Limit	**$5,030.00**
One Month Supply (Retail) Pharmacy with Preferred Cost Sharing	
Preferred Generic	**$2.00**
Generic	**$8.00**
Preferred Brand	**15%**

Plan details | Prescriptions | Health costs | Total estimated costs

Additional Information	1
Costs	
Plan Premium	**$0.00 monthly**
Est. drug cost Based on 4 drugs Add/edit	**$921 partial year**
Est. Health cost Add health information if you would like to view estimated annual costs	Add health information
Total est. cost Based on plan premium, health and drug costs. (Effective Sep 2024)	**$921 partial year**
Benefits	
Medical Coverage	
Medical Deductible	**$0.00**
In-Network Maximum Out Of Pocket	**$6,000.00**
Primary care Office Visit	**In-Network: $0 copay per visit**

MEDICARE VS. MEDICAID

Medicare - Healthcare

Medicare is a federal health insurance.

Medicaid - Financial aid

Medicaid is also known as MassHealth in Massachusetts and is state financial assistance.

Massachusetts Medicare Savings Program, this waives the cost of your Medicare Part B

MassHealth

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
www.mass.gov/masshealth

Medicare Savings Programs (MSPs)

Formerly known as the MassHealth Senior Buy-In and MassHealth Buy-In Programs

What are Medicare Savings Programs (MSPs)?

MSPs (formerly known as the MassHealth Senior Buy-In and Buy-In Programs) are programs that pay for some or all of Medicare beneficiaries' premiums, deductibles, copays, and co-insurance. In Massachusetts, MSPs are run by MassHealth. We offer three different coverage types as part of the MSPs:

- **Qualified Medicare Beneficiary (QMB), formerly MassHealth Senior Buy-in:** MassHealth pays for the Medicare Part A premium, if you have one (most people will not), and the Medicare Part B premium and cost sharing (paying some of the costs of things like copays, deductibles, and/or premiums). If you have QMB, your medical provider is not permitted to bill you for Medicare copays and deductibles. This includes Medicare Advantage Plan providers. However, you can still be charged a pharmacy copay.
- **Specified Low-Income Medicare Beneficiary (SLMB) and Qualifying Individual (QI), formerly MassHealth Buy-In:** MassHealth pays for the Medicare Part B premium.

Enrolling in any of the MSPs also automatically provides drug coverage with low copays. It also lets Medicare beneficiaries sign up for Medicare Part B at any point in the year, without paying any financial penalties for signing up late.

What is MassHealth?

MassHealth is the Medicaid program in Massachusetts. Full MassHealth coverage helps pay for medical and behavioral health services to low-income children, adults, and seniors. Full MassHealth programs like MassHealth Standard include services that Medicare does not cover, like dental care, eyeglasses, hearing aids, nonemergency transportation, and long-term services and supports. (Examples of long-term services and supports include, but are not limited to, personal care attendant [PCA] services, adult day health, and services covered under the Frail Elder Waiver [FEW].) Most people on MassHealth are not charged a premium. Other than people who live in long-term nursing homes, most people on MassHealth do not have other out-of-pocket costs for covered services.

For more information, visit our web site.

How are MSPs different from full MassHealth programs?

MSPs are not insurance plans. They are programs designed to help lower the costs of your Medicare insurance coverage. MSPs are always combined with Medicare and do not offer any additional coverage or services that Medicare does not provide.

Full MassHealth programs like MassHealth Standard and CommonHealth are health insurance programs and can be used alone or combined with your Medicare coverage. Unlike MSPs, MassHealth provides additional coverage and services not offered by Medicare.

Some people may qualify for Medicare, MSPs, and full MassHealth coverage.

Qualifying for an MSP

How do I get an MSP?

You may be able to get an MSP only, or to get both an MSP and MassHealth. To get an MSP, you must have countable income under the income limits in the table.

If you are	And your monthly income is*	You may be able to get
Single	Below $2,385	QMB
	Between $2,386 and $2,824	SLMB/QI
A married couple	Below $3,237	QMB
	Between $3,238 and $3,833	SLMB/QI

**Income limits change each year on March 1.*

Qualifying for an MSP and MassHealth

If you're over age 65, you may qualify for both an MSP and MassHealth Standard if

- you are a Medicare beneficiary;
- your income is less than or equal to **$2,824 per month (225% FPL)**; and
- you meet the MassHealth countable asset limits of **$2,000** for single applicants and **$3,000** for married couples. (MassHealth's countable asset limits are different from the limits for MSPs listed above.)

If your income is higher than 225% FPL and you meet the MassHealth countable asset limits, we will check whether you qualify for full MassHealth coverage, but your income will be too high for MSP.

If your countable assets are higher than the MassHealth asset limits, but your income is under 225% FPL, we will check whether you qualify for MSP, but your assets will be too high for MassHealth.

Note that MassHealth and MSP have specific rules about how income and assets are counted. For example, under the asset counting rules, the value of the home you own and live in, and the value of one car, are not counted toward the asset limit. There are also other exclusions.

