Medicare in 2027

PENNSYLVANIA Health Law PROJECT

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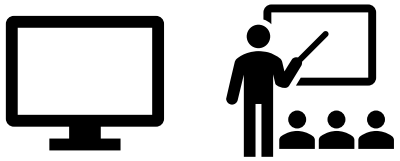
November 5, 2026

PA Health Law Project

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



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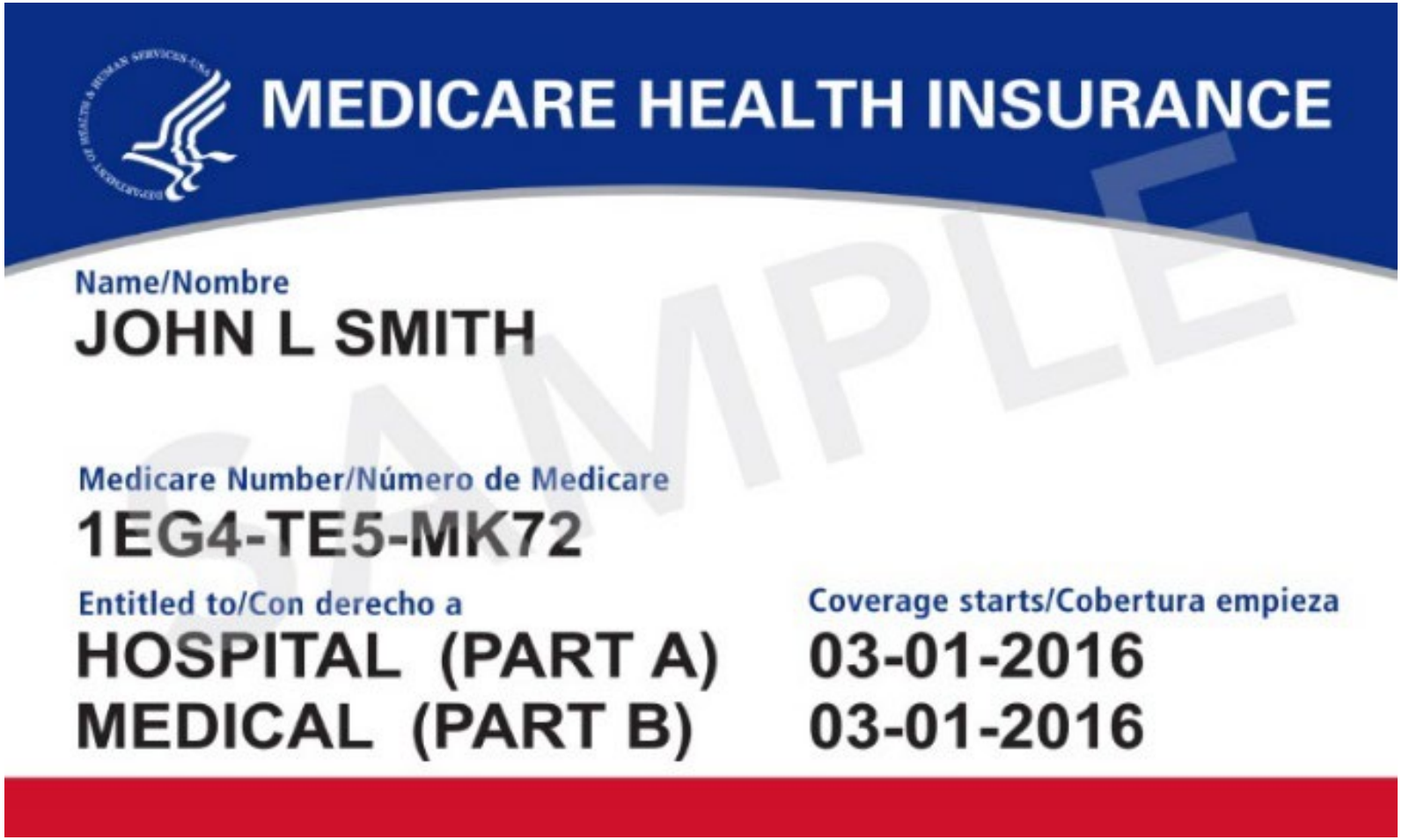
SYSTEMIC ADVOCACY



MONTHLY EMAIL NEWSLETTER
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What We'll Cover Today

- Medicare Basics
- Medicare Updates for 2027
- Programs that Help with Medicare Costs



Medicare Basics

What is Medicare?

