Area Agency on Aging 1-B

AgeWays

Nonprofit Senior Services

SHIP

State Health Insurance Assistance Program

Medicare 101 2026

MI Options Medicare Assistance Program | State Health Insurance Assistance Program (SHIP)

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Helping Seniors and Their Families

AgeWays Nonprofit Senior Services

- Nonprofit with a wide variety of programs, services and supports to help older adults and their families in our 6-county region
- Serve: Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw counties
- Two separate Area Agencies on Aging serving SE Michigan designated for Wayne county

800-852-7795

AgeWays.org

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Programs That Can Help:

Information and Assistance

Free phone help line for seniors and their families. Call today: 800-852-7795

See if you qualify for one of our programs or get referrals to other programs.

First place to call when you or a loved one need help.

For More Information

- www.medicare.gov
- Medicare & You Handbook
- 1-800-MEDICARE
- **MI OPTIONS MEDICARE COUNSELING-248-262-0545** (Livingston, Macomb, Monroe, Oakland, St. Clair and Washtnaw Counties)
- **MI Options Medicare Counseling elsewhere in Michigan-800-803-7174**
- **SHIP Counseling outside of Michigan** **www.SHIPhelp.org**

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A Few Definitions

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- **Creditable Coverage:** coverage from your employer that is at least as good as what Medicare covers**.**
- **Premium**: the amount you pay for an insurance policy, generally monthly
- **Deductible**: the amount you pay for out-of-pocket costs for health care before your plan begins to pay
- **Co-Pay**: the rate (dollar amount) you pay for prescriptions, doctor's visits, etc.
- **Co-Insurance**: a percentage that you pay after you meet your deductible
- **Cost-Share**: the amount you pay out-of-pocket including deductibles, co-pays and co-insurance, but NOT premiums.

What is Medicare?

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Federally Funded Health insurance for three groups of people

- 65 and older
- Under 65 with certain disabilities
- Any age with End-Stage Renal Disease (ESRD)

Administration

- Centers for Medicare & Medicaid Services (CMS)

Enrollment

- Social Security Administration (SSA) for most
- Railroad Retirement Board (RRB) for railroad retirees

When To Enroll In Medicare

- 6-month window to enroll without facing penalties
  - 3 months before one turns 65 (benefits will start the 1st day of the month the person turns 65)*
  - The month one turns 65 (benefits will start on the 1st day of the following month)
  - Up to 3 months after one turns 65 (benefits will start the 1st day of the month following enrollment

*If a person's birthday is the 1st of the month, their benefits will start the 1st day of the previous month (for example—Birthday is March 1st, benefits will start February 1st)

NOTE: Failure to enroll on time may result in life-long penalties—however, if one has "creditable coverage" for example because they are still working, they may be eligible to delay enrollment

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How to Enroll in Medicare

Automatic Enrollment	Enrollment is not automatic	Enroll with Social Security

• If one is getting Social Security
  ○ For example if they are on disability
	• If not getting Social Security (or RRB benefits)
	  ○ For instance, actively working
		• Visit local office
		• Call 1-800-772-1213
		• Online at ssa.gov

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Welcome to Medicare

- First mailing one will get from Medicare
- Includes a letter, a small booklet and Medicare card
- It's sent to people who:
  - Go to SSA to sign-up for Medicare
  - First sign up for SSA retirement benefits (age 65 or older)
  - Automatically get Medicare with less than 3 months before coverage starts (usually people under 65 with certain disabilities)

It will generally arrive 2 weeks after signing up for Medicare or Social Security (if disabled, 2 weeks after SSA approves your benefits)

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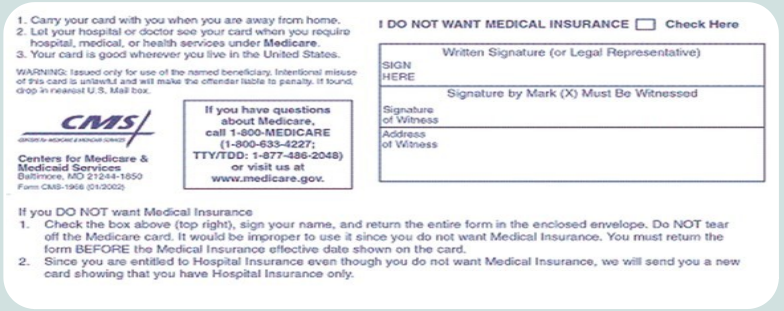
Medicare Card



