

# ***Welcome to Medicare***



CENTERS FOR MEDICARE & MEDICAID SERVICES

## *Your Personalized Medicare Manager Is Waiting for You Online.*

**Register at [www.MyMedicare.gov](http://www.MyMedicare.gov) Medicare's secure online service for accessing your personal Medicare information**

- Complete your Initial Enrollment Questionnaire (IEQ).\*
- Track your health care claims.
- Check your Part B deductible status.
- View your eligibility information.
- Track the preventive services you can use.
- Find your Medicare health or prescription plan, or search for a new one.
- Keep your Medicare information in one convenient place.
- Sign up to get your "Medicare & You" handbook electronically.

\* Fill out your IEQ online or the IEQ that was mailed to you, so Medicare can process your bills correctly. If you have questions about the IEQ or to complete it over the telephone, call the Coordination of Benefits Contractor at 1-800-999-1118. TTY users should call 1-800-318-8782.



**If you are new to Medicare**, use the [www.MyMedicare.gov](http://www.MyMedicare.gov) password and instructions Medicare mailed to you.

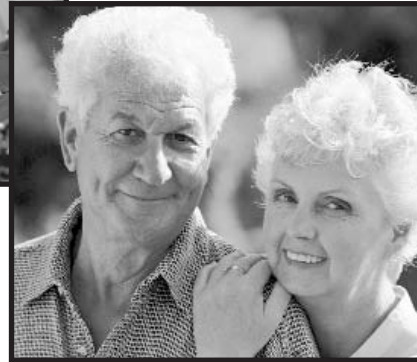
### ***Consider Filling Out an Authorization Form.***

If you want Medicare to give your personal health information to someone other than you, you can fill out a "Medicare Authorization to Disclose Personal Health Information" form by visiting [www.medicare.gov](http://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227) to get a copy of the form.

# Table of Contents

Page(s)

<b>Welcome to Medicare</b> .....	1
<b>Summary of decisions you will need to make</b> .....	2–5
<b>Medicare basics</b> .....	6–11
<b>Medicare plan choices</b> .....	12–16
<b>Extra help for people with limited income and resources</b> .....	17
<b>Decision 1: Decide if you want to keep Medicare Part B</b> .....	18–22
<b>Decision 2: Decide what Medicare plan meets your needs</b> .....	23
<b>Decision 3: Decide if you want or need Medicare prescription drug coverage</b> .....	24–25
<b>Decision 4: Decide if you want or need a Medigap policy</b> .....	26
<b>For more information</b> .....	27



You can get answers to your Medicare questions 24 hours a day, 7 days a week. Visit [www.medicare.gov](http://www.medicare.gov) or call a customer service representative at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

**Look in your “Medicare & You” handbook for more information about Medicare. You will get this handbook soon. You can view this handbook by visiting [www.medicare.gov/Publications/Pubs/pdf/10050.pdf](http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf).**



# Welcome to Medicare

You are getting this package because you are now covered by Medicare. Because you are entitled to Social Security retirement or disability benefits, you are automatically enrolled in Medicare Part A (Hospital Insurance), which is premium-free, **and** Medicare Part B (Medical Insurance), for which you pay a premium.

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

To get a quick look at the decisions you need to make, see pages 2–5. Before you make any decisions, read the information on pages 6–26.

Also read the information about Medicare-covered preventive services on page 9. You should take advantage of these preventive services to help you stay healthy.

## Summary of decisions you will need to make

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

You were automatically enrolled in Medicare Part B. Look at the Medicare Part B effective date on the front of the enclosed Medicare card. If you don't want to keep Medicare Part B, you have to let us know before that date.

#### Yes, I want to KEEP Medicare Part B.

- Cut out the enclosed card.
- Sign the **front** of the card.
- Keep the card with you.

#### No, I DON'T want to keep Medicare Part B.

- Check the box after “I don't want Medical Insurance” on the back of the card form.
- Sign the **back** of the card.
- Send back the *entire* card form with the Medicare 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.



# Summary of decisions you will need to make

## Decision 2: Decide what Medicare plan meets your needs.

If you keep Medicare Part B, you should decide which Medicare plan you want. Depending on where you live, you can choose **one** of the following types of Medicare plans.