Federal Health Insurance Program

70.7 million people covered; over 3 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 (SNF)/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 - 2027

	2026	2027
Part A Monthly Premium	$0 for most $311 (30-40 quarters) $565 (<30 quarters)	$0 for most $328 (30-40 quarters) $597 (<30 quarters)
Part A Hospital	$1,736 deductible/benefit pd $434/day (days 61-90) $868/day (days 91-150)	$1,776 deductible/benefit pd $444/day (days 61-90) $888/day (days 91-150)
Part A SNF Costs	$217/day (21-100)	$222/day (days 21-100)
Part B Monthly Premium	$202.90 (standard)	$209.40 (standard)
Part B Yearly Deductible	$283	$292
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

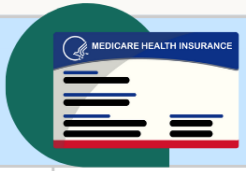
Medicare Health and Drug Plan Enrollment Periods

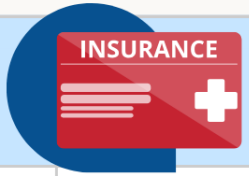
Initial Enrollment Period (IEP)	Annual Open Enrollment Period (OEP)	Medicare Advantage Open Enrollment Period (MA OEP)	Special Enrollment Periods (SEPs)
First 7 months of eligibility	Oct 15 – Dec 7	January 1-March 31	People in PACE/PACENET (once/year)
	Changes start Jan 1st	For people in Medicare Advantage plans – can change Medicare Advantage plan or go back to Original Medicare + PDP	Newly eligible for an Assistance Program
	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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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

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

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

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

GLP-1 Bridge

- The GLP-1 Bridge is a short term demonstration that provides eligible Medicare Part D beneficiaries with access to certain GLP-1 medications to reduce excess body weight and maintain weight reduction
  - Operates outside of the Medicare Part D benefit
  - Runs between 7/1/26 to 12/31/27

- $50 co-pay for GLP-1 medications
  - Does not count towards Medicare Part D out of pocket costs

- Physician needs to submit the necessary forms and documentation for prior authorization
  - Medicare GLP-1 Bridge Prior Authorization Request Form Fax

GLP-1 Bridge

- Medicare beneficiaries must be enrolled one of the following types of plans and meet the coverage criteria to participate:
  - Medicare Part D plan (PDP)
  - Medicare Advantage Plan with Part D coverage
    - HMO, HMO POS, Local/Regional PPO plans
  - Special Needs Plans
    - D-SNP, C-SNP, I-SNP
  - Limited Income Newly Eligible Transition Program (LI NET)
  - Employer/Union Group Waiver Plans

Newsletter Article: New Medicare Program to Offer Limited Coverage for GLP-1 Weight Loss Medications

D-SNP Enrollment Restrictions 2027

Aligned Dual Special Needs Plans (D-SNPs)

- Can only enroll dual eligible beneficiaries who are in the aligned Community HealthChoices (CHC) plan, in the process of enrolling in the aligned CHC plan, or utilizing fee for service Medicaid
  - Reminder: Duals over 21 in ID/Autism or OBRA waivers are enrolled in fee for service Medicaid

Non-Aligned Dual Special Needs Plans (D-SNPs)

- Dual eligible beneficiaries can still enroll until 2030
  - Need to use IEP, OEP, MA OEP or an SEP
  - SEP enrollment changes/restrictions that began in 2026 are still in place
- Dual eligible beneficiaries currently enrolled in a non-aligned D-SNP can remain in the plan until 2030

Aligned D-SNPS and CHC Plans

D-SNP	Community HealthChoices (CHC) Plan
AmeriHealth VIP Care (most of PA)	AmeriHealth Caritas CHC MCO (most of PA)
Keystone First VIP Choice (Philly area)	Keystone First CHC MCO (Philly area)
UPMC for Life Complete Care	UPMC CHC MCO
Wellcare Dual Liberty Sync	PA Health and Wellness CHC MCO

