Medicare in 2026

PENNSYLVANIA Health Law PROJECT

Presented by:
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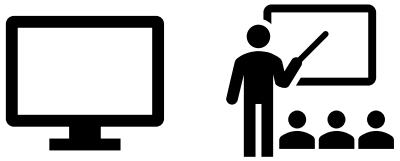
November 13, 2025

PA Health Law Project

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



HELPLINE
1-800-274-3258
staff@phlp.org



CONSUMER/COMMUNITY EDUCATION
www.phlp.org



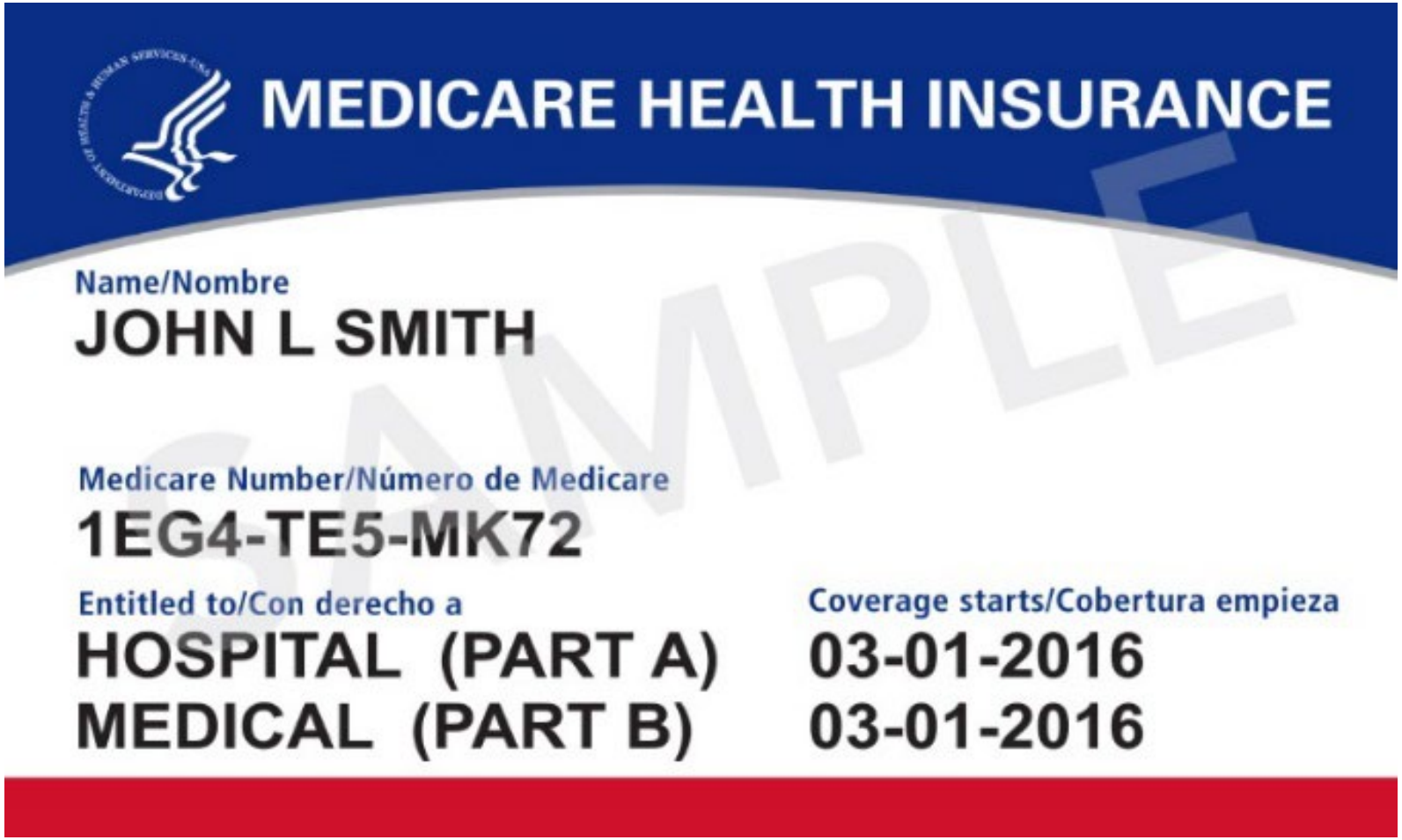
SYSTEMIC ADVOCACY



MONTHLY EMAIL NEWSLETTER
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What We'll Cover Today

- Medicare Basics
- Medicare Updates for 2026
- Programs that Help with Medicare Costs



Medicare Basics

What is Medicare?

Federal Health Insurance Program

69 million people covered; over 2.9 million people in PA

Social Security Administration (SSA)	Centers for Medicare & Medicaid Services (CMS)
Eligibility	Enrollments (Parts C & D)
Enrollment (Parts A and B)	Oversees/administers Program
Extra Help applications	Extra Help deeming & oversight

Who Gets Medicare?

