

How to Save Money on Medicare

Educational Toolkit
October 2021



Introduction

Thank you for checking out our “How to Save Money on Medicare” toolkit, developed by SourcePoint’s dedicated insurance specialists. This toolkit is intended to provide unbiased insurance education—and help you pay the lowest amount for the best coverage given your medical needs and medications.

In this document, you will find information about services and screenings included with your Medicare coverage at no additional cost to you. You will also find step-by-step guides to ensure you are on the best prescription drug plan or Medicare Advantage plan for you and that you are taking advantage of the best available rates for Medicare supplement plans.

We have also included several ways to save money, such as discount and patient assistance programs, as well as Medicare Savings Programs and Extra Help, which saves eligible beneficiaries even more on prescription drug prices.

We hope you find this toolkit helpful, and if you have any additional questions, your SourcePoint insurance specialists are always here to help!

Visit us online at MySourcePoint.org/insurance or call 740-363-6677.

SourcePoint’s insurance specialists, pictured below, from left to right:

Charlotte Pritt, Jill Rinker, and Paula Dean



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Services All Medicare Beneficiaries Can Access—FREE!

Once on Medicare, beneficiaries are offered many preventive care services for free. Staying in good health is important for quality of life. Some of these services are offered on an annual basis or as recommended over time.

NOTE: If one of these tests results in a diagnosis, it is no longer free and considered diagnostic. If this is the case, coverage is offered under Part B.

Medicare Preventive Benefits

- “Welcome to Medicare” physical exam
- Bone mass measurement
- Annual wellness exam
- Cardiovascular screening
- Cardiovascular disease (behavioral therapy)
- Colorectal cancer screening
- Diabetes screening, services, and supplies
- Diabetes self-management training
- Obesity screening
- Depression screening
- Sexually transmitted infections screening and counseling
- Pelvic and breast exam
- Vaccinations
 - Flu, pneumococcal, and hepatitis B
- Glaucoma screening
- Cervical and vaginal cancer screening
- Prostate cancer screening
- Screening mammogram
- Smoking cessation counseling
- Alcohol misuse screening
- Abdominal aortic aneurysm screening
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Cologuard DNA test

Part B deductible and coinsurance is waived for most preventive care services.

Savings When Shopping for a Supplement Plan

When shopping for a Medicare supplement plan, it is important to understand that the *plan* you select is going to offer the same benefit coverage regardless of the *insurance company* from which you purchase it. The only difference will be the cost of the premium that each company will charge for that plan. In other words, a plan G that you purchase from Aetna will provide the same level of coverage that a plan G from Anthem will offer. However, what you pay for that coverage each month can vary greatly by company.

By following the “How To” instructions **on page 6**, you will be able to shop around to find the best price for the Medicare supplement plan that you wish to purchase.

Also, check to see if the insurance company offers household discounts. Companies may offer a 5% to 7% discount if you and any other person who lives at the same address has a Medicare supplement plan with the same company. Many Medicare supplement companies may offer health perks and programs, such as a 24-hour/365-day nurse or health information line, discounts on vision, dental and hearing services, and fitness programs like SilverSneakers, that can be used nationwide

Remember that Medicare’s open enrollment period each fall, from Oct. 15 to Dec. 7, does not apply to Medicare supplement plans. It only applies to Medicare Part D and Medicare Advantage plans. If you wish to change companies or Medicare supplement plans, you will be asked to answer health questions, including a list of all prescription medications that you take. This process is referred to as underwriting. The new company can deny you and charge you a higher monthly premium or refuse to insure you. Please do not cancel your current Medicare supplement plan until you have confirmation that the new company has approved your application.

For more detail on Medicare supplement plans and how they work, refer back to the Medicare supplement video at MySourcePoint.org/insurance.