Original Medicare	Medicare Advantage Plan*	Other Medicare health plans*
<p>Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)</p> <p><b>Additional coverage you may want</b></p> <ul style="list-style-type: none"> <li>■ Medicare Prescription Drug Plan and/or</li> <li>■ Medigap (Medicare Supplement Insurance) policy</li> </ul>	<ul style="list-style-type: none"> <li>• Health Maintenance Organization (HMO) Plan</li> <li>• Preferred Provider Organization (PPO) Plan</li> <li>• Private Fee-for-Service (PFFS) Plan</li> <li>• Special Needs Plan (SNP)</li> <li>• Medical Savings Account (MSA) Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare Cost Plans</li> <li>• Demonstrations/Pilot Programs</li> <li>• Programs of All-inclusive Care for the Elderly (PACE)</li> </ul>

**★ Important!** You need Medicare Part B to join a Medicare Advantage Plan or other Medicare health plan. If you have End-Stage Renal Disease (ESRD), you generally can't join a Medicare Advantage Plan or other Medicare health plan. If you don't join one of these plans, you will automatically be in Original Medicare. Generally, you also need Medicare Part B to buy a Medigap policy. For more information about this decision, see pages 12–16 and 23.

## Summary of decisions you will need to make

### **Decision 3: Decide if you want or need Medicare prescription drug coverage.**

You should decide if you want or need Medicare prescription drug coverage.

- If you decide you want Original Medicare, and you want to get Medicare prescription drug coverage, you must join a Medicare Prescription Drug Plan.
- You can get Medicare coverage (Part A and Part B), including prescription drugs (Part D), through a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan that offers prescription drug coverage. For more information about this decision, see pages 10–11 and 24–25.



## Summary of decisions you will need to make

### **Decision 4: Decide if you want or need a Medigap policy if you want Original Medicare.**

Once you are age 65 or older **and** are enrolled in Medicare Part B, you start your 6-month Medigap open enrollment period. During those 6 months, you can buy any Medigap policy you want, even if you have a previous health condition.

- A Medigap (Medicare Supplement Insurance) policy is private health insurance designed to supplement Original Medicare. This means it helps pay for some of the health care costs that Original Medicare doesn't pay for. See pages 13–14.
- It's important to make this decision no later than 6 months after the date your Medicare Part B starts, and you are age 65 or older. If you wait longer, you may pay more, or you may not be able to get the Medigap policy you want.

**Note:** If you are getting this package because you are entitled to disability benefits, your Medigap open enrollment period starts when you turn age 65.

For more information about this decision, see page 26.

## 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 (permanent kidney failure requiring dialysis or a kidney transplant). Medicare has the following parts:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance), including Medicare preventive services
- Medicare Part C (Medicare Advantage Plans—combines Part A, Part B, and, usually Part D coverage)
- Medicare Part D (Medicare prescription drug coverage)

Pages 7–11 provide a quick overview of each of these benefits.



# Medicare basics

## Medicare Part A (Hospital Insurance)

helps cover blood, your inpatient care in hospitals, critical access hospitals, inpatient rehabilitation facilities, skilled nursing facilities (not custodial or long-term care), hospice care services, and home health care services. You must meet certain conditions to get these benefits.

Remember, look in your “Medicare & You” handbook when you get it for more information about these covered services.

## Medicare Part A—Covered Services

**Hospital Stays (Inpatient)** Semi-private room, meals, general nursing, drugs as part of your inpatient treatment, and other hospital services and supplies. Includes inpatient care you get in acute care hospitals, critical access hospitals, inpatient care as part of a qualifying clinical research study, and mental health care.

**Skilled Nursing Facility Care** Semi-private room, meals, skilled nursing and rehabilitative services, and other services and supplies (only after a 3-day minimum inpatient hospital stay for a related illness or injury) for up to 100 days in a benefit period.

**Home Health Care Services** Limited to medically-necessary part-time or intermittent skilled nursing care, physical therapy, speech-language pathology, or a continuing need for occupational therapy. It may also include medical social services, part-time or intermittent home health aide services, durable medical equipment, and medical supplies for use at home.