Eligibility

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

Enrollment

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

Medicare Coverage Basics

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

Medicare Costs - 2026

	2025	2026
Part A Monthly Premium	$0 for most $285 (30-40 quarters) $515 (<30 quarters)	$0 for most $ 311 (30-40 quarters) $ 565 (<30 quarters)
Part A Hospital	$1,676 deductible/benefit pd $418/day (days 61-90) $838/day (days 91-150)	$1,736 deductible/benefit pd $434/day (days 61-90) $868/day (days 91-150)
Part A SNF Costs	$209.50/day (21-100)	$217/day (days 21-100)
Part B Monthly Premium	$185 (standard)	$202.90(standard)
Part B Yearly Deductible	$257	$283
Part C	Premiums, deductibles, coinsurance, and copays vary by plan (still have to pay Part A and B premiums)	
Part D	Premiums, deductibles, coinsurance, and copays vary by plan	

Medicare Part A and B Enrollment Periods

Initial Enrollment Period (IEP)	General Enrollment Period (GEP)	Special Enrollment Periods (SEPs)
• 7-month window surrounding the month of entitlement to Medicare due to age or disability	• For those who missed IEP or SEP • Every year from January 1-March 31 • Coverage starts the first of the month after enroll* • If sign up for Part B during GEP also get SEP to sign up for Part D	• Loss of employer-based coverage (current, active employment) • Loss of Medicaid • Former incarceration • Health plan/employer error

More Part A and B SEPs can be found here.

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

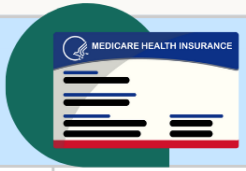
Medicare Health and Drug Plan Enrollment Periods

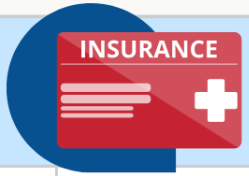
Initial Enrollment Period (IEP)	Annual Open Enrollment Period (OEP)	Medicare Advantage Open Enrollment Period	Special Enrollment Periods (SEPs)
First 7 months of eligibility	Oct 15 – Dec 7	January 1-March 31	People in PACE/PACENET (once/year)
	Changes start Jan 1st	For people in Medicare Advantage plans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

Medicare Coverage Options

Original Medicare vs. Medicare Advantage

Choosing between Original Medicare and Medicare Advantage is a big choice when you are new to Medicare. Below are some key differences to consider.





	Original Medicare	Medicare Advantage
Costs	Part A and Part B costs, including monthly Part B premium. 20% coinsurance for Medicare-covered services if you see a participating provider and after meeting your deductible.	Cost-sharing depends on the plan. Usually pay a copayment for in-network care. Plans may charge a monthly premium in addition to Part B premium.
Supplemental insurance	Choice to pay an additional premium for a Medigap policy to cover Medicare cost-sharing.	Cannot purchase a Medigap policy.
Provider access	Can see any provider and use any facility that accepts Medicare - participating & non-participating.	Typically, can only see in-network providers. Some plans allow you to see out-of-network providers at a higher cost.
Referrals	Do not need referrals for specialists.	Uses referrals for specialists.
Drug coverage	Must sign up for a stand-alone Part D prescription drug plan.	In most cases, plan provides prescription drug coverage (may be required to pay a higher premium).
Other benefits	Does not cover routine vision, hearing, or dental services.	May cover additional services, including vision, hearing, and/or dental (you may owe an extra premium)
Out-of-pocket limit	No out-of-pocket limit.	Annual out-of-pocket limit. Plan pays the full cost of your care after you reach the limit.



To discuss your options with a Medicare counselor, you can contact your **State Health Insurance Assistance Program (SHIP)**. Find your local SHIP by visiting **shiphelp.org** or calling **877.839.2675**.

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The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

Medigap Basics

Medicare Supplement Insurance Policies (sold by private companies)

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

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

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

Choosing a Medigap Policy 2025

Medigap Enrollment



Strict rules about when people can get Medigap policies

Medigap Open Enrollment-first 6 months after someone has Part B

- If someone in PA has Medicare < 65, get another Open Enrollment chance when turn 65!
- People on full Medicaid cannot be sold Medigap policies (duplicate coverage)
- Guaranteed Issue Rights



Right to Suspend Medigap when newly eligible for Medicaid

Can suspend for up to 24 months

Must request suspension within 90 days of being approved for Medicaid

See CMS guidance: https://www.cms.gov/Medicare/Health-Plans/Medigap/downloads/mdgp0103.pdf

Considerations

Costs	Coverage and coverage rules	Choice of doctor/hospital – provider networks	Drug formularies
Extra benefits- understanding scope of coverage	Quality of Care	Coverage for travel	If have coverage through employer/union – may not have choice

PA MEDI

pennsylvania
Medicare Education and Decision Insight

- PA's SHIP (State Health Insurance Assistance Program)
- Provide free Medicare counseling
- Statewide Helpline – 1-800-783-7067
- Refer for:
  - Counseling on Medicare plans and program options
  - Assistance enrolling into or switching Medicare Part D and Medicare Advantage plans
  - Help signing up for programs that help with Medicare costs – Medicare Savings Programs, Extra Help, PACE/PACENET
  - Navigate the Medicare appeal process

