

Getting started with Medicare.

Medicare Made Clear™

Get Answers: Medicare Education



Look inside to:

- Understand the difference between Medicare plans
- Compare plans and choose the right one for you
- Find extra help when choosing a plan



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Medicare as easy as A, B, C and D.

You may know that when you turn 65 you qualify for Medicare. But did you know that when it comes to Medicare, you have choices?

From reviewing Original Medicare (Parts A and B) to understanding Medicare supplement insurance plans, Medicare Advantage (Part C) and stand-alone prescription drug plans (Part D), this guide breaks it all down for you.

Medicare helps millions of Americans get the health care they need. Just as important, it offers you a choice of how you want to receive your benefits.

Tip

Most people become eligible for Medicare when they turn 65 years old.

Medicare Made Clear™ — an overview.

Medicare is a federal health insurance program for people 65 and older and others with disabilities.

- Medicare Parts A and B are considered Original Medicare.
- Part A pays for hospital care and Part B pays for doctor visits and other outpatient care.

Original Medicare doesn't cover everything.

Original Medicare helps you get the coverage you need, but you should expect to pay some of the costs. You can enroll in a Medicare supplement plan to help pay for costs and benefits that aren't paid by Original Medicare Parts A and B. You can also enroll in a stand-alone Medicare Part D plan for help with prescription drug costs.

Some of the elements Original Medicare (Parts A and B) does not cover are:

- Vision
- Dental
- Hearing
- Prescription drugs

OR

You can also enroll in a Medicare Advantage Part C plan offered by private insurance companies. Part C plans give you all of the coverage provided by Parts A and B, as well as additional benefits:

- Combines hospital costs and doctor and outpatient care in one plan.
- Can include Part D prescription drug coverage.
- May include additional benefits such as dental, vision or hearing services.

When are you eligible?



If you're turning 65, you can enroll in a Medicare plan. You can enroll three months before the month you turn 65, the month of your birthday and three months after. If you wait to enroll in a plan after this time, you may have to pay more.

Your plan choices don't have to be permanent.

If your health care needs change over time, so will the health plans you want to choose. You're not locked in to one plan permanently. You'll have an opportunity to change plans at least once a year during the Medicare Open Enrollment Period (October 15 – December 7).

Tip

Look for these icons for easy reference.



Hospital



Doctor



Prescription
drugs



Medicare
supplement



Additional
benefits



Your choices — illustrated.

Medicare Choices

Step 1

Enroll in Original Medicare when you become eligible.

ORIGINAL MEDICARE

 **PART A** +  **PART B**

Covers hospital stays Covers doctor and outpatient visits

Government-provided

Step 2

If you need more coverage, you have choices.


Option 1

or

Option 2

Keep Original Medicare and add:

MEDICARE SUPPLEMENT INSURANCE




Covers some or all of the costs not covered by Parts A & B

Offered by private companies

and/or


MEDICARE PART D




Covers prescription drugs

Offered by private companies

MEDICARE ADVANTAGE (PART C)

 Combines Parts A & B

 Additional benefits

 Most plans cover prescription drugs

Offered by private companies



Medicare Part A (hospital coverage).

Part A helps with the cost of inpatient hospital stays and skilled nursing after a hospital stay. It also helps with hospice care and some skilled care for the homebound.

What providers can I see?

You can choose any qualified provider in the United States who is accepting new Medicare patients.

Coverage limits.

There are some coverage limits with Part A. For example, if you're hospitalized or in a skilled nursing facility for a long time (more than 90 days at one time), you may have to pay part of the cost.

What isn't covered.

Doctor services in the hospital are not covered by Part A. Other services, such as personal in-hospital costs like telephone calls or services related to "custodial care" — help with eating, bathing or dressing — will also not be covered under Part A unless medically necessary.

Costs.

Premiums. If you or your spouse have made payroll contributions to Social Security for at least 10 years, you will not pay a premium. If you haven't made contributions, the premium in 2013 is \$441 a month. If you enroll late, your monthly premium amount is higher.

Your share of the costs.

Deductible. You have to pay a deductible before Part A starts paying a share of your costs. In 2013, it's \$1,184 for each hospital stay, subject to certain limits.

