



# Dual Eligibility

## Understanding Medicare + Medicaid Enrollment & Coordination of Benefits

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**SHIP**

State Health Insurance  
Assistance Program

Navigating Medicare

# State Health Insurance Assistance Program (SHIP)

SHIP provides free help to New Jersey Medicare beneficiaries who have problems with, or questions about their health insurance. SHIP is a statewide program administered by the New Jersey Department of Human Services and funded in part by a grant from the U.S. Administration for Community Living.

Medicare beneficiaries frequently have questions about benefits, claims, coordination of benefits and supplement policies.

Volunteer counselors, trained and certified in areas of health insurance coverage and benefits that affect Medicare beneficiaries, provide information and assistance for dealing with claims and in evaluating health insurance options.

# Medicare Different from MEDICAID

Medicare is federal health insurance for aged(65+) & disabled(collecting SSDI)



Medicaid is medical assistance program administered by the states under federal rules for people with very low incomes.



***Some people have both Medicare and Medicaid: referred to as “**dual eligible**” or “**dual**”.  
Federal term is **Qualified Medicare Beneficiary (QMB)*****

# Medicare

- Medicare is a federal health insurance program for people age 65 or older and for people who have been getting SSDI for at least 2 years.
- There are 2 exceptions to this rule to receive Medicare benefits sooner:  
*End-Stage Renal Disease or Lou Gehrig's disease(ALS)*
- Social Security Administration(SSA) is responsible for Medicare enrollment and eligibility
- [Call 1-800-772-1213](tel:1-800-772-1213) or visit [www.ssa.gov](http://www.ssa.gov) for more information

# What does Medicaid cover for duals?

- All Medicare cost-sharing
  - Part A and Part B monthly premiums and late enrollment penalties
  - Part A, Part B & MA deductibles and co-insurance
- **Automatic enrollment in Low Income Subsidy for Part D Drug Plan costs (LIS drug copays apply)**
- Provides many services not covered by Medicare:
  - Dental
  - Eyeglasses
  - Chiropractors
  - Hearing aids
  - Medical Day Care
  - Non-emergency medical transportation
  - Personal Care Assistance
  - Adult diapers
  - Home Health Aides
  - Care Management

➤ Above benefits provided thru the Medicaid MCO plan

# For Medicare Covered Services

- Medicare primary
  - Provider does NOT need to be Medicaid provider
  - Claim goes to Medicare, provider gets same reimbursement as non-duals
- Medicaid MCO will consider additional payment of Medicare cost sharing (deductibles, co-insurance)
  - Provider may need to manually submit claim to Medicaid MCO
  - Usually Medicaid will only make additional payment if Medicaid rate higher than Medicare rate for service (rare)
- Dual Eligible Client NOT responsible for balance
  - Medicare payment (and Medicaid payment if any) must be considered “payment in full”

# Cost Sharing and Balance Billing Issues

- Provider must accept Medicare payment and Medicaid payment (if any) as payment in full
  - Medicare provider has right not to treat dual eligibles
  - If agrees to treat, cannot bill the patient for any balances after Medicare pays
  - Billing dual eligible patient for balance after Medicare pays is called “balance billing” and prohibited under federal and state laws
- A Medicare provider **CANNOT** ask dual to sign “waiver” or private contract to pay privately.

# Balance Billing Issues

If client is being billed cost share by their doctor for Medicare covered service:

- call provider's billing office to explain patient is dual eligible (referred to as Qualified Medicare Beneficiary: QMB)
- Educate them that provider must accept Medicare payment as payment in full.
- Call 1-800-Medicare to file complaint against the provider

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# Coordination of Benefits

- The goal is to provide dually eligible individuals seamless, high quality health care while keeping the system as cost effective as possible.
- Providing dual eligible individuals full access to the benefits to which such individuals are entitled to under the Medicare and Medicaid programs.
- Simplifying the processes for dual eligible individuals to access the items and services they are entitled to under the Medicare and Medicaid programs.
- Improving the quality of health care and long-term services for dual eligible individuals.
- Increasing dual eligible individuals' understanding of and satisfaction with coverage under the Medicare and Medicaid programs.
- Eliminating regulatory conflicts between rules under the Medicare and Medicaid programs.
- Improving care continuity and ensuring safe and effective care transitions for dual eligible individuals.
- Eliminating cost-shifting between the Medicare and Medicaid program and among related health care providers.
- Improving the quality of performance of providers of services and suppliers under the Medicare and Medicaid programs.

