Medicare Part D Annual Election 2026

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Evelyn Frank Legal Resources Program

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ABOUT NYLAG

New York Legal Assistance Group (NYLAG) uses the power of the law to help New Yorkers experiencing poverty or in crisis combat economic, racial, and social injustice. We address emerging and urgent needs with comprehensive, free civil legal services, financial empowerment, impact litigation, policy advocacy, and community partnerships. We aim to disrupt systemic racism by serving clients, whose legal and financial crises are often rooted in racial inequality.

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The Evelyn Frank Legal Resources Program

Focuses on fighting for older adults and people with disabilities, ensuring that they have access to health care and home care services they need to age safely in their home and communities. Services include:

- **Counseling** client on Medicaid, Medicare and home care eligibility and services
- **Training** legal, social services and health care professionals about changes in Health Care programs and how to best serve the health and long-term care needs of seniors
- **Representing** clients in denials and reduction of Medicaid, Medicare Savings Program and Medicaid Home Care
- **Assisting clients with accessing Medicaid home care** through Managed Long Term Care plans.

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EFLRP Services (continued)

- Educating the public through the website NYHealthAccess.org (http://health.wnylc.com/health/)

- Policy Updates
- Consumer Materials
- Expansive resources on coverage criteria and eligibility

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WHY FOCUS ON MEDICARE PLAN OPTIONS NOW??

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Medicare Annual Enrollment Period (AEP) or Open Enrollment

October 15 – December 7 - all can enroll in or change Part D or Medicare Advantage plan during this time, or switch plans, with changes effective **January 1st, 2026** .

Many Medicare beneficiaries can only change their plans 1x per year during Open Enrollment!

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Why is Medicare counseling so important?

- Ensure that clients have access to adequate healthcare.
  - All prescriptions are covered for the lowest cost with the fewest utilization controls at the client's preferred pharmacy.
  - Able to see their primary care and specialist physicians if enrolled in Medicare Advantage.
- Plan may no longer being offered in 2026
- Save $$$ on prescription drugs
- Screen clients for additional benefits:
  - EPIC
  - MSP
  - Medicaid
  - Extra Help
  - SSP state supplement
  - SNAP
- Entire system relies on active annual participation ("rational consumer") but KFF reports only 30% of beneficiaries compare coverage https://www.kff.org/medicare/issue-brief/nearly-7-in-10-medicare-beneficiaries-did-not-compare-plans-during-medicares-open-enrollment-period/ .

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Part D Special Enrollment Periods (SEPs)

- Limited circumstances allow a Medicare beneficiary to switch out of your current Medicare Advantage or Medicare Part D plan.
- The length of the SEP and effective date varies by SEP.
- See SEP chart created by MRC here: https://www.medicareinteractive.org/pdf/SEP-Chart.pdf
- Medicare.Gov SEP Chart here: https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan/special-enrollment-periods
- Common SEP for NYLAG clients – dual eligibles / Extra Help (see next slide)

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Common SEP

- Extra Help/MSP/Medicaid SEP, once a month can:
  - Change Part D plan to another Part D plan
  - Disenroll from Medicare Advantage Plan with Prescription Drug Coverage and return to Original Medicare + Stand-Alone Part D Plan
  - Enroll or Switch between Integrated Dual-eligible Special Needs Plan (D-SNP)
    - Only Beneficiaries with Medicaid can switch to certain D-SNPs
  - Cannot switch into a Medicare Advantage Plan

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Need SEP added in 2026

- **New Special Enrollment Period.** CMS is instituting a temporary SEP for 2026, for people who experience service disruption due to an inaccurate provider directory (e.g., a person signs up for an MA plan because its provider directory says that it covers a certain provider, but after enrollment the person finds out that the provider is not in network.)

