



**SHIP**

State Health Insurance  
Assistance Program

Navigating Medicare

**USAging**

Leaders in  
Aging Well  
at Home

# Talking About Medicare Coverage Of The COVID-19 Vaccine

A Guide for State Health Insurance Assistance Programs (SHIPs)  
and Area Agencies on Aging (AAAs), Produced in Collaboration with  
USAging and Communities RISE



**RISE**

COMMUNITIES RISE TOGETHER

**October 2021**

State Health Insurance Assistance Program (SHIP) National Technical Assistance Center  
[www.shiphelp.org](http://www.shiphelp.org) | [info@shiphelp.org](mailto:info@shiphelp.org) | 877-839-2675

## Contents

Intended Audience .....	2
Purpose .....	2
Setting Aside Bias .....	3
Engagement and Building a Trusting Relationship .....	4
Session Structure and Scripts.....	5
Handling Strong Emotions or Difficult Behaviors .....	9
FAQs: Talking about the Handout and Survey .....	10
FAQs: Medicare Coverage and the COVID-19 Vaccine.....	13
Other COVID-19 Resources.....	14
One-Page Handout on Medicare Coverage of the Vaccine .....	15

## ACKNOWLEDGEMENTS

This project was a collaborative effort between USAging ([usaging.org](http://usaging.org)), Communities RISE -Reach, Immunizations, System Change for Equity ([rise4all.org](http://rise4all.org)), and the State Health Insurance Assistance Program (SHIP) National Technical Assistance Center ([shiphelp.org](http://shiphelp.org)) at Northeast Iowa Area Agency on Aging ([nei3a.org](http://nei3a.org)). This guide was produced by the SHIP National Technical Assistance Center. Contributors include the following: Ginny Paulson (Director); Dennis Smithe (Program Development Manager, M.A. in Counseling); Emily Whicheloe (Education Director for the Medicare Rights Center and SHIP Center partner); Derek Ayeh (Coordinator, Education & Policy for the Medicare Rights Center and SHIP Center partner); and Mike Klug (Medicare consultant for the SHIP Center).

This guide has been made part of the Managing Through COVID-19 Toolkit, a project of the U.S. Administration for Community Living, housed in the COVID-19 menu at [www.shiphelp.org](http://www.shiphelp.org).

*This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$15,000 with none financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov). This document was also supported, in part, by grant number 90SATC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.*

## Intended Audience

This guide and a companion one-page educational handout were produced for use by State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and their partners in the geographic areas determined eligible for funding under the USAging grant-funded project. However, other SHIP, AAA, or partner organizations interested in using these materials are welcome to do so.

These materials have been made nationally available as part of the Managing Through COVID-19 Toolkit at <https://www.shiphelp.org/covid-19/toolkit>.

## Purpose

This project is part of a federal effort to address health disparities and low vaccination rates among older adults in some areas of the United States. It is funded by a grant to USAging from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services.

The goal is to educate older adults, who are among those most at-risk from COVID-19. The COVID-19 vaccine is a proven defense against the virus, as it has reduced the death rate among older adults from COVID-19. As the COVID-19 public health emergency continues, SHIP Medicare counseling sessions and AAA Information and Assistance sessions provide an opportunity to discuss the vaccine, as it relates to aging, health care, and Medicare.



COVID-19 and the vaccine are sensitive topics for many people. This guide provides scripted statements and guidance about when and how to introduce the subject of the vaccine into one-on-one sessions. It also provides guidance about when not to introduce the subject or when and how to effectively drop the subject, based on individual reactions. It builds upon the SHIP mission to be trusted and unbiased, a value also shared by AAAs.

Basic COVID-19 vaccine information for the public is provided on a one-page handout titled "Medicare Covers all COVID-19 Vaccines." More detailed COVID-19 information is part of this companion guide and will help you address questions not answered on the one-page handout.

As of October 2021, 75% of people 18 or older in the U.S. have received at least one dose of the COVID-19 vaccine, and 82% of adults 65 and older are fully vaccinated. For more information about the vaccine, visit <https://www.cdc.gov/coronavirus>.