# Coordination of Benefits Overview

Each type of health insurance coverage is called a “payer”

When there's more than one payer, coordination of benefits rules determine which pays first

There may be primary and secondary payers, and in some cases, there may also be a third payer

- Medicare may be primary payer or secondary payer
- Medicare may make no payment in some cases

# Primary and Secondary Payers

## How other insurance works with Medicare-covered services

- Insurance that pays first (primary payer) pays up to the limits of its coverage
- Insurance that pays second (secondary payer) only pays if there are costs the primary insurer didn't cover
- The secondary payer (which may be Medicare) might not pay all of the uncovered costs

**If your employer insurance is the secondary payer, you usually need to enroll in both Medicare Parts A and B before your insurance will pay**

## Possible Health Claims Payers Other than Medicare



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# Who is Dual Eligible?

- Dual Eligible individuals are eligible for both, Medicaid and Medicare.
- The federal term for a dual eligible is “Qualified Medicare Beneficiary Plus” or QMB+
- Dual Eligibles are automatically eligible for **Low Income Subsidy (LIS)**, also called Part D “**Extra Help**”, which provides assistance to pay prescription drug costs.
- Most dual eligibles receive their prescription drugs from **Medicare Part D – not from Medicaid**.
  - **The exception is dual eligibles who also have private health insurance, usually through a parent’s employer.**

# What happens when someone on Medicaid becomes eligible for Medicare?

- If on **SSI** or **MLTSS**, or **Medicaid for Aged, Blind, Disabled** first, will automatically become a dual eligible:
  - By turning age 65 or
  - Under age 65 and getting Social Security Disability for 24 months
- Will automatically be enrolled into Medicare A and B
  - Medicare becomes PRIMARY insurance for hospital and medical
  - Medicare monthly premiums for A and B will be paid by Medicaid
    - May be delay of 1-3 months. Person will be reimbursed by SSA.
- Will automatically be enrolled into Part D Drug Plan with Extra Help (LIS)
  - Medicare now pays for Rx, NOT Medicaid
  - Copays may apply
- No change to the Medicaid MCO enrollment

# If an individual with Medicare and Medicaid also has private health insurance...

- Usually not permitted to have drug coverage from both private health insurance and Medicare Part D.
- If private health insurance drug coverage is as good as (or better than) Medicare Part D, employer should provide a letter of “creditable coverage.”
- **You need to Opt out/Disenroll from Medicare Part D.**
- When a dual eligible also has private health insurance (and is not enrolled in Medicare Part D), NJ Medicaid should continue to cover the drug co-pay costs.
- If your pharmacy needs help billing both your private drug plan and Medicaid, call NJ Medicaid Pharmacy Unit for help at 609-588-2732.



# HEALTH CARE ADVOCACY

Advocating for quality health care for people with intellectual and developmental disabilities

## WHAT IS A DAC?

A Section 1634 “Disabled Adult Child” or “DAC” is a designation under the Social Security Administration (SSA) whereby an adult individual with blindness or a disability, who previously received Supplemental Security Income (SSI), is eligible to receive Medicaid as long as the individual is determined blind or disabled. If the individual receives income from another source or exceeds resource limits, the individual could lose Medicaid coverage.

## WHO IS ELIGIBLE?

An individual who was receiving SSI benefits and:  
Is at least 18 years old;

- Has blindness or a disability that began prior to age 22;
- Has been receiving SSI based off blindness or disability; and
- Has lost SSI due to receipt of Social Security benefits from a parent’s work record resulting from a parent’s retirement, disability, or death.

## FREQUENTLY ASKED QUESTION (FAQS) ABOUT SECTION 1634 DISABLED ADULT CHILD (DAC)

### HOW IS DAC STATUS INITIATED?

When a parent retires or becomes disabled and starts collecting Social Security benefits, or the parent passes away, the adult child eventually begins receipt of a monthly SSDI or disability benefit (a Survivor’s Benefit, if the parent passed away) based upon the parent’s work record. The child could receive a monthly benefit that is equivalent to 50% of the monthly benefit amount that the parent receives.