Medicare Updates

Restricting Certain Immigrant Eligibility for Medicare

- *H.R. 1 - The Budget Reconciliation Act of 2025*
- July 4, 2025 – Only the following groups can newly enroll in Medicare:
  - U.S. Citizens
  - Lawful permanent residents (green card holders)
  - Cuban/Haitian family reunification program entrants
  - COFA migrants
- Eliminates Medicare eligibility for the following:
  - Refugees/individuals granted asylum
  - Individuals with Temporary Protected Status
  - Survivors of human trafficking
  - Survivors of domestic violence
  - Individuals granted humanitarian parole

Timeline

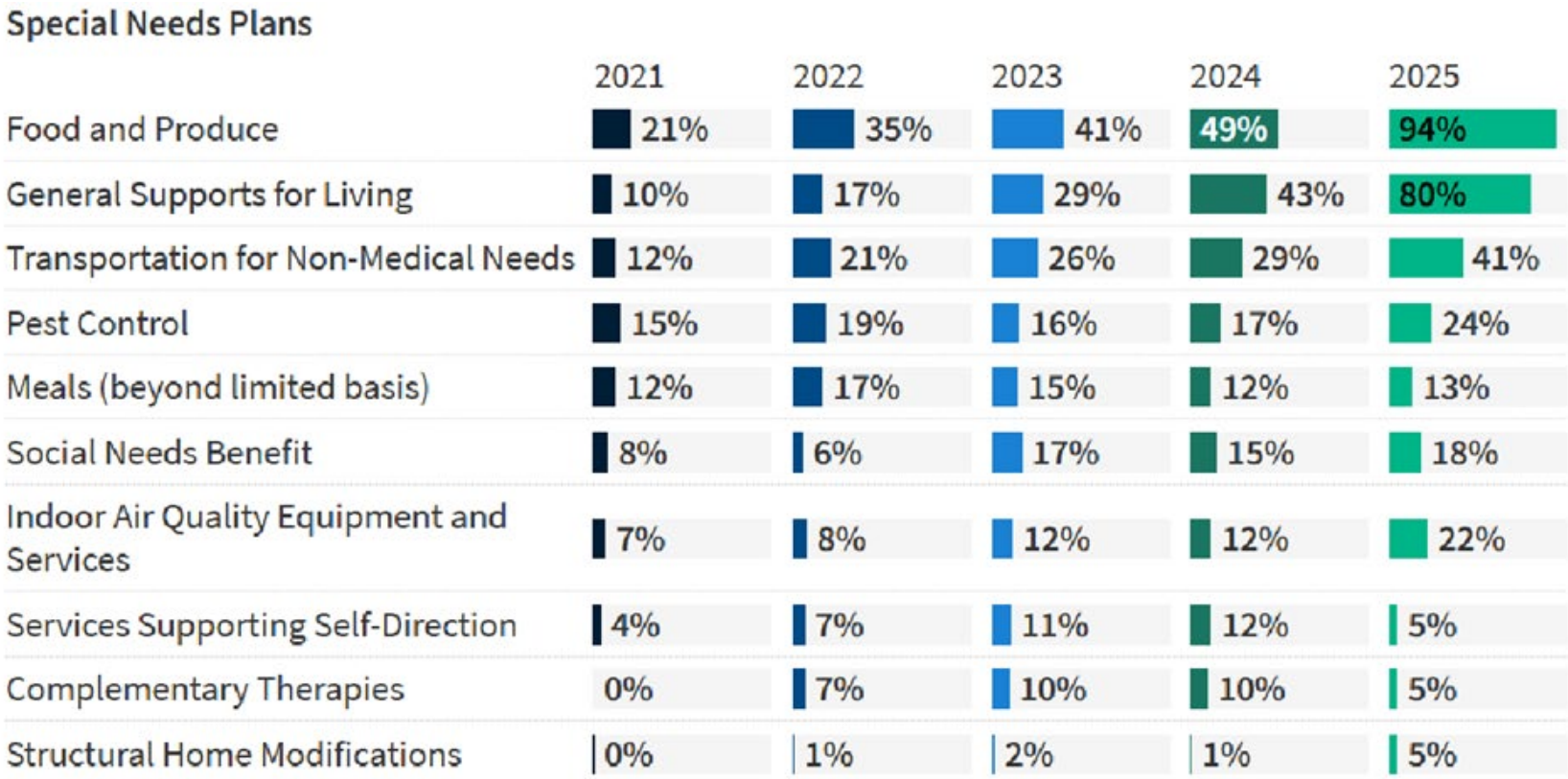
July 4, 2025	All new Medicare applicants must meet the revised immigration status requirements
July 2026	SSA must identify current Medicare beneficiaries who do not meet the new immigration criteria
January 2027	Medicare benefits will be terminated for all current beneficiaries who do not meet the immigration status requirements

