

Intel Corporation is the plan sponsor for its health and retiree benefit plans. Retirees should refer to the [Intel US Retiree Benefits Overview](#) site for Summary Plan Descriptions, Plan Documents or other resources. Retirees are responsible for contacting [Intel Health Benefits Center](#) at 877-466-9236 or the plan administrator to address specific questions about Intel plans. IRO shares information about Intel retiree health and medical benefits, as well as general Medicare information as a courtesy for informational purposes only. IRO is not liable for any interpretation of printed material or guidance provided through the IRO website, webinars, Facebook group, or IRO mailbox. Retirees should confirm all information through Intel or the specific plan administrator.

COBRA and Medicare

<p>What do I do if my COBRA coverage is ending and I am not yet age 65?</p>	<p>This was not covered in the Medicare presentation. However, if your COBRA coverage is ending, and you are not eligible for Medicare, then you will need to find another source of coverage: 1) through a new employer plan, 2) the Marketplace (healthcare.gov), or 3) a spouse's coverage through their employer, and 4) private insurance brokers.</p>
<p>How does Medicare work with COBRA? Suppose I am 65+ and what if I want to continue with COBRA for few months and then switch to Medicare?</p>	<p>When you are 65+ and have both Medicare and COBRA, Medicare is the primary payer and COBRA is secondary. If you are already on COBRA when you become Medicare-eligible, you should enroll in Medicare Part B immediately to avoid penalties, as COBRA is not considered "active employment" coverage. COBRA payer would also not pay the entire coverage as COBRA pays secondary. Refer to https://www.medicare.gov/publications/02179-how-medicare-works-with-other-insurance.pdf for further details</p>
<p>Continuing COBRA question: I am 65+, didn't sign up for Part A/B since I had employer coverage, and if employer coverage ends Feb, do I have Feb+8 months to enroll for Part A and B?</p>	<p>There are many questions regarding COBRA and Medicare. It is best to contact your COBRA plan administrator and Medicare for understanding your specific coverage. You can also refer to https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/working-past-65/cobra-coverage for further questions and resources. When you are 65+ and have both Medicare and COBRA, Medicare is the primary payer and COBRA is secondary. If you are already on COBRA when you become Medicare-eligible, you should enroll in Medicare Part B immediately to avoid penalties, as COBRA is not considered "active employment" coverage. COBRA payer would also not pay the entire coverage as COBRA pays secondary.</p>

<p>My cobra ends 3/31 but i turn 65 in October, so I am signing up for Intel Medical through September, and signing up for Medicare 3 mos prior to October Is that correct.</p>	<p>Yes, you may continue COBRA until that ends and then enroll in IRMP-Non-Medicare option until you are eligible for Medicare. It is best to sign up for Medicare early and designate the appropriate start date for Medicare to begin coverage, which would be October 1st.</p>
<p>So, I can delay signing up for Medicare say, 2-3 months if my employer is paying for COBRA?</p>	<p>There are many questions regarding COBRA and Medicare. It is best to contact your COBRA plan administrator and Medicare for understanding your specific coverage. You can also refer to https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/working-past-65/cobra-coverage for further questions and resources. When you are 65+ and have both Medicare and COBRA, Medicare is the primary payer and COBRA is secondary. If you are already on COBRA when you become Medicare-eligible, you should enroll in Medicare Part B immediately to avoid penalties, as COBRA is not considered "active employment" coverage. COBRA payer would also not pay the entire coverage as COBRA pays secondary.</p>
<p>I am too young for medicare, and using COBRA after retirement; COBRA will run out before I am eligible for medicare. Is the 8 week window at all relevent in this situtation?</p>	<p>No, the 8-month rule is not relevant in this particular situation. You could call COBRA administrator to understand your options for getting Healthcare coverage when COBRA runs out. This was not covered in the Medicare presentation. However, if your COBRA coverage is ending, and you are not eligible for Medicare, then you will need to find another source of coverage: 1) through a new employer plan, 2) the Marketplace (healthcare.gov), or 3) a spouse's coverage through their employer, and 4) private insurance brokers.</p>
<p>Have there been any issues with using Cobra as secondary (Medigap) insurance. I was told this is OK to do. Especially makes sense if Cobra cost is covered as part of separation package.</p>	<p>Using COBRA as secondary coverage to Medicare is generally allowed. However, major pitfalls exist: Medicare becomes the primary payer, meaning COBRA may not cover the same services. Crucially, COBRA is not "creditable coverage" for Part D (drugs) and, unlike retiree plans, its end does not guarantee a Medigap policy, potentially forcing you into higher-cost plans later. You must be enrolled in Medicare Parts A & B, even while on COBRA, or face massive claims liability and lifelong penalties. COBRA drug coverage is generally not considered as good as Medicare Part D. If you delay Part D to use COBRA, you could face future penalties.</p>

Employment and Medicare

<p>Do I have to sign up for Medicare even though I will still be employed by Intel when I</p>	<p>No, you are generally not required to enroll in Medicare at 65 if you are still working and have qualifying employer-sponsored health coverage.</p>
---	--

<p>turn 65 and still using Intel medical benefits?</p>	<p>Note: If you are employed at a company with < 20 employees, you should sign up for Medicare at age 65. Medicare typically provides primary coverage if the employer has < 20 employees. Ask your HR contact.</p>
<p>My wife is still working and I am covered by her health insurance. I would like to know if I still need to enroll in Medicare when I turn 65 this year.</p>	<p>If your wife works for a company with 20+ employees and you are covered by her health insurance, you can delay enrolling in Medicare Parts B & D without penalties until her employment ends. You will then have a special 8-month window to enroll later. If fewer than 20 employees, you should enroll at 65 to avoid penalties.</p>
<p>Does my non-working spouse need to enroll at 65 if I am still working and she has coverage through my plan?</p>	<p>If you are an Intel employee and your insurance is through "active employment" your spouse can remain on your insurance as a dependent and does not need to enroll in Medicare.</p>
<p>If my employment ended July 31, 2025 before I am 65 in September, 2026 and I am on Cobra till 18 months from July 31 what is the earliest date I can enroll in Medicare A and B without penalty of late enrollment.</p>	<p>It is suggested to enroll in Medicare approximately 3 months prior to wanting the coverage to start. Be certain to designate the month you want it to start. There are many questions regarding COBRA and Medicare. It is best to contact your COBRA plan administrator and Medicare for understanding your specific coverage. You can also refer to https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/working-past-65/cobra-coverage for further questions and resources. When you are 65+ and have both Medicare and COBRA, Medicare is the primary payer and COBRA is secondary. If you are already on COBRA when you become Medicare-eligible, you should enroll in Medicare Part B immediately to avoid penalties, as COBRA is not considered "active employment" coverage. COBRA payer would also not pay the entire coverage as COBRA pays second.</p>
<p>If both my spouse and I are employed, do we still make sure to enroll fully in Medicare? What about dependents?</p>	<p>If you both are employed with "active coverage" through your individual group health coverage of 20+ employees at each company, you do not have to enroll in Medicare. You may both want to compare costs/benefits of your corporate healthcare plan vs. Medicare, to decide which option you want to select for coverage. You will both individually have a "Special Enrollment Period" when your benefits end as active employer coverage. At that time, you can add Part B. You would need to purchase a separate health insurance policy for your dependents as they are not age-eligible for Medicare.</p>
<p>Will turn 65 Sep, currently working, but not buy medical insurance from my own company, having medical</p>	<p>You may remain on your spouse's corporate benefits plan if they have 20+ employees. You can compare your spouse's insurance costs vs. Medicare to decide which plan to be on.</p>