### WHEN DOES THE CHILD RECEIVE SSDI AFTER THE PARENT STARTS COLLECTING SOCIAL SECURITY BENEFITS?

The child does not necessarily receive SSDI and DAC status immediately after a parent begins collecting Social Security benefits. There can be a delay of months or even years. At some point, Social Security will contact you about completing a new application for your child to receive SSDI and be considered a DAC. In the meantime, the child’s current benefits would continue as long as they remain eligible.

### DOES MY CHILD RECEIVING SSDI AFFECT MY SOCIAL SECURITY BENEFITS?

No, if a parent retires or becomes disabled and starts collecting Social Security benefits, the benefit amount is not affected by the child receiving SSDI benefits based on the parent’s work record.

# HEALTH CARE ADVOCACY

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## WHAT IF MY CHILD IS ALREADY RECEIVING SSI AND THEN I START COLLECTING SOCIAL SECURITY BENEFITS?

If the parent only has a small work record and is not receiving a large Social Security benefit, then the DAC may be able to keep their SSI while receiving SSDI. For most individuals, however, the SSDI amount from the parent is too high to also keep SSI, resulting in SSI termination. If the DAC has Medicaid through SSI, then Medicaid will also terminate. The DAC may continue to receive Medicaid, however, but will need to fill out a request for information (RFI) packet from either the Division of Developmental Disabilities (DDD) or the local County Board of Social Services. This flyer has more information about the DAC process and renewing eligibility with Medicaid.

## WHAT IF MY CHILD IS ALREADY WORKING AND RECEIVING HIS OR HER OWN SSDI?

When a child is working and receiving SSDI upon his or her own work record, and a parent retires, the individual can only receive one form of SSDI. If the SSDI benefit under the parent is higher, the child will receive that benefit. If the child’s SSDI benefit is higher than the amount under the parent, the child will remain on their SSDI benefit. Either way, a new application with Social Security is required.

## WHAT IF MY CHILD IS RECEIVING AN SSDI BENEFIT UNDER MY WORK RECORD BUT THEN MY SPOUSE RETIRES AND STARTS COLLECTING A HIGHER BENEFIT AMOUNT?

The child can receive the higher SSDI benefit amount, but a new application with Social Security is required.

## HOW DO I KNOW THE OPTIMAL AGE TO RETIRE IN ORDER TO RECEIVE THE MAXIMUM SOCIAL SECURITY BENEFIT FOR MYSELF AND MY CHILD?

You can get a personalized retirement benefit estimate on the SSA website if you have a my Social Security account. The SSA website has a wealth of information about planning for retirement. Maximize my Social Security is another website that helps calculate the optimal age of retirement to start collecting benefits (this website does charge a fee).

## IF MY CHILD STARTS RECEIVING AN SSDI AMOUNT THAT IS EQUAL TO OR EXCEEDS \$2,000 A MONTH, WHAT HAPPENS?

When a child is considered a DAC, the SSDI benefit amount from the parent’s work record is disregarded. But, NJ Medicaid has a \$2,000/month resource limit, so it may be prudent to utilize an ABLE account and/or Special Needs Trust (SNT) if the child is receiving a higher SSDI amount and there are difficulties in keeping under the \$2,000 monthly resource limit.

## For More Information:



healthcareadvocacy@arcnj.org



thearcnjhealthcareadvocacy.org

The Arc  
of New Jersey

The Arc  
of New Jersey

NEW JERSEY HUMAN SERVICES





# Social Security Disability Insurance (SSDI) benefits for adults with disabilities since childhood

The SSDI program pays benefits to adults who have a disability that began before they became 22-years-old.

This is considered a “child’s” benefit because it is paid on a parent’s Social Security earnings record.

For an adult with a disability to become entitled to this “child’s” benefit, one of their parents must:

- Be receiving Social Security retirement or disability benefits.
- Have died and had worked to earn enough to be eligible for Social Security benefits.

# Social Security Disability Insurance (SSDI) benefits for adults with disabilities since childhood

Children, who were receiving benefits as a minor child on a parent's Social Security record, may be eligible to continue receiving benefits on that parent's record upon reaching age 18 if they are determined to have a disability. SSA makes the disability determination using the disability rules for adults.