How to Compare Supplement Plan Monthly Premiums

How to Run a Search on Medicare.gov

1. At a personal computer, open your browser, such as Internet Explorer, Firefox, or Google Chrome, and go to [medicare.gov](https://www.medicare.gov).
2. On the Medicare home page, click the “Health & Drug Plans” arrow located on the top right-hand side of the page.
3. From the dropdown box, select “Find a Medicare Supplement Insurance policy” on the left-hand side of the menu.
4. On the “Find a Medigap policy that works for you” screen, enter your zip code and click “Start.”
5. You will now be on the page “Supplement Insurance (Medigap) plans in Ohio.” You can fill in the personal information requested and click the green “Update Prices” box, or skip this step and scroll down the page to find the plan in which you are interested.
 - To read details about a plan, simply click on the blue “Plan Detail” button. You’ll find a detailed description of the plan benefits, including deductibles, copays, coinsurance, and more. The green check marks under “Plan Benefits” indicate a benefit is covered under the plan. A red X indicates it is *not* covered under the plan.
 - Click the green “View Policies” button to display a list of companies that offer the desired plan in your zip code.
 - The benefits for each plan will be identical regardless of the company offering that plan. For example, a Plan G from every company that sells a Plan G has exactly the same benefits.
NOTE: Plan names that include the word “Select” are a special type of Medicare supplement that require you to use a network of doctors and hospitals. Premiums for the same plan, however, can vary widely by company. Not all companies offer all plans.
6. To compare premiums for a specific plan, you will have to obtain a quote either online from each company or from a licensed agent for each company. Some companies allow you to obtain quotes from their websites. Every website, however, is different. Read through the list of companies and, for those in which you’re interested in checking premium prices, click the “Visit company website” link.



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How to Compare Supplement Plans continued...

7. Once on the company's site, look for links like "Free online quote" or "Request more information." You may be prompted for some or all of the information below to obtain the quote:
- Zip code of your residence.
 - Effective date for Part B: Month/year from your Medicare card.
 - Date of birth.
 - Desired start date of coverage.
 - Gender.
 - Smoking history.

WARNING: Do NOT share your Medicare number, Social Security number, or other confidential information online without using a secure connection and being 100% sure the site is legitimate.

NOTE: Be aware that if you provide your name, phone number, address, and/or email address, you are inviting the company to contact you directly about Medigap policies.

8. Once you have submitted the requested information, the company website will display monthly or annual premiums for all the Medigap plans they offer. Some companies may also offer a discount, sometimes referred to as a household resident discount, if two or more people in the same household purchase Medigap policies from the same company. Record information about the plan, company, premium, and any discount to compare with other companies and plans.
9. To obtain premium quotes on other companies, exit out of the company website, which will take you back to the list of plans in alphabetical order. Repeat starting with step 7. For any company that does not provide access to rate quotes online, you can call the 800 number listed by the company name to speak with a licensed agent.

Comparing Medicare Supplement (Medigap) Policies

To evaluate and compare plans, you should consider such factors as:

- Monthly premiums, copays, coinsurance, annual deductible, and out-of-pocket maximums.
- Your monthly premium for a Medicare supplement policy at age 80 or older will likely be significantly higher than the premium at age 65.
- Your risk tolerance: How much you are willing to pay in monthly premiums when you are healthy versus what is the maximum you can afford to pay when you get sick.
- The longevity and financial strength of the insurance company offering the Medigap policy.

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How to Compare Supplement Plans continued...

You can enroll in or change your Medicare supplement policy as follows:

- Within six months of your initial effective date for Original Medicare Part B.
NOTE: This is the best time to purchase a policy as you have a guaranteed issue right, meaning you cannot be denied because of your health.
- During special enrollment periods, such as when your insurance company goes out of business or you lose coverage through no fault of your own.
NOTE: You have guaranteed issue rights for 63 days after your existing policy ends, but your policy options are limited.

You can enroll in a Medicare supplement or Medigap policy by:

- Calling the company or authorized sales representative directly.
- Enrolling on the company's website.

Important Tips & Reminders:

- Pay your Medigap premiums on time to avoid the risk of being canceled.
- Enroll in automatic withdrawal of your monthly premium from your bank account to avoid a late or missed payment.
- There is no set annual enrollment period for these plans; however, if you add or change plans, you may be underwritten, which means that your premium could be higher or you could be denied based on your health.
- If you are shopping around for lower prices and enroll in a new plan, do NOT cancel your current plan until you receive a confirmation letter from your new plan that you have been accepted and you receive your new policy and ID card from your new company.
- Premiums for Medicare supplements cannot be deducted from your monthly Social Security benefits check since these plans do not have contracts with the federal government.

