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# Shopping For Medicare Supplemental Insurance

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### 1. What is Medicare Supplement Insurance?

Medicare Supplement Insurance policies (sometimes called "Medigap" policies) are specifically designed to cover certain expenses not covered by your Original Medicare hospital insurance (Part A) and medical insurance (Part B) coverage. The expenses not covered by your Original Medicare are costs that you must pay yourself.

- A Medicare Supplement insurance policy may cover some, but not all, of the gaps in your Original Medicare Part A and Part B coverage.
- Medicare Supplement insurance does not cover long-term care (care in a nursing home), vision or dental care, hearing aids, eyeglasses and private-duty nursing.
- Medicare Supplement Insurance policies are sold by private insurance companies.
- Medicare doesn't pay any of the cost for you to get a Medicare Supplement insurance policy.

A full description of basic and extra benefits covered under Medicare Supplement insurance policies can be found in Medicare's publication, "Choosing a Medigap Policy." Contact Medicare at 1-800-MEDICARE or visit the Medicare website at [www.medicare.gov](http://www.medicare.gov) for a copy of this publication.

### Other Parts of Medicare that are not Medicare Supplement Insurance

- New Medicare Supplement insurance policies don't cover drugs, but you can join a Medicare Prescription Drug Plan (Part D) to add drug coverage.
- Medicare Supplement insurance is not the same as Medicare Advantage (Part C) Include Part A, Part B, and usually other coverage like Medicare prescription drug coverage (Part D), sometimes for an extra cost. Medicare Advantage is not part of the Original Medicare Parts A (hospital insurance) and B (medical insurance). It is run by private insurance companies approved by and under contract with Medicare. If you have Medicare Supplement insurance policy, you should not change to a Medicare Advantage Plan without a full understanding of how this would affect your coverage and your out-of-pocket costs.

## 2. HOW DO I KNOW IF I NEED MEDICARE SUPPLEMENT INSURANCE?

You may not need a Medicare Supplement insurance policy if you have any of the following:

**Medicaid (Title 19).** If you have Medicaid you do not need Medicare Supplement insurance, because Medicaid will pay for your share of Medicare-covered health care expenses. For more information about Medicaid, please contact the Department of Vermont Health Access (DVHA) at 1-800-250-8427.

**Health insurance from an employer, professional organization, government or military retiree plans.** If you remain employed after your 65th birthday, you may be able to continue your group health insurance with your employer and may not need a Medicare Supplement insurance policy. Likewise, if you become eligible for Medicare but are covered by your working spouse's health insurance, you may not need a Medicare Supplement Insurance policy. Retirees with group health plans from their employers may consider switching to individual Medicare Supplement insurance policies. If you are in this situation, it is important to review each option before making a decision. Group retiree plans may not cost anything, or the cost may be lower than buying an individual Medicare Supplement insurance policy.

**Qualified Medicare Beneficiary (QMB) Program.** The QMB program was designed to protect low-income Medicare recipients from some of the burden of Medicare out-of-pocket costs. It pays Medicare premiums and other out-of-pocket costs.

**Other types of health insurance.** Medicare Supplement insurance policies may not be needed when you have some other types of health coverage, such as Medicare Advantage Plans, union coverage, VA benefits, or TRICARE.

**The following are some of the costs you may have to pay if you don't have Medicare Supplement Insurance:**

**Deductibles:** The amount you pay for Medicare approved expenses before Medicare starts to pay. Hospital deductibles for Medicare Part A are applied per "benefit period." A "benefit period" begins the day you go to a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't received any hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods.

Deductibles for medical bills under Medicare Part B are applied one time per calendar year.

**Co-insurance:** The percentage of hospital and medical bills you pay after Medicare pays their portion and your deductibles have been met. For example, you may pay 20% of the Medicare-approved amount for some services after you meet the deductible. Some Medicare Supplement insurance policies will pick up the difference, which can be significant.

A Medicare Supplement insurance policy may help lower these costs. It is important to think about your current and future health care needs when considering and selecting an appropriate Medicare Supplement insurance policy. Other things to consider include the policy's benefits, premium costs, and customer service, and your own financial situation.

## 3. STANDARD PLANS AND BASIC BENEFITS

**Do all plans offer the same benefits?**

Medicare Supplement Insurance plans are identified by letters. The plans are "standardized" – each plan offers the same basic benefits regardless of which insurance company is offering the policy. This allows you to compare policies so you can choose which one best meets your health care and financial needs.