insurance from my wife (big company), Should I delay my medicare enrollment Plan A B D or enroll it in Jun-Aug (Birthday Sep)?	
What about if I stay on my wife's insurance for a year or so?	You may remain on your spouse's corporate benefits plan if they have 20+ employees. You can compare your spouse's insurance costs vs. Medicare to decide which plan to be on.
So if I am on spouse's employer coverage, it sounds like I should enroll but waive need for Part B. This would help avoid penalty for enrolling later. Then when I sign up for Part B in Special Enrollment, no penalty.	You may remain on your spouse's corporate benefits plan if they have 20+ employees. You can compare your spouse's insurance costs vs. Medicare to decide which plan to be on. When your spouse's insurance ends you will have an 8-month SEP (Special Enrollment Period) after your spouse's GHP (Group Health Plan) ends. Pay close attention if you or your spouse is contributing to an H.S.A. plan.
If I am covered by my wife's company medical insurance, can I delay the enrollment for the Medicare without any late-enrollment penalty when I am turning 65 in Sep?	Yes, if your spouse's company insurance has 20+ employees in the plan. When your spouse's insurance ends you will have a 8-month SEP (Special Enrollment Period) after your spouse's GHP (Group Health Plan) ends.

IRMAA and Medicare

Are you going to talk about SSA-44 in light of IRMAA? SSA-44 is the form you can send in that will remove IRMA if you have retired and got any special bonus/pay at retirement. it is really a MEDICARE issue, not SS.	It can impact your Medicare B & D premiums; however, it is administered by SSA and not Medicare. Those forms are processed and IRMAA is administered/ determined by the SSA, not CMS, so that will not be covered. Here is SSA Contact Info: 1-800-772-1213 (TTY 1-800-325-0778) from 8 a.m. to 7 p.m. Monday– Friday, or online at www.ssa.gov . The SSA-44 form is available at https://www.ssa.gov/forms/ssa-44.pdf
I retired last year and would like to understand Medicare IRMAA.	IRMAA is calculated based on your IRS return from two years ago. Please refer to https://www.ssa.gov/medicare/lower-irmaa for questions regarding IRMAA. The chart on IRMAA adjustments is covered in slide 27 of the presentation (https://intelretiree.com/wp-content/uploads/2026/02/2026-Getting-Started-With-Medicare.pdf).
Does IRMAA look at your income 2 years ago. Not current year	Yes, IRMAA is calculated based on your IRS return from two years ago. Please refer to https://www.ssa.gov/medicare/lower-irmaa for questions regarding IRMAA adjustment

<p>Is it gross or AGI?</p>	<p>IRMAA is calculated by the Social Security Administration (SSA) using your tax return from two years prior (e.g., 2026 premiums are based on 2024 income. It is based on your Modified Adjusted Gross Income (MAGI), which includes your Adjusted Gross Income plus tax-exempt interest and other specific income sources. Slide 27 of the presentation (https://intelretiree.com/wp-content/uploads/2026/02/2026-Getting-Started-With-Medicare.pdf) includes a chart of the yearly income categories. You may also want to consult your tax preparer or the IRS for further information.</p>
<p>Is the high IRMAA payment only impact one year of Medicare?</p>	<p>The payment could impact only one year, but depending on your personal situation it could impact more than one year. Each year is considered independently. The determination of your need to pay IRMAA is made yearly based upon your MAGI from 2 years in the past. Please refer to https://www.ssa.gov/medicare/lower-irmaa for questions regarding IRMAA adjustment.</p>
<p>What if my current income is very less this year due to layoff compared to two years ago?</p>	<p>Please refer to https://www.ssa.gov/medicare/lower-irmaa for questions regarding IRMAA adjustment. The SSA-44 form to appeal an IRMAA amount is available at https://www.ssa.gov/forms/ssa-44.pdf</p>
<p>Then would it adjust later when income goes down?</p>	<p>Please refer to https://www.ssa.gov/medicare/lower-irmaa for questions regarding IRMAA adjustment. It is reviewed every year.</p>

Travel and Medicare

<p>My travel question is not for international travel. It is for travel within the US and Hawaii. If I'm driving the country I'm hearing it could be difficult to find a Dr in an advantage plan, unlike original Medicare where Drs are more readily available. Is this accurate?</p>	<p>With a Medicare Advantage (MA) plan there is usually a network of contracted doctors and it doesn't always cover the U.S. Some plans accept Out of Network providers. It is important to review a MA plan's documents to know how this would be covered under their plan. In this scenario, you may want to focus on selecting a Medigap plan which will give you a wider network in the U.S. IRMP for Medicare eligible (Anthem Medicare Preferred) has a national network of providers. Call the Anthem concierge team (800-811-2711) to learn more</p>
--	--

<p>I travel a lot, so Medicare Advantage is not for me, right?</p>	<p>If you have a MA plan and travel within the US, you may need to seek services inside the plan network. Or pay for out of network services which can be expensive. Check with the MA plan administrator, or the plan website, for any questions/clarifications. If the travel is outside the US, check with the MA plan material, or the administrator, to see if they reimburse international medical expenses. You may want to consider a Medigap supplement plan which will include a wider network in the U.S. Some Medigap plans may also pay for medical emergencies outside the U.S. Check the plan for details.</p> <p>For Medicare coverage outside the U.S (which is very limited), please refer to https://www.medicare.gov/coverage/travel-outside-the-u.s.</p>
<p>Does traditional Medicare cover overseas emergency?</p>	<p>Traditional Medicare (Part A and Part B) generally does not cover health care or emergency services outside the U.S. Exceptions are rare. It is suggested to purchase travel insurance when traveling outside of the U.S.</p> <p>Some Medigap plans may also pay for medical emergencies outside the U.S. Check the plan for details.</p> <p>Refer to https://www.medicare.gov/coverage/travel-outside-the-u.s for more details</p>
<p>I only live in the US 6 months of the year. Any Medicare concerns I need to be aware of?</p>	<p>In most situations, Medicare won't pay for health care or supplies you get outside the U.S. The term "outside the U.S." means anywhere other than the 50 states of the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. There are some limited exceptions that would allow you to get coverage outside the U.S. under Medicare Part A (Hospital Insurance) and/or Part B (Medical Insurance). Please refer to https://www.medicare.gov/publications/11037-medicare-coverage-outside-the-united-states.pdf for further details. Some Medicare Advantage plans, and a few Medicare supplement plans ("Medigap") may offer some coverage when outside US ... check with the plan administrator. Please contact Medicare (1-800-633-4227) for more details about coverage.</p>

