



This document contains the slides that are used in our Welcome to Medicare classes, normally held at the public libraries in Chapel Hill and Hillsborough on a monthly basis.

Due to the Coronavirus outbreak, our classes have been suspended, but we have developed this annotated version of the presentation in order to assist those that need information about the basics of Medicare before we can resume our classes.

You should also seek out resources on www.medicare.gov and www.ncshiip.com for more information.

Seniors' Health Insurance Information Program (SHIIP)

Assistance in understanding and using Medicare
A Program of the North Carolina Department of Insurance
Sponsored by Orange County Department on Aging



Passmore Center - Hillsborough



Seymour Center - Chapel Hill

The Seniors' Health Insurance Information Program or "SHIIP" is a program of the North Carolina Department of Insurance (NCDI). NC DOI trains and certifies volunteers to assist people in their local community with understanding and using Medicare.

In each county NCDI partners with a local agency – for Orange County that is the County Department on Aging. Our County SHIIP program provides two types of services:

- Community education through Welcome to Medicare classes and information posted to our website: www.orangecountync.gov/ocncshiip.
- Individual counseling sessions by appointment with a certified volunteer counselor at one of our two Senior Centers. You can make an appointment on our website or by calling us at 919-245-4274.

The Orange County Department on Aging also offers a wealth of information and services to support residents over age 55. You'll want to browse the department's website to learn more about free opportunities including craft classes, computer classes, financial planning seminars, and home safety consultations to name just a few: www.orangecountync.gov/aging .

What is Medicare

- ▶ **Federal Health Insurance Program for:**
 - Age 65 or Older...
 - Any Age with Disabilities...
 - Diagnosed with ESRD or ALS
- ▶ **No Relationship to ACA/Obamacare**
 - Spouses may need ACA coverage (< 65)
- ▶ **Usually Secondary Coverage if Still Actively Employed**
- ▶ www.medicare.gov



Most people think of Medicare as being for those age 65 and older. But Medicare also covers people of any age that have been disabled for 24 months and those that have been diagnosed with end stage renal disease (kidney failure, on dialysis) and ALS (commonly known as Lou Gehrig's disease).

Obamacare or 'Marketplace coverage' is not the same as Medicare. Obamacare is a federal health insurance program for people who don't get insurance from an employer and are under age 65. Medicare is a federal health insurance program for those age 65 and over.

Here in Orange County, we do offer assistance to county residents over age 55 who need Obamacare insurance. This often occurs when a spouse is covered on an employer plan and the employee turns 65 or retires. The spouse may not yet be 65 and still needs insurance.

If you are still working and covered by employer insurance, Medicare is usually secondary to your employer insurance.

For comprehensive information about Medicare, visit the official website. Be

sure to go to [medicare.gov](https://www.medicare.gov) and not [medicare.com](https://www.medicare.com).

Topics of Discussion

- ▶ **Enrollment – Don't Be Late**
- ▶ **Original Medicare (Parts A & B)**
- ▶ **Medicare Supplement Plans (Medi-Gap)**
- ▶ **Medicare Prescription Drug Plans (Part D)**
- ▶ **Medicare Advantage Plans (Part C)**
- ▶ **Medicare & Other Health Coverage**



In this document we'll be covering how and when to enroll in Medicare. We'll also talk about all the parts of Medicare and we'll cover how Medicare interacts with other insurance such as employer coverage, military coverage, and retiree health plans.

Enrolling in Medicare

- ▶ **Automatic if already receiving Social Security or RR benefits and turn 65**
- ▶ **Initial Enrollment Period**
 - Starts 3 months before month of 65th birthday
 - Coverage starts 1st of birth month
 - Ends 3 months after month of 65th birthday
- ▶ **Don't miss the Initial Enrollment Period**
 - Financial penalty 10% of Part B premium per year
 - General Enrollment Jan 1-Mar 31, effective July 1



If you are receiving early Social Security, then you will automatically be enrolled in Medicare Part A and Part B. You'll receive a Medicare card in the mail about 1-2 months before your 65th birthday. However, there are still steps you'll need to take once you receive your card.

If you are not yet receiving Social Security payments, then you must take an action to enroll in Medicare. Medicare will be effective on the first day of the month you turn 65. If your birthday is on the first, Medicare will be effective the first of the previous month. For example, if your birthday is March 2 or March 31, your Medicare coverage is effective March 1. If your birthday is March 1, your coverage is effective February 1.

