

Medicare Drug Insurance and You Colorado Options 2025



What Is Part D Coverage?

Medicare prescription drug coverage, known as “Part D,” is prescription drug insurance provided by private insurance companies. This prescription drug coverage can be purchased as a “Stand-Alone” Part D plan or can be included in a purchased “Medicare Health Plan with Drug Coverage” plan. All Part D plans sold in Colorado have been approved by Medicare. The plans change each year, so new information is summarized annually in this publication.

In Colorado for 2025 there are 14 Stand-Alone Part D plans. Each of those plans is sold throughout the state. There are 46 Medicare Health Plans (HMO, PPO, or PFFS with drug coverage) and 21 Medicare Health Plans for special populations (Special Needs Plans) that include Part D coverage. Medicare Health Plan availability varies by county, so not all Medicare Health Plans are available throughout the state.

Each plan has a different list of covered drugs, premiums, deductibles, copays, and pharmacy networks. Each company must offer a “Standard Plan,” but may also offer enhanced plans with additional coverage.

How and When Do I Enroll?

If you have Medicare Part A, Part B, or both, you are eligible for Medicare Part D. Many people will first enroll in a Part D plan when they enroll in Medicare Part A and B: three months before, the month of, or three months after their 65th birthday (seven-month Initial Enrollment Period).

Enrollment occurs when you review plans, pick a plan, and then call that plan, call Medicare, or enroll online to indicate which plan you have chosen.

There are additional Special Enrollment Periods for situations such as moving from one coverage area to another, moving in or out of a nursing home, or losing employer coverage. Some people have coverage from another source and might not need to get a Part D plan (see “Thinking About Skipping Part D?” p. 3).

Contact Medicare (1-800-MEDICARE), or your local SHIP at 1-888-696-7213, for additional information about the timelines for enrolling in Medicare Parts A, B, and D.

Annual Open Enrollment!

October 15–December 7 Part D and Medicare Annual Open Enrollment Period

This is the time to enroll in or switch plans. Your selection or plan will take effect January 1, 2025. Most people will not be able to change plans again until the Annual Open Enrollment Period next year.

January 1 – March 31 Medicare Advantage Open Enrollment Period

If you are enrolled in a Medicare Advantage Plan on January 1, and change your mind, you have an opportunity to enroll in another Medicare Advantage Plan or disenroll to go back to Original Medicare and add a Stand-Alone Part D plan.

Other enrollment periods
You may qualify for other enrollment periods based on events such as becoming eligible for Medicare, eligibility for Extra Help, moving out of your plan area, or losing employer coverage. Enrollment into a “Five-Star Plan” or out of a “Low Performing Plan” also adds an enrollment opportunity during the year.

Call 1-800-MEDICARE or your local SHIP at 1-888-696-7213 to get reliable information for your situation so you know when to take action and what time limits may apply.

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Can I Change Plans?

If your Stand-Alone Part D Plan or Medicare Health Plan with Drug Coverage is continuing into 2025, and if you want to keep that plan, you don’t need to take any action. You should have received an “Annual Notice of Change” from your insurance provider by September 30. This notice gives you information on the premiums and general changes, but it does not have to include changes about what drugs will be covered by the plan.

Plans often make changes annually - there may be new premiums, copays, and changes in the lists of drugs that are covered. We recommend you evaluate your prescription drug coverage each year to determine which plan best fits your needs for the coming year. You can compare plans yourself at [Medicare.gov](#) (see “Do-It-Yourself Plan Comparison Searches,” p. 8) or get help by calling Medicare (1-800-MEDICARE) or call your local SHIP at (1-888-696-7213).

You can enroll or change your Part D plans and Medicare Health Plans from October 15 through December 7. The enrollment change will take effect on January 1, 2025. You can make this change by calling 1-800-MEDICARE, calling your new plan choice, or making your enrollment selection online at [Medicare.gov](#).