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Medicare Advantage Open Enrollment Period (OEP)
January to March every year

1. January 1 – March 31st - may make one Medicare Advantage (MA) plan change :
   - From MA plan to MA plan or
   - From MA plan to Original Medicare, with or without Part D
   - CANNOT enroll in MA plan if have Original Medicare
   - CANNOT change stand-alone Part D plan (PDP)
   - ONE change only -- effective 1st of following month

42 CFR§ 422.62(a)(3)(i)(amended July 2018)
42 CFR § 422.62(a)(3)(ii)

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MEDICARE REFRESHER

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Overview: The Four Parts of Medicare

Part A
Hospital
Insurance

Part B
Medical
Insurance

Original Medicare

Part C
Medicare
Advantage
Plans , like
HMOs and
PPOs
Includes Part
A & B and
usually Part D
coverage

Part D
Medicare
Prescription
Drug
Coverage

York

NOT EVERYONE ON MEDICARE GETS COVERAGE THE SAME WAY.

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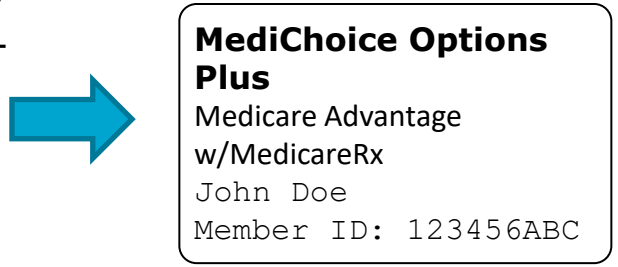
2 Options for Medicare Coverage

Option 1: Original Medicare

- Part A: Hospital, rehab, home health, hospice
- Part B: Doctors, medical equipment, labs, x-rays, mental health, ambulance, PT, and *very* short term home health
- No networks, referrals, or prior authorizations
- Standalone Part D: Prescription Drug Coverag

Option 2: Medicare Advantage "Part C"

- Covers Parts A, B, sometimes D
- Must stay in provider network
- Might need referrals and prior authorizations for services



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Option 1(a) for Medicare Coverage

1. **ORIGINAL MEDICARE (Parts A and B)**

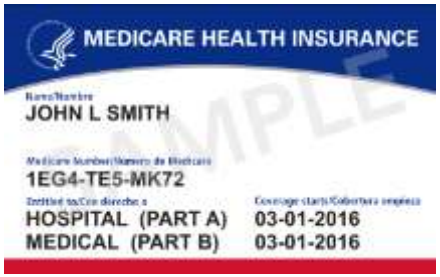
+

2. **Stand-Alone Part D Prescription Drug Plan ("PDP")**

10 Plans available in 2026 (Decline from 12 plans in 2025)

+

3. OPTIONAL: **Medigap** (for Parts A and B)



See Plan Lists–
http://health.wnylc.com/health/entry/236/

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Medigap

- Must Have Medicare Part A and Part B
- Fill in gaps in Original Medicare (like deductibles, coinsurance, copayments)
- Standardized Policies, named by letters A-N
  - Offers same benefits no matter which Insurance Company or monthly premium
  - Costs vary by Plan and by company
- Doesn't Work with Medicare Advantage Plans
- **High Cost – must pay Part B premium + high monthly Medigap premium**

See for NYS Medigap Premiums: https://www.dfs.ny.gov/consumers/health_insurance/supplement_plans_rates/comparisons

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YOUR PRESCRIPTION COVERAGE DEPENDS ON WHETHER YOU HAVE ORIGINAL MEDICARE OR MEDICARE ADVANTAGE

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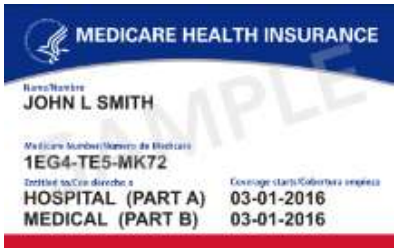
- If you have Original Medicare you must have pharmacy coverage, known as Part D
  - Some have drug coverage as a retirement benefit from their employer but most need to purchase a Part D plan



