

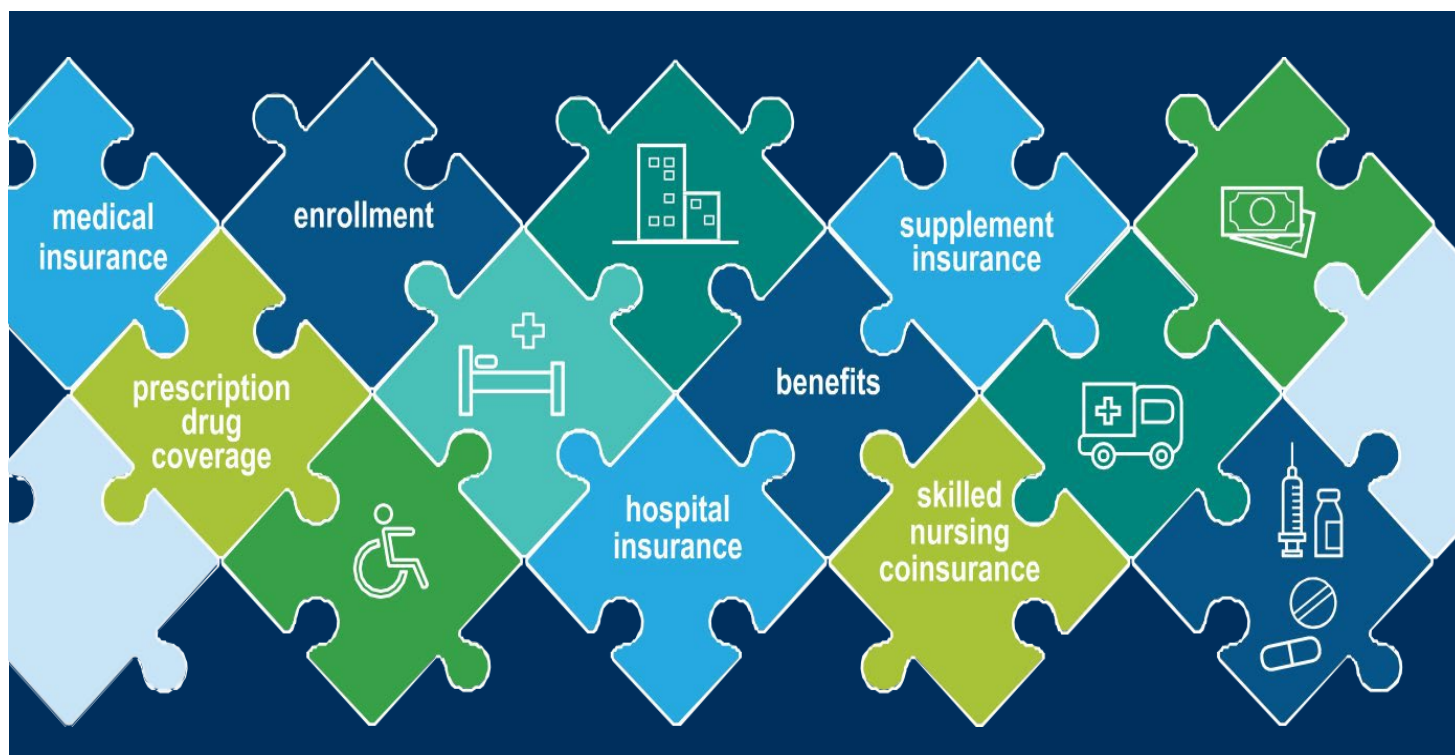


2025 SHIP



Main Handout

“Charting the seas of Medicare”



2025 Original Medicare

You pay for services as you get them. When you get a covered service, Medicare pays part of the cost and you pay your share.

You can see any doctor or hospital that takes Medicare, anywhere in the U.S.

Includes:



Part A Monthly (if 40 Qtrs.) \$00.00



Part B Monthly premium \$185.00

You can add:



Drug coverage (Part D) costs vary by plan & drugs taken:

Monthly premium _____

Monthly copays _____

You can also add:



Supplemental coverage (to help pay your share of costs): Medicare Supplement Insurance (Medigap) OR, coverage from a former employer or union, or Medicaid

Medigap Monthly Costs: _____

Medicare Advantage (Part C)

You join a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage.

In many cases, you'll need to use doctors who are in the plan's network

Includes: Under 1 Health Plan



Part A Monthly (if 40 Qtrs.) \$00.00



Part B Monthly premium \$185.00

Most plans include:



Drug coverage (Part D) costs vary by plan & drugs taken:

Monthly premium _____

Monthly copays _____

Can also include:

Can have some extra benefits (that Original Medicare doesn't cover – like vision, hearing, and dental services)

Note: You must have both Part A and Part B to join a Medicare Advantage Plan.

Part A (Hospital Insurance): Helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care.

Part B (Medical Insurance): Helps cover physician visits, outpatient care, home health care, durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment) and many preventive services (like screenings, shots, or vaccines, and yearly "Wellness" visits)

Part D (Drug coverage): Helps cover the cost of prescription drugs (including many recommended shots or vaccines). You join a Medicare drug plan in addition to Original Medicare

Medicare Supplemental Insurance (Medigap): Insurance you can buy from a private company that helps pay your specific shares of costs in Original Medicare. Policies are standardized, and in most states named by letters, like Plan G or Plan K. The benefits in each lettered plan are the same, no matter which insurance company sells it.

Note: Individuals may have other secondary insurance (retirement plan, Medicaid, etc.) and therefore may not need a Medigap

Part C (Medicare Advantage Plan): Bundles your Part A & Part B together under one Medicare contracted health plan (HMO, PPO, etc.) that follows rules set by Medicare. Most plans include drug coverage and may provide extra benefits (vision, dental, hearing, etc.).