**What are the basic benefits?**

All Medicare Supplement Insurance plans cover at least some portion of hospitalization expenses, medical expenses, blood and cost-sharing for all Medicare Part-A eligible hospice and respite care expenses.

**Overview of benefits for 2012 Medicare Supplement insurance plans:**

The following table may help you select the plan that offers the benefits you need or want. Note: Plans cover coinsurance only after you have paid the deductible (unless the plan also covers the deductible).

**Benefits for 2012 Medicare Supplement Insurance Plans****4. WHAT DOES MEDICARE SUPPLEMENT INSURANCE COST?**

The Vermont Department of Financial Regulation reviews and approves rates (also known as premiums) for each insurance company, for each Medicare Supplement insurance policy that they offer. Medicare Supplement insurance policies are community rated.

Community rating means that everyone age 65 and older who purchases a Medicare Supplement insurance policy during their initial enrollment period will pay the same rate for each Medicare Supplement insurance policy offered by each insurance company, regardless of age, health condition or gender. Rates for disabled Vermonters under age 65 may be higher than for people over age 65, but will be the same for all persons with disabilities.

Note: Rates will increase over time.

Rates are different from one insurer to the next for the same Medicare Supplement insurance plan. Rates change often so you may be charged a rate that differs from the rate in this publication. For this reason, it is important to call several insurers and have them send information to you for comparing rates and coverage.

Medicare Supplement insurance policy monthly rates are effective January 1, unless otherwise noted.

**Table 2: 2013 Medicare Supplement Plans - For People Ages 65 and Older****Table 3: 2013 Medicare Supplement Plans - For People Who Are Disabled and Under Age 65****5. FREQUENTLY ASKED QUESTIONS**

Buying a Medicare Supplement insurance policy or changing to a different Medicare Supplement insurance policy is an important decision. Before you buy, it may be helpful to contact your local Area Agency on Aging to speak with an experienced state health insurance counselor.

What are my rights and protections?

Medicare recipients are guaranteed certain rights and protections regarding coverage. Understanding these protections can help you make a more informed choice. You have the following rights and protections:

- Insurance companies are required by law to sell you a policy if you buy it during your "Initial Enrollment Period." Your initial enrollment period begins on the first day of the month in which you are both: 65 (or older) and enrolled for benefits under Medicare Part B. The initial enrollment period lasts for 6 months. This is the case even if you have health problems.
- Your health information privacy is protected.
- Once you buy a Medicare Supplement insurance policy, the insurance company must keep renewing it provided you pay your premium. This is called "guaranteed renewal." The company cannot change what the policy covers and cannot cancel it unless you don't pay the premium. The company can increase the premium for everyone, but not for certain individuals.
- Insurance companies and agents are prohibited from selling you a second Medicare Supplement insurance policy.
- You have certain rights under state and federal law to appeal Medicare Supplement insurance coverage decisions you think are wrong.
- If you have a Medicare Supplement insurance policy that was sold on or after November 5, 1990, you have the right to suspend (and later reinstitute) coverage under a Medicare Supplement insurance policy if you become eligible for Medicaid (the Medicare Supplement Insurance policy can be suspended for a period not to exceed 24 months). However, you are only entitled to this suspension if you notify the issuer of the Medicare Supplement insurance policy within a specific time period.
- Insurers are prohibited from requesting, requiring, or purchasing genetic information. Family members are also afforded these protections.
- Unlike with a Medicare Advantage plan, you have the ability to visit any doctor, hospital, or specialist that accepts Medicare.

How does Medicare Supplement insurance coverage work?

- To buy a Medicare Supplement insurance policy, you must have Medicare Part A and Part B.
- A Medicare Supplement insurance policy covers one person. If you and your spouse both want coverage, you each need to buy separate policies.
- Many Medicare Supplement insurance policies are accepted by health care professionals throughout the country; this is an advantage if you travel or live part of the year out-of-state. Some policies even provide additional benefits for those traveling to foreign countries.

When is the best time to buy a policy?

The best time to buy a Medicare Supplement policy is during your initial enrollment period. This period lasts for 6 months and begins on the first day of the month in which you are both: age 65 (or older) and enrolled in Medicare Part B.

Why is important to buy a policy when I am first eligible?