- If you are in Medicare Advantage, your plan likely includes drug coverage

MediChoice Options Plus w/ Rx
Medicare Advantage
John Doe
Member ID: 123456ABC

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Different Rules: Union and Retiree Plans

- If you already have prescription drug coverage that is considered as good as or better than Medicare Part D, such as from a union or retiree health plan, then Medicare calls this "Creditable Coverage" and you may not need to join a Medicare Part D plan.
- **You could even lose your union or retiree coverage if you join a Part D plan. If you think this applies to you, contact your retiree or health plan administrator.**

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MYTH: THE NAME OF THE INSURANCE COMPANY PROVIDING YOUR COVERAGE SAYS A LOT ABOUT YOUR BENEFITS.

FACT: Insurance Companies offer an array of plan options with varying benefits.

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Insurance Company Name Does Not Tell You Much About Your Coverage

- You can tell little from the name of a company—even if it has a good reputation, a strong presence in your community, or is recommended by a friend.
- For example, United Health offers employer-based coverage, Medicare plans, Medicare supplement plans, Medicare drug coverage, and Medicaid plans
  - All of these are different types of coverage
  - All of these types of coverage come in multiple options, each of which provides different benefits
- United Health also partners with AARP, so it is tempting to assume United Health is best.
- **Your needs should drive your coverage, not the name of the insurance company because your costs will be based on your needs.**

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MYTH: I CAN'T WAIT TO GET MEDICARE BECAUSE IT'S FREE

FACT: Medicare is not free!

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Out-of-Pocket Costs

- **Premium** – a monthly membership fee; this is the cost of having insurance at all
- **Deductible** – cost you must pay before your insurance starts to help you, per benefit period
- **Copay/coinsurance** – amount you must pay after your insurance pays expressed as a percentage or as a defined amount
- **Formulary or network** – not a cost per se, but the list of drugs covered and providers contracted with, are major drivers of costs to you – if drug is not on formulary or provider is not in network you may have to pay more for the drug or service

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Original Medicare 2025 Costs

	Part A (inpatient)	Part B (outpatient)
Premium	$0 if worked 10 years in the US	$185* plus penalty if you did not enroll when first eligible
Deductible	$1676 for every inpatient stay preceded by more than 60 days in a row where you were not in the hospital or inpatient rehab	$257 annually
Coinsurance	Hospital: $0 up to day 60, $419/day for days 61-90, more thereafter Inpatient rehab: if preceded by a 3 night stay in the hospital, $0 up to day 20, $209.50 for days 21-100, full cost thereafter	Usually 20% of Medicare Approved amount

*For most this is deducted automatically from Social Security; higher premium is if high earner based on income from 2 years ago ($106,000 if individual filer; $212,000 for joint filer)

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Cost rules for Medicare Advantage plans vary from plan to plan but are publicly available.

- Premium - often $0 premium, including for drug coverage, but can vary
  - Avg premium in NY for 2026 is $40.49/month
  - **Any premium is *in addition* to any Medicare premium** already being paid or deducted from Social Security each month
- Copays and deductibles – predictable when reading plan's materials but plans have wide latitude for shifting cost sharing
  - Unlike Original Medicare, Part A & B costs are subject to a maximum-out-of-pocket for the year
  - Provider network restrictions—may be difficult with multiple providers

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Medicare Advantage

Maximum Out of Pocket Charge (MOOP)

- When member reaches MOOP limit with deductibles and copays ***for Part A & B services (Part D doesn't count)*** ➔ no more copayments for the year.
- Allows different MOOP for in-network vs. out of network (if plan has out of network)
- **2026 Limits**
  - In-Network MOOP Max **$9,250**
  - In-Network MOOP Min $4,950
- Original Medicare has no MOOP – but Medigap protects against these costs. Can't have Medigap in MA plan.