## Setting Aside Bias

SHIPs provide local, trusted, and unbiased Medicare help to the public, often in one-on-one sessions, referred to as “Medicare counseling sessions.” AAA staff are also required to be unbiased in providing Information and Assistance services to older adults and their caregivers. Biases can limit our ability to relate to our clients or for our clients to relate to us.

Bias can cause people to notice information that supports their beliefs and ignore information that does not. For example, individuals who have a positive bias toward taking COVID-19 precautions may be more open to the COVID-19 vaccine handout than individuals who believe taking COVID-19 precautions is an infringement of their personal freedom. Each person’s interpretations are based on their beliefs. Even having read the same handout, their bias will tend to shape the way they perceive the details, further confirming their beliefs. This is true for both the counselor and the client.

Biases can stem from many sources, including culture, upbringing, socio-economic status, political beliefs, or religious beliefs. It goes without saying that most of us hold specific political and religious beliefs, and it is important to notice when either of these comes into play in a session. Our biases may

be unconscious – also referred to as implicit – and can be used to take cognitive shortcuts when people have limited information or time. For example, when you meet with a client, they may use unconscious bias when trying to decide if you are trustworthy. They will use previous experiences to come to a conclusion.

Getting rid of bias may be impossible, but if we understand our own bias, we can better serve clients without judgement or assumptions based on upon bias. Project Implicit is an international collaboration of scientists, started through Harvard University, that measures implicit (or unconscious) bias. Anyone can take one or more of their implicit bias tests to assess whether they have implicit bias based on a variety of factors, including gender, politics, race, religion, or sexual orientation. To assess your biases, visit: <https://implicit.harvard.edu/implicit/takeatest.html>.

---

*To assess your biases, visit:*  
<https://implicit.harvard.edu/implicit/takeatest.html>.

---



## Engagement and Building a Trusting Relationship

Every interaction we have with a Medicare beneficiary is far more than just the act of disseminating Medicare information. We are using empathy and other positive interpersonal skills to ensure people feel listened to, understood, respected, and safe. This, in turn, enables us to be more effective at doing our job.

When talking with the public about the COVID-19 vaccine, these skills are essential, due to the sensitive nature of the topic. Using these skills can help prevent you from becoming enmeshed in an uncomfortable conversation, and they can help your clients feel heard and understood. Applying these skills can make all our interactions more effective, regardless of the topic.

- 1. Empathy:** Key to developing trust is expressing empathy. For example, <sup>1</sup>the population you are serving may be confused, afraid, or receiving contradictory information. Acknowledging this is a way to build trust. State your commitment to providing objective information and helping them navigate options in a way that best meets their needs. For you to be effective, they need to feel that you genuinely interested in them.  
*When talking with the public about the COVID-19 vaccine, these skills are essential, due to the sensitive nature of the topic.*
- 2. Self-Reflection.** Self-reflection is being able to honestly examine your view of the world and biases, and to do so without judgment. Doing this in advance can reduce the impact of your personal views or bias on your work.
- 3. Open Minded and Non-judgmental.** A counselor also should know how to listen without judgment or evaluation. Building upon a solid understanding of your own bias, you can respond rather than react.
- 4. Active Listening.** Active listening entails listening not only to what is being said but *how* it is being said, keeping in mind the context of the conversation. Minimize distractions and give your full attention. Summarize or paraphrase what you have heard to ensure everyone is on the same page.
- 5. Effective use of Humor.** Using humor, when done effectively and respectfully, can build trust and rapport. It is nice when you and those you

---

1

<https://searchfindhelp.org/about>

work with can laugh together on common ground. However, you need to be careful with humor. Never use humor that is at the expense of other people.<sup>2</sup>One study found that a hint of self-deprecating humor can be a useful tool for making yourself more approachable.

## Session Structure and Scripts

To maintain trust and establish rapport, have a structured framework for your sessions with clients. Explaining what to expect during their time with you will provide a sense of comfort, and it should happen almost immediately after introductions.

