



**HEALTH INSURANCE OPTIONS FOR
PEOPLE ON MEDICARE DUE TO
DISABILITY**



SHIIP

NC DEPARTMENT OF
INSURANCE

MIKE CAUSEY · INSURANCE COMMISSIONER

The purpose of this brochure is to provide disabled consumers with information regarding health insurance options and assistance programs available in North Carolina. These options can be confusing, because they will vary depending on your health condition, income and resources. We hope you will be able to use this overview as a resource in identifying possible solutions and services to assist you with your disability.

The N.C. Department of Insurance is available to assist Medicare beneficiaries through our Seniors' Health Insurance Information Program (SHIIP). Assistance is available by calling the SHIIP toll-free line at 855-408-1212 or visiting www.ncshiip.com.

HOW DO I BECOME ELIGIBLE FOR MEDICARE IF I AM DISABLED?

Before you can receive Medicare you must apply, be approved and have received Social Security Disability Insurance (SSDI) for a period of time. You can apply for disability benefits at your local Social Security office, apply online at www.socialsecurity.gov or call toll free 1-800-772-1213 or 1-800-325-0778 (TTY) to make an appointment to file an application.

In most situations before an individual can receive Social Security disability a date of onset must be established. In addition, a five-month waiting period must be served before a person is entitled to Social Security disability cash payments. Once you have been entitled to disability for 24 months after that waiting period (5 months plus 24 months equals 29 months total) and you are younger than 65, you are eligible for Medicare disability if:

- you have been entitled to Social Security disability benefits for 24 months. This includes

widows, widowers and children who receive benefits because of disability; or

- you receive a disability annuity from the railroad retirement board and meet certain conditions; or
- you have worked long enough in a government job where Medicare taxes were paid and you meet the requirements of the Social Security disability program.

If you have permanent kidney failure, you are eligible for Medicare at any age. This is true if you receive maintenance dialysis or kidney transplant and:

- you are eligible for or receive monthly benefits under Social Security or the railroad retirement system; or
- you are the dependent child or spouse (including a divorced spouse) of a worker (living or deceased) who has worked long enough under Social Security or in a government job where Medicare taxes were paid.

WHEN WILL MY MEDICARE BEGIN?

In most situations you can receive Medicare disability benefits once you receive Social Security disability income (SSDI) benefits for 24 months. Medicare disability coverage begins the 25th month. The 24-month period begins the month you are entitled to receive Social Security disability benefits. In some cases this could be earlier than the month you receive your first disability benefit check.

A person who has ALS (Lou Gehrig's Disease) and is under age 65 can get Medicare benefits the first month he or she is entitled to SSDI or railroad retirement disability benefits. If you have ESRD (End Stage Renal Disease), you are eligible for Medicare benefits:

- the first month you start to administer a regular course of dialysis treatment after receiving self-care training, or
- the fourth month you receive treatment at a dialysis center (period of non-coverage is called qualifying or waiting period), or
- the month the transplant is done or the month of hospitalization as an inpatient up to two months before the transplant, if pre-transplant testing has begun.

HOW DO I ENROLL IN MEDICARE?

Automatic Enrollment Period

A person receiving SSDI for the required time period is automatically enrolled in Medicare Part A (hospital insurance) and Medicare Part B (medical insurance). Beneficiaries should receive a Medicare card in the mail a few months before they become eligible. This will notify beneficiaries of their automatic enrollment in Medicare Part A and Medicare Part B. If you do not receive this card, you should contact the Social Security office as you approach Medicare eligibility.

Medicare Part A is usually premium-free for everyone. If you have worked fewer than 40 quarters,



the premium is based on the number of quarters worked. For Medicare Part B there is a monthly premium which is usually deducted from your Social Security check. The monthly Part B premium can change annually. A person has the option to turn down Medicare Part B.

If you are a beneficiary or your spouse is actively working for an employer that is providing an employer group health plan (EGHP), you may be able to continue the EGHP coverage if you or your spouse's employer has 100 or more employees. In this situation you will be able to delay enrollment in Medicare Part B. If you are going to delay your enrollment in Medicare Part B, you should meet with a Social Security representative or call 1-800-772-1213 or 1-800-325-0778 (TTY).