Copay. After staying a certain number of days, you pay a copay. For hospital stays in 2013, you'll pay \$296 per day (days 61 through 90) and \$592 per day (days 91 through 150). In a skilled nursing facility, you'll pay \$148 per day (days 21 through 100). In 2013, you'll also pay a copay of up to \$5 for each outpatient prescription drug you receive in hospice care.

Coinsurance. You pay a small coinsurance for inpatient respite care for hospice patients.

Tip

Most people don't pay Part A premiums.

Enrollment.

When can I join? As soon as you become eligible for Medicare.

How do I sign up? For most, if you're already getting benefits from Social Security, enrollment in Part A is automatic and there is no monthly premium. If you aren't getting benefits from

Social Security, you can sign up at your local Social Security office.

Can they refuse to cover me or delay coverage? Not if you're eligible for Medicare. You can't be refused Part A because of your medical history or a pre-existing illness.



Medicare Part B (doctor visits).

How it works.

If you are receiving Social Security benefits when you become eligible for Medicare you will be automatically enrolled in Part B. Medicare Part B helps with the cost of medically necessary doctor visits and other medical services, including outpatient care at hospitals and clinics, laboratory tests, some diagnostic screenings, and some skilled nursing care.

What providers can I see?

You can choose any qualified provider who is eligible to participate in Medicare and who is accepting new patients.

Coverage limits.

There are limits on a few services — for example, the amount Part B will pay for occupational therapy. And screenings are covered only for specific times.

What isn't covered?

Keep in mind that Part B covers vision, dental or hearing only in certain situations. Additionally, it usually doesn't cover care outside the United States or help with things like bathing or getting dressed.

Costs.

Premium. This depends on your yearly income. Most people pay a monthly premium. If you receive Social Security, it will be automatically deducted from your Social Security benefits. For 2013, premiums range from \$104.90 to \$335.70 a month.

Your share of the costs.

Deductible. Before Part B starts paying a share of your costs, you first have to pay a deductible. In 2013, it's \$147 for the year.

Copay. In 2013, outpatient hospital services copays range from a few dollars up to \$1,184.

Coinsurance. After you pay your deductible, Part B generally pays 80% and you pay 20% as coinsurance.

Tip

Monthly premiums for Part B are automatically taken out of your Social Security check.

Enrollment.

When can I join? As soon as you become eligible for Medicare. You can also join later on, but only at certain times of the year.

How do I sign up? For most, if you're already getting benefits from Social Security, enrollment in Part B is **automatic** and most people pay a monthly

premium. Otherwise, you can sign up at your Social Security office.

Can they refuse to cover me or delay coverage? Not if you're eligible for Medicare. You can't be refused Part B because of your medical history or a pre-existing illness.



Medicare Part C (Medicare Advantage).

How it works.

Medicare Advantage (Part C) plans are run by private insurance companies. They combine coverage for certain hospital costs, doctor visits and other medical services in one plan. They may also include prescription drug coverage, often with no added premium.

What providers can I see?

In some plans, you choose a primary care doctor. In others, you can go to any Medicare-eligible provider who accepts the plan's terms, conditions and payment rates.

Medicare Advantage plans have appointed service areas and offer nationwide emergency coverage.

Coverage limits.

Plans vary. Check the limits and exclusions.

What isn't covered?

Part C plans cover the same services as Original Medicare (Parts A and B), except for hospice care, which is provided under Part A.

Costs.

You'll continue to pay your Part B premium. And in many cases Part C may have its own premium too. Premiums vary widely.

Your share of the costs. Some plans have deductibles. Some don't. Many charge copays or coinsurance. Look at the plan for details.

Out-of-pocket limits. All plans limit the amount you have to spend.

Coverage gap. If you have prescription drug coverage, there's a coverage gap when the plan may not help you.

Tip

Part C plans give you the coverage of both Parts A and B and can also include vision, hearing, dental and prescription drug coverage.

Enrollment.

When can I join? As soon as you're eligible for Medicare. You must also join Original Medicare (Parts A and B).

How do I sign up? Each insurance company handles its own enrollment process. These plans renew automatically as long as you pay your premiums.