Front

Keep it and accept Medicare Parts A and B

Back

Return it to refuse Part B

Follow instructions on back of card

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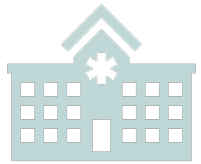
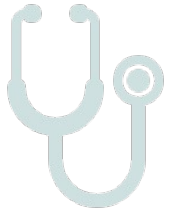
The Four Parts of Medicare



Part A
Hospital Insurance



Part B
Medical Insurance

Part C
Medicare Advantage (HMOs and PPOs)

Part D
Medicare Prescription Drug Coverage

Your Medicare Choices

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1

ORIGINAL MEDICARE

THIS INCLUDES PART A & PART B

Part A (Hospital Insurance) +
Part B (Medical Insurance)

You can add **Part D** (Medicare Prescription Drug Coverage)

You can also add **Medigap** (Medicare Supplement Insurance: *Medigap policies help pay your out-of-pocket costs in original Medicare*)

2

MEDICARE ADVANTAGE (PART C)

THESE PLANS ARE HMO'S OR PPO'S AND TYPICALLY INCLUDE PART A, B & D

Part A (Hospital Insurance) +

Part B (Medical Insurance)

Part D (Medicare Prescription Drug Coverage: *Most plans cover prescription drug plans*)

Original Medicare (Parts A &B)

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Has Part A: Hospital Insurance

- Hospital inpatient care
- Skilled Nursing Facility
- Home health care
- Hospice care
- $1,736 deductible (2026)

Has Part B: Medical Insurance

- Doctor’s visits
- Outpatient hospital services
- Clinical lab tests
- Durable Medical Equipment
- Preventive services
- $283 deductible (2026)
- $202.90 monthly (2026)

NOTE: Original Medicare DOES NOT cover vision, dental or hearing, or medications

What is Part D?

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- Optional Medicare prescription drug coverage
- Provided by private insurance companies
- You must choose and join plan
- Plans have formularies (lists of covered drugs)
- You pay the drug plan a monthly premium
- You may have deductibles and copayments

Joining a Part D Plan

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New to Medicare

- 7 month initial enrollment period

Annual fall open enrollment

- October 15 – December 7
- Coverage starts January 1

Special Enrollment Periods

- Low income, involuntary loss of credible coverage, moved outside of plan's service area, etc.

Ways to join

- **Call us 248-262-0545**
- Call the Plan directly
- Call 1-800-Medicare
- Visit Medicare.gov

What is Medigap?

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- Policies sold by private companies
- Fills the gaps in Original Medicare
  - Deductibles, coinsurance, copayments
- All plans with same letter have same coverage
  - Costs are the major difference
- Not all plans are offered to people under 65 with a disability

	Medigap plans									
Benefits	**A**	**B**	**C**	**D**	**F***	**G***	**K**	**L**	**M**	**N**
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood benefit (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2025**			
							$7,220	$3,610		

*Plans F and G also offer a high-deductible plan in some states. You must pay Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of $2,870 in 2025 before your policy pays anything. (You can't buy Plans C and F if you were new to Medicare on or after January 1, 2020. Go to page 75.)

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($257 in 2025), the Medigap plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance. You must pay a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that don't result in an inpatient admission.

What is Medicare Advantage?

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Health plans approved by Medicare (PPOs and HMOs) run by private Insurance Companies

Includes Parts A & B and usually Part D

Medicare pays amount for each member's care

Many plans include dental, vision, hearing, fitness and/or over-the-counter $

May have to use network doctors or hospitals

Joining a Part C Medicare Advantage Plan

- During **7-month initial enrollment period**
- Can join, drop or switch to another MA plan or Original Medicare (and add a Part D) during Annual Fall Open Enrollment
  - **October 15 – December 7 each year**
  - **Coverage begins January 1**

    or during Medicare Advantage Open Enrollment

    January 1-March 31 of each year

    Coverage beings the first day of the following month

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Medicare Advantage Special Needs Plans (SNPs)

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- SNPs or **Special Plans** are PPOs and HMOs that may offer more benefits (and at possibly a lower cost) to Medicare beneficiaries.
- There are plans for people with lower incomes, called **D-SNPs** (for **D**ually enrolled Medicare and Medicaid beneficiaries)
- There are plans for people with certain chronic conditions, called **C-SNPs**
  - Diabetes and Heart Disease, End-Stage Renal Diseases and HIV/AIDS are a few of the Chronic conditions where C-SNPs are available in Michigan
- There are plans for people residing in institutions, who require a level of care provided by long term care facilities called **I-SNPs**

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IMPORTANT!