Regardless of age, you may qualify for both an MSP and MassHealth CommonHealth if

- you are a Medicare beneficiary;
- your income is less than or equal to **$1,695 a month (135% FPL)**;
- there is no asset limit; and
- you meet all the other rules for CommonHealth.

How do I know what to apply for?

The best way to decide whether to apply for MassHealth and/or an MSP is to think about the type and cost of medical care you receive. Each person will have different options and decisions based on their own care needs. The different coverage options are as follows:

1) MassHealth with an MSP
2) MassHealth without an MSP
3) an MSP on its own

Why would I want full MassHealth coverage in addition to Medicare?

Medicare does not generally cover dental care, eyeglasses, hearing aids, nonemergency medical transportation, certain long-term services and supports, or stays of more than 100 days in a skilled nursing facility. Full MassHealth coverage does include those services. If these services are important to you, you may want to apply for full MassHealth coverage using the Application for Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2). This application is longer and more complicated but allows you to apply for coverage that might be more helpful for you.

Why would I want an MSP?

If you only want MassHealth to pay for your Medicare costs, or you know you will not qualify for full MassHealth coverage, an MSP may be the best option for you. The application that is only for MSP is shorter and easier to complete than an application for full MassHealth coverage.

Does estate recovery apply to MSPs?

No, estate recovery does not apply to MSPs. Your estate does not have to repay MassHealth for your MSP benefits after you die. This is true no matter which application you use to qualify for MSP. However, if you have full MassHealth coverage, MassHealth may try to recover the money we spent for your care from your estate. This is called estate recovery. For more information, please see mass.gov/estaterecoverydetails.

What should I do if a provider won't accept QMB and bills me?

Under federal law, certain MassHealth benefits, including QMB, pay members' cost sharing obligations. State and federal law require providers to bill MassHealth, not individual MassHealth members, when their MassHealth benefits include paying for cost sharing.

If the provider sends you a bill or won't accept your QMB, contact Medicare at (800) MEDICARE, (800) 633-4227, TTY: (877) 486-2048.

What if I want Health Safety Net and MSP?

Members who qualify for an MSP will also receive Health Safety Net (HSN).

HSN pays acute care hospitals and community health centers for certain services to low-income Massachusetts residents that are not paid by other coverage. HSN can pay Medicare copays and deductibles billed by hospitals or community health centers. Low-income patients must have income of 300% FPL or less to qualify for HSN, but there is no asset test. HSN is not health coverage or insurance, and individuals whose health care costs are paid by HSN are not enrolled in MassHealth.

How do I apply?

Application Type	Who Can Use	When To Use
Medicare Savings Program Application (MHBI)	Medicare beneficiaries	This application can only be used to apply for MSPs; it cannot be used to apply for any other program.
Health Coverage for Seniors and People Needing Long-Term-Care (SACA-2)	People age 65 or older who are caring for a child under age 19.	This application can be used to apply for any MassHealth program.

How to Get Help

You can get help the following ways:

1. Call MassHealth

Call MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, to apply, ask questions, or
update your information over the phone. MassHealth representatives are available Monday through Friday, 8:00 a.m.–5:00 p.m.

2. Visit MassHealth

You can also visit a MassHealth Enrollment Center (MEC). MECs are open for limited walk-in appointments from 8:45 a.m. to 5:00 p.m. You can also schedule an appointment with MassHealth. We encourage you to use MassHealth's appointment scheduler if you need help from a MassHealth representative.

3. Visit an Enrollment Assister

Help from an enrollment assister is free for everyone. Enrollment assisters, such as navigators and certified application counselors, are trained and certified people at organizations in your area. Find an enrollment assister near you at Enrollment Assister Search.

4. Get help from a Serving the Health Insurance Needs of Everyone counselor

You can locate your closest Serving the Health Insurance Needs of Everyone (SHINE) counselor through Aging Services Access Points (ASAPs). SHINE counselors can meet with you and help you apply for an MSP.

5. Read more about MSPs online

You can find more information at mass.gov/info-details/help-paying-medicare-costs.

[1]Medicare Savings Program Mass refers to the Massachusetts-specific Medicare Savings Program that helps eligible low-income individuals with paying their Medicare premiums, deductibles, and coinsurance. Footnote

Helpful Information about Medicare Savings Programs (MSPs)		
	QMB	SLMB/QI
Single	Below $ 28,620	Between $28,632 and $ 33,888
Married	Below $ 38,844	Between $38,856 and $ 45,996
Benefits		
Pays your Medicare Part A premium	✓	
Pays your Medicare Part B premium	✓	✓
Comes with Health Safety Net (HSN) coverage at acute care hospitals and community health centers (CHCs)	✓	✓
Helps you with prescription drug costs by automatically enrolling you in Medicare Part D Extra Help	✓	✓
Pays all costs of your Medicare Part A and Part B covered services, like Medicare deductibles, coinsurance, and copays	✓	
MassHealth card	✓ Show your Medicare and MassHealth cards so providers know you are in the QMB program.	