Can they refuse to cover me or delay coverage? Not if you have joined Original Medicare (Parts A and B), and the plan is accepting new members.

Can I change my coverage later? Yes, you have a chance to change your coverage each year during the Open Enrollment Period (OEP), October 15 – December 7.



Medicare Part D (prescription drugs).

How it works.

Part D plans help with the cost of prescription drugs. They're optional, and if you don't sign up when you become eligible, you may pay a higher premium if you enroll later.

Part D is sold by private companies. Plans offer different costs and different drug lists. The federal government sets the guidelines. Some Medicare Advantage plans include prescription drug coverage.

What pharmacies can I use?

- Some plans limit your choice by area.
- Others offer nationwide coverage.
- Your plan may also offer mail order service.

Coverage limits.

Terms vary widely. Plans offer various levels of cost sharing until you spend a stated amount in a year. In 2013, it's \$4,750.

What isn't covered?

Different plans cover different drugs, so make sure your drugs are covered before you enroll. Most plans also have a coverage gap, or "donut hole," during which you have to pay some of the costs.

Costs.

While plans may cover some of the same drugs, their monthly premiums may vary. In October each year, they announce their premiums for the coming year. You may pay a premium penalty set by Medicare if you don't sign up for Part D coverage as soon as you're eligible.

Your share of the costs. Some plans have a deductible, some don't. Some charge a copay. Others charge a percentage of the cost. During the coverage gap, you'll pay:

- 79% of the price for generic drugs.
- 47.5% of the price (plus the dispensing fee) for brand-name drugs.

You may pay less if your plan has better coverage in the gap.

Tip

Most Medicare Advantage (Part C) plans include prescription drug coverage.

Enrollment.

When can I join? As soon as you're eligible for Medicare. Your coverage renews automatically year to year.

How do I sign up? Each insurance company handles enrollment. But you can join online at **Medicare.gov** or by contacting a plan provider (insurance company).

Can they refuse to cover me or delay coverage? If you are entitled to Part A or are enrolled in Part B, you can't be refused.

Can I change my coverage later? Yes, you have a chance to change your coverage each year during the Open Enrollment Period (OEP), October 15 – December 7.



Medicare supplement insurance plans (Medigap).

How it works.

Private insurance companies offer this type of coverage to help you cover some or all of the costs that Medicare Parts A and B don't cover. There are 10 standardized plans, labeled Plan A, B, C, D, F, G, K, L, M, N, which are available in most states.

What providers can I see?

You can see any doctor who participates in the Medicare program and who is accepting new patients.

Coverage limits.

All Medicare supplement policies provide an additional 365 days of hospital care during your lifetime, beyond your Medicare lifetime reserve.

No Medicare supplement policy covers days in a skilled nursing facility beyond the 100 days Part A pays for.

As a rule, there are no geographic limits on where you receive the care covered by your Medicare supplement policy, as long as the care is received in the United States. Some policies do offer coverage of some emergency care outside the United States.

When I won't get help.

These policies help cover some of the costs not paid by Original Medicare (Parts A and B); for instance, deductibles, copays or coinsurance. They don't cover routine vision, dental or hearing care; hearing aids or eyeglasses; or private-duty nursing.

Costs.

As a general rule, the more generous the coverage, the higher the premium. Premiums vary widely.

Your share of the costs.

Medicare supplement insurance plans cover expenses approved by Original Medicare (Parts A and B).

Deductible. Some plans pay your Medicare Part B deductible and some companies offer high-deductible plans.

Copay. Only one plan requires Medicare Part B copays for doctor visits and emergency room trips.

Coinsurance. A few plans use coinsurance to split costs between you and the insurance company until you reach your out-of-pocket limit.

Enrollment.

When can I join? You can buy a Medicare supplement insurance plan any time after you turn 65 and join Medicare Part B. They can't consider your medical health history in setting your premium if you sign up during the six months after you turn 65. Depending on where you live, plans may be available to people on Medicare due to a disability.

How do I sign up? Each private insurance company that offers Medigap policies handles its own enrollment. To join, you'll need to contact the company and ask how to join.