You have a 7 month Initial Enrollment Period (IEP) around your 65th birthday. The IEP begins 3 months prior to your effective date and ends 3 months after the end of the month you turn 65. If you have a birthday March 2-31, your IEP starts December 1 and continues until June 30.

If you do not have other insurance coverage from an employer, you **MUST** enroll in Medicare during your IEP. If you fail to do that, your coverage will be delayed and you will have a financial penalty that will continue for the rest of your life.

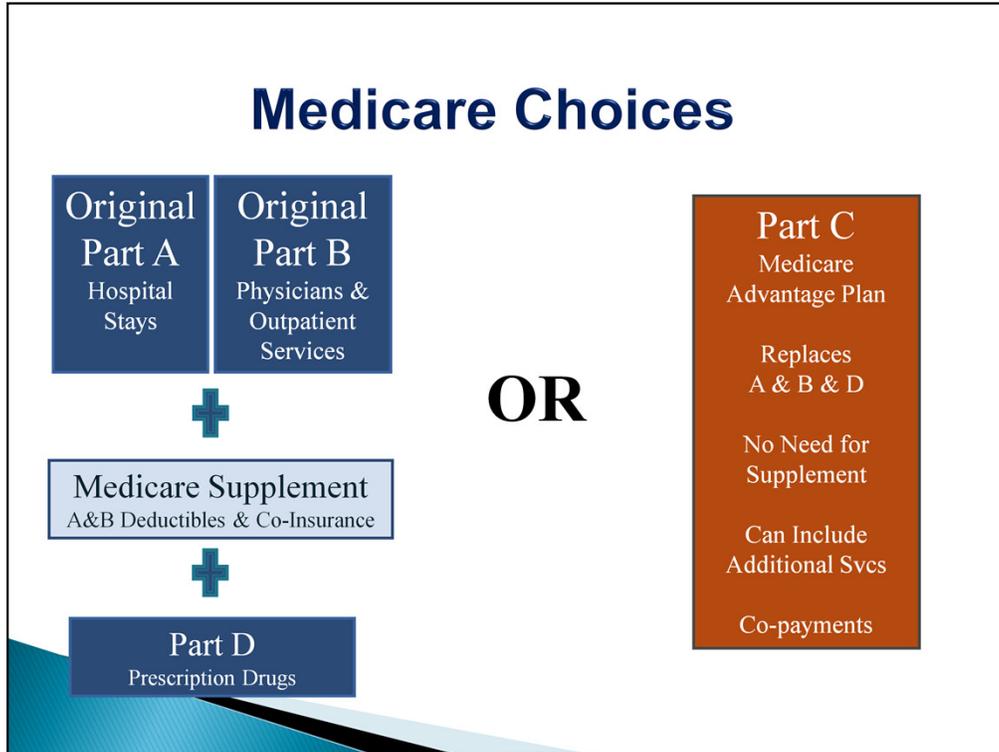
How to Enroll

- ▶ **Online at www.medicare.gov:**
 - **Sign Up/Change Plans, Apply for Medicare Online**
 - **You will be required to login to your *my social security* account or create one**
 - **If still working, will need start date of employment and employer health insurance**
- ▶ **Visit Social Security Office in Durham (make an appointment by calling 888-759-3908)**
- ▶ **Call Social Security 1-800-772-1213**



You can enroll online at Medicare.Gov. You must have a MySocialSecurity online account and will be required to enter your username and password. If you don't have an account, you'll be prompted to create one and can then enroll. During the process of creating a MySocialSecurity account, you will need to provide an email address and will be required to respond to an email. You'll also be given 4-5 multiple-choice questions based on information at the credit rating agencies that allows Social Security to verify your identity. If you have locked your credit file, you'll need to unlock it to complete this task and then relock it after you've created your MySocialSecurity account.

You also can visit a social security office to enroll in Medicare in-person and you can also call the national Social Security number to enroll over the telephone. In both cases, you will be required to answer questions or provide documents that prove your identity.



Everyone with Medicare has two overall choices about how they will use their Medicare benefits. They can choose Original Medicare, shown on the left hand side of this picture or a Medicare Advantage Plan shown on the right hand side.

We'll walk through the details of each box shown in this slide.

Original Medicare Part A

- ▶ Premium is \$0 for Eligible Beneficiaries
- ▶ Hospitalization (\$1408 Deductible/Stay)
- ▶ Post-Hospital Skilled Nursing Facility Care
- ▶ Post-Hospital Home Health Care
- ▶ Hospice Care
- ▶ Blood
- ▶ **Stop HSA contributions 6 months prior to Part A effective date**



Medicare Part A is the part that people think about when they say that 'Medicare is Free'. Your payroll taxes that you paid while working covers the cost of Medicare Part A. If you paid into Social Security for at least 40 quarters (10 years), then your Part A premium is \$0.