Medicare Eligibility & Enrollment

ELIGIBILITY

Generally, a person is eligible for Medicare if they:

- Are age 65 years or older; and
- Are a U.S. Citizen; or
- A lawfully admitted non-citizen with 5 years' continuous residence at time of filing.

Work History (under their own work history or their spouse's work history)

- Affects Medicare premiums, but not eligibility.
- For monthly premium-free Part A, have 10 years (40 quarters/units) of Medicare-covered employment.
- Otherwise, you will pay a monthly premium for Part A.

Other people may qualify for Medicare if they are:

- Under age 65 and receiving disability benefits from SSA or Railroad Retirement System for 24 months; or
- A person of any age who has End-Stage Renal Disease (ESRD) (is receiving regular dialysis or has received a kidney transplant due to kidney failure).
- An individual of any age who has been diagnosed with Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's disease.

NOTE: A divorced spouse can apply for Medicare benefits on the work record of their former spouse.

ENROLLMENT

Automatic:

Many individuals will automatically be enrolled into Part A and/or Part B of Medicare.

- Individuals who are already receiving federal retirement benefits (SSA retirement check) will not have to file an application for Medicare with their Social Security office or Railroad Retirement Board (RRB). Their coverage will automatically begin the first day of their 65th birthday month.
- If the individual is under age 65 and disabled, Part A and/or Part B should automatically begin on the 25th month after they have been receiving disability benefits from SSA or RRB.
- A Medicare card will be mailed out as early as 3 months prior to their 65th birthday or 25th month of disability award.
- If a person does not want to be enrolled into Medicare Part B, they should follow the instructions that come with the card and send back the form to delay enrollment. Should they keep the card, Medicare Part B will begin on their eligibility month and premiums will be charged.

If a person has ALS, they will automatically qualify for both Part A and Part B the month their disability benefits begin.

Not Automatic:

- There are many people who do not receive benefits from Social Security or RRB, such as people who have not reached their full SSA retirement age, are still working and have employer group health coverage or certain retired municipal employees.
- These individuals will need to contact SSA or RRB to sign up for Part A and/or Part B to enroll during one of the enrollment periods.
- When they sign up for Part A and/or Part B will depend on if they have other insurance coverage and the type of coverage.

Individuals with ESRD should visit their local SSA office or RRB to sign-up for Part A and Part B of Medicare or call SSA at 1-800-772-1213. TTY users should call 1-800-325-0778.

Who to Contact to Get Your Medicare Questions Answered

If you...	Contact...
Want to: <ul style="list-style-type: none"> • Enroll in Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical insurance) • Check your Medicare eligibility or entitlement • Make changes to your personal information (such as your name or address) • Report a death • Replace your Medicare card • Ask about Medicare premiums • Apply for Extra Help with Medicare prescription drug costs 	Social Security 1-800-772-1213 TTY:1-800-325-0778 socialsecurity.gov
Have a Medicare Prescription Drug Plan, a Medicare Advantage Plan (like an HMO or PPO), or a Medicare Supplement Insurance (Medigap) policy, and have questions about your plan or policy.	Your plan or policy The phone number and website are on your membership card or in your plan materials.
Have railroad retirement benefits and want to: <ul style="list-style-type: none"> • Check Medicare eligibility • Enroll in Medicare • Replace your Medicare card • Change your name or address • Report a death 	The Railroad Retirement Board Your local office or 1-877-772- 5772 TTY: (312)751-4701 For questions about your Part B medical services and bills, call 1-800-833-4455.
Want to report changes to insurance that pays before Medicare: <ul style="list-style-type: none"> • Report that your other insurance is ending (for example, you stop working) • Report that you have new insurance (for example, you start working) 	Benefits Coordination & Recovery Center (BCRC) 1-855-798-2627 TTY:1-855-797-2627
Have Medicaid (Medical Assistance) and have questions.	Your State Medicaid office http://www.dhs.state.il.us/page.aspx?item=29757 (800) 843-6154



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Medicare Enrollment Periods Quick Chart

Part A & B	Part D	Part C	Medigap
Medicare Initial Enrollment Period (IEP) 7-month window surrounding month of entitlement to Medicare when eligible individuals can sign up for Medicare	Medicare Initial Enrollment Period (IEP) 7-month window surrounding month of entitlement to Medicare when eligible individuals can sign up for Medicare	Medicare Initial Enrollment Period (IEP) 7-month window surrounding month of entitlement to Medicare when eligible individuals can sign up for Medicare	Medigap Open Enrollment Period (OEP) for guaranteed issue One-time 6-month window after a person first enrolls in Part B
General Enrollment Period (GEP) (If missed IEP) Jan 1- Mar 31	<u>If use GEP,</u> Can sign up for Part D, At the same time you sign up for Part B & extends for 2 months after Part B begins	<u>If use GEP,</u> Can sign up for Part C, At the same time you sign up for Part B & extends for 2 months after Part B begins	A person on Medicare age 65 and above can purchase or change Medigap policies at any time , but it is <u>not</u> guaranteed that the company will issue one. In Illinois, an additional Medigap guaranteed Special Enrollment Period, for people on Medicare due to disability, is available. This protection exists for those individuals who did not purchase a Medigap during their initial Medigap Open Enrollment Period when they first went on Medicare Part B. Beneficiaries under 65 & on Medicare due to disability do not have the same right as the Age 65 people above BUT have a Medigap Special Enrollment Period (SEP) (Oct 15-Dec 7) an Illinois guaranteed Issue Company.
	Medicare Annual Open Enrollment Period (AOEP) for Parts C & D Oct 15 – Dec 7	Medicare Annual Open Enrollment Period (AOEP) for Parts C & D Oct 15 – Dec 7	
		Medicare Advantage Open Enrollment Period (MA-OEP) <u>One-time change</u> between January 1- March 31. Must already be enrolled in a MA plan on Jan 1 st . Can switch to a different MA Plan, with or without drug coverage. Can return to Original Medicare and enroll in Part D. <u>Cannot</u> switch from one PDP to another.	
Special Enrollment Period (SEP) Granted by Medicare in certain situations	Special Enrollment Period (SEP) Granted by Medicare in certain situations	Special Enrollment Period (SEP) Granted by Medicare in certain situations	Note: May have Special Rights and Guaranteed Issue Rules
			Note: If do not sign up during the IEP, coverage may be delayed, and late penalties may apply