Non-Aligned D-SNP Plan Providers

- Aetna
- Health Spring
- Devoted Health Plans
- Geisinger Health Plan
- Jefferson Health Plans
- Highmark Wholecare
- Humana
- United Healthcare
- Wellcare* Dual Select

Reminder – Dual/Extra Help SEP Options

Full Benefit Dual Eligibles	Partial Dual Eligibles	Extra Help Only
Monthly SEP to drop Medicare Advantage Plan and switch back to Original Medicare + Part D Plan (PDP)	Monthly SEP to drop Medicare Advantage Plan and switch back to Original Medicare + Part D Plan (PDP)	Monthly SEP to drop Medicare Advantage Plan and switch back to Original Medicare + Part D Plan (PDP)
Monthly SEP to switch Part D Plan (PDP)	Monthly SEP to switch Part D Plan (PDP)	Monthly SEP to switch Part D Plan (PDP)
Monthly SEP to switch from Medicare Advantage Plan or Original Medicare + Part D Plan (PDP) to aligned Dual Special Needs Plan (D-SNP)	Determine if another Special Enrollment Period applies	Determine if another Special Enrollment Period applies
Determine if another Special Enrollment Period applies		

Earline is currently enrolled in Original Medicare, a Part D plan and the PA Health and Wellness CHC MCO.

Earline has been thinking about switching to a Dual Special Needs Plan (D-SNP). Since we are now in Open Enrollment, she would like to make the switch to the UPMC for Life D-SNP. Can Earline enroll in the UPMC D-SNP?

- No. Earline would need to be enrolled in the UPMC CHC MCO to enroll in the UPMC for Life D-SNP
    - She can change her CHC plan to UPMC and then make the switch to the UPMC D-SNP

- She could enroll in a non-aligned D-SNP during the Medicare Open Enrollment Period





Mary is currently enrolled in the Geisinger Dual Special Needs Plan (D-SNP) and the AmeriHealth Caritas CHC plan. Mary finds out on February 1, 2027, that her PCP is no longer accepting the Geisinger D-SNP. Mary does not want to change PCPs. What options would Mary have to switch D-SNP plans in February?

- Enroll in the AmeriHealth VIP Care D-SNP that is aligned with her AmeriHealth CHC Plan
- Since it is February, Mary can use the Medicare Advantage Open Enrollment Period to switch to another Medicare Advantage plan or a D-SNP that is not aligned with any CHC Plan
- Mary also could go back to Original Medicare and enroll in a stand-alone Part D plan