What if I am enrolled in QMB and I get a bill?

1. If you receive a bill or are asked to pay a copay for a service that is covered by Medicare: **Tell your provider or debt collector that you're in the Medicare Savings QMB program and you can't be charged for Medicare deductibles, coinsurance, or copayments.** Show your Medicare and MassHealth cards so providers know you are in the Medicare Savings QMB program. The provider can contact Medicare with any questions about how to get payment.
2. If you already paid a bill for services or items that are covered by Medicare: You have the right to a refund. You should contact your doctor or provider to find out how to get a refund.
3. If you joined a Medicare Advantage Plan: You should contact the plan to ask them to stop the charges.
4. If your provider won't stop billing you, you should call Medicare at 1-800-MEDICARE ([800]-633-4227), TTY: (877) 486-2048

Here are the guidelines to the income to qualify for different ranges or categories of the prescription advantage with the state of Massachusetts this application could be done online and there's no cost to see what you qualify for.

How to integrate the Medicare savings program with your Medicare coverage in drug coverage

The Medicare Savings Program in Massachusetts offers several tiers of benefits based on income levels. For 2024, if you're single and your annual income is below $33,888, the state will cover your Medicare Part B premium, which is $174.70 per month—almost $2,000 in annual savings. Similarly, if you're married and filing jointly with an income below $45,996, Massachusetts will also cover your Medicare Part B premium. In year 2023 the state of Massachusetts also looked and an asset and based on your assets you may not qualify for this program however they waived this requirement for April 1st of 2024 so a larger segment of the population can qualify for the savings program.

In addition to covering your Medicare Part B premium, the program includes the Health Safety Net, which provides coverage at acute care hospitals and community health centers, and offers dental coverage. It also helps reduce your prescription drug costs by enrolling you in the Medicare Part D Extra Help Program.

For those at the next income tier—single individuals with an income below $28,620— and the income level for married couples is 38,884 or below. Massachusetts will assist with the Medicare Part A premium, which is particularly beneficial for those who have not accumulated 40 quarters of work. This tier also covers Medicare Part B premiums, reduces prescription drug costs, and covers all costs related to Medicare Part A and B, including deductibles, coinsurance, and copayments.

If you qualify at this income level, you may also be eligible for an Advantage Plan that covers all copayments, with no out-of-pocket expenses for in-network or out-of-network services. Additionally, you'll receive a MassHealth card, which ensures no balance billing by carriers, as it is illegal. Advantage Plans often include dental, vision, wellness services, gym memberships, and hearing aids.

Consult with your financial advisor or insurance agent to explore these options and determine if you qualify for these valuable benefits.

Prescription Advantage Rate Schedule for Members Eligible for Medicare or Other Drug Coverage — Effective April 1, 2024

Category S0 & Category S1 - Members receive Extra Help from Medicare.

Category	Income if single		Income if married		Generic co-payments per 30-day supply	Brand name co-payments per 30-day supply	Annual out-of-pocket spending limit
	Yearly $	Monthly $	Yearly $	Monthly $			
S0	0 - 20,331	0 - 1,694	0 - 27,594	0 - 2,300	No more than $4.50	No more than $11.20	N/A
S1	0 - 22,590	0 - 1,883	0 - 30,660	0 - 2,555	No more than $4.50	No more than $11.20	N/A

Categories S2, S3, S4 - Members pay their drug plan's deductible (if any) and co-payments until the total retail costs of covered prescription drugs reaches **$5,030.** After the cost of covered drugs reaches **$5,030,** co-payments are no more than the amounts listed below.

Category	Income if single		Income if married		Generic co-payments per 30-day supply	Brand name co-payments per 30-day supply	Annual out-of-pocket spending limit
	Yearly $	Monthly $	Yearly $	Monthly $			
S2	0 – 28,313	0 – 2,359	0 - 38,427	0 - 3,202	$7	$18	$2,185
S3	28,314 - 33,885	2,360 - 2,824	38,428 – 45,990	3,203 - 3,833	$12	$30	$2,740
S4	33,886 - 45,180	2,825 - 3,765	45,991 - 61,320	3,834 - 5,110	$12	$30	$3,280

Category S5 - The annual enrollment fee to Prescription Advantage is currently $0* for plan year 2024. (*subject to change)
- Members pay their drug plan's deductible (if any) and co-payments until their out-of-pocket costs for covered prescription drugs total **$4,375** as a Prescription Advantage member in calendar year 2024. Once members spend **$4,375,** they will pay $0 for prescription drugs covered by their plan.

Category	Income if single		Income if married		Generic co-payments per 30-day supply	Brand name co-payments per 30-day supply	Annual out-of-pocket spending limit
	Yearly $	Monthly $	Yearly $	Monthly $			
S5	45,181 -75,300	3,766 - 6,275	61,321 – 102,200	5,111 - 8,517	Drug plan co-payment	Drug plan co-payment	$4,375

Medicare provides 'Extra Help' to lower costs for beneficiaries with limited income and resources. Prescription Advantage requires all applicants who may qualify for Extra Help to apply for this benefit. You may qualify for Extra Help if your income is at or below the S1 income and your resources (other than your home) are no more than the current Medicare limits of $17,220 single, $34,360 married. Please note: these limits are subject to change.

