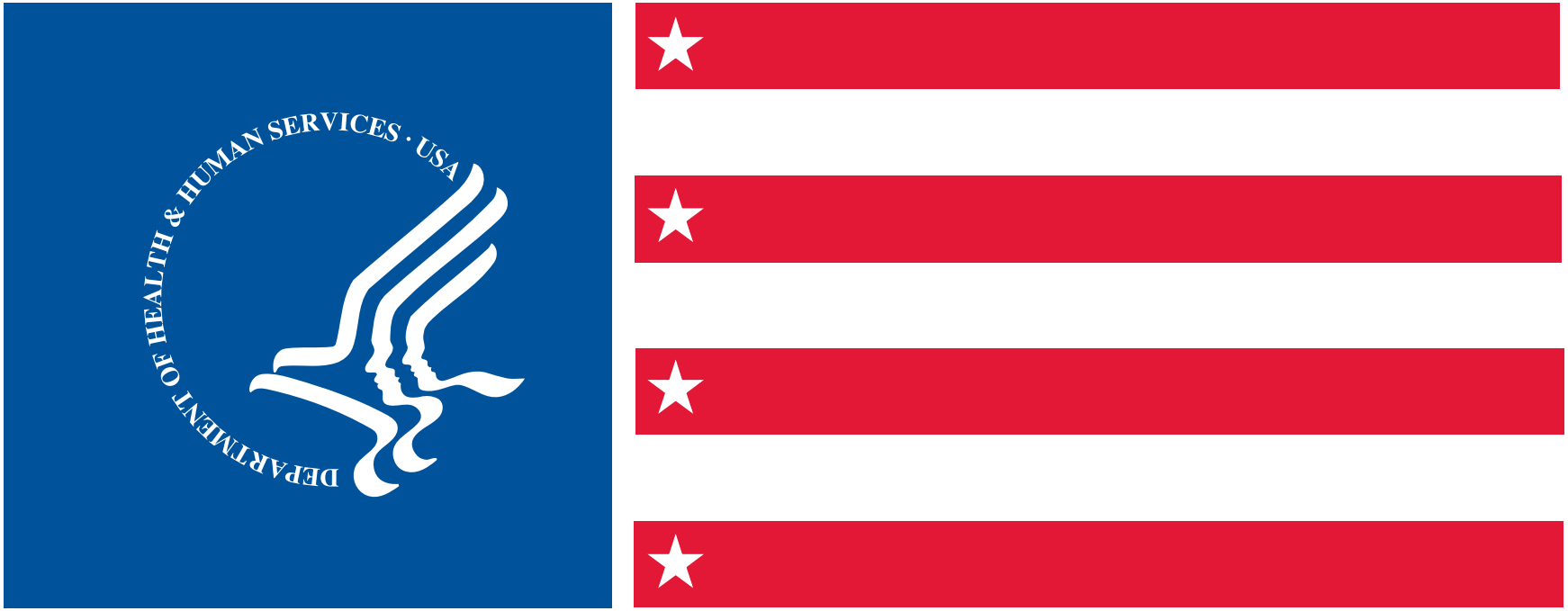
Welcome to Medicare



CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare checklist

- ❑ **Read the information in this booklet carefully.** It has important information about the decisions you need to make.
- ❑ **Watch the mail for your copy of the "Medicare & You" handbook.** It provides more details about Medicare. If you don't want to get a printed copy in the future, visit www.medicare.gov/medicare-and-you and choose the "go paperless" option. With the online Medicare & You, you can search quickly for what you want and print only the pages you need.
- ❑ **Get answers to your Medicare questions.** Visit the newly redesigned www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- ❑ **Ask your doctor about the one-time "Welcome to Medicare" preventive visit** and other preventive services (like screenings and shots) you might need. See page 7.
- ❑ **Access your *personal* Medicare information by visiting www.MyMedicare.gov.** Track your Medicare claims, view your eligibility information, and more. All you need to get started is your Medicare number (from your Medicare card) and the password and instructions from Medicare.
- ❑ **Consider filling out an authorization form** in case you ever need Medicare to share your personal health information with someone else, like a family member or caregiver. Complete the form online at www.medicare.gov/medicareonlineforms, or call 1-800-MEDICARE to get a copy. Do this now, before a crisis occurs.