Part D Standard Plan for 2025

The diagram to the lower right shows the “Standard Plan” for 2025. Each Part D insurer must offer a plan that is equivalent to this plan. They can also sell “enhanced” plans that have more generous coverage, usually for a higher premium. Few plans have the identical costs as described in the Standard Plan, but they can be sold because they are overall financially the same.

Premiums and Deductibles

Premiums are the monthly cost of purchasing the Stand-Alone Part D coverage or the Medicare Health Plan. The deductible is the amount of money you must pay out of your pocket before your insurance begins to pay its share.

Copays

Copays vary from plan to plan and within plans depending on the medication. Most insurers use a “tiered” system where copays are lowest for generics, and highest for brand-name drugs. Each plan may also have “preferred” and “non-preferred” drugs that will also affect the copays.

Medicare drug insurance plan premiums for 2025 vary from \$0 to \$143 for Stand-Alone Plans, and from \$0 to \$107 for Medicare Health Plans with drug coverage. Deductibles range from \$0 to \$590 for either Stand-Alone Plans or Medicare Health Plans with Drug Coverage.

The Coverage Gap (or “Donut Hole”) is Eliminated

Beginning in January 1, 2025, people with Part D plans through traditional Medicare and Medicare Advantage plans with prescription drug coverage won’t pay more than \$2,000 over the calendar year in out-of-pocket costs for their prescription medications. All prescription medications covered by Part D plans are included under this cap, including deductibles, copayments, and coinsurance for covered drugs. This new cap will help people enrolled in a Medicare Part D plan by placing a limit on what they will pay each year for their prescription drugs. The cap will especially help those who have high out-of-pocket medication costs and do not qualify for the Federal Extra Help program.

Formularies

Formularies are the lists of drugs covered by the individual plans. When drugs are not on the formulary, you pay full price. Each plan will pay for some brand-name and some generic drugs in each treatment category, but not all drugs. Check if your drugs will be covered in 2025 by your current plan, or by the new plan you are considering. Eliminate plan choices that don’t cover most of your prescriptions, especially more expensive brand-name drugs, or consider asking your doctor if you can switch to those drugs that are covered by your plan.

Certain types of drugs or categories of drugs are not covered by Part D plans, including over-the-counter drugs, drugs for weight management, fertility or sexual dysfunction, or cosmetic purposes. These are known as “exclusions.”

Which Pharmacies Do You Use?

Each insurer has a network of pharmacies where you can use your drug insurance. Check to ensure that the pharmacy you use is part of the network for the plan you choose. Drug purchases in out-of-network pharmacies cost more and may not count toward your true out-of-pocket expenses.

You can achieve the greatest cost savings with your prescription copayment or coinsurance amounts by checking the status of your pharmacy with your plan. Pharmacies listed with the plan as “Preferred Cost-Sharing” network pharmacies may offer even lower copayment or coinsurance amounts than “Standard Cost-Sharing” network pharmacies.

Most Medicare drug insurers also offer a mail order pharmacy option. It is important to compare how mail order costs compare to retail – they may be cheaper or more expensive, depending on the plan.

2025 Standard Medicare Prescription Drug Benefit

The amounts below do not include monthly premiums.

Deductible Phase

Beneficiary pays 100%

Deductible

Beneficiary pays \$590

Initial Coverage Phase

Cost-sharing: 25%

Plan Pays: 65%

Manufacturer Discount: 10%

Out-of-Pocket Threshold = \$2,000

Catastrophic Phase

Plan pays: 60% Manufacturer Discount: 20%

Reinsurance: 20%

You Have Employer or Retiree Drug Insurance

If you have drug benefits through your or your spouse's current employer plan or with a retiree plan, you may be able to keep your current coverage. If Medicare considers this coverage to be as good as or better than Medicare Part D ("creditable coverage"), you do not need to enroll in a Part D plan. If you later lose coverage, you'll be able to enroll in a Part D plan without facing a penalty for late enrollment.