The MassHealth Buy-In Program, also known as Medicare Savings Program (MSP) helps pay for some or all Medicare premiums, deductibles, copayments, and coinsurance for people with limited income and resources. Prescription Advantage requires all applicants who may qualify to apply for this benefit if your income is no more than $33,885 single, or $45,990 if married.

Individuals with MassHealth Buy-In programs (MSP) are not eligible for Prescription Advantage. Please note: these limits are subject to change. Call for more information.
Co-payment Assistance: Once co-payment assistance begins, you pay no more than the co-payments listed above for covered drugs. Prescription Advantage pays any additional amount. Prescription Advantage only pays for drugs covered by a drug plan.
Out-of-Pocket Spending Limit: When your total spending for deductibles (if any) and co-payments reaches the annual out-of-pocket spending limit, Prescription Advantage will cover 100% of all co-payments for the remainder of the plan year. **Note:** Benefits for new members begin on the effective date of Prescription Advantage coverage. Any costs incurred prior to the effective date cannot be applied towards the out-of-pocket spending limit.

Note: if you are under age 65 and disabled, your income cannot exceed the S2 income limits listed on the chart above.
Prescription Advantage Customer Service · 1-800-243-4636 · TTY 1-877-610-0241 · www.prescriptionadvantagema.org

Prescription Advantage MA is a state-sponsored prescription drug insurance program in Massachusetts, designed to help seniors afford their medications. Footnote

Prescription Advantage is a valuable program available to Massachusetts residents, offering the flexibility to change Medicare Part D or Medicare Advantage plans outside of the standard enrollment periods. This can provide great peace of mind, especially for those who may have missed their initial enrollment window. The program also helps lower prescription drug costs by reducing copayments, making medications more affordable.

Eligibility for Prescription Advantage is based on income. For married couples filing jointly, the income limit is $102,200, and for individuals, it's $75,300. The program divides enrollees into five income categories, each determining the level of assistance they receive.

Once approved for Prescription Advantage, you can change your Medicare plan outside the typical enrollment periods. This is particularly beneficial for those needing to adjust their coverage due to changes in health or medication costs.

Prescription Advantage is a valuable program available to Massachusetts residents, offering the flexibility to change Medicare Part D or Medicare Advantage plans outside of the standard enrollment periods. This can provide great peace of mind, especially for those who may have missed their initial enrollment window. The program also helps lower prescription drug costs by reducing copayments, making medications more affordable.

Eligibility for Prescription Advantage is based on income. For married couples filing jointly, the income limit is $102,200, and for individuals, it's $75,300 for year 2024. The income guideline intends to change in April each year. The program divides enrollees into five income categories, each determining the level of assistance they receive.

Once approved for Prescription Advantage, you can change your Medicare plan outside the typical enrollment periods. This is particularly beneficial for those needing to adjust their coverage due to changes in health or medication costs.

As brokers, we assist clients by helping them apply for Prescription Advantage, ensuring they meet eligibility requirements, and guiding them in selecting the most cost-effective plan. This service offers significant savings and peace of mind at no additional cost.

The Health Safety Net (HSN) in Massachusetts is a program designed to help eligible residents with healthcare costs, particularly for those who may not have sufficient insurance or coverage. Here's a detailed breakdown of your questions:

1. Benefits of Health Safety Net (HSN) for Seniors Over 65:

- **Covers Uninsured Medical Costs**: The HSN helps cover the costs of hospital and certain other medical services for individuals who are not fully covered by other insurance or who have limited income and resources.
- **Low to No Cost Services**: If you qualify, HSN can help cover copays, deductibles, and other out-of-pocket expenses that you may incur from hospital care and certain health services.
- **Income-Based Eligibility**: The program is primarily income-based, meaning that individuals with low income may be eligible for assistance to help with medical bills.

2. Residency Requirement:

- **You Must Be a Massachusetts Resident**: To be eligible for HSN, you must be a resident of Massachusetts. Non-residents cannot access this program.

3. Social Security Number Requirement:

- **SSN or ITIN Requirement**: Typically, you must have a valid Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) to apply for HSN. This is part of the eligibility verification process.

4. Does Health Safety Net Cover Co-pays and 20% of Medicare Part B?

- **Co-pays on Medicare Advantage**: If you have a Medicare Advantage plan, the Health Safety Net **may** help cover some of your out-of-pocket expenses, like copays, coinsurance, and deductibles, depending on your eligibility and income level.
- **Medicare Part B 20%**: For Medicare Part B, if you qualify for HSN, it may cover the 20% coinsurance that Medicare does not pay for certain medical services, like doctor visits or outpatient services.

