

Medicare Minute Teaching Materials — June 2025

Medicare and Employer Coverage

1. How does Medicare work with other kinds of insurance, like coverage from an employer?

There are several different kinds of health insurance. If you're becoming eligible for Medicare but you already have insurance, learn whether/how your current plan works with Medicare and what decisions you need to make and actions you need to take.

- **Job-based insurance:** Insurance offered by an employer or union for **current** employees. If you are covered by your or your spouse's (or in some cases, your family member's) job-based insurance, it may work with Medicare to cover your health care costs. Job-based insurance may also allow you to delay Medicare enrollment. Job-based insurance either pays primary or secondary to Medicare, depending on the size of the employer. See questions 4-8 for more information.
- **Retiree insurance:** Insurance plans that employers may provide to former employees who have retired. Retiree insurance always pays secondary to Medicare. See questions 9-10 for more information.
- **COBRA:** The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law passed in 1986 that lets certain employees, their spouses, and their dependents keep group health plan (GHP) coverage for 18 to 36 months after they leave their job or lose coverage for certain other reasons, as long as they pay the full cost of the premium. See question 11 for more information.

2. What are primary and secondary payers?

When you have Medicare and another type of insurance, Medicare will either pay primary or secondary for your medical costs.

- Primary insurance pays first for your medical bills.
- Secondary insurance pays after your primary insurance.
 - Usually, secondary insurance pays some or all of the costs left after the primary insurer has paid (e.g., deductibles, copayments, coinsurances). For example, if Original Medicare is your primary insurance, your secondary insurance may pay for some or all of the 20% coinsurance for Part B-covered services. You may find secondary insurance useful in lowering your health costs depending on how much coverage your primary insurer offers and its costs.
 - If your primary insurance denies coverage, secondary insurance may or may not pay some part of the cost, depending on the insurance.
 - If you do not have primary insurance, your secondary insurance may make little or no payment for your health care costs.

If you are considering delaying Part B enrollment because you have insurance, make sure to ask your benefits manager or human resources department how your insurance works with Medicare. In cases where Medicare is primary to your current insurance, you should enroll in Part B to avoid incurring high costs for your care. This is because when Medicare is primary to your other insurance, your other insurance may not pay for costs until

Medicare pays—so you would be responsible for paying these costs out of pocket. When Medicare is secondary, your current insurance will pay the majority of the cost for covered services.

You can also confirm how Medicare works with your current insurance by contacting the Social Security Administration (SSA) or Medicare.

See the following table to learn how Medicare coordinates with other insurances.

Type of insurance	Conditions	Primary	Secondary
Age 65+ with job-based insurance	Fewer than 20 employees	Medicare	Employer
	20+ employees	Employer	Medicare
Disabled with job-based insurance	Fewer than 100 employees	Medicare	Employer
	100+ employees	Employer	Medicare
Retiree insurance	Not eligible for Medicare	Retiree	N/A
	Eligible for Medicare	Medicare	Retiree
COBRA	Had COBRA before enrolling in Medicare	Medicare	N/A
	Had Medicare before becoming eligible for COBRA	Medicare	COBRA

3. What is creditable drug coverage?

Creditable drug coverage is, on average, as good as or better than the basic Part D benefit. You should receive a notice from your employer or plan around September of each year, informing you if your drug coverage is creditable. If you have not received this notice, contact your human resources department, drug plan, or benefits manager. Be aware that this information may not come as a separate piece of mail; it can be included with other materials, such as a plan newsletter.

Several types of plans offer creditable drug coverage, including:

- Some job-based and retiree plans
- Veterans Affairs (VA) benefits
- TRICARE for Life (TFL)
- Federal Employee Health Benefits (FEHB)

If you are considering delaying Part D enrollment because you already have prescription drug coverage, make sure to find out if your coverage is creditable. This means it provides coverage that is worth the same amount as the average Part D benefit when analyzed by actuaries. Your plan and/or employer are required to tell you whether your coverage is creditable for Part D. Maintaining enrollment in creditable drug coverage means you will not incur a late enrollment penalty (LEP) for delaying Part D enrollment. Additionally, having creditable

coverage means that if you learn that you are going to lose such coverage and you want Part D coverage, you will have a two-month Special Enrollment Period (SEP) to enroll in a Part D plan.

