

# **“Dual Eligibility” Medicaid and Medicare Enrollment for Adults with IDD**

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## The Arc of New Jersey

- The state's largest organization advocating for children and adults with intellectual and developmental disabilities (IDD) and their families.
  - Affiliated chapter of The Arc of the United States
  - Community-based, direct support services available statewide through our strong network of 20 local chapters across all 21 counties.
  - Primarily an advocacy organization, conducting public policy work, community outreach, and information and referral services.
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## The Arc of New Jersey (cont.)

### **We offer many programs, including:**

- Project HIRE
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- The Criminal Justice Advocacy Program
- The Arc of NJ Family Institute
- Children's Advocacy
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## SSI vs SSDI

### SSI – Supplemental Security Income

- SSI is a Social Security benefit for people with a severe disability, low income, and limited resources/assets.
- In New Jersey, SSI enrollment provides automatic Medicaid eligibility.

### SSDI – Social Security Disability Insurance

- An individual with IDD often receives SSDI based on the work record of a parent when the parent receives Social Security retirement or disability benefits, or if a parent has passed away. The individual is a **Disabled Adult Child - “DAC”**  
  
*or*
  - SSDI can begin from the work record of a person with IDD who has worked enough quarters to qualify
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# Medicare vs Medicaid

## Medicare

- The federal health insurance program for people age 65+ or those with disabilities who have been getting SSDI for at least 2 years.
- The Social Security Administration (SSA) is responsible for Medicare enrollment and eligibility.

## Medicaid

- Administered by the states, under federal rules
- **Medicaid** is called **NJ FamilyCare** in New Jersey

People who have both Medicaid and Medicare are known as “**Dual Eligibles**” and the federal term is a “**Qualified Medicare Beneficiary**” (QMB).

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## Why do some people with IDD under age 65 receive Medicare?

- A person with IDD receives SSDI based on a parent's work record, or because of their own work record,  
  
*and*
  - About 24 months after the start of SSDI (or when the person is first eligible for SSDI), the person with IDD qualifies for Medicare automatically.
  - Medicare enrollment for a person with IDD **is not** connected to a parent receiving Medicare at age 65.
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# Dual Eligibles Fact Sheets

The Arc of New Jersey Health Care Advocacy program has distributed information in the form of Frequently Asked Questions (FAQ) fact sheets, to respond to questions that families commonly ask:

1. **FAQ- Dual Eligibles General Information**
  2. **FAQ - Dual Eligibles and Prescription Medication**
  3. **FAQ - Dual Eligibles and Special Needs Plan (D-SNPs)**
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# Dual Eligibles General Information



## What is “Original” Medicare?

- When someone is newly enrolled in Medicare, their enrollment is for “Original” Medicare.
  - Original Medicare includes **Part A (hospital insurance)** and **Part B (medical insurance)**
  - The individual has access to all providers who accept Medicare.
  - If no action is taken to switch out of Original Medicare (by enrolling voluntarily into a D-SNP or Medicare Advantage plan), the dual eligible will remain in Original Medicare and have a separate Medicaid Managed Care Organization (MCO) health plan.
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## When a person with IDD on Medicaid becomes eligible for Medicare

- If already on SSI or an NJ FamilyCare Aged, Blind, Disabled (ABD) Medicaid program, then the person with IDD will automatically become a dual eligible after receiving SSDI for 24 months.
  - The person with IDD will automatically be enrolled into Medicare Part A and Part B.
    - Medicare becomes **PRIMARY** insurance for hospital and medical.
    - Medicare monthly premiums for Part A and Part B will be paid by Medicaid.
    - Initially, may have **\$202.90/month deduction from SSDI for Part B premium**, but after a delay of 1-3 months, the person should be reimbursed by SSA.
  - Still enrolled in their Medicaid MCO health plan.
    - Aetna Better Health of New Jersey
    - Fidelis Care
    - Horizon NJ Health
    - UnitedHealthcare Community Plan
    - Wellpoint
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# What does Medicaid cover for dual eligibles?