5. Does Health Safety Net Offer a Dental Program?

- **Limited Coverage**: The Health Safety Net itself does not typically cover routine dental services. However, some programs may provide dental care assistance for emergency services or treatment at certain hospitals. For broader dental coverage, you would likely need separate dental insurance or benefits.

6. Are You Forced to Go to Community Hospitals?

- **Not Necessarily**: You are **not forced to go to community hospitals**, but HSN is designed to work with hospitals that are part of the program. Generally, you'll receive care from hospitals and providers that accept the Health Safety Net. While you may have flexibility in where you receive care, it's important to check whether specific hospitals or providers are eligible for HSN coverage.

7. Income Test for Health Safety Net Eligibility:

- **Income Eligibility**: HSN eligibility is based on household income and the size of the household. The income limits may vary based on the type of services you need and whether you are applying as an individual or a family. Generally, you must meet certain income guidelines, which are adjusted annually.
- For **hospital-based services**, if your income is below certain thresholds (generally lower than 300% of the federal poverty level), you may qualify for full or partial assistance.

For example (as of recent data):

- **Individual**: Income below approximately $39,000 annually may qualify for full coverage.
- **Family of 2**: Income below approximately $52,000 may qualify for assistance.
- These numbers can change, so it's important to check the most recent guidelines from the Massachusetts Health and Human Services (HHS) or the Health Safety Net program itself.

Steps to Apply for Health Safety Net:

- **Submit an Application**: You will need to submit an application with the necessary documents (proof of income, residency, and any other relevant information).
- **Application Review**: The state will review your application and determine if you meet the income and residency requirements for assistance.
- **Approval or Denial**: If you are approved, you will receive details on the coverage and services available to you. If denied, you may appeal or seek other forms of assistance.

Summary:

- **Residency**: Yes, you must be a Massachusetts resident.
- **SSN**: Yes, you typically need a Social Security Number or ITIN.
- **Covering Co-pays**: It may cover co-pays on your Medicare Advantage plan and your 20% coinsurance for Medicare Part B, based on your eligibility.
- **Dental**: Limited dental coverage for emergencies, but not comprehensive routine dental services.
- **Hospital Choice**: You may have some flexibility but must choose hospitals and providers that accept the Health Safety Net.
- **Income Eligibility**: Generally below 300% of the federal poverty level for full assistance, but specifics can vary by household size and income.

How to lower your Part B cost and Part D Cost through IRMAA Appeal

Some individuals are paying higher premiums for Medicare Part B and Part D, but there is a way to potentially reduce these costs. The **SSA-44 form** can be used to appeal the income-related monthly adjustment amounts (IRMAA) if your income was higher in the prior year due to temporary circumstances, such as the death of a spouse, loss of a job, a one-time sale of a home, a significant investment transaction, or a severance package. By filling out this form, you can explain your situation.

The best approach is to contact your local Social Security office. You can either submit the SSA-44 form by mail, visit the office in person, or call them for assistance. They are very familiar with this appeals process. Below, I've included an explanation of the reasons you may qualify to file an appeal, along with the SSA-44 application form. We're doing this to help ensure you receive the best possible pricing for your Medicare coverage.

STEP 1: Type of Life-Changing Event

Check **ONE** life-changing event and fill in the date that the event occurred (mm/dd/yyyy). If you had more than one life-changing event, please call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

- ☐ Marriage
- ☐ Divorce/Annulment
- ☐ Death of Your Spouse
- ☐ Work Stoppage
- ☐ Work Reduction
- ☐ Loss of Income-Producing Property
- ☐ Loss of Pension Income
- ☐ Employer Settlement Payment

Date of life-changing event: _____
mm/dd/yyyy

STEP 2: Reduction in Income

Fill in the tax year in which your income was reduced by the life-changing event (see instructions on page 6), the amount of your adjusted gross income (AGI, as used on line 11 of IRS form 1040) and tax-exempt interest income (as used on line 2a of IRS form 1040), and your tax filing status.

Tax Year	Adjusted Gross Income	Tax-Exempt Interest
2 0 __ __	$ __ __ __ __ __ __ . __ __	$ __ __ __ __ __ __ . __ __

Tax Filing Status for this Tax Year (choose **ONE**):

- ☐ Single
- ☐ Head of Household
- ☐ Qualifying Widow(er) with Dependent Child
- ☐ Married, Filing Jointly
- ☐ Married, Filing Separately

STEP 3: Modified Adjusted Gross Income

Will your modified adjusted gross income be lower next year than the year in Step 2?

- ☐ No - Skip to STEP 4
- ☐ Yes - Complete the blocks below for next year

Tax Year	Estimated Adjusted Gross Income	Estimated Tax-Exempt Interest
2 0 __ __	$ __ __ __ __ __ __ . __ __	$ __ __ __ __ __ __ . __ __

Expected Tax Filing Status for this Tax Year (choose **ONE**):

- ☐ Single
- ☐ Head of Household
- ☐ Qualifying Widow(er) with Dependent Child
- ☐ Married, Filing Jointly
- ☐ Married, Filing Separately

STEP 4: Documentation

Provide evidence of your modified adjusted gross income (MAGI) and your life-changing event. You can either:

1. Attach the required evidence and we will mail your original documents or certified copies back to you;

OR

2. Show your original documents or certified copies of evidence of your life-changing event and modified adjusted gross income to an SSA employee.