If one is interested in a SNP, it is very important that they educate themselves and talk to a counselor. It can be complicated to navigate the myriad of programs and services that are available. There are also strict rules about applying for, and changing plans that need to be understood and followed. If they sign-up in error, they may find they have no coverage

Making a choice between Original & Medicare Advantage (MA) Plans

- A SHIP Counselor can be very instrumental in helping one make a choice between Original Medicare, adding a stand-alone Part D plan and possibly a supplement, or choosing a Medigap plan.
- There are pros and cons to each depending on one's unique situation.
- Examples:
  1. Supplemental (Medigap) plans cost more up-front; however, if they are a big user of Medical care, they may end up paying more down the road for an MA plan
  2. Most MA plans offer extras in addition to Vision, Dental, and Hearing, such as gym memberships and over-the-counter debit card.

A SHIP counselor will spend time learning about how one likes to access health care and what types of services are important to them. From there, choices become easier.

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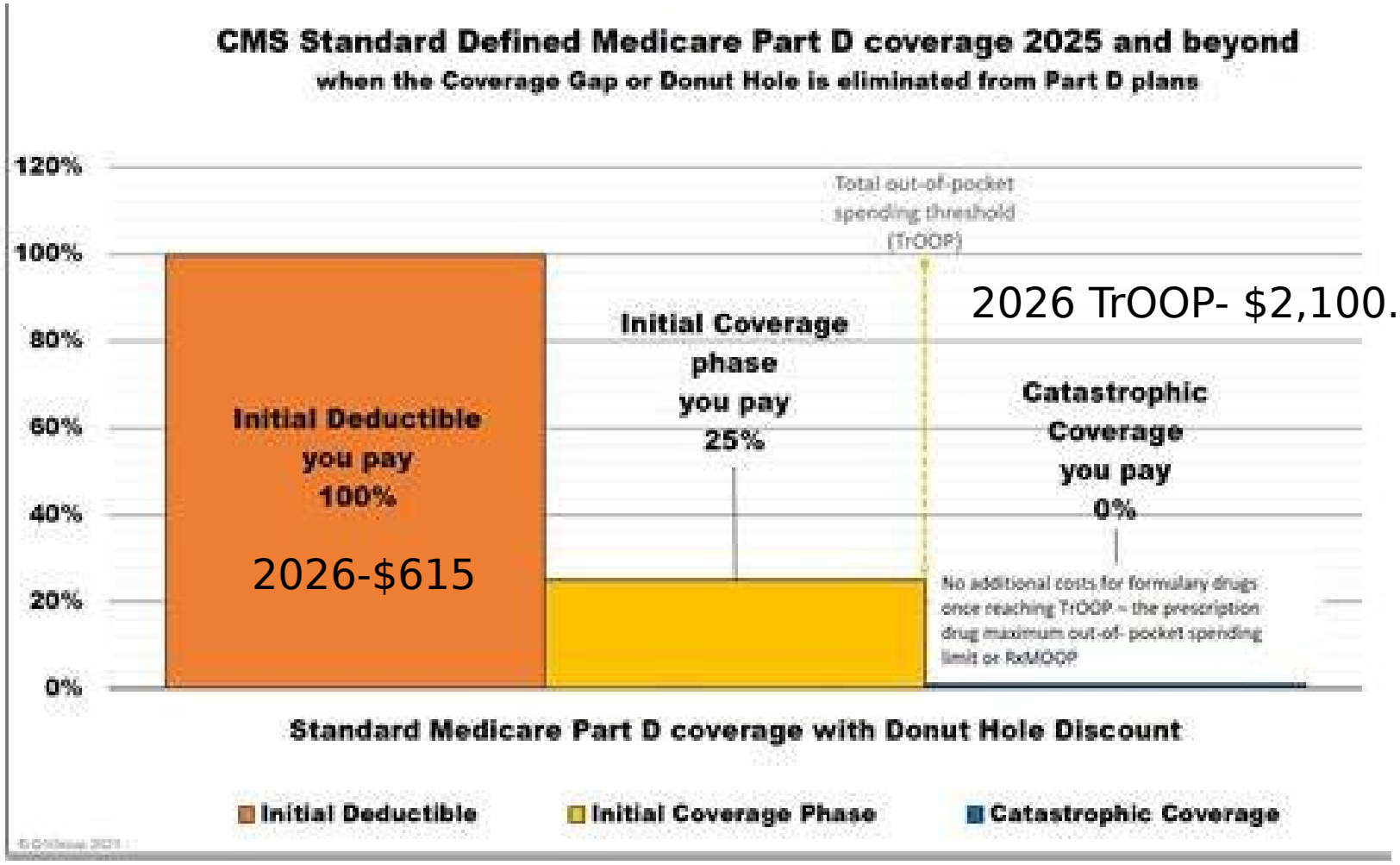
2026 Medicare Part D Phases