- All Medicare cost-sharing:
  - Part A and Part B monthly premiums (and late enrollment penalties)
  - Part A, Part B, & Medicare Advantage deductibles and coinsurance
  - Automatic enrollment in Low Income Subsidy (Extra Help) for Part D Drug Plan costs (LIS drug copays still apply)

## **NJ Medicaid provides many services not covered by Medicare:**

- |                            |                         |
|----------------------------|-------------------------|
| ● Dental                   | ● Adult Diapers         |
| ● Eyeglasses               | ● Medical Day Care      |
| ● Chiropractors            | ● Care Management       |
| ● Home Health Aides        | ● Non-emergency medical |
| ● Personal Care Assistance | transportation          |

***Above benefits provided thru the Medicaid MCO health plan***

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## For Medicare covered services

- Medicare is the primary health insurance
- Provider does not need to be a Medicaid provider
- Claim goes to Medicare, provider gets reimbursed the same as non-dual eligibles

### **Medicaid MCO will consider additional payment of Medicare cost-sharing (deductibles, coinsurance, etc.)**

- Provider may need to manually submit the claim to Medicaid MCO
- Oftentimes, Medicaid will only submit additional payment if the Medicaid payment rate is higher than the Medicare payment rate for the service (rare)

### **The Dual Eligible is not responsible for any remaining balance.**

- Medicare payment + Medicaid payment (if any) = “payment in full”
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# Cost Sharing & Balance Billing

- Provider must accept Medicare payment and Medicaid payment (if any) as payment in full.
  - **But the Medicare provider can decide not to treat a dual eligible!**
  - If provider agrees to treat, cannot bill the patient for any balance after Medicare pays.
    - Billing dual eligible patient for balance after Medicare pays is called “**balance billing**” and **prohibited** under federal and state laws.
  - Medicare provider cannot ask dual eligible to sign “waiver” or private contract to pay privately.
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# Balance Billing Problems

- If a dual eligible is being billed a cost share by their doctor for a Medicare covered service:
    - Call provider's billing office to explain patient is dual eligible (a Qualified Medicare Beneficiary - QMB).
    - Inform them that provider must accept Medicare payment as payment in full.
    - Call 1-800-MEDICARE (1-800-633-4227) to report a complaint against the provider.
  - See CMS publication on this issue: **“Prohibition on Billing Qualified Medicare Beneficiaries”**
    - [www.cms.gov/files/document/mln7936176-prohibition-billing-qualified-medicare-beneficiaries.pdf](http://www.cms.gov/files/document/mln7936176-prohibition-billing-qualified-medicare-beneficiaries.pdf)
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## What happens if also have private health insurance, and decline Medicare Part B?

- Some people with IDD have both private health insurance and Medicaid, then Medicare begins (after 24 months of SSDI).
  - **When Medicare is starting, suggest keeping Part B.**
    - Parents may not realize that Medicaid will cover the cost of Medicare Part B premium for the person with IDD – and they decline Part B.
    - If Part B was declined -- must start Part B when private health insurance is ending!
  - Part B Special Enrollment Period (SEP) - available for 8 months after stopping private health insurance, to enroll with Medicare Part B.
  - If you don't add Part B during the SEP, can only enroll during **open enrollment period (October 15 - December 7)**.
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# Different Insurance Payers

- Each type of health insurance coverage is a “payer”
  - When there is more than one payer, coordination of benefits helps determine who pays first
  - Some individuals may have Medicaid, Medicare, and private health insurance
    - For Medicare-covered services:
      - Medicare or private health insurance is primary, the other is secondary
      - Medicaid is last payer
  - Primary payer pays up to limit of its coverage
    - Secondary or third payer only pay if there are costs the primary did not cover
    - Secondary/third payer might not pay all uncovered costs
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## Medigap