Medicare Savings Program Update

- Medicare Savings Programs – Medicaid programs that help people with limited income/resources pay their Medicare costs
  - Medicare premiums
  - Medicare cost sharing for those with lowest income
  - Automatic qualification for Extra Help
- H.R. 1 - The Budget Reconciliation Act of 2025
  - Delayed implementation of final rules for“ Streamlining Medicaid: Medicare Saving Program Eligibility Determination and Enrollment “
  - Prohibits the Secretary of HHS from implementing, administering or enforcing certain provisions that have not taken effect until October 1, 2034

Nothing is changing with the Medicare Savings Programs

Flex Cards and Eligibility for Public Benefits



Note: Some plans may offer variations of the same plan, but with different SSBCI benefits, so shares enrolled may be slight overestimates of actual enrollment. Individual plans are plans open for general enrollment and exclude employer group health plans and SNPs.

Source: KFF analysis of CMS Landscape and Benefit files, 2021-2025. • Get the data • Download PNG

https://www.kff.org/medicare/issue-brief/medicare-advantage-premiums-out-of-pocket-limits-supplemental-benefits-and-prior-authorization/

Federal Guidance on Flex Cards

CMS Letter

- “Should not be counted as income or resources for determining eligibility for Medicaid or SNAP.”
  - “not benefits themselves”
  - “are not cash benefits and cannot be treated as such.”

USDA Guidance

- “State agencies must exclude all Medicare Advantage supplemental benefits when determining income for SNAP purposes under Section 5(d)(5) of the Food and Nutrition Act of 2008.”

Federal Guidance on Flex Cards

HUD Guidance

- “Flex cards should only be counted as income for rental assistance calculations when an individual actually uses the benefits to pay for rent or utilities. Merely having access to the benefits without utilizing them for rent or utility payments should not affect rental assistance eligibility.”
- “Expenditures from flex cards, excluding rent and utility support, are exempt from annual income calculations.”
- HUD FAQ document

Telehealth Changes and Original Medicare

- Broad telehealth rules ended in Sept 2025
- October 1, 2025, you must be in an office or medical facility located in a rural area (in the U.S.) for most telehealth services. If you aren't in a rural health care setting, you can still get certain Medicare telehealth services on or after October 1, including:
  - Monthly End-Stage Renal Disease (ESRD) visits for home dialysis.
  - Services for diagnosis, evaluation, or treatment of symptoms of an acute stroke wherever you are.
  - Services for the diagnosis, evaluation, or treatment of a mental and/or behavioral health disorder (including a substance use disorder) in your home.

*Information accurate as of the date presented

Non-allowable Special Supplemental Benefits for the Chronically Ill (SSBCI)

- CMS has created a non-exhaustive list of benefits that cannot be offered as SSBCI as they don't have a reasonable expectation of improving or maintaining the health of a chronically ill enrollee
  - Procedures that are solely cosmetic in nature and do not extend upon Traditional Medicare coverage (for example, cosmetic surgery such as facelifts or cosmetic treatment for facial lines, atrophy of collagen and fat, and bone loss due to aging);
  - Alcohol, tobacco, and cannabis products;
  - Funeral planning and expenses;
  - Life insurance;
  - Hospital indemnity insurance; and
  - Broad membership-type programs inclusive of multiple unrelated services and discounts. (Amazon Prime, Costco)

For more information about SSBCI click here

Livanta Rebranded as Commence Health

- As of August 18, 2025 – Livanta is now Commence Health
- Commence Health is the Beneficiary and Family Centered Quality Improvement Organization (BFCC-QIO) for Pennsylvania.
  - Handles the first level of Original Medicare and Medicare Advantage appeals when services are ending too soon in a hospital, SNF, and other settings
  - Handles Quality of Care Complaints from Medicare beneficiaries
- Will continue to provide the same services just under a new name.

Medicare 2026 Cost and Plan Updates

Part D – 2026 Standard Drug Benefit

2026 Costs	Part D Costs Standard Drug Benefit
Premium	Premium varies by plan; National base beneficiary premium is $38.99 Regional benchmark premium is $32.71
Deductible	$615 (up from $590 in 2025)
Initial Coverage Period	Pay 25% until total drug costs = $2,100 ($2,000 in 2025)
Catastrophic Coverage	$0

Out of Pocket Limit on Part D Drugs

- Yearly out-of-pocket limit on Part D drugs is capped at $2,100 for 2026
  - Subject to change annually
- Drug must be on the plan's formulary to count towards cap
- No cost for covered Part D drugs after a beneficiary meets the $2,100 cap

Plan Changes and Terminations

- Many insurance companies are discontinuing plans for 2026
  - 2 PDPs statewide
  - Medicare Advantage Plan terminations vary by county
- Impacted Medicare beneficiaries should have received notice from the plan that coverage will end 12/31/25
  - May be “crosswalked” into a plan with the same company
  - Can choose a new Medicare Advantage Plan or return to Original Medicare
  - Guaranteed Issue Rights with plan termination and no “crosswalk” option for Medicare Advantage plan terminations
- Insurance companies re-naming or rebranding
  - Aetna renaming Medicare Advantage Plans
  - Cigna rebranding as HealthSpring
- Zero 5-Star Plans available in PA to the general beneficiary
  - Erickson Advantage plans available to Erickson Senior Living & Retirement Community residents