2026 TrOOP- $2,100.00

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IMPORTANT!

1. Only medications that are on one's **plan formulary** count towards the $2,100 out-of-pocket. Over-the-counter drugs do not count, nor do prescription medications purchased without going through your insurance (for example, GoodRX)—even if they are on the formulary
2. Plan Premiums **do not count towards** out-of-pocket expenses
3. Plans may choose to **not cover medications** that are prescribed for "off-label" use, even if the medication is on the formulary

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A Few Things to Consider For People Working Past Age 65

If one chooses to take Social Security, they must take Part A. Part B can be refused as long as the coverage is creditable

When the beneficiary is ready to enroll in Part B, Human Resources will have to submit CMS Form L564 and the beneficiary will have to submit CMS Form 40B to SSA confirming creditable coverage and requesting enrollment in Part B, respectively

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A Few Things to Consider if You Work Past Age 65 and Enrolling in Medicare

Be aware of all relevant dates and deadlines. There are life-long penalties for enrolling late in both Part B and Part D

If covering spouse and/or dependents on employer insurance and they are under 65, they will have to get coverage through the Marketplace

If the beneficiary gets health insurance through their spouse, they will need to check with their spouse’s benefits coordinator for health insurance to ensure creditable coverage

Who Pays First?

- **If you have retiree health coverage (like insurance from your or your spouse's former employment). . . Medicare pays first.**
- **If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has 20 or more employees. . . Your group health plan pays first.**
- If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has fewer than 20 employees. . . Medicare pays first.
- If you're under 65 and have a disability, have group health plan coverage based on your or a family member's current employment, and the employer has 100 or more employees. . . Your group health plan pays first.
- If you're under 65 and have a disability, have group health plan coverage based on your or a family member's current employment, and the employer has fewer than 100 employees. . . Medicare pays first.
- If you have group health plan coverage based on your or a family member's employment or former employment, and you're eligible for Medicare because of End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant). . . Your group health plan will pay first for the first 30 months after you become eligible to sign up for Medicare. Medicare pays

COBRA and Medicare

COBRA is ***not*** considered “creditable coverage” for Medicare.

- Individuals on COBRA MUST enroll in Medicare Part B within 8 months of turning 65 or they will face major penalties for the rest of their lives, regardless of whether or not they still have COBRA months remaining.
- COBRA may be considered creditable coverage for Medicare Part D allowing a Special Enrollment Period of ***exactly*** 63 days to enroll without a lifelong penalty.
- If one has Medicare and COBRA, Medicare pays primary
- Medicare is generally significantly less expensive than COBRA
- COBRA may be useful as secondary coverage to pay for:
  - Medicare deductibles and co-payments
  - Benefits ot covered by Medicare such as vision and dental
- A spouse and dependents can generally remain on COBRA for up to 36 months whether or not the employee enrolls in Medicare.