Medicare Savings Program

The Medicare Savings Program is one program with several levels of support for which you may qualify based on your income and resources. These programs are part of Medicaid and eligibility for these programs are determined by the Delaware County Department of Job and Family Services (DJFS).

Resources include money in a checking or savings account, stocks, bonds, mutual funds, and any Individual Retirement Account (IRA). Income includes any money received from Social Security, pensions, employment, interest, and more. Resources do not include your home, car, household items, burial plot, or burial expenses up to \$1,500 per person.

Medicaid covers all deductibles and coinsurance that Medicare does not pay, the Medicare Part B premium, as well as several additional benefits that original Medicare does not cover.

Eligibility for Medicaid is:

- Single income at or below \$814 per month, with total resources at or below \$2,000.
- Married couple's combined income at or below \$1,211, with total resources at or below \$3,000.

Qualified Medicare Beneficiary (QMB) serves as a free Medicare supplement policy that pays for all deductibles and coinsurance that Medicare does not pay, as well as the Medicare Part B premium.

Eligibility for QMB is:

- Single income at or below \$1,094 per month, with total resources at or below \$7,970.
- Married couple's combined income at or below \$1,472, with total resources at or below \$11,960.

Specified Low-Income Medicare Beneficiary (SLMB) pays the Medicare Part B premium and will retroactively pay and reimburse Part B premium amounts for each of the past three months.

Eligibility for SLMB is:

- Single income at or below \$1,308 per month, with total resources at or below \$7,970.
- Married couple's combined income at or below \$1,762, with total resources at or below \$11,960.

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Medicare Savings Program continued...

Qualified Individual (QI) covers the Medicare Part B premium.

Eligibility for QI is:

- Single income at or below \$1,469 per month, with total resources at or below \$7,970.
- Married couple's combined income at or below \$1,960, with total resources at or below \$11,960.

To apply for these benefits, you can apply online at Benefits.Ohio.gov, request an application from DJFS, or print the application found on the DJFS website at odjfs.state.oh.us/forms/num/JFS07200. Complete and return the application by mail or in person at:

140 N. Sandusky St., Second Floor
Delaware OH 43015

or

145 N. Union St.
Delaware, OH 43015

Phone: 740-833-2300
Monday through Friday, 8 a.m. to 4:30 p.m.

Saving Money on Prescription Medications

Prescription medication costs have always been a major concern for seniors. Knowing that a drug plan is required when becoming eligible for Medicare and the many choices available leaves beneficiaries unsure of how to proceed. Having some insight about how the plans work can be helpful in selecting one that will be most cost-effective based on your needs.

Some important points to know:

- All people with Medicare need to get a Part D plan unless you have credible coverage through another source, such as an employer plan, Veterans Affairs, etc.
- Medicare Part D plans are offered by private companies that contract with Medicare. Premiums for your Part D plan can be taken out of your Social Security benefits.
- There are two ways to get prescription Part D coverage, through a stand-alone prescription drug plan (PDP) or through a Medicare Advantage plan.
- The enrollment period for Part D is the same as Medicare Part B. If you do not enroll in a Part D plan or you do not have another creditable coverage plan for your prescription medications, you will be subject to a late enrollee penalty of 1% for each month that you delay enrolling into the plan. The penalty is based on the national average of the plan premium and changes each year. The penalty will stay with you for life, so be sure to enroll when eligible to avoid any penalties.
- Part D has an annual open enrollment period each year from Oct. 15 through Dec. 7. Coverage then begins on Jan. 1 of the following year. Everyone should take advantage of open enrollment in order to make sure your Part D plan is going to be the best for you in the upcoming year. Part D plans change each year and each insurance carrier can make their own changes, as well. Your medications can change each year, too, so by doing a plan comparison during open enrollment, you can guarantee you have the best possible coverage at the lowest price.

The way to find which plan is best for you is to use the PlanFinder tool on the [medicare.gov](https://www.medicare.gov) website. Included **on page 13** is “Running Part D & Medicare Advantage Plan Comparisons.”

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Saving Money on Prescription Medications continued...