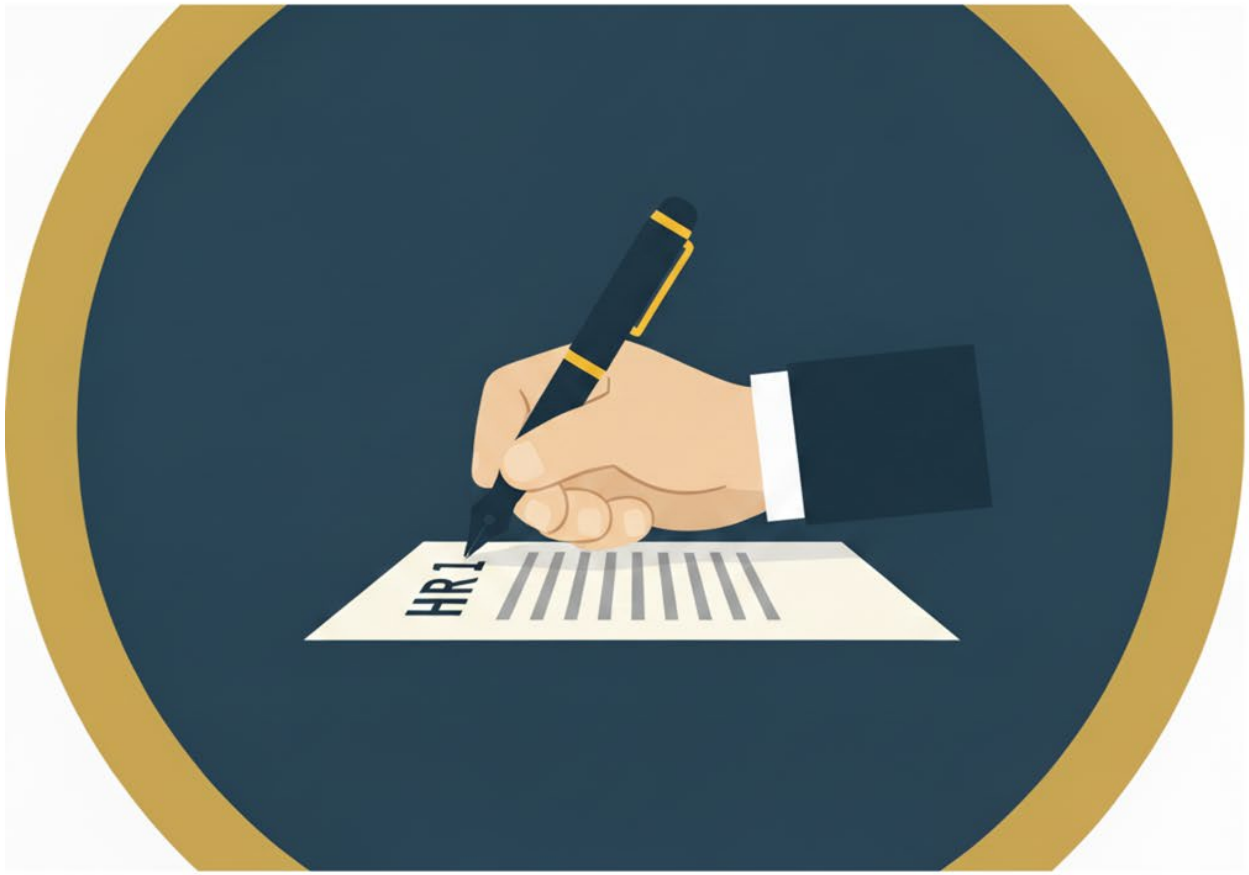
In January 2027, Gary decides that he wants to enroll in a Dual Special Needs Plan (D-SNP). Gary is currently enrolled in a Medicare Advantage plan and the Community Living Waiver. He has Fee for Service Medicaid. He just found out about D-SNPs and would like to enroll in the Highmark Wholecare Diamond Dual Special Needs Plan for the extra vision and dental benefits. Can Gary enroll in the Highmark D-SNP plan?

- Yes. Since Gary is currently enrolled in a Medicare Advantage Plan, he can utilize the Medicare Advantage Open Enrollment Period to enroll in the Highmark D-SNP
- Gary could also enroll in one of the aligned D-SNPs during the Medicare Advantage Open Enrollment Period because he utilizes Fee-for-Service Medical Assistance and is not enrolled in a CHC plan
- If Gary wants to make a switch later in the year, he will have more limited options, since he is not enrolled in a CHC Plan. He could:
  - Return to Original Medicare + Part D plan
  - Wait until Open Enrollment to make a switch to another D-SNP

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
  - Download a copy of your Medicare card
  - 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
  - Can now add a Medicare Authorized Representative
  - View and download Medicare Summary Notices
    - Medicare Summary Notices being mailed twice a year instead of quarterly – Medicare.gov has the most up to date information

H.R. 1 - The Budget Reconciliation Act of 2025



H.R.1 passed Congress through a budget reconciliation process – only a simple majority was needed

Signed by the President on July 4, 2025

Cuts over $1 trillion from health programs - the largest cuts to healthcare in history

Restricting Certain Immigrant Eligibility for Medicare

- July 4, 2025 – Only the following groups can newly enroll in Medicare:
  - U.S. Citizens
  - Lawful permanent residents (green card holders)
  - Cuban/Haitian 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
February 1, 2027	Medicare benefits will be terminated for all current beneficiaries who do not meet the immigration status requirements

Notification of Termination

- Social Security will soon begin issuing “preliminary notices” to impacted non-citizen beneficiaries
  - If an individual believes the information is incorrect – provides guidance on updating eligibility information
- Formal termination notices expected in late December 2026
  - Includes appeal rights
- Medicare Advantage and Part D plans are not required to send a separate disenrollment notice to affected individuals.