<p>If you sign up for Medicare A, B, D and supplement and then move to a new state during the covered year, what happens to plan D and supplement?</p>	<p>You should contact your plan administrator for D and your supplement to ensure your plan is covered in the new state of residence.</p> <p>Part D plans are generally affordable. Penalties for not signing up for a Part D plan can add up quickly. If you opt for Regular Medicare - and don't sign up for a Part D plan you are subject to penalties when you do sign up later for Part D plan. Refer to https://www.medicare.gov/health-drug-plans/part-d/basics/costs for details.</p>
<p>Did I hear that Original Medicare will not even cover Emergencies out of the country?</p>	<p>Original Medicare does not typically cover medical emergencies outside of the 50 U.S. states. One should purchase travel insurance when traveling abroad. Please refer to https://www.medicare.gov/coverage/travel-outside-the-u.s. for more details.</p> <p>Some Medicare Advantage plans, and a few Medicare supplement plans ("Medigap") may offer some coverage when outside U.S ... check with the plan administrator for details.</p>
<p>For Citizen who has been on medicare already, but decide to live outside country for a year, do they need to reapply?</p>	<p>Please contact Medicare (1-800-633-4227 or https://www.medicare.gov/) with your scenario to understand your options. You could encounter penalties if you are not enrolled and you may have to go through underwriting, depending on what plan you want and what state you will then reside in. There are so many potential scenarios with this question.</p>
<p>So traveling overseas, we need to get special insurance coverage for trips</p>	<p>Medicare typically does not pay for medical costs outside of the 50 U.S. states. It is recommended to purchase travel medical insurance and there are many companies that sell this type of insurance. Refer to https://www.medicare.gov/coverage/travel-outside-the-u.s. for more details.</p> <p>Some Medicare Advantage plans, and a few Medicare supplement plans ("Medigap") may offer some coverage when outside U.S ... check with the plan administrator for details.</p>
<p>The question is more on after you get back from a year overseas, do you need to reapply medicare?</p>	<p>You generally do not need to "reapply" if you maintained your Medicare Part B premiums while away, but if you dropped coverage, you will need to re-enroll during a special 4-month window upon your return to avoid penalties. A Special Enrollment Period (SEP) begins the month before you return, and up to 2 months after the month you return, allowing you to reinstate coverage. Disclaimer: It is highly recommended to contact the Social Security Administration (https://ssa.gov) or check with Medicare (https://medicare.gov) before your return to ensure a seamless transition.</p>

Questions regarding IRMP

<p>I'm 61 and getting SSDI for 14 months. Am I still eligible to use IRMP to supplement Medicaid?</p>	<p>This question is out of scope for the current discussion. We suggest that you contact Intel at 1-877-GOMYBEN (466-9236) directly to answer your specific question as we are not covering Medicaid questions.</p>
<p>How do I get details of Intel's med advantage plan</p>	<p>The IRMP plan info is available on the Intel website: https://www.intel.com/content/www/us/en/employee/intel-retirees.html</p>
<p>Would at some point would you cover IRMP? I'm 61 and took early retirement. Single. I wonder how my Anthem HPHD compares between blue badge and reiree. I called benefit they didn't know. I was going to call Anthem, but do not know how to identify IRMP vs blue badge they both have the same name</p>	<p>We don't know the rates and specific information (summary plan description) for employee benefits. It is really irrelevant, as an Intel retiree can't enroll in the employee plan so we have not looked into this to understand the active employee's benefit costs and benefits. However, if your COBRA coverage is ending, and you are not eligible for Medicare at that time, then you will need to find another source of coverage: 1) through a new employer plan, 2) the Marketplace (healthcare.gov), or 3) a spouse's coverage through their employer, and 4) private insurance brokers.</p>
<p>I retired October 2024 and my spouse has been on COBRA. The COBRA is exhausted the end of March. How do I enrol my spouse in the Intel Retirement Medical Plan?</p>	<p>Contact Intel Health Benefits Center at 877-466-9236. Depending on their age, they can enroll in either the IRMP non-Medicare-eligible plan or the Medicare-eligible plan.</p>
<p>Is IRMP ONLY medicare plans? What about younger retirees, is there anything available?</p>	<p>There is a total of 3 IRMP plans; two plans are for Medicare-eligible retirees and one is for non-Medicare eligible retirees.</p>
<p>Does Intel have any supplemental coverage for medigap</p>	<p>Intel offers the Intel Retiree Medical Plan (IRMP) but it is an Advantage plan. They do not offer any medigap policies. You can review the Medicare website (https://www.medicare.gov/medigap-supplemental-insurance-plans) for all Medigap plans offered in your area.</p>

Dental/Vision coverage

<p>For vision and dental, are add-ons to original medicare or medigap available? Or are the options 1) medicare advantage 2) private dental/vision insurance</p>	<p>Vision insurance is offered through Intel during Annual Enrollment. Intel partners with MetLife to offer retirees a voluntary dental plan. There are some providers that offer Medicare Vision/Dental plans. Some dentist offices offer their own plan for a monthly premium. Some Advantage plans offer dental and/or vision coverage. One can Google private dental/vision plans in their area for more options.</p>
--	---

<p>What are options for dental and vision?</p>	<p>Vision insurance is offered through Intel during Annual Enrollment. Intel partners with MetLife to offer retirees a voluntary dental plan. There are some providers that offer Medicare Vision/Dental plans. Some dentist offices offer their own plan for a monthly premium. One can Google private dental/vision plans in their area for more options.</p>
<p>Is the only way to get vision and dental coverage thru one of the Medicare Advantage Plans?</p>	<p>Intel provides a stand-alone vision plan during Annual Enrollment, with VSP as the insurance carrier. Intel partners with MetLife to offer retirees a voluntary plan that offers access to comprehensive dental coverage. You may use SERMA to get reimbursed for eligible vision and dental premiums. If you're currently enrolled in MetLife Dental, your enrollment continues unless you opt-out. For more information, call MetLife at 866-832-5756. Some Advantage plans allow reimbursement for dental and/or vision expenses. There are other private insurers that provide dental insurance - one can do their research online and choose one that best suits their needs. One can Google private dental/vision plans in their area for more options.</p>