42 CFR § 422.100(d), 422.101 (2018 change)

Medicare Part D Costs

- **Premium** - The amount you pay for your health insurance every month.
- **Deductible** - The amount you pay for covered health care services before your insurance plan starts to pay.
- **Co-payment** - A fixed amount ($20, for example) you pay for a covered health care service after you've paid your deductible.
  - Formulary – is drug covered?
  - "Use" controls – have you jumped through hoops required in order to get coverage? (e.g., step therapy, quantity limits, prior approval)
  - Drug tier – how insurance compares the drug to others like it
  - Pharmacy – are you using a "preferred" pharmacy?
  - Stage of coverage – varies during the year depending on how much you use your coverage – later in the year you may pay a little more

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2026 NYS Part D Stand-Alone Plans Costs

Average Premium is $107.43 (US Avg = much lower)

- $35.70 – Lowest Premium (HealthSpring Assurance PDP) w/maximum deductible of $615)
- $173.60/mo – Highest Premium (Humana Premiere Rx (Enhanced w/ $0 deductible)

2026 Maximum Deductible is **$615 (**up from $590 2025)

- 7 Plans have the maximum $615 deductible
- 1 Plan has a $0 deductible (all are *enhanced* plans)
- 1 Plan has a $130 deductible
- 1 Plan has a $601 deductible
- Extra Help – FREE $0 deductible

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2026 Benchmark Plans

- If a beneficiary has Extra Help/LIS benefits for 2026 there are only 2 plans with no premium:
  - HealthSpring Assurance Rx (was called Cigna Healthcare Assurance Rx in 2025)
  - Wellcare Classic Rx
- SilverScript Choice Rx is no longer a benchmark plan in 2026
  - If beneficiary does not change to new plan, Premium will be $57.20/month

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$2,100 Medicare Part D cap

- Beginning 1/1/2025 people with Part D through traditional Medicare and Medicare Advantage won't pay more than set amount over the calendar year in out-of-pocket costs for the prescriptions *at the pharmacy*.
  - In 2026 – **the maximum out of pocket cost has increased to $2,100** (up 5% from the 2025 amount of $2,000)
- The cap is automatic. You do not need to "sign up" for it. The insurance company tracks costs and determines when the cap has been met.
- Costs are included? Deductibles, copayments and coinsurance.
- Which costs are NOT included? Monthly premiums or drugs not covered by your plan.
- After meeting out-of-pocket limits, beneficiary pays $0 for covered drugs for the rest of the year
- Consumer continues to pay any premium.

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MONTHLY MEDICATION COSTLY

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Part D Coverage Phases

Deductible Phase

- **Beneficiary pays out-of-pocket for drugs until they meets Plans deductible (if it has one) – Maximum in 2026 is $615**

Initial Coverage Period

- **Beneficiary pays plan's cost-sharing for covered prescription drugs until they reach $2,100 cap**

Catastrophic Coverage

- **Beneficiary pays $0 for covered prescription drugs**

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Monthly Prescription Payment Plan (MPPP)

- As of January 1, 2025 beneficiaries may opt to sign up for a payment plan for Part D out-of-pocket costs
  - Allows the beneficiary to spread out out-of-pocket drug payments throughout the calendar year.
  - Helps to manage monthly expenses, but does not lower the amount owed!
- Automatic renewal MPPP participation in 2026, unless you opt out
- Plans must include information about payment plan in communications materials
- Instead of paying at the pharmacy, you pay the plan. This means two bills from the plan – monthly premium and MP3 payment. Always pay premium first.
- Can opt out!
- Some beneficiaries may receive contact from their plan if they are determined to be "likely to benefit."

12-page fact sheet from CMS in our Appendix and available at https://www.medicare.gov/publications/12211-whats-the-medicare-prescription-payment-plan.pdf

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Who should consider enrolling in MP3?

Better for . . .

- Likely to incur very high out-of-pocket prescription costs in the first two months of the year (e.g., over $2,100)
- Expecting a 1x prescription of $600+
- Economic circumstances mean client better served by spreading costs over a few months

Not good for . . .