Welcome to Medicare

You're getting this package because you've been enrolled automatically in Medicare Part A (Hospital Insurance). You don't need to pay a monthly premium for Part A. You've also been enrolled automatically in Medicare Part B (Medical Insurance). You'll need to pay a monthly premium for Part B if you choose to keep it.

This booklet explains some important decisions you need to make, including whether you want to keep Part B. It also includes information about the decisions you must make about your health care and prescription drug coverage.

Read this booklet carefully before you make any decisions. Pages 5–8 provide basic information about Medicare. Pages 9-28 provide details about the decisions you need to make.

The information in this booklet was correct when it was printed. Changes may occur after printing. Visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.

"Welcome to Medicare" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Table of contents

Medicare basics

Medicare is health insurance for people 65 or older, under 65 with certain disabilities, and any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare includes these parts:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance), including Medicare-covered preventive services
- Medicare Part C (Medicare Advantage Plans – health plan options that combine Part A, Part B, and usually Part D coverage)
- Medicare Part D (Medicare prescription drug coverage)

Pages 6-8 explain how Medicare Part A, Part B, Part C, and Part D work.

Medicare basics (continued)

Here's a brief look at what Medicare Part A and Part B cover. Certain requirements may apply. Look in your "Medicare & You" handbook for details.

Part A covers	Part B covers
■ **Hospital stays:** Semi-private room, meals, general nursing, and other hospital services and supplies. Includes care in critical access hospitals and inpatient rehabilitation facilities. ■ **Skilled nursing facility care:** Limited coverage of semi-private room, meals, skilled nursing and rehabilitation services, and other services and supplies, following a hospital stay. ■ **Home health care services:** Can include part-time or intermittent skilled nursing care, and physical therapy, speech-language pathology, and occupational therapy. ■ **Hospice care:** Includes drugs for pain relief, and medical and support services from a Medicare-approved hospice.	■ **Medical and other services:** Doctors' services, outpatient medical and surgical services and supplies, diagnostic tests, durable medical equipment, and more. ■ **Clinical laboratory services:** Blood tests, urinalysis, and some screening tests. ■ **Home health care services:** Can include part-time or intermittent skilled nursing care and physical therapy, speech-language pathology, and occupational therapy. ■ **Outpatient hospital services:** Hospital services and supplies you get as a hospital outpatient. ■ **Preventive services:** See the next page for details.

Note: Medicare doesn't pay for your hospital or medical bills if you're not lawfully present in the U. S.

Medicare basics (continued)

Part B covers many preventive services to help you live a longer, healthier life. Some examples are listed below. You pay nothing for most preventive services if you get the services from a doctor or other qualified health care provider who accepts the Medicare-approved amount as full payment for covered services (known as accepting assignment). How often you can get each service varies. Some services are covered only for people with certain conditions or risk factors, so check with your doctor about what's right for you.

Part B-covered preventive services

One-time "Welcome to Medicare" preventive visit
Abdominal aortic aneurysm screening
Alcohol misuse screening and counseling
Bone mass measurement
Cardiovascular disease (behavioral therapy)
Cardiovascular screenings
Colorectal cancer screenings
Depression screening
Diabetes screenings
Diabetes self-management training
Flu, Hepatitis B, and pneumococcal shots
Glaucoma tests
HIV screening
Medical nutrition therapy services
Obesity screening and counseling
Pap test and pelvic exam
Prostate cancer screenings
Screening mammograms
Sexually transmitted infections screening and counseling
Tobacco use cessation (counseling for people with no sign of tobacco-related disease)
Yearly "Wellness" visit

Part C (Medicare Advantage Plans)

Medicare Advantage Plans (like HMOs or PPOs) are a way to get your Medicare coverage through private companies that are approved by Medicare. These plans include Part A, Part B, and usually other coverage like prescription drugs (Part D).