The 3 Cs of PDPs: Convenience, Coverage, and Cost

Most Prescription Drug Plans (PDP) have network pharmacies, which includes standard and preferred retail pharmacies. (You typically save the most at the preferred pharmacies.) If you use the plan's network pharmacy, you typically will save the most money on your prescription costs. These plans offer mail-order options, as well. Sometimes a 90-day mail-order supply of your medication can save you money, compared to a pick-up order at a pharmacy.

Did you know you can split your prescriptions and get any that are cheaper by mail order and pick up the others at your local preferred pharmacy?

Know your plan's coverage: Choose a plan that has all your medications on their formulary. The formulary is a list of medications that your part D carrier covers. If your prescription is not on the formulary, you will be responsible for the full cost of that medication. Plans can change formularies at any time. If you find out that your plan is no longer going to cover one of your medications, take your plan's formulary to your doctor and ask that it be reviewed to find a lower cost generic or brand medication in the same class of drugs that is on your plan's formulary.

Another way to save money on prescription costs is to use a generic, when available, versus a brand-name medication. Prescriptions are ranked by tiers 1-7. The lower the tier, the cheaper the cost of the medication. Typically, tier 1 and 2 drugs are generic with tier 7 being the most expensive medications.

Discount drug cards and Patient Assistance Programs (PAP) are also available to help you obtain prescription drugs at a lower cost. These programs cannot be used in conjunction with your Medicare Part D or Advantage plan. Sometimes, the discount cards offer a lower cost than the plan's coverage through Medicare. We find that Good Rx is the best overall of the drug discount cards.

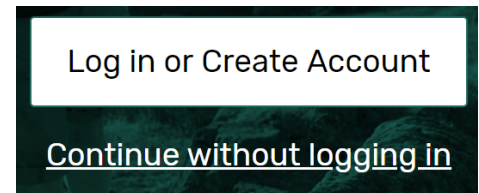
PAPs are most often sponsored by pharmaceutical companies. There are also state and nonprofit-sponsored programs. These programs often offer free or low-cost medications if you do not have insurance or are underinsured and cannot afford your medication. The benefits you receive vary widely from program to program and often have different requirements. Check out [goodrx.com](https://www.goodrx.com) and see **page 20** for a list of additional discount programs.

In summary, be your own advocate! Research the costs of your medications before making a purchase. You will not be able to return the medications once purchased.

Running Part D & Medicare Advantage Plan Comparisons

How to Run a Plan Comparison on Medicare.gov

1. At a personal computer, open your browser and go to [medicare.gov](https://www.medicare.gov).
2. On the Medicare home page, click the “Health & Drug Plans” arrow located on the top right-hand side of the page and select “Find health & drug plans.” You can proceed in one of two ways:
 - Click “Log in or Create Account.” You can log in using your username and password, or set up a new account. You’ll need the information below to do so:
 - Medicare number from your red, white, and blue Medicare card.
 - Last name exactly as it appears on your Medicare card.
 - Date of birth.
 - Effective date for Part A from your Medicare card.
 - If you do not have your Medicare number yet, you can click “Continue without logging in.” The system will not retain your medication list and you will need to re-enter your information the next time you return to [medicare.gov](https://www.medicare.gov), but you can still run the comparison.
3. Select the type of plan you wish to find: Medicare Advantage or Part D drug plan. If you are not logged in, the website will request your zip code after you make a selection.
4. The next question is, “Do you get help with your costs from one of these programs?” You can select your programs or “I’m not sure” to continue.
5. “Do you want to see your drug costs when you compare plans?” In most cases, you should select “Yes.” Only select no if you take no medications.
6. “How do you normally fill your prescriptions?” Select “Both,” which includes retail and mail-order pharmacies and gives you a more comprehensive view of costs.
7. You should now be on a page to either confirm your drug list if you’re logged in, or add your prescription drugs if not. (Do not add over-the-counter medications or supplies.)
 - If you’re logged in, confirm that all your prescription medications are listed with the correct dosage, as well as number you take per month. If you see a medication that you no longer take, you should remove it from the list by clicking on “Remove drug” link under the drug name. If you do not see all your current medications, make sure to add them by clicking the “Find & Add Drug” box at the bottom of the page. You can also change the dosage or quantity by clicking on the “Edit drug” link. Once you have entered all your medications correctly, click on the “Done Adding Drugs” box at the bottom of the page.