**Hospice Care** Coverage may include drugs, medical, nursing, social services, and other services as well as services not usually covered by Medicare (like grief counseling) for people with a terminal illness who are expected to live 6 months or less (as certified by a doctor).

# Medicare basics

## Medicare Part B (Medical Insurance)

helps cover medically-necessary services like blood, doctors' services, outpatient care, and other medical services. Part B also covers some preventive services (see page 9).

Remember, look in your "Medicare & You" handbook when you get it for more information about these covered services.

## Medicare Part B—Covered Services

### Medical and Other Services

Doctors' services (not routine physical exams)\*, outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures, durable medical equipment, and more.

\* **Medicare covers a one-time "Welcome to Medicare" physical exam within the first 12 months you have Part B, even if the effective date of your Part B enrollment began in 2008. You pay 20% of the Medicare-approved amount, and no Part B deductible.**

### Clinical Laboratory Services

Certain blood tests, urinalysis, and some screening tests.

### Home Health Care Services

Limited to medically-necessary part-time or intermittent skilled nursing care or physical therapy, or speech-language pathology, or a continuing need for occupational therapy, and additional services as described in your "Medicare & You" handbook.

### Outpatient Hospital Services

Hospital services you get as an outpatient as part of a doctor's care.



## Medicare basics

Medicare Part B covers many preventive services. Listed below are **some** of the preventive services. You must have Part B for Medicare to cover these services. Getting these Medicare-covered preventive services can help you and your doctor find health problems early, when treatment works best. You may have to pay a coinsurance and/or deductible for these services.

<b>Medicare Part B-covered Preventive Services</b>	
One-time “Welcome to Medicare” physical exam	Covered within 12 months of your Medicare Part B effective date. Make your appointment for this exam within 12 months of your Part B effective date.
Abdominal Aortic Aneurysm Screening	Covered if you get a referral during your “Welcome to Medicare” physical exam.
Bone Mass Measurements	Covered every 24 months (more often if medically necessary).
Cardiovascular Screenings	Covered every 5 years.
Colorectal Cancer Screenings	How often Medicare pays depends on the test.
Diabetes Screenings	Medicare covers tests, if you are at high risk.
Flu Shots	Covered once a flu season in the fall or winter.
Glaucoma Tests	Covered once every 12 months, if you are at high risk.
Hepatitis B Shots	Medicare covers these shots, if you are at high or medium risk.
Pap Test and Pelvic Exam	Covered every 24 months. If at high risk, once every 12 months.
Pneumococcal Shot	Medicare covers this shot. Most people only need this shot once in their lifetime.
Prostate Cancer Screenings	Covered once every 12 months.
Screening Mammograms	Covered once every 12 months.
Smoking Cessation	Covered if your doctor orders it up to 8 counseling visits in a 12-month period.

## Medicare basics

### Medicare Part C (Medicare Advantage Plans)

A health coverage choice run by private companies approved by Medicare. It includes Part A, Part B, and usually other coverage including prescription drugs. Some Medicare Advantage Plans require you to see doctors in the plan. Your out-of-pocket costs may be less for some services, and you may get extra benefits not covered by Original Medicare. These plans must cover medically-necessary services. However, plans can charge different copayments, coinsurance, or deductibles for these services.

### Medicare Part D (Medicare Prescription Drug Coverage)

Medicare offers prescription drug coverage for everyone with Medicare. These plans are offered by an insurance company or other private company approved by Medicare. You have to join the Medicare drug plan and generally pay a monthly premium. If you decide not to join a Medicare drug plan when you are first eligible, you may pay a late enrollment penalty if you choose to join later. See page 11.

There are two ways to get Medicare prescription drug coverage:

1. Join a Medicare Prescription Drug Plan that adds drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
2. Join a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan that includes Medicare prescription drug coverage.



## Medicare basics

### Medicare Part D (continued)

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. Enrollment is generally for the calendar year.

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. Creditable prescription drug coverage is prescription drug coverage (for example, from an employer or union) that is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. This penalty amount may change every year. You will have to pay it as long as you have Medicare prescription drug coverage.