Each year you should receive a notice regarding your coverage and confirming if your coverage is "creditable." Save this notice. If you have not received a notice by mid-October, contact your benefits administrator to request one. It is important that you contact your benefits administrator before making ANY decisions regarding your prescription drug coverage. If you choose a Part D plan outside your employer coverage, you could lose your employer health coverage entirely – ASK FIRST!

You Are Covered Through FEHBP, TRICARE for Life, or VA

If you have prescription drug benefits through the Federal Employees Health Benefits Program (FEHBP) or TRICARE for Life, you may enroll in Medicare prescription drug coverage, if you choose. However, the drug coverage through these plans is typically better than the Medicare prescription drug plan coverage.

You might want to enroll in a Medicare drug plan if you are eligible for Extra Help in paying your prescription drug costs (see "Extra Help for Part D Costs," p. 5). Extra Help may provide lower drug copays than your retiree plan. You cannot receive the Extra Help through your FEHBP or TRICARE for Life.

If you have Veterans Affairs (VA) coverage, you have the option of getting your prescriptions through the VA and enrolling in a Medicare prescription drug plan. You cannot use both VA coverage and Medicare coverage at the same time. However, you can use your Medicare prescription drug coverage to receive Extra Help and to fill prescriptions at pharmacies outside the VA system.

You Have Little or No Drug Costs

If you currently have little or no drug costs, you may be thinking about not enrolling in Part D. Consider that, like any other insurance, Part D is designed to protect you now and in the future; most people can't predict what their health care needs will be in six months.

The disadvantages of delaying enrollment include: 1) you risk not having the coverage if you need it; 2) after your first opportunity to enroll has passed, you will have only yearly opportunities to enroll during the Annual Enrollment Period October 15 – December 7, with an effective date of January 1 of the following year; or 3) if you do enroll at a later date, you will likely have to pay a penalty for late enrollment (see "Penalties for Late Enrollment," discussed later on this page).



You Have Drug Coverage Through a Medicare Supplement Plan Issued Before 2006

If you still have drug coverage from a Medicare Supplement issued before 2006, it is not creditable coverage and your penalty for late enrollment into Part D will increase each year you postpone the coverage. If and when you enroll in a Part D plan, be sure to notify your Medicare Supplement company that you no longer want drug coverage as part of the Supplement; you cannot have both.

Penalties for Late Enrollment

Even though Medicare Part D coverage is voluntary in the sense that you have to choose to enroll in it and pick a plan, there is a penalty for enrolling late. The penalty is based on how many months have passed since you first became eligible for the benefit.

The penalty increases the longer you wait to enroll, begins when you finally do enroll, and continues to be assessed on top of your Part D premiums for as long as you have Part D. The number of months you didn't elect coverage but were eligible is multiplied by 1% of the National Base Average premium (\$36.78 for 2025) and applied monthly thereafter.

CHART 1

2025 Colorado Medicare Stand-Alone Rx Plans

Data provided by Medicare in October 2025. Please confirm all information with the drug plan.