2026 Plan Options

Stand-alone Prescription Drug Plans (PDPs)

- 12 PDPs in Pennsylvania
- 3 are zero-premium PDPs **for duals and others with full subsidy** - see handout

Medicare Advantage Plans

- The average county has 60+ plan options
- Special Needs Plans vary by county; limit enrollment to certain groups of people (people in institutions; people with certain chronic conditions; dual eligibles)

Medicare Plan Finder

- Find health and drug plans – www.medicare.gov/plan-compare

- Create an account for best results – an email address and two-factor authentication is now required for a Medicare.gov account
  - See personalized information
  - Save drug and pharmacy lists - can be updated
  - View network providers
  - Allows people enrolled in a plan to see changes to current plan for next year
  - Enrollment Request Notifications in Medicare Message Center

New, Temporary, Special Enrollment Period

- New, temporary Special Election Period (SEP) available for beneficiaries who make choices based on incorrect provider directory information in the Medicare Plan Finder (MFP).
- To qualify for the SEP:
  - Must have completed the Medicare Advantage plan enrollment application through the MPF during the 2025 Annual Election Period (AEP); and
  - The plan must begin between 1/1/26 and 12/1/26; and
  - Must have discovered their preferred provider is not in the MA plan network within three (3) months of the effective date of the MA plan election; and
  - Must have relied on incorrect MPF provider directory to confirm preferred provider network participation.

Reminders

Medicare Advantage and Part D plan enrollees should have received an ANOC – Review the notice!

Use the Medicare Open Enrollment Period to switch plans for 2026

- 10/15/25 to 12/7/25

Medicare Advantage Open Enrollment Period 1/1/26 to 3/31/26

- Must start the year in a Medicare Advantage Plan to use this SEP

Check to see if any other SEPs apply

Reminder – Dual/LIS SEP Changes

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

Marketing/Communications Reminders

Marketing/Communications Reminders

Allowed Unsolicited Marketing Activities

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

Prohibited Unsolicited Marketing Activities

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

Marketing/Communications Reminders

Rewards & Incentives

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

Nominal Gifts

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

Report Marketing Violations!