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Running Plan Comparisons continued...

This is an IMPORTANT step that should NOT be skipped as your personalized list of drugs will determine the total drugs costs and sort order for the plans presented for comparison.

- If you continued without logging in, you can add your prescription drugs one by one. Simply type in the name of your medication, select it from the dropdown menu, and click “Add Drug.” (If a generic is available for the drug entered, you’ll have the opportunity to select either the generic or brand name drug.) You can then select dosage, quantity, and frequency for that drug. Follow the same step to add each of your medications. When finished, click “Done Adding Drugs.”
- If you don’t take any medications, you can click “See plans without drug costs.”
Note: Even if you do not take any prescription medications, you are required to enroll in a Part D plan UNLESS you get medications from the VA Pharmacy, which is considered creditable coverage.

TIP: To maximize savings, use generics whenever possible and use a preferred network pharmacy. If a generic is not available for the drug, you can ask your doctor if there is an equivalent generic medication or less expensive brand. The main ingredient in the generic and brand must be the same by FDA standards. The fillers used in generics may cause an allergic reaction in some people or may cause the generic to be less effective than the brand. In those situations, you should only use the brand drug. If you can only take the brand-name drug, your physician will write DAW (dispense as written) on the prescription; otherwise, the pharmacy will dispense a generic. In order to get 90-day refills, your physician must also write your prescription for 90 days.

8. Once you have completed your list of prescription medications, you should then be prompted to choose up to five pharmacies. To select a pharmacy, just click the “Add Pharmacy” box beside the name of the desired pharmacy. Once you have made your selections, the pharmacies are listed in the blue banner at the bottom of the page. Click the white “Done” box.
 - **NOTE:** If on the first page you don’t see the pharmacy that you are looking for, scroll to the top of the page and increase the distance from your address or zip code. Because you selected “Both” when asked how you fill your prescriptions, mail order is pre-selected.
 - **TIP:** Always select four pharmacies so you can compare drug prices. It can make a BIG difference on where you get your medications.

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Running Plan Comparisons continued...

- You should now see a screen with the Part D/Advantage plans available in your zip code. The plans are pre-sorted by “Lowest drug + premium cost” to show you the lowest overall plan first. This is the most cost-effective way to find the best plan for you. You can do other things on this screen like print, change the location in which you’d like to search, and go back and edit your drug list or selected pharmacies. We suggest that you do not use the “Filter Plans” option, as it will not add any cost savings value to your sort.
- We suggest that you select the top three plans for side-by-side comparison. Click “Add to compare” in each plan. The selected plans will appear in a blue banner at the bottom of the page. Click “Compare” when finished adding plans. You should then see a side-by-side comparison:

The screenshot displays a side-by-side comparison of three prescription drug plans. On the left, a blue banner reads "Comparing 3 Prescription Drug plans" with a "Back to results" button. The three plans are:

- WellCare Wellness Rx (PDP)**: Star rating: ★★★★★☆, Monthly premium: \$14.20, Yearly drug deductible: \$435.00. Buttons: Plan Details, Enroll.
- EnvisionRxPlus (PDP)**: Star rating: ★★★★★☆, Monthly premium: \$14.20, Yearly drug deductible: \$435.00. Buttons: Plan Details, Enroll.
- Humana Walmart Value Rx Plan (PDP)**: Star rating: ★★★★★☆, Monthly premium: \$13.20, Yearly drug deductible: \$435.00. Buttons: Plan Details, Enroll.

- From the side-by-side comparison screen, you can click on the blue “Plan Details” box to get additional information about each of the three plans. To enroll in the plan that you select, just click on the green “Enroll” box and it will take you to the application screen where you will answer all requested information. Also on this page, if you scroll down, is a brief overview of each plan and another opportunity to view details and/or enroll at the bottom.

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Running Plan Comparisons continued...

Comparing Prescription Drug Plans (with Original Medicare)

To evaluate and compare prescription drug plans, you should consider such factors as:

- Whether all your prescription medications are included on the plan's formulary.
- Estimated annual drug costs.
- Monthly premiums, copays, and annual deductible, if any.
- The tiers for the prescription medications that you take.
- Whether your selected pharmacies are participating or preferred pharmacies in the plan network.
- Whether your prescription medications are available through mail order.
- The overall star rating of the prescription drug plan.