If you have no drug coverage, or have drug coverage that is not creditable, you should usually enroll in Part D as soon as you are eligible. Even if you do not take prescription drugs, it is important to enroll in Part D so that if you later need access to prescriptions you do not face penalties or gaps in coverage.

Remember, if you decide to delay enrollment in any part of Medicare, keep a record of your insurance until you enroll in Medicare. You may need this documentation to sign up for Medicare later.

4. Should I delay enrolling in Medicare Part B if I have job-based insurance when I turn 65?

If you are eligible for Medicare due to age (meaning you are 65+) and are covered by your or your spouse's job-based insurance, you have a Special Enrollment Period (SEP) to enroll in Part B. This SEP starts the first month you are eligible for Medicare, if you are covered by job-based insurance, and ends eight months after you no longer have coverage from current work. When you use the Part B SEP to enroll in Medicare, you don't face a late enrollment penalty when you later sign up for Part B, and you can choose to sign up at any point in the year. However, remember that in most cases you should only delay Part B enrollment if your job-based insurance is the primary payer. For those eligible to Medicare due to age:

- Job-based insurance is primary if it is from an employer with 20+ employees. Medicare is secondary in this case, and some people choose not to enroll in Part B because of the additional monthly premium.
- Job-based insurance is secondary if it is from an employer with fewer than 20 employees. Medicare is primary in this case, and if you delay Medicare enrollment, your job-based insurance may provide little or no coverage. You should enroll in Part B to avoid incurring high costs for your care.

Note: There are different rules if you are Medicare-eligible due to disability (see question 5), if you are Medicare-eligible because you have End-Stage Renal Disease (ESRD), or if you have Federal Employee Health Benefits (FEHB).

To find out if your job-based insurance is primary or secondary, contact your or your spouse's human resources department. If you plan to delay enrollment into Part B and use the SEP later, keep records of your health insurance coverage. You will be required to submit proof of your enrollment in job-based insurance when accessing the SEP (see question 7 for more information).

5. Should I delay enrolling in Medicare Part B if I have job-based insurance and am under age 65?

If you are eligible for Medicare due to a disability (meaning you are collecting Social Security Disability Insurance) and are covered by your, your spouse's, or in some cases a family member's job-based insurance, you have an SEP. This SEP starts the first month you are eligible for Medicare, if you are covered by job-based insurance, and ends eight months after you no longer have coverage from current work. This means that you can delay Part B enrollment without penalty when you first become eligible for Medicare (but you must have Part A to keep SSDI). However, remember that in most cases you should only delay Part B enrollment if your job-based insurance is the primary payer.

- Job-based insurance is primary if it is from an employer with 100+ employees. Medicare is secondary in this case, and some people choose not to enroll in Part B because of the additional monthly premium.
- Job-based insurance is secondary if it is from an employer with fewer than 100 employees. Medicare is primary in this case, and if you delay Medicare enrollment, your job-based insurance may provide little or no coverage. You should enroll in Part B to avoid incurring high costs for your care.
 - If you have job-based insurance from a family member and Medicare is primary, you do not have a Part B SEP. You should enroll in Medicare as soon as you are eligible to avoid penalties and gaps in coverage.

Note: There are different rules if you are Medicare-eligible due to age (see question 4), if you are Medicare-eligible because you have End-Stage Renal Disease (ESRD), or if you have Federal Employee Health Benefits (FEHB).

To find out if your job-based insurance is primary or secondary, contact your or your spouse's human resources department. If you plan to delay enrollment into Part B and use the SEP later, keep records of your health insurance coverage. You will be required to submit proof of your enrollment in job-based insurance when using the SEP to enroll in Part B (see question 7 for more information).

6. How does Medicare interact with Health Savings Accounts?

Health Savings Accounts (HSAs) are accounts for individuals with high-deductible health plans (HDHPs). Funds contributed to an HSA are not taxed when put into the HSA or when taken out, as long as they are used to pay for qualified medical expenses. Your employer may oversee your HSA, or you may have an individual HSA that is overseen by a bank, credit union, or insurance company. If you have an HSA and will soon be eligible for Medicare, it is important to understand how enrolling in Medicare will affect your eligibility to contribute to an HSA.