Resources

- PA MEDI
- 1-800-Medicare

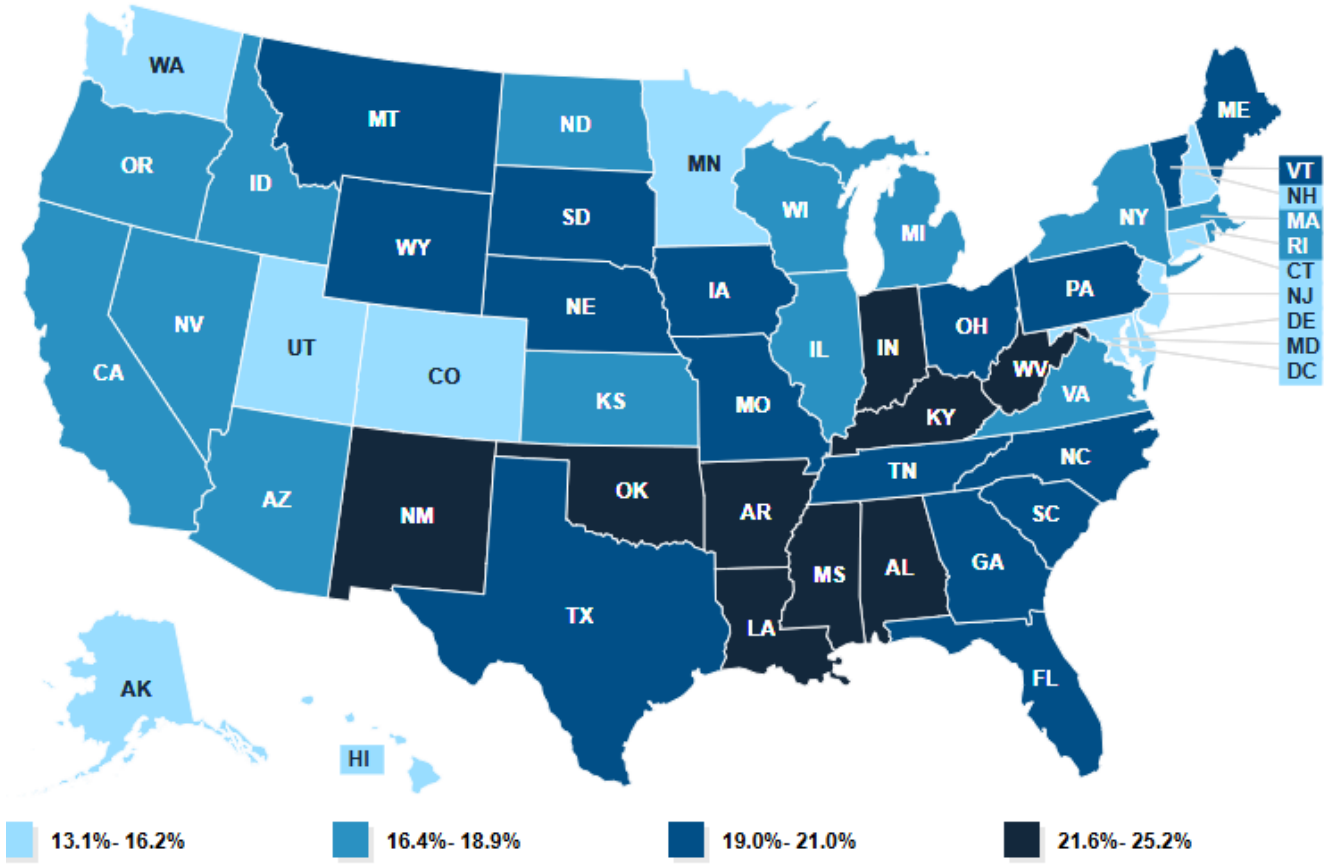
Special Enrollment Period

- Marketing violations or enrollment fraud
- Call 1-800-MEDICARE to request

Programs that Help with Medicare Costs

Poverty is Pervasive in Medicare - 2023

Distribution of Medicare Beneficiaries by Federal Poverty Level



Sources

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

Programs that Help with Medicare Costs



Medicare Savings Programs

Medicaid programs that pay Medicare premiums and sometimes cost-sharing

Not everyone with Medicare & Medicaid gets this help

Eliminates late enrollment penalty

PHLP Fact Sheet here



Extra Help

Program that helps lower or eliminate Part D costs

Duals automatically qualify

Eliminates late enrollment penalty

PHLP Fact Sheet here



PACE/PACENET

Prescription plan for people age 65+ with limited incomes

What are the Medicare Savings Programs (MSPs)?

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

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

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

Administered by DHS; eligibility determined by local CAOs. See MAEH 388.1 et seq

Why are MSPs Important?

Give people more money each month for other expenses

Getting MSP automatically qualifies someone for full Extra Help

People don't know about program or need help applying

Who Qualifies for the Medicare Savings Programs?

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

MSP Program	Monthly Income Limits	Resource Limits
Qualified Medicare Beneficiary (QMB)	**100% FPL** $1,304 (single) $1,763 (married)	$9,660 (single) $14,470 (married)
Specified Low-Income Medicare Beneficiary (SLMB)	**120% FPL** $1,565 (single) $2,115 (married)	$9,660 (single) $14,470 (married)
Qualified Individual (QI-1)	**135% FPL** $1,761 (single) $2,380 (married)	$9,660 (single) $14,470 (married)

NOTE: *Not all income and resources count*

Medicare Savings Programs - Benefits

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

Applying for MSPs

- Use PA600M Form - shorter application specifically for MSP
  - Can apply on COMPASS but it is a much longer application

- Submit completed form + verification documents to local County Assistance Office
  - Customer Service Center - 1-877-395-8930
  - Call for questions about where to send application and to check that application has been received

- Can apply at any time!
  - CAO should notify person if additional information is needed to process application
  - Written notice of eligibility within 45 days
  - Denials can be appealed!

Part A buy-in

Medicaid can pay the Part A premium, if eligible

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

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

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

Part A Buy-In Example

Elaine is 68 years old and has SSI benefits. She has Medicare Part B and Medicaid through a CHC plan. She doesn't have enough quarters of work to get Part A for free.

- Elaine should contact her CAO or the Customer Service Center and ask for the Part A buy-in.
- CAO should enter Part A buy-in code which gets sent to SSA.
  - If info between CAO system and SSA system match, PA Medicaid starts paying Part A premium and SSA enrolls her in Part A.
- She will get new Medicare card showing Part A and Part B
- Her CHC plan/Medicaid will cover any hospital care she needs until she gets Part A.

What is Extra Help?

This is a Medicare benefit

- Also known as the Low-Income Subsidy (LIS)