Let's look at a basic 5-step structure. Woven into this structure are scripted statements in green that you can choose to use in your sessions. Other ideas are provided in the FAQs that follow. Use your interpersonal skills to determine whether and when to introduce the COVID-19 vaccine handout into your session, and, if applicable, the vaccine [survey](#) (requested of HRSA grant sub-awardees). Remember, your role is to provide objective information, not to try to sway people.

### 1. Introductions

Greet the person warmly, introducing yourself by name. Make sure you know how to pronounce their name accurately and find out how they like to be addressed. Do they use a nickname? Then, remember their preference and call them by that name in your session. Explain what to expect during their appointment with you.

### 2. Completing Paperwork

This is often a difficult part of a session for many counselors. There is usually paperwork that needs to be done, information that needs to be shared, or personal questions that need to be asked. Have an opening statement, such as:

- “Before we get started, I want to let you know that I will need to gather some personal information from you that will help us in the future to serve everyone better.”
- Or “We want to make sure that everyone we serve gets the best possible information and care. We’re going to ask you some broad demographic questions, so that we can ensure that every one of every background gets the highest quality of information and services available to them. We’ll keep this information confidential.”

---

<sup>2</sup> [https://greatergood.berkeley.edu/article/item/how\\_a\\_little\\_humor\\_can\\_improve\\_your\\_work\\_life](https://greatergood.berkeley.edu/article/item/how_a_little_humor_can_improve_your_work_life)

- As long as you feel comfortable, it is recommended that you use the beginning of your session to address the COVID-19 vaccine handout. It can depend upon whether you have already developed a rapport or what you notice about your client, using your soft skills. Through overt or non-verbal ways, do they display an obvious bias for or against getting vaccinated?

---

*Woven into this structure are scripted statements in green that you can choose to use in your sessions.*

---

- **Shows a bias *against* the vaccine:** If they give an immediate impression of being highly biased against getting vaccinated, you should avoid the subject or leave it for your session conclusion. Perhaps, by then, you will have developed more rapport. If your session is in-person, you could simply have a stack of handouts on your desk, but don't mention them.
- **Seems neutral or shows a bias *for* the vaccine:** You can use the beginning of your session to introduce the handout by saying: *"Also, because of the COVID-19 pandemic, we have been asked to provide you a handout about the COVID-19 vaccine and Medicare. Do you want to go over this handout together, or do you prefer to move on?"*
  - If they are open to information about the vaccine, you can choose to say, *"Are you willing to complete a [short survey](#) that we and other organizations nationally are using with older adults during COVID-19?"*
  - You might also consider saying, *"We also have a longer fact sheet with more details about [Medicare coverage of COVID-19](#). It could be helpful if you or anyone else you know on Medicare ever worries that they might have COVID."*

These are just examples. It is important that personal questions or handouts not be a surprise.

### 3. Information Gathering


At this stage of the session, it is time to ask the beneficiary or caregiver how specifically you can assist them. Once the beneficiary or caregiver has laid out their expectations or needs for the session, take the time to summarize your understanding. This is critical to moving forward on the same page. If you do not take the time to summarize, the person you are working with might think that you were not listening. This can quickly damage trust.

#### 4. Body of the session


This is your opportunity to do the work of your program mission – SHIP counseling, if you are with the SHIP program, and/or providing Information & Assistance or other types of Older Americans Act services if you are with an AAA. If the subject of COVID-19 enters the conversation, this can be your cue to either approach or avoid the subject of the vaccine, if you didn't already address it while completing paperwork. Here are some example statements:

- If they express concern about getting COVID-19, or if they talk about someone they know who had COVID-19:
  - “We have information about the COVID-19 Vaccine and Medicare. I have a handout I can give you/send to you/read to you.”

### COVID-19 Vaccines for People with Medicare



**What does it cost?** You pay nothing for the vaccine!



**Where do I go?** COVID-19 vaccines are available at pharmacies, clinics, doctors' offices, hospitals, or even in the home. Find a vaccine near you at [www.vaccines.gov](http://www.vaccines.gov).