In order to qualify to put money into an HSA, you must be enrolled in a high-deductible health plan (HDHP) and have no health insurance coverage that is not a HDHP. HDHPs have large deductibles that members must meet before receiving coverage. This means HDHP members pay in full for most health care services until they reach their deductible for the year. Afterwards, the HDHP covers a large percentage of the member's costs for the remainder of the year.

Because the tax rules governing HSAs do not allow contributions if a person has insurance coverage that is not an HDHP, if you enroll in Medicare Part A and/or B, you can no longer contribute pre-tax dollars to your HSA. The month your Medicare begins, your account overseer should change your contribution to your HSA to zero dollars per month. You may, however, continue to withdraw money from your HSA after you enroll in Medicare. Withdrawals are not taxed as long as they are used to pay for qualifying medical expenses, including deductibles, premiums, copayments, and coinsurances.

Whether you should delay enrollment in Medicare so you can continue contributing to your HSA depends on your circumstances. If you work for an employer with fewer than 20 employees, you may need Medicare in order to have primary insurance, even though you will lose the tax advantages of your HSA. This is because health coverage from employers with fewer than 20 employees pays secondary to Medicare. If you work at this kind of employer and fail to enroll in Medicare, you may have little or no health coverage because your health

plan does not have to pay until after Medicare pays. Health coverage from an employer with 20 or more employees pays primary to Medicare, so you may choose to delay Medicare enrollment if you work at this kind of employer and continue putting funds into your HSA.

Note: In either case, you have access to the Part B SEP when you lose coverage or leave employment (see question 7).

If you choose to delay Medicare enrollment because you are still working and want to continue contributing to your HSA, you must also wait to collect Social Security retirement benefits. This is because individuals who are collecting Social Security benefits when they become eligible for Medicare are automatically enrolled into Medicare Part A. You cannot decline Part A while collecting Social Security benefits.

Finally, if you decide to delay enrolling in Medicare, make sure to stop contributing to your HSA at least six months before you do plan to enroll in Medicare. This is because when you enroll in Medicare Part A, you receive up to six months of retroactive coverage, not going back farther than your initial month of eligibility. If you do not stop HSA contributions at least six months before Medicare enrollment, you may face tax consequences.

Consult a tax professional for specific advice regarding HSA rules.

7. How do I enroll in Medicare after having delayed because of job-based insurance?

You can enroll using the Part B SEP while you have job-based insurance or for eight months after you no longer have that job-based insurance. This job-based insurance can be from your job, your spouse's job, or sometimes a family member's job. Recall that this is insurance from current employment (so not retiree or COBRA coverage). In order to be eligible for the Part B SEP, you must also have been continuously covered by insurance from current work or by Medicare Part B since becoming eligible for Medicare. If you have more than eight consecutive months without coverage from either current work or Part B, you are not eligible for this Part B SEP.

In most cases, you should enroll in Medicare immediately after losing job-based insurance to avoid gaps in coverage. Even if you use the SEP to avoid a late enrollment penalty, you may still be responsible for any health care costs you incur in the months after losing job-based coverage before your Medicare coverage takes effect.

To enroll in Part B using this SEP, you will need the following two forms from the Social Security Administration (SSA):

- [CMS 40B](#) (Application for enrollment in Medicare)
- [CMS L564](#) (Request for employment information)

You should fill out and sign CMS 40B. You should ask your employer to complete CMS L564. These forms show SSA that you have been continuously covered by job-based insurance.

If you have had job-based insurance from multiple employers since becoming eligible for Medicare, you should have each employer complete a separate CMS L564 form. If a previous employer has gone out of business or you are unable to get them to fill out this form, you can submit other forms of proof of your coverage (such as

receipts of health insurance premiums you paid, W-2s, pay stubs, tax returns, or health insurance cards with the appropriate effective date).

You should then submit these forms to SSA—in-person or by mail to your local SSA office, or online at www.ssa.gov. You should make copies of everything you submit. If you speak to an agent in person, they should give you a receipt indicating the date they submitted your application.