It's very important to understand your initial enrollment period. During this period, an insurance company can't use "medical underwriting." Medical

underwriting is a process that an insurance company uses to decide, based on your medical history, whether or not to issue an insurance policy.

How do I apply?

Applying for Medicare Supplement insurance is similar to applying for traditional health insurance. All insurance companies that offer Medicare Supplement insurance policies to people who are 65 years or older must now offer the same policies to people who are disabled and under 65 years old, during the first 6 months after they become eligible for Medicare. Even if you had Medicare before age 65, once you reach age 65 you have another 6-month initial enrollment period during which you can buy a Medicare Supplement insurance policy or change policies.

Can I switch plans and companies?

In most cases, you may be able to change your policy. However, if you are outside your 6-month initial enrollment period and are not eligible for an exception to the initial enrollment period, the Insurance company has the right to not sell you a policy based on underwriting. After the initial enrollment period, your options for Medicare Supplement Insurance may be limited.

If you decide to switch, do not cancel your first policy until you have enrolled and decided to keep the second policy. Insurance companies are required to give people age 65 or older at least 30 days to decide if they want to keep the new policy. You are entitled to a full refund if you return the policy and give written notice of cancellation within the 30-day period, which begins on the day that you receive the policy (this is called your "free look" period). If you are under age 65 you have a 10-day free look period in which to return and cancel the policy.

I have a Medicare Supplement insurance policy. Under the new health care reforms, do I have to make any changes to my policy?

No. The new health care reforms do not require you to change your Medicare Supplement insurance coverage. However, the law will be adding cost-sharing requirements to plans C and F that are sold after January 1, 2015.

## 6. WHERE CAN I BUY A POLICY?

You can buy a Medicare Supplement Insurance policy from any insurance company that is licensed in and has been approved to sell these policies in Vermont. Insurers approved to sell policies in Vermont are listed below.

Note: Many insurers sell their Medicare Supplement products through agents, so you can also call your local insurance agent.

American Progressive of New York 800-332-3377 (toll free)

Blue Cross Blue Shield of Vermont (Vermont Medigap Blue) 800-255-4550 (toll free) or visit [www.vermontmedigapblue.com](http://www.vermontmedigapblue.com)

Colonial Penn Life 1-800-800-2254 (toll free)

~~Conseco Health Insurance 1-800-465-1023 (toll free)~~

~~Genworth Life and Annuity 1-866-465-1023, Option 1 (toll free)~~

Globe Life and Accident 1-800-331-2512 (toll free)

Humana Insurance Company 1-888-310-8482 or visit [www.Humana-Medicare.com](http://www.Humana-Medicare.com)

Liberty National Life 1-800-331-2512 (toll free)

Mutual of Omaha Insurance Company 1-800-693-6083 (toll free)

State Farm Insurance (check your local listings)

United America 1-800-331-2512 (toll free)

Continental 800-264-4000 opt 3 then 1

United Healthcare (AARP) 1-800-523-5800 (toll free)

USAA Life 1-800-531-8000 (toll free)

## 7. IMPORTANT TIPS

Things to consider before buying a Medicare Supplement insurance policy:

If you are considering buying an insurance policy from an agent, ask to see his or her license. You may also call the Insurance Division of the Vermont Department of Financial Regulation for information about agent licensing at 1-800-828-3303.

Take your time. Do not be pressured into buying a Medicare Supplement insurance policy by an agent.

Be careful about replacing coverage. Don't cancel an existing policy until a replacement policy is in effect, because you may not be accepted by another company.

Check for pre-existing condition exclusions and waiting periods.

Do not over-buy Medicare Supplement insurance. One policy will meet your needs. Buy a policy that you are able to afford, anticipating premium increases over time.

Ask questions about the policy's coverage for important services, such as:

- Inpatient and outpatient medical coverage
- Part A hospital and Part B medical deductibles
- Mental health coverage

Consider your options and shop carefully because prices for the same plan can vary widely in the marketplace.

Complete the application carefully. Be certain that all information has been properly recorded. Intentional omissions of medical conditions on your Medicare Supplement insurance policy application may result in cancellation of your policy (your policy can not be canceled if you become sick and had made an unintentional mistake on your application). Review the application carefully before you sign it.

## 8. WHERE TO GET YOUR MEDICARE QUESTIONS ANSWERED

Vermont's State Health Insurance Program

Vermont's State Health Insurance Program (SHIP) counselors are located within the Area Agency on Aging that serves your area. The SHIP counselors provide free and confidential help. You can go to the specific websites listed below, or call 1-800-642-5119 (toll-free) to be connected to SHIP.