Note: You must sign in Step 5 and attach all required evidence. Make sure that you provide your current address and a phone number so that we can contact you if we have any questions about your request.

STEP 5: Signature

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS FORM.

I understand that the Social Security Administration (SSA) will check my statements with records from the Internal Revenue Service to make sure the determination is correct.

I declare under penalty of perjury that I have examined the information on this form and it is true and correct to the best of my knowledge.

I understand that signing this form does not constitute a request for SSA to use more recent tax year information unless it is accompanied by:

- **Evidence that I have had the life-changing event indicated on this form;**
- **A copy of my Federal tax return; or**
- **Other evidence of the more recent tax year's modified adjusted gross income.**

Signature	**Phone Number**	
Mailing Address	**Apartment Number**	
City	**State**	**ZIP Code**

INSTRUCTIONS FOR COMPLETING FORM SSA-44
Medicare Income-Related Monthly Adjustment Amount
Life-Changing Event--Request for Use of More Recent Tax Year Information

You do not have to complete this form in order to ask that we use your information about your modified adjusted gross income for a more recent tax year. If you prefer, you may call 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m. on business days to request an appointment at one of our field offices. If you are hearing-impaired, you may call our TTY number, 1-800-325-0778.

Identifying Information

Print your full name and your own Social Security Number as they appear on your Social Security card. Your Social Security Number may be different from the number on your Medicare card.

STEP 1

You should choose only one life-changing event on the list. If you experienced more than one life-changing event, please call your local Social Security office at 1-800-772-1213 (TTY 1-800-325-0778). Fill in the date that the life-changing event occurred. The life-changing event date must be in the same year or an earlier year than the tax year you ask us to use to decide your income-related premium adjustment. For example, if we used your 2020 tax information to determine your income-related monthly adjustment amount for 2022, you can request that we use your 2021 tax information instead if you experienced a reduction in your income in 2020 due to a life-changing event that occurred in 2021 or an earlier year.

Life-Changing Event	Use this category if...
Marriage	You entered into a legal marriage.
Divorce/Annulment	Your legal marriage ended, and you will not file a joint return with your spouse for the year.
Death of Your Spouse	Your spouse died.
Work Stoppage or Reduction	You or your spouse stopped working or reduced the hours that you work.
Loss of Income-Producing Property	You or your spouse experienced a loss of income-producing property that was not at your direction (e.g., not due to the sale or transfer of the property). This includes loss of real property in a Presidentially or Gubernatorially-declared disaster area, destruction of livestock or crops due to natural disaster or disease, or loss of property due to arson, or loss of investment property due to fraud or theft.
Loss of Pension Income	You or your spouse experienced a scheduled cessation, termination, or reorganization of an employer's pension plan.
Employer Settlement Payment	You or your spouse receive a settlement from an employer or former employer because of the employer's bankruptcy or reorganization.

INSTRUCTIONS FOR COMPLETING FORM SSA-44

STEP 2

Supply information about the more recent year's modified adjusted gross income (MAGI). Note that this year must reflect a reduction in your income due to the life-changing event you listed in Step 1. A change in your tax filing status due to the life-changing event might also reduce your income-related monthly adjustment amount. Your MAGI is your adjusted gross income as used on line 11 of IRS form 1040 plus your tax-exempt interest income as used on line 2a of IRS form 1040. We used your MAGI and your tax filing status to determine your income-related monthly adjustment amount.

Tax Year

- Fill in both empty spaces in the box that says "20_ _". The year you choose must be more recent than the year of the tax return information we used. The letter that we sent you tells you what tax year we used.

  - Choose this year (the "premium year") - if your modified adjusted gross income is lower this year than last year. For example, if you request that we adjust your income-related premium for 2023, use your estimate of your 2022 MAGI if:

    1. Your income was not reduced until 2023; or
    2. Your income was reduced in 2023, but will be lower in 2024.

  - Choose last year (the year before the "premium year," which is the year for which you want us to adjust your IRMAA) - if your MAGI is not lower this year than last year. For example, if you request that we adjust your 2024 income-related monthly adjustment amounts and your income was reduced in 2022 by a life-changing event AND will be no lower in 2024, use your tax information for 2023.

  - Exception: If we used IRS information about your MAGI 3 years before the premium year, you may ask us to use information from 2 years before the premium year. For example, if we used your income tax return for 2021 to decide your 2024 IRMAA, you can ask us to use your 2021 information.

- If you have any questions about what year you should use, you should call SSA.

Adjusted Gross Income

- Fill in your actual or estimated adjusted gross income for the year you wrote in the "tax year" box. Adjusted gross income is the amount on line 11 of IRS form 1040. If you are providing an estimate, your estimate should be what you expect to enter on your tax return for that year.