- Medicare covers 80% of the doctor's bill.
  - Medicare Supplement Insurance (**Medigap**) is extra insurance you can buy from a private health insurance company to help pay your share of out-of-pocket costs in Original Medicare, like copayments, coinsurance, and deductibles.
    - Generally, you must have Original Medicare — Part A (Hospital Insurance) and Part B (Medical Insurance) — to buy a Medigap policy.
  - Medigap policies help cover the “gap” and pay the other 20%
  - **Federal regulation prohibits selling a Medigap policy if a person already has Medicaid coverage before Medicare begins**
  - But, if a person qualifies for Medicare first (before Medicaid), or Medicaid coverage lapses, they can purchase a Medigap plan and keep that plan even if they qualify for Medicaid later.
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# ABD Medicaid VS MAGI Medicaid

## Most people with IDD are enrolled on NJ FamilyCare ABD Medicaid

- These are the **Aged, Blind, Disabled (ABD) Medicaid** categories:
  - Qualifying for SSI and Medicaid
  - Being a Section 1634 DAC – due to previously having SSI and now has SSDI due to parent's retirement, disability or passing away
  - NJ WorkAbility
  - Medicaid through the DDD Waiver Unit
  - Community/County Medicaid – New Jersey Care Special Medicaid Program
  - Managed Long-Term Services and Supports (MLTSS)
- A person on ABD Medicaid be automatically be enrolled in Medicare Part A & B after 2 years of SSDI.

If unsure which type of Medicaid a person has, call the **NJ FamilyCare Health Benefits Coordinator** at **1-800-701-0710** or contact your **local County Social Services Agency**.

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# ABD Medicaid + Medicare

## When enrolled on ABD Medicaid and Medicare as a Dual Eligible:

- Medicare becomes primary for hospital (Part A) and medical (Part B)
- Monthly Medicare Part A and Part B premiums paid for by Medicaid
  - **May be a delay of 1-3 months. SSA will reimburse the person.**
- Automatic enrollment into a Part D drug plan and Extra Help (LIS)
  - Medicare now covers prescriptions, not Medicaid
  - There may be co-pays
- Medicaid MCO enrollment is not affected

## What if someone on “MAGI” Expansion Medicaid becomes Medicare eligible?

- If someone is enrolled on Modified Adjusted Gross Income (MAGI) NJ FamilyCare Medicaid - it is not a disability (ABD) type of Medicaid.
    - MAGI Medicaid eligibility is based on monthly household income
  - After having Social Security Disability (SSDI) for 24 months - **no longer eligible for MAGI Medicaid when Medicare begins.**
    - Federal law prohibits it.
    - Will receive termination letter from the NJ Department of Human Services.
  - If this occurs, must apply for ABD Medicaid for compatibility with Medicare.
  - Email [healthcareadvocacy@arcnj.org](mailto:healthcareadvocacy@arcnj.org) for assistance.
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# Dual Eligibles and Prescription Medication

## When a person with IDD on Medicaid becomes eligible for Medicare?

### Medicare Part D - Prescription Drug Process

- Automatically enrolled into Part D Drug Plan, with Extra Help.
  - Extra help/LIS – no monthly fee for the drug plan if enrolled in Benchmark plan; no deductibles.
- Medicare covers prescription drugs (NOT Medicaid), unless person also has private health insurance – then opt out of Part D.
- Many individuals with IDD who have Medicare & Medicaid pay a small drug copay: \$1.60 for each generic drug; \$4.90 for each brand name drug in 2026.

## If a person has Medicaid, Medicare, and private health insurance

**A person usually cannot have drug coverage from the private health insurance and Medicare Part D**

- If the private insurance drug coverage is as good or better than Medicare Part D, then your employer should provide a letter of creditable coverage
  - Need to opt out of Medicare Part D
- If a Dual Eligible has private health insurance drug coverage (not Medicare Part D), then Medicaid should help cover the drug co-pay costs.
- Medicaid is not “creditable” drug coverage - when a person has private insurance or can enroll in Medicare Part D
- If you need assistance with your pharmacy billing the private health insurance and Medicaid, contact the **NJ Medicaid Pharmacy Unit** at **609-588-2732**