2025 Monthly Medicare Costs

(Without Medigap or Secondary Coverage)

Part A	Beneficiary Cost
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Part A Monthly Premium for beneficiaries with 40 quarters of coverage	\$0.00
Part A Monthly Premium for beneficiaries with 30-39 quarters of coverage	\$285.00
Part A Monthly Premium for beneficiaries with less than 30 quarters of coverage	\$518.00

Part B	Beneficiary Cost
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Part B Monthly Premium	\$185.00
Annual Deductible	\$257.00
Part B Copays or Coinsurance	Normally 20%
Part B Monthly Premium for 36-month post kidney transplant immunosuppressive drug eligibility	\$110.40

Reference: <https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles>



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2025 Original Medicare (Part A): Inpatient Hospital Insurance

(Without Medigap or Secondary coverage)

Service	Benefit	Medicare Pays	Beneficiary Pays (Per Benefit Period)
Inpatient Hospitalization Semi-private room and board, general nursing, inpatient drugs and miscellaneous hospital services and supplies <i>(You begin a new Part A benefit period after you have been home for 60 consecutive days.)</i>	First 60 days	All but \$1,676.00	\$1,676.00
	61st to 90th day	All but \$419.00 a day	\$419.00 a day
	Lifetime Reserve Days		
	91st to 150th day (these 60 reserve days may be used only once in your lifetime)	All but \$838.00 a day	\$838.00 a day
	Beyond 150 days	Nothing	All Costs
Skilled Nursing Facility Care (SNF)* (Custodial care not covered)	First 20 days	Full cost of services	Nothing
	21st day through 100th day	All but \$209.50 a day	\$209.50 a day
	Beyond 100 days	Nothing	All costs
Home Health Care (After a prior inpatient hospital stay; up to 100 visits)	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
Hospice Care Available to terminally ill	Unlimited renewable benefit period	All but limited costs for outpatient drugs and inpatient respite care	\$5.00 for each outpatient prescription drug and 5% of Medicare-approved amount for respite care
*Beneficiary must be hospitalized under Part A inpatient hospital coverage for at least three consecutive days for the same illness prior to admission to the Medicare-approved SNF.			



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Reference: <https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles>

2025 Original Medicare (Part B) Medical

(Without Medigap or Secondary coverage)

Service	Benefit	Medicare Pays	You Pay
Medical Expenses	Physician's services, some diagnostic tests, physical and speech therapy, ambulance, etc.	80% of approved amount (after \$257.00 deductible)	\$257.00 annual deductible* plus 20% of approved amount (plus any charge above approved amount)**
Home Health Care	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
Outpatient Hospital Services	Medically necessary treatment such as outpatient surgery, diagnostic procedures, emergency room, etc.	A set amount for each specific procedure	Subject to deductible plus copayment or coinsurance for each procedure
Durable Medical Equipment (DME)	Medically necessary equipment and supplies such as walkers, wheelchairs, hospital beds, etc.	80% of approved amount (after \$257.00 deductible)	20% of approved amount plus \$257.00 annual deductible, plus charges above approved amount unless supplier accepts assignment

*Once you have had \$257.00 of expenses for covered services, the Part B deductible is met for the rest of the calendar year.

** You pay for charges higher than the amount approved by Medicare unless the doctor or supplier agrees to accept Medicare's approved amount as payment in full (accepts assignment). Excess charges for physician services cannot exceed 15% of the Medicare-approved amount.

Medicare Part D pays for outpatient prescription drugs you can take on your own. However, Medicare Part A or B helps pay for certain oral anti-cancer drugs and immunosuppressive drugs taken after a Medicare covered organ transplant.



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Reference: <https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles>

For Higher Income Individuals: 2025 Part B IRMAA

(Income-Related Monthly Adjustment Amount)

If your 2023 annual income is...		In 2025 you pay...	
Beneficiaries who file individual tax returns with income:	Beneficiaries who file joint tax returns with income:	Income-related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$106,000	Less than or equal to \$212,000	\$0.00	\$185.00
Greater than \$106,000 and less than or equal to \$133,000	Greater than \$212,000 and less than or equal to \$266,000	\$74.00	\$259.00
Greater than \$133,000 and less than or equal to \$167,000	Greater than \$266,000 and less than or equal to \$334,000	\$185.00	\$370.00
Greater than \$167,000 and less than or equal to \$200,000	Greater than \$334,000 and less than or equal to \$400,000	\$295.90	\$480.90
Greater than \$200,000 and less than \$500,000	Greater than \$400,000 and less than \$750,000	\$406.90	\$591.90
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$443.90	\$628.90
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses:		Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$106,000		\$0.00	\$185.00
Greater than \$106,000 and less than \$394,000		\$406.90	\$591.90
Greater than or equal to \$394,000		\$443.90	\$628.90



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Reference: <https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles>

For Higher Income Individuals: 2025 Part B IRMAA (Income-Related Monthly Adjustment Amount)