HR1 Impacts on Medicaid Eligibility

Effective	Change	Impact
10/1/2026	Immigrant Eligibility Changes	Everyone on Medicaid
1/1/2027	Work Requirements	Medicaid Expansion (MAGI) adults
	Semi-Annual Renewals	MAGI adults
	Retroactive Coverage reduced to 1 month	MAGI adults
	Retroactive Coverage reduced to 2 months	All non-MAGI categories

Impact of HR1 on Older Adults and People with Disabilities with Medicaid?

- Non-MAGI Medicaid enrollees are **not** subject to the work/community engagement requirements
  - Older Adults age 65+
  - SSI recipients
  - Individuals enrolled in a disability category (MAWD, Waiver)
  - Medicare Savings Program enrollees

- Will maintain the standard recertification timeline

- Maximum retroactive coverage will be capped at two months prior to the application month

Medicare 2027 Cost and Plan Updates

Part D – 2027 Standard Drug Benefit

2027 Costs	Part D Costs Standard Drug Benefit
Premium	Premium varies by plan; National base beneficiary premium is $41.33 Regional benchmark premium is $12.80
Deductible	$700 (up from $615 in 2026)
Initial Coverage Period	Pay 25% until total drug costs = $2,400 ($2,100 in 2026)
Catastrophic Coverage	$0

2027 Plan Options

- 8 Stand Alone Drug Plans (PDPs) available in Pennsylvania in 2027
  - Down from 12 PDPs in 2026
- Medicare Advantage Plans vary by county
  - Average county has 51 plan options available to a general Medicare beneficiary*
  - Special Needs Plans vary by county
    - Limits enrollment to certain groups – people in institutions, people with certain chronic conditions and dual eligibles
- Plan Terminations
  - PDPs and Medicare Advantage Plans are terminating for 2027
  - Impacted beneficiaries should have received notice from the plan with information about their options

*https://www.kff.org/medicare/the-average-medicare-beneficiary-has-28-medicare-advantage-prescription-drug-plan-options-for-2027/

Part D Benchmark Plans

2027 BENCHMARK

1 Part D Benchmark Plan in 2027

PLAN

Wellcare Classic

CHANGE

3 → 1

Benchmark plans 2026 to 2027

[2027 Medicare Part D Zero Premium Prescription Drug Plans]

Part D Benchmark Plan Updates

- Silver Script Choice is terminating
- Beneficiaries with Extra Help who are currently enrolled in Silver Script Choice:
  - Should get a notice from Silver Script about the termination by 10/2
  - Will get a Reassignment Notice – Plan Termination
    - From CMS in early November
    - CMS will reassign them to the benchmark plan unless they choose a plan on their own my 12/31

Part D Benchmark Plan Updates

- Humana Basic – no longer a benchmark plan in 2027
- If a beneficiary with Extra Help was auto-enrolled in Humana Basic by CMS:
  - Will get a Reassignment Notice of Premium Increase from CMS in early November
    - CMS will reassign them to the benchmark plan unless they choose a plan on their own my 12/31
- If a beneficiary with Extra Help *chose* Humana Basic:
  - Will get a LIS Choosers Notice in early November
  - Informs the beneficiary that the plan's premium is over the benchmark.
  - If they do not change plans, they will pay the premium difference

CMS Mailings

- Loss of Deemed Status Notice (Gray) - September
  - No longer automatically eligible for Extra Help
  - Application will be included with notice
- Change in Extra Help Copayment Notice (Orange) – October
  - Copayment level will change if they have moved to a different category
- Medicare Advantage Reassignment Notice (Blue) – November
  - Informs people who get Extra Help whose current Medicare Advantage is leaving Medicare that they will be reassigned to the benchmark plan unless they choose a new Medicare Advantage or Part D plan on their own by 12/31

CMS Mailings

- Reassignment Notice – Premium Increase (Blue) – November
  - **Reminder Notice**. Provides details about the Part D plan they are being reassigned to by CMS unless they choose a plan on their own by 12/31.
- Reassignment Notice – Plan Termination (Blue) – November
  - **Reminder Notice.** Provides details about the Part D plan they are being reassigned to by CMS unless they choose a plan on their own by 12/31.