Medicare Advantage plans

<p>I currently am using Kaiser as my provider and have Medicare A B and D and also Medicare Advantage with them. Do I need part D from normal medicare if I have the Medicare Advantage? I ask since I note that I am paying nearly all of my drug costs out of pocket so I can't tell if being in Medicare Part D from normal medicare is reducing the cost of my prescriptions or whether I have double coverage and am overpaying for both Part D and Medicare advantage. Thank you!</p>	<p>Please contact Kaiser for further information. We do not have access or knowledge of their plan details and therefore cannot advise. Most Advantage plans have their own drug component in their plan. You should only need one drug plan. Under normal circumstances with a Medicare advantage plan that has drug coverage, you should not need an additional part D drug plan. Under normal circumstances, a part D drug plan is purchased in conjunction with Regular Medicare not a Part C (Advantage plan) that includes drugs. It sounds like you have double coverage. IF you have an Advantage plan with drug coverage, that would be primary drug coverage. You can only have a part D drug plan with specific Advantage plans that do not cover drugs.</p>
---	--

<p>I asked earlier and just wanted to confirm whether there is any benefit to having both a Medicare Advantage with Kaiser and also a regular Part D with original Medicare. I attempted to ask that question of Medicare and also of Kaiser and I receive mixed answers that do not answer whether there is redundancy in having both and whether I can drop original medicare Part D with no impact to deductibles, co-pays, drug prices etc thank you again</p>	<p>Please contact Kaiser for further information. We do not have access or knowledge of their plan details and therefore cannot advise. Most Advantage plans have their own drug component in their plan. You should only need one drug plan. Under normal circumstances with a Medicare advantage plan that has drug coverage, you should not need an additional part D drug plan. Under normal circumstances, a part D drug plan is purchased in conjunction with Regular Medicare not a Part C (Advantage plan) that includes drugs. It sounds like you have double coverage. IF you have an Advantage plan with drug coverage, that would be primary drug coverage. You can only have a part D drug plan with specific Advantage plans that do not cover drugs.</p>
<p>Are there restrictions for switching medicare advantage plans or from advantage to medicare supplement plans during annual open enrollment without underwriting?</p>	<p>There are many scenarios in this question. Normally, depending on the state you reside in, if you want to change from an Advantage plan to Original Medicare with a supplement plan, you may have to go through underwriting for the supplemental plan. If you wish to change from one Advantage plan to another Advantage plan, you can do that during Yearly Open Enrollment (October 15 - December 7) or Annual Medicare Advantage OEP (January 1 - March 31).</p>
<p>Does Intel still have Medicare Advantage Programs?</p>	<p>Yes, Intel offers IRMP (Intel Retiree Medical Plan). For those eligible for Medicare, there are two Advantage plans.</p>
<p>Can you switch between Medicare and Advantage in diff. years?</p>	<p>Yes, you can switch between Original Medicare and Medicare Advantage annually during designated enrollment periods. You are not limited to a one-time choice and can change plans every year to match your needs. The primary times to switch are the Annual Enrollment Period (Oct 15–Dec 7) and the Medicare Advantage Open Enrollment Period (Jan 1–Mar 31). Please refer to medicare.gov or follow this link on the United Healthcare site (https://www.uhc.com/news-articles/medicare-articles/can-you-switch-between-original-medicare-and-medicare-advantage-during-the-annual-enrollment-period) If switching from an Advantage plan to Original Medicare with a Medigap supplement, you may need to undergo underwriting to be approved, depending on your state rules. This may also result in higher premiums. Note that switching back and forth may lead to other unintended consequences.</p>

<p>If I enroll in Medicare Advantage, do I have to pay premiums for the original Medicare?</p>	<p>Yes, you do have to pay Medicare premium (Part B) whether you are on a Medicare Advantage (MA) plan or on a Medicare supplement plan ("Medigap"). One item to note with a MA plan (Part C) is that your primary insurer is the MA plan, not Medicare. See pg. 8 of slides - Original Medicare (A+B, D and supplemental) OR Medicare Advantage (C) https://intelretiree.com/wp-content/uploads/2026/02/2026-Getting-Started-With-Medicare.pdf</p>
<p>Does Medicare Advantage typically provide better coverage than Medigap? Not sure which one is better.</p>	<p>We can't answer that question as it is an individual decision and you must do your own research to determine which best meets your need. Medigap coordinates with Original Medicare and typically offers a larger number of doctors throughout the U.S. With Medigap, any provider that takes Medicare patients will see you without pre-approval. Understand that what you choose initially is important as when one wants to change plans later one could have to go through medical underwriting, which could be an issue dependent on health at that time. A Medigap insurance provider can, however, refuse to enroll you or charge a higher premium based on the underwriting process if you did not choose this provider with your initial enrollment.</p>
<p>Are these Intel Advantage plans available to a retiree who was not enrolled in Plan B at the time of retirement?</p>	<p>A retiree would need to be enrolled in Part B in order to sign up for the IRMP plan or any Medicare supplement or Advantage plan. If a retiree is enrolled in Part B, they could look at signing up for the IRMP-Medicare eligible plan. For more information contact Intel Health Benefits Center at 877-466-9236. Please note if a person didn't sign up for Part B when eligible, they may face lifetime penalties.</p>

If I signed up for an Advantage Plan at 65, is there a limited time when I could switch to Original Medicare?

Yes, you can switch from Medicare Advantage back to Original Medicare, but it is limited to specific times. Key windows include a 12-month “trial period” if you joined at 65, the Annual Election Period (Oct 15-Dec 7), or the Medicare Advantage Open Enrollment Period (Jan 1 – Mar 31). Key Details for switching:

12-Month Trial Right: If you joined a Medicare Advantage plan for the first time when you turned 65, you have 12 months to try it out and switch back to Original Medicare. During this time, you also have a “guaranteed issue right” to buy a Medigap policy

Annual Election Period (AEP – Oct 15 – Dec 7) You can switch to Original Medicare during this period, with coverage starting January 1.

Medicare Advantage Open Enrollment (MA OEP – Jan 1 – Mar 31): If you are already in an Advantage plan, you can switch to Original Medicare during this time.

Special Enrollment Periods (SEPs): If you move out of your plan’s service area or other specific life events occur, you may qualify for it, allowing you to change plans outside of standard times.