Tax-exempt Interest Income

- Fill in your actual or estimated tax-exempt interest income for the tax year you wrote in the "tax year" box. Tax-exempt interest income is the amount reported on line 2a of IRS form 1040. If you are providing an estimate, your estimate should be what you expect to enter on your tax return for that year.

Filing Status

- Check the box in front of your actual or expected tax filing status for the year you wrote in the "tax year" box.

INSTRUCTIONS FOR COMPLETING FORM SSA-44

STEP 3

Complete this step only if you expect that your MAGI for next year will be even lower and will reduce your IRMAA below what you told us in Step 2 using the table on page 1. We will record this information and use it next year to determine your Medicare income-related monthly adjustment amounts. If you do not complete Step 3, we will use the information from Step 2 next year to determine your income-related monthly adjustment amounts, unless one of the conditions described in "Important Facts" on page 8 occurs.

Tax Year

- Fill in both empty spaces in the box that says "20 _ _ " with the year following the year you wrote in Step 2. For example, if you wrote "2024" in Step 2, then write "2025" in Step 3.

Adjusted Gross Income

- Fill in your estimated adjusted gross income for the year you wrote in the "tax year" box. Adjusted gross income is the amount you expect to enter on line 11 of IRS form 1040 when you file your tax return for that year.

Tax-exempt Interest Income

- Fill in your estimated tax-exempt interest income for the tax year you wrote in the "tax year" box. Tax-exempt interest income is the amount you expect to report on line 2a of IRS form 1040.

Filing Status

- Check the box in front of your expected tax filing status for the year you wrote in the "tax year" box.

STEP 4

Provide your required evidence of your MAGI and your life-changing event.

Modified Adjusted Gross Income Evidence

If you have filed your Federal income tax return for the year you wrote in Step 2, then you must provide us with your signed copy of your tax return or a transcript from IRS. If you provided an estimate in Step 2, you must show us a signed copy of your tax return when you file your Federal income tax return for that year.

Life-Changing Event Evidence

We must see original documents or certified copies of evidence that the life-changing event occurred. Required evidence is described on the next page. In some cases, we may be able to accept another type of evidence if you do not have a preferred document listed on the next page. Ask a Social Security representative to explain what documents can be accepted.

Life-Changing Event	Evidence
Marriage	An original marriage certificate; or a certified copy of a public record of marriage.
Divorce/Annulment	A certified copy of the decree of divorce or annulment.
Death of Your Spouse	A certified copy of a death certificate, certified copy of the public record of death, or a certified copy of a coroner's certificate.
Work Stoppage or Reduction	An original signed statement from your employer; copies of pay stubs; original or certified documents that show a transfer of your business. **Note:** In the absence of such proof, we will accept your signed statement, under penalty of perjury, on this form, that you partially or fully stopped working or accepted a job with reduced compensation.
Loss of Income-Producing Property	An original copy of an insurance company adjuster's statement of loss or a letter from a State or Federal government about the uncompensated loss. If the loss was due to investment fraud (theft), we also require proof of conviction for the theft, such as a court document citing theft or fraud relating to you or your spouse's loss.
Loss of Pension Income	A letter or statement from your pension fund administrator that explains the reduction or termination of your benefits.
Employer Settlement Payment	A letter from the employer stating the settlement terms of the bankruptcy court and how it affects you or your spouse.

STEP 5

Read the information above the signature line, and sign the form. Fill in your phone number and current mailing address. It is very important that we have this information so that we can contact you if we have any questions about your request.

Important Facts

- When we use your estimated MAGI information to make a decision about your income-related monthly adjustment amount, we will later check with the IRS to verify your report.
- If you provide an estimate of your MAGI rather than a copy of your Federal tax return, we will ask you to provide a copy of your tax return when you file your taxes.
- If your estimate of your MAGI changes, or you amend your tax return for that reason, you will need to contact us to update our records. If you do not contact us, we may have to make corrections later including retroactive assessments or refunds.
- We will use your estimate provided in Step 2 to make a decision about the amount of your income-related monthly adjustment amounts the following year until:
    - IRS sends us your tax return information for the year used in Step 2; or
    - You provide a signed copy of your filed Federal income tax return or amended Federal income tax return with a different amount; or
    - You provide an updated estimate.
- If we used information from IRS about a tax year when your filing status was Married filing separately, but you lived apart from your spouse at all times during that year, you should contact us at 1-800-772-1213 (TTY 1-800-325-0778) to explain that you lived apart from your spouse. Do not use this form to report this change.

Veterans Benefits Chapter 115

In Massachusetts, the Chapter 115 benefits for veterans are based on an income and asset test to determine eligibility. Here are the key details:

1. Income Test:

- The veteran's household income must be below a certain threshold to qualify for Chapter 115 benefits.
- **Income Limits**: Generally, the income limit is 200% of the federal poverty level (FPL). As of 2023, this would be approximately:
  - $29,160 per year for a single individual.
  - $39,440 per year for a household of two.
- This income includes wages, Social Security benefits, pensions, and other sources of income.