You usually pay a monthly premium (in addition to your Part B premium) and a copayment or coinsurance amount for covered services. Costs, extra coverage, and rules vary by plan. If you choose not to join a Medicare Advantage Plan, in most cases, you'll get your Medicare health coverage through Original Medicare. See pages 15 and 17 for details.

Part D (Medicare Prescription Drug Coverage)

In general, Medicare offers prescription drug coverage (Part D) to everyone with Medicare. This coverage is offered by private companies approved by Medicare. To get drug coverage, you can either join a Medicare Prescription Drug Plan, which adds drug coverage to Original Medicare and certain Medicare Advantage Plans, or you can join a Medicare Advantage Plan that includes drug coverage.

Generally, you'll have to pay a premium for Medicare prescription drug coverage. If you don't join a Medicare drug plan when you're first eligible, and you don't have other creditable prescription drug coverage (for example, from an employer or union), you may pay a late enrollment penalty if you choose to join later. See pages 23–24 for details.

Decisions you need to make

Decision 1: Decide if you want to keep Part B.

You were automatically enrolled in Part B. If you don't want to keep Part B, let us know **before** the effective date on the front of your Medicare card, which is enclosed in this package. See pages 10–14.

Decision 2: Decide how to get your Medicare coverage.

If you keep Part B, you can choose how you get your health coverage. You can choose from Original Medicare (run by the federal government) or a Medicare Advantage Plan (run by a private insurance company). See pages 15–20.

Decision 3: Decide if you want or need Medicare prescription drug coverage (Part D).

If you choose Original Medicare and you want drug coverage, you'll have to join a Medicare Prescription Drug Plan. If you choose to join a Medicare Advantage Plan instead, check with the plan to make sure it includes Medicare drug coverage. See pages 21–25.

Decision 4: Decide if you want or need a Medicare Supplement Insurance (Medigap) policy.

If you choose Original Medicare, you may want to buy a policy that helps pay some of the costs Medicare doesn't cover. You don't need and can't use a Medigap policy if you choose a Medicare Advantage Plan. See pages 27–28.

Decision 1 – Decide if you want to keep Part B

Keeping Part B is your choice. If you decide to keep Part B, the monthly premium will automatically be deducted from your Social Security benefit payment when your coverage starts. If you don't get benefits from Social Security, you'll get a bill for your Part B premium every 3 months.

The monthly Part B standard premium is $104.90 in 2013. Your monthly premium will be higher if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is more than $85,000 (if you're single and file an individual tax return) or more than $170,000 (if you're married and file a joint tax return). These amounts can change each year.

Warning: If you don't keep Part B when you're first eligible, you may have to wait until the General Enrollment Period (January 1–March 31 each year) to sign up, and your coverage would start July 1 of that year. You may also have to pay a Part B late enrollment penalty.

You may be able to delay joining Part B without a penalty if you or your spouse (or a family member, if you're disabled) is working, and you're getting health insurance benefits based on that current employment. Contact your employer or union benefits administrator to find out how your insurance works with Medicare. You may be required to keep Part B.

How much is the Part B penalty?

If you sign up for Part B later, you'll pay 10% more for each full 12-month period you could have had Part B but didn't take it (except as described on page 13). You may have to pay this late enrollment penalty as long as you have Part B.

Example

If you waited 2 full years (24 months) to sign up for Part B and didn't have other coverage, you'll have to pay a 20% late enrollment penalty (10% for each full 12-month period that you could have been enrolled), plus your standard Part B monthly premium ($104.90 in 2013).

$104.90 (2013 Part B standard premium)
\+ $20.98 (10% [of $104.90) for each full 12-month period you could have had Part B)

$125.90 will be your Part B monthly premium for 2013. This amount is rounded to the nearest $.10 and includes the late enrollment penalty.

Note: The example above applies if you delayed enrolling in Part B for **24 months**. You don't pay a late enrollment penalty if you enroll before a full 12-month period has passed or if you qualify for a Special Enrollment Period. See page 13.

