



Hello, Medicare.

The quick and easy way to learn the basics of Medicare.



What is Medicare?

Medicare is America's health insurance program for people age 65 and older (and for people with certain disabilities). To get it, you must be a U.S. citizen or legal resident.



Does it cover visits to the doctor or hospital?

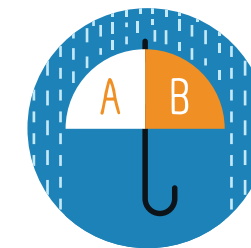
Yes. Medicare has different "parts" that cover different things. You choose the ones that best meet your healthcare needs. Let's look at the first two parts and how they go together:



Part A pays for hospital stays. Plus, some home health and hospice care.



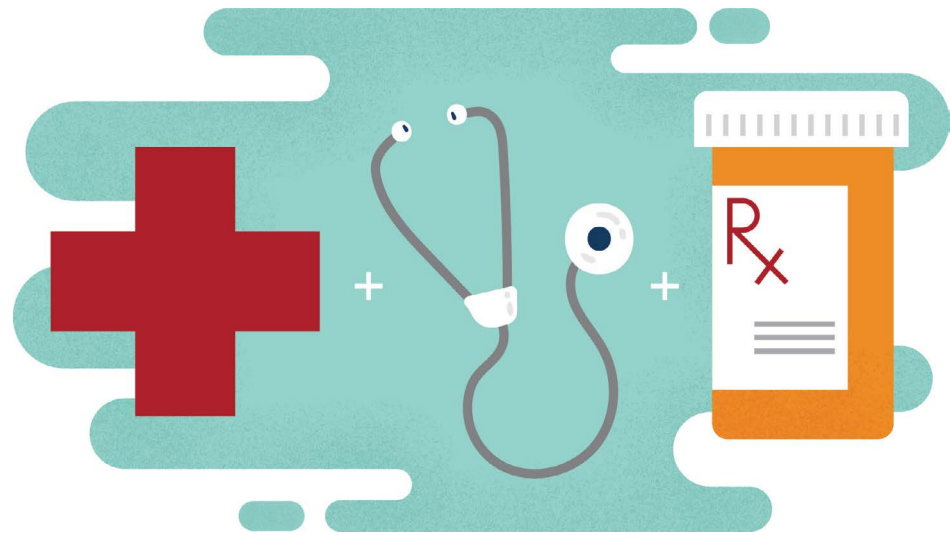
Part B pays for doctor visits and care. It also covers some other health needs, like flu shots, and walkers.



Parts A and B together are known as "**Original Medicare.**"

What about prescription drugs?

They're not covered in Original Medicare, so you'll need to add a separate plan, known as a Medicare prescription drug plan (**Part D**). These plans are offered by private insurance companies and are approved by the government.



Wait, you've told me about Parts A, B, and D. Isn't there a Part C?

Yes. **Part C** can give you all the above—and more—in one convenient package. These plans, known as **Medicare Advantage plans**, are offered by private insurance companies and are approved by the government.

Part C provides all the benefits of Part A (Hospital Insurance) and Part B (Medical Insurance), and often includes extra benefits they do not cover, such as dental and vision. Some of these plans also include prescription drug coverage (Part D).



Any other options I should know about?

There's another insurance plan option, called a **Medicare Supplemental Insurance (Medigap)** policy, that you can add to Original Medicare.

A Medigap policy can help pay for certain healthcare costs that you will have with Original Medicare, such as deductibles and copays. Keep in mind that you cannot have a Medicare Advantage plan and a Medigap policy at the same time. You must choose one or the other.

How do I get Medicare coverage?

It's easier than you think. If you already receive Social Security benefits, you may get Original Medicare (Parts A and B) automatically. If not, we can show you how to sign up through the Social Security Administration.



When should I sign up?

If you're turning 65, you can sign up for Original Medicare starting three months before your 65th birthday.

If you wait, you could have a gap in your healthcare coverage, and you may have to pay a penalty for enrolling late.

What is the penalty for enrolling late?

Your monthly premium for Part B (Medical Insurance) will go up—by 10% for each year you wait to enroll. This penalty lasts for as long as you have Medicare.

There may also be penalties for enrolling late in a Medicare prescription drug plan (Part D). To avoid these penalties, don't wait to sign up for Part D or a Medicare Advantage plan with Part D coverage.