Company Name & Contact Information	Plan Name and ID Number	Monthly Premium	Annual Deductible	Copays	
Aetna Medicare 1-833-526-2445	SilverScript Choice (PDP) S5601-054	\$55.10	\$590	\$5-\$10 and/or 19%-32% Coinsurance	
Anthem Blue Cross and Blue Shield 1-800-261-8667 shop.anthem.com/medicare	Anthem MediBlue Rx Plus (PDP) S5596-060	\$151	\$150	\$5-\$10 and/or 15%-38% Coinsurance	
	Anthem MediBlue Rx Standard (PDP) S5596-059	\$115.40	\$590	\$5-\$10 and/or 15%-39% Coinsurance	
Cigna 1-833-668-2397 cigna.com/medicare	<i>Cigna Healthcare Assurance Rx (PDP) S5617-133¹</i>	\$11.70	\$590	\$0-\$12 and/or 17%-50% Coinsurance	
	Cigna Healthcare Extra Rx (PDP) S5617-272	\$130.10	\$175	\$0-\$20 and/or 19%-50% Coinsurance	
	Cigna Healthcare Saver Rx (PDP) S5617-377	\$20.70	\$590	\$0-\$20 and/or 18%-50% Coinsurance	
Humana Insurance Company 1-800-706-0872 humana.com/medicare	Humana Walmart Value Rx Plan (PDP) S5884-206	\$63.90	\$573	\$0-\$2 and/or 20%- 34% Coinsurance	
	<i>Humana Basic Rx Plan (PDP) S5884-111¹</i>	\$15	\$590	\$0-\$1 and/or 21%- 46% Coinsurance	
	Humana Premiere Rx Plan (PDP) S5884-173	\$143.40	\$0	\$0-\$47 and/or 33%-50% Coinsurance	
UnitedHealthcare 1-800-753-8004 1-888-867-5564 Aarpmedicareplans.com	AARP Medicare Rx Preferred (PDP) S5921-408	\$104.70	\$0	\$5-\$47 and/or 33%-45% Coinsurance	
	AARP Medicare Rx Saver (PDP) S5921-372	\$96.30	\$590	\$2-\$10 and/or 18%-46% Coinsurance	
Wellcare	<i>WellCare Classic (PDP) S4802-091¹</i>	\$17.30	\$590	\$0-\$8 and/or 22%-36% Coinsurance	
	Wellcare Medicare Rx Value Plus (PDP) S4802-230	\$117.20	\$590	\$0-\$10 and/or 15%-50% Coinsurance	
	Wellcare Value Script (PDP) S4802-160	\$0	\$590	\$0-\$15 and/or 25%-41% Coinsurance	

¹ **Bold & Italicized plan names are Benchmark Plans.** For people with full Extra Help, Benchmark Plans have \$0 premium, \$0 deductible, and no coverage gap. Note: Plans under sanction are not shown.

CHART 2

CHART 2

2025 Colorado Medicare Health Plans (with Drug Coverage)

Data was obtained from the Medicare website in October 2025. Please confirm all information with the drug plan. Not all plans are offered in all counties.