2. Asset Test:

- In addition to income, a veteran's assets must be under a specific limit to qualify.
- **Asset Limits**: Typically, the asset limit is $5,000 for an individual and $9,800 for a couple.
- Assets include savings, stocks, bonds, and retirement accounts, but it usually excludes the veteran's primary residence and one vehicle.

Veterans who are slightly above these limits may still qualify for partial benefits depending on their circumstances. Local Veterans' Service Officers (VSOs) in Massachusetts can help veterans determine eligibility and assist with the application process.

[3] The Chapter 115 Veterans' Benefits Program is a Massachusetts state program that provides financial assistance to eligible veterans and their dependents based on income and asset criteria. The program helps cover healthcare, including Medicare supplemental insurance and drug coverage, for veterans who meet the required thresholds.

RESOURCES

This is a partial listing of frequently used resources. When contacting any of the organizations listed below, be sure to ask if they have suggestions about additional resources you may want to contact.

Tom Connolly Insurance Agency

Address: 668 Main Street, Suite 9, Wilmington, MA 01887

Phone: **(978) 306-4996**

Website: https://www.tomconnollyinsurance.com

Medicare Savings Program

Phone: (800) 841-2900, TDD/TTY: 711

Website: https://www.mass.gov/topics/masshealth

Fax: (857) 323-8300

Mail: MassHealth Enrollment Center

PO Box 4405

Taunton, MA 02780-0968

Prescription Advantage

Phone: (800) 243-4636, or TTY for the deaf and hard of hearing at (877) 610-0241

Website: **https://www.mass.gov/info-details/prescription-advantage**

Fax: 508-793-1166

Mail: P.O. Box 15153 Worcester,

MA 01615-0153

Massachusetts Executive Office of Elder Affairs

General Information & Referral Assistance (9am-5pm)

Phone: 617-727-7750 or 1-800-243-4636

Email: **information.resources@mass.gov**

Fax: (617) 727-9368

Website: https://www.mass.gov/orgs/executive-office-of-elder-affairs

Address: Executive Office of Elder Affairs

One Ashburton Place
3rd floor
Boston, MA 02108

1. Massachusetts Department of Veterans' Services (DVS)

- The Massachusetts DVS oversees the Chapter 115 benefits and provides guidance on how to apply. Their website offers detailed information about eligibility, benefits, and application procedures.
- **Website**: https://www.mass.gov/orgs/executive-office-of-veterans-services
- **Phone**: 617-210-5480

2. Veterans' Service Officers (VSOs)

- Each city or town in Massachusetts has a Veterans' Service Officer (VSO) who can help veterans apply for Chapter 115 benefits, navigate the process, and answer questions about eligibility.
- **Find Your VSO**: Locate a VSO

3. Massachusetts Chapter 115 Benefits Overview

- Provides a detailed summary of the Chapter 115 program, eligibility criteria, and benefits.
- **Website**: Chapter 115 Benefits Overview

4. Massachusetts Veterans' Legal Services

- This organization provides legal assistance to veterans seeking help with Chapter 115 and other veteran-related benefits.
- **Website**: Veterans Legal Services

5. Massachusetts Veterans Benefits Calculator

- An online tool that helps veterans estimate their eligibility for various benefits, including Chapter 115.
- **Website**: Veterans Benefits Calculator

6. Massachusetts General Laws (Chapter 115)

- The official legal framework for veterans' benefits in Massachusetts, outlining how Chapter 115 is administered.
- **Link to Statute**: https://www.mass.gov/info-details/chapter-115-benefitssafety-net-program

Footnote:

[1] Prescription Advantage MA is a state-sponsored prescription drug insurance program in Massachusetts, designed to help seniors afford their medications.

Footnote:

[2] Medicare Savings Program Mas refers to the Massachusetts-specific implementation of the Medicare Savings Program, which assists low-income individuals with paying their Medicare premiums and other out-of-pocket costs.

Footnote:

[3] The Chapter 115 Veterans' Benefits Program is a Massachusetts state program that provides financial assistance to eligible veterans and their dependents based on income and asset criteria. The program helps cover healthcare, including Medicare supplemental insurance and drug coverage, for veterans who meet the required thresholds.

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Comprehensive Guide to Medicare Plannings In Massachusetts And New England

Navigating Medicare can be overwhelming, but the Comprehensive Guide to Medicare Planning in Massachusetts simplifies the process, making it easy to understand and apply. This guide covers essential topics such as Medicare Part A, B, and D costs for 2025, setting up Social Security accounts for enrollment, drug coverage, and savings programs that can help reduce expenses. It also explains the differences between Medicare and Medicaid, the IRMAA appeal process for lowering costs, and available veteran benefits. Packed with practical steps and resources, this book is an invaluable tool for Massachusetts residents looking to maximize their Medicare benefits efficiently.

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