What do I need to know if I am ...



New to Medicare?

You will have seven months to sign up for the plan(s) you want. This **Initial Enrollment Period (IEP)** starts three months before the month you turn 65, continues through your birthday month, then ends three months after that.

So, if your birthday is April 15, you can enroll from January 1 to July 31. It's best to enroll no later than the end of your birthday month to avoid delays in your health coverage.



Signing up late?

If you miss your Initial Enrollment Period and don't qualify for a Special Enrollment Period, you can sign up during a **General Enrollment Period (GEP)**, but you may pay penalties.

During a GEP, you can enroll in Original Medicare from January through March of every year and your Medicare coverage will begin July 1. You can also select a Medicare Advantage plan (Part C) or Medicare prescription drug plan (Part D) to begin July 1.



Already covered through work?

If you have health coverage through your current employer or your spouse's current employer, you may be able to delay getting Original Medicare, then sign up later during a **Special Enrollment Period (SEP)**—without a penalty. In general, it's best to check with your employer about your options before your 65th birthday.



On Medicaid?

You will need to get either Original Medicare or a Medicare Advantage plan. When you qualify for both Medicaid and Medicare, you are considered "dual eligible" and will receive benefits from both. In addition, you may pay a low (or no) cost for your Medicare coverage, and most of your healthcare costs will likely be covered.



Disabled?

You may be able to get Medicare before age 65. If you've received disability benefits for at least 24 months, you'll get Parts A and B automatically. Special rules apply if you have ALS (Lou Gehrig's disease) or end stage renal disease (kidney failure).



How do I sign up for Original Medicare?

Contact Social Security:

- By phone: **1-800-772-1213** (TTY 1-800-325-0778)
- In person (when available): Find a nearby office at **www.ssa.gov/locator**
- Online: Apply at **www.ssa.gov/benefits/medicare**

Keep in mind, you must sign up for Original Medicare before you can get a Medicare Advantage plan (Part C), Medicare prescription drug plan (Part D), or Medigap policy.

Medicare Sign-Up Checklist

When enrolling, be sure to have the following items handy:

- Proof of your date of birth, such as a birth certificate
- Proof of all types of earned and unearned income—for example, pay stubs, pension statements, tax returns, proof of Social Security benefits
- Proof of U.S. citizenship or lawful residence, such as your passport, permanent resident card, or a copy of your Social Security card
- Proof of your address—a copy of your driver's license, your state ID, a utility bill



What does Medicare coverage cost?

That depends on the type of coverage and plan you choose, and your situation. So, check to see what you'll have to pay.



Can someone explain cost to me simply?

We'd be glad to. Typically, there are costs you pay and costs your Medicare plan pays. The types of costs you have can vary. For example, Original Medicare (Parts A and B) may have different costs than a Medicare Advantage plan (Part C).

There are two basic types of cost:

1. Your regular monthly payment for healthcare coverage (your premium).
2. Your share of the cost for healthcare services you receive (this includes deductibles, copays, and coinsurance).

Let's see how each of these costs work:

Premium

For most people, there is no monthly premium for Part A (Hospital Insurance). The federal government assesses a Part B (Medical Insurance) premium, which usually is deducted right from your Social Security benefits.

With a Medicare Advantage plan (Part C), you'll pay the Part B premium plus an additional plan premium, but there are options with very low or even \$0 monthly plan premiums.

There are separate premiums for a Medicare prescription drug plan (Part D) and Medigap policy (if you add those to an Original Medicare plan).