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. Also, you may qualify for extra help if you have limited income and resources. See page 17.

## Medicare plan choices

Medicare gives you choices for how to get Medicare health and prescription coverage. You can get your Medicare health coverage through Original Medicare or a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan. You can get your prescription drug coverage from a Medicare Prescription Drug Plan or a Medicare health plan that offers prescription drug coverage.

Original Medicare pays for many health care services and supplies, but it doesn't pay for everything. To help cover extra health care costs, you may want to get a Medigap (Medicare Supplement Insurance) policy. See pages 14 and 26. You may also want to join a Medicare Prescription Drug Plan to help pay for your prescription drugs. You can choose one or both of these types of additional coverage.

Many Medicare Advantage Plans provide extra benefits and have lower out-of-pocket costs for some services than in Original Medicare. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services. If you join a Medicare Advantage Plan, you don't need a Medigap policy.

The next four pages have important information about your Medicare plan choices and the additional coverage you might want to get if you choose Original Medicare.

★ **Remember!** Your Medicare benefits and plan options are explained in more detail in your “Medicare & You” handbook. You will get this handbook in the mail soon.



## Original Medicare

Original Medicare is one of your health coverage choices as part of Medicare. You will have Original Medicare unless you choose to join a Medicare health plan. You can see any doctor or provider that is enrolled in Medicare and accepting new patients. No referrals are necessary.

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 7–9. You must pay a monthly Medicare Part B premium to get the Part B-covered services. You may have to pay additional costs like a deductible, coinsurance, or copayment for some Medicare-covered services.

In addition to Original Medicare, you can buy one or both of the following additional coverage choices to help pay your health care costs:

- A Medicare Prescription Drug Plan
- A Medigap (Medicare Supplement Insurance) policy

**★ Important!** Medigap policies aren't available in all states for people with a disability or who have End-Stage Renal Disease (ESRD). For more information, call your State Health Insurance Assistance Program (SHIP) for free health insurance counseling. Call 1-800-MEDICARE (1-800-633-4227) to get the telephone number.

# Medicare Prescription Drug Plan and Medigap

## Medicare Prescription Drug Plan

### Coverage

- Covers a variety of generic and brand-name prescription drugs.
- Call the plan for a list of participating pharmacies and a list of covered prescription drugs.

### Joining a plan

- You must have Medicare Part A **AND/OR** Part B.
- Generally, you pay a monthly premium for both Part B (if you have Part B) and a Medicare Prescription Drug Plan.

### When you can join

- If you don't join when first eligible, you may pay a late enrollment penalty. See page 11 for more information.

## Medigap Policy

### Coverage

- Policies may cover deductibles, coinsurance, copayments, health care while traveling outside the U.S., and more. Standardized Medigap policies are identified by letters A through L.

### Buying a policy

- Generally, you need Medicare Part A **AND** Part B.
- You pay a monthly premium for a Medigap policy in addition to the Part B premium.

### When you can buy

- The best time to buy a policy is when you are age 65 or older **AND** enrolled in Part B. This starts your 6-month Medigap open enrollment period. If you don't buy a policy when first eligible, you may pay more or may not get the policy you want.

To add prescription drug coverage to Original Medicare, you can join a Medicare Prescription Drug Plan. To add coverage for out-of-pocket costs in Original Medicare, and some additional benefits, you can join a Medigap policy. You can join either, or both, of these options. See page 26 for more information about Medigap policies.



## 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 at least all the Medicare Part A and Part B covered services listed on pages 7–9. Medicare Advantage Plans may 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 a referral to see specialists.

The next page describes your Medicare Advantage Plan choices. In limited instances, other Medicare health plans may be available in your area. To find out which plans are available in your area, visit [www.medicare.gov](http://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 a Medigap policy, and you can’t join a separate Medicare Prescription Drug Plan. See page 14.