Part D Warning: If you switch to Original Medicare, you should enroll in a standalone Medicare Prescription Drug Plan (Part D) within 63 days of losing your Advantage Plan coverage to avoid penalties.

It is important to note that when you switch to Original Medicare, you may want to purchase a Medigap policy to cover 20% cost-sharing, and if you are outside of the initial trial period, you may be subject to medical underwriting, depending on the state in which you reside.

A website that explains this in detail is

<https://www.kff.org/faqs/medicare-open-enrollment-faqs/medicare-advantage/how-can-i-switch-from-medicare-advantage-to-traditional-medicare-is-there-a-form-i-need-to-fill-out/>

<p>If you pick the Advantage plan path, are you stuck forever? Same for Original Medicare?</p>	<p>You are not necessarily 'stuck forever'. However, your initial sign up for benefits is an important decision as one may have to go through underwriting to sign up for another plan and it is possible to not pass underwriting if one has a serious health condition like cancer, etc.</p> <p>If you choose Regular Medicare when you are originally eligible for Medicare - you have guaranteed issue for a period - Medigap policies (available with Regular Medicare) must accept you regardless of previous conditions. You will not have guaranteed issue later - so your premiums for Medigap could be higher or they could refuse to cover you if you want to switch after an initial period.</p> <p>Please refer to https://www.medicare.gov/health-drug-plans/medigap/ready-to-buy/change-policies. Within that web page, click on the "What are guaranteed issue rights?" information link to get more details.</p>
<p>For the Q&A doc... Please provide a summary of what to know related to ability to switch back and forth between traditional Medicare and Medicare Advantage plans. BKMs, considerations, etc... I've heard getting back to traditional Medicare can be complex and/or have negative consequences.</p>	<p>It is true that changing from an Advantage plan to a Medigap plan can be challenging. One may have to go through underwriting in order to be approved, depending on the state requirements where you reside. It is a very important initial decision as to what does someone sign up for since there could be medical conditions which would later preclude successfully changing to a medigap plan. One must explore this carefully and do their own due diligence. This is a good detailed question, but could be discussed for 2-3 hours. We are all volunteers and can't go into more detail. Hopefully, the actual presentation and other participant's questions may assist you in your analysis.</p>

Medicare Part D plans

<p>If a Speciality Pharmacy stops accepting my Part D plan, can I change Part D mid-year?</p>	<p>Please refer to https://www.medicare.gov/health-drug-plans/part-d/basics/choose-coverage/switch-drop-rejoin for more details. The quick answer is that most likely you will need to remain in your plan for the remainder of the calendar year. You can also search to find another pharmacy that can assist you.</p>
<p>What if you currently have NO prescriptions? Does it still make sense to sign up for Part D?</p>	<p>Yes, one should seriously consider enrolling in order to not incur penalties later on for signing up for D. These penalties are for your lifetime and can cost a retiree a lot of \$. There are several plans with no monthly premium which you could consider signing up for initially if you don't have drugs you must take. This protects you that you are enrolled, but at no cost. Note that the Part D late enrollment</p>

	<p>penalty is calculated by multiplying 1% times the “national base beneficiary premium” (\$38.99 in 2026) times the number of full, uncovered months you were eligible to join Medicare drug coverage but didn’t (and didn’t have other creditable prescription drug coverage). That amount is rounded to the nearest \$.10 and added to your monthly premium. The “national base beneficiary premium” may go up each year, so your penalty amount may also go up each year. Refer to https://www.medicare.gov/health-drug-plans/part-d/basics/costs for details.</p>
<p>Can you add Part D during open enrollment if you didn't originally sign up for it when you turned 65</p>	<p>Yes, you can, but you will have a penalty that will be added to your monthly premium. Note that the Part D late enrollment penalty is calculated by multiplying 1% times the “national base beneficiary premium” (\$38.99 in 2026) times the number of full, uncovered months you were eligible to join Medicare drug coverage but didn’t (and didn’t have other creditable prescription drug coverage). That amount is rounded to the nearest \$.10 and added to your monthly premium. The “national base beneficiary premium” may go up each year, so your penalty amount may also go up each year. Refer to https://www.medicare.gov/health-drug-plans/part-d/basics/costs for details.</p>
<p>Does it make sense to sign up for Part D if you have not prescriptions?</p>	<p>Yes, one should consider enrolling in order to not incur penalties later on for signing up for D. There are several plans with no monthly premium which you could consider signing up for. Note that the Part D late enrollment penalty is calculated by multiplying 1% times the “national base beneficiary premium” (\$38.99 in 2026) times the number of full, uncovered months you were eligible to join Medicare drug coverage but didn’t (and didn’t have other creditable prescription drug coverage). That amount is rounded to the nearest \$.10 and added to your monthly premium. The “national base beneficiary premium” may go up each year, so your penalty amount may also go up each year. Refer to https://www.medicare.gov/health-drug-plans/part-d/basics/costs for details.</p>

Disability/SSDI and Medicare

<p>I'm 61 and been getting SSDI for 14 months. Am I still eligible to use IRMP to supplement Medicaid?</p>	<p>Please contact SSDI Administration through SSA for more information. That would help you to understand and see if you need to contact Intel HR. Here is SSA Contact Info: 1-800-772-1213 (TTY 1-800-325-0778) from 8 a.m. to 7 p.m. Monday–Friday, or online at https://www.ssa.gov.</p>
--	---

