



Getting Started with Medicare

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Lesson 1

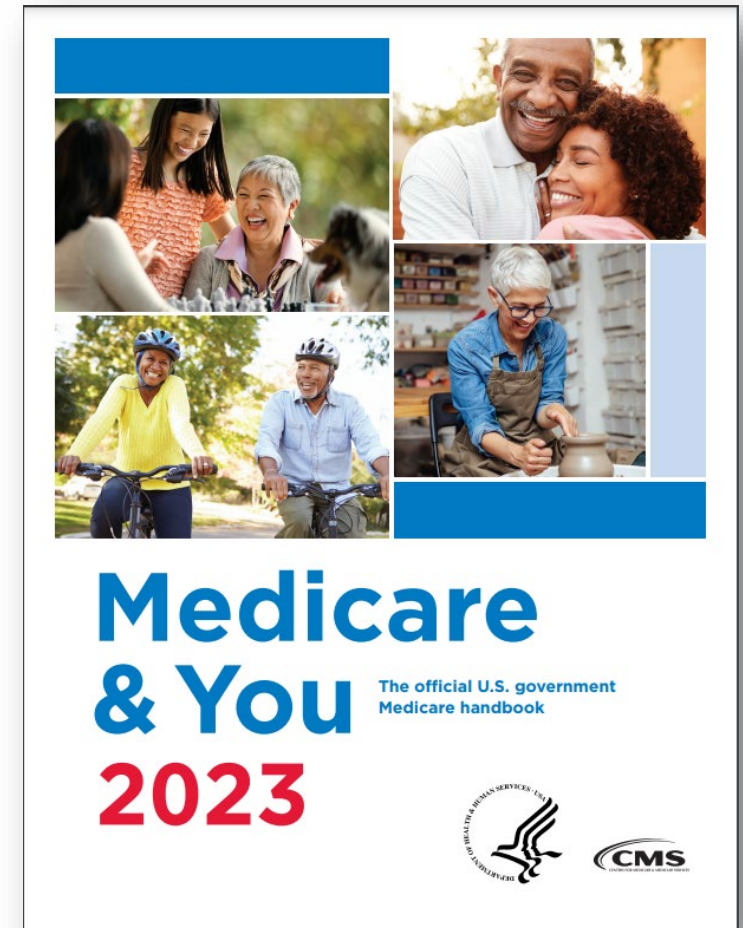
What's Medicare?

Medicare

Health insurance for people:

- 65 and older
- Under 65 with certain disabilities, like ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease) without a waiting period
- Any age with End-Stage Renal Disease (ESRD)

★ **NOTE:** To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.



CMS Product No. 10050

What Agencies Are Responsible for Medicare?



Social Security

Enrolls most people in Medicare



Railroad Retirement Board (RRB)

Enrolls both railroad retirees and active employees in Medicare



Office of Personnel Management (OPM)

Handles federal retirees' premiums



Centers for Medicare & Medicaid Services (CMS)

Forms Medicare policy and administers Medicare coverage, benefits, and payments

What Are the Parts of Medicare?



Part A
(Hospital Insurance)



Part B
(Medical Insurance)



Part D
(Drug coverage)

Your Medicare Options

Original Medicare

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance ([Medigap](#)). Or, you can use coverage from a former employer or union, or [Medicaid](#).

Medicare Advantage (also known as Part C)

Part A



Part B



Most plans include:

Part D



Some extra benefits

Some plans also include:

Lower out-of-pocket costs

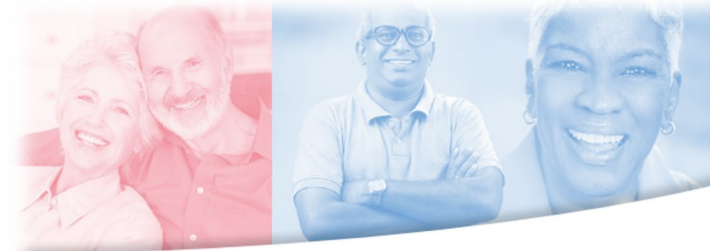
Automatic Enrollment: Medicare Part A & Part B

