

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.
- ❑ **Get answers to your Medicare questions.** Visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- ❑ **Ask your doctor** which preventive services (like screenings, shots, and tests) you might need. See page 7 to learn how you can also get a one-time “Welcome to Medicare” physical exam.
- ❑ **Access your personal Medicare information at www.MyMedicare.gov.** Once you begin to get Medicare-covered services, you can track your claims, view your eligibility information, track the preventive services you get, and more. All you need to get started is your Medicare number (from your Medicare card) and the password and instructions Medicare mailed to you.
- ❑ **Consider filling out an authorization form** if you want Medicare to share your personal health information with someone else, like a family member or caregiver. Visit www.medicare.gov, or call 1-800-MEDICARE to get a copy of the form.

Welcome to Medicare!

You're getting this package because you've been automatically enrolled in Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance).

This booklet introduces you to Medicare and 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.

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

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Medicare Basics

Medicare is health insurance for people age 65 or older, under age 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 preventive services
- Medicare Part C (Medicare Advantage Plans—a health coverage option that combines Part A, Part B, and generally Part D coverage)
- Medicare Part D (Medicare prescription drug coverage)

Pages 6-8 explain how each part of Medicare works.

Medicare Basics

Here's a brief look at Medicare Part A and Part B services. Look in your "Medicare & You" handbook for details.

Part A Covers	Part B Covers
<ul style="list-style-type: none"><li data-bbox="110 320 799 476">■ Hospital Stays: Semi-private room, meals, general nursing, and other hospital services and supplies. Includes care in critical access hospitals and inpatient rehabilitation facilities.<li data-bbox="110 506 776 620">■ Skilled Nursing Facility Care: Semi-private room, meals, skilled nursing and rehabilitation services, and other services and supplies.<li data-bbox="110 650 805 806">■ Home Health Care Services: Can include part-time or intermittent skilled care, and physical therapy, speech-language pathology, and occupational therapy.<li data-bbox="110 836 743 950">■ Hospice Care: Includes drugs, medical, and support services from a Medicare-approved hospice.	<ul style="list-style-type: none"><li data-bbox="837 320 1516 476">■ Medical and Other Services: Doctors' services, outpatient medical and surgical services and supplies, diagnostic tests, durable medical equipment, and more.<li data-bbox="837 506 1448 577">■ Clinical Laboratory Services: Blood tests, urinalysis, and some screening tests.<li data-bbox="837 607 1529 763">■ Home Health Care Services: Can include part-time or intermittent skilled care, and physical therapy, speech-language pathology, and occupational therapy.<li data-bbox="837 793 1529 907">■ Outpatient Hospital Services: Hospital services and supplies you get as an outpatient as part of a doctor's care.<li data-bbox="837 937 1529 971">■ Preventive Services: See the next page for details.



Medicare Basics

Medicare Part B covers many preventive services to help you live a longer, healthier life. Some are listed below. You may have to pay a coinsurance and/or deductible for these services.

Medicare Part B-covered Preventive Services

Test/Service	How Often Covered?
One-time “Welcome to Medicare” Physical Exam	One-time within 12 months of your Medicare Part B effective date. When you make your appointment, let your doctor’s office know that you would like to schedule your “Welcome to Medicare” exam.
Abdominal Aortic Aneurysm Screening	Covered if you get a referral during your “Welcome to Medicare” physical exam.
Bone Mass Measurement	Every 24 months (more often if medically necessary).
Cardiovascular Screenings	Every 5 years.
Colorectal Cancer Screenings	How often Medicare covers depends on the test.
Diabetes Screenings	Medicare covers tests if you’re at high risk.
Flu Shots	Once a flu season in the fall or winter.
Glaucoma Tests	Once every 12 months if you’re at high risk.
Hepatitis B Shots	Medicare covers these shots if you’re at high or medium risk.
Pap Test and Pelvic Exam	Every 24 months. Once every 12 months if you’re at high risk.
Pneumococcal Shot	Most people only need this shot once in their lifetime.
Prostate Cancer Screenings	Once every 12 months.
Screening Mammograms	Once every 12 months.
Smoking Cessation	Up to 8 counseling visits in a 12-month period if your doctor orders it.