CMS Guide to Consumer Mailings: https://www.cms.gov/medicare/prescription-drug-coverage/limitedincomeandresources/downloads/consumer-mailings.pdf

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 2027

- 10/15/26 to 12/7/26

Medicare Advantage Open Enrollment Period 1/1/27 to 3/31/27

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

Check to see if any other SEPs apply

Marketing/Communications Updates and Reminders

Marketing Changes for 2027

- Disclaimer required by third party marketing organizations updated
  - Must be read prior to discussion of any benefits, no longer in first minute
  - Removal of State Health Insurance Assistance Program (SHIPs) as a resource for information
    - Directs people to 1-800 Medicare for plan advice

- Eliminates/reduces guiderails for marketing
  - Marketing event allowed to directly follow educational event
  - Personal marketing appointment to occur at any point following completion of a Scope of Appointment form
  - Scope of Appointments forms can be collected at educational event

- Allowing the use of superlatives – example "highest rated"

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/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
- Aggregate 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

- Call the Senior Medicare Patrol at 1-877-435-7014
- Call 1-800-Medicare

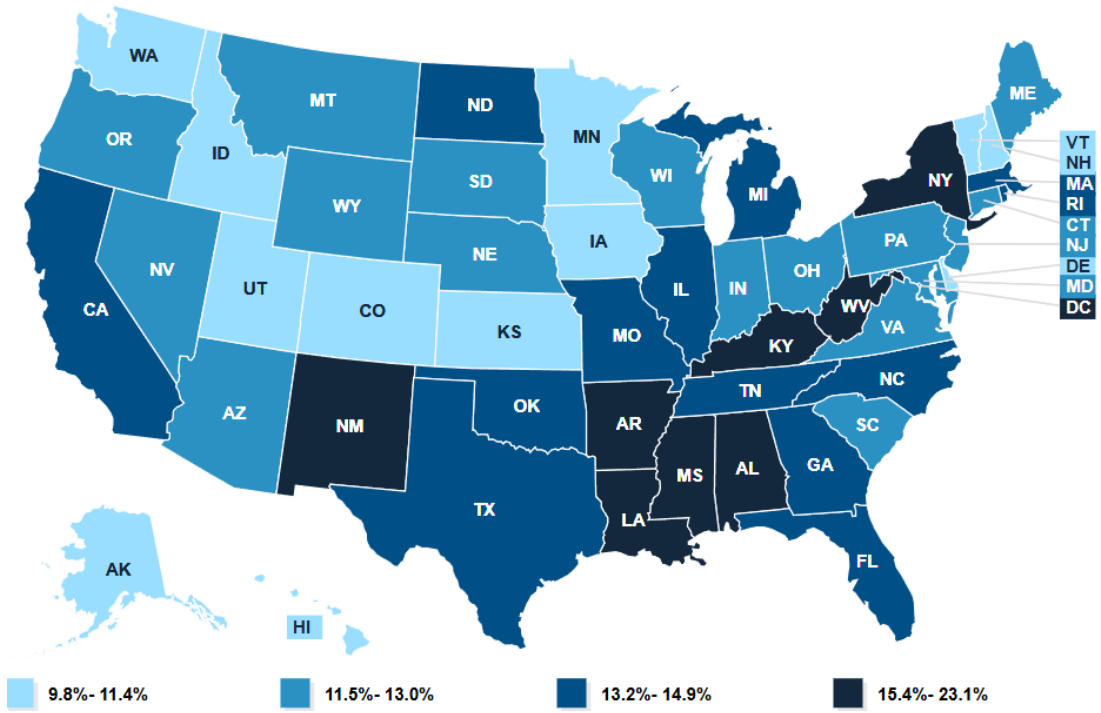
Special Enrollment Period

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

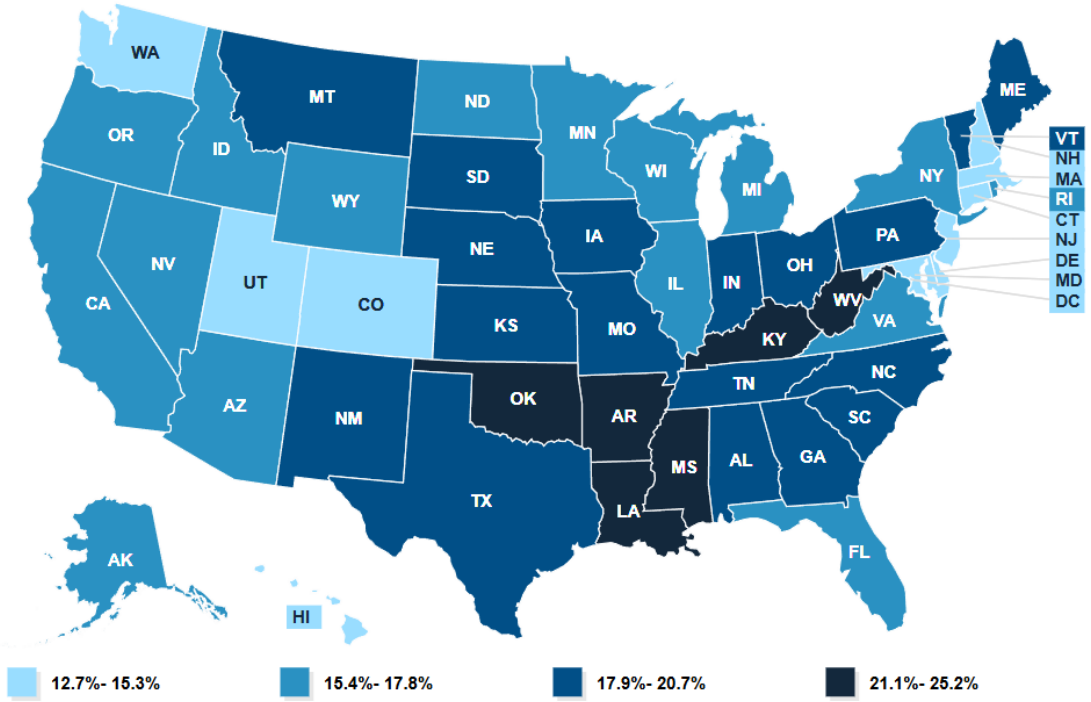
Programs that Help with Medicare Costs

Poverty is Pervasive in Medicare - 2024

Distribution of People with Medicare by FPL: under 100%, 2024



Distribution of People with Medicare by FPL: 100% to 199%, 2024



Sources

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

Programs that Help with Medicare Costs



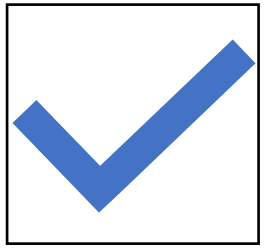
Medicare Savings Programs

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 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	2026 Monthly Income Limits	2026 Resource Limits
Qualified Medicare Beneficiary (QMB)	**100% FPL** $1,330 (single) $1,804 (married)	$9,950 (single) $14,910 (married)
Specified Low-Income Medicare Beneficiary (SLMB)	**120% FPL** $1,596 (single) $2,164 (married)	$9,950 (single) $14,910 (married)
Qualified Individual (QI-1)	**135% FPL** $1,796 (single) $2,435 (married)	$9,950 (single) $14,910 (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 - 1-877-395-8930/215-560-7116 (Philly)
  - 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 buy-in 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)