Enrollment is automatic for people who get:

- Social Security Benefits
- RRB Benefits

Look for your “Get Ready for Medicare Package”

- Mailed 3 months before:
 - You turn 65
 - 25th month of disability benefits
- Includes your Medicare card



Get Ready
for Medicare

Important decisions about your Medicare coverage

2022



Some People Must Take Action to Enroll in Medicare

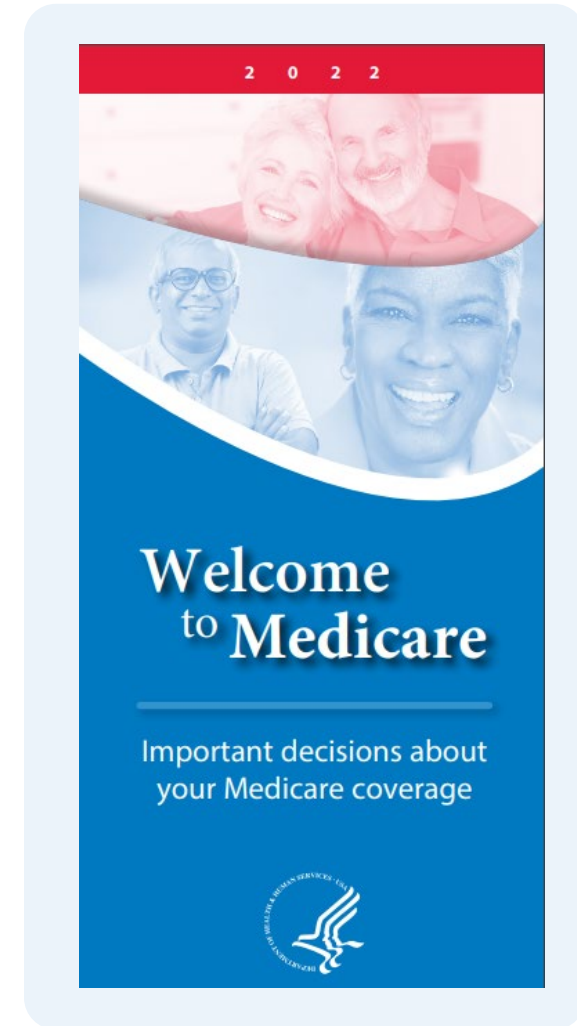


To apply for Medicare 3 months before you turn 65, contact Social Security at [ssa.gov](https://www.ssa.gov) or 1-800-772-1213; TTY: 1-800-325-0778



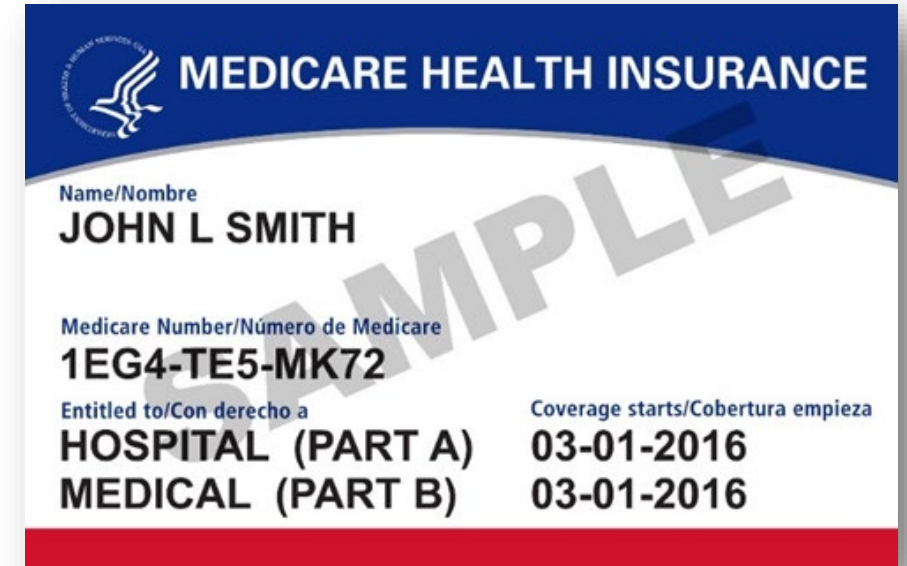
If you retired from a railroad, contact your local Railroad Retirement Board at 1-877-772-5772; TTY: 1-312-751-4701

★ **NOTE:** The age for full Social Security retirement benefits is increasing. Medicare eligibility age is still 65.