Part A pays the hospital bill when you are an inpatient in the hospital. You are responsible for the first \$1408 of the hospital bill – called a deductible, and Medicare pays the rest of the bill unless you stay longer than 60 days.

Part A also pays for 20 days of Skilled Nursing or Rehab Facility charges immediately following a hospitalization. Part A will pay part of the fees for the next 80 days if needed.

If you currently have a high deductible health plan with a Health Savings Account, it is important to stop all contributions to that account 6 months prior to the date your Medicare Part A is effective. This includes both contributions made by your employer and by you. Some people who are still actively working with employer-sponsored insurance decide to delay enrolling in Medicare in order to continue contributions to their HSA.

Original Medicare Part B

- ▶ **Usual Premium \$144.60/Month**
 - Higher for those with incomes > \$87,000
- ▶ **Physician Services (Inpatient/Outpatient)**
- ▶ **Outpatient Services (Lab, Radiology, PT)**
- ▶ **Preventive Services**
- ▶ **Home Health Care**
- ▶ **Deductible: \$198/Year**
- ▶ **Coinsurance: 20% with no cap**
- ▶ **Penalty for Late Enrollment**



Medicare Part B is not free. Most people pay \$144.60 per month although those with high incomes pay a higher premium.

Part B covers all physician services, including those in the hospital as well as in their offices. It also covers all outpatient services – emergency room, ambulatory surgery, labs, x-rays, wheel chairs, etc.

For all the services covered under Part B, you will pay the first \$198 in charges for services beginning January 1 of each calendar year. Once you have paid the \$198 deductible, Medicare will pay 80% of the bill and you pay the other 20%.

For example, if you visit your primary care doctor for a rash on your arm in January, you will pay the full bill – let's say \$100. The doctor prescribes some cream and says to come back if not better. A month later you return to the doctor and the bill is another \$100. You'll pay that bill as well. If you then visit a dermatologist, and the bill is \$200, you've met your \$198 deductible for the year, so you will pay \$40 and Medicare will pay the rest. For the rest of the calendar year, you'll pay 20% of the bill for any service that falls under Part B.

What's Not Covered

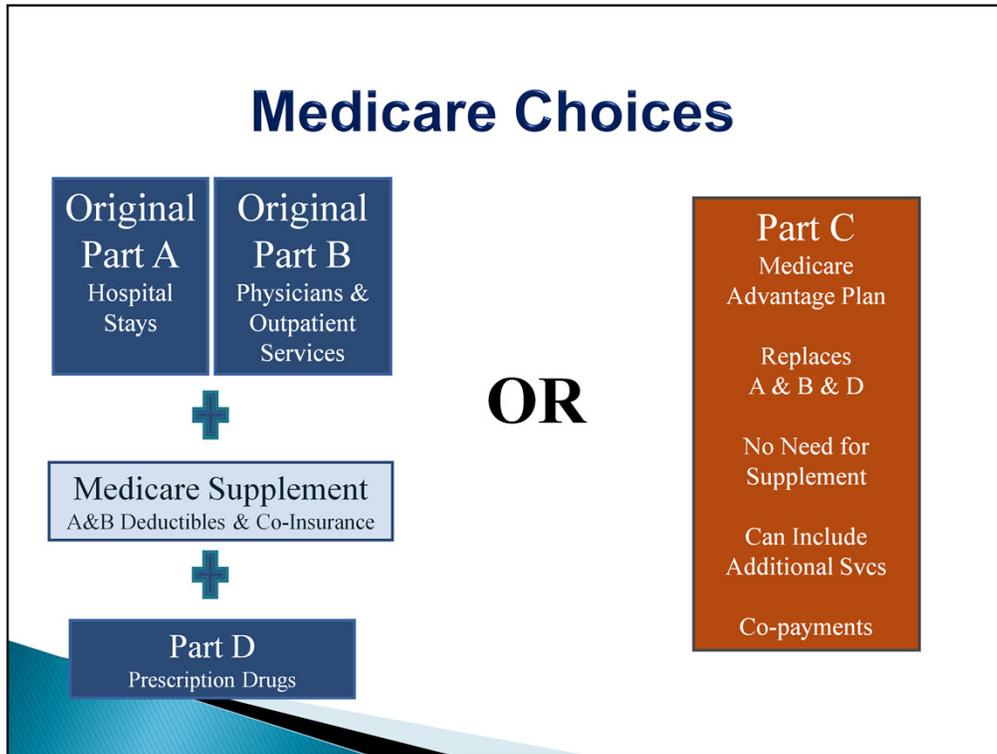
- ▶ **Dental**
- ▶ **Vision, Eyeglasses, Contact Lenses**
- ▶ **Hearing Tests and Hearing Aids**
- ▶ **Cosmetic Procedures**
- ▶ **Services outside U.S.**
- ▶ **Long Term Care**
- ▶ **Prescription Drugs – Requires Part D Plan**