---

*This handout for the public is available separately and is also attached at the end of this guide.*

---

- You might also consider saying, “We also have a fact sheet about Medicare coverage of COVID-19, should you, a friend, or a loved one on Medicare be unfortunate enough to get it.”
- If they are open to vaccine information, you could add, “Are you willing to complete a [short survey](#) that we and other organizations nationally are using with older adults during COVID-19?”
- If they express hostility toward COVID-19 precautions, including without you even bringing up the subject, you may choose to entirely avoid offering the vaccine handout. If at any time, the person seems opposed to discussing COVID-19 or the vaccine, you should drop the subject. You are not expected to convince anyone to get vaccinated. You do not need to broach a difficult topic and put yourself in an uncomfortable situation.

---

*If the person seems opposed to discussing the vaccine, you should drop the subject.*

---



- Here are some sample statements you can use if you need to drop the subject:
  - “I certainly don’t want to convince you one way or the other. We’re just expected to make this information available. Let’s go ahead and talk about what brought you to us today.”
  - Or “I respect your right to choose to for yourself. This is a personal decision. Let’s go back to what brought you here today.”

## 5. Conclusion

The end of the session is just as important as the beginning of the session. It is time to summarize what has occurred and be sure they understand the information and the answers you provided. You should also discuss any next steps if you are scheduling a follow-up appointment. If you have not yet brought up the COVID-19 vaccine, but feel comfortable doing so, you can make it part of your conclusion:

- “Also, because of the COVID-19 pandemic, we have been asked to provide you a handout about the COVID-19 vaccine and Medicare. Do you want to take it home with you? We can also go over the information together if you think you might have questions.”
  - If they are open to information about the vaccine, you can choose to say, “Are you willing to complete a [short survey](#) that we and other organizations nationally are using with older adults during COVID-19?”
  - If they are glad to have the information, consider also offering a copy of the Medicare Coverage of COVID-19 fact sheet: “If you or someone you know is unfortunate enough to get COVID, this fact sheet about Medicare Coverage of COVID-19 could be helpful.”

Be sure to thank them for the time and always leave them with a positive comment or action. Let them know that if they have questions at any time, they can contact you or your organization again.

---

*If you are a HRSA sub-awardee, consider asking this question: “Are you willing to complete a short survey that we and other organizations nationally are using with older adults during COVID-19?”*

*Survey link: <https://weintheworld.notion.site/Forms-and-Surveys-for-Metrics-Learning-and-Evaluation-94814851d1164c0898f6220622d01130>*

---

## Handling Strong Emotions or Difficult Behaviors

Every contact brings with it the possibility of challenges unrelated to the complexities of Medicare or social services programs. This may especially be true during the challenges of helping others during the current pandemic.

People may come to an appointment in an emotional or behavioral state, which can create hurdles that must be addressed either up front or throughout the session. It helps to try to understand the causes of these hurdles so that you can minimize, as much as possible, their impact.

- **Volatility.** A client may be angry because they have had their personal and economic life disrupted by COVID-19. They may be verbally contentious about government programs.
- **Emotional needs.** A client may be focused on a recent loss of a family member to COVID-19 or the loss of the freedom to socialize and may report feeling isolated and alone.
- **Non-compliance.** You might encounter an individual who enters the building or session without following your agency's required COVID precautions.

### Strategies

It does not matter if you are trying to de-escalate, emotionally support, or negotiate, each situation can benefit from some common and effective strategies. Some of these strategies are the same used for initial engagement.

- **Do not take their anger personally.** Realize that they are reacting to previous experiences or emotional states.
- **Do not argue.** Your task is to de-escalate or to remove roadblocks so you can effectively assist the beneficiary.
- **Listen without interruption.** Do not try to compete or take over the conversation. Manage the session by listening and assessing the situation. Use your active listening skills to try and understand what they are truly upset about. When the opportunity allows, paraphrase or summarize to acknowledge what you believe the core issue is, if possible.
- **Display empathy.** By acknowledging their frustrations without judgment, you can help calm people. They will see that you do care about solving their problem (even if it may mean referring them to an outside entity).
- **Be flexible and patient.** Understand that you each have the same goal in mind. Be willing to stay where the person is and redirect them to the purpose of your appointment as soon as respectfully possible.