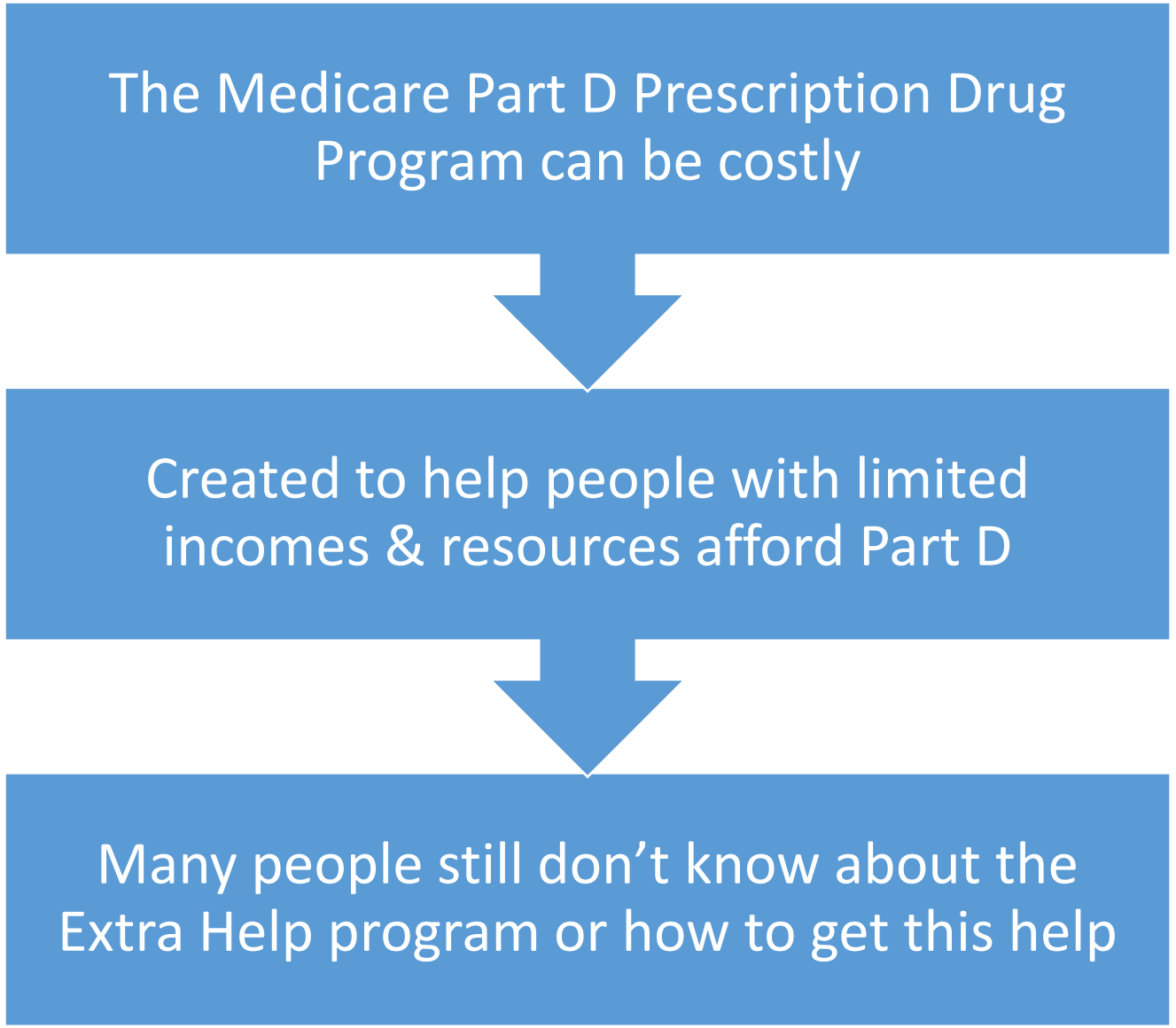
Helps with Medicare Part D costs

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

Administered by SSA & CMS

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

Why is Extra Help Important?



2026 Costs	Part D Costs with Extra Help
Premium	100% premium subsidy (up to $32.71 for basic coverage)
Deductible	None
Initial Coverage Period	$0 if get Medicaid Long Term Care (Waiver or Nursing Home) OR $1.60 generic/$4.90 brand name if income < 100% FPL + getting full Medicaid OR $5.10 generic/$12.65 brand name
Catastrophic Coverage	$0

Who Qualifies for Extra Help?

If on Medicaid, automatically qualify!	Other Medicare beneficiaries must apply
• Even if only getting limited help through Medicaid (i.e., payment of the Medicare Part B premium) • No Extra Help application needed	• Social Security Administration processes applications • Must meet income and resource limits

2025 Extra Help Income/Resource Limits

	Monthly Income Limit (150% FPL)	Assets/ Resources Limit*
Single	$1,957	$17,600
Married	$2,644	$35,130

Not all income and resources count toward limit!

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

NOTE: Income limit shown is 150% FPL as of 2025 - 2026 Income Limits will be announced early next year

2026 Resource Limits: Single $18,090, Married $36,100

Applying for Extra Help

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

No Application Needed if Getting Any Medicaid!