Health Savings Accounts (HSA)

- Accounts for individuals with high-deductible health plans (HDHPs)
- Funds are not taxed to deposit or withdraw
- In order to deposit you must have an HDHP and have no other health insurance (including Medicare)

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When To Stop Contributing to an HSA

If you sign up for Medicare:	During your Initial Enrollment Period	You can avoid a tax penalty by making your last HSA contribution the month before you turn 65.
	2 months after your Initial Enrollment Period ends	
	And your birthday is on the 1st day of the month	Generally, your Medicare coverage starts the first day of the month before you turn 65. You can avoid a tax penalty by making your last HSA contribution 2 months before you turn 65.
If you wait to sign up for Medicare:	Less than 6 months after you turn 65	You can avoid a tax penalty by stopping HSA contributions the month before you turn 65.
	6 or more months after you turn 65	You can avoid a tax penalty by stopping HSA contributions 6 months before the month you apply for Medicare.

Source: Medicare and You 2026 Page 20

Income Related Medicare Adjustment Amount (IRMAA)

- Beneficiaries with significant income will pay a sliding scale higher Part B & D premiums *(based on IRS tax returns from 2 years prior)*
- There are 6 income categories
- Each category has a set dollar amount associated with it

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2026 IRMAA

Single	Married Filing Jointly	Married Filing Separately	Part B Premium + IRMAA	Part D IRMAA
$109,000 or less	$218,00 or less	$109,00 or less	$202.90	$0 + your plan premium (pp)
$109,001-$137,000	$218,001-$274,000	N/A	$284.10	$14.50 + pp
$137,001-$171,000	$274,001-342,000	N/A	$405.80	$37.50 + pp
$171,001-$205,000	3442,001-$410,000	N/A	$527.50	$60.40 + pp
$205,001- <$500,00	$410,001- <$750,000	>$109,000 and <$391,000	$649.20	$83.30 + pp
$500,000 or above	$750,000 or above	$391,000 or above	$689.90	$91.00 + pp

Help For People With Limited Income and/or Resources

Extra Help (with prescription drugs)

Medicaid

Medicare Savings Programs

Pharmaceutical Assistance Programs*

Prescription** Savings Cards

*Not necessarily income dependent

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Enroll on Time!

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There are life-long penalties that will follow you if you miss the deadlines for Part D and/or B.

Part B Late Enrollment Penalty is 10% of the Standard Monthly Premium for each full year you should have enrolled but didn't

- So, if you should have enrolled in October of 2023, and decide to enroll during the General Enrollment Period in January of 2026, you will pay $20.90 on top of your Part B Premium
- As the Premium changes (generally goes up) every year, so will the amount you pay as a penalty

Part D Late Enrollment Penalty Calculation: Penalty is calculated as 1% of the Part D base beneficiary premium ($38.99 in 2026),

- For each month a beneficiary does not have creditable coverage and is not enrolled in Part- D (approximately $0.39 a month x the number of months, added to the monthly premium)
- The penalty amount changes each year as the Part D base beneficiary premium changes

Medicare Enrollment Periods

A quick overview of the different Medicare enrollment periods

PERIOD	WHO	WHAT	WHEN
Initial Enrollment/Election Period (IEP)	People eligible for Medicare due to turning 65	To enroll in Part A, Part B, an Advantage plan, or Part D plan	3 months before 65th birthday month & 3 months after
General Enrollment Period (GEP)	People who missed their IEP & don't qualify for a SEP	To enroll in Part A & Part B	Each year from Jan 1 to March 31
Annual Election Period (AEP)	People already enrolled in Medicare	To enroll in, change, or disenroll from an Advantage or Part D plan	Each year from Oct 15 to Dec 7
Medicare Advantage Open Enrollment Period (MAOEP)	People who currently have an Advantage plan	To switch Advantage plans or return to Original Medicare	Each year from Jan 1 to March 31
Special Enrollment/Election Period (SEP)	People who have a qualifying situation	Qualifying event to enroll in Medicare, Medicare Advantage or Part D mid-year	8 months for Part A & Part B, 2 months for Advantage & Part D plans
Medigap Open Enrollment Period (MOEP)	People who just started Part B	To enroll in a Medigap plan without underwriting	6 months from Part B effective date

Medicare.gov/basics/get-started-with-medicare

Special Enrollment Periods (SEPs)