- **Suggest realistic steps for resolution.** Once you feel things have begun to calm, it will be important to establish the next steps. You might say something like:
  - "I can certainly appreciate your frustration with the current situation. Perhaps our next step is for me assist you with your specific Medicare questions. At the end, I can share some other resources that might help."
- **Prioritize safety.** If, for example, they will not comply with your agency's COVID-19 safety precautions, you can suggest a follow-up session by telephone. If they display threatening or aggressive behavior that doesn't respond to your de-escalation techniques, create physical distance. Back away or make an excuse for leaving the room. Get help. This is where being aware of your agency policies and protocols is important.



There may be times when your efforts are not effective or when the individual's needs are beyond your expertise. Their emotional or behavioral state needs more targeted assistance from another type of provider. In these cases, it is important to understand your agency's policies or procedures. Know this information before any session. Always remember and stay within the boundaries of your role.

## FAQs: Talking about the Handout and Survey

Here we address common questions about introducing the handout and the subject of the vaccine. Most are based upon in-person sessions, but you can adapt them, as needed, for telephone sessions. (Note: for telephone sessions, you would be either reading the information from the handout or offering to send it by email, depending upon the situation.)

### 1. What if the person does not want the COVID-19 vaccine handout?

You should let them know you respect their decision and move on. You should never try to sway or convince them otherwise. Do not continue the conversation, for example, by sharing the latest statistics on covid death rates in people 65 and over. This approach will likely have a negative overall impact.

### 2. Must I provide the COVID-19 vaccine handout in the beginning of our contact, or can I share it at the end of our session?

Providing the handout and information at the end of a contact is permitted. The critical point to remember is there should not be surprises for the beneficiary or caregiver. In the beginning of the session, when you are giving them an overview of what to expect, you can let them know your organization is providing a handout related to Medicare and COVID-19 vaccinations and answering any questions they may have.

**3. What should I do if the person has other questions about COVID-19?**

Use the information in this guide to answer other questions, such as details about Medicare coverage of COVID-19. Stay within your role. If their question is outside of your role, refer them to the appropriate resource, such as their health care provider, public health department, or information provided by the Centers for Disease Control and Prevention (CDC).

**4. What should I do if a person becomes upset, agitated, or angry when I mention COVID-19?**

Remain calm and de-escalate the situation. (Review the section in this guide titled Handling Strong Emotions or Difficult Behaviors.) One way to calm the situation is to keep talking in a soft nonthreatening voice. Talking helps keep you responsive rather than reactive. You might say, "I am sorry. I did not mean to upset you. That was definitely not my intention. I am only doing what I was asked to do."

Never argue or challenge their position. Individuals who are escalated will notice your tone of voice and your body language more than what you say. Talk softly and keep your hands open and relaxed. Do not move toward the individual; if anything, slide your chair back and create distance.

After you have apologized for upsetting them, which you should do, you could suggest having a seat so we can move on. If they had stood up when agitated, but then sit back down, it is a good sign they are calming. At this point, if you do not feel safe, you can excuse yourself momentarily, and seek assistance from someone else at your agency.

Finally, this is never a comfortable position for even the most experienced staff. It is important that you already be familiar with your agency policy or stance about how and when to end a session if you do not feel safe. It is also important to familiarize yourself with the strategies provided in this guide and by your own agency *before* a tense situation occurs.

**5. What should I do if a beneficiary or caregiver begins a contact upset about COVID-19 before you talk with them about the COVID-19 vaccine handout?**

Remember the reason they made an appointment with you. If you sense that providing COVID-19 vaccination information will negatively impact your ability to assist them, you should skip the handout and avoid discussion of handout. Do not even mention it.

**6. What should I do if the beneficiary or caregiver becomes agitated or upset when you mention providing information about or going over COVID-19 vaccinations?**

If that occurs, acknowledge their feelings. You could say, “I understand this is a divisive subject, and we can skip it if you would like.” If they choose to skip it, it would be helpful to add, “I can respect that,” and then move on.