Special Enrollment

If you are an individual on Medicare disability who is younger than 65 and is covered under an EGHP either from your own or your spouse's current employment, you have a "special enrollment period" in which to sign up for Medicare Part B. This means that you may delay enrolling in Medicare Part B without having to wait for a general enrollment period or pay the 10 percent penalty for late enrollment. The rules allow you to:

- enroll in Medicare Part B any time while you are covered under the employer group health plan; or

- enroll in Medicare Part B during the eight-month period that begins the first full month after your employment or employer group health plan coverage ends, whichever comes first.

If you do not enroll by the end of the eight-month period, you will have to wait until the next general enrollment period, which runs January 1 through March 31. You will also have to pay a 10 percent penalty for each year you were not enrolled from the original point of Part B eligibility. To ensure there is no break in coverage, the best time to contact the Social Security office is at least two months before the final month of employment.



During the open enrollment period, the applicant is guaranteed to be issued a policy. Premiums may be higher for Medicare disability beneficiaries than for Medicare beneficiaries 65 or older. The insurance company may impose a pre-existing condition waiting period, but it cannot be longer than six months. This would include any health condition diagnosed or treated six months prior to the Medicare supplement application. If a person has prior creditable coverage, the waiting period must be waived. Creditable coverage is when the beneficiary has been covered by insurance or Medicaid for six months prior to the effective date of the Medicare supplement insurance policy. When a Medicare disabled beneficiary turns 65 years old, he or she will have a new six-month open enrollment period and be able to purchase any of the standardized Medicare supplement insurance plans.

WHAT OPTIONS DO I HAVE IF I MISS THE OPEN ENROLLMENT PERIOD?

If you were unable to take advantage of the open enrollment period for purchasing a Medicare supplement Plan A, C or F, there are companies in North Carolina who will consider selling Medicare supplement insurance policies to disabled beneficiaries. There may be limitations, however, since these companies may ask you health questions, and the premiums may be unaffordable. The companies are not required to sell you a policy.

SHOULD I CONSIDER PURCHASING MEDICARE SUPPLEMENT INSURANCE (ALSO KNOWN AS MEDIGAP)?

Yes. Medicare Part A and Part B will not cover 100 percent of all medical bills. Medicare supplement insurance assists with filling in some of the costs that are not covered by Medicare Part A and Part B. Medicare supplement plans are standardized to be the same from one insurance company to another, but the monthly premiums vary by company.

If you have an employer group health plan, you will want to compare it with a Medicare supplement insurance plan to see which will provide the best coverage compared to the cost. The regulations regarding Medicare supplement insurance are different for beneficiaries on Medicare disability.

WHAT IS THE OPEN ENROLLMENT PERIOD?

The open enrollment period is six months from the date a beneficiary is enrolled in Medicare Part B. During the open enrollment period, a person under 65 and on Medicare disability is only able to purchase Medicare supplement insurance Plans A, C or F. This is a special North Carolina law.

To receive a list of all companies that sell Medicare supplement insurance policies call the Seniors' Health Insurance Information Program (SHIIP) at 1-855-408-1212 and request a copy of the SHIIP Medicare Supplement Comparison Guide or visit www.ncshiip.com to access the SHIIP Medicare Supplement Premium Comparison Database.

WHAT IS MEDICARE ADVANTAGE, AND HOW DOES IT WORK?

Medicare Advantage plans provide managed care and alternative health insurance programs to all Medicare beneficiaries. Medicare Advantage is offered in North Carolina, and depending on where you live, you may have the option of joining a Health Maintenance Organization (HMO), a Preferred Provider Organization (PPO), a Private Fee For Service Plan (PFFS), or a Special Needs Plan (SNP).

To use a Medicare Advantage plan the beneficiary must be enrolled in Medicare Part B. During the six-month open enrollment period, Medicare Advantage must accept all Medicare beneficiaries unless they have End Stage Renal Disease (ESRD). There are no waiting periods or pre-existing conditions. Some plans limit the number of members.

In general, Medicare Advantage plans may or may not charge a monthly premium and have copayments for doctor's visits, prescription drugs and other services. It is important to know:

- HMO beneficiaries are required to receive all non-emergency services from the HMO network of providers (doctors, hospitals, etc.). HMOs require a referral from a primary physician for specialized medical services. These plans may or may not include Medicare Part D prescription drug coverage.
- PPO beneficiaries have a network of providers similar to an HMO but do not require referral from a primary physician for specialized medical services. Usually, higher out-of-pocket expenses exist if a beneficiary goes outside of the network for medical services. These plans may or may

not include Medicare Part D prescription drug coverage.