Company Name & Contact Information	Plan Name and ID Number	Monthly Premium	Enhanced Drug Benefit ¹	Annual Deductible	Offers Extra Benefits ²	In-Network MOOP Amount ³
Cigna 1-800-313-0973 cigna.com/medicare	Cigna Preferred Medicare (HMO) H0672-001	\$0.00	Yes	\$0.00	Yes	\$3,550
	Cigna True Choice Medicare (PPO) H0672-019	\$0.00	Yes	\$0.00	Yes	\$3,600
	Cigna True Choice Medicare (PPO) H7849-001	\$0.00	Yes	\$0.00	Yes	\$5,200/ \$8950
Clear Spring Health 1-877-248-6622 clearspringhealthcare.com	Clear Spring Health Essential (HMO) H6379-001	\$0.00	Yes	\$0.00	Yes	\$3,400
	Clear Spring Health Essential (PPO) H8014-001	\$0.00	Yes	\$0.00	Yes	\$5,500/ \$8950
Devoted Health 1-800-376-5889 Devoted.com	Devoted CHOICE Colorado (PPO) H4808-001	\$0.00	Yes	\$590	Yes	\$6,100/ \$9,550
	Devoted CORE Colorado (HMO) H7147-001	\$0.00	Yes	\$495	Yes	\$4,900
	Devoted GIVEBACK Colorado (HMO) H7147-005	\$0.00	Yes	\$150.00	Yes	\$6,600
	Devoted CHOICE GIVEBACK Colorado (PPO) H4808-003	\$0.00	Yes	\$590	Yes	\$7,900/ \$11,300
Elevate Medicare Advantage 1-877-956-2111 Denverhealthmedicalplan.org	Elevate Medicare Select (HMO) H5608-002	\$0.00	Yes	\$0.00	Yes	\$6,750
Humana 1-800-833-2364 humana.com/medicare	Humana Gold Choice (PFFS) H8145-164	\$12.00	Yes	\$300.00	Yes	\$5,200
	Humana Gold Plus (HMO) H0028-025	\$0.00	Yes	\$0.00	Yes	\$4,900
	Humana Gold Plus (HMO) H0028-047	\$0.00	Yes	\$0.00	Yes	\$5,300
	Humana Value Plus (PPO) H5216-195	\$33.90	Basic	\$590	Yes	\$7,550/ \$11,300
	HumanaChoice Giveback (PPO) H5216-435	\$0.00	Yes	\$0.00	Yes	\$7,850/ \$14,000
	HumanaChoice Giveback (PPO) H5216-438	\$0.00	Yes	\$220.00	Yes	\$7,850/ \$14,000
	Humana Full Access (PPO) H5216-333	\$91.00	Yes	\$0.00	Yes	\$3,400
	HumanaChoice (PPO) H5216-078	\$0.00	Yes	\$250.00	Yes	\$5,000/ \$8,950
	HumanaChoice (PPO) H5216-223	\$7.00	Yes	\$200.00	Yes	\$5,400/ \$10,000
	HumanaChoice (PPO) H5216-261	\$0.00	Yes	\$200.00	Yes	\$5,200/ \$8,950
	HumanaChoice (PPO) H5216-434	\$0.00	Yes	\$200.00	Yes	\$6,750/ \$8,950
Kaiser Permanente 1-877-408-3492 kp.org/medicare	Kaiser Permanente Senior Advantage Core DM (HMO) H0630-013	\$0.00	Yes	\$0.00	Yes	\$3,300
	Kaiser Permanente Senior Advantage Silver DM (HMO) H0630-015	\$32.00	Yes	\$0.00	Yes	\$3,000
	Kaiser Permanente Senior Advantage Gold (HMO) H0630-016	\$107.40	Yes	\$0.00	Yes	\$2,900
	Kaiser Permanente Senior Advantage Bronze DM (HMO) H0630-025	\$0.00	Yes	\$0.00	Yes	\$5,900
	Kaiser Permanente Senior Advantage Choice DM (PPO) H3138-001	\$0.00	Yes	\$0.00	Yes	\$5,100/ \$8,950
Perennial Advantage Freedom 1-844-788-6959 perennialadvantage.com	Perennial Advantage Freedom (HMO) H3419-003	\$0.00	Yes	\$0.00	Yes	\$3,900
	Select Health Medicare Essential (HMO) H1994-027	\$0.00	Yes	\$0.00	Yes	\$3,900
Select Health 1-855-442-9900 Selecthealth.org	Select Health Medicare & Kroger (HMO) H1994-030	\$0.00	Yes	\$0.00	Yes	\$3,900
	Select Health Medicare Flex (HMO) H1994-031	\$0.00	Yes	\$200	Yes	\$4,900
	Select Health Medicare Choice (PPO) H2246-032	\$0.00	Yes	\$0.00	Yes	\$5,000/ \$8,900
UnitedHealthcare 1-800-555-5757 AARPMedicarePlans.com	AARP Medicare Advantage from UHC (HMO) H0609-007	\$51.00	Yes	\$340.00	Yes	\$2,900
	AARP Medicare Advantage from UHC (HMO) H0609-012	\$0.00	Yes	\$340.00	Yes	\$3,500
	AARP Medicare Advantage Patriot (HMO) H0609-018	\$0.00	N/A	N/A	Yes	\$3,900
	AARP Medicare Advantage Patriot (PPO) H2406-108	\$0.00	N/A	N/A	Yes	\$4,500/ \$10,100
	AARP Medicare Advantage from UHC (PPO) H2406-106	\$0.00	Yes	\$420.00	Yes	\$5,100/ \$10,100
	AARP Medicare Advantage from UHC (HMO) H0609-048	\$0.00	Yes	\$420.00	Yes	\$3,900

¹Plans that offer extra benefits may do so at an additional cost above the plan premium.
²MOOP is the maximum out-of-pocket limit on enrollee spending for all in-network Part A and Part B services.