## Medicare Advantage Plans

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 on the plan’s list (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 on the plan’s list (network). You can choose to use providers not on the plan’s list.
3. **Private Fee-for-Service (PFFS) Plans**—You can see any Medicare-approved doctor if they agree to treat you. Not all providers will accept the plan’s payment terms or agree to treat you.
4. **Special Needs Plans (SNP)**—Generally limits membership to people with specific diseases or conditions (such as ESRD, cardiovascular disease, or diabetes).
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](http://www.medicare.gov) and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area.”



## Extra help for people with limited income and resources

If you have limited income and resources, you may be able to get help paying for some of your health care and prescription drug costs. Listed below are some ways you can get help:

**Help with prescription drug costs**—If you have limited income and resources, you might qualify for extra help paying for your drug plan's monthly premium, yearly deductible, and prescription copayments. To apply for this program, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

**Medicaid**—This is a joint Federal and state program that helps pay medical costs if you have limited income and resources. For more information, call your State Medical Assistance (Medicaid) office. You can get the telephone number 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 Part A and Part B deductibles and coinsurance. For more information, call 1-800-MEDICARE.

**Supplemental Security Income (SSI)**—SSI is a monthly amount 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.

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

Now that you have learned about Medicare, Original Medicare, Medicare health plans, Medicare prescription drug coverage, and Medigap, you need to decide if you want to keep Medicare Part B. Before you decide, you need to know the following:

### Medicare Part B Cost

The monthly Medicare Part B standard premium is \$96.40 in 2009. However, some people have to pay an amount higher than this standard premium, based on their income. Your monthly premium will be higher than the standard if you are single (file an individual tax return), and your annual income is more than \$85,000, or if you are married (file a joint tax return), and your combined annual income is more than \$170,000. These amounts change each year. The increase in your premium will depend on how much higher your income is than these amounts.

Your Part B premium is usually taken out of your monthly Social Security, Railroad Retirement, or Office of Personnel Management payment. The premium is taken out when your Medicare Part B coverage begins. If you aren't getting any of these payments, Medicare will bill you for your premium every 3 months.



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

### Medicare Part B Coverage Begins

Look on your Medicare card (see enclosed card) to see when your Medicare Part B coverage starts. If you don't want Medicare Part B, make sure you return the *entire* card form *before* the effective date.

### Keeping Medicare Part B

Keeping Medicare Part B is your choice. Except in special cases (see page 20), if you don't choose to keep Medicare Part B when you are first eligible, your monthly premium will be higher if you later decide you want it (see page 21). If you keep Medicare Part B, you will get all the Medicare Part B-covered services listed on pages 8–9. If you don't keep Medicare Part B, Medicare won't pay for these services, including the “Welcome to Medicare” physical exam.

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

### You may not need Medicare Part B yet if you are in either of the following situations:

- You are age 65 or older and you or your spouse (of any age) is working, **and** you are covered by an employer or union group health plan based on that current employment.
- You are under age 65 and disabled and you or any member of your family is working, **and** you are covered by an employer or union group health plan based on that current employment.

If this applies to you, you can wait to sign up for Medicare Part B. You can sign up any time while you are still covered by an employer or union group health plan based on current employment. You can also sign up for up to 8 months after you lose your employer health coverage, or the employment ends, whichever is first. (This is called a “Special Enrollment Period.”) Most people who sign up for Medicare Part B during a Special Enrollment Period don’t pay higher premiums. You may also want to buy a Medigap policy during this period. See page 26.

If you are still working and plan to keep your employer or union group health plan coverage, you should talk to your employer benefits administrator or your State Health Insurance Assistance Program (SHIP) to help you decide the best time to enroll in Medicare Part B. To get your SHIP’s telephone number, call 1-800-MEDICARE (1-800-633-4227).

**★ Tip!** For questions about how your retiree coverage works with Medicare, call the benefits administrator at your former employer or union.



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

### Delaying Medicare Part B

If you don't take Medicare Part B when you first become eligible, you may have to wait until the General Enrollment Period (January 1–March 31 each year) to sign up. Your Medicare Part B coverage would start July of that year. **The cost of Medicare Part B will go up 10% for each full 12-month period you could have had Medicare Part B but didn't take it**, except in special cases. See page 20. You may have to pay this late enrollment penalty as long as you have Medicare Part B.