- Anyone who has or is eligible for Extra Help, Medicaid, or Medicare Savings Program. These programs eliminate or reduce out-of-pocket costs.
- A foundation covers your out-of-pocket prescription costs.
- The individual has low out-of-pocket costs.
- Less benefit if you sign up later in the year.

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ATTEMPTS TO REDUCE COSTS RELATED TO CARE, SERVICES & MEDICATION

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Free Medicare Covered Services

- Preventive Screening
  - Annual Wellness Exam
  - Diabetes & Cardiovascular Disease Screenings
  - Depression Screening
  - Cancer Screenings - Colorectal Cancer, Lung Cancer, Cervical Cancer, Mammograms, Prostate

(*) Not a complete list – to learn more, please see https://www.medicare.gov/publications/11420-are-you-up-to-date-on-your-medicare-preventive-services.pdf

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Cost-Saving Measures under Inflation Reduction Act

- $0 cost-sharing and no deductibles for **Part B & D vaccines** (2023)
  - Make sure Provider administering the vaccine are in the Part D Plan network
  - May change year to year depending on approval - https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-schedule-vaccines.html
- Limits **insulin copays** to $35 per month for Part and Part-B covered products, with no deductibles (2023)
- Requires **drug manufacturers to pay rebates** to Medicare if they increase drug prices faster than the rate of inflation (2023)
- The full LIS income limit increase from 135% to 150% FPL (2024)

https://www.kff.org/medicare/issue-brief/explaining-the-prescription-drug-provisions-in-the-inflation-reduction-act/

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IRA – Medicare Drug Negotiations effective 2026

First 10 Medications Impacted:

- Eliquis (blood clots)
- Jardiance (diabetes)
- Xarelto (blood clots)
- Januvia (diabetes)
- Farxiga (diabetes/heart failure)
- Entresto (heart failure)
- Enbrel (psoriasis, rheumatoid arthritis)
- Imbruvica (blood cancer)
- Stelara (psoriasis)
- Fiasp; Fiasp FlexTouch; Fiasp PenFill; NovoLog; NovoLog FlexPen; NovoLog PenFill (**diabetes)**

- First round of negotiations for Medicare Drug Prices Negotiation Program in 2023 and 2024
- **Negotiated prices for these drugs will be effective in 2026**
- 2025 & 2026 selecting 15 drugs for negotiation
- 2027, 2028 and beyond selecting 20 drugs per year
- Number of negotiated drugs will accumulate over time
- Manufacturers that don't follow requirements will pay taxes and penalties

See - https://www.cms.gov/files/document/fact-sheet-medicare-selected-drug-negotiation-list-ipay-2026.pdf

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PRO TIP! REVIEW YOUR COVERAGE ANNUALLY AND MAKE SWITCH WHEN WARRANTED