Part B Immunosuppressive Drug Coverage Only

If your 2023 annual income is...		In 2025 you pay...	
Beneficiaries who file individual tax returns with income:	Beneficiaries who file joint tax returns with income:	Income-related Monthly Adjustment Amount	Total Monthly Premium Amount
Less than or equal to \$106,000	Less than or equal to \$212,000	\$0.00	\$110.40
Greater than \$106,000 and less than or equal to \$133,000	Greater than \$212,000 and less than or equal to \$266,000	\$73.60	\$184.00
Greater than \$133,000 and less than or equal to \$167,000	Greater than \$266,000 and less than or equal to \$334,000	\$184.10	\$294.50
Greater than \$167,000 and less than or equal to \$200,000	Greater than \$334,000 and less than or equal to \$400,000	\$294.50	\$404.90
Greater than \$200,000 and less than \$500,000	Greater than \$400,000 and less than \$750,000	\$404.90	\$515.30
Greater than or equal to \$500,000	Greater than or equal to \$750,000	\$441.70	\$552.10
Beneficiaries who are married and lived with their spouses at any time during the year, but who file separate tax returns from their spouses:		Income-related monthly adjustment amount	Total monthly premium amount
Less than or equal to \$106,000		\$0.00	\$110.40
Greater than \$106,000 and less than \$394,000		\$404.90	\$515.30
Greater than or equal to \$394,000		\$441.70	\$552.10



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Reference: <https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles>

Part D Coverage Phases

Background

Part D is Medicare prescription drug coverage you get through either:

- A stand-alone Part D plan
- Part of your Medicare Advantage Plan



The cost of your Medicare Part D-covered drugs may change throughout the year. If you notice that your drug prices have changed, it may be because you are in a different phase of Part D coverage. There are three different phases—or periods—of Part D coverage.



Deductible Period: Until you meet your Part D deductible, you are in the deductible period. During this time, you will pay the full negotiated price for your covered prescription drugs. While deductibles can vary from plan to plan, no plan's deductible can be higher than \$590 in 2025, and some plans have no deductible. You begin each new calendar year in the deductible.



Initial Coverage Period: After you meet your deductible, your plan will help pay for your covered prescription drugs. This is your initial coverage period. Your plan will pay some of the cost, and you will pay a copayment or coinsurance.



Catastrophic Coverage: In all Part D plans in 2025, you enter catastrophic coverage after you reach \$2,000 in out-of-pocket costs for covered drugs. During this period, you owe no coinsurance or co-payments for the cost of your covered drugs for the remainder of the year. This puts a hard cap on your spending during the catastrophic phase of coverage. Before 2025, you paid 5% of the cost.

Part D Coverage Phases

But what counts as an out-of-pocket cost? The out-of-pocket costs that help you reach catastrophic coverage include:

- Your deductible
- What you paid during the initial coverage period
- Almost the full cost of brand-name drugs (including the manufacturer's discount) purchased during the coverage gap
- Amounts paid by others, like family members, most charities, and other persons on your behalf
- Amounts paid by State Pharmaceutical Assistance Programs (SPAPs), AIDS Drug Assistance Programs, and the Indian Health Service

Costs that do not help you reach catastrophic coverage include monthly premiums, what your plan pays toward drug costs, the cost of non-covered drugs, the cost of covered drugs from pharmacies outside your plan's network, and the 75% generic discount.



Your plan should keep track of how much money you have spent out of pocket for covered drugs and your progression through coverage periods. This information should appear in your monthly statements.



Beginning in 2025, your out-of-pocket maximum for your Part D-covered prescription drugs will be reduced to \$2,000. You will also have the option to pay out-of-pocket Part D costs in monthly payments spread over the year.



Contact your **State Health Insurance Assistance Program (SHIP)** to see if you are eligible for programs that can lower your prescription drug costs. Contact information for your SHIP is on the last page of this document.

2025 Part D Standard Coverage and Cost of Drug Benefit

Benefit Stage	Coverage Range	Plan & Manufacturer Pay	Beneficiary Pays
Annual Deductible	\$0 - \$590 If choosing a plan with a deductible, the beneficiary pays up to the first \$590 in total drug costs, out of pocket, before the plan begins to pay its share.	0% \$0	100% up to \$590*
Initial Coverage	\$590 - \$2,000 After the deductible is met, the plan and the beneficiary begin paying their share of drug costs (75%/25%)	75% Average	Up to 25% Average
Catastrophic Coverage	Above \$2,000 in out-of-pocket costs When the <u>beneficiary's</u> total out-of-pocket cost, not including the monthly premiums, reaches \$2,000 catastrophic coverage begins and continues for the remainder of the calendar year.	100% No Maximum	\$0
Extra Help Copays			
Extra Help Full Benefit: (Full Dual Eligible Medicare Medicaid)		Copay \$1.60 Generic \$4.80 Brand	
Extra Help Full Benefit (without Medicaid)		Copay \$4.90 Generic \$12.15 Brand	
* - In some plans, preferred generics are not subject to the deductible Note: Out-of-pocket expenses are only the copayments, does not include the premium. 2025 Part D National Base premium is \$36.78 Reference 2025 National Base Premium: https://www.cms.gov/newsroom/fact-sheets/cms-releases-2025-medicare-part-d-bid-information-and-announces-premium-stabilization-demonstration			



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For Higher Income Individuals: 2025 Part D IRMAA

(Income Related Monthly Adjustment Amount)

Based on 2023 Income for 2025

Beneficiaries who file individual tax returns with income:	Beneficiaries who file joint tax returns with income:	Part D Income- Related Monthly Adjustment Amount
Less than or equal to \$106,000.	Less than or equal to \$212,000.	\$0.00
Greater than \$106,000 and less than or equal to \$133,000.	Greater than \$212,000 and less than or equal to \$266,000.	\$13.70
Greater than \$133,000 and less than or equal to \$167,000.	Greater than \$266,000 and less than or equal to \$334,000.	\$35.30
Greater than \$167,000 and less than or equal to \$200,000.	Greater than \$334,000 and less than or equal to \$400,000.	\$57.00
Greater than \$200,000 and less than \$500,000.	Greater than \$400,000 and less than \$750,000.	\$78.60
Greater than or equal to \$500,000.	Greater than or equal to \$750,000.	\$85.80



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Reference: <https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles>

2025 Extra Help with Part D Drug Costs

Extra Help (from Social Security) with Medicare prescription drug plan costs.