It's important to know what Part A and Part B does NOT cover.

Some people who choose to use Original Medicare decide to purchase separate insurance to cover dental, vision, and long term care services.

Prescription drugs was not originally covered by Medicare at all when the Medicare program started in the 1960's. In fact Prescription medications weren't covered at all until 2006. That's why they are included as a separate add-on drug plan today.



We've now talked about the first two boxes on the left side of this picture.

The good thing about Original Medicare is that you can go to any provider that accepts Medicare, and that is about 95% of providers across the United States.

The thing that is not so great about Original Medicare is that there is no cap on that 20% co-insurance for Part B services. This means that if you have a year when you have many, expensive medical services, you may be paying a lot of money out of your pocket. Remember that Part B includes all the physician services you get in the hospital. If you have a surgical procedure, the surgeon's fees could be \$5000 or more – you will pay \$1000 (20%). The anesthesiologist's fees will be another \$1000-2000, leaving you a bill for \$200-400. An outpatient MRI procedure has a charge of around \$3,000 – you would pay 20% of that or \$600. It can add up to a lot of money that you didn't plan on spending.

This is the primary reason that many people choose to buy a Medicare Supplement Plan.

Medicare Supplement Plans

- ▶ Pays the Deductibles/Coinsurance Parts A & B
- ▶ **50+ Private Companies: Consistent Benefit Plans A-N, Shop on Price (G is most popular)**
- ▶ Premiums Increase w/ Age (\$100/Mo - \$250/Mo)
- ▶ Freedom to Choose Doctor
- ▶ Coverage when Traveling

**Guaranteed Issue Period:
6 months from Part B effective date
After this, coverage can be denied or limited**



Medicare Supplement Plans are offered by private insurance companies. While there are some rules set by the government, there are no government payments involved.

These are often called Medi-Gap plans and they pay for the Part A and Part B deductibles that we've described previously. The government does control the benefit packages that the insurance companies can offer. There are currently 9 plan options. Plan G is the most popular and pays all the deductibles and co-insurances from Part A and B except the \$198 Part B Deductible. This means that if you purchase a Plan G, no matter how many medical service you use, you won't pay more than \$198 per year. What isn't paid by Medicare is paid by your Supplement Plan.

It's important to understand that insurance companies selling Supplement Plans generally can charge whatever premium they choose, increase their premium as they choose, and decide whether to sell you their product based on your health status or medical conditions.

However, during the first 6 months from the date your Part B coverage is effective, all Supplement Plans cannot deny you coverage or limit your coverage and must charge you the same they charge all other Medicare beneficiaries in your age group, gender, zip code and smoking status. Once you have purchased a plan, the company can't charge you more just because of your health conditions, however the company will raise their premiums at least annually, with premiums increasing as you get older.

Medicare Part D

- ▶ **Prescription Drug Plans (PDP)**
- ▶ **Approved /Operated by Private Insurers**
 - **Premiums: \$13-100/month**
 - **Deductible: \$0-\$435, Co-pays: \$0-50, 25%**
 - **Coverage Gap (Donut Hole)**
 - **Formularies, Preferred Pharmacies**
- ▶ **Enroll when first eligible or pay penalty**
- ▶ **Low Income Assistance**
(Income < \$1595/Month Single, \$2155 Married)
(Assets < \$13,110 Single, \$26,160 Married)



Medicare Part D covers prescription drugs. Although these are also offered by private insurance companies, they are approved each year by Medicare and Medicare pays approximately 75% of the cost of the medications.

NC residents have 28 drug plans to choose from. Plans have different premium costs, different deductibles that you are required to pay before the plan starts paying for your medications, and different drugs that are covered. A specific drug might be covered by all 28 drug plans, while another drug is covered only by 2 plans. A drug might be a tier 2 drug on one plan with a \$20 copay and a tier 3 with a \$35 copay on another plan. Plans also make special deals with specific pharmacies so that the price can be very different if you pick up your drugs at a Walgreens or a CVS pharmacy.