Decision checklist: Should I keep Part B?

Deciding whether to keep Part B depends on your situation.

- ❑ **I'm still working. Or my spouse (or a family member, if I'm disabled) is still working.** If you have health insurance benefits through an employer because you or your spouse (or a family member, if you're disabled) is still working, you may want to keep that coverage. You'll have a Special Enrollment Period to sign up for Part B later without a penalty. See page 13.
- ❑ **I have TRICARE coverage.** If you have TRICARE (coverage for active-duty military or retirees and their families), you must have Part B to keep TRICARE coverage. However, if you're an active-duty service member or the spouse or dependent child of an active-duty service member, you may not have to get Part B right away. You can get Part B during a Special Enrollment Period without a penalty. See page 13.
- ❑ **I don't have other medical insurance.** If you don't have any medical insurance, you may want to keep Part B if you want coverage for the types of items and services listed on pages 6–7. If you don't keep Part B, you may have to wait to sign up later, your coverage will be delayed, and you may pay a late enrollment penalty as described on page 11.

Special Enrollment Period

Check with your employer or union benefits administrator to find out if they require you to sign up for Part B. You can sign up for Part B without a late enrollment penalty if one of these statements applies to you:

- You're 65 or older, you or your spouse is currently working, and you're covered by an employer or union group health plan based on that employment.
- You're under 65 and disabled, you or a family member is working, and you're covered by an employer or union group health plan based on that employment.

You can sign up for Part B anytime while you're covered by an employer or union group health plan based on current employment, or for up to 8 months after the group health plan coverage or the employment ends, whichever happens first.

Note: If you have COBRA coverage or a retiree health plan, you don't have coverage based on current employment. You're not eligible for a Special Enrollment Period when that coverage ends.

What to do if you don't want Part B

If you **don't** want to keep Part B, here's what to do:

1. **Check the box** after "I don't want Medical Insurance" on the back of the enclosed card.
2. **Sign the back of the card.**
3. **Send back the entire form (including the card)** in the enclosed envelope **before** the effective date on the front of the Medicare card.

Medicare will send you a new Medicare card that shows you have Part A only.

To **keep** Part B, you don't need to do anything.
Simply cut out and sign the front of the Medicare card and keep it.

Decision 2 - Decide how to get your Medicare coverage

If you decide to keep Part B, you have 2 main choices for getting your Medicare health coverage:

Original Medicare **Part A & Part B**	**Medicare Advantage Plan** **Also called Part C – Includes BOTH Part A & Part B**
How it works: • Medicare provides this coverage directly. • You have your choice of doctors and hospitals that are enrolled in Medicare and accepting new Medicare patients. • Generally, you or your supplemental coverage pay deductibles and coinsurance. • You usually pay a monthly premium for Part B.	**How it works:** • Private insurance companies approved by Medicare provide this coverage. • In most plans, you need to use plan doctors, hospitals, or other providers, or you pay more or all of the costs. • You may pay a monthly premium (in addition to your Part B premium) and a copayment or coinsurance for covered services.
Drug coverage: • If you want drug coverage, you must choose and join a Medicare Prescription Drug Plan.	**Drug coverage:** • Most plans include drug coverage. If not, you may be able to join a Medicare Prescription Drug Plan.
Supplemental coverage: • You can buy a Medicare Supplement Insurance (Medigap) policy to fill gaps in coverage.	**Supplemental coverage:** • If you join a Medicare Advantage Plan, you don't need and can't use a Medigap policy.

Note: You may also be able to join other types of Medicare health plans, like Medicare Cost Plans or Programs of All-inclusive Care for the Elderly (PACE), or get certain services through demonstrations and pilot programs.

More about Original Medicare

Original Medicare is one of your health coverage choices. **You'll have Original Medicare unless you choose to join a Medicare Advantage Plan or other Medicare health plan.** You can see any doctor or provider who's enrolled in Medicare and accepting new patients. In most cases, you don't need referrals.