SSDI Disabled Adult Child (DAC) benefits continue for as long as they have a disability.

Marriage of the DAC may affect eligibility for this benefit.

Your child doesn't need to have worked to get these benefits

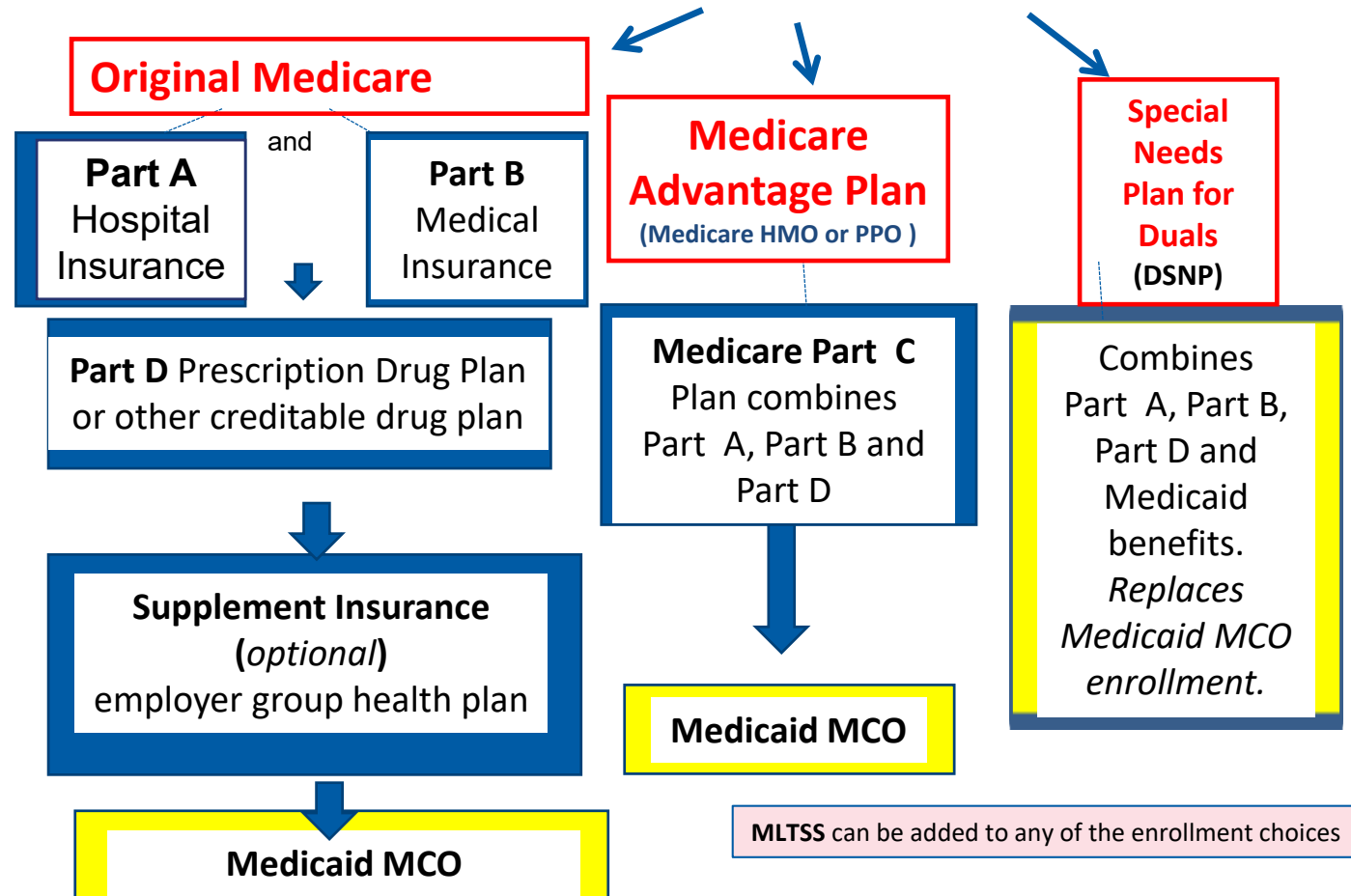
# Duals Require Prescription Drug Coverage