To qualify for the Extra Help, a person must be receiving Medicare, have limited resources and income.

	Medicare & Medicaid Full Benefit Dual Institutionalized or Full Benefit Dual receiving Home & Community Based Services (HCBS) Includes CCP Services	Medicare & Medicaid Medical Full Benefit Dual 100% FPL \$1,305 Individual \$1,763 Couple	Medicare & MSP Medicare Savings Program (QMB, SLMB, QI) Up to 135% FPL \$1,761 Individual \$2,380 Couple	Medicare Only 150% FPL \$1,957 Individual \$2,644 Couple
Resource Limit	Medicaid or HCBS *	Medicaid Medical Resource Limit * \$17,500 Individual \$17,500 Couple	\$9,660 (Individual) \$14,470 (Couple) (Does not include \$1,500 \$3000 burial allowance deduction)	\$16,100 (Individual) \$32,130 (Couple) (Does not include \$1500/ \$3,000 burial allowance deduction)
Monthly Part D Premium	Full Premium Subsidy \$0	Full Premium Subsidy \$0	Full Premium Subsidy \$0	Full Premium Subsidy \$0
Annual Deductible	\$0	\$0	\$0	\$0
Copay Coinsurance	\$0	\$1.60/\$4.80	\$4.90/\$12.15	\$4.90/\$12.15
Catastrophic Coverage	\$0	\$0	\$0	\$0

*NOTE: Illinois Medicaid income & asset/resource limits may differ from national or other state's amounts

2025 FPL: 100% FPL = \$15,650 for an individual annually & \$21,150 for a couple annually

HHS.gov Federal 2025 Poverty Level Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

SSA POMs <https://secure.ssa.gov/apps10/poms.nsf/lnx/0603001005>

Illinois Medicaid Reference: DHS WAG 25-03-02 <https://www.dhs.state.il.us/page.aspx?item=21741>

2025 LIS Resource Limits Memo – dated 10/31/24 - <https://www.cms.gov/files/document/lis-memo.pdf>

2025 Low Income Premium Subsidy Amount = \$22.77 <https://www.cms.gov/files/document/regional-rates-and-benchmarks-2025.pdf>

Reference: <https://www.medicare.gov/basics/costs/help/drug-costs>



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2025 Illinois Medicare Savings Programs (QMB, SLIB, QI-1)

The Medicare Savings Program (MSP) is a State Medicaid program that can help to pay Medicare premiums, and possibly deductibles, and coinsurance for Medicare beneficiaries (elderly or disabled) who qualify.

You can apply at: <https://abe.illinois.gov/>

Program Name	Monthly Income Limits	Resource/ Asset Limits *	Program Pays	Effective Date
Qualified Medicare Beneficiary QMB	100% FPL \$1,305 Individual \$1,763 Couple	\$9,660 Individual \$14,470 Couple	Part A & B Premiums, Deductibles, & Coinsurance	Premiums are paid effective the month of QMB eligibility which is (the month after the month of the QMB eligibility determination.
Specified Low-Income Medicare Beneficiary SLIB/SLMB	120% FPL \$1,565 Individual \$2,115 Couple	\$9,660 Individual \$14,470 Couple	Medicare Part B Premiums	Part B premium paid for application month & may be backdated an additional 3 months.
Qualified Individual-1 QI-1	135 % FPL \$1,761 Individual \$2,380 Couple	\$9,660 Individual \$14,470 Couple	Medicare Part B Premiums	Part B premium paid for application month & may be backdated an additional 3 months.

Note: Asset Limits do not include an addition \$1,500 burial allowance deduction

Note: Add \$25 to incomes because Illinois automatically disregards \$25

Medicare Savings Program	Monthly Income <u>with</u> \$25 added
Qualified Medicare Beneficiary (QMB)	\$1,330 - Individual \$1,788- Couple
Specified Low-Income Medicare Beneficiary (SLMB/SLIB)	\$1,590 - Individual \$2,140 - Couple
Qualified Individual (QI)	\$1,786- Individual \$2,405 - Couple



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NOTE: Illinois Medicaid income standards may differ from the national amounts

Main Reference: DHS WAG 25-03-02 <https://www.dhs.state.il.us/page.aspx?item=21741>

Reference: <https://www.medicare.gov/medicare-savings-programs>

HHS.gov Federal 2025 Poverty Level Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

FPL Chart <https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf>

Estate recovery is eliminated for MSP per MIPPA: <https://www.dhs.state.il.us/page.aspx?item=60004>

2025 Medicare Supplement Plans

Benefits	A	B	C	D	F	FHD	G	GHD	K	L	M	N
Medicare Part A coinsurance and inpatient hospital costs (up to an additional 365 days after Medicare benefits are used).	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	100%	100%	*50%	*75%	100%	100%**
Blood (first 3 pints, if charged)	100%	100%	100%	100%	100%	100%	100%	100%	*50%	*75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	100%	100%	*50%	*75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	100%	100%	*50%	*75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	100%	100%	*50%	*75%	50%	100%
Part B deductible			100%		100%	100%						
Part B excess charges					100%	100%	100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%	80%	80%			80%	80%

Plans C and F are only available to those eligible for Medicare prior to 01/01/20.

