How to update your Medicare coverage on MyCarewell503

Log in to your MyCarewell503 account

- Go to <u>MyCarewell503.org</u> or scan the QR code with a phone
- You will need your username and password

2 Go to the "Health Insurance Info" page

- Click on "Menu" (top left corner) and choose "Member Profile"
- Then click on "Health Insurance Info"

3 Updating your coverage

If you already have an existing policy(s) (coverage), you will need to:

- Click on "Terminate this policy" under the current policy
- In the "Terminate Date" field, enter the date when you need the existing policy to end OR enter the last day of the current month
- OR end of the year
- Click "Save"
- Then click on "Add another policy" to add a new Medicare policy



4 Adding Medicare policy(s) (coverage)

From the "Policy Type" drop-down menu, choose what you need to update:

- "Medicare B" AND/OR
- "Medicare Advantage Plan, Supplement Plan or Rx Plan (Part D)"

If you need to update both, you will need to do them separately

5 Adding Reimbursements for Medicare Part B

The current reimbursement amount for Medicare Part B is up to \$185 every month in 2025.

- Complete all the fields below:
 - Premium Amount: \$185
 - Effective Date: when Medicare Part B started OR the first day of the following month
- For the rest of the fields, you can leave them blank
- Click "Choose a file" to upload your Social Security letter
- Then click "Save"

6 Adding Reimbursements for Medicare Advantage, Supplement, or Part D

The current reimbursement amount for Medicare Advantage, Supplement, or Part D is up to \$50 every month in 2025.

- Complete all the fields below:
 - Premium Amount: enter your premium amount
 - Effective Date: when the plan started OR the first day of the following month
- For the rest of the fields, you can leave them blank
- Click "Choose a file" to upload your Advantage, Supplement, or Part D premium bill(s)
- Then click "Save"

Select -

| Citizenship Waived Medical |
|--|
| Covered through other employer/school |
| Covered through parent |
| Covered via spousal coverage |
| Dual Medicaid and Medicare |
| Marketplace Plan - Carewell Approved |
| Marketplace Plan - Not Carewell Approved |
| Medicaid (in Oregon, Oregon Health Plan) |
| Medicare Advantage Plan, Supplement Plan or Rx Plan (Part D) |
| Medicare B |
| Tribal/Indian Health Service |
| Uninsured |
| VA Health Coverage |

| *Policy Type | |
|--|----------------------------|
| Medicare B | Premium Amount |
| | |
| | Net Amount: |
| *Effective Date | |
| | 1 |
| Thru Date | |
| *Policy Name | |
| Medicare B | |
| | |
| Please upload proof of Insurance | |
| CHOOSE A FILE | |
| | |
| I UNDERSTAND THAT I AM RESPONSIBLE FOR SUBMITTING ACCURATE INFORMATION | TO THE CAREWELL SEIU 503 / |
| ALSO UNDERSTAND THAT SUBMITTING THIS FORM DOES NOT GUARANTEE MY BENEF | ITS AND DOES NOT ENROLL M |
| | |
| | |

| *Policy Type Medicare Advantage Plan, Supplement Plan or Rx Plan (Part D) - | Premium | | |
|---|----------------|--|--|
| | Not Amo | | |
| *Effective Date | - Net Amo | | |
| Thru Date | | | |
| *Policy Name | | | |
| Medicare Advantage Plan, Supplement Plan or Rx Plan (Part D) | | | |
| Please upload proof of Insurance CHOOSE A FILE I UNDERSTAND THAT I AM RESPONSIBLE FOR SUBMITTING ACCURATE INFORMATION TO THE CAREWE ALSO INDERSTAND THAT SUBMITTING THIS FORM DOES NOT GUADANTEE MY DENEFITS AND DOES NO | | | |
| ALSO UNDERSTAND THAT SUBMITTING THIS FORM DUES NOT GUARANTEE MT BENEF | TTS AND DOES N | | |
| | | | |