Can they refuse to cover me or delay coverage? Once your open enrollment period

ends (up to six months after turning 65), insurers can refuse coverage, charge you a higher premium based on your health, or make you wait to get coverage for an illness you currently have. In some states and in some situations, you have the right to buy a plan regardless of your health after your open enrollment period ends.

Can I change my coverage later? You can drop your policy and apply for another one at any time.

How does renewal work? Medicare supplement insurance plans are "guaranteed renewable." That means the policy renews automatically from year to year as long as you pay the premium on time.

Make a confident choice.

It's a good idea to research your options.

To learn what plans and policies are available in your area, you can visit [Medicare.gov](https://www.Medicare.gov) or contact your State Health Insurance Assistance Program (SHIP).



? What's important to you?

- Are you in good health or do you have chronic conditions?
- Which prescription drugs do you take regularly? How much do you spend?
- What doctors do you see regularly and for what kind of care? How would you feel about seeing a new doctor?
- How much do you travel and where?
- Are you eligible for any health care coverage besides Medicare? Will you keep that coverage when you retire?
- How much did you spend on health care last year? Do you expect similar costs this year?
- How does health care fit into your budget? Will you need financial help to pay for Medicare premiums?

Look for a plan that's the right fit for you.

There's no "one size fits all." There are lots of choices:

- Do I want only Original Medicare (Parts A and B)?
- How about Original Medicare with a stand-alone prescription drug plan (Part D) or Medicare Advantage plan (Part C)?
- If I get a Medicare Advantage plan, do I want it with or without prescription drugs?

Consider enrolling as soon as you become eligible.

If you wait, you could end up paying more in premiums.

If you are eligible, you can get Extra Help.

There is extra financial help available to pay for Medicare for those with lower incomes (see page 16).



10 tips about Medicare.

1 There are two main ways to get Medicare.

- You can choose Original Medicare (Parts A and B), which is provided by the government.
- Or you can choose a Medicare Advantage plan (Part C). These plans are offered through private insurance companies.

2 With Original Medicare, you'll pay a share of the cost.

- You contributed to Medicare by paying taxes. That's why you're eligible for Medicare when you turn 65.
- Original Medicare doesn't pay for everything. You still pay a share of the cost in monthly premiums and copays.

3 Medicare supplement insurance helps control out-of-pocket costs.

Helps with some of the expenses Medicare Parts A and B don't pay, like copays and deductibles.

4 Prescription drug coverage helps limit drug costs.

As a Medicare member you can get optional prescription drug coverage (Part D).

- You can enroll in a stand-alone Part D plan to go with your Original Medicare coverage.
- Or you can enroll in a Medicare Advantage plan that includes prescription drug coverage.

Tip

Important: If you don't sign up for Part D coverage when you enroll in Medicare, you may pay a penalty if you enroll later unless you qualify for an exception.



5 Know the choices in your state.

- Original Medicare (Parts A and B) is the same across the United States.
- Medicare Advantage (Part C) and prescription drug (Part D) plans are offered by private insurance companies and may be available only in certain counties, states or regions.
- Medicare supplement policies offer nationwide coverage and are available by state.

6 Enroll at the right time.

The Initial Enrollment Period (IEP) is your first chance to enroll in Medicare. It's the three months before your 65th birthday month, the month of your birthday, and the three months after your birthday month.

- If you enroll before the month you turn 65, coverage starts on the first day of your birthday month.
- If you enroll during your birthday month or later, coverage starts on the first day of the month following the date you enroll.

7 Review your choices once a year.

After you choose your Medicare coverage, you can make changes each year during the Medicare Open Enrollment Period (OEP), October 15 – December 7. Review your coverage to see if it still fits your needs.

8 Special Election Period (SEP).

In some cases you may be able to enroll in, or switch, plans outside of the IEP and OEP. This includes changes in your life situation, such as:

- You retire and leave a health care plan through your employer or union.
- You move out of your current health plan's service area.

9 Review your current coverage.

For example, if you have group coverage from your job, or retiree insurance from a former employer, you'll want to see how it fits with Medicare.