2025 Out-of-Pocket Limit

\$7,220

\$3,610

Plans F & G are also offered as a high-deductible plan by some insurance companies. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of **\$2,870 in 2025** before your policy pays anything.

***For Plans K and L**, after you meet your **out-of-pocket yearly limit** and your yearly Part B deductible; the Medigap plan pays 100% of covered services for the rest of the calendar year.

****Plan N** pays 100% of the Part B coinsurance, except for a **copayment** of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

2025 Reference for Plan F-HD and G-HD: <https://www.cms.gov/medicare/health-drug-plans/medigap/f-g-j-deductible-announcements>

2025 Reference for Plan K & L: <https://www.cms.gov/medicare/health-drug-plans/medigap/k-l-out-of-pocket-limits-announcements>

NOTE: Your monthly premium will depend on plan selected, company purchased & benefit chosen



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Medicare Supplement Insurance Fact Sheet (MedSup/Medigap)

Medicare Supplement Insurance (Medigap/MedSup) policies, sold by private insurance companies, help pay some of the health care costs that Medicare doesn't cover. Plans have a monthly premium.

1 Medigap Open Enrollment:

Beneficiaries have a 6-month Medigap Open Enrollment Period which starts the first month they're 65 and enrolled in Part B or under 65 and qualify for Medicare due to disability and enrolled in Part B.

- This period gives them a guaranteed right to buy any Medigap policy sold in their state regardless of their health status.
- The issuing company may impose a pre-existing condition waiting period (6 months maximum) due to medical underwriting unless they have had "creditable" and "continuous" coverage (no break in coverage of more than 63 days).

For persons aged 65 or older and NOT in their Open Enrollment Period or any Special Enrollment Periods there is still an option to get a Supplemental plan. In Illinois, we have one Medicare Supplement insurer that offers policies to anyone over the age of 65 in ANY health condition, throughout the year at the same premium rate as anyone in the same policy class. That company is Blue Cross Blue Shield of Illinois. NOTE: BC/BS also has some plans with underwriting.

2 - Purchasing a Medigap Policy "after" the Medigap Open Enrollment Period or without a Guaranteed Issue Right

- A person on Medicare age 65 and above can purchase or change Medigap policies at any time, but it is not guaranteed that the company will issue one.
 - Never cancel an existing Medigap before the replacement Medigap is in place.
- Beneficiaries under 65 & on Medicare due to disability do not have the same right as the Age 65 people above
- BUT have a Medigap Special Enrollment Period (SEP) an Illinois guaranteed Issue Company.
 - In Illinois, an additional Medigap guaranteed Special Enrollment Period, for people on Medicare due to disability, is available. This protection exists for those individuals who did not purchase a Medigap during their initial Medigap Open Enrollment Period when they first went on Medicare Part B.
 - This guarantee gives the beneficiary the right to purchase a policy with a "guaranteed issue company". (see below)

Note: Illinois does not mandate guaranteed issue (GI) law. The companies choose to be a guaranteed issue company. As there is no law or rule about this in Illinois, the companies may choose to administer their GI policies as they wish.

Medicare Supplement "Guaranteed Issue Company" in Illinois

BLUE CROSS/BLUE SHIELD OF ILLINOIS www.bcbsil.com (800) 646-3000

BC/BS Medicare Supplement "guarantee issue" annual open enrollment for Medicare disabled individuals under 65 is October 15-December 7 of each year.

Important Notes:

- When a Medicare beneficiary who is on Medicare due to disability, turns age 65, they are eligible for a second Medigap open enrollment period to purchase any Medigap policy, guaranteed issue, at age 65 premium rates.
- There are also a few very specific situations that may allow special rights and/or guaranteed issue.
- Medigap Open Enrollment cannot be repeated or changed (except as noted in first dot point above)



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2025 Illinois Medicaid Income Standards & Resource Limits

AABD Medical/Medicare Savings Programs & ACA Adult

WAG 25-03-02 (2) Medical FPLs: <https://www.dhs.state.il.us/page.aspx?item=21741>

HHS.gov Federal 2025 Poverty Level Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

FPL Chart <https://aspe.hhs.gov/sites/default/files/documents/dd7334f00d8a819d3063fcb708254f7b/detailed-guidelines-2025.pdf>

Monthly Gross Income

# In Unit	ACA Adult 138% FPL	AABD 100% FPL	Medicare Savings Programs		
			QMB 100% FPL	SLIB Over 100% to \$1 less than 120%	QI-1 120% to \$1 less than 135% FPL
1	\$1,800	\$ 1,305	\$ 1,305	\$ 1,306 - 1,564	\$ 1,565 - 1,761
2	\$2,433	\$1,763	\$1,763	\$1,764 – 2,114	\$2,115 - 2,380

Does not include (+25) income disregard on each category

2025 Resources/Assets

Program	One person	2 people	More than 2
AABD Medical	\$17,500	\$17,500	\$17,500
Medicare Savings Programs	\$9,660	\$14,470	\$14,470

Health Benefits for Workers With Disabilities

HBWD (see PM 06-24-05)	HBWD Income Limit Single \$ 4,565 Couple \$6,169	HCBWD Family Asset Limit \$ 25,000
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Protection Against Spousal Impoverishment

ITEM	2025
Spousal Income Allowance Community Spouse Maintenance Needs Allowance (CSMNA)	\$3,948
Spousal Impoverishment Resource Allowance	\$135,648
Home Equity Limit	\$730,000



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Using Medicaid Spenddown to Get “Extra Help” with Part D

Beneficiaries only need to meet their Medicaid spend down one time during the year to be deemed a dual eligible by Medicaid and SSA.

They will then automatically receive Extra Help for the rest of the year. However, the month they meet their spend-down will determine if they receive Extra Help the following year as well.