- Dually eligible beneficiaries need to explore options in receiving their Prescription Drug Coverage
- Once Dually Eligible, Medicaid no longer provides Prescription Drug Coverage (Need Medicare Part D plan)
- There are programs that are available to Duals to cover costs related to their prescription drug coverage

# How To Get Medications if No Medicare Drug Plan Enrollment

- Ask the pharmacist to enroll the dual eligible in **LINET**: Limited Income Newly Eligible Transition Program, with Humana.
- This process allows pharmacist to enroll dual eligible (or other Low Income Subsidy person) into a temporary Part D plan (LINET Humana) in order to get medications immediately.
- This process is also for dual eligibles NEW to Medicare Part D who are not yet auto-enrolled.
- If pharmacists need help with LINET enrollment, they can call **1-800-783-1307, ext. 1.**

# Dual Eligible's Enrollment Choices



# Aspects of Medicare Part D That Do Not Apply to the Dual Eligibles

- Monthly premium fees
  - As long as consumer is enrolled in a benchmark plan, there is no premium fee
  - Non-bench mark plans will have the premium subsidized
- No deductibles.
- Drug tiers
  - As long as a drug is on the formulary, it does not matter which tier it is on
- Preferred Pharmacies —
  - You do not need to use the drug plan's "preferred pharmacy" but must use a pharmacy in the plan's network.

Low Income Subsidy Level	2026 Copays for Drugs on Part D Plan Formulary
<u>LIS Level 3</u> Duals (people with Medicare and full Medicaid) who also <ul style="list-style-type: none"> <li>live in nursing home or Assisted Living, or</li> <li>have MLTSS, or</li> <li>on other Medicaid Waiver (CCP) or Supports Program</li> <li>Enrolled in a DSNP plan</li> </ul>	<p style="text-align: center;"><b>\$0</b></p>
<u>LIS Level 2</u> Duals with full Medicaid Benefits	<p style="text-align: center;"><b>\$1.60 generics</b> <b>\$4.90 brand names</b></p>
<u>LIS Level 1</u> <ul style="list-style-type: none"> <li>Help paying Part B premium (SLMB, QI or QMB);</li> <li>Duals on Workability NJ Family Care</li> <li>Those who approved for LIS via SSA</li> </ul>	<p style="text-align: center;"><b>\$5.10 generics</b> <b>\$12.65 brand names</b> <i>(\$5 for generics/\$7 brand if they have PAAD)</i></p>

# What is a “Benchmark” Drug Plan?

- The Medicare drug plans **do** require a monthly fee. However, for the dual eligibles, that fee is subsidized by Medicare up to a specific amount (which is known as the benchmark).

Benchmark premium for **2026** in NJ is **\$54.17**

- **When a dual eligible enrolls in a benchmark drug plan, there is no monthly premium fee.**
- There are two types of drug plans: Basic and Enhanced, but only the Basic plans can qualify as benchmark plans.



# Why Would Dual Eligibles Select a Non-Benchmark Drug Plan?

- If a dual eligible needs a medication not available on the formulary of benchmark drug plans, but it is available in non-benchmark plan – it may be more cost-effective to pay a relatively low monthly premium to get the needed medications.
- This decision must be made on an individual basis.
- NJ Division of Aging Services has all Part D drug plans on its website.
  - The chart shows the monthly premium fees for NJ's non-benchmark drug plans in 2026 in the column with the heading "Premium with Medicaid."