You can enroll in or change a prescription drug plan as follows:

- During your 7-month Initial Enrollment Period (IEP) for Original Medicare (Parts A & B).
- During the Annual Open Enrollment Period (AEP), Oct. 15 through Dec. 7.
- Once each quarter if you currently receive Extra Help for your Medicare Part D.
NOTE: If enrolling in the fourth quarter for the next year's plan, the effective date will be Jan. 1 of the following year.
- During Special Enrollment Periods (SEP), such as when moving out of your current plan's service area, living in an extended care facility, losing other creditable coverage, qualifying for extra help, enrolling in Medicaid, etc.

You can enroll in a prescription drug plan by:

- Clicking the "Enroll" box next to or underneath the plan name on the [medicare.gov](https://www.medicare.gov) website.
- Calling Ohio Senior Health Insurance Information Program (OSHIIP) at 800-686-1578.
- Calling the desired plan directly.
- Enrolling on the desired plan's website.
- Calling Medicare at 800-633-4227.

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Running Plan Comparisons continued...

Comparing Medicare Health Plans with Drug Coverage

To evaluate and compare Advantage plans, you should consider such factors as:

- Whether all your prescription medications are included on the plan's formulary.
- Estimated annual health and drug costs.
- Monthly premiums, copays, coinsurance, annual deductible, and out-of-pocket maximums.
- The tiers for the prescription medications that you take.
- Whether your selected pharmacies are participating or preferred pharmacies in the plan network.
- Whether your prescription medications are available through mail order.
- Whether your doctors and hospitals are in the plan's network.
- The overall star rating of the plan by Medicare.

You can enroll in or change Medicare health plans as follows:

- During your 7-month Initial Enrollment Period (IEP) for Original Medicare (Parts A & B).
- During the Annual Open Enrollment Period (AEP), Oct. 15 through Dec. 7.
- Anytime to enroll in a five-star Medicare health plan.
- Once each quarter if you currently receive Extra Help for your Medicare Part D.
NOTE: If enrolling in the fourth quarter for the next year's plan, the effective date will be Jan. 1 of the following year.
- During Special Enrollment Periods, such as when moving out of your current plan's service area, living in an extended care facility, losing other creditable coverage, qualifying for extra help, enrolling in Medicaid, etc.

You can enroll in a Medicare Health Plan by:

- Clicking the "Enroll" box next to or underneath the plan name on the [medicare.gov](https://www.medicare.gov) website.
- Calling Ohio Senior Health Insurance Information Program (OSHIIP) at 800-686-1578.
- Calling the desired plan directly.
- Enrolling on the desired plan's website.
- Calling Medicare at 800-633-4227.

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Running Plan Comparisons continued...

Important Reminder about MediGold

All the hospitals in Delaware County belong to the OhioHealth network, which does NOT accept MediGold. If you want to be treated at Dublin Methodist, Grady Memorial, Riverside Methodist, Grant Medical Center, Doctors, or Marion General hospitals, then you should NOT enroll in a MediGold plan. MediGold requires plan participants to use contracted doctors and hospitals that are part of the Mount Carmel Health System, including St. Ann's, Mt. Carmel East, and Mt. Carmel West hospitals. (In the case of a true emergency, you can and should go to the nearest hospital, even if you have MediGold, and by law that claim will be covered in-network).

TIPS:

- The “Monthly Drug Costs at Retail Pharmacies” is based on the lowest retail pharmacy and includes the monthly premium.
- The month in which you meet the deductible, go into the donut hole, and go into catastrophic coverage will be indicated on the monthly summary. This is only accurate if you take your medications as prescribed.
- Each plan can tier their own drugs so the same drug could be a different tier under different plans.
- To view the actual cost of each medication under each plan and pharmacy, click on the blue “Plan Details” button. Look down the list for your preferred pharmacy.
- You should run the plan comparison each year during the annual open enrollment period since the plans change each year and so can your health.
- If your current plan will be offered next year and is still the best plan for you, no action is needed. You will automatically be re-enrolled in that same plan and may or may not receive a new identification card for the next plan year.
- If you are enrolling in a different plan, you do not need to notify your current plan. Enrolling in a new plan will notify CMS, who notifies your current plan to cancel you at the end of the current year.
- You can sometimes save by utilizing mail order. On many plans, the tier 1 and tier 2 drugs are at no cost to you and do not apply to the annual deductible.