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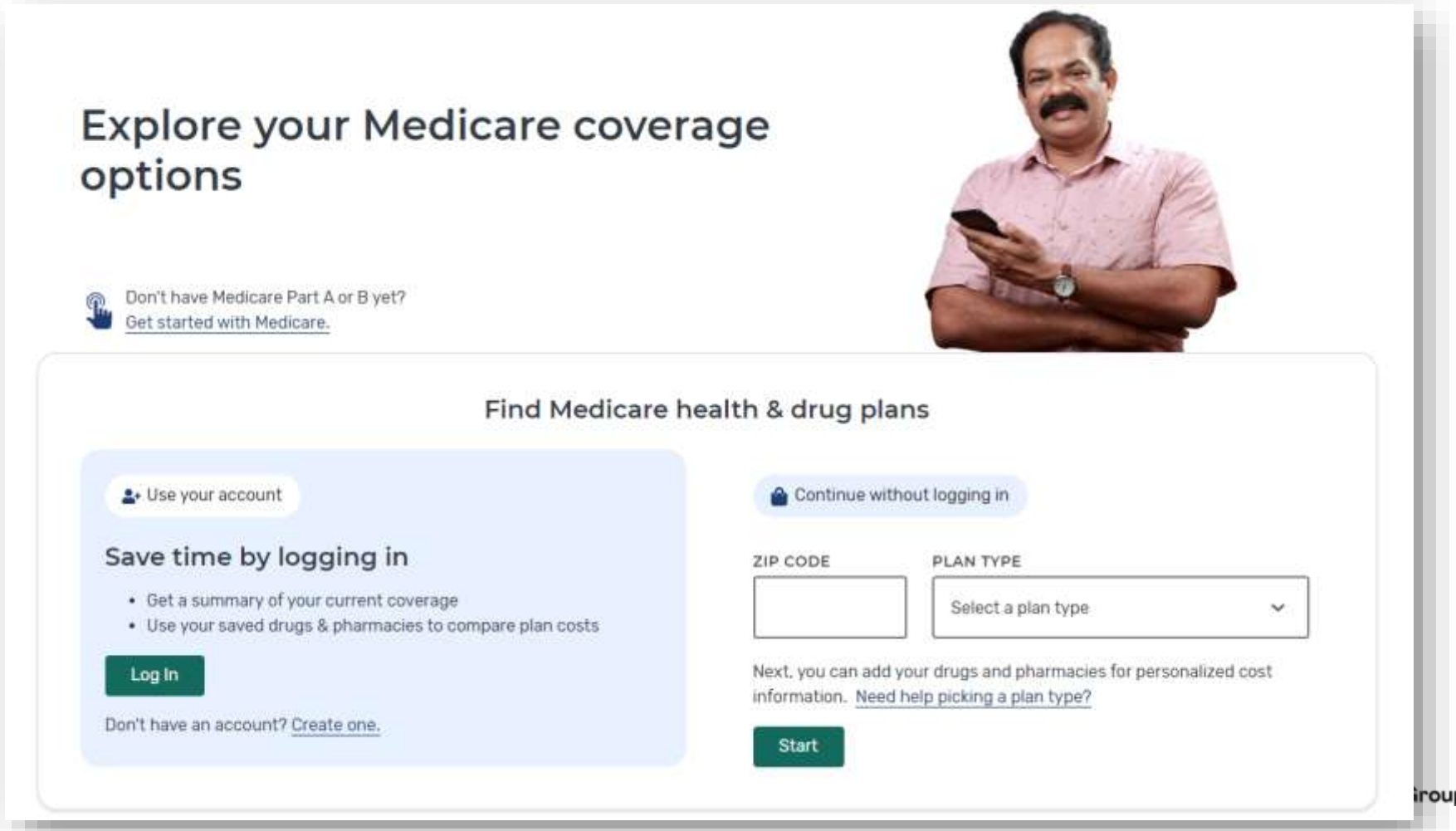
Online Medicare Planfinder Tool

https://www.medicare.gov/plan-compare/



Medicare Planfinder

An online searchable tool on the official government Medicare.gov website

Available for users logged in to their Medicare Account (best experience) and for guest users

Allows users to compare Medicare health and drug plan options

- Medicare Advantage Plans
- Medicare drug plans
- Medicare Supplement Insurance (Medigap) policies

Provides detailed information on coverage, costs, and benefits of different plan options in your area based on your prescriptions

Visit Medicare.gov/plan-compare to find plans in your area

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New Addition to Medicare Plan Finder

- **Plan Finder will provide data on Medicare Advantage Provider network** to make it easier for beneficiaries to see if their doctor or hospital is in network
- **Expanded display of Medicare Advantage Supplemental Benefits**
  - **Better details for 30 existing benefits such as:**
    - In-Network & out-of-network costs
    - Authorization requirements
    - Plan limits
  - **6 new benefits added with full details for the following benefits:**
    - Wig for hair loss related to Chemotherapy
    - Weight Management Programs
    - Home-Based Palliative Care
    - Re-Admission Prevention
    - Post Discharge In-Home Reconciliation
    - Adult Day Health Services

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MYTH: MY NEIGHBOR'S COVERAGE IS THE BEST OPTION FOR ME.

FACT: Health coverage is not-one-size-fits-all!