# MEDICARE PART D STAND-ALONE PRESCRIPTION DRUG PLANS IN NEW JERSEY

Company Name	Plan Name	Benefit Type	Premium with Medicaid or LIS/Extra Help	2026 Premium	Annual Drug Deductible	Contract ID	Plan ID	Plan's Performance Rating*	\$0 premium with NJ PAAD	Preferred Pharmacy Chains**
<b>United Healthcare</b> 1-888-867-5564 (Saver) 1-800-753-8004 (Preferred) aarpmedicareplans.com <i>National Plan</i>	<b>AARP Medicare RX Saver from UHC</b>	Basic	<b>\$23.20</b>	<b>\$77.40</b>	\$615	S5921	349	2.5 stars	PAAD pays full premium	Walgreens, Walmart, Costco
	<b>AARP Medicare Rx Preferred from UHC</b>	Enhanced	<b>\$64.70</b>	<b>\$118.90</b>	\$0 Tier 1 & 2 \$130 Tier 3, 4 & 5	S5821	386	2.5 stars		Walgreens, Walmart, Costco, Mail Order
<b>Health Care Service Corp</b> 1-877-665-1842 HealthSpringMedicare.com <i>National Plan</i>	<b>HealthSpring Extra Rx</b> <i>(previously Cigna Healthcare Saver Rx)</i>	Enhanced	<b>\$18.50</b>	<b>\$59.90</b>	\$0 Tier 1 & 2 \$615 Tier 3, 4 & 5	S5617	354	Too new to rate	PAAD pays full premium	Walgreens, Walmart, Mail Order
	<b>HealthSpring Assurance Rx</b> <i>(previously Cigna Healthcare Assurance Rx)</i>	Basic	<b>\$55.10</b>	<b>\$109.30</b>	\$615	S5617	018	Too new to rate		Walgreens, Walmart, Mail Order
<b>Horizon Blue Cross Blue Shield of NJ</b> 1-888-765-7134 horizonblue.com	<b>Horizon Medicare Blue Rx Standard</b>	Basic	<b>\$18.10</b>	<b>\$72.30</b>	\$615	S5993	001	3 stars	PAAD pays full premium	Many network pharmacies locally, Mail Order has preferred pricing
	<b>Horizon Medicare Blue Rx Enhanced</b>	Enhanced	<b>\$84.90</b>	<b>\$139.10</b>	\$0 Tier 1 & 2 \$200 Tier 3, 4 & 5	S5993	003	3 stars		
<b>Humana</b> 1-877-529-9871 humana.com/medicare <i>National Plan</i>	<b>Humana Basic Rx Plan</b>	Basic	<b>\$0.00</b>	<b>\$4.40</b>	\$615	S5884	131	3.5 stars	PAAD pays premium but does not enroll	Many network pharmacies locally, Mail Order has preferred pricing
	<b>Humana Value Rx Plan</b>	Enhanced	<b>\$18.90</b>	<b>\$35.60</b>	\$0 Tier 1 & 2 \$601 Tier 3, 4 & 5	S5884	183	3.5 stars	PAAD pays premium but does not enroll	Walmart, Costco
	<b>Humana Premier Rx Plan</b>	Enhanced	<b>\$57.70</b>	<b>\$111.90</b>	<b>\$0</b>	S5884	150	3.5 stars		Walmart, Costco

Company Name	Plan Name	Benefit Type	Premium with Medicaid or LIS/Extra Help	2026 Premium	Annual Drug Deductible	Contract ID	Plan ID	Plan's Performance Rating*	\$0 premium with NJ PAAD	Preferred Pharmacy Chains**
<b>Aetna</b> 1-833-526-2445 aetnamedicare.com <i>National Plan</i>	<b>SilverScript Choice</b>	Basic	<b>\$43.20</b>	<b>\$97.40</b>	\$615	S5601	008	2.5 stars		No preferred pharmacies. Same copays at all network pharmacies.
<b>Wellcare</b> 1-866-859-9084 go.wellcare.com/PDP <i>National Plan</i>	<b>WellCare Value Script</b>	Enhanced	<b>\$21.80</b>	<b>\$22.80</b>	\$0 Tier 1 & 2 \$615 Tier 3, 4, 5 & 6	S4802	139	3.5 stars	PAAD pays full premium	CVS, Walgreens and most grocers
	<b>WellCare Classic</b>	Basic	<b>\$0.00</b>	<b>\$28.20</b>	\$615	S4802	078	3.5 stars	PAAD pays full premium	CVS, Walgreens and most grocers