It's very important to enroll in a Part D drug plan when you first become eligible, even if you don't take any medications currently. For each month that you go without any drug coverage, when you do decide you need drug coverage, you will pay an additional fee that will be added to that plan's premium for the rest of your life. Someone who goes 10 years without a drug plan might have \$40 added to their monthly premium as a penalty.

For those with low incomes and limited resources, Medicare has a program

called Extra Help that assist with the costs of Part D premiums and copays.



Fortunately, Medicare has a wonderful tool on their website that allows you to sort out the Part D drug plans and choose the plan that will work best for the specific medications that you take.

Our certified counselors often assist people with this task during a Medicare counseling appointment, however you can also do it yourself if you are comfortable with a computer.

You'll create a My Medicare Online Account or login with your username and password, then enter the specific medications that you take regularly including the dosage and frequency (quantity 30/month if you take the 1 pill per day). You'll specify the pharmacy that you want to use, and the system will provide the costs for each of the 28 drug plans.

You'll want to sort the plans based on the Total Cost (Drug Cost plus Premium Cost) and then you can compare 3 plans side by side as shown in the next slide.

Compare Drug Plans on Total Cost

Humana Basic Rx Plan (PDP)	WellCare Wellness Rx (PDP)	Express Scripts Medicare - Choice (PDP)
Star rating: ★★★☆☆	Star rating: ★★★★★	Star rating: ★★★☆☆
\$26.00 Monthly premium	\$13.70 Monthly premium	\$86.40 Monthly premium
\$435.00 Yearly drug deductible	\$435.00 Yearly drug deductible	\$250.00 Yearly drug deductible
CVS PHARMACY #10277 ✓ Standard in-network \$3,134.32 WALMART PHARMACY 10-2137 ✓ Standard in-network \$3,130.52 WALGREENS ✓ Standard in-network \$3,134.55	CVS PHARMACY #10277 ✓ Standard in-network \$8,034.95 WALMART PHARMACY 10-2137 ✓ Preferred in-network \$7,875.96 WALGREENS ✓ Standard in-network \$8,034.95	CVS PHARMACY #10277 ✓ Standard in-network \$4,026.89 WALMART PHARMACY 10-2137 ✗ Out-of-network \$15,395.28 WALGREENS ✓ Preferred in-network \$3,985.77