### Medicare Part B and TRICARE Coverage

If you have TRICARE, you must have Medicare Part B to keep TRICARE coverage. However, if you are an active-duty service member or the spouse or dependent child of an active-duty service member, you may not have to get Medicare Part B right away. You can get Medicare Part B during a Special Enrollment Period. See page 20.

**★ Tip!** For more information about signing up for Medicare Part B, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

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

### Do you want to keep Medicare Part B or not?

Now that you have read the information in this booklet, you will need to make a decision about your Medicare Part B coverage. If you have questions about enrolling in Medicare Part B, you can call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

#### My decision on Part B

- Keep Medicare Part B
- Don't keep Medicare Part B

★ **Important!** If you don't want Medicare Part B, return the *entire* card form **before** the effective date.



## Decision 2: Decide what Medicare plan meets your needs.

If you decide to keep Medicare Part B, you should decide what Medicare plan meets your needs. For details about Medicare plans, see pages 12–16.

### **My decision on Medicare plans:**

- Original Medicare
- Original Medicare with a Medigap policy
- Medicare Advantage Plan (like an HMO or PPO)
- Other Medicare health plan

For information about Medigap policies, see pages 14 and 26.

## Decision 3: Decide if you want or need Medicare prescription drug coverage.

The way you get your Medicare health care affects how you can get your Medicare prescription drug coverage. If you want Medicare prescription drug coverage, you can get one of the following plans:

- **Medicare prescription drug coverage with Original Medicare**— To get Medicare prescription drug coverage with Original Medicare, you will need to join a Medicare Prescription Drug Plan. You must have Medicare Part A **AND/OR** Part B to join a Medicare Prescription Drug Plan. See pages 10–11. For information about Original Medicare, see page 13.
- **Medicare prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan**— To get Medicare drug coverage through a Medicare Advantage Plan, you will need to join a plan that offers prescription drug coverage. These plans are available in many areas. In most Medicare Advantage Plans, generally there are extra benefits and lower copayments than in Original Medicare. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services. If you join a Medicare Advantage Plan, you don't need a Medigap policy. You must have Medicare Part A **AND** Part B to join most Medicare Advantage Plans. For information about Medicare Advantage Plans, see pages 15–16.

**Note:** If you don't join a Medicare drug plan when you are first eligible for Medicare, you may have to pay a late enrollment penalty to join a plan later.

## Decision 3: Decide if you want or need Medicare prescription drug coverage.



**Note:** Your current or former employer or union may provide coverage for prescription drugs. It is very important that you contact your employer or union benefits administrator before making a decision about your Medicare prescription drug coverage. See page 11.

### **My decision on prescription drug coverage**

- Original Medicare and a Medicare Prescription Drug Plan
- Original Medicare with a Medigap policy and a Medicare Prescription Drug Plan
- Medicare health plan with prescription drug coverage
- Have drug coverage from an employer or union, TRICARE, Veterans Affairs (VA), or Federal Employees Health Benefits Program (FEHBP), or similar program

Look at your “Medicare & You” handbook for more information about these programs and other Medicare plans. You will get this handbook in the mail soon.

## Decision 4: Decide if you want or need a Medigap policy if you want Original Medicare.

If you decide you want to keep Medicare Part B and you want your health care through Original Medicare, you will need to decide if you want to buy a Medigap policy. A Medigap policy is private health insurance designed to supplement Original Medicare. Once you are age 65 or older **AND** enrolled in Medicare Part B, you start your Medigap open enrollment period. This period lasts for 6 months. During this period, an insurance company can't deny you any Medigap policy it sells, make you wait for coverage to start, or charge you more for a Medigap policy because of past health problems. If you buy a Medigap policy after this period, you may have to pay more, or you may not get the Medigap policy you want. To learn more, get a free copy of "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" by visiting [www.medicare.gov/Publications/Pubs/pdf/02110.pdf](http://www.medicare.gov/Publications/Pubs/pdf/02110.pdf) or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

### My decision

If you are age 65 or older and enrolling in Medicare Part B, you should decide if you want or need a Medigap policy.