Extra Help with Medicare Part D

Extra Help is a Medicare program that helps people with limited income and resources pay Medicare prescription drug costs. You may qualify for Extra Help, also known as low-income subsidy (LIS). To qualify, your annual income and total resources must be at or below these limits:

- Single income at or below \$1,630 per month, with total resources of \$14,790 or less.
- Married couple's income at or below \$2,198, with resources of \$29,520 or less.

Resources include money in a checking or savings account, stocks, bonds, mutual funds, and any Individual Retirement Account (IRA). Income includes any money received from Social Security, pensions, employment, interest, and more. Resources do not include your home, car, household items, burial plot, or burial expenses up to \$1,500 per person.

If you qualify for Extra Help, Medicare will pay:

- All or most of the monthly premium.
- All or most of the annual deductible.
- Most of your copayments/coinsurance.
- Full coverage during the donut hole.
- And you can change your drug plan once per quarter.

You can apply online at ssa.gov/benefits/medicare/prescriptionhelp.

Discount Programs

PRESCRIPTIONS

Good Rx

goodrx.com

855-268-2822

Blink Health

blinkhealth.com

844-265-6444

Needy Meds

needymeds.org

800-503-6897

New Benefit Drug Card

rxpricequotes.com

800-800-7616

Rx Saver

rxsaver.retailmenot.com

855-569-6337

SingleCare

singlecare.com

844-234-3057

Ohio's Best Rx

ohiobestrx.org

866-923-7879

ScriptSave WellRx

wellrx.com

800-407-8156

DENTAL

Delta Dental of Ohio

deltadentaloh.com

800-524-0149

Careington Solutions Simplified

careington.com

800-400-8789

Grace Clinic

40 S Franklin St

740-816-6955

The Dental Care Plus Group

mydentalcareplus.com

888-253-3279

HEARING

Delaware Speech &

Hearing Center

delawareshc.org

740-369-3650

VISION

VSP

vspdirect.com

800-785-0699

America's Best Contacts &
Eyeglasses Ohio

americasbest.com

800-411-1162 (store)

800-999-4758 (online)

Careington Solutions Simplified
careington.com

800-400-8789

Discount Glasses

discountglasses.com

888-264-5400

Eyemart Express

eyemartexpress.com

888-372-2763

Grace Clinic

graceclinicweb.org

740-816-6955

Vision Works

visionworks.com

800-784-7427

Extra Perks with Medicare Advantage Plans

Medicare Advantage plans may offer additional coverage for items or services that aren't covered under original Medicare and Medicare supplements. Some of these benefits may only be available in certain situations or to people with certain health conditions. Therefore, it is important to make sure to check the plan details to see what is actually covered and what eligibility might apply before you sign up for an Advantage plan that says it offers additional benefits.

Some benefits that may be offered are:

- Nonmedical and/or medical transportation – Plan may have limits on the number of trips per year, as well as mileage. Also, may only cover after a surgery that limits driving ability.
- Over-the-counter medicines/benefits – May provide a \$25/\$35 quarterly allowance for items like vitamins or bandages to be purchased at an in-network pharmacy.
- Meals – May only be offered for a limited number of days after a destabilizing surgery.
- Home/bathroom safety devices and modifications – May have limits to certain health conditions to cover things like shower stools, toilet risers, mobility ramps, and night lights.
- Nutrition counseling – May have limits to certain health conditions, such as newly diagnosed with diabetes.
- Routine dental – Limited to two cleanings per year and one set of bite-wing X-rays. No coverage for things like dentures, fillings, root canals, etc.
- Routine eye exam – Limited to one exam per year, which may include a discount on some frames or lenses.
- Routine hearing – Discount off hearing exam, and may offer a couple types of hearing aids at a reduced cost.

You can find the detailed coverage of these types of benefits on the insurance company's website or by calling the company directly. Be a savvy shopper and know what you are getting before you sign up!