In Original Medicare, if you have Medicare Part A and/or Part B, you get all the Part A and/or Part B-covered services listed on pages 6–7. You must pay a monthly Part B premium to get Part B-covered services. You may also have to pay additional costs (like deductibles, coinsurance, or copayments) for most Medicare-covered services. If you have limited income and resources, you may be able to get help to pay for some of your costs. See page 30.

In addition to Original Medicare, you can get more coverage to help pay your health care costs:

- A Medicare Prescription Drug Plan (see pages 21–26)
- A Medicare Supplement Insurance (Medigap) policy (see pages 27–28)

More about Medicare Advantage Plans

You must have both Part A and Part B to join a Medicare Advantage Plan (like an HMO or PPO). These plans are available in most areas of the country.

If you join a Medicare Advantage Plan, you'll get your Part A and Part B-covered services through the Medicare Advantage Plan. The plan also may offer extra coverage, like vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (sometimes for an extra cost). Most Medicare Advantage Plans have provider networks. This means you probably have to see doctors who belong to the plan, or go to certain hospitals to get covered services (other than for emergency or urgently needed care or medically-necessary dialysis), or else you may have extra costs. You may also need referrals to see specialists. Cost, extra coverage, and rules vary by plan.

The next page describes your Medicare Advantage Plan choices. Other Medicare health plans may be available in some areas. To find out which plans are available in your area, visit www.medicare.gov/find-a-plan, or call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

Important! If you join a Medicare Advantage Plan, you don't need and can't use a Medicare Supplement Insurance (Medigap) policy. In most cases you can't join a separate Medicare Prescription Drug Plan, and you must get your drug coverage from your Medicare Advantage Plan.

More about Medicare Advantage Plans (continued)

These types of Medicare Advantage Plans might be available in your area:

1. **Health Maintenance Organization (HMO) Plans:** You generally must get your care from a primary care doctor, specialist, or hospital in the plan's network, except for emergency care, out-of-area urgent care, or out-of-area dialysis.
2. **Preferred Provider Organization (PPO) Plans:** In most of these plans, you pay less if you use primary care doctors, specialists, or hospitals in the plan's network. You can choose to use out-of-network providers, usually for a higher cost.
3. **Private Fee-for-Service (PFFS) Plans:** You can see any Medicare-approved doctor if they agree to treat you and accept the plan's payment terms. Not all providers will. You may need to pay more if the plan has a network, and you use a doctor who's not in the network.
4. **Special Needs Plans (SNP):** Membership is for people who may meet one or more of the following conditions: 1) have specific diseases or conditions (like congestive heart failure, diabetes, dementia, HIV/AIDS, or End-Stage Renal Disease); 2) have Medicaid; or 3) live in certain institutions (like a nursing home) or need nursing care at home.

Other less common types of Medicare Advantage Plans may also be available, like Medical Savings Account (MSA) Plans and HMO Point-of-Service (HMOPOS) Plans.

Tip! To compare Medicare Advantage Plans in your area, visit www.medicare.gov/find-a-plan.

Decision checklist : Choosing between Original Medicare and a Medicare Advantage Plan

Here are some questions to help you decide:

- ❑ **Are the services I need covered?** In Original Medicare, you'll get all of the covered Part A and Part B services. Medicare Advantage Plans may offer additional coverage, sometimes for an extra cost. Compare the costs and services of both coverage options.
- ❑ **Is doctor or hospital choice important?** In Original Medicare, you can use any provider or hospital that accepts Medicare. Some Medicare Advantage Plans limit you to certain doctors and hospitals, require you to get referrals, or charge more for out-of-network care.
- ❑ **Do I travel a lot?** Original Medicare will cover your care anywhere in the U. S. Medicare Advantage Plans must cover emergency care for members outside the plan area, but some don't cover other health care services away from home.
- ❑ **Do I have health insurance coverage from an employer?** If you do, talk to your employer or union benefits administrator before you make any changes. In some cases, joining a Medicare Advantage Plan might cause you to lose employer or union coverage. See page 29 for more details.

Can I join or switch plans later?