Medicare Basics

Medicare Part C (Medicare Advantage Plans)

Medicare Advantage Plans (like an HMO or PPO) are a way to get your Medicare coverage through private companies approved by and under contract with Medicare. These plans include Part A, Part B, and usually other coverage like prescription drugs (Part D). In most plans, you need to use plan doctors, hospitals, and other providers, or you pay more (or sometimes all) of the costs. 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 will get your Medicare health coverage through Original Medicare. See pages 15–16.

Medicare 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 and under contract with 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. Both types of plans are called “Medicare drug plans” throughout this booklet. Generally, you will have to pay a premium for Medicare prescription drug coverage. If you decide not to join a Medicare drug plan when you are first eligible, and you don’t have other creditable prescription drug coverage, you may pay a late enrollment penalty if you choose to join later. See pages 23–24 for details.



Summary of 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 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.

If you choose Original Medicare and you want drug coverage, you will have to join a Medicare Prescription Drug Plan. If you choose to join a Medicare Advantage Plan, the plan will generally include Medicare drug coverage. See pages 21–25.

Decision 4: Decide if you want or need a Medigap (Medicare Supplement Insurance) 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 or Railroad Retirement benefit payment when your coverage starts. If you don't get benefits from these programs, you'll get a bill for your Part B premium every 3 months.

The monthly Part B standard premium is \$110.50 in 2010. 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 are single and file an individual tax return) or more than \$170,000 (if you are 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 of that year. You may also have to pay a Part B late enrollment penalty.

Generally, you may be able to delay joining Part B without a penalty if you or your spouse (or a family member, if you are disabled) is working and you're getting health insurance benefits based on that current employment.



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 in special cases—see 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, you will 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 (\$110.50 in 2010).

\$110.50	(2010 Part B standard premium)
+ \$22.10	(10% [of \$110.50] for each full 12-month period you could have had Part B)
<hr/>	

\$132.60 will be your Part B monthly premium for 2010. This amount includes the late enrollment penalty.

Note: The example above is 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 in special cases. See page 13.

Decision Checklist: Should You Keep Part B?

Here are some questions to help you decide whether to keep Part B.

- ❑ **Are you or your spouse (or a family member, if you are disabled) still working?** If you have health insurance benefits through an employer because you or your spouse is still working (or a family member, if you are disabled), you may want to keep this coverage. You'll have a Special Enrollment Period to sign up for Part B later without a penalty. See page 13.
- ❑ **Do you have TRICARE coverage?** If you have TRICARE, 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.
- ❑ **Do you have other medical insurance?** If you don't have other 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 and you may pay a late enrollment penalty.



Special Enrollment Period

You can sign up for Part B without a late enrollment penalty if one of the following statements applies to you:

- You're age 65 or older, and 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 age 65 and disabled, and 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.

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 Medicare 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 two main choices for getting your Medicare health coverage:

Original Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)	Medicare Advantage Plan Also called Part C – Includes BOTH Part A (Hospital Insurance) and Part B (Medical Insurance)
How it works: <ul style="list-style-type: none">• Medicare provides this coverage.• You have your choice of doctors and hospitals.• Generally, you or your supplemental coverage pay deductibles and coinsurance.• You usually pay a monthly premium for Part B.	How it works: <ul style="list-style-type: none">• Private insurance companies provide this coverage.• In most plans, you need to use plan doctors, hospitals, or other providers, or you pay more or sometimes all of the costs.• You usually pay a monthly premium (in addition to your Part B premium) and an amount for covered services.
Drug coverage: <ul style="list-style-type: none">• If you want drug coverage, you must choose and join a Medicare Prescription Drug Plan.	Drug coverage: <ul style="list-style-type: none">• Many plans include drug coverage. If not, you may be able to join a Medicare Prescription Drug Plan.
Supplemental coverage: <ul style="list-style-type: none">• You can buy a Medigap (Medicare Supplement Insurance) policy to fill gaps in coverage.	Supplemental coverage: <ul style="list-style-type: none">• 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, Demonstrations, Pilot Programs, or Programs of All-inclusive Care for the Elderly (PACE).