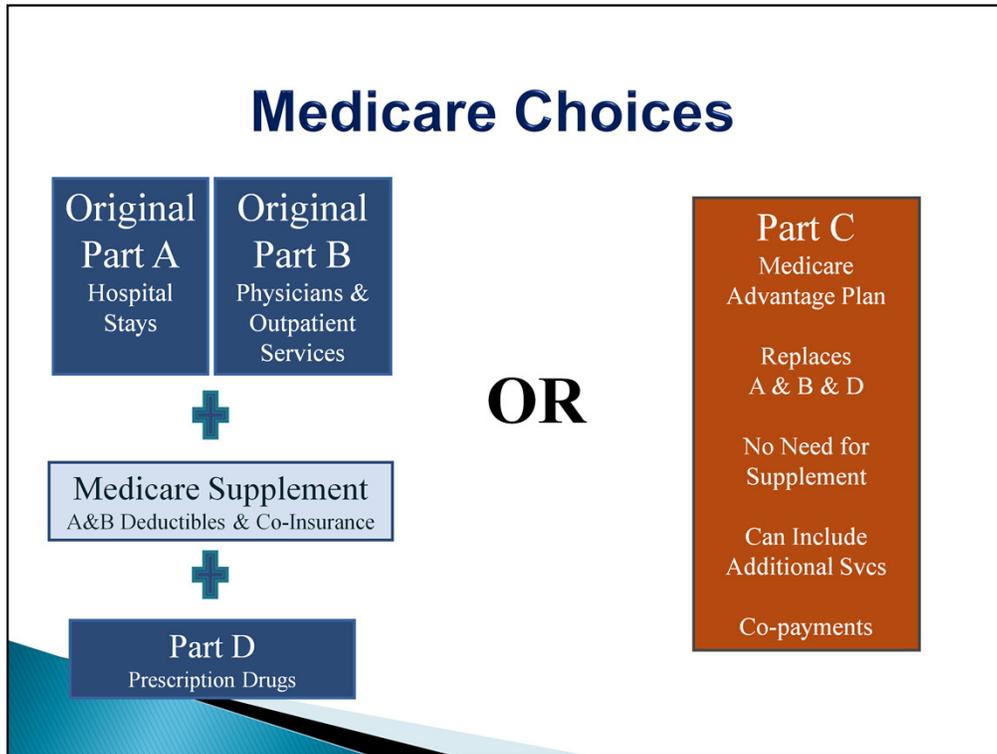


The important numbers to focus on are the ones shown under each pharmacy in the bottom section. This is the Total Cost and includes 12 months of Premiums plus 12 months of the Copays you will pay for the specific medications you entered at the pharmacy listed.

If you don't take any medications at all, then you can choose a plan based only on the premium cost, but otherwise, as you can see from this example, that strategy can be very misleading.

The Wellcare Wellness Plan has the lowest premium of these three plans (\$13.70/month) but the cost of your specific medications is very high with this plan so that the total cost is about \$8,000 for the year. In contrast, the plan on the left – Humana Basic – has a somewhat higher premium but the total cost comes in at around \$3,000. It's not unusual for us to see a difference of hundreds and thousands of dollars between different plans.

You can also see the impact of choosing to go to Walmart if you had enrolled in the plan on the right. This pharmacy is 'out of network' so you are paying the full cost of the drugs if you pick them up there rather than at Walgreens or CVS.



We've now covered the left side of this picture.

To summarize, most people will pay \$144.60 per month for Part B; at age 65 you'll likely pay about \$100-125/month for a Supplement Plan G and let's say you choose a Part D plan with a \$30 premium – your total monthly cost for this package of plans is about \$300/month.

This may seem like a lot of money to some people – especially if you are used to having your employer pay for your health insurance coverage. But with this package, you would pay a maximum of \$198 per year for any medical services you need, even if you had transplant surgery! You'll still have copays for your medications but you've been able to pick the plan that will cost the least.

Medicare Part C – or Medicare Advantage Plans - shown on the right side of the picture work very differently than Original Medicare. These are offered by private insurance companies that have been approved by Medicare as an alternative to Original Medicare. Orange County residents currently have 21 Medicare Advantage Plans to choose from.

Medicare Part C

- ▶ **Medicare Advantage Plans**
 - **Provider Networks (HMO vs PPO)**
 - **Benefits Same or Better than Parts A & B; Most Include Drug Coverage**
 - **May Require Prior Authorization**
 - **May Provide Limited Dental, Vision, Hearing, Fitness**
- ▶ **Premium: Part B (\$144.60) + Add'l Premium for some + Copay for Each Service w/ OOP Max**
- ▶ **Enroll in Part A & B, then “Replace” with Medicare Advantage Plan**



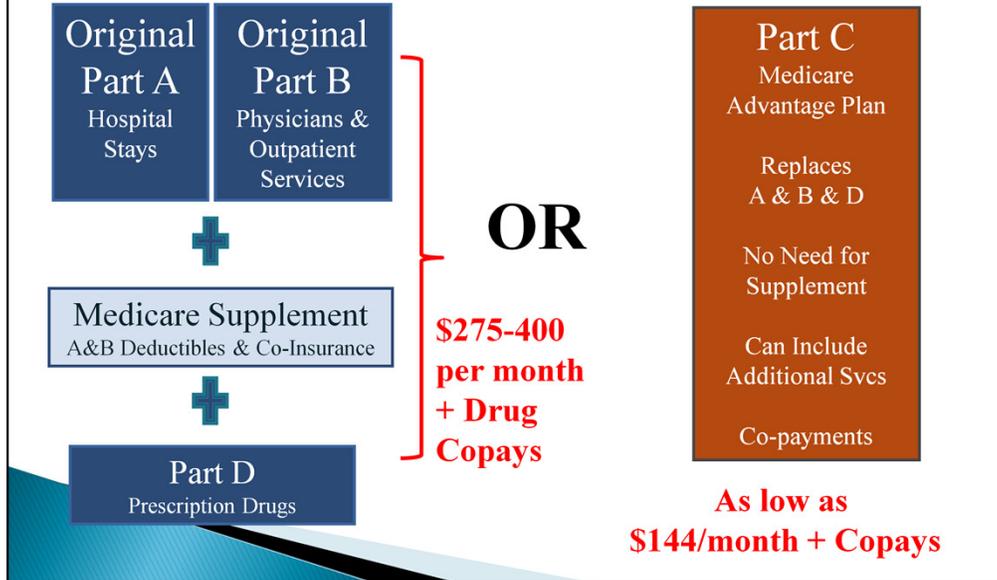
If you choose a Medicare Advantage Plan, you will continue to pay your Part B premium (\$144.60) to the government. The government gives that premium (plus more) to the plan you choose. Some plans charge an additional premium (up to \$100) that you pay directly to the company but about 9 of the 21 plans for Orange County have no additional premium so your monthly cost can be as low as \$144.60 (compared to \$300 in the Original Medicare package). However, with a Medicare Advantage Plan you will pay a co-pay for every service that you use (\$5-10 for a Primary Care Visit, \$35-50 for a Specialist Visit, \$300-400/day for a hospital stay). Each plan has an out-of-pocket maximum (most are about \$5000 per year). If your medical co-pays reach this maximum, you stop paying any more copays for the rest of the year.