Special Needs Plans are Medicare Health Plans with drug coverage for people who are on both Medicare and Medicaid, reside in an institutional setting, or have a specific chronic or disabling condition. The monthly premiums, deductibles, and co-payments for drugs depend upon the level of assistance the member receives from Medicaid and whether the member lives in an institutional setting.

Organization Name	Plan Name	Special Needs Plan Type
Aetna 1-833-859-6031 Aetnamedicare.com	Aetna Medicare Assure Premier 1 (HMO D-SNP) H3931-175	Dual-Eligible
	Aetna Medicare Assure Premier (HMO D-SNP) H4711-012	Dual-Eligible
Anthem Blue Cross and Blue Shield 1-833-668-2205/ 2204 shop.anthem.com/medicare	Anthem Dual Advantage (HMO D-SNP) H4346-014	Dual-Eligible
	Anthem Kidney Care (HMO C-SNP) H4346-029	Chronic or Disabling Condition
Cigna 1-800-313-0973 Cigna.com/medicare	Cigna TotalCare (HMO D-SNP) H0672-009	Dual-Eligible
	Cigna TotalCare Plus (HMO D-SNP) H0672-010	Dual-Eligible
Clear Spring Health 1-877-248-6622 Clearspringhealthcare.com	Clear Spring Health Essential (HMO C-SNP) H6379-002	Chronic or Disabling Condition
Devoted Health 1-800-376-5889 Devoted.com	Devoted DUAL PLUS Colorado (HMO D-SNP) H7147-003	Dual-Eligible
	Devoted DUAL Colorado (HMO D-SNP) H7147-007	Dual-Eligible
Elevate Medicare Advantage 1-877-956-2111 Denverhealthmedicalplan.org	Elevate Medicare Choice (HMO D-SNP) H5608-001	Dual-Eligible
Humana 1-800-833-2364 Humana.com/medicare	HumanaChoice (PPO D-SNP) H5216-267	Dual-Eligible
	Humana Dual Select (HMO D-SNP) H0028-078	Dual-Eligible
Kaiser Permanente 1-877-408-3492 kp.org/medicare	Humana Dual Select (HMO D-SNP) H0028-079	Dual-Eligible
Kaiser Permanente 1-877-408-3492 kp.org/medicare	Kaiser Permanente Dual Complete (HMO D-SNP) H0630-027	Dual-Eligible
	Kaiser Permanente Dual Complete Pueblo (HMO D-SNP) H0630-024	Dual-Eligible
Longevity Health Plan 1-888-862-6113 longevityhealthplan.com	Kaiser Permanente Dual Essential (HMO-D-SNP) H0630-014	Dual-Eligible
Longevity Health Plan 1-888-862-6113 longevityhealthplan.com	Longevity Health Plan (HMO I-SNP) H0363-001	Institutional
Perennial Advantage 1-844-788-6959 Perennialadvantage.com	Perennial Advantage Premier (HMO C-SNP) H3419-004	Institutional
	Perennial Advantage Strive (HMO I-SNP) H3419-001	Institutional
Select Health	Select Health Medicare Dual (HMO D-SNP) H1994-028	Dual-Eligible
United Healthcare 1-800-555-5757 UHCMedicareSolutions.com	United Healthcare Care Advantage (HMO C-SNP) H0609-072	Chronic or Disabling Conditions
	United Healthcare Dual Complete (HMO D-SNP) H0624-001	Dual-Eligible
	United Healthcare Complete Care (HMO C-SNP) H0609-047	Chronic or Disabling Condition
	United Healthcare Dual Complete (HMO D-SNP) H0624-006	Dual-Eligible
	United Healthcare Dual Complete (PPO-D-SNP) H2001-053	Dual-Eligible
	United Healthcare Dual Complete (PPO-D-SNP) H2001-052	Dual-Eligible

NOTE: Medicare beneficiaries who qualify for Medicaid will receive assistance in paying their monthly premiums and deductibles. Co-pays may vary based on the level of aid for which they qualify. Make sure to check with your plan provider to find out what you owe after assistance.