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- Do not compare your coverage to-, or make coverage decisions based on-, anyone else's coverage including your spouse's
  - Different health care needs = different coverage needs
  - Not everyone qualifies for the same coverage
  - To maximize the benefit, focus on your needs only
- If you have coverage through employment or spouse's employment or retiree benefits, your options are different from those discussed here.
  - Speak to a health insurance counselor

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Annual review minimizes headaches

Medicare Part D Plans

- Are your prescriptions on your plan's 2026 formulary?
- Is your pharmacy still network and at the same tier?
- Are your prescriptions still affordable?
- Do your prescriptions have new restrictions?
- Will your plan exist in 2026?

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Choosing a Plan – Medicare Advantage

1. Drugs – same factors as in PART D but also look at:
2. COSTS for other medical services:
   - Planfinder shows *estimated* annual costs for medical costs other than Part D – it's not individualized.
   - Planfinder now has copays/coinsurance for all key services:
     - Hospital, outpatient deductibles & copays, labs, MRI, dialysis
     - Skilled Nursing Facility coinsurance, # days fully covered
3. Look up providers on plan website– are they **in network**?
   - Doctors, hospital, lab, plus NEW services -- Dialysis, acupuncture, transplant center, opioid treatment
   - If not, client must be willing to switch providers.
   - Even if it's a PPO, costs may be high for out of network
4. Take any **Part B drugs**? Look at prior auth, step therapy requirements
5. Note if **HMO or PPO.**
6. Consider Original Medicare:
   - Can client afford Medigap instead?
   - Is client QMB-eligible?

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WHO SHOULD NOT ENROLL IN MEDICARE RX COVERAGE?

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Retirees/ Union plan members & Veterans

- People in retiree/union plans must contact plan administrator before switching to a different plan.
  - They or their dependents **may lose their other health coverage – not just drug coverage --** under the retiree/union plan if they enroll in a Part D plan or MA-PD.
  - Even if they don't lose other coverage, they may not need to enroll in Part D/MA-PD because their coverage is good and subsidized.
  - Can be confusing because their retiree/union plan may be administered by & under name of a big health insurance company – may not be obvious it's retiree/union coverage.
- Veterans, Tricare for Life military – do not need to enroll in Part D.

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HOW TO CHANGE PLANS

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How to make plan changes

- Medicare planfinder, accessible online
- See and compare plans
- See restrictions on your drugs if you were to enroll in a plan you're interested in
- In NYC Medicare counselors like EFLRP, or Medicare Rights Center, can help do plan comparisons. Can also contact your local area office on the aging to be connected to a HIICAP organization
- Can enroll via your mymedicare.gov account or through a Medicare counselor

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Who Can Act on a Person's Behalf

Medicare Authorized Representative

- Individual authorized under State of applicable law:
  - Court Appointed Guardian for beneficiary
  - Power of Attorney
  - Health Care Proxy
  - Executor/Administrator of Estate if billing is an issue

Medicare Appointed Representative

- Individual appointed by the beneficiary to represent/assist them with a Medicare issue
  - Family member
  - Friend/Non-familiar relationship
  - Advocacy Group
  - Attorney
  - Physician/Nurse/PA/SW

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REDUCE YOUR OUT-OF-POCKET MEDICAL COSTS!

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Elderly Pharmaceutical Insurance Coverage (EPIC) Program

- NYS prescription drug program for people 65+ with annual income < $75,000 (single; $100,000 married) who are not on full Medicaid
  - **Income based on prior year's tax return**
- Fee Plan (annual fee ranging from $8 to $300 per person, depending on income) or Deductible Plan
  - Once fee is paid or deductible is met, if any, you will pay $3-$20 per drug depending on the Part D copay
  - If income <$23,000 (single; $29,000 married), EPIC will pay $58.82/month toward your Part D premium
- Easy application!
- EPIC also permits you to change drug Plans once, mid-year even if you haven't met your deductible
  - So if plan formulary changes mid-year, you aren't stuck