- PFFS beneficiaries can go to any Medicare-approved provider that is willing to give you care and accepts the terms of your plan's payment. You should check to make sure that your doctor and hospital will accept a PFFS Plan. You can get service outside your service area. The insurance plan, rather than the Medicare Program, decides how much it will pay and what you will pay for the services you get. These plans may or may not include Medicare Part D prescription drug benefits.
- SNP beneficiaries receive services through a network of providers. These plans are limited to beneficiaries with certain chronic conditions, persons with full Medicaid and Medicare, or persons living in certain facilities. These plans always include Medicare Part D prescription drug benefits.

If a Medicare Advantage plan leaves a service area or if you move outside the coverage area, you are guaranteed the purchase of a Medicare supplement plan A, B, C, F, K or L if you are 65 or older. If you are younger than 65, you may purchase Medicare supplement Plans A or C on a guarantee issue insurance basis. Remember, you must apply for a Medicare supplement insurance policy within 63 days of the plan's termination date for the guarantee issuance provisions to apply. To obtain information on Medicare Advantage plans offered in North Carolina, contact SHIIP to discuss Medicare Advantage options in your county.

WHAT IS MEDICARE PART D PRESCRIPTION DRUG (PDP) COVERAGE?

PDPs are sold by private insurance companies approved by Medicare. All people new to Medicare have a seven-month window to enroll in a PDP — three months before, the month of and three months after their Medicare becomes effective. The month you enroll affects the PDP's effective date. All people with Medicare may enroll in a PDP; however, unless you are

new to Medicare or are entitled to a Special Enrollment Period, you must enroll during the Annual Coordinated Election Period, October 15 — December 7. There is a monthly premium for these plans.

If you have limited income and assets/resources, assistance is available to help pay premiums, deductibles and co-payments. You may be entitled to Low-Income Subsidy (LIS) Assistance or “Extra Help” through the Social Security Administration (1-800-772-1213 or www.socialsecurity.gov).

NOTE: Beneficiaries eligible for Medicare prior to age 65 will have another Initial Enrollment Period (IEP) for Part B and Part D based upon attaining age 65.

WHAT SHOULD I KNOW IF I HAVE AN EMPLOYER GROUP HEALTH PLAN (EGHP)?

As a Medicare disabled beneficiary, you can be covered by an EGHP based on your employment or your spouse’s employment. If you or your spouse is actively working and the employer has 100 or more employees, the EGHP will be primary (pays first), and Medicare will be secondary (pays second). If there are fewer than 100 employees covered under the EGHP, Medicare will be primary whether or not you or your spouse is actively working.

If you or your spouse is retired or not working and have EGHP coverage, Medicare will be primary, and the EGHP will be secondary.

Some companies may require Medicare to become primary when a person turns 65. If you are actively working and there are more than 20 employees, the company cannot do this.

A person who is covered by an EGHP may not need a Medicare supplement insurance policy. An EGHP would serve as one’s supplement in lieu of an individual Medicare supplement. However, a person should compare the EGHP with the Medicare supplement insurance plan to determine which would provide the best coverage for the cost. EGHPs are not standardized so verify with the company’s benefits specialist what your EGHP coverage includes, how it covers someone on disability and how it works with Medicare.

ARE THERE ANY MEDICAID PROGRAMS AVAILABLE TO GIVE ME SOME ASSISTANCE?

Regular Medicaid

Regular Medicaid (also know as Full Medicaid) provides minimum medical services. Eligibility for Regular Medicaid is different depending on whether you are categorically needy or medically needy and based on income and assets. Income and asset limits change annually on April 1. To receive additional information or to apply for Regular Medicaid, contact your county Department of Social Services (DSS) office.

Medicare Savings Programs

Medicare Savings Programs for Medicare beneficiaries who have limited resources and income are designed to assist with paying for expenses associated with Medicare. To be eligible for these programs you must be enrolled in Medicare Part A and Part B, and your income and assets must fit into the program’s guidelines. If you exceed these limits, even by one penny, you are not eligible for any of the programs. If you qualify for these programs, there is no cost to you.

To be eligible for these programs your assets (money in checking or savings accounts, stocks or bonds) in 2015 must be less than \$8,780 for an individual and \$13,930 for a married couple. Assets do not include home, household belongings, one car and \$1,500 for burial expenses. Income limits will vary depending on the program and usually change annually.