If you are approved, your Medicare coverage will either be effective on the first of the month that you enrolled or on the first of the following month, depending on the situation. If you use this Part B SEP while you have job-based insurance or within a month after losing that insurance, you can choose to delay your Part B start date up to three months.

8. Should I enroll in Part D if my employer offers drug coverage?

Some job-based insurance plans offer creditable drug coverage. If you are eligible for Medicare and enrolled in creditable coverage from your current employer, you can delay Part D enrollment without incurring a late enrollment penalty (LEP). When you decide to enroll in Part D, you will have a two-month Special Enrollment Period (SEP).

Even if your drug coverage is not creditable, you may want to keep it as a form of secondary insurance and enroll in a Part D plan as primary insurance. Having secondary insurance may help lower the cost of Part D-covered drugs. Contact your plan to learn whether it coordinates with Part D coverage. You should also consider whether the cost of your monthly premium for the plan is offset by the coverage it provides, or whether you are better off disenrolling and only keeping Part D.

In some plans, you cannot drop drug coverage without losing your health benefits or vice versa. Also keep in mind that your spouse or dependents are not eligible to use your Medicare coverage and may need other insurance if you drop your job-based insurance. Contact your benefits administrator to learn more about your job-based insurance before making Part D enrollment decisions.

If your drug coverage from current employment is not creditable, you can still delay enrollment into Part D. You will have the previously mentioned two-month SEP to enroll in a Part D plan. However, this SEP does not eliminate the Part D LEP. To avoid the LEP, you need to enroll in Part D when you are first eligible.

9. How does Medicare work with retiree coverage?

Retiree insurance is almost always secondary to Medicare, meaning it pays after Medicare and may provide coverage for Medicare cost-sharing, like deductibles, copayments, and coinsurance. Whether to keep retiree coverage after you enroll in Medicare is a personal decision that depends on your costs and anticipated health care needs. Retiree coverage premiums can be costly, but it may be worthwhile to keep your plan if you anticipate high Medicare costs. Retiree coverage may also pay for care or other items and services that Medicare does not cover, such as vision care, dental care, and/or off-formulary or over-the-counter prescription drugs. Also keep in mind that your spouse and dependents are not eligible to use your Medicare coverage and may need other insurance if you drop your retiree plan.

For more information on the services covered by your retiree insurance plan, contact your benefits administrator or your employer's human resources department.

Retiree insurance may coordinate with Medicare differently depending on the type of plan you have. Below are a few common types of plans and how you might expect them to work with Medicare. Be sure to speak to your employer's HR department for more information.

- **Fee-for-service (FFS) plans** pay for care from any doctor or hospital. FFS plans cover Medicare cost-sharing and generally act like a supplemental insurance policy.
- **Managed care (HMO or PPO) plans** require that you see in-network providers and facilities. Your costs are typically lowest when seeing providers who take both Medicare and your retiree insurance. When seeing Medicare providers who do not take your retiree insurance, you will pay regular Medicare cost-sharing amounts, and your retiree insurance may not pay at all.
- **Employer-sponsored Medicare Advantage Plans** offer Medicare-eligible individuals both Medicare and retiree health benefits. Some employers require that you join a Medicare Advantage Plan to continue getting retiree health benefits after becoming Medicare-eligible. You can always choose not to take your employer's coverage and sign up for Original Medicare or a different Medicare Advantage Plan, but keep in mind that you may not be able to get that retiree coverage back if you want it at a later date.
- **Employer-sponsored Medigap policies** offer supplemental insurance for Medicare-eligible individuals. You must have Original Medicare to enroll in a Medigap. Remember: You can always choose not to take your employer's coverage and sign up for a Medicare Advantage Plan or a different Medigap, but you may not be able to get that retiree coverage back if you want it at a later date.

10. Should I enroll in Part D if my employer offers drug coverage to retirees?

Some retiree insurance plans offer prescription drug coverage. If your retiree insurance offers creditable drug coverage and you prefer it to Part D, you can delay Part D enrollment without penalty.

Even if your retiree drug coverage is not creditable, you may want to keep it if you have high drug costs. This is because some retiree drug coverage helps lower the cost of Part D drugs. Contact your plan to learn whether it coordinates with Part D coverage. You should also consider whether the cost of the retiree plan's monthly premium is offset by the coverage it provides for copayments, or whether you are better off disenrolling and only keeping Part D.