**7. What should I say to a person who questions why we are taking the time to address COVID-19 vaccinations?**

You might let them know that your SHIP/AAA is participating in a national effort to protect people 60 and over. You might add that sharing vaccine information is seen as part of your organization mission, as it is one of Medicare’s preventive benefits (like flu shots, an annual wellness visit, cancer screening, etc.). Point areas of alignment, such as protecting the health and financial well-being of older adults, or helping people remain independent and in their own homes. You might add, “This is especially true during the current pandemic. There is a lot of confusion regarding COVID-19 and we are simply trying get the public relevant information.”

**8. What should I do if a person wants more information than we have time to cover?**

There are lots resources available for the public. When referring them to other resources, be sure to provide unbiased information. Prepare in advance by having some available. You should have information available about local vaccine sites, and you can use the Notes section of the one-page handout to write some down for your individual clients. You can also remind them about resources mentioned on the one-page handout, such as their doctor or the CDC. Also, there is a fact sheet about Medicare Coverage of COVID-19 that goes beyond vaccine information. Visit [www.shiphelp.org/covid-19](http://www.shiphelp.org/covid-19).

**9. What if the person does not want me to explain the handout or the survey and only wants the handout itself?**

Again, do not question their decision. It is their choice. It would be appropriate to let them know that they can call back if they have any questions about the COVID-19 vaccine handout.

**10. What should I do if it appears the person is struggling to understand the handout?**

It is very important to assess whether to person you are assisting is understanding the information being provided. Although the handout is designed to be read and understood by most, there may be comprehension issues, reading difficulties, language barriers, etc. It is appropriate for you to take the time to assist, as necessary. You may need to read and explain the handout or answer questions they may have. Before you read the handout to them, you should ask if they would like that. Do not assume and just read it to them. Be sure they are comfortable with the materials before you move one.

**11. What should I do with the handout if it was not provided during the session?**

If meeting in person, you might want to leave the handout on the desk or have the handout on another table or location in the office. This will provide them with the opportunity to take the handout at any time if they wish.

## **FAQs: Medicare Coverage and the COVID-19 Vaccine**

You can use these FAQs to enhance what is provided on the one-page handout titled “Medicare Covers All COVID-19 Vaccines.” If you are not a SHIP counselor and do not feel comfortable providing more detailed answers, you can refer people to your state or local SHIP program. During the COVID-19 public health emergency, SHIP counselors are an important resource for helping beneficiaries understand Medicare’s coverage of the vaccine. You can find your SHIP by visiting [www.shiphelp.org](http://www.shiphelp.org).

### **Does Medicare cover COVID-19 vaccines?**

**Yes.** Original Medicare Part B covers administration of the vaccine for Medicare beneficiaries, regardless of whether a beneficiary has Original Medicare or a Medicare Advantage Plan. They will owe no cost-sharing (deductibles, copayments, or coinsurance).

Beneficiaries should bring their red, white, and blue Medicare card to their vaccination appointment, even if they have a Medicare Advantage Plan. If they do not bring their card, their provider may ask for their Social Security number in order to look up their Medicare number and bill Medicare.

### **Does Medicare cover booster shots?**

**Yes.** The Food and Drug Administration (FDA) has approved an additional dose of the COVID-19 vaccine or booster for certain at-risk populations and people age 65

or older. The additional dose is covered by Medicare with zero cost-sharing. Beneficiaries should speak with their doctor to learn more about their eligibility for a third dose or for a booster.

## **Can someone get a flu shot at the same time as their COVID-19 vaccine?**

**Yes.** People can receive the flu shot and COVID-19 vaccine at the same time. Medicare Part B covers one flu shot every flu season (November through April). Medicare beneficiaries should owe no cost-sharing.

## **Do beneficiaries need to be on the lookout for fraud related to the vaccine?**

**Yes.** Beneficiaries should be aware of fraud schemes related to the vaccine. They should not share Medicare numbers or other important health information with anyone except for trusted health care providers. The vaccine should cost nothing, so beneficiaries should be wary of people who ask for financial information. Suspected fraud should be reported to the Senior Medicare Patrol (SMP). Find your SMP by visiting [www.smpresource.org](http://www.smpresource.org) or calling 877-808-2468.