A person can apply for these programs at any time by contacting their county Department of Social Services (DSS). In North Carolina there are three Medicare Saving Programs. They are:

- QMB (Qualified Medicare Beneficiary) also known as MQB-Q (Medicare Qualified Beneficiary – Q Class) in North Carolina. QMB/MQB-Q pays for Medicare Part A monthly premium (if any), Medicare Part B monthly premium and coverage for all Medicare deductibles and coinsurances.
- SLMB (Specified Low-Income Medicare Beneficiary) also known as MQB-B (Medicare

Qualified Beneficiary – B Class) in North Carolina. SLMB/MQB-B only pays the Medicare Part B monthly premium.

- QI-1 (Qualified Individual 1) also known as MQB-E (Medicare Qualified Beneficiary – E Class) in North Carolina. QI-1/MQB-E pays for Medicare Part B monthly premium. Funding for this program is limited; and once funding is exhausted for the program year no one else will be eligible. All applicants must re-apply for the program each calendar year.

Nursing Home Medicaid

In North Carolina, Medicaid is one of the primary sources of payment for nursing home care. Medicaid’s nursing facility benefits are designed to assist beneficiaries who have limited income and resources with the catastrophic cost of extended nursing care. Eligibility is based on income and resources. Do not confuse nursing facility assistance with rest home assistance. These are different programs with different eligibility requirements. For additional information contact your county DSS office.

Community Alternative Program

Community Alternative Program (CAP) provides a wide range of medical and social services to beneficiaries in their homes. This program allows adults to remain at home instead of entering a nursing facility if the cost of their in-home care service is less than the cost of the nursing facility. Eligibility is based on income and resources. For additional information contact your local DSS office.

WHAT HEALTH INSURANCE OPTIONS ARE AVAILABLE FOR PEOPLE WITH DISABILITIES WHO ARE NOT ELIGIBLE FOR MEDICARE?

Individual Health Insurance

You may be able to purchase individual health insurance from a private company. To get information about individual health insurance call the North Carolina Department of Insurance’s Health Insurance



Smart NC toll-free at 1-855-408-1212 or visit the website www.ncdoi.com/smart. You also have the option to purchase health insurance coverage through the Health Insurance Marketplace. For more information about the Health Insurance Marketplace, please visit www.healthcare.gov.

COBRA (Consolidated Omnibus Budget Reconciliation Act)

COBRA requires that employers with 20 or more employees provide (under certain conditions) group health coverage for employees and dependents for a period of time after their group health plan’s eligibility ends. You may have the right to COBRA coverage if you lose your job, your working hours are reduced or you are a spouse or dependent of a covered employee and lose coverage due to a qualifying event. Contact SHIIP to receive a copy of COBRA Coverage and Medicare.

SENIORS' HEALTH INSURANCE INFORMATION PROGRAM (SHIIP)

SHIIP is a consumer information division of the North Carolina Department of Insurance that assists all Medicare beneficiaries with questions regarding Medicare, Medicare supplement insurance, Medicare Advantage, Medicare Prescription Drug Plans, and long-term care insurance questions. We also help citizens recognize and prevent Medicare billing errors and possible fraud and abuse through our NCSMP Program.

SHIIP provides education and assistance to North Carolinians by:

- operating a toll-free consumer information phone line, 1-855-408-1212, Monday through Friday from 8 a.m. to 5 p.m.;
- training volunteers to counsel seniors, people with disabilities or caretakers in all 100 counties in North Carolina about Medicare, Medicare supplement, Medicare Advantage, Medicare Prescription Drug Plans and long-term care insurance;
- creating educational materials for consumers;
- responding to emails at ncshiip@ncdoi.gov; and
- operating a SHIIP Web site at www.ncshiip.com.

OTHER RESOURCES

Medicare

1-800-MEDICARE (1-800-633-4227)

1-877-486-2048 (TTY)

www.medicare.gov

Social Security Administration

1-800-772-1213

1-800-325-0778 (TTY)

www.socialsecurity.gov

County Department of Social Services

Look up the telephone number in the telephone book blue pages section under county government or visit the North Carolina Division of Social Services County List at www.dhhs.state.nc.us/dss/local/index.htm.

325 N. Salisbury Street
Raleigh, NC 27603

1201 Mail Service Center
Raleigh, NC 27699-1201

855-408-1212 • www.ncship.com



NC DEPARTMENT OF
INSURANCE
SENIORS' HEALTH INSURANCE
INFORMATION PROGRAM

7,500 @\$1,836.07
NCDOI MDB01 (8/17)