Area Agency on Aging for Northeastern Vermont

481 Summer Street, Suite 101  
St. Johnsbury, VT 05819 802-748-5182  
800-642-5119 (toll free)

[www.nevaaa.org](http://www.nevaaa.org)

Central Vermont Council on Aging

30 Washington Street  
Barre, VT 05641

or

109 Professional Drive, Suite 1  
Morrisville, VT 05661 802-479-0531

877-379-2600 (toll free)

802-888-2504

[www.cvcoa.org](http://www.cvcoa.org)

Champlain Valley Agency on Aging

76 Pearl Street, Suite 201

Essex Junction, VT 05452 802-865-0360

800-642-5119 (toll free)

[www.cvaa.org](http://www.cvaa.org)

Council on Aging for Southeastern Vermont

56 Main Street, Suite 202

Springfield, VT 05156 802-885-2655

800-642-5119 (toll free)

[www.coasevt.org](http://www.coasevt.org)

Southwestern Vermont Council on Aging

East Ridge Professional Building

1085 U.S. Route 4 East, Unit 2B

Rutland, VT 05701-9039

or

Stone Building

169 North Street

Bennington, VT 05201-1826 802-786-5991 (senior help)

802-442-5436

[www.svcoa.org](http://www.svcoa.org)

Vermont Center for Independent Living

11 East State Street

Montpelier, VT 05602 802-229-0501

800-639-1522 (toll free)

[www.vcil.org](http://www.vcil.org)

Additional Assistance

1-800-MEDICARE

To get general Medicare information and other important telephone numbers.

1-800-633-4227

TTY 1-877-486-2048

[www.medicare.gov](http://www.medicare.gov)

Social Security Administration

To replace a Medicare card; change your address or name; get information about Part A and/or Part B eligibility, entitlement, and enrollment; apply for extra help with Medicare prescription drug costs; ask questions about premiums; and report a death.

1-800-772-1213

TTY 1-800-325-0778

[www.benefitscheckup.org](http://www.benefitscheckup.org)

[www.ssa.gov](http://www.ssa.gov)

Check your local listings for SSA offices in Burlington, Rutland and Montpelier

Coordination of Benefits Contractor

To get information on whether Medicare or your other insurance pays first and to report changes in your insurance information. 1-800-999-1118

TTY 1-800-318-8782

Department of Defense

To get information about TRICARE for Life. 1-866-773-0404

TTY 1-866-773-0405

Department of Health and Human Services

Office of Inspector General

If you suspect billing fraud. 1-800-447-8477  
TTY 1-800-377-4950

Office for Civil Rights

If you think you were discriminated against or if your health information privacy rights were violated. 1-800-368-1019  
TTY 1-800-537-7697

Department of Veterans Affairs

If you are a veteran or have served in the U.S. military. 1-800-827-1000  
TTY 1-800-829-4833

Office of Personnel Management

To get information about the Federal Employee Health Benefits Program for current and retired

Federal employees. 1-888-767-6738

TTY 1-800-878-5707

[www.opm.gov](http://www.opm.gov)

Attachment	Size
 <a href="#">Med-Supp-Rates-65-and-Older.pdf</a>	31.87 KB
 <a href="#">Med-Supp-Rates-Disabled-Under-age-65.pdf</a>	31.43 KB

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## 2014 Medicare Supplement Plans For People Ages 65 and Older

Name	A	B	C	D	F	FHD	G	K	L	M	N
<b>Individual Insurance through Insurer</b>											
Blue Cross Blue Shield of Vermont Blue 65	\$157.74		\$222.03								
Blue Cross Blue Shield of Vermont Medigap Blue	\$102.00		\$140.40	\$125.50	\$140.70						\$119.40
<b>Individual Insurance Through Agents</b>											
American Progressive	\$106.98	\$132.08	\$195.42	\$162.09							\$129.24
Colonial Penn Life	\$133.96	\$164.55			\$183.52	\$44.80	\$169.04	\$63.00	\$109.24	\$146.69	\$107.06
Continental Life Insurance Co./Aetna	\$114.95	\$144.86	\$159.94	\$146.27							\$119.95
Humana Healthy Living	\$167.14				\$203.46	\$88.76		\$126.32			\$167.69
Humana Insurance Company	\$152.19	\$165.64	\$190.97		\$194.87	\$69.93		\$111.07	\$142.25		\$187.83
Liberty National Life	\$141.42	\$204.25	\$238.08								
Mutual of Omaha	\$97.88	\$195.13	\$201.99	\$198.71	\$193.72		\$181.65				
State Farm Insurance	\$116.96		\$179.44		\$181.22						
United American Insurance Company	\$118.00	\$172.00	\$202.00	\$190.00		\$47.00					\$164.00
USAA Life	\$92.48				\$174.93						
<b>Group Insurance Through Association</b>											
<b>Member Plans</b>											
United Healthcare (AARP)	\$105.50	\$161.50	\$190.25		\$190.50			\$71.00	\$113.25		\$130.50

