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When are you eligible?



You're eligible to join Medicare when:



You're 65 years old. Or, you're under 65 and qualify because of a disability or another special situation.

AND

You are a U.S. citizen or a legal resident, and you've lived in the U.S. for at least five consecutive years.



Soci wait

Even if you're already getting Social Security, you have to wait until you're 65.

You have to be 65. Your spouse's age doesn't count.

Even if you're not collecting Social Security yet, you're eligible at age 65.

There are two ways to get Medicare

PART

B D

PART

R D



Medicare (Parts A & B)

Is provided by the government and government subcontractors. Medicare pays fees for your care directly to the doctors and hospitals you visit. Some people call this "fee for service."

Part A helps with hospital costs.

Part B helps with doctor and outpatient care.

Part D helps pay for prescription drugs.

Medicare Supplement Insurance Plans cover some costs not covered in Parts A & B.



PART C

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PART

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Standard

Additional

Possible

Part C

plans combine hospital costs, doctor and outpatient care in one plan.

Part D

is available in Medicare Advantage plans. Some plans offer built-in drug coverage. Other plans treat it as an optional add-on.

Additional benefits

Medicare Advantage (Part C)

are often included, such as vision and hearing services.



Medicare Part A (hospital coverage)





Part A helps with hospital costs and skilled nursing services after a hospital stay, plus some other skilled care.

Advantages

- Most people don't pay a monthly premium.
- Only pay your deductible—the first \$1,132 (2011) —for a hospital stay of less than 60 days.
- You can go to any qualified hospital in the United States that accepts new Medicare patients.
- Enrollment is easy. You can't be turned down because of your medical history or pre-existing illness.

- Long hospitalizations can be expensive. Stays of more than 60 days require a daily copayment.
- Multiple stays may mean multiple deductibles.
- Hospital care outside the United States isn't usually covered.

Medicare Part B (doctor visits)



Part B helps with the cost of doctor visits and other medical B services that do not require an inpatient hospital stay.

Advantages

- Part B works the same way throughout the United States. You can get care wherever you are.
- You can receive care from any participating physician that accepts new Medicare patients.
- Enrollment is easy. Your medical history or pre-existing illness doesn't matter.

Disadvantages

- If you wait to join, you may have to pay a higher premium.
- Preventive care is limited.
- For coinsurance, in general, you pay 20% of the Medicare-approved cost and there is no ceiling on your total spend.
- Generally, care outside the United States is not covered.

PART

Medicare Supplement insurance plans

Medicare Supplement insurance plans





Private insurance that helps pay your part of cost sharing in traditional Medicare Parts A & B. Also known as Medigap plans.

Advantages

- Depending on the plan, some or all of your out-of-pocket costs for care under Medicare A & B are covered.
- You are guaranteed the right to buy a Medigap plan during your open enrollment period.
- You get help budgeting because you have predictable monthly premiums instead of cost sharing that is hard to anticipate.
- No network restrictions and no referrals required.

- Prices for the same coverage can vary sharply.
- In some plans, premiums rise as your age increases.
- In some states, you can be denied coverage based on your health if you apply for coverage after your open enrollment period.

Medicare Part C (Medicare Advantage)





Medicare Part C is a single plan offered by private insurance companies that combines coverage for Medicare Parts A & B. Many plans include Part D prescription drug coverage.

Advantages

- Convenience of single plan.
- Many may include prescription drug coverage for no additional premium.
- Many may offer additional benefits not covered by Medicare (e.g., dental, vision, hearing, preventive care).
- Eligibility for enrollment is not affected by your health or financial status (special rules for End Stage Renal Disease (ESRD)).

- In most plans, you receive your coverage in a service area—unless it's an emergency.
- Your access to doctors and hospitals may be restricted.
- Plan premiums and terms can change from year to year.

Coordinated care plans



See doctors inside your network and see savings in out-of-pocket costs



Let's look at Part D



Medicare Part D (prescription drug)





Provides help with the cost of prescription drugs offered through private companies.