<p>If you have a disability - you cannot get on Medicare unless you are on SSDI. I have a disabled son and Medicare said No, because he never worked. What am I missing?</p>	<p>We suggest you contact the SSA at 1-800-772-1213 ((TTY 1-800-325-0778) from 8 a.m. to 7 p.m. Monday-Friday, or online at https://www.ssa.gov.</p> <p>How to Cover a Disabled Son with Medicare SSDI-Based Coverage: A child is generally eligible for Medicare if they are under 65 and have received SSDI benefits for at least 24 months. Disabled Adult Child (DAC): If you are receiving Medicare and Social Security retirement or disability benefits, your adult child (18+) may qualify as a DAC if their disability began before age 22. Apply through the Social Security Administration (SSA) by visiting a local office or calling them at the number shown above. You can also refer to the SSA brochure titled "Benefits for Children with Disabilities" (https://www.ssa.gov/pubs/EN-05-10026.pdf)</p>
<p>To repeat the question I had before: If you have a disabled son, and he never worked (and does not collect SSDI) and I am not on Social Security Medicare says he does not qualify. For this disabled person to be on Medicare, it must be (1) on SSDI (meaning he worked) or his parents be on Social Security. (I am not). So... can a disabled person be on Medicare without SSDI?</p>	<p>Unfortunately, this question is out of scope in this Medicare presentation and we do not know the answer. We suggest you contact Social Security at 1-800-772-1213 ((TTY 1-800-325-0778) from 8 a.m. to 7 p.m. Monday-Friday, or online at www.ssa.gov, and Medicare to understand the guidelines and any options available. We suggest you contact the SSA at 1-800-772-1213 ((TTY 1-800-325-0778) from 8 a.m. to 7 p.m. Monday-Friday, or online at https://www.ssa.gov.</p> <p>How to Cover a Disabled Son with Medicare SSDI-Based Coverage: A child is generally eligible for Medicare if they are under 65 and have received SSDI benefits for at least 24 months. Disabled Adult Child (DAC): If you are receiving Medicare and Social Security retirement or disability benefits, your adult child (18+) may qualify as a DAC if their disability began before age 22. Apply through the Social Security Administration (SSA) by visiting a local office or calling them at the number shown above. You can also refer to the SSA brochure titled "Benefits for Children with Disabilities" (https://www.ssa.gov/pubs/EN-05-10026.pdf)</p>
<p>I need to know how pre-medicare plan intersects with SSDI and medicaid. I will need to sign up in one year</p>	<p>SSDI is out of scope on this presentation. We recommend you discuss this with SSDI so you are well informed. Please refer to the SSA website at https://www.ssa.gov/ for more details.</p>

General topics

<p>What is GHP?</p>	<p>GHP = Group Health Plan, meaning a corporate health plan.</p>
<p>Will you be discussing pre-Medicare? I'm only 61 and cobra runs out this month</p>	<p>This presentation (https://intelretiree.com/wp-content/uploads/2026/02/2026-Getting-Started-With-Medicare.pdf) is focused solely on Medicare for those age 65+. It's always a good idea to be educated on Medicare in advance prior to turning age 65. However, if your COBRA coverage is ending, and you are not eligible for Medicare at that time, then you will need to find another source of coverage: 1) through a new employer plan, 2) the Marketplace (healthcare.gov), or 3) a spouse's coverage through their employer, and 4) private insurance brokers.</p>
<p>Are there new deductibles to be met if you sign up say in November of 2026 but you have already met your private non Medicare deductible?</p>	<p>Yes, there would be new deductibles to meet. Each plan is a separate legal plan and they do not coordinate benefits or assume deductibles.</p>
<p>How can I verify my mailing address?</p>	<p>To verify or update your Medicare mailing address, log in to your "my Social Security" account on the SSA website (https://ssa.gov), call 1-800-772-1213, or visit a local office. Updates made with Social Security automatically apply to Medicare. You can also verify your address by reviewing recent, official correspondence from Medicare.</p>
<p>Is there a penalty if I sign up in my birthday month and not in the 3 months prior to my birthday?</p>	<p>There is no penalty, but you should try to sign up earlier and designate the month you want coverage to begin. This helps to have your Medicare card, etc. in place.</p>
<p>What is the Medicare Birthday Rule to allow one to switch between Medigap policies?</p>	<p>One website to refer to is https://boomerbenefits.com/which-states-have-a-medigap-birthday-rule/ Contact your state SHIP contact (https://www.shiphelp.org/) or contact Medicare (1-800-633-4227) for further details.</p>
<p>I am with CALPERS (union member from my current CA state agency). I was told by CALPERS, I could switch between medicare gap and medicare advantage during open enrollment period each year.</p>	<p>Specific situations are best answered by either checking with Medicare at 1-800-MEDICARE (1-800-633-4227) or with your union.</p>
<p>After signing up and using medicare - what if i later get access to a plan through employer?</p>	<p>You can drop Medicare and join the employer group health plan if there are 20+ employees. You would want to compare the 2 plans to see which is the better plan financially for you.</p>

<p>Are annual PCP visits covered by part B? or only the Wellness visits?</p>	<p>Visits to your PCP are covered under Part B. How your PCP codes the visits are important. PCP wellness visits and covered condition visits to your PCP are covered.</p>
<p>What's the difference between an annual wellness check and a routine physical exam?</p>	<p>This can be complicated. It is dependent how your Primary Care Provider (PCP) codes a medical appointment.</p>
<p>Can you explain opt-out doctor?</p>	<p>An opt-out doctor is a healthcare provider who has formally filed an affidavit with Medicare to opt out of the program, meaning they do not bill Medicare for any services. Patients must pay out-of-pocket for these services, and neither party can submit claims for reimbursement to Medicare and/or an Advantage Plan.</p> <p>If a doctor officially opts out of Medicare, prescriptions they write for drugs, tests, or supplies are generally not covered by Medicare Part B or Part D, except in emergencies. You must pay the full out-of-pocket cost, and the doctor must have you sign a private contract stating Medicare will not pay. Refer to https://www.medicare.gov/basics/costs/medicare-costs/provider-accept-Medicare for details</p>
<p>Are services like chiropractic and acupuncture covered in Part B</p>	<p>Chiropractic care is not routinely covered and it is very specific what is allowed. Check your Medicare handbook (https://www.medicare.gov/medicare-and-you) or contact Medicare (1-800-633-4227) for specific information.</p> <p>A Medicare Advantage plan or a Supplemental plan with Original Medicare may cover chiropractic and acupuncture - you need to look into plan details.</p>
<p>Premiums are per person or per couple?</p>	<p>Medicare is per person. There is no dependent coverage. Premiums are per person.</p>
<p>Would my wife be eligible for Medicare as my dependent or is Medicare strictly personal?</p>	<p>Medicare is individual insurance with no dependent insurance offered. If a spouse is not yet 65, they need to look for insurance separately. This could be through employment, ACA, etc.</p>
<p>If I still have dependent children when I start Medicare, what can I do with them? And can I use SERMA to cover their premiums?</p>	<p>You will need to find other insurance for any dependents as Medicare is for people age 65+. One could look at ACA for plans (https://www.healthcare.gov/) or if a spouse has employer coverage. SERMA reimburses retirees for eligible medical insurance premium expenses for you, your qualified dependents, and your spouse/domestic partner until the balance is exhausted. SERMA plan info is available on the IRO website. https://intelretiree.com/healthcare/us-official-retiree-serma-program/</p>