10 Help is available.

Medicare can be complicated, but help is available. You may even qualify for financial help. See the list of resources on pages 16 and 17 or visit MedicareMadeClear.com.



Medicare that fits your retirement plan.

Working beyond 65.

Save some money.

- If you have an individual health plan, a Medicare plan could help you save money on your health care expenses.
- If you have health insurance through your employer, a Medicare plan could work with your employer-sponsored coverage. Check with your benefits administrator to see if it makes sense for you to sign up for Original Medicare (Parts A and B) in addition to the coverage you get today.

Start with basic coverage.

Many people who choose to work past age 65 enroll only in Part A because there is no monthly premium. Some choose to enroll in both Parts A and B together (Original Medicare). However, Part B comes with a monthly premium based on your income, so many don't enroll in Part B until they lose their employer-sponsored coverage.

Is enrollment required?

Most people are not required to enroll in Medicare when they turn 65. Check with your benefits administrator to see if your employer requires you to enroll in Medicare Part A or Part B.

Retiring at 65.

Are you ready?

If you're ready for retirement, you will be eligible for Original Medicare (Parts A and B) and other Medicare plans when you turn 65. If you don't have employer-sponsored coverage, you should consider enrolling during your Initial Enrollment Period: the three months before the month you turn 65, the month of your birthday, and the three months after.

Stay ahead of the game.

If you're retiring, you have 63 days after your employer-sponsored coverage ends to enroll in a Medicare plan without penalty. But it's best to sign up before you retire to avoid a gap in coverage.

Change is good.

Health care needs can change from year to year. Be sure to review your needs (upcoming surgeries, current prescription drugs, new wellness goals) so you can find a plan to best meet them. You can change your plan once a year during the Open Enrollment Period (OEP). This is a seven-week period from October 15 through December 7.

Moving forward.

If you continue working:

- Check with your benefits administrator to see how Original Medicare would work with your current plan, and if it makes sense to enroll in a Medicare Part B plan.
- Keep your health insurance coverage records so you can prove that you had creditable coverage past your Initial Enrollment Period for Medicare.
- If your spouse or dependents need coverage, they could be eligible for COBRA.
- Check with your benefits administrator for more information when you get ready to retire.

If you're retiring:

- Talk with your employer's benefits administrator to see if you and/or your dependents can get employer-sponsored retiree benefits.
- If you don't have retiree coverage available, sign up for Original Medicare (Parts A and B) and review the Medicare plans in your area.
- If your spouse or dependents need coverage, they could be eligible for COBRA.
- Check with your benefits administrator before you retire to find out more information on what's available.



Extra help is available.

If you have a lower income and fewer assets, you may qualify for help. Less than half of those who would qualify actually sign up, so don't hesitate to apply.

- **Medicaid** helps pay for certain costs not covered by Medicare. It may also include some added benefits that Medicare doesn't cover.
- **Medicare Savings Program** helps you pay your Parts A and B premiums, deductibles and coinsurance.
- **Program of All-Inclusive Care for the Elderly (PACE)** combines medical, social and long-term care services for frail elderly people who live in the community, not a nursing home. It's not available in all states.
- **Prescription drug premium assistance programs** help pay for some or all of a person's Medicare Part D premiums, deductibles, and copays or coinsurance.
- **Other programs may be available in your state.**

Who's eligible?

It depends on your income. Your income includes money you get from retirement benefits or other money that you report for tax purposes. It also includes your assets (for example, property other than your house). The income eligibility levels vary by state and program. The income eligibility average is close to \$16,755 a year for an individual or \$22,695 for a couple.



Resource guide.

Get answers.

Go to **MedicareMadeClear.com** or call **1-877-619-5576, TTY 711, 8 a.m. – 8 p.m. local time, 7 days a week.**

Where to get more answers.

Medicare Helpline

For questions about Medicare and detailed information about plans and policies in your area, call **1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048**, 24 hours a day, 7 days a week. Or go to **Medicare.gov**.

Medicare & You

The official Medicare handbook for Medicare programs is updated each year. You can download a copy at the Medicare website or call the Medicare Helpline to request a copy. For online tools to find and compare drug plans, Medicare Advantage plans and Medigap policies, go to **Medicare.gov**.

