

## ARE YOU AN OLDER ADULT WHO NEEDS HELP WITH YOUR MEDICARE COSTS?

### Here are Five Things to Consider in the Medicare Open Enrollment Period

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#### Introduction

Medicare Open Enrollment is in full swing now. It began October 15 and closes December 7. If you have Medicare, now is the time to brush up on your coverage and understand your options. Here are five tips to get you started. (If you're an advocate/attorney, see our [Advocate Fact Sheet](#) on this topic).

#### 1. Review your coverage before the December 7 deadline.

The Open Enrollment Period is the only time all year when everyone with Medicare can change coverage. You can move between Medicare Advantage and Original Medicare, and change prescription drug plans. Don't let other deadlines such as the December 15 deadline for Marketplaces confuse you. The Medicare deadline is December 7! Don't miss it!

#### 2. If you're having trouble paying your Medicare bills, apply for "Extra Help," also known as the Low Income Subsidy (LIS).

Extra Help can help lower your co-pays and premiums. Many people who qualify have not applied and are losing out on big savings for prescription drugs! Applications can be filed online [here](#). They usually don't need extra paperwork. [Income limits](#) for 2015 are \$17,650 for one person and \$23,895 for a married couple. Asset limits are \$13,640 for one person and \$27,250 for a couple. Your home, car, or life insurance do not count. If you receive SSI, or you are in Medicaid or Medicare Savings Programs, you get Extra Help automatically. Extra Help applications can be filed year-round.

#### 3. If you get "Extra Help," make sure you aren't paying a premium. Watch for a blue or tan letter from CMS.

Too many people who get Extra Help will still pay Medicare premiums they cannot afford. Almost 2 million people are receiving letters telling them that to avoid paying premiums for their Medicare prescription drug coverage, they must change prescription drug plans. People receiving [blue](#) letters will be automatically [reassigned](#) to a new plan. However, the reassignment will be random and may not meet their prescription drug needs. Most people are receiving [tan](#) letters, and will not be reassigned by CMS. They will pay a premium unless they take action. If you receive either a tan or blue letter, pick a new plan now, and look for a "benchmark" (no premium) plan that meets your needs.

## 4. Get free help with picking a plan.

Free counseling is available through State Health Insurance Programs (SHIPs). Make an appointment to talk to a SHIP counselor as early as you can because appointments fill up. Links to state SHIPs are [here](#). Also, the [Medicare plan finder](#) can be a helpful resource for those who want to explore their plan choices. . You can also call the Medicare Rights Center National Helpline at 1-800-333-4114.

## 5. Complain if you get unwanted calls or knocks on the door about Medicare.

Medicare marketing rules prohibit cold calls, door-to-door solicitation, and other marketing abuses. However, some companies and agents break these rules. This is particularly a problem if English is not your first language. If you think someone is breaking the rules, file a complaint with 1-800-MEDICARE.

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