You'll have at least one chance each year to make changes to your Medicare coverage. You can sign up for a Medicare Advantage Plan from **October 15–December 7** each year. You can also decide to drop your Medicare Advantage Plan and return to Original Medicare at this time, or join a different Medicare Advantage Plan if you're already in one. If you make a change during this period, your new coverage will begin on January 1 of the following year. Also, if you're in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare from January 1–February 14. If you switch to Original Medicare during this period, you'll have until February 14 to also join a Medicare Prescription Drug Plan.

You should compare the different costs and coverage benefits of the Medicare Advantage Plans in your area, and make sure you understand any rules or limits that apply. **There's no penalty if you don't join a Medicare Advantage Plan when you're first eligible**. When you're ready, page 26 explains how to join a Medicare Advantage Plan.

Decision 3 – Decide if you want or need Medicare prescription drug coverage

Medicare offers prescription drug coverage (also called "Part D") to everyone with Medicare. However, **it isn't automatic for most people – you have to sign up for it**.

You get Medicare prescription drug coverage either by joining a Medicare Prescription Drug Plan or through a Medicare Advantage Plan that offers drug coverage. Both types of Medicare drug coverage are called "Medicare drug plans" in this booklet.

Medicare drug plans are run by private companies that contract with Medicare, and there may be dozens of different plans available where you live. These plans cover a variety of brand-name and generic prescription drugs. All Medicare drug plans offer at least standard prescription drug coverage, but costs and coverage are different in every plan.

You can join a Medicare drug plan when you're first eligible for Medicare. After this Initial Enrollment Period, you can change your plan from **October 15–December 7** each year. If you make a change during this period, your new coverage will begin January 1 of the following year. Your enrollment generally lasts for the calendar year.

Decision 3 – Decide if you want or need Medicare Prescription drug coverage (continued)

If you have or are eligible for prescription drug coverage from an employer or union, TRICARE, the Department of Veterans Affairs (VA), the Federal Employees Health Benefits (FEHB) Program, or a state program, read all the materials you get from your insurer or plan provider. If you still have questions, talk to your benefits administrator, insurer, or plan provider before you make any changes to your current coverage. In some cases, joining a Medicare drug plan might cause you to lose employer or union coverage.

How much does Medicare prescription drug coverage cost?

Your exact costs will depend on the Medicare drug plan you choose and the drugs you take. Most Medicare drug plans have premiums, deductibles, and copayments that you pay in addition to your Part B premium. Your monthly Part D premium will be higher if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is more than $85,000 (if you're single and file an individual tax return) or more than $170,000 (if you're married and file a joint tax return). These amounts can change each year.

If you have limited income and resources, you may qualify for Extra Help paying your Medicare prescription drug coverage costs. See page 30.

Can I join a Medicare drug plan later?

If you already have other creditable prescription drug coverage, you can wait and sign up for Medicare drug coverage later without a penalty as long as you don't go 63 days or more in a row without creditable drug coverage. Creditable prescription drug coverage is prescription drug coverage that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage.

Examples of creditable coverage could be prescription drug coverage from an employer or union, TRICARE, the Department of Veterans Affairs (VA), the Federal Employees Health Benefits (FEHB) Program, or a state program.

If you don't join a Medicare drug plan when you're first eligible for Medicare, and you go without creditable prescription drug coverage for 63 days or more in a row, you may have to pay a late enrollment penalty to join a plan later. The penalty amount may change each year. In most cases, you'll have to pay it as long as you have Medicare prescription drug coverage. You may also have to wait until **October 15–December 7** to sign up. Coverage would begin January 1 of the next year.

How much is the penalty to join a Medicare drug plan later?

The cost of the late enrollment penalty depends on how long you didn't have creditable prescription drug coverage. Currently, the late enrollment penalty is calculated by multiplying 1% of the "national base beneficiary premium" ($31.17 in 2013) times the number of full, uncovered months that you were eligible but didn't join a Medicare drug plan and went without other creditable prescription drug coverage. The final amount is rounded to the nearest $.10 and added to your monthly premium.