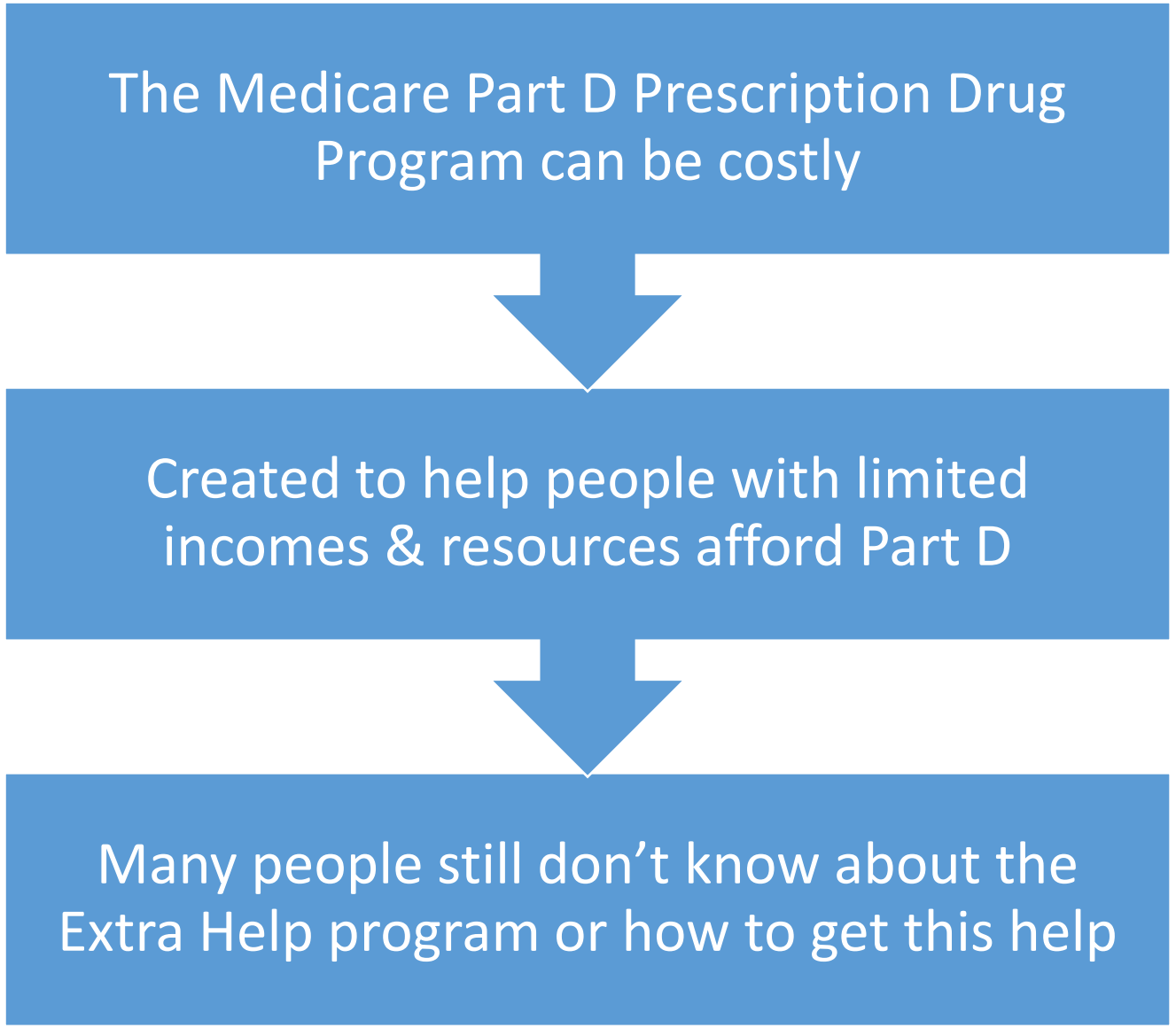
Helps with Medicare Part D costs

- Lowers the premiums and co-pays, eliminates the deductible
- 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?



Part D – 2027 Standard Drug Benefit with Extra Help

2027 Costs	Part D Costs Standard Drug Benefit with Extra Help
Premium	100% premium subsidy (up to $12.80 for basic coverage)
Deductible	None
Initial Coverage Period	$0 if get Medicaid Long Term Care (Waiver or Nursing Home) $1.65 generic/$5.00 brand if income < 100% FPL + getting full Medicaid $5.80 generic/$14.40 brand for all others
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

2026 Extra Help Income/Resource Limits

	Monthly Income Limit (150% FPL)	Assets/ Resources Limit*
Single	$1,995	$18,090
Married	$2,705	$36,100

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 2026. 2027 Income Limits will be announced early next year

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

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
- Nearly 66 million Americans rely on Medicaid;
  Nearly 2.7 million 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

- COMPASS to apply for benefits or review current benefits
- Find your local County Assistance Office
- DHS Customer Service Center: 1-877-395-8930/215-560-7116 (Philly) - report changes, verify coverage, check on status of application

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