

Hello, Medicare.

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





What is Medicare?

America's health insurance program for people age 65 and older (and 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. Choose the ones that best meet your healthcare needs.

- **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.**"

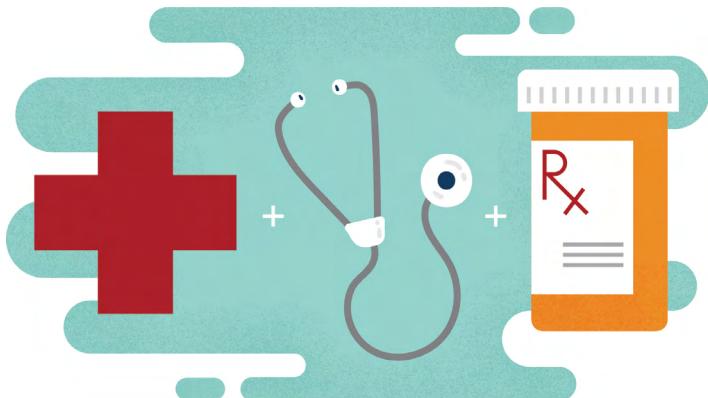
What about prescription drugs?

They're not covered in Original Medicare, so you'll need to add a separate plan from a private insurance company, known as a Medicare prescription drug plan (**Part D**).

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. 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 plans include prescription drug coverage (Part D), too.



Any other options I should know about?

You can add a **Medicare Supplemental Insurance (Medigap) policy** to Original Medicare to help pay for certain healthcare costs like deductibles and copays. Keep in mind 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?

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.

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 65th 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 a gap in your health coverage or penalties.

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.

From January through March of each year, you can enroll in Original Medicare, a Medicare Advantage plan, or a Medicare prescription drug plan and your coverage would begin the month following enrollment.

Already covered through work?

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.

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.





My situation is a little different. What happens if...

I have Medicaid?

You will need to get either Original Medicare or a Medicare Advantage plan. When you qualify for both Medicaid and Medicare, you are "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.

I have a disability?

You may be able to get Medicare coverage 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?

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)

How do premiums work?

For most people, there is no monthly premium for Part A (Hospital Insurance). There is a Part B (Medical Insurance) premium that's usually 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 low or even \$0 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).

What is maximum out-of-pocket cost?

This is the most you'll have to pay for healthcare services in a year. Medicare Advantage plans have a maximum out-of-pocket limit, which may reduce your risk. Original Medicare does not have a limit.

Can I get help paying for Medicare?

If you are a Medicaid member, you may benefit from the following:

- **Extra Help:** This helps you pay your prescription drug coverage (Part D) premiums, deductibles, coinsurance, and/or copays. People with Medicaid get Extra Help automatically when they enroll in Medicare. Others who qualify can enroll through the Social Security Administration.
- **Medicare Savings Program:** This program helps pay your Part A and/or Part B premiums, deductibles, and/or coinsurance. You may have to enroll in this program separately, even if you already have Medicaid.
- **Special Needs Plans (SNP):** These Medicare Advantage plans give dual-eligible members 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 fits both your needs and budget.

I want a plan that meets my health needs.

OK, great. Start by reviewing your overall health. Any recent changes? Any surgeries expected? Do you take medications? Knowing your own needs makes it easier to compare costs and coverage.

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.

Bon voyage! Original Medicare covers medical services within the U.S. 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.

A big benefit of Medicare Advantage plans is they usually cover prescriptions, dental, eye exams, 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?

No, benefits and costs can vary greatly. There are three basic types of 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:** You may have to choose a primary care doctor, but you can see specialists in or out of network.

What if I'm not happy with my plan?

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

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.

→ Learn more about Medicare at
HFMedicareBasics.org

Get more help with Medicare

Ask about eligibility or enrollment

Healthfirst

1-844-260-7791 (TTY 1-888-542-3821)

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 (HIICAP)

1-800-701-0501

Learn more about Medicare at HFMedicareBasics.org

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