Example

If you go without other creditable drug coverage for 20 months before you join a Medicare drug plan, you'll pay a monthly penalty of $6.20 in 2013 ($31.17 X .01 = $.3117 X 20 = $6.23, rounded to $6.20) in addition to your plan's monthly premium.

Tip! If you qualify for Extra Help paying for Medicare prescription drug costs, you can join a Medicare drug plan at any time without a penalty. See page 30 to learn more about Extra Help and other programs for people with limited income and resources.

Decision checklist: Should I join a Medicare Prescription Drug Plan?

Here are some questions to help you decide if a Medicare Prescription Drug Plan is right for you:

- ❑ **Do I need drug coverage?** Even if you don't take a lot of drugs now, you still may want to join a Medicare Prescription Drug Plan to avoid being without coverage. If you don't join when you're first eligible, and you go 63 days or more in a row without other creditable drug coverage, you may have to wait to sign up and pay a penalty.
- ❑ **Do I already have drug coverage?** If you have other creditable drug coverage (like from an employer or union), you may not need to join now. You can join a Medicare Prescription Drug Plan later without a penalty as long as you don't go 63 days or more in a row without creditable drug coverage. Your plan must tell you each year if your drug coverage is credible coverage.
- ❑ **Am I planning to join a Medicare Advantage Plan that includes drug coverage?** Many Medicare Advantage Plans include Medicare prescription drug coverage. If you're joining a plan that includes drug coverage, you don't need to join a Medicare Prescription Drug Plan.

  Compare the different lists of covered drugs (formularies) and costs of the Medicare Prescription Drug Plans in your area. Check which plans cover the drugs you take, and make sure you understand any rules or limits that apply.

How to choose & join a Medicare Advantage or Medicare Prescription Drug Plan

Your first step is to find out which plans are available in your area. Here's how:

- **Visit www.medicare.gov/find-a-plan.**
- **Look at your "Medicare & You" handbook.** Plans available in your area are listed in the back.
- **Call 1-800-MEDICARE (1-800-633-4227).** TTY users should call 1-877-486-2048.

Once you've considered your options, you can join a Medicare Advantage Plan or Medicare Prescription Drug Plan by visiting www.medicare.gov or contacting the plan directly. If you need help deciding, visit www.medicare.gov/contacts, or call 1-800-MEDICARE to get the contact information for your State Health Insurance Assistance Program (SHIP).

Tip! You may want to make a list of all the drugs and health care services you use, and calculate how much you would spend under each plan you're considering.

Decision 4 – Decide if you want or need a Medicare Supplement Insurance (Medigap) policy

Medicare Supplement Insurance (Medigap) policies are a type of private insurance designed to help pay some of your out-of-pocket costs (like coinsurance and deductibles) in Original Medicare. Medigap policies may also offer benefits not covered by Original Medicare (like emergency health care outside the U. S.). **You need both Part A and Part B to buy a Medigap policy**.

Different types of Medigap policies, which are identified by letter in most states, must all have standardized benefits. This means that you can easily compare Plan A sold by one insurance company with a Plan A sold by another. Medigap policies sold today don't cover long-term care, vision and dental care, private-duty nursing, or prescription drug coverage. All policies may not be available in every state.

How much does a Medigap policy cost?

Even though Medigap policy benefits are standardized, costs vary depending on the company you buy from and where you live. You'll pay a monthly premium directly to the private company you bought the policy from, in addition to your Part B premium.

Tip! Each Medigap policy covers only one person. If you and your spouse both want Medigap coverage, you must each buy separate Medigap policies.

Decision checklist: Do I need a Medigap policy?

Here are some questions to help you decide whether you need a Medigap policy:

- ❑ **Am I planning to join a Medicare Advantage Plan?** People in Medicare Advantage Plans don't need and can't use Medigap policies.
- ❑ **Do I need a lot of medical care?** If you stay in Original Medicare, a Medigap policy may help lower your out-of-pocket costs and give you more health insurance coverage.