- Beneficiaries who meet their spend-down at least once **before** July 1st of the year will automatically qualify for Extra Help for the remainder of the calendaryear.

Individuals who meet their spend-down at least one month **between July - December** will automatically receive Extra Help for the remainder of that year and the entire following calendar year.

Spenddown explained:

“**Income Spenddown**” is another way to qualify for Medicaid, on a month-to-month basis, even if a person’s income is above the state’s eligibility limits. Spenddown works like an **insurance deductible**. That “deductible” is calculated by the **difference** between the Medicaid eligibility standards and one’s income and resources.

That difference, or deductible, must be “spent down” **monthly** by the beneficiary to reach the eligibility standard. One “**meets**”, or receives credit for, that monthly spenddown amount through payments, medical receipts, and/or demonstrated liability for eligible medical bills. If a Medicare beneficiary meets a Medicaid Spenddown, on that met month they are considered **dual eligible** and may also qualify for Extra Help benefits.

Example Medical AABD Case:

Gross Income	\$1,400
Minus Medicaid Income Disregard	- \$25
Equals Countable Income	\$1,375
Minus Medicaid Income Limit for a single person (2025)	\$1,305
Monthly Spenddown Amount	\$70
Note: Payments made by SSA Extra Help or Medicare Savings Program (MSP) are not counted toward the Spenddown limit	

“**Asset Spenddown**” is when assets/resources are above the state’s asset eligibility limit. To be eligible, a person must “spend” assets on medical costs until resources are at or below the asset eligibility limit. They then become eligible for the year and asset eligibility is redetermined annually.

Example Medical AABD Case:

Assets Available	\$20,000
Resource Limit *	- \$17,500
Resource Spenddown	\$2,500



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Who Pays First

<i>If you...</i>	<i>Condition</i>	<i>Pay First</i>	<i>Pays Second</i>
Are covered by Medicare and Medicaid	Entitled to Medicare and Medicaid	Medicare	Medicaid
Are 65 or older and covered by a group health plan because you or your spouse is still working	Entitled to Medicare	Group health plan	Medicare
	The employer has 20 or more employees (See page 12 for information about multi-employer and multiple employer group health plans.)		
	The employer has less than 20 employees	Medicare	Group health plan
Have an employer group health plan through your former employer after you retire and are 65 or older	Entitled to Medicare	Medicare	Retiree coverage
Are disabled and covered by a large group health plan from your work, or from a family member (like spouse, domestic partner, son, daughter, or grandchild) who's working	Entitled to Medicare	Large group Health plan	Medicare
	The employer has 100 or more employees		
	The employer has less than 100 employees (See page 12 for information about multi-employer and multiple employer group health plans.)	Medicare	Group health plan
*Have End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) and group health plan coverage (including a retirement plan)	First 30 months of eligibility or entitlement to Medicare	Group health plan	Medicare
	After 30 months of eligibility or entitlement to Medicare	Medicare	Group health plan
Have ESRD and COBRA coverage	First 30 months of eligibility or entitlement to Medicare based on having ESRD	COBRA	Medicare
	After 30 months	Medicare	COBRA

Who Pays First

<i>If you...</i>	<i>Condition</i>	<i>Pay First</i>	<i>Pays Second</i>
Are 65 or over OR disabled (other than by ESRD) and covered by Medicare and COBRA coverage	Entitled to Medicare	Medicare	COBRA
Have been in an accident where no-fault or liability insurance is involved	Entitled to Medicare	No-fault or liability insurance for services or items related to accident claim	Medicare
Are covered under <u>workers' compensation</u> because of a job-related illness or injury	Entitled to Medicare	Workers' compensation for services or items related to workers' compensation claim	Usually doesn't apply. However, Medicare may make a conditional Payment (a payment that must be repaid to Medicare when a settlement, judgment, award, or other payment is made.)
Are a Veteran and have Veterans' benefits	Entitled to Medicare and Veterans' benefits	Medicare pays for Medicare-covered services or items. Veterans' Affairs pays for VA-authorized services or items. Note: Generally, Medicare and VA can't pay for the same service or items.	Usually doesn't apply
Are covered under TRICARE	Entitled to Medicare and TRICARE	Medicare pays for Medicare-covered services or items. TRICARE pays for services or items from a military hospital or any other federal provider.	TRICARE may pay second.
Have black lung disease and are covered under the Federal Black Lung Benefits Program	Entitled to Medicare and the Federal Black Lung Benefits Program	The Federal Black Lung Benefits Program for services related to black lung.	Medicare

2025 Original Medicare (A&B) Appeals Process

Level	Summary of Review process	Who Performs the Review	Deadline to Request an Appeal	When Beneficiary Should Get a Decision	Amount in Controversy (AIC)
1st Level – Redetermination	A document review of the initial claim determination	Medicare Administrative Contractor (MAC)	Up to 120 days after receiving the initial determination on Medicare Summary Notice (MSN)	60 days	No
2nd Level – Reconsideration	A document review of the determination (present any evidence not previously submitted)	Qualified Independent Contractor (QIC)	Up to 180 days after receiving Medicare Redetermination Notice (MRN)	60 days	No
3rd Level – Administrative Law Judge (ALJ) Hearing	May be an on-the-record review or an interactive hearing between parties	Administrative Law Judge (ALJ)	Up to 60 days after receiving Qualified Independent Contractor (QIC) notice of decision or after expiration of the QIC reconsideration timeframe if no decision received	90 days, but may be delayed due to volume	\$190
4th Level – Medicare Appeals Council Review	A document review of the ALJ's decision or dismissal (you may request oral arguments)	Medicare Appeals Council	Up to 60 days after receiving ALJ notice of decision or after expiration of the ALJ hearing timeframe if no decision received	90 days if appealing an ALJ decision or 180 days if ALJ review time expired without a decision	No
5th Level – Judicial Review	Judicial review	U. S. District Court	Up to 60 days after receiving notice of Medicare Appeals Council decision or after expiration of the Medicare Appeals Council hearing timeframe if no decision received	No statutory time limit	\$1900