## 2026 Medicare Benchmark Drug Plans for NJ's Dual Eligibles

### Humana Basic RX

### WellCare Classic

## MEDICARE PART D STANDARD BENEFIT

Benefit	2025	2026
Maximum Deductible	\$590	<b>\$615</b>
Initial Coverage Period	Member Cost Sharing	Member Cost Sharing
Coverage Gap	<b>Eliminated</b>	<b>Eliminated</b>
Out-of-Pocket Maximum	<b>\$2,000*</b>	\$2,100*
Catastrophic Phase Cost Sharing	\$0	<b>\$0</b>
<b>Late Enrollment Penalty</b> <i>(1% of this amount for every month client did not have drug coverage)</i>	\$36.78	<b>\$38.99</b>
<b>Low-Income Benchmark Premium for NJ</b>	\$56.86	<b>\$54.17</b>
<b>LIS Copays for Full Benefit Duals (QMB+)</b>	\$1.60/ \$4.80	\$1.60/\$4.90
<b>LIS Copays for SLMB and QMB-only</b>	\$4.90/ \$12.15 <small>If on PAAD, Brand copay reduced to \$7</small>	\$5.10/\$12.65 <small>If on PAAD, Brand copay reduced to \$7</small>
<b>LIS Copay for MLTSS or D-SNP members</b>	\$0	<b>\$0</b>

# Medicare Part D Co-Pays for Dual Eligibles

- Dual eligibles receiving DDD services have either Supports or the Community Care Program (CCP). **They have a \$0 co-pay for Medicare Part D drugs.**
- A dual eligible receiving Managed Long-Term Services and Supports (MLTSS) will have \$0 copay for Part drugs.
- If a dual eligible does not receive DDD services: Drug co-pays for 2026 will be **\$1.60** for each generic and **\$4.90** for each brand name drug.
- Dual Eligibles or those on PAAD should **NOT** enroll in the new Medicare Part D Prescription Plan

# No “lock-in” For Dual Eligibles!

- Dual eligibles are not “locked in” to a Medicare drug plan.
- If dual eligibles want to switch drug plans and they don’t do it before 1/1/ 2026, they can switch next year.
- **Continuing for 2026:** Drug plans or DSNP plans can be switched **every month**, but enrollment into Medicare Advantage Plan is limited to Fall Open Enrollment.
- Drug plan changes are always effective the first day of the next month.

# **New Jersey Dual Eligible Special Needs Plans: D-SNPs**

**Also called FIDE-SNPs:  
*Fully Integrated Dual Eligible  
Special Needs Plans***

**ENROLLMENT IS VOLUNTARY**

# Voluntary enrollment in Medicare HMO D-SNP

- Dual eligibles may enroll **voluntarily** in a Medicare managed care D-SNP at any time. **Enrollees do not receive any bills when using in-network providers.**
- If thinking about joining a D-SNP:
  - Network of doctors, hospitals & prescription drugs are through the D-SNP. **Must** use that provider network.
    - **If enrolled in D-SNP and go to out-of-network provider – dual eligible will be charged the full cost of the medical care provided.**
  - Cannot be in a stand-alone drug plan if enrolled in a D-SNP. Check the D-SNP formulary before enrolling to be sure needed drugs are on the formulary.
  - Enrollees in D-SNP have a \$0 co-pay for prescription drugs.
  - Plans offer Extra benefits such as spending card for over-the –counter health items, or groceries.



# If enrolled in a Medicare D-SNP and want to disenroll...

- To disenroll from D-SNP call **1-800-Medicare**
- Will be in “Original” Medicare, and a Medicaid HMO
- Will need to select a Part D drug plan

# Why enroll in Medicare Advantage Plan instead of stay with Original Medicare?

- Maybe you cannot find providers/specialists willing to treat the Medicare consumer because they also have Medicaid AND
  - You are not satisfied with the Medicaid provider options.
- Maybe you want some of the “extra” benefits offered by some of the plans such as debit card for buying things like aspirin or cold medicine.
- Maybe you cannot afford the drug copays of \$1.60/\$4.80 and need to lower it to \$0 that the D-SNP plans offer.

# Caution Regarding Copays in Medicare Advantage Plans

- Although dual eligibles enrolled in Medicare Advantage plans are not required to pay in-network doctor or other medical service co-pays, in practice, co-pays are often charged.
- It is difficult to convince some medical providers that co-pays should be waived for dual eligibles,
- Call the plan or Medicare to complain about any providers charging copays to a dual eligible who has QMB status (Qualified Medicare Beneficiary).