- Don't need a Medigap policy
- Need a Medigap policy

To find out when your Medigap open enrollment period ends look at your Medicare Part B start date (see enclosed card), and add 6 months to this date. You should buy your Medigap policy before this date.



## For more information

### For information about...

- How to enroll in Medicare or correct your Medicare card
- Supplemental Security Income
- Help paying your Medicare prescription drug coverage costs
- Medicare, in general, and Medicare health and prescription drug plan choices in your area
- Your rights if you believe you have been discriminated against because of your race, color, religion, national origin, disability, age, or sex
- How to protect yourself from identity theft and fraud

### Contact...

#### **Social Security**

[www.socialsecurity.gov](http://www.socialsecurity.gov)  
1-800-772-1213  
TTY users should call 1-800-325-0778.

#### **Medicare**

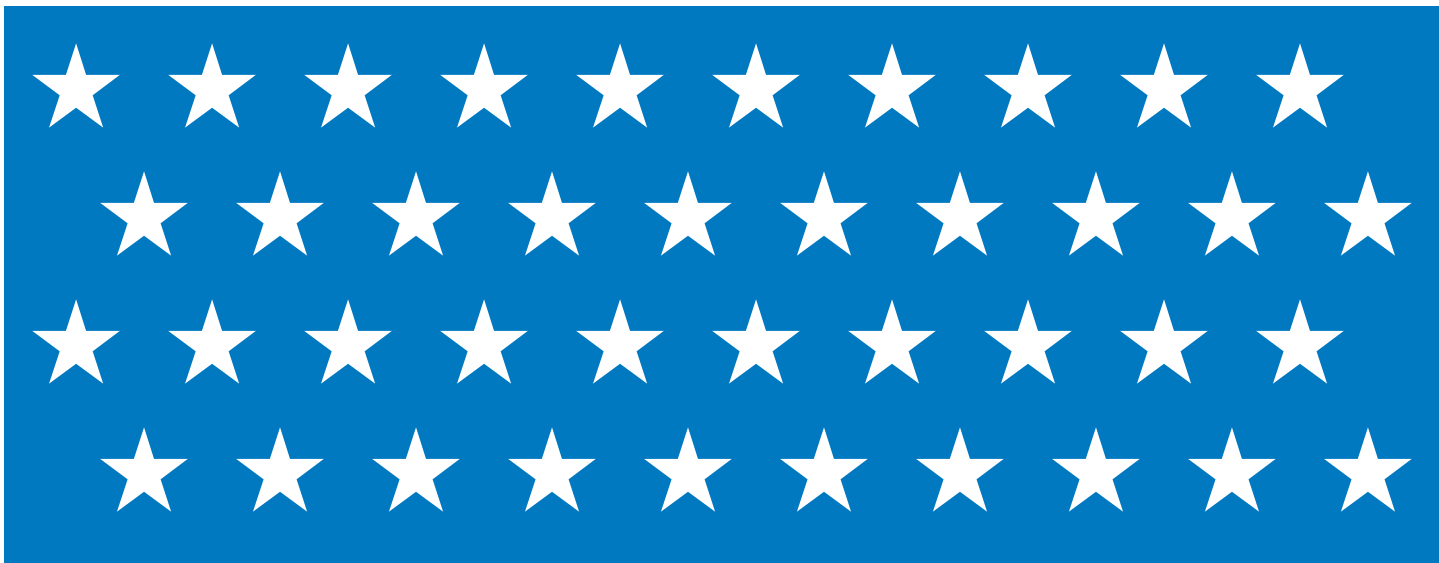
[www.medicare.gov](http://www.medicare.gov)  
1-800-MEDICARE (1-800-633-4227)  
TTY users should call 1-877-486-2048.

#### **Department of Health and Human Services, Office for Civil Rights**

[www.hhs.gov/ocr](http://www.hhs.gov/ocr)  
1-800-368-1019  
TTY users should call 1-800-537-7697.

#### **HHS Office of the Inspector General**

1-800-HHS-TIPS (1-800-447-8447)  
TTY users should call 1-800-377-4950.



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 and collecting Medicare premiums.

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



*My Health.  
My Medicare.*

CMS Publication No. 11095  
Revised September 2008