<p>Resource recommendations to compare advantage plans? Or perhaps it's state specific?</p>	<p>There are many resources online that provide Medicare Advantage comparisons, including the Medicare site - go to https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage. Another resource that provides information on Medicare, including questions regarding MA plans is kff.org. Follow this link (https://www.kff.org/faqs/medicare-open-enrollment-faqs/medicare-advantage/) for some details. For state specific questions, refer to the local State Health Insurance Assistance Program (SHIP) at https://www.shiphelp.org/</p>
<p>I have some specialty medications that I need (biologics). So, I have been planning to get "Original Medicare (A & B) + Medigap Plan G + Part D" --- Will you also explain Plan G stuff?</p>	<p>Medicare supplement Plan G will cover the portion of approved Medicare expenses that is not covered by Medicare (20%). There are other medigap plans as well - see https://www.medicare.gov/health-drug-plans/medigap/basics/compare-plan-benefits for details. For specialty medications, you will need to review the plans to see what is covered in the specific plan. You can check the drugs by entering in your prescriptions into the tool on Medicare.gov. Note that each year the formularies change for Part D drug plans - you should check the Part D drug plan options for coverage for your specific Rx requirements each year at annual enrollment.</p>
<p>I have medical and prescription coverage through my husbands union. Somebody told me if I sign up for specific portions of Medicare (Prescriptions?) It will permanently cancel my union insurance? any insight ?</p>	<p>We advise you to contact a Union Representative for further details and interpretation of their plans. We are unable to advise about their contract and don't have access to view it.</p>
<p>Is there such a thing like a "dormant" enrollment but not have to pay any premiums until years later? The possibility I see is that, enroll during the first eligibility but due to AGI for years following it, use other means of insurance (say live outside of USA), and once AGI is reduced (say SERPLUS distribution is exhausted), start using Medicare?</p>	<p>There is no dormant enrollment as an option. One can un-enroll from Medicare but there are penalties associated with it. You would have to weigh the benefits of paying penalties (which may be for life) vs. the IRMAA costs and the option of other insurance available. Contact Medicare (1-800-MEDICARE or https://medicare.gov) for more details.</p>

<p>There are lots of private Medicare advisors/brokers around. What are the advantages/disadvantages of working w/them instead of or in addition to contacting SHIP?</p>	<p>Retirees should do what is the most comfortable for them. State Health Insurance Assistance Program or SHIP (https://www.shiphelp.org/) is a good neutral resource which is available statewide. Many people prefer to work with a broker. Most brokers can't possibly offer every policy that is available in your area. One could contact a broker and also review the Medicare website to see all options. Brokers typically receive a commission that is paid by the insurance company and at no cost to you. Alight (https://retiree.alight.com/intel) works with Intel retirees at no cost to the retiree but you may work with any broker you choose, if desired.</p>
<p>After being in Medicare (so already established in Medicare), can a person change either from Advantage to Original Medicare and/or from Original Medicare to Advantage? If yes, when? (I know she mention this quickly)</p>	<p>There are options and timeframes associated with changing from one plan to another. Review slides 16-17 in the Medicare presentation for more information.</p>
<p>What is medical underwriting?</p>	<p>Medicare underwriting is the process insurers use to evaluate your health history to determine eligibility and premiums for Medigap plans outside of your initial 6-month enrollment period. It does not apply to Parts A, B, C, or D during open enrollment. Common reasons for denial include serious conditions like cancer, COPD, etc. which may cause higher premiums or inability to gain coverage. Each insurance company may have separate guidelines they use. When you become Medicare eligible you have "guaranteed issue" - a period where supplemental policies (that can be purchased with Regular Medicare) must accept you, regardless of any pre-existing medical conditions. Please refer to https://www.medicare.gov/health-drug-plans/medigap/ready-to-buy/change-policies. Within that web page, click on the "What are guaranteed issue rights?" information link to get more details.</p>
<p>How good is metlife really???</p>	<p>We cannot answer that question. It is best to do one's own research to assess the "goodness" of their coverage.</p>
<p>If i already made a lump sum HSA contribution at the beginning of 2026 and I am eligible for medicare in nov 2026, am i subject to the IRS penalty you mentioned ?</p>	<p>For this specific issue, please contact your H.S.A. administrator to understand your best option. As it is within the same calendar tax year you may be able to correct any issue without incurring a penalty, but it is best to check with your HSA administrator and/or contact your HR department.</p>

SERMA questions

<p>if using SERMA to pay for medicare premiums, does that get taxed, or even need to be mentioned in yearly IRS tax returns?</p>	<p>SERMA is out of scope for this presentation. However, SERMA is an Intel plan that provides non-taxable reimbursement for medical premium expenses. If you are reimbursed by SERMA, you can not deduct those premiums on your tax return. For further details on SERMA, you may refer to the SERMA info on the IRO website: https://intelretiree.com/healthcare/us-official-retiree-serma-program/</p>
<p>Can I pay medicare premiums with Intel SERMA/IRMP?</p>	<p>Yes, you can receive SERMA reimbursement for your Medicare premiums. For more information, go to https://intelretiree.com/healthcare/us-official-retiree-serma-program/ Note that IRMP refers to Intel Retirement Medical Plan, and is independent of SERMA (Sheltered Employee Retirement Medical Account).</p>
<p>Based on 2024 income, which included my severance payments, my Medicare premiums are over 400 ea for wife and I. Can I claim that for SERMA? How?</p>	<p>Yes, you may be reimbursed through SERMA. Refer to the IRO page on SERMA (https://intelretiree.com/healthcare/us-official-retiree-serma-program/) for more details.</p>
<p>Will there be a follow-on wrt Serma and how to use for coverage after retiring....for not yet 65 retirees as well?</p>	<p>With regards to SERMA, please review the IRO website which has the summary document and detailed information on SERMA at https://intelretiree.com/healthcare/us-official-retiree-serma-program/. However, that being said, SERMA information is being reviewed at Intel currently and we may receive updated information on it within a few months. We will immediately post that when received. If there is a specific question on SERMA contact the Intel Health Benefits Center at (877) 466-9236. We have discussed giving a webinar on SERMA but no decision has been made yet with the volunteer team.</p>

Questions regarding the presentation

<p>Any chance you can share the presentation materials before the meeting?</p>	<p>Here is the link to the presentation slides. https://intelretiree.com/wp-content/uploads/2026/02/2026-Getting-Started-With-Medicare.pdf</p>
<p>How do we access the recording of this webinar if we need to review some discussed / shared info later on?</p>	<p>CMS policy does not allow the presentation to be recorded. The Medicare presentation is posted on the IRO website at https://intelretiree.com/wp-content/uploads/2026/02/2026-Getting-Started-With-Medicare.pdf</p>
<p>Will qa doc be on facebook?</p>	<p>Yes, we will post a link to the Q&A on the IRO website as well as the Facebook group page.</p>

<p>Is there a place to ask additional questions at a later time?</p>	<p>For further questions please contact Medicare or Social Security and refer back to the presentation that Cristina reviewed (https://intelretiree.com/wp-content/uploads/2026/02/2026-Getting-Started-With-Medicare.pdf) which has excellent detailed information for follow-up. It is a lot to comprehend in one setting.</p>
--	---

