

Enrolling in Medicare Part A:

There are a number of ways to enroll in Medicare. Prior to becoming eligible for Medicare the Social Security Administration will mail you a “Medicare and You” handbook that explains important enrollment information. If you have specific questions and prefer to speak to a Social Security Administration representative you can call them directly at: 1-800-772-1213.

For general information about enrolling you can visit the Medicare website at www.medicare.gov.

Another useful website is www.mymedicare.gov. On this site you can learn about preventive services, personal health records and the basics of all Medicare plans.

You can also compare the different health plans, locate a doctor, compare hospitals and find suppliers of medical equipment. This website will allow you to register for a personalized password protected account in which you can access your personal Medicare information and track your claims electronically for your convenience.

During the time when you are first eligible for Medicare, you are eligible for a “guarantee issue” period to enroll into a Medicare Supplemental policy (also known as MediGap). This means that any pre-existing medical history cannot be held against you.

Making Sense of Medicare:

When you become eligible for Medicare Part A, you will receive a Medicare card in the mail; this is often referred to as the “Red, White and Blue card”. Be sure you keep this in a safe place. **DO NOT DISCARD.**



When you speak with a Medicare or a Social Security representative keep a record of the date and time of your call, what was discussed and the name of the person you spoke with. Keeping good records can be important in the event you have issues in the future.

As you get started, it is important for you to understand how Medicare works. Medicare pays for services provided in both inpatient and outpatient settings. To accomplish this, Medicare has been divided into four parts; what your benefits will be depends on which options you choose.

The following chart lists **basic** Medicare covered benefits:

Medicare Part A (Hospital Insurance)

- Helps pay for care received while in an inpatient setting such as critical access hospital, inpatient rehabilitation, long term care facility or skilled nursing facility
- Helps pay for care provided in an outpatient setting such as home health care or hospice
- Allows people to choose their own doctors, hospitals and other providers
- Many individuals do not have to pay a monthly premium for Medicare Part A because they paid Medicare (FICA) taxes while working. If you do not automatically get premium-free Part A, you may still be able to enroll and pay a premium *

Medicare Part B (Medical Insurance)

- Helps pay for doctor services and outpatient hospital care including physical, speech or occupational therapy
- Pays for some preventive services with no cost share
- Many people pay the standard monthly Medicare Part B premium as an automatic deduction from their social security check*
- Generally pays 80% of the approved Medicare amount for covered services after deductible is met
- It is your choice to enroll in the Part B benefit

Medicare Part C (Medicare Advantage Plans)

- Provides Medicare benefits through private companies
- You choose the type of plan such as a HMO or PPO (see glossary)
- You must be eligible for Medicare Part A & Part B to enroll
- Often includes benefits traditional Medicare does not cover
- Usually requires enrollees to use plan doctors, hospitals and providers. Most plans have drug coverage. This plan would be a MAPD (Medicare Advantage Prescription Drug)
- Usually has a monthly premium in addition to the Medicare Part B premium and can require a copayment for covered services

Medicare Part D (Prescription Drug Coverage)

- Helps cover the cost of prescription drugs
- Plans vary in cost and drugs covered
- Each plan has their own formulary
- Available to everyone that is eligible for Medicare Part A or Part B
- Usually pay a monthly premium in addition to Part B premium

*Monthly premiums, deductibles and co-insurance for Medicare change each year. You can find out the current amount of these Medicare charges by contacting your local Social Security office or www.gov/your-medicare-costs

Before you make a final decision regarding your Medicare coverage choices and you are currently covered under an employer sponsored group health plan, verify with your current or former Human Resources department or your insurance agent if there are any specific requirements or exclusions associated with you becoming Medicare eligible. **Read your employee policy and benefit information.** Coverage is often not allowed in group health or retiree health plans when you or a family member becomes eligible for Medicare. If your group or retiree policy **REQUIRES** that as an employee you must enroll in Medicare Part B when you are initially eligible, and this is not done, the “primary” group health policy will not consider claims for services normally covered under Medicare Part B.

Medicare Part B:

Medicare Part B helps pay for doctor services, outpatient hospital care-including physical, speech or occupational therapy-and some preventative services. Enrollment in Medicare Part B is voluntary. If you decide not to enroll in Medicare Part B, you must **notify Medicare** by following the instructions that come with your initial Medicare packet. This is an important decision. Before you choose not to have Part B, be sure you have other coverage for doctor and outpatient services. If you do not have any other coverage and “**opt out**”, Medicare will not consider any of the charges for outpatient services covered under the Part B plan, and you will be responsible for paying the entire amount. If you are making a decision not to have Part B because you cannot afford the Part B premium, there are government savings programs that may be able to assist depending on your specific situation. You can reference, the Medicare brochure, “Who Pays First”, for additional information. These savings programs are described in further detail In Chapter 4.

Enrolling in Medicare Part B:

When you turn 65, there is a 7 month period that begins 3 months before you turn 65, includes the month you turn 65, and ends 3 months after you turn 65, during which you can enroll in part B. An exception to this is if your date of birth falls on the 1st day of the month. If this applies to you, Medicare will become effective the 1st day of the month before your birthday, as long as you apply for Medicare within the first 3 months of your Initial Enrollment Period.

To better explain this, the following chart¹ shows when you become eligible based on if you enroll in Medicare before or after your birth date: Do not put off enrolling.

YOUR INITIAL ENROLLMENT PERIOD:	YOUR COVERAGE STARTS:
3 months before you turn 65	The month you turn 65
2 months before you turn 65	The month you turn 65
1 month before you turn 65	The month you turn 65
The month you turn 65	1 month after enrollment
1 month after you turn 65	2 months after enrollment
2 months after you turn 65	3 months after enrollment
3 months after you turn 65	3 months after enrollment

¹ <http://www.medicare.gov/pubs/pdf/02179.pdf>

Premium Penalties: Medicare Part B

If you make the decision not to enroll in Medicare Part B when you first become eligible for coverage and do not have proof of other primary coverage, you may be required to pay a penalty to obtain Medicare Part B coverage. For every 12 month period of delay in your enrollment into Part B, there will be a 10% penalty added to your Part B premium, unless you qualify for a Special Enrollment Period. This penalty will be included in your monthly premium as long as you are enrolled in Part B. There is an annual General Enrollment period for Medicare Part B, between January 1 and March 31. If you enroll during this period your Medicare Part B coverage will begin on July 1 of that year.

Special Enrollment Period

There is a Special Enrollment period during which you may have an opportunity to enroll into Medicare Part B as a result of a qualifying event. If you meet these guidelines, you will not be subject to a late enrollment penalty. To be eligible to enroll in Medicare Part B after you have passed your initial enrollment period, without paying the penalty, you must be able to prove that you had other insurance coverage that was as good as Medicare. These rules would apply in the following situations:

- You did not enroll in Medicare Part B when you were first eligible for Medicare due to you or your spouse working and being eligible for group health plan coverage through your or your spouse's employer or union
- Anytime you are still covered by the employer or union group health plan through your own or your spouse's **active** employment, or
- During the 8 months following the month the employer or union group health plan coverage ends or when the employment ends (whichever is first).
- You are deemed disabled and continue to work (or have health coverage through a family member who is actively employed)

HINTS: You are not eligible to sign up during a Special Enrollment period if you are eligible for COBRA coverage or a retiree health plan. The covered employee (the person entitled to insurance coverage) must be actively working; you cannot be on retirement benefits, medical leave or family leave etc.