## Types of prescription drug coverage for dual eligibles

1. Medicare Part D – Stand-Alone Prescription Drug Plan (PDP)
  2. Dual Eligible Special Needs Plan (D-SNP)
  3. Creditable Coverage Drug plan, through an employer, retiree or union health insurance plan
  4. Medicare Advantage Health Plans, with prescription drug coverage
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## Medicare Part D - Stand Alone Prescription Drug Plans (PDPs)

- Offered by many insurance companies under contract with Medicare. Only covers prescription drugs.
  - New dual eligibles are automatically, randomly, assigned to a benchmark stand-alone Medicare Prescription Drug Plan (PDP). If drugs are covered by private health insurance and creditable coverage – opt-out of Medicare drug plan.
    - When enrolled in a benchmark drug plan - \$0 monthly premium.
    - Can enroll in non-benchmark drug plan, but must pay a monthly cost.
  - No deductibles for dual eligibles.
  - Each PDP has its own formulary (list of covered drugs).
  - Dual eligibles pay a small copay for each drug unless person has creditable coverage, is on the DDD Community Care Program or Medicaid MLTSS, or enrolls voluntarily in a D-SNP.
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## Medicare Part D - Stand Alone Prescription Drug Plans (PDP) (cont.)

- Dual eligibles can switch Medicare Part D plans at any time – no penalty; no “lock-in.”
  - To switch to another drug plan – call 1-800-Medicare.
    - The new drug plan will take effect first day of the next month.
  - The list of Medicare stand-alone prescription drug plans can change each year.
  - Contact the NJ State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 for a current list.
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## Parts of Medicare Part D that Do Not Apply to Dual Eligibles

- Monthly premium fees
    - As long as the person is enrolled on a “benchmark” plan
    - Non-benchmark plans have the premium subsidized (lower premium)
  - No deductibles
  - Drug tiers
    - As long as the drug is on the formulary, the tier does not matter
  - “Preferred” pharmacies - you do not need to use one. But must use a pharmacy in the Part D drug plan network
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# What is a “benchmark” Part D plan?

- Medicare drug plans that do require a monthly fee, but for dual eligibles the fee is paid for up to a specific amount (the “benchmark”)
  - 2026 benchmark premium in NJ is \$54.17
  - For a dual eligible that enrolls in a benchmark plan, there is no monthly premium fee
- There are **basic** and **enhanced** drug plans, but only basic plans qualify as benchmark plans.
- There are 2 benchmark plans for NJ Medicare beneficiaries in 2026:
  - Humana Basic Rx Plan
  - WellCare Classic

# What is a drug formulary?

- A drug formulary is a list of drugs that are covered by the drug plan.
  - If a drug is not on the formulary, then the doctor may be able to get the drug covered by submitting a strong letter of medical necessity to the drug plan, requesting an exception. But even a strong letter may not yield good result.
  - Every Medicare Part D drug plan has its own formulary.
  - Formularies can change every year, in January.
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## Why would a Dual Eligible select a Non-Benchmark drug plan?

- Perhaps a dual eligible requires a medication on the formulary of a non-benchmark plan - and it would be more cost-effective to pay a relatively low monthly premium to get the needed medication.
- The decision must be made on an individual basis
- By visiting the NJ SHIP website, you can see the monthly premiums for next year's plans - [Stand-Alone Prescription Drug Plans for 2026](#)
  - Look under the column “**Premium with Medicaid or LIS/Extra Help**”

# 2026 Medicare Part D PDPs in NJ

## ● Stand-Alone Prescription Drug Plans for 2026 [pdf]

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

2026 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 LQ PAAD	Preferred Pharmacy Chains*
Aetna 1-833-526-2445 aetnamedicare.com <i>National Plan</i>	SilverScript Choice	Basic	\$43.20	\$97.40	\$615	S5601	008	2.5 stars		No preferred pharmacies. Some copays at all network pharmacies.
Wellcare 1-866-859-9064 go.wellcare.com/PDP <i>National Plan</i>	WellCare Value Script	Enhanced	\$21.80	\$22.80	\$0 Tier 1 & 2 \$615 Tier 3, 4, 5 & 6	S4802	139	3.5 stars	PAAD pays full premium	CVS, Walgreens and most grocers
	WellCare Classic	Basic	\$0.00	\$28.20	\$615	S4802	078	3.5 stars	PAAD pays full premium	CVS, Walgreens and most grocers

\* Plan's Overall Performance Rating determined by Medicare and based on 2025 performance. Rating range is 1 to 5 stars, with 5 being the highest rating.