SHIP questions

<p>How do we contact SHIP?</p>	<p>Each state has a State Health Insurance Assistance Program (SHIP) (https://www.shiphelp.org/) that provides free one-on-one, unbiased counseling and answering questions. They should be located online under the specific state website.</p>
--------------------------------	--

SSA and Medicare

<p>Does Medicare acceptance begin when we apply for social security benefits? If we retire at age 70, do we inform Medicare at age 65?</p>	<p>If you are already receiving Social Security benefits before age 65, you will be automatically enrolled in Medicare Part A and Part B when you turn 65. You will receive your Medicare card in the mail about 3 months before your 65th birthday.</p> <p>If you are working and have a qualifying employer-sponsored health coverage, you are generally not required to enroll in Medicare.</p> <p>If you are not working, it is advisable that you actively enroll yourself in Medicare within the initial enrollment window; if not, you may incur penalties for life. See https://www.medicare.gov/basics/costs/medicare-costs/avoid-penalties for details on penalties.</p> <p>Here is SSA Contact Info: 1-800-772-1213 (TTY 1-800-325-0778) from 8 a.m. to 7 p.m. Monday–Friday, or online at https://www.ssa.gov.</p>
<p>How do I ensure my address is up to date to get the enrollment packet if I am moving soon? In other words, where do I update my address?</p>	<p>All administration is done through Social Security. Here is SSA Contact Info: 1-800-772-1213 (TTY 1-800-325-0778) from 8 a.m. to 7 p.m. Monday–Friday, or online at https://www.ssa.gov.</p>
<p>"Get Ready for Medicare Package" - will we get this automatically from SSA via postal mail? Do we have to wait for this package before applying on-line or going to local SSA office appointment?</p>	<p>The "Get Ready for Medicare" package is mailed automatically by the Social Security Administration (SSA) about 3 months before your 65th birthday if you are already receiving Social Security benefits. You do not need to wait for this package to apply online or schedule an appointment if your initial enrollment period has started. Refer to https://www.medicare.gov/basics/forms-publications-mailings/mailings/signing-up for more details.</p>

<p>Replying to "how can I verify my mailing address?": my social security account is set to 'no paper mail' and an address is not listed or able to update.</p>	<p>To verify or update your Medicare mailing address, log in to your "my Social Security account" on the SSA website, call 1-800-772-1213, or visit a local office. Updates made with Social Security automatically apply to Medicare. You can also verify your address by reviewing recent, official correspondence from Medicare.</p>
<p>So, can I go to my local SSA office and ask specific questions ?</p>	<p>Yes, you can. Here is SSA Contact Info: 1-800-772-1213 (TTY 1-800-325-0778) from 8 a.m. to 7 p.m. Monday–Friday, or online at https://www.ssa.gov. Check to ensure that your local office accepts in-person appointments as some do not.</p>
<p>Did I understand correctly that if I'm not receiving SS benefits currently (i.e.: checks) I will not receive the package automatically but need to go to SSA to request the medicare package?</p>	<p>Yes, if you are not receiving SS benefits currently, you will manually need to apply through the SSA website. Once you sign up within the 7-month window for enrollment, you will get a "Welcome to Medicare" package from Medicare, in the mail. Refer to https://www.medicare.gov/basics/forms-publications-mailings/mailings/signing-up for more details.</p>

VA benefits and Medicare

<p>I can get care with the VA - can I not use part B and get A without penalty?</p>	<p>VA Benefits are not covered directly in this presentation. We suggest you contact the VA to review your options.</p>
<p>Question for the end: Is there anything you can share about Medicare signup for someone with U.S. military retiree TriCare?</p>	<p>VA benefits are not covered directly in this presentation. We suggest you contact the VA to review your options.</p>
<p>Being retired military with Tricare for life, and wife and I both already on Medicare for SSDI, only thing I need is Dental and Vision.</p>	<p>Vision insurance is offered through Intel during Annual Enrollment. Intel partners with MetLife to offer retirees a voluntary dental plan. There are some providers that offer Medicare Vision/Dental plans. Some dentist offices offer their own plan for a monthly premium.</p>

Waiver states

<p>Will you cover Medigap "Plan G?" I live in Massachusetts--one of 5 "waiver states" for Plan G. What is the Plan G alternative here?</p>	<p>Medicare supplement plan ("Medigap") coverage in specific waiver states will not be covered in this presentation. Check with your local State Health Insurance Assistance Program (SHIP) for coverage options. Go to https://shiphelp.org/</p>
<p>What about the 5 waiver states? For instance, I can't buy Medigap plan G in the state of MA</p>	<p>Massachusetts is a unique state regarding Medigap Part G. We suggest you contact your state's SHIP agency (https://www.shiphelp.org/ships/massachusetts/) or Medicare (1-800-633-4227) to ensure you receive the detailed info that you need.</p>

<p>Could you describe waiver rule in MA?</p>	<p>In Massachusetts, you can get on a Medigap plan without going through underwriting. In most states you either have to sign up when you are 65 or go through medical underwriting. Massachusetts has a plan similar to Part G. You should contact local brokers in Mass. for more info or contact Medicare.</p>
--	---

ACA and Medicare

<p>Can I cancel ACA coverage on the day I enrolled Medicare or I have to cancel it one day before Medicare starting day?</p>	<p>You should cancel your ACA (Marketplace) coverage to end the day before your Medicare coverage begins to avoid gaps in coverage or paying for overlapping insurance. If your Medicare starts on the 1st of the month, your ACA plan should terminate on the last day of the previous month.</p>
--	---

Questions regarding Aight

<p>What's the package I got from Intel about managing medicare with Aight?</p>	<p>Aight is a medical insurance broker that Intel partners with, providing a resource exploring Medicare/Medigap/Medicare Advantage options. It is free to the retiree. One can work with Aight or also utilize any other broker they wish to work with. One can also sign up on Medicare by utilizing the Medicare website. Refer to the Aight website at https://retiree.alight.com/intel for further details.</p>
<p>What is the process for using Aight as Intel retirees? Contact info?</p>	<p>To our knowledge, Intel will send you a postcard with Aight information when you are close to turning 65. The URL is https://retiree.alight.com/intel If you have further questions contact Intel Health Benefits Center at (877) 466-9236.</p>
<p>My spouse turns 65 this year. Will they (Aight) be able to help him as well?</p>	<p>It is best to contact Aight directly and let them know about your particular situation. Talk to a Customer Service Advisor Mon–Fri from 8 a.m. – 8 p.m. (Central Time). Phone: 1-(877) 458-9659; (TTY 711)</p>