In some plans, you cannot drop drug coverage without losing your retiree health coverage, or vice versa. Also keep in mind that your spouse and dependents are not eligible to use your Medicare coverage and may need other insurance if you drop your retiree plan. Finally, some companies offer their own Part D plan as their retirement drug coverage; if this is the case you cannot have that coverage and another Part D plan. Contact your benefits administrator or your employer's human resources department before making Part D enrollment decisions.

11. Should I delay enrolling in Medicare if I have COBRA coverage from my employer?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law passed in 1986 that lets certain employees, their spouses, and their dependents keep group health plan (GHP) coverage for 18 to 36 months after they leave their job or lose coverage for certain other reasons, as long as they pay the full cost of

the premium. COBRA is not coverage due to current work and so is not job-based insurance for purposes of the Part B SEP. COBRA always pays secondary to Medicare.

Becoming eligible for Medicare can impact your COBRA eligibility. While it is possible to get COBRA if you already have Medicare, it is not usually possible to keep COBRA if you have it before you become Medicare-eligible. Whether you can have both COBRA and Medicare depends on which form of insurance you have first.

- If you have COBRA when you become Medicare-eligible, your COBRA coverage usually ends on the date you get Medicare. You should enroll in Part B immediately because you are not entitled to a Special Enrollment Period (SEP) when COBRA ends. Your spouse (unless they also become Medicare-eligible) and dependents may keep COBRA for up to 36 months, regardless of whether **you** enroll in Medicare during that time (unless they also become Medicare-eligible).
 - You may be able to keep COBRA coverage for services that Medicare does not cover. For example, if you have COBRA dental insurance, the insurance company that provides your COBRA coverage may allow you to drop your medical coverage but keep paying a premium for the dental coverage for as long as you are entitled to COBRA. Contact your plan for more information.
- If you have Medicare Part A or Part B when you become eligible for COBRA, you must be allowed to enroll in COBRA. Medicare is your primary insurance, and COBRA is secondary. You should keep Medicare (and enroll in Part B if you have not) because it is responsible for paying the majority of your health care costs. COBRA is typically expensive, but it may be helpful if you have high medical expenses and your plan will cover your Medicare cost-sharing or offers other needed benefits.

Note: If you are eligible for Medicare due to End-Stage Renal Disease (ESRD), your COBRA coverage is primary during the 30-month coordination period. Be sure to learn about ESRD Medicare rules when making coverage decisions.

12. Why and how should I protect my Medicare number?

Medical identity theft is when someone steals your personal information, such as your name and Medicare number, to get medical treatment or products and bills your insurance for it. It is important to protect your Medicare number and only share it with trusted individuals.

Medical identity theft can affect your medical and health insurance records. Every time a scammer uses your medical numbers to bill for care/supplies you did not ask for or need, a record is created with incorrect medical information.

Prevent potential medical identity theft by:

- Never giving out your Medicare number or other personal information to anyone other than your doctor, health care provider, or other trusted representatives
- Always protecting your Medicare number and card as you would a credit card
- Never giving out your Medicare number to anyone who contacts you through unsolicited calls, texts, or emails
- Always being cautious of anyone who offers you “free” testing, treatments, medical supplies, or gifts

Report potential medical identity theft if:

- You gave out your Medicare number over the phone or internet to someone offering medical items like durable medical equipment, genetic/dementia testing, cancer screenings, or back braces
- You gave out your Medicare number over the phone to someone that said you need a ‘NEW’ Medicare card that is plastic, has a chip in it, or is laminated. Medicare is not changing or updating Medicare cards
- You see charges on your Medicare statements for services or items you did not receive or need
- You are contacted by a debt collection agency for a bill for services you did not receive
- You receive boxes of braces, testing kits, or other medical supplies in the mail that you did not request or need

You can report potential medical identity theft by contacting your local Senior Medicare Patrol (SMP). Contact information for your local SMP is on the final page of this document.

13. Who should I contact with questions?

Your employer or benefits coordinator: If you have questions about your job-based insurance and how it works with Medicare.

Social Security Administration (SSA): If you are ready to enroll in Medicare.