# Which is better- Medicare Advantage Plan or Special Needs Plan?

- Depends on the NETWORK of providers you want to use
- For a dual, start by looking at the D-SNP plans.
  - Easier to use the providers because all agree to treat duals
  - ONE network to navigate
  - ID card shows \$0 copays for medical services
  - All covered drugs have \$0 copay
  - CAUTION- if have MLTSS with your Medicaid MCO, will be assigned a different care manager if switch to the MCO's DSNP plan.
- If not happy with DSNP network of providers or formulary of drugs, then look at Medicare Advantage Plan options.
  - Some MA plans have bigger network of providers than DSNP plans.

# Tips for using Medicare Plan Finder for Dual Eligibles

## Question on “Extra Help”

**Do you get help with your Medicare health or drug costs?**

If you get help with your Medicare health or drug costs from one of the programs below, it's important for us to know so we can show you accurate cost information when you search for and compare plans.

Have an account? [Log in](#) so we can give you the most accurate cost information based on any help you get.

☐ **Medicaid**  
If you have both Medicare and Medicaid, you might qualify for a type of plan that helps coordinate your Medicare and Medicaid benefits. These are called “Dual Eligible Special Needs Plans” (D-SNPs). If these plans are available in your area, we'll list them in your search results.

☐ **Supplemental Security Income**

☐ **Medicare Savings Program**

☐ **Extra Help (with drug costs)**

Not sure? [Learn more about these programs.](#) ⓘ

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☐ **I don't get help from any of these programs**

**Programs that can help with your Medicare health and drug costs** ×

If you're eligible, these programs can help with your costs:

- **Medicaid:** A joint federal and state program for certain people with limited income and resources. Your state might call this something different, like Medi-Cal or BadgerCare.
- **Supplemental Security Income (SSI):** A monthly Social Security benefit for people with limited income and resources who are disabled, blind, or 65 or older. SSI benefits are different from Social Security retirement or disability benefits.
- **Medicare Savings Program (MSP):** State-run programs that help people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance.
- **Extra Help:** A program that helps people with limited income and resources pay Medicare drug costs (Part D).

Not sure if you get help? [Log in or create an account](#) so we can give you accurate cost information based on any help you get.

Feedback

# Medicare Resources

- <http://www.Medicare.gov>
- Medicare Plan Finder at [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)
- 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048
  - *Customer service assistance for choosing a plan & enrolling*
  - *Available 24 hours a day, 7 days a week (closed Thanksgiving Day)*
  - *Language line interpreters for more than 200 languages*
- State Health Insurance Assistance Programs (SHIPs)

**Medicaid never pays before Medicare.**

**Medicaid only pays after Medicare, an employer group health plan, and/or Medicare Supplement Insurance (Medigap).**

# **Tell Medicare if your other health or drug coverage changes. Let the Benefits Coordination & Recovery Center know by calling 1-855-798-2627**

- Name
- Health or drug plan's name and address
- Health or drug plan's policy number
- The date coverage was added, changed, or stopped, and why

Remember to tell your doctor and other health care providers about your health or drug coverage changes the next time you get care



# Know who pays first:

If you're under 65 and have a disability, have group health plan coverage based on your or a family member's <b>current</b> employment, and the employer has <b>100 or more employees</b> ...	Your group health plan pays first.
If you're under 65 and have a disability, have group health plan coverage based on your or a family member's <b>current</b> employment, and the employer has <b>fewer than 100 employees</b> ...	Medicare pays first.
If you have group health plan coverage based on your or a family member's employment or former employment, and you're eligible for Medicare because of <b>End-Stage Renal Disease (ESRD)</b> (permanent kidney failure requiring dialysis or a kidney transplant)...	Your group health plan will pay first for the first 30 months after you become eligible to enroll in Medicare. Medicare pays first after this 30-month period.

If you would like to become a [SHIP volunteer](#) and help people in your community better understand their Medicare-related insurance options or to schedule an appointment for counseling, please call [1-800-792-8820](tel:1-800-792-8820), contact your local SHIP [counseling agency](#) in your area or text [SHIP@NJDOAS](mailto:SHIP@NJDOAS).



# New Jersey SHIP Staff

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