Your Medicare Card

- Shows the type of Medicare coverage (Part A and/or Part B) you have and the date your coverage started
- To accept Part B, keep your card (and carry it when you're away from home)
- To refuse Part B, follow the instructions in the “Get Ready for Medicare” package



Need a replacement card?

- Visit [Medicare.gov/account](https://www.Medicare.gov/account) to log into your secure Medicare account and print an official copy
- Call **1-800-MEDICARE** (1-800-633-4227); TTY 1-877-486-2048

When to Sign Up or Make Changes to Your Medicare Coverage

If you don't already have Medicare:

- Initial Enrollment Period (IEP)
- Special Enrollment Period (SEP) (in certain circumstances)
- General Enrollment Period (GEP)

If you already have Medicare and want to change how you get your coverage:

- Open Enrollment Period (OEP)
- Medicare Advantage OEP
- 5-Star Enrollment Period
- Special Enrollment Period (SEP) (in certain circumstances)

Initial Enrollment Period (IEP)

7-Month Period



If you apply **before** you turn 65, your coverage starts the month you turn 65.

If you apply **during** the month you turn 65, your coverage starts the next month.

If you apply **after** the month you turn 65, your coverage begins 2 or 3 months after you turn 65.



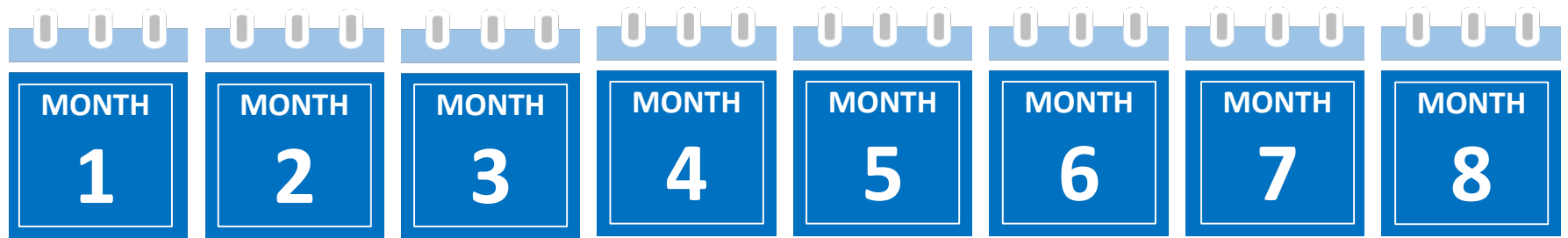
If you enroll after your IEP, you may pay a late enrollment penalty

★ **NOTE:** Your 6-month Medigap OEP starts when you're both 65 and have Part B.

Special Enrollment Period (SEP)

Continues for 8 Months after GHP Coverage Based on Current Employment Ends

Starts after Medicare IEP and having GHP coverage based on current employment



You can sign up for Part A (if you have to pay for it) and/or Part B:

- ✓ Anytime you're still covered by the GHP
- ✓ During the 8-month period that begins the month after the employment ends or the coverage ends