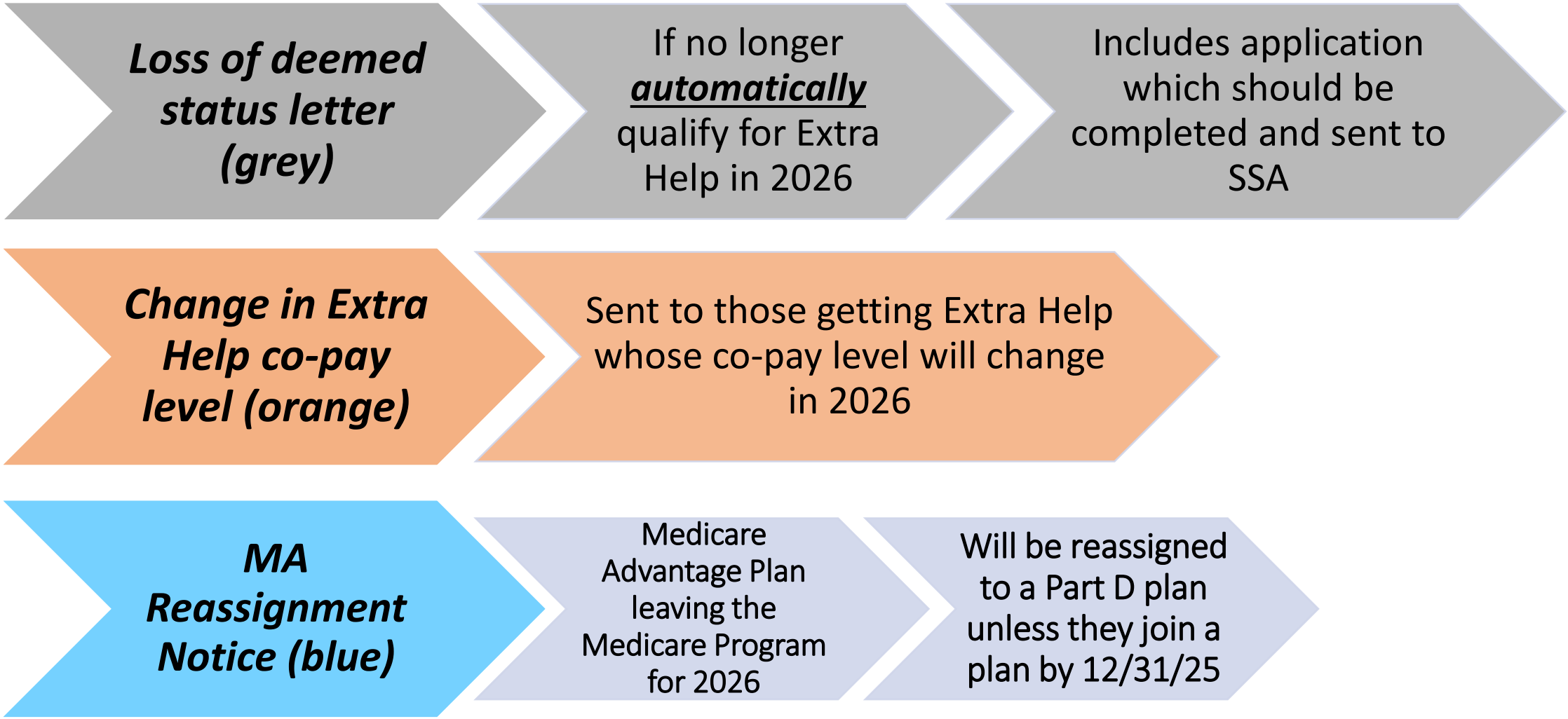
If not on Medicaid, apply through SSA

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

Dual Eligibles and Extra Help

Automatically Get Extra Help	• ANY Medicaid • No Extra Help application needed
How long does Extra Help last?	• Good for entire calendar year • If on Medicaid between July-December-good for entire next year • ***Keep Extra Help even if lose Medicaid!***
Check status	• www.medicare.gov (need account) • Calling 1-800-Medicare

Extra Help Mailings to Medicare Benes



See more info about Medicare Mailings here.

PACE/PACENET



Prescription program for older adults with limited incomes

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

To qualify

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

Note about income

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

PACE and PACENET Benefits

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

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

PACE/PACENET Program Information

Can apply at any time

- Online
- Phone: 1-800-225-7223
- Applications are processed quickly!

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

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

PA Patient Assistance Program Clearinghouse (PA PAP)

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

Also – Medicaid!

Federal health program run by state Department of Human Services (DHS)

- Called “Medical Assistance” in PA
- Over 70.5 million Americans rely on Medicaid; 2.9 M Pennsylvanians

Health insurance for people with limited incomes who fit into certain groups

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

Sources of Help

PA MEDI

1-800-783-7067

- Provides free, unbiased Medicare education and counseling
- Enrollment assistance with Part C and D plans
- Assists with applications for the Medicare Savings Programs and Extra Help and PACE

Medicare

1-800-MEDICARE

- Answer questions about Medicare, Medicare Part C and Part D plans, and check Extra Help status
- Enrollment assistance with Part C and D plans
- Report Marketing Violations
- Report Medicare Fraud, Errors, and Abuse

PHLP

1-800-274-3258

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

Sources of Help

Social Security

1-800-772-1213

- Enroll in Medicare
- Apply for Extra Help
- Apply for Social Security Benefits
- Find your local Field Office
- Order a new Medicare or Social Security Card

Dept. of Human Services

- Link to COMPASS to apply for Benefits or review current benefits
- Find your local County Assistance Office

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- Stay tuned for info on PHLP's annual Medicare webinar

Questions?

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PENNSYLVANIA Health Law PROJECT