The rates published are current as of the date of publication. However, rates are approved on a continuous basis. You should check with the insurer for the most current terms and rates before design on a particular policy.

## 2014 Medicare Supplement Plans For People Who Are Disabled and Under Age 65

Name	A	B	C	D	F	F HD	G	K	L	M	N
<b>Individual Insurance through Insurer</b>											
Blue Cross Blue Shield of Vermont Blue 65	\$157.74		\$222.03								
Blue Cross Blue Shield of Vermont Medigap Blue	\$153.60		\$197.10	\$180.30	\$197.50						\$165.30
<b>Individual Insurance Through Agents</b>											
American Progressive	\$133.73	\$165.83	\$244.26	\$202.61							\$182.43
Colonial Penn Life	\$133.96	\$164.55			\$183.52	\$44.80	\$169.04	\$63.00	\$109.24	\$146.69	\$107.06
Continental Life Insurance Co/Aetna	\$214.15	\$269.19	\$297.83	\$272.42							\$217.84
Humana Healthy Living	\$232.96				\$284.54	\$121.66		\$175.00			\$233.74
Humana Insurance Company	\$215.46	\$234.50	\$270.37		\$275.89	\$99.00		\$157.25	\$201.40		
Liberty National Life	\$176.75	\$255.42	\$297.75								\$234.92
Mutual of Omaha	\$122.34	\$243.89	\$252.48	\$248.40	\$242.16		\$227.06				
State Farm Insurance	\$116.96		\$179.44		\$181.22						
United American Insurance Company	\$148.00	\$215.00	\$252.00	\$237.00		\$59.00					\$204.00
USAA Life	\$92.48				\$174.93						
<b>Group Insurance Through Association Member Plans</b>											
United Healthcare (AARP)	\$132.00	\$202.00	\$237.75		\$238.25			\$88.75	\$141.50		\$163.25

The rates published are current as of the date of publication. However, rates are approved on a continuous basis. You should check with the insurer for the most current terms and rates before design on a particular policy.

# Dental, Vision, and Hearing

## Where to go for services Medicare does not cover

Medicare pays for a wide range of inpatient and outpatient services, including many preventive services, for older adults and persons living with disabilities. However, there are some components of health care that are excluded from Medicare coverage, specifically certain dental, vision, and hearing services

Here we offer a general overview of what Medicare does and does not cover under dental, vision, and hearing care, and where your clients with limited incomes and resources can go to find help paying for uncovered services.

### Dental



Original Medicare (Parts A and B) does not cover routine oral health/dental care, such as teeth cleaning, fillings, dentures, root canals, etc. If your client is enrolled in Medicare Advantage or Medicaid, check to see if any of these routine services are covered.

Original Medicare may pay for dental services that are medically necessary related to another

Medicare-covered medical procedure. For example, Medicare may cover a dental procedure required for a person with oral cancer prior to radiation treatment.

### Where to get help with dental treatment

Use the links and contact information below to see whether these dental services are available to low-income people with Medicare in your community:

- Some states offer stand-alone dental plans through the health insurance Marketplaces. People with Medicare are not eligible for subsidies to pay for these plans. Find your state Marketplace at [www.healthcare.gov](http://www.healthcare.gov) or call the Marketplace call center (available 24/7) at 1-800-318-2596.