AIC = Amount in Controversy

2025 AIC for ALJ = \$190.00

2025 AIC for ALJ Hearing = \$1900

Reference, Federal register: <https://www.federalregister.gov/documents/2024/09/27/2024-22142/medicare-program-medicare-appeals-adjustment-to-the-amount-in-controversy-threshold-amounts-for>



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2025 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,825.00	11,737.50	15,650.00	19,562.50	20,345.00	20,814.50	21,127.50	21,597.00	23,475.00	27,387.50	28,170.00	28,952.50
2	10,575.00	15,862.50	21,150.00	26,437.50	27,495.00	28,129.50	28,552.50	29,187.00	31,725.00	37,012.50	38,070.00	39,127.50
3	13,325.00	19,987.50	26,650.00	33,312.50	34,645.00	35,444.50	35,977.50	36,777.00	39,975.00	46,637.50	47,970.00	49,302.50
4	16,075.00	24,112.50	32,150.00	40,187.50	41,795.00	42,759.50	43,402.50	44,367.00	48,225.00	56,262.50	57,870.00	59,477.50
5	18,825.00	28,237.50	37,650.00	47,062.50	48,945.00	50,074.50	50,827.50	51,957.00	56,475.00	65,887.50	67,770.00	69,652.50
6	21,575.00	32,362.50	43,150.00	53,937.50	56,095.00	57,389.50	58,252.50	59,547.00	64,725.00	75,512.50	77,670.00	79,827.50
7	24,325.00	36,487.50	48,650.00	60,812.50	63,245.00	64,704.50	65,677.50	67,137.00	72,975.00	85,137.50	87,570.00	90,002.50
8	27,075.00	40,612.50	54,150.00	67,687.50	70,395.00	72,019.50	73,102.50	74,727.00	81,225.00	94,762.50	97,470.00	100,177.50
9	29,825.00	44,737.50	59,650.00	74,562.50	77,545.00	79,334.50	80,527.50	82,317.00	89,475.00	104,387.50	107,370.00	110,352.50
10	32,575.00	48,862.50	65,150.00	81,437.50	84,695.00	86,649.50	87,952.50	89,907.00	97,725.00	114,012.50	117,270.00	120,527.50
11	35,325.00	52,987.50	70,650.00	88,312.50	91,845.00	93,964.50	95,377.50	97,497.00	105,975.00	123,637.50	127,170.00	130,702.50
12	38,075.00	57,112.50	76,150.00	95,187.50	98,995.00	101,279.50	102,802.50	105,087.00	114,225.00	133,262.50	137,070.00	140,877.50
13	40,825.00	61,237.50	81,650.00	102,062.50	106,145.00	108,594.50	110,227.50	112,677.00	122,475.00	142,887.50	146,970.00	151,052.50
14	43,575.00	65,362.50	87,150.00	108,937.50	113,295.00	115,909.50	117,652.50	120,267.00	130,725.00	152,512.50	156,870.00	161,227.50

Dollars Per Month

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	652.08	978.13	1,304.17	1,630.21	1,695.42	1,734.54	1,760.63	1,799.75	1,956.25	2,282.29	2,347.50	2,412.71
2	881.25	1,321.88	1,762.50	2,203.13	2,291.25	2,344.13	2,379.38	2,432.25	2,643.75	3,084.38	3,172.50	3,260.63
3	1,110.42	1,665.63	2,220.83	2,776.04	2,887.08	2,953.71	2,998.13	3,064.75	3,331.25	3,886.46	3,997.50	4,108.54
4	1,339.58	2,009.38	2,679.17	3,348.96	3,482.92	3,563.29	3,616.88	3,697.25	4,018.75	4,688.54	4,822.50	4,956.46
5	1,568.75	2,353.13	3,137.50	3,921.88	4,078.75	4,172.88	4,235.63	4,329.75	4,706.25	5,490.63	5,647.50	5,804.38
6	1,797.92	2,696.88	3,595.83	4,494.79	4,674.58	4,782.46	4,854.38	4,962.25	5,393.75	6,292.71	6,472.50	6,652.29
7	2,027.08	3,040.63	4,054.17	5,067.71	5,270.42	5,392.04	5,473.13	5,594.75	6,081.25	7,094.79	7,297.50	7,500.21
8	2,256.25	3,384.38	4,512.50	5,640.63	5,866.25	6,001.63	6,091.88	6,227.25	6,768.75	7,896.88	8,122.50	8,348.13
9	2,485.42	3,728.13	4,970.83	6,213.54	6,462.08	6,611.21	6,710.63	6,859.75	7,456.25	8,698.96	8,947.50	9,196.04
10	2,714.58	4,071.88	5,429.17	6,786.46	7,057.92	7,220.79	7,329.38	7,492.25	8,143.75	9,501.04	9,772.50	10,043.96
11	2,943.75	4,415.63	5,887.50	7,359.38	7,653.75	7,830.38	7,948.13	8,124.75	8,831.25	10,303.13	10,597.50	10,891.88
12	3,172.92	4,759.38	6,345.83	7,932.29	8,249.58	8,439.96	8,566.88	8,757.25	9,518.75	11,105.21	11,422.50	11,739.79
13	3,402.08	5,103.13	6,804.17	8,505.21	8,845.42	9,049.54	9,185.63	9,389.75	10,206.25	11,907.29	12,247.50	12,587.71
14	3,631.25	5,446.88	7,262.50	9,078.13	9,441.25	9,659.13	9,804.38	10,022.25	10,893.75	12,709.38	13,072.50	13,435.63