\*\*Plans work with many pharmacies, but offer two pricing structures: one for "Standard" network pharmacies and another for "preferred" network pharmacies. You will pay the plan's standard copays at network pharmacies and reduced copays at preferred pharmacies within your plan's network. This column shows chain stores where preferred pricing is available for each plan. Many independent pharmacies and grocery store pharmacies may also offer preferred pricing for your plan. Be sure to check with your plan and/or pharmacy.



For assistance in choosing a Medicare Part D Plan, call the NJ State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 or call 1-800- Medicare.

Prepared by the State Health Insurance Assistance Program (SHIP), Division of Aging Services, NJ Department of Human Services.

**Highlighted plans are "benchmark" plans**



## Dual Eligible Special Needs Plans (D-SNPs) and prescription drugs

- Prescription drugs are covered in accordance with the specific D-SNP formulary (list of covered drugs).
  - There are no medication co-pays for drugs that are on the D-SNP formulary.
  - If enrolling voluntarily in a D-SNP, must abide by all of the D-SNP rules.
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## Medicare Advantage Health Plans with prescription drug coverage (MA-PDs)

- Most dual eligibles **will not** be enrolling in a Medicare Advantage Plan.
  - Offered by insurance companies under contract with Medicare and structured as HMOs or PPOs with network of providers.
  - These managed care plans include health services and prescription drugs. Each MA-PD has its own formulary (list of covered drugs). There may be small co-pays for each drug depending on consumer's level of extra help.
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## What if prescription drug is not covered by Medicare Part D plan?

### **Possible options:**

- Ask drug plan if there is a similar drug that is on the formulary. If yes, ask doctor if the individual can switch to the other drug.
  - Ask the doctor to request an exception, to have the drug covered by drug plan. If drug plan denies the request, doctor can appeal.
  - Contact SHIP hotline at 1-800-792-8820 to ask if there is another Part D plan that will cover the drug. If yes, can switch to another drug plan at any time. Can also call 1-800-Medicare.
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# Drug coverage restrictions

## What are drug coverage restrictions?

Drug coverage restrictions vary by plan. Plans may have these rules for covering certain drugs.

- **Quantity Limits** - Limits the number of pills the individual can get at a time.
- **Prior Authorization** - Requires approval from the plan before the individual can get the drug.
- **Step Therapy** - Requires the individual to try a less expensive drug first, before using a more expensive drug.

**Quantity Limits** and **Step Therapy can be appealed.** The prescribing doctor will need to contact the Part D plan to request an exception based on the individual's medical needs.

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## Part D Co-Pays for Dual Eligibles

- A dual eligible receiving DDD services on the Supports Program (SP) or Community Care Program (CCP) have a **\$0 co-pay** for Medicare Part D drugs
    - Also applies for individuals enrolled on MLTSS Medicaid
  - If a dual does not receive DDD services or MLTSS, drug co-pays in 2026:
    - **\$1.60** for generic drugs
    - **\$4.90** for each brand name drugs
-

## No “lock in” for Dual Eligibles

- Dual eligibles are not locked in to a Medicare drug plan
  - In 2026 - drug plans or D-SNP plans can be switched **every month**, but enrollment into a Medicare Advantage plan is limited to the Fall Open Enrollment Period (Oct. 15th - Dec. 7th)
  - Drug plan changes are always effective the first day of the next month.
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# Dual Eligibles and Special Needs Plans (D-SNPs)