Advantages

- You get help with the cost of your prescription drugs.
- You'll save money when your plan negotiates lower drug costs and passes the savings along to you.
- Catastrophic coverage protects you from very high drug costs.

- Plan benefits including premium, deductible and copayments can change each year.
- Total costs of a plan can vary significantly from plan to plan.
- Each plan has a list of drugs that it covers. Lists can be different.

Part D: How cost sharing works



• Your level of cost sharing will change depending on the total cost of drugs you use.

• Total cost = what you pay + what the plan pays.

Cost Sharing: 3 Steps

You pay part

Step 1



Plan pays part

You share costs with the plan, usually in the form of copayments, until your combined total hits \$2,840. This figure can vary by plan. This step is sometimes called the "initial coverage period."

You pay 100% Step 2



Use of generic drugs can be an effective way to lower your costs and avoid or delay hitting the coverage gap.



You pay 93% of the cost of generic drugs and about 50% of most brand-name drugs until your yearly out-of-pocket drug costs hit \$4,550 (the coverage gap [or doughnut hole]).

Step 3



Plan pays most

You pay a small copay or coinsurance amount on all drugs until the end of the year. Plan pays the rest (catastrophic coverage).

Note: The amounts above are for a typical plan in 2011.

Enrollment periods and additional information

Enrollment windows and timing



	When can I first enroll?	What if I'm late?
Medicare Part A	Any time after you are 64 years and 9 months old or otherwise become eligible for Medicare. Enrollment will be automatic if you are already receiving Social Security benefits; otherwise, you'll have to enroll at your local Social Security office.	Generally, there are no penalties for signing up late. You may pay a penalty on your premium for signing up late if you are one of the people who pay a monthly premium for Part A because neither you nor your spouse contributed enough to Social Security.
Medicare Part B	7 month window Generally, for most , you can first enroll three months before your 65th birthday month, during your birth month, and up to three months after your birth month.	Your eligibility month Initial Enrollment Period If you enroll after the Initial Enrollment Period, premiums will be higher unless you qualify for an exception. Contact Medicare to learn more about these exceptions.
Medicare Part C (Medicare Advantage)	7 month window Generally, for most , you can first enroll three months before your 65th birthday month, during your birth month, and up to three months after your birth month.	Your eligibility month Initial Enrollment Period If you miss the enrollment window, you must wait to join a plan between October 15 and December 7, unless you qualify for an exception.

Enrollment windows and timing



	When can I first enroll?	What if I'm late?
Medicare Part D	7 month window Generally, for most , you can first enroll three months before your 65th birthday month, during your birth month, and up to three months after your birth month.	Your eligibility month Initial Enrollment Period If you miss the enrollment window, you must wait to join a plan between October 15 and December 7, unless you qualify for an exception. If you enroll later, premiums could be higher.
Medicare Supplement (Medigap) insurance	6 month window for guaranteed right When you turn 65 AND enroll in Medicare Part B, you have a guaranteed right to buy a Medigap policy for six months. You cannot be refused if you sign up during this Open Enrollment Period.	Month you qualify Open Enrollment Period If you miss the window, you can apply later at any time. But you may be charged a higher rate or be rejected if you have a health history that makes you appear to be a higher risk.

Where can you go for extra help?

- Extra help is available for people with low incomes and few assets to help pay the costs of Medicare.
 - Medicare Savings Program
 - Prescription Drug Assistance Programs
 - Low Income Subsidy (Federal)
 - State programs
 - Patient assistance programs
 - Medicaid
- Your local Social Security Office or state Medicaid office is a good place for more information.

For singles, help may start when income is around \$16,335 For couples, help may start when combined income is around \$22,065



Note: Income eligibility changes from year to year.



Resources



Medicare

1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2049 24 hours a day, 7 days a week Medicare.gov

Social Security Administration

1-800-772-1213 TTY 1-800-325-0778 SSA.gov

Medicare Made Clear 1-877-619-5582 TTY 711, 8 a.m. - 8 p.m. local time 7 days a week MedicareMadeClear.com

Administration on Aging Eldercare Locator 1-800-677-1116 Eldercare.gov