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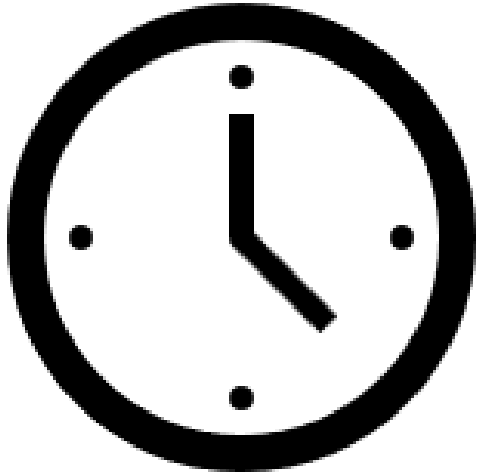
Enable beneficiaries to make Part D changes in special situations, including:

- Involuntary loss of creditable coverage
- Entering, residing in or leaving a long-term care facility
- Moving
- Other exceptional circumstances
  - Automatic enrollment into a plan by Medicare
  - Error by a Federal Employee or SHIP Counselor
  - First year trial period for Medicare Advantage
  - Switching to/from PACE (Program of All-Inclusive Care for the Elderly)
  - When an employer group health plan would otherwise allow a beneficiary to make changes to his/her employer group health plan.



NOTE: COBRA is **not** considered creditable coverage for Medicare Part B. You **may** qualify for a Part D Special Enrollment Period, but not in all cases.

Medicare Plan Finder Star Rating System

Part D plan rating categories:

- Drug plan customer service
- Member complaints, problems getting services, and choosing to leave the plan
- Member experience with the drug plan
- Drug pricing and patient safety

Medicare Advantage Plans rating categories:

- Staying healthy: screenings, tests, and vaccines
- Managing chronic (long-term) conditions
- Plan responsiveness and care
- Member complaints, problems getting services, and choosing to leave the

Annual Notice of Plan Changes

- Plan Annual Notice of Change (ANOC)
- Part D and Medicare Advantage Plans can change their benefits and costs annually
- Be sure to check
  - Premium, deductible, co-payment changes
  - Are your drugs still covered?
  - Are your drugs still covered at the same tier?
  - Are there restrictions to your drugs?
  - Is there another Plan that offers better coverage?

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Marketing Guidelines | Medicare Advantage and Part D Plans CANNOT:

- Solicit door-to-door
- Call people on national and state “do not call” lists*
- Enroll people over the phone during a solicitation call
- Offer incentives or gifts exceeding $15, or offer a meal
- Engage in activities to mislead or confuse
- Conduct sales presentations or collect enrollment information at health fairs or educational events

Third Party Marketing Organizations Must Include Disclaimers on TV/Radio and Social Media Ads

Example:

- "We do not offer every plan available in your area. Currently we represent ***[number of organizations]*** organizations which offer ***[number of plans]*** products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your **local State Health Insurance Program (SHIP) to get information on all of your options**.

- "Currently we represent ***[number of organizations]*** organizations which offer ***[number of plans]*** products in your area. You can always contact Medicare.gov, 1-800-MEDICARE or your **local State Health Insurance Program for help with plan choices**."

Medicare Preventive Services

Find problems early, when treatment works best. These are covered by:

- **Medicare Part B**
- **Original Medicare:** Pay nothing for most preventive services from a provider who accepts assignment
  - May require copayment/coinsurance for office visit
  - May pay more from provider who does not accept assignment
- **Medicare Advantage and other plans**
  - May require copayments/coinsurances depending on plan benefits

“Welcome to Medicare” Visit

One-time visit covered within first 12 months of enrolling in Part B.

- Includes:
  - Review of medical and social history
  - Height, weight and body mass index
  - Simple vision test
  - Education and counseling
- Doctor may refer you for additional screenings

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Yearly Wellness Visit

Available every 12 months and includes:

- Personalized prevention plan
- Routine Measurements
- Health advice just for you
- Review of medical and family history
- Review of current prescriptions
- Advance care planning
- Cognitive assessment
- Referrals for health education and preventive counseling

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Wellness and Preventive Services