Medicare Advantage Plans all have a provider network so you may not be able to see a specific provider. HMO-type plans do not pay anything if you go to a provider not on their list; PPO-type plans charge a higher co-pay if you go to an 'out-of-network' provider. Medicare Advantage Plans also have more prior authorization requirements than Original Medicare, meaning that you may have to get approval from the insurance company before having expensive tests and procedures.

The positives to a Medicare Advantage Plan is that your monthly cost is lower,

and many include benefits for dental, vision and hearing services – even fitness club memberships so that you stay healthy!

Medicare Choices



Again, there are two different models to choose from – Original Medicare costs more in premiums each month and increases as you get older, but you pay almost nothing when you receive healthcare services. Medicare Advantage Plans generally cost less in premiums each month but have fees for each healthcare service you receive.

Open Enrollment Period October 15-December 7

- ▶ **Change Part D Drug Plans**
- ▶ **Change Part C Medicare Advantage Plans**
- ▶ **Change from Original to Medicare Advantage**
 - ▶ **Drop Part D and Supplement Plan**
- ▶ **Change from Medicare Advantage to Original**
 - ▶ **Enroll in Part D Drug Plan**
 - ▶ **May not be able to get a Supplement Plan**

Check Every Year



It's important to understand that Medicare has an Open Enrollment Period that occurs each year from October 15 to December 7. EVERY person with Medicare should be checking their plans during this period to make a selection for the next year.

If you have a Part D Drug Plan, you need to verify that your medications will still be covered next year by the plan you are currently enrolled in and understand what the costs will be – compare the Total Cost (premium plus drug cost) with Total Cost for other available plans. Many people save hundreds and sometimes thousands of dollars by switching to a different plan.

If you have a Part C Advantage Plan, you also need to check both the drug coverage and medical co-pays and out of pocket maximums that will be charged next year in addition to the premiums. You can switch to a different Medicare Advantage Plan during Open Enrollment and also during January-March each year.

You can always switch during Open Enrollment from Original Medicare to an Advantage Plan – you pay the same premium as everyone else with that plan regardless of any medical conditions you have. It's also possible to switch from an Advantage Plan to Original Medicare and select a Drug Plan, however you may not be able to purchase a Supplement Plan if you have significant medical conditions.

Medicare & Military Coverage

- ▶ **Tricare & Active Military: No need to enroll in Medicare**
- ▶ **Tricare & Retired or ChampVA: Must enroll in Part B; military coverage is supplement & drug plan**
- ▶ **Veterans Benefits: Medicare optional but allows more choice of locations and services**



There are some special circumstance for those that have coverage through Military Service. Details depend on what type of Military coverage you have.

Employer Sponsored Plans Actively Employed

- ▶ **Over 20 Employees – Medicare is Secondary**
 - Usually enroll in Part A unless HSA contributions
 - Most can delay Part B & D; enroll at retirement with no penalty
 - Compare costs & benefits
 - If receiving SS at age 65: automatically enrolled in Part A & B and must act to delay Part B

- ▶ **Under 20 Employees -- Medicare is Primary**



If you are actively working and have 'creditable' healthcare coverage from your employer and your employer has more than 20 employees then you do not need to enroll in Medicare until you retire or otherwise lose your employer coverage.

Most people choose to enroll in Part A and delay Part B and drug coverage until they retire. Many employer plans will have a \$3000-5000 deductible for inpatient stays. If you have Part A, it will pay after your employer plan and reduce your out of pocket costs for the hospital bill to just \$1408. And it's free.

