

## THE MEDICARE OPEN ENROLLMENT PERIOD AND LOW-INCOME INDIVIDUALS: Five Things to Talk About With Your Clients (even if you don't know much about Medicare!)

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### Introduction

The annual Medicare Open Enrollment Period is in full swing. It began October 15 and closes December 7. Now is the time for advocates serving low-income individuals—even if you do not normally work on Medicare issues—to help Medicare-eligible clients understand what they need to do. Here are five basic tips for questions to raise when talking with clients. We also have a Fact Sheet for consumers that you can give to your clients or use for outreach. Download it [here](#).

### 1. Urge your clients to review their coverage choices and not miss the **December 7** deadline.

The Open Enrollment Period is the only time all year when every Medicare beneficiary can change coverage, including moving between Medicare Advantage managed care plans and fee-for-service Medicare, and changing prescription drug plans. Remind your clients to act now. Some beneficiaries may be confused because of other widely publicized deadlines such as the December 15 deadline for federal Marketplace enrollment on healthcare.gov and other deadlines for some state-based exchanges.

### 2. Ask your clients if they receive “Extra Help,” also known as the Low Income Subsidy (LIS).

Extra Help provides Medicare beneficiaries with lower co-pays and premium subsidies. Many people who qualify have not applied and are losing out on significant savings for their prescription drug coverage. Applications can be filed online [here](#) and usually do not require that individuals produce documentation. [Income limits](#) for 2015 are \$17,650 for an individual and \$23,895 for a married couple. Asset limits are \$13,640 for an individual and \$27,250 for a couple (excluding home, car, life insurance, etc.). Individuals receiving SSI as well as those enrolled in Medicaid or Medicare Savings Programs automatically receive Extra Help. Extra Help applications can be filed year-round.

### 3. Ask your Extra Help clients if they received a blue or tan letter from CMS.

Far too many low-income beneficiaries will needlessly pay Medicare premiums they cannot afford. Nationally 1.9 million beneficiaries are receiving letters telling them that to avoid paying premiums for their Medicare prescription drug coverage, they must change prescription drug plans. People receiving [blue](#) letters will be automatically [reassigned](#) to

a new plan. However, the reassignment will be random and may not meet their prescription drug needs. Most people are receiving [tan](#) letters, and will not be reassigned by CMS. This group, estimated at 80% of the 1.9 million, are so-called “choosers” who at some point picked their own plan. They will pay a premium unless they affirmatively act to change plans. Beneficiaries who received either a tan or blue letter should pick a new plan now, and look for a “benchmark” (no premium) plan that meets their needs.

#### 4. Connect your clients to free impartial assistance.

Free counseling is available through State Health Insurance Programs (SHIPs). If your organization does not itself provide Medicare counseling, urge your clients to make an appointment to consult with a SHIP counselor. Appointments fill up so they should call early. Links to state SHIPs are [here](#). Also, the [Medicare plan finder](#) can be a helpful resource for those who want to explore their plan choices.

#### 5. Protect your clients from Medicare marketing abuses.

Medicare marketing rules prohibit cold calls, door-to-door solicitation, and other marketing abuses. Violations occur, particularly with clients with limited proficiency in English. If your clients report problems, file a complaint with 1-800-MEDICARE. At Justice in Aging we are also available to help with reporting problems.

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