## **Where can I find COVID-19 vaccine information?**

The Centers for Disease Control and Prevention (CDC) provide national and state data related to COVID-19 vaccination: <https://covid.cdc.gov/covid-data-tracker/#county-view>.

For more information about the vaccine, visit <https://www.cdc.gov/coronavirus>. The CDC says that the risk to unvaccinated people [increases with age](#). If you are concerned about the safety of the vaccine, talk with your physician (or other health care provider), pharmacist, or local department of public health.

## **Other COVID-19 Resources**

Here are other resources that can help you in your Medicare counseling sessions or Information & Assistance sessions related to COVID-19 and Medicare.

### **Fact Sheet: Medicare Coverage and COVID-19**

Translated versions of this fact sheet are available at [www.shiphelp.org/covid-19](http://www.shiphelp.org/covid-19). It addresses the following topics:

- COVID-19 testing
- Vaccination
- Antibody treatment

- Telehealth benefits
- Prescription refills
- Rules governing Medicare Advantage and Part D Prescription Drug Plans during the public health emergency.
- How to find your State Health Insurance Assistance Program (SHIP) if you need help understanding what Medicare covers and how to access care.

If you are a SHIP counselor, there is a detailed companion fact sheet for SHIP counselors in the password-protected SHIP Login area of [www.shiphelp.org](http://www.shiphelp.org).

### **Fact Sheet: How to Enroll in Medicare During the Coronavirus Public Health Emergency**

During the coronavirus public health emergency, local Social Security offices may be closed to public, but many services are available online and over the phone. This fact sheet is available in English and Spanish at [www.shiphelp.org/covid-19](http://www.shiphelp.org/covid-19). It explains how to apply online and what to do if you are unable to apply online.

If you are a SHIP counselor, there is a detailed companion fact sheet for SHIP counselors in the password-protected SHIP Login area of [www.shiphelp.org](http://www.shiphelp.org).

### **Managing Through COVID-19 Toolkit**

At the onset of the pandemic in 2020, U.S. Administration for Community Living (ACL) grantees responded quickly, modifying their service delivery systems, and expanding their technologies for everyone's safety. In preparation for the fall Medicare Open Enrollment Period, they produced a toolkit for serving the public remotely. These resources remain relevant during the continuing public health emergency.

**FIND THIS TOOLKIT AT:** [www.shiphelp.org/covid-19/toolkit](http://www.shiphelp.org/covid-19/toolkit)

## **One-Page Handout on Medicare Coverage of the Vaccine**

This handout is available separately as a stand-alone document, and it is also excerpted on the next page. You may customize the handout in the following ways:

- Add your program logo
- Add your program contact information
- Add your local vaccination site information
- Add your local SHIP or AAA contact information
- Print two-sided, front to back, to include the grant acknowledgement text

The pandemic is a changing environment. Please do not alter the content unless you first verify the accuracy of your desired changes with a subject matter expert.





**SHIP**  
State Health Insurance  
Assistance Program

**USAging**  
Leaders in  
Aging Well  
at Home



## COVID-19 Vaccines for People with Medicare



**What does it cost?** You pay nothing for the vaccine!



**Where do I get it?** COVID-19 vaccines are available at pharmacies, clinics, doctors' offices, hospitals, or even in the home. Find a vaccine near you at [www.vaccines.gov](http://www.vaccines.gov).



**What do I bring?** Bring your red, white, and blue Medicare card to your appointment, even if you have a Medicare Advantage Plan. Otherwise, you may be asked for your Social Security number to verify you're on Medicare.



**I'm already vaccinated. Do I need a booster?** If you are age 65 and older or have certain health risks, a booster may be recommended. Speak with your doctor to learn more.

**Undecided?** Older adults are highly at risk from COVID-19. Over 80% of Americans 65 and older are vaccinated, but it could be lower where you live. Learn more about the vaccine at [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus).

**Need help with Medicare?** Get unbiased local help from your State Health Insurance Assistance Program (SHIP). Call [877-839-2675](tel:877-839-2675) or find them at [www.shiphelp.org](http://www.shiphelp.org).

**Notes:**

*This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$15,000 with none financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov). This document was also supported, in part, by grant number 90SATC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.*