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Service	How Often	Your Cost
Cardiovascular disease screenings	Every 5 Years	No cost for the tests. 20% for doctor's visit
Mammograms	Every 12 months for women 40 years of age and older	No cost
Colorectal Cancer Screening Colonoscopy	Every 120 months Every 24 months if high risk	No cost for test. 20% for doctor's visit or hospital copay
Prostate cancer screenings	Every 12 months for men over 50 year of age	No cost for PSA test 20% for doctor's visit or hospital copay
Flu shot	One shot per season	No cost
Pneumococcal shot	Most people only need once/lifetime	No Cost
Bone mass measurement	Every 24 months	No cost
Glaucoma tests	Every 12 months if you are high risk	20% for doctor's visit or hospital copay
Diabetes Screening	Up to 2 blood glucose laboratory test screenings each year	No cost
Pap tests/Pelvic exams	Every 24 months Every 12 months if high risk	No cost
HIV (Human Immunodeficiency Virus) screening	Every 12 months Between 15-65 years old Younger than 15 older than 65 and at an increased risk Up to 3 times during a pregnancy	No cost
Covid vaccines	As recommended by the CDC guidelines	No cost (this could change when the public health emergency ends)
Shingles Vaccine	Adults 50 years and older two doses two to six months apart	No deductible and no cost-sharing with Part D coverage
Tetanus – Diphtheria – Whooping Cough Vaccines	Can be given at any time and followed by a Td or Tdap shot every 10 years	No cost

A Few Words About Fraud and Scams

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Medicare Fraud is the most common scheme affecting seniors. Some examples include:

- Medicare/Medicaid is billed for services you never received, equipment you never received or was returned
- Someone uses your Medicare/Medicaid card
- A company uses false information to mislead you into joining a Medicare plan
- Calls asking to verify your Medicare # so you can get a plastic card
- Calls offering you rebates on certain services
- Calls indicating that your Medicare plan is being terminated
- Calls offering you a wellness exam (and they will notify your doctor)

Many times the caller will be insistent on immediate action or payment and these calls can be quite scary.

Medicare Fraud

Be sure to review your Medicare Summary Notices (MSN) if you have Original Medicare, or your Explanation of Benefits (EOB) if you have a PPO or HMO, on a regular basis

- You may see charges for services services or equipment that are charged to Medicare.
- Even if you don’t have to pay for them, Medicare does
- If you see such charges, contact your provider’s billing department. It could simply be the wrong code entered
- If you see a pattern, or for example, multiple wrong charges on the same MSN or EOB, chances are it is fraud—especially if you are not responsible for the bill

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To Report Fraud or Scams

Michigan SMP Hotline: (844)677-6424

Senior Medicare Patrol Program:

MDHHS-SMP@Michigan.gov

Outside of Michigan: (877) 808-2468

SMPResource.org

Do not be afraid or embarrassed to report if you have been a victim of a scam. The scammers are very tricky! It can happen to anyone.

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How Can A MI Options Medicare Counselor Help You

01
Understand Medicare health plans

02
Compare and enroll in Medicare Advantage Coverage

03
Compare or enroll in Medicare Prescription Drug Coverage

04
Identify and report Medicare and Medicaid fraud and scams

05
Assist with enrollment into low-income programs

We Are Here to Help You

Area Agency on Aging 1-B
AgeWays
Nonprofit Senior Services

If you want to speak with a counselor about your specific situation, give us a call

Our service is confidential and unbiased

We counsel currently over the phone, Teams and in-person where available

No question is too trivial, and we often deal with very complicated questions as well

There are various options for counseling: In person, Microsoft Teams, or Telephone. Call us today at 248-262-0545. We serve Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw Counties.

For SHIP Counseling outside of Michigan, call the MI Options Medicare Counseling at 800-803-7174 or visit **www.eldercare.acl.gov.**

For More Information

- Contact us at SHIP@ageways.org or 248-262-0545
- Visit Medicare.gov
- Browse the Medicare & You Handbook
- Call 1-800-MEDICARE
- MI Options Medicare Counseling elsewhere in Michigan-800-803-7174
- **SHIP Counseling outside of Michigan**
  www.SHIPhelp.org

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Satisfaction Survey

Area Agency on Aging 1-B
AgeWays
Nonprofit Senior Services

- This survey is part of a larger analysis of our national program.
- It is completely confidential
- It is also anonymous
- Your participation is voluntary
- It takes less than 5 mins to complete
- Survey Link:

https://www.surveymonkey.com/r/ACLED

Area Agency on Aging 1-B

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Nonprofit Senior Services

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