Even if you are receiving healthcare coverage from your employer, it's important to compare the costs you are paying and the benefits against what you can get from Medicare. You may have a payroll deduction for your healthcare coverage. If you are paying more than you would pay for Medicare, you'll want to consider dropping the employer plan and just using Medicare.

If your employer has less than 20 employees, you **MUST** enroll in Medicare A & B and either Part C or a Part D drug plan. Medicare will be your primary insurance and any employer-sponsored coverage will be secondary.

Employer Sponsored Plans Retired

- ▶ **Talk with Human Resources Department**
 - **Required to purchase Part A and/or Part B?**
 - **Is Medicare Primary or Secondary?**
 - **Private Network Options (Similar to Part C)**
 - **Timing of Annual Enrollment**
- ▶ **Retired State Employees**
 - **Must enroll in Medicare A & B**
 - **BCBS 70/30 Plan (serves as Part D)**
 - **United Plans (similar to Part C)**



If your employer offers retirement healthcare benefits, it's important to talk with your Human Resource experts to understand how those benefits interact with Medicare and what steps you need to take.

If you are a NC State Employee that has retirement healthcare coverage, you are required to enroll in Part A and Part B and pay the Part B premium (\$144.60 for most). In addition to the choices available for all Medicare beneficiaries, you have 3 additional choices limited only to State Retirees:

* The 70/30 plan has a \$0 premium and provides good drug coverage. You will continue to pay deductibles and co-insurance for Parts A & B unless you also purchase a Supplement Plan.

* The United Healthcare Base Plan is a Medicare Advantage Plan with a \$0 premium. It is the option that over 90% of State Retirees select.

* The United Healthcare Enhanced Plan is a Medicare Advantage Plan with a \$63 monthly premium and reduced co-pays compared to the Base Plan.

Both United Healthcare State Retiree Plans treat all providers who accept Medicare, anywhere in the United States, as in-network' providers. This eliminates one of the major disadvantages of other Medicare Advantage Plans.

Welcome to Medicare Summary

- ▶ **Enrollment – Don't be Late**
- ▶ **Open Enrollment Period – Oct 15 to Dec 7**
- ▶ **Special Issues for those with Other Coverage**
- ▶ **Extra Help for those with Low Income**

	Part A + B + Supplement + D	Part C
Monthly Premiums	Higher	Lower
Payments When Using Healthcare	\$198/year with Supp. Plan G Drug Co-Pays	Co-Pays for each Service
Choice of Providers	Almost All Providers	Limited (HMO) Higher \$ (PPO)
Dental/Vision/Hearing/Fitness	None	Depends on Plan

Important Take Aways:

- * Avoid penalties by enrolling in Medicare in the 7 months around your 65th birthday unless you are actively working and covered by an employer plan
- * Check your Medicare Plans every year during open enrollment to avoid surprises and possibly save money
- * If you have additional insurance other than Medicare, you need additional information to be sure you are making a good decision
- * If you have low income and low resources, you may qualify for assistance with your Medicare Costs.

The bottom portion of this slide is intending to provide a summary comparison of the advantages and disadvantages of the two approaches to using your Medicare benefits.

The Orange County SHIP program has certified volunteer counselors who are available by appointment to meet with you. Review the information in this document, get answers to your questions, and get help deciding which approach and specific plans are best for your situation.

Resources

- ▶ Meet with a SHIIP Counselor: 919-245-4274 or schedule on-line: www.orangecountync.gov/OCNCSHIIP
- ▶ Senior's Health Insurance Information Program (SHIIP): 1-855-408-1212 or www.ncshiip.com
- ▶ Medicare: www.medicare.gov or 1-800-MEDICARE
- ▶ Social Security Administration: www.ssa.gov; Social Security Office in Durham 1-888-759-3908
- ▶ ACA Health Insurance Marketplace (< age 65): Visit www.healthcare.gov or call 1-800-318-2596





Medicare is confusing.

The Seniors' Health Insurance Information Program (SHIIP) is housed at the NC Department of Insurance. A call center is available at 1-855-408-1212 Monday-Friday 8am-5pm with trained representatives to answer your questions about Medicare.

Orange County's SHIIP program normally offers monthly classes at the public libraries in Chapel Hill and Hillsborough to review the information contained in this document and answer questions. Due to the coronavirus outbreak these classes are currently suspended.

Orange County's SHIIP program normally offers appointments with certified volunteer counselors allowing you to meet one-on-one to get assistance with Medicare. Due to the coronavirus outbreak appointments are currently suspended. You can receive status reports by calling our appointment line 919-245-4274.