State Health Insurance Assistance Program (SHIP): If you want one-on-one Medicare counseling and to discuss your coverage options. Contact information for your SHIP is on the last page of this document.

Senior Medicare Patrol (SMP): Contact your SMP if you believe you have experienced potential Medicare fraud, errors, or abuse. Contact information for your local SMP is on the final page of this document.

SHIP case study

Joshua, who turned 65 six months ago, is covered by his spouse’s job-based insurance from current work. He did not sign up for Medicare when he turned 65 because he already had coverage through his spouse’s employer. A few weeks ago, Joshua went to the doctor for the first time since becoming eligible for Medicare. Today he received a denial notice from the job-based plan. The notice says that the plan will not pay for Joshua’s doctor’s office visit because the plan is not the primary insurance.

What should Joshua do?

- Joshua should contact his State Health Insurance Assistance Program (SHIP).
 - If he doesn’t know how to find his SHIP, he can go to www.shiphelp.org or call 1-877-839-2675 for assistance.
- A SHIP counselor can help Joshua understand his situation. The SHIP counselor will explain how job-based insurance works with Medicare for people eligible for Medicare due to age. Medicare is primary if the company has fewer than 20 employees, and Medicare is secondary if the company has 20 or more employees.
- For Joshua, his spouse’s coverage is likely from a company with fewer than 20 employees. This is why Joshua got a notice saying that his plan is not the primary insurance. It is possible that the plan has made primary payment in the past 6 months in error - it may not have realized until now that Joshua was

eligible to enroll in Medicare Part B. Since Medicare is supposed to pay first for Joshua's health care, the employee plan will not make payment until Medicare does.

- The SHIP counselor can let Joshua know that he has an SEP to enroll in Medicare Part B. He has an SEP because he is covered by job-based insurance. Joshua can enroll in Part B by contacting the Social Security Administration at 800-772-1213.
- The counselor should also inform Joshua about how to avoid a Part D LEP. Joshua should ask his spouse's benefits administrator if the job-based insurance provides creditable coverage, which is coverage that is as good as or better than Medicare Part D. If Joshua's drug coverage is creditable, he can delay Medicare Part D enrollment without penalty. He will have an SEP to enroll in Part D when he no longer has creditable coverage. If he does not have creditable coverage, he should enroll in Part D now, and he may have a penalty for the months he was eligible for but not enrolled in Part D.
- The counselor can also tell Joshua that the employee plan may try to get back payments it made during the time that Medicare Part B should have been the primary payer but he was not enrolled.

SMP case study

Rana is 66 years old and has Original Medicare. She got a call from someone who said they work for Medicare. The caller described a program where Medicare will send her a free genetic testing kit to assess her cancer and dementia risk. They stated it would be a cheek swab she can complete at home. The caller just needs Rana's Medicare number and full name to confirm her identity before sending the testing kit. Rana provides the information and the call ends. A few weeks later Rana realizes she didn't receive the genetic testing materials and cannot find the contact information for the person that called her. She is now wondering if she should not have shared her medical information with the caller.

What should Rana do?

- Rana should call her local SMP to report the potential concern.
 - If she is unsure how to reach her local SMP, she can go to www.smpresource.org or call 877-808-2468.
- The SMP team member can confirm that Medicare only has limited coverage of genetic testing, and her doctor should have been the one to order it. This call was likely a scam, and it is best that she does not give out personal information over the phone to individuals she doesn't know.
- Rana should check to see if there have been any suspicious charges to her Medicare statements recently.
 - Rana can review her Medicare Summary Notice (MSN) or call 1-800-MEDICARE.
- The SMP team member can help Rana report her number as compromised to Medicare and report the potential fraud to the proper authorities
- The SMP team member can provide additional educational materials to Rana prevent and detect future medical identity theft attempts or other health care related fraud and abuse she may encounter. .

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: SHIP email: SHIP website: To find a SHIP in another state: Call 877-839-2675 and say “Medicare” when prompted or visit www.shiphelp.org .	SMP toll-free: SMP email: SMP website: To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .
<p><i>This document is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,534,081 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.</i></p> <p>SHIP Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiptacenter.org SMP Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2025 Medicare Rights Center www.medicareinteractive.org</p> <p><i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center.</i></p>	