More About Original Medicare

Original Medicare is one of your health coverage choices. **You will have Original Medicare unless you choose to join a Medicare Advantage Plan or other Medicare health plan.** You can see any doctor or provider that is enrolled in Medicare and accepting new patients. 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 a deductible, coinsurance, or copayment for most Medicare-covered services.

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 Medigap (Medicare Supplement Insurance) policy (see pages 27–28)



More About Medicare Advantage Plans

You must have both Medicare 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 will get your Part A and Part B-covered services through the Medicare Advantage Plan. The plan may also offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (usually for an extra cost). Some 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). You may need referrals to see specialists.

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, and select “Compare Health Plans and Medigap Policies in Your Area.” You can also 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 Medigap (Medicare Supplement Insurance) policy. In most cases, you can't join a separate Medicare Prescription Drug Plan.

Medicare Advantage Plans (continued)

The following are types of Medicare Advantage Plans that 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 (also called the plan’s “list”) 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 do.
4. **Special Needs Plans (SNP)**—Limit membership to people with specific diseases or conditions (like diabetes, a mental health condition, or HIV/AIDS), to people who are entitled to Medicaid, to people who live in certain institutions (like a nursing home), or to people who require nursing care at home.
5. **Medical Savings Account (MSA) Plans**—These plans have two parts: a high deductible health plan and a bank account that you can use to manage your health care costs.

Tip! To compare Medicare Prescription Drug Plans, Medicare Advantage Plans, and Medigap policies in your area, visit www.medicare.gov, and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area.”

Decision Checklist — Choosing Between Original Medicare and a Medicare Advantage Plan



Here are some questions to help you decide:

- ❑ **Are the services you need covered?** In Original Medicare, you will get all of the covered Medicare 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, or may charge more for out-of-network care.
- ❑ **Do you travel a lot?** Original Medicare will cover your care anywhere in the United States. 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 you have health insurance coverage from an employer?** If you do, talk to your employer or union benefits administrator before you make any changes. You may be able to join a Medicare Advantage Plan sponsored by your employer or union. See page 29 for more details.

Can You 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 between November 15—December 31 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. You can also join or switch most Medicare Advantage Plans between January 1—March 31 each year. However, you can't add or drop prescription drug coverage during this time. **There's no penalty if you don't join a Medicare Advantage Plan when you are first eligible.**

You'll want to compare the different costs and coverage of the Medicare Advantage Plans in your area, and make sure you understand any rules or limits that apply. 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 (Part D)



Medicare prescription drug coverage (also called “Part D”) is another part of the Medicare Program that’s optional. **Generally, anyone with Medicare can get Medicare drug coverage, but 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 (if you’re in Original Medicare), 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 first become eligible for Medicare. After this initial enrollment period, you can change your plan between November 15—December 31 each year and your new coverage would 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 (Part D) (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 Program (FEHBP), 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.

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 Prescription Drug Plans have premiums, deductibles, and copayments that you pay in addition to your Part B premium. If you have limited income and resources, you may qualify for Extra Help paying your Medicare prescription drug coverage costs. See page 30.



Can You 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 at least 63 continuous days without any drug coverage. Creditable prescription drug coverage is prescription drug coverage that is 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 Program (FEHBP), or a state program.