All of the Medicare Health Plans listed on page 6 have prescription drug coverage. Most people choose a Medicare Health Plan that includes drug coverage. People who have creditable drug coverage from another source but want a Medicare Health Plan should call 1-800-MEDICARE or your local SHIP to find out which plans can be combined with your drug plan, but not cause disenrollment from your original plan.

Medication Management, Prior Authorization, Step Therapy, and Quantity Limits

Medicare drug plans are allowed to place restrictions on drugs. Prior Authorization means that the doctor must ask the plan’s permission before prescribing the drug. Step Therapy means the doctor must demonstrate that a lower cost generic drug does not work for you before prescribing a higher cost brand-name drug. Plans may also place Quantity Limits on the amount of any drug you can get in one month. The patient and his/her doctor must consider those restrictions when deciding on a drug therapy.

Sometimes it is better for an individual to choose a higher cost plan without drug restrictions than to choose a lower cost plan with multiple restrictions. There is a process to seek an exception to drug restrictions from the drug plan. Visit the Medicare website ([Medicare.gov](https://www.medicare.gov)), call 1-800-MEDICARE, or ask a SHIP counselor for assistance.

Can My Agent Really Do That?

YES, they can:

- Call their own clients, or someone who has given them permission to discuss new plan options.
- Conduct sales activities in appropriate common areas of healthcare settings
- Provide refreshments and light snacks to potential enrollees at sales presentations



NO, they can’t:

- Solicit potential client’s door-to-door
- Say they’re from Medicare or use “Medicare” misleadingly
- Market non-health related products to potential enrollees during Medicare Advantage Plan or Prescription Drug Plan sales activities or presentations
- Provide meals to potential enrollees at sales presentations



Call us at
(800) 503-5190
if you have
any questions.

At www.medicare.gov you will discover the new Medicare Plan Finder performs more functions, despite its simpler look. You can log in for a personalized experience, or get more information without logging in, plus qualify for a Special Enrollment Period, learn more about Medicare, and get information about Medigap plans.

The Medicare Plan Finder – 2025

1. Log in for a personalized experience
2. Search anonymously
3. Learn More about Medicare
4. Find Medigap plans

After creating and logging into your MyMedicare.gov account, you will be asked a few questions regarding the type of 2025 coverage you are looking for—either a Medicare Advantage plan, drug plan or Medigap policy.

On the prescription drug screen, you will get a list of all the prescription drugs you filled through Medicare last year. Just check the boxes of the drugs still prescribed. *This personalization is only available to users who log-in to the Plan Finder with their MyMedicare user name and password.*

Once the drug lists are finalized, and pharmacies are chosen, it's time to compare plans (by scrolling down on this page).

Notice the “**Live Chat**” at the top of the page. Research shows that seniors often have questions when comparing plans. Once logged-in to your MyMedicare.gov account, you will be able to chat in real-time with a CSR at the 1-800 Medicare call center; from anywhere in the new Plan Finder.

Though not shown here, all plans available in your zip code will be listed on your screen.

Need More Information and Assistance?

The Colorado SHIP (State Health Insurance Assistance Program) can help you with questions and can provide one-on-one assistance. Call the Colorado SHIP at 1-888-696-7213 to be directed to the SHIP office nearest you or visit doi.colorado.gov for more information. SHIP assistance is free and confidential. We do not endorse or sell drug or health plans.

The Social Security Administration takes applications and determines eligibility for the Extra Help program. Complete an online application at www.ssa.gov/medicare/prescriptionhelp or call the Colorado SHIP at 1-888-696-7213 for help.

Medicare can provide information on how drug plans or Medicare Health Plans with Drug Coverage cover your current prescriptions. Check Medicare.gov or call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, seven days a week.

Benefits Check Up has a website to help you find additional benefits through numerous local, state, and federal programs. Go to www.benefitscheckup.org for more information.

For extensive general health insurance information, visit doi.colorado.gov and click on “Health Insurance.”