Social Security Administration

For help with questions about eligibility for and enrolling in Medicare or Social Security retirement benefits and disability benefits, and for questions about your eligibility for help with the cost of Medicare coverage, call **1-800-772-1213, TTY 1-800-325-0778**, between 7 a.m. and 7 p.m., Monday through Friday.

Administration on Aging

For help in finding local, state and community-based organizations that serve older adults and their caregivers, call **1-800-677-1116, TTY 711**, between 9 a.m. and 8 p.m. EST, Monday through Friday. Or go to **Eldercare.gov**.

Your current health plan

Your health plan's customer service center may answer any questions you have about your current coverage. Call the number on your ID card.

AARP®

For information about Medicare and other programs for seniors, go to **aarp.org**. The AARP website offers educational materials about Medicare in its health section. You can also order publications online.

Your state's resources.

Your state's Medical Assistance or Medicaid office

To learn if you are eligible for help with the costs of Medicare, call your state's Medical Assistance or Medicaid office. They can answer questions about programs like PACE (Program of All-Inclusive Care for the Elderly) and the Medicare Savings Program.

You can also call the Medicare Helpline and ask for the number of your state's Medical Assistance or Medicaid office.

Your State Health Insurance Assistance Program (SHIP)

For help with questions about buying insurance, choosing a health plan, buying a stand-alone prescription drug plan or Medigap policy, and your rights and protection under Medicare, call your State Health Insurance Assistance Program. This program offers free counseling for decisions about Medicare coverage. In some states, this program is called the Health Insurance Counseling and Advocacy Program (HICAP).

Your state's hospice organizations

For information about hospice care programs in your area, call your state's hospice care organization. Call the Medicare Helpline to get the number.



Medicare Plan Finder Worksheet.

Steps to finding a Medicare plan that's right for you:

- 1 Research your choices.**
Visit [MedicareMadeClear.com](https://www.MedicareMadeClear.com) to learn about all of your Medicare choices and resources.
- 2 Understand your needs.**
 - Ask yourself questions about the type of coverage you're looking for. Do you take prescription drugs?
 - What's more important, lower premiums or lower out-of-pocket costs? Are you in good health?
- 3 Compare coverage in your area.**
Go to [Medicare.gov](https://www.Medicare.gov) to find out more about plans available in your area.
- 4 Find your plan.**
Use this worksheet to compare plans and find the one that fits your needs.
- 5 Enroll.**

Original Medicare

Costs



Part A monthly premium

No premium for most



Part B monthly premium

Comparing Plans

Fill out the chart below with information from private insurance companies.

Plans			
Insurance company			
Name of plan			
Type of plan			
Costs			
Monthly premium			
Annual deductible			
Copays/coinsurance			
Annual out-of-pocket maximum			
Emergency fees			
Annual pharmacy deductible			
Your prescription cost on the plan			
Estimated total monthly cost			
Coverage ► Put a check mark in each box that the plan will cover . If it is not covered, leave it blank.			
Current physician			
Current prescriptions			
Coverage gap			
NurseLine SM			
Preventive care			
Lab services			
Emergency services			
Chiropractic care			
Outpatient care			
Hearing exams			
Dental services			
Vision services			
Acupuncture			
Podiatry care			
International coverage			

Interested in learning more?

Check out **MedicareMadeClear.com** to watch videos, sign up for our newsletter, take quizzes, find tools and get answers to your Medicare questions.

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Newsletter

Additional information resources:

- Visit **Medicare.gov**
- Call **1-800-MEDICARE (1-800-633-4227)**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week
- Call your local State Health Insurance Assistance Program (SHIP) to see if you qualify for any financial assistance

Questions?



Call **1-877-619-5576, TTY 711**

8 a.m. – 8 p.m. local time, 7 days a week



MedicareMadeClear.com

Looking for more information?

Download our easy-to-use reference Show Me Guide to understanding Medicare and its coverage options. It's helpful for anyone interested in Medicare. The guide covers topics on understanding Medicare Parts A, B, C, D and more. It's available online at **MedicareMadeClear.com**.



**Get answers.
Medicare made clear.**



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