## What is a D-SNP?

- D-SNP is a Medicare managed care plan for persons who have both Medicare and Medicaid.
  - **ENROLLMENT IN A D-SNP IS VOLUNTARY!**
  - Dual eligibles will probably receive letters and/or phone calls from Medicaid MCO encouraging enrollment.
  - There are advantages and disadvantages to D-SNP enrollment. This is an individual decision!
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## D-SNP disadvantages

- Must use only the health care providers and services – including the drug plan formulary – affiliated with that D-SNP.
  - The D-SNP provider network is usually much more limited than Original Medicare.
  - Important: If person enrolls in a D-SNP and then goes to doctor or other health care provider not in the D-SNP network, the person will be billed for the **full cost** of that service – and neither Medicare or Medicaid will cover that cost.
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## D-SNP advantages

- No copays for visits to providers in the D-SNP network.
  - No copays for prescription drugs on D-SNP formulary.
  - Most D-SNPs offer extra benefits – such as a spending card for over the counter items or groceries
  - A care manager who understands Medicare and Medicaid regulations and should help in navigating the system.
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## Questions before enrolling in a D-SNP

1. Are the individual's doctors, hospitals, home care agencies, medical equipment supplier, pharmacy and lab in D-SNP network?
2. Are referrals required before seeing a specialist?
3. Are the individual's prescription drugs covered?

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

- Call 1-800-MEDICARE
  - Will then be in "Original Medicare" and Medicaid MCO
  - Will need to pick a Part D drug plan
-

# Medicare Advantage vs D-SNP?

- Depends on the network you want to use
- For a Dual Eligible, first look at D-SNPs:
  - Can be easier to use providers because all agree to treat dual eligibles
  - One network to navigate (instead of MA network + Medicaid network)
  - \$0 co-pays for medical services and covered drugs
  - **NOTE - if you have MLTSS with Medicaid MCO - you will be assigned a different care manager with the D-SNP plan**
- If unsatisfied with the D-SNP network or drug formulary, look at MA options.
  - Some MA plans have larger network of providers compared to D-SNP plans

Ultimately, D-SNP and MA plans are **optional**. You may decide staying with Original Medicare is the best choice, allowing you to see any provider that accepts Medicare.

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# Medicare Resources

- Medicare - [Medicare.gov](https://www.medicare.gov)
  - Medicare Plan Finder - [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
    - Language line interpreters for more than 200 languages
  - NJ State Health Insurance Assistance Program (SHIP)
    - [nj.gov/humanservices/doas/services/q-z/ship/](https://nj.gov/humanservices/doas/services/q-z/ship/)
    - Call 1-800-792-8820
    - Text SHIP@NJDOAS
    - Contact your local SHIP agency -  
[nj.gov/humanservices/doas/assistance/medicare/offices.shtml](https://nj.gov/humanservices/doas/assistance/medicare/offices.shtml)
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# What is SHIP and how do they help?

**NJ SHIP is the State Health Insurance Assistance Program** and the staff can help Dual Eligibles in many ways.

- SHIP is a statewide, locally-based program to help consumers navigate Medicare. SHIP is administered by the NJ Dept. of Human Services, Division of Aging Services (DoAS), and funded by the federal government.
- **SHIP provides free counseling for:**
  - Information on all aspects of Medicare, including Part D – drug plans
  - Questions about Medicare and Medicaid coverage (dual eligibility)
  - Questions regarding private insurance in addition to having Medicare and Medicaid
  - Dual Eligible Special Needs Plans (D-SNPs)
  - Problems with claims, denials, or enrollment SHIP counselors are trained and certified by DOAS, unbiased and do not sell or recommend any products.

For more information or to contact SHIP, please call the hotline at DOAS: **1-800-792-8820** or NJ SHIP website: <http://www.state.nj.us/humanservices/doas/services/ship/>

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# Questions?

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**[healthcareadvocacy@arcnj.org](mailto:healthcareadvocacy@arcnj.org)**

More information can be found at

**[www.arcnj.org](http://www.arcnj.org)** under the Health Care Advocacy Program page.