- Community Health Centers (CHCs) supported by the Health Resources and Services Administration provide health services, including dental care, to those with limited incomes, usually on a sliding scale payment. Find a CHC near you at <http://findahealthcenter.hrsa.gov>.
- Local dental schools sometimes provide the community with lower cost services as a way of training new dentists and dental hygienists. Search for a nearby school at the American Dental Association ([www.ada.org/267.aspx](http://www.ada.org/267.aspx)) or the American Dental Hygienists Association ([www.adha.org/dental-hygiene-programs](http://www.adha.org/dental-hygiene-programs)).
- The Dental Lifeline Network runs a program offering free, comprehensive dental treatment to vulnerable people, including the elderly and those living with disabilities. Learn more at: <http://dentallifeline.org/>.

### Vision

Original Medicare does not cover routine eye exams, or fitting and purchase of contact lenses or glasses. Part B does cover an annual glaucoma test for at-risk individuals, an annual exam to test for diabetic retinopathy among diabetics, certain diagnostic tests and screenings for macular degeneration, and cataract surgery plus one pair of post-surgery eyeglasses. (Again, check your clients' plans if they also have Medicare Advantage or Medigap to see whether any vision services are covered.)



### Where to get help with vision care

- EyeCare America®, a service of the Foundation of the American Academy of Ophthalmology, provides free eye exams and up to one year of care for low-income individuals who qualify. Learn more at [www.eyecareamerica.org](http://www.eyecareamerica.org) or by calling 1-877-887-6327.

- Local Lions' Club chapters may have programs to assist those with severe vision impairment. Find contact details for your local chapter at: <https://directory.lionsclubs.org/?language=EN>.
- For those who lack any insurance (including Medicare and Medicaid), two national programs may be able to help. Mission Cataract USA offers free cataract surgery to those without insurance. Get more information at: [www.missioncataractusa.org](http://www.missioncataractusa.org). Vision USA, a program of the American Optometric Association, provides free eye exams for low-income Americans without insurance. Learn more at: [www.aoafoundation.org/vision-usa/](http://www.aoafoundation.org/vision-usa/).

## Hearing



Original Medicare does not cover hearing exams, or hearing aids and fittings. Part B does cover diagnostic hearing and balance exams if a provider orders these tests to see if a person requires medical treatment for a condition other than hearing loss. (Again, check your clients' plans if they also have Medicare Advantage or Medicaid to see whether any vision services are covered.)

### Where to get help with hearing services

- Sertoma is a civic service organization that connects people with hearing assistance. Search for foundations and organizations at: [www.sertoma.org/page.aspx?pid=335](http://www.sertoma.org/page.aspx?pid=335).
- The Foundation for Sight and Sound, through its Help America Hear Program, provides hearing aids for men, women, and children with limited financial resources. Learn how to qualify at: [www.foundationforsightand-sound.org/help\\_america\\_hear\\_program1.php](http://www.foundationforsightand-sound.org/help_america_hear_program1.php).
- Some local Lions' Clubs run the Affordable Hearing Aid Project, which distributes three types of affordable hearing aids through a partnership with Rexton, Inc. a hearing device manufacturer. See if your local chapter offers the program by searching at: [www.lcif.org/EN/our-programs/humanitarian-efforts/hearing/index.php](http://www.lcif.org/EN/our-programs/humanitarian-efforts/hearing/index.php).

- The Better Hearing Institute maintains a comprehensive, free Guide to Financial Assistance for Hearing Aids. Download or order a print copy at: <http://betterhearing.org/publications/eGuides/index.cfm>.

### Other free sources of help

Freeing up income in other areas of household and health expenses can also assist low-income people with Medicare to better afford dental, vision, and hearing services. Here are a few additional resources that can point to other potential savings:

- BenefitsCheckUp™ ([www.benefitscheckup.org](http://www.benefitscheckup.org)) is the nation's most comprehensive free, online service to screen people with Medicare with limited incomes for benefits programs.
- EconomicCheckUp™ ([www.economiccheckup.org](http://www.economiccheckup.org)) helps older adults improve their economic security by finding work, cutting spending, reducing debt, and using their home equity.
- My Medicare Matters™ ([www.mymedicarematters.org](http://www.mymedicarematters.org)) is an educational site that helps people with Medicare make the most of their coverage.
- The Savvy Senior is a syndicated column by Jim T. Miller that focuses on money-saving tips and programs: <http://savvysenior.org/index.htm>.
- Clinical trials often recruit individuals with specific conditions to test new therapies/treatments – these trials can include dental, vision, and hearing services and equipment. Search locally at: [www.clinicaltrials.gov](http://www.clinicaltrials.gov).



## NATIONAL COUNCIL ON AGING

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