Deductible

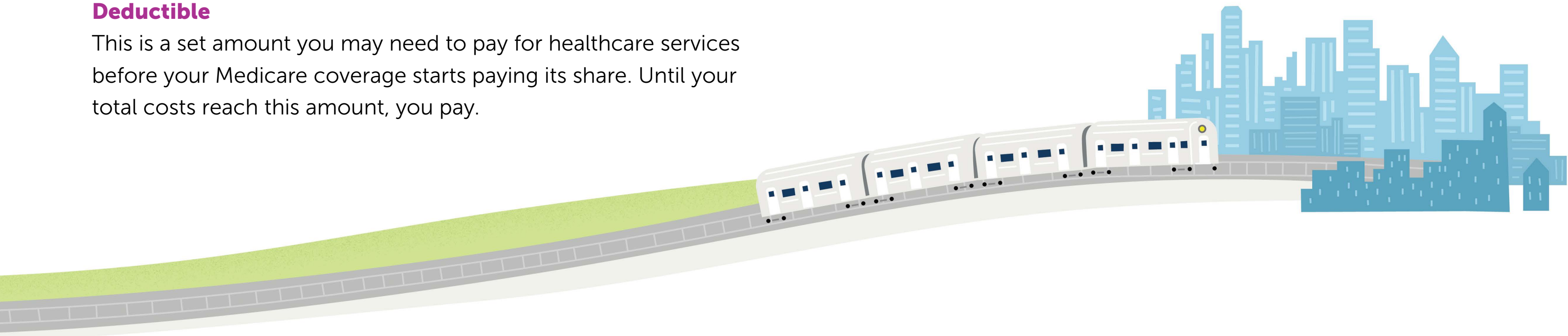
This is a set amount you may need to pay for healthcare services before your Medicare coverage starts paying its share. Until your total costs reach this amount, you pay.

Copay

When you see a doctor or specialist, visit a hospital or other facility, or have a medical procedure done, this is the amount you may need to pay at the time of your visit.

Coinsurance

Plans with coinsurance typically split the cost of covered healthcare services with you after you pay any deductible. You might pay 20%, for instance, while your plan pays 80%.



What cost issues should I consider?

Here are a few tips when weighing plan costs.



Think beyond premiums

If you are choosing a Medicare Advantage plan, it's best to look at all your costs, not just the premium.

For example, a lower monthly premium could mean a higher deductible, higher copays, higher coinsurance, and so on.



Weigh your options

Adding a Medigap policy to Original Medicare can cover some costs not paid by Medicare. But Medigap policies tend to have high monthly premiums, so consider whether you'll actually be saving on your costs.

In addition, your cost for healthcare services may be lower with a Medicare Advantage plan than Original Medicare.



Watch your out-of-pocket costs

"Maximum out-of-pocket" is the most you'll have to pay for healthcare services in a year. Medicare Advantage plans have a maximum out-of-pocket limit. Original Medicare doesn't.

Having this limit gives you more control over expenses and may reduce risk, as your plan will pay 100% of covered medical services after you reach this amount.

I have Medicaid. Will I pay less for Medicare coverage?

Yes. When you are “dual eligible,” most of your healthcare costs will be covered by Medicare (though Medicaid may pay for some services not covered by Medicare). Medicaid members can get Medicare coverage through either Original Medicare or a Medicare Advantage plan.

As a Medicaid member, you may benefit from the following programs and plans.



Extra help

Help with what, you ask? Some or all of your Part D prescription drug premiums, deductibles, coinsurance, and/or copayments. (Note: If you have limited income but aren't on Medicaid, you may also qualify for this benefit, also known as Low Income Subsidy.)

People with Medicaid get Extra Help automatically when they enroll in Medicare. Those without Medicaid who qualify for Extra Help must enroll on their own through the Social Security Administration.



Medicare Savings Programs

This program helps pay your Medicare Part A and/or Part B premiums, deductibles, and/or coinsurance. You may have to enroll in the Medicare Savings Program separately, even if you already have Medicaid.

The Medicare Savings Program also allows you to sign up for an Original Medicare plan outside of your Initial Enrollment Period and before the General Enrollment Period.