If you don't join a Medicare drug plan when you are first eligible for Medicare, and you go without creditable prescription drug coverage for 63 continuous days or more, you may have to pay a late enrollment penalty to join a plan later. You may also have to wait until November 15—December 31 to sign up. Coverage would begin in January of the next year.

How Much Is the Penalty to Join a Medicare Drug Plan Later?

The late enrollment penalty amount changes every year. In most cases, the late enrollment penalty will apply as long as you have Medicare prescription drug coverage.

Tip! If you qualify for Extra Help paying for Medicare prescription drug coverage, 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 incomes.

Decision Checklist: Should You 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 you 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 at least 63 continuous days without other creditable drug coverage, you may have to pay a penalty and wait to sign up.
- ❑ **Do you already have drug coverage?** If you have other creditable drug coverage (such as 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 continuous days without creditable drug coverage.
- ❑ **Are you 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. You'll want to compare the different list 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 Plan or a 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.** Select “Compare Health Plans and Medigap Policies in Your Area” or “Compare Medicare Prescription Drug Plans.”
- **Look at your “Medicare & You” handbook.** Plans 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 usually join a Medicare Advantage Plan or Medicare Prescription Drug Plan by visiting www.medicare.gov, or you can contact the plan directly. If you need help deciding, 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'd spend under each plan you're considering.



Decision 4 – Decide if you want or need a Medigap Policy

Medigap (Medicare Supplement Insurance) policies are a type of supplemental insurance designed to fill the “gaps” in Original Medicare. Medigap policies help pay some of your out-of-pocket costs (like your coinsurance and deductibles), and they offer benefits not covered by Original Medicare (like emergency health care outside the United States). **You need both Medicare Part A and Part B to buy a Medigap policy.**

Medigap policies are sold by private companies. There are standardized Medigap policies that are identified by letter, so that you can easily compare a 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.

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 You Need a Medigap Policy?

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

- ❑ **Are you planning to join a Medicare Advantage Plan?** People in Medicare Advantage Plans don't need and can't use a Medigap policy.
- ❑ **Do you need extra benefits and coverage?** 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'll purchase it directly from the insurance company. You can find out which insurance companies sell Medigap policies in your area by visiting www.medicare.gov, and selecting "Compare Health Plans and Medigap Policies in Your Area."

The best time to buy a Medigap policy is during the 6-month period that starts with the first month that you're age 65 or older **and** enrolled in Medicare Part B. This is called your Medigap Open Enrollment Period. During this period, you can buy any Medigap policy being 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 and Employer Coverage

If you are retired and have retiree health insurance from a former employer or union, Medicare will become your primary health insurance coverage. 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 are disabled) is working and you have group health plan coverage 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 Program (FEHBP), 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.

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

Help for People with Limited Income and Resources

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

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, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply online by visiting www.socialsecurity.gov.

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 telephone number by visiting www.medicare.gov, or from 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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.

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 age 65 or older. For more information, call Social Security at 1-800-772-1213.



Get Your Medicare Questions Answered

For information about...	Contact...
<ul style="list-style-type: none">• Enrolling in Medicare or correcting your Medicare card• Supplemental Security Income• Help paying for Medicare prescription drug coverage• Reporting a death	Social Security www.socialsecurity.gov 1-800-772-1213 TTY 1-800-325-0778
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• Free personalized health insurance counseling and help making health coverage decisions	State Health Insurance Assistance Program (SHIP) Call 1-800-MEDICARE to get the telephone number for your local SHIP.
<ul style="list-style-type: none">• Your rights if you believe you have 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
<ul style="list-style-type: none">• Protecting yourself from identity theft and fraud	HHS Office of the Inspector General 1-800-HHS-TIPS (1-800-447-8477) TTY 1-800-377-4950

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business

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Medicare is managed by the Centers for Medicare & Medicaid Services (CMS).
CMS is part of the Department of Health and Human Services.

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.

Medicare has additional resources to help you get the information you need. 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.