https://www.health.ny.gov/health_care/epic/

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Extra Help in 2025

- AKA "Low-Income Subsidy" or LIS
- Pays the monthly Part D premium up to $58.82 (2026 Benchmark Premium amount) and eliminates annual Part D Plan deductible
- Reduces copayments across the board to $5.10 for generic and $12.65 for brand-name drugs, year-round, if drug is covered by the Part D plan
  - Automatic Extra Help for the year if have Medicare Savings Program or Medicaid for even 1 month (more on these in later slides)
  - Those with Medicaid and income below 100% of FPL co-pays will be $1.60 for generic and $4.90 for brand-name.
  - Note: people on Medicaid who receive homecare, should pay $0 for all medication if covered by the Part D plan

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Extra Help

Who Gets It	Automatically eligible if you are enrolled in Medicaid or the Medicare Savings Program Eligibility without Medicaid or Medicare Savings Program is determined using Income and Resource Guideline.

	Income	Resources
Single	< $1,956/month	Up to $17,600(*)
Couple	< $2,644/month	Up to $35,130(*)

Who Gives It	Federal Government
How to Apply	May apply online - https://www.ssa.gov/benefits/medicare/prescriptionhelp.html

(*) Resource Limit includes $1,500/person burial allowance

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Medicare Savings Program in 2025

NO Resource Limit but 2 **Income Limits**

QMB Income <138% FPL
- $ 1800 (single) *
- $ 2433 (couple) *

QI-1 Income <186% FPL
- $ 2426 (single) *
- $ 3279 (couple) *

(*) Based on 2025 FPL

Automatic Extra Help with Both

	QMB	QI-1
Part B Premium Assistance	X	X
Extra Help	X	X
Part A Premium Assistance	X	
Part A & B Deductible	X	
Part A & B Co-Insurance	X	
Balance Billing Protection	X	
Can you have Medicaid with a Spend-down (next slide)	X	

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Medicaid in 2025

- **Filling in the Medicare Coverage Gaps**
- **May reduce or eliminate your Medicare deductible and co-pays**

Medicaid Covers:

* Income and Asset Guideline

Household Size	Income-138% FPL	Assets
1	$1800 *	$32,396
2	$2433 *	$43,781

(*) Based on 2025 FPL

Income can be above Income guideline but Medicaid will be subject to a spend-down

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Original Medicare Supplemental Insurance a/k/a Medigap

- Medigaps are private plans that help defray the costs of Part A and B of Medicare – but you pay a monthly Membership fee ranging from $150 - $400/mo (generally the higher the cost the more coverage you get)
  - These do not work with Medicare Advantage
- Before pursuing Medigap, look at your retiree package or your spouses as many retiree plans look like Medigaps – do not want to pay for Medigap if you already have something similar

https://myportal.dfs.ny.gov/web/guest-applications/medicare-monthly-premiums

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MYTH: I WILL NEVER FIGURE THIS OUT!

FACT: We are here to help!

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Contact us:

Find a State Health Insurance Counselor in your area:

Call 877-839-2675 and say "Medicare" when prompted; or

Visit www.shiphelp.org.

Call EFLRP's Intake – 212-613-7310 on Mondays 10 am to 2 pm; or Email eflrp@nylag.org

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Messages for Clients

- Compare your options on Planfinder during Open Enrollment – 10/15 through 12/7
- Get the assistance of a trusted professional if you have questions
- Never pick a plan based on premium costs alone
- Seek coverage that covers your drugs, providers, and the most affordable overall cost
- Report aggressive marketing and scams! 1-800-Medicare or Senior Medicare Patrol 1-800-333-4374

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Keep in Touch

Join our newsletter: https://go.nylag.org/Subscribe-to-EFLRP

EFLRP Intake

eflrp@nylag.org

Monday intake hotline from 10am-2pm—212-613-7310

Other Legal Services

www.Lawhelpny.org

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THANK YOU

More information at nylag.org

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