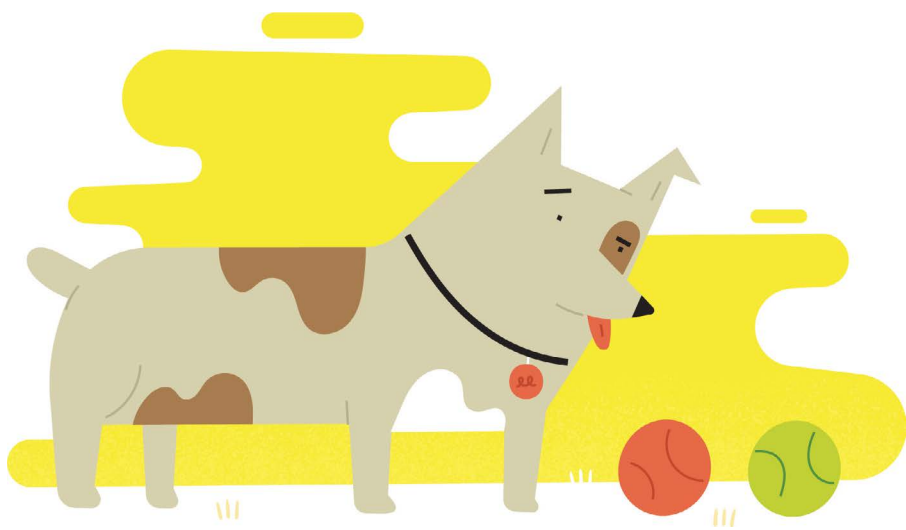


Special Needs Plans (SNP)

This type of Medicare Advantage plan provides dual-eligible members with added benefits and savings, at little or no cost to them.

How do I decide?

As with any health plan, you should choose Medicare coverage based on how well it meets your healthcare needs and fits your budget.



To recap, I learned about two basic choices today...

Original Medicare (Parts A and B) with the option to add a Medicare prescription drug plan (Part D) and/or a Medigap policy.

Medicare Advantage plan (Part C) which covers all the things in Part A (hospitals) and Part B (doctors), plus added benefits (dental, vision, etc.). Some of these plans also include Medicare prescription drug coverage (Part D).

Before deciding, consider what you want from a Medicare plan.



I'd like a plan that meets my health needs now and in the future.

OK, great. Start by reviewing your overall health. Knowing your own needs makes it easier to compare costs and coverage.

- Any health issues or recent changes in health?
- Any surgeries expected?
- How often do you see the doctor?
- Do you take certain medications?



I'd like to keep my doctors but not pay too much.

Original Medicare lets you see any doctor that accepts Medicare. Some Medicare Advantage plans require that you see a doctor in their network, which can help reduce your costs.



I'd like to do more traveling.

Sounds fun. Original Medicare covers medical services within the U.S., but not abroad. Medicare Advantage plans provide emergency and urgent care services within the U.S., and offer emergency coverage abroad.



I take medications, wear glasses, and use hearing aids.

One of the big benefits of Medicare Advantage plans is that they usually cover prescription drugs, dental work, eye exams and glasses, hearing aids, and gym benefits, at little or no cost to you. You may also get a monthly allowance for covered over-the-counter items.

I like the extra benefits of Medicare Advantage Plans—are they all the same?

Benefits and costs can vary greatly among plans. For one thing, you'll find key differences in your access to doctors, hospitals, and pharmacies, depending on whether they're in or out of network.

These are the three basic types of Medicare Advantage plans:



HMO: You have access to in-network doctors only and may be required to choose a primary care doctor, but your costs will be lower.



PPO: You can see doctors in or out of network, but your costs may be higher.



POS: With this plan, which has features of both an HMO and a PPO, you may have to choose a primary care doctor. However, you can see specialists in or out of network.



What if I'm not happy with the Medicare coverage I choose?

You can change it. Every year, you'll have the opportunity to switch plans during an Annual Enrollment Period that runs from October 15 to December 7. Changes made during this period take effect January 1 of the following year.

If you have certain life changes—for example, you move or become eligible for certain assistance programs—you may be able to switch plans at other times. And if you are eligible for both Medicaid and Medicare, you can switch once a quarter.

Get more help with Medicare

| If you need to: | Contact: |
|--|---|
| Ask questions about Medicare eligibility or enrollment | Healthfirst 1-855-718-1825 (TTY 1-888-542-3281) |
| Apply for Medicare (or Extra Help) | Social Security 1-800-772-1213 (TTY 1-800-325-0778) |
| Have a Medicare (or Medicare Savings Program) application mailed to you | NYC residents: Human Resources Service Administration (HRA) 1-888-692-6116 |
| | Nassau County residents: Nassau County Department of Social Services 1-516-227-8000 |
| | Westchester County residents: Westchester County Department of Social Services 1-914-995-3333 |
| Ask questions or get financial help | New York State's Health Insurance Information, Counseling, and Assistance Program (HICAP) 1-800-701-0501 |

Learn more about Medicare at learn.healthfirst.org/medicare



Coverage is provided by Healthfirst Health Plan, Inc.

Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

© 2020 Healthfirst, Inc. All rights reserved.

1246-20_EN

Y0147_MSD21_25 1246-20_C