If you decide to buy a Medigap policy, you can buy it directly from the insurance company. You can find out which insurance companies sell Medigap policies in your area by visiting www.medicare.gov/medigap. For more information about Medigap, visit www.medicare.gov/publications to view the booklet "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare." You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 .

Tip! The best time to buy a Medigap policy is during the 6-month period that starts with the first month you're 65 or older and enrolled in Part B. This is called your Medigap Open Enrollment Period. During this period, you can buy any Medigap policy sold in your state. After this period, you may have to pay more, or you may not be able to get the Medigap policy you want.

Medicare & employer coverage

If you're retired and have retiree health insurance from a former employer or union, Medicare will become your primary health insurance. Medicare will pay its part of the costs for any health care services you get, and then any amount not covered by Medicare can be submitted to your employer's plan. If you or your spouse (or family member, if you're disabled) is still working and you have group health plan insurance based on that current employment, who pays first depends on the size of the employer and whether you have Medicare based on age or disability.

If you or your dependents have any type of health or drug coverage from an employer or union, TRICARE, the Department of Veterans Affairs (VA), the Federal Employees Health Benefits (FEHB) Program, or a state program, read all the materials you get from your insurer or plan provider before you join a Medicare Advantage Plan or a Medicare Prescription Drug Plan, or make any other changes to your coverage.

Tip! If you have questions, the best source of information about your current insurance is your benefits administrator, insurer, or plan provider.

Help for people with limited income & resources

Help is available to pay for some of your health care and prescription drug costs:

Medicare Savings Programs: States have programs that pay Medicare premiums for people with limited income and resources and, in some cases, may also pay Medicare deductibles and coinsurance. For more information, call your State Medical Assistance (Medicaid) office. You can get the phone number by visiting www.medicare.gov/contacts or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicaid: Medicaid is a joint federal and state program that helps pay medical costs for some people with limited income and resources. For more information, call your State Medical Assistance (Medicaid) office. You can get the phone number by visiting www.medicare.gov, or by calling 1-800-MEDICARE.

Supplemental Security Income (SSI): SSI is a monthly benefit paid by Social Security to people with limited income and resources who are disabled, blind, or 65 or older. For more information, visit www.socialsecurity.gov, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Extra Help with prescription drug costs: If you have limited income and resources, you may qualify to get help paying for your drug plan's monthly premium, yearly deductible, and copayments. To apply for this program, visit www.socialsecurity.gov/i1020, or call Social Security at 1-800-772-1213.

Note: If you live in a U.S. Territory and have limited income and resources, there are different programs to help you pay your Medicare costs. Call your local Medical Assistance (Medicaid) office to learn more.

Get your Medicare questions answered

For information about...	Contact...
• Enrolling in Medicare or correcting your Medicare card • Supplemental Security Income • Help paying for Medicare prescription drug coverage • Changing your address	**Social Security** www.socialsecurity.gov 1-800-772-1213 TTY: 1-800-325-0778
• Medicare in general, and Medicare health and prescription drug plan choices in your area	**Medicare** www.medicare.gov 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048
• Free personalized health insurance counseling, and help making health coverage decisions	**State Health Insurance Assistance Program (SHIP)** For your local SHIP phone number, visit www.medicare.gov/contacts, or call 1-800-MEDICARE
• Your rights if you believe you've been discriminated against because of your race, color, religion, national origin, disability, age, or sex	**Department of Health and Human Services, Office for Civil Rights** www.hhs.gov/ocr 1-800-368-1019 TTY: 1-800-537-7697
• Protecting yourself from Medicare fraud • Protecting yourself from identity theft	**1-800-MEDICARE** **Federal Trade Commission** ID Theft Hotline at 1-877-438-4338 TTY: 1-866-653-4261

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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CMS Product No. 11095
Revised November 2012

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Social Security works with CMS by enrolling people in Medicare, qualifying people for Extra Help paying their Medicare prescription drug costs, and collecting Medicare premiums.

Visit www.medicare.gov to view or order free Medicare publications, get information for caregivers, compare health and prescription drug plans in your area, get details about the quality of care that hospitals and nursing homes provide, and more.