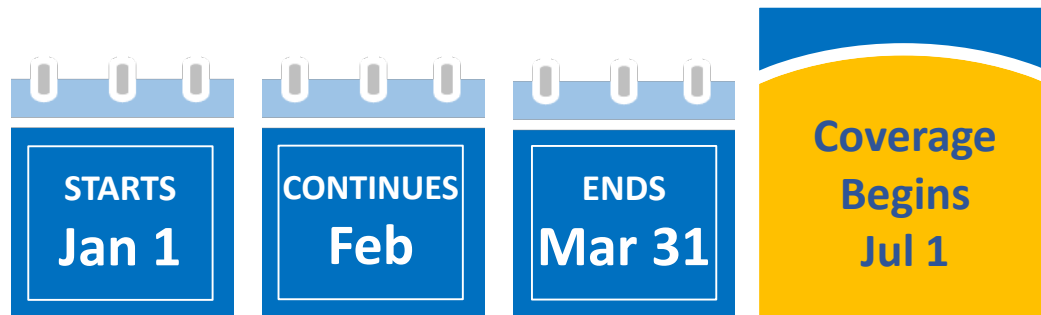
Usually no late enrollment penalties



★ NOTE: You have 6 months from the Part B effective date to buy a Medigap policy (must have Part A and Part B).

General Enrollment Period (GEP)

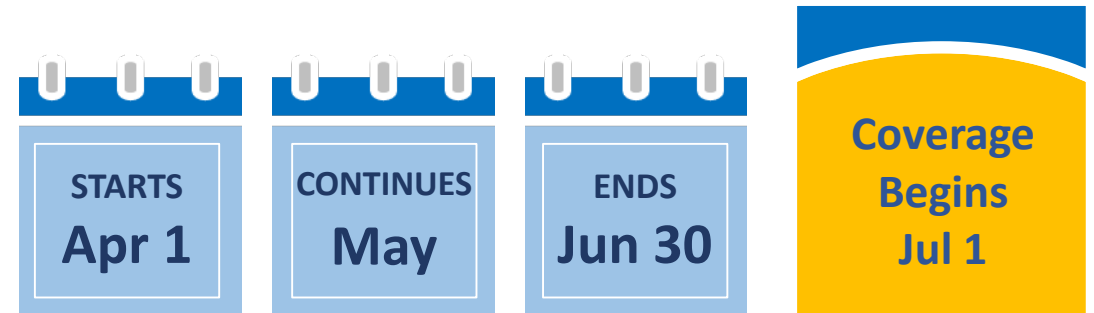
3-Month GEP each year



You can sign up for:

- Part A (if you have to buy it)
- Part B

If you enroll in Medicare during the GEP



You can enroll in:

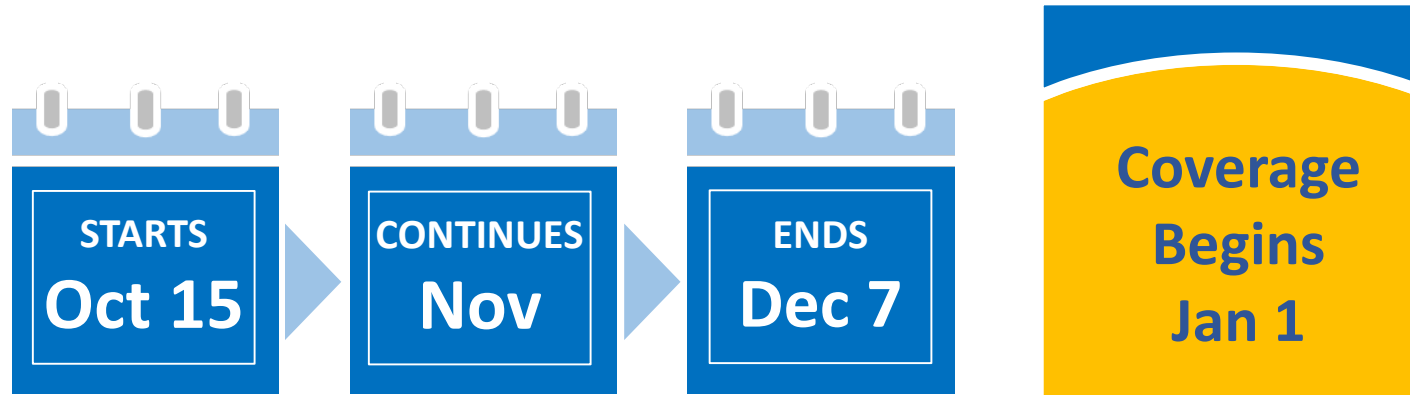
- Medicare Advantage Plan (if you have Part A and Part B)
- Part D (if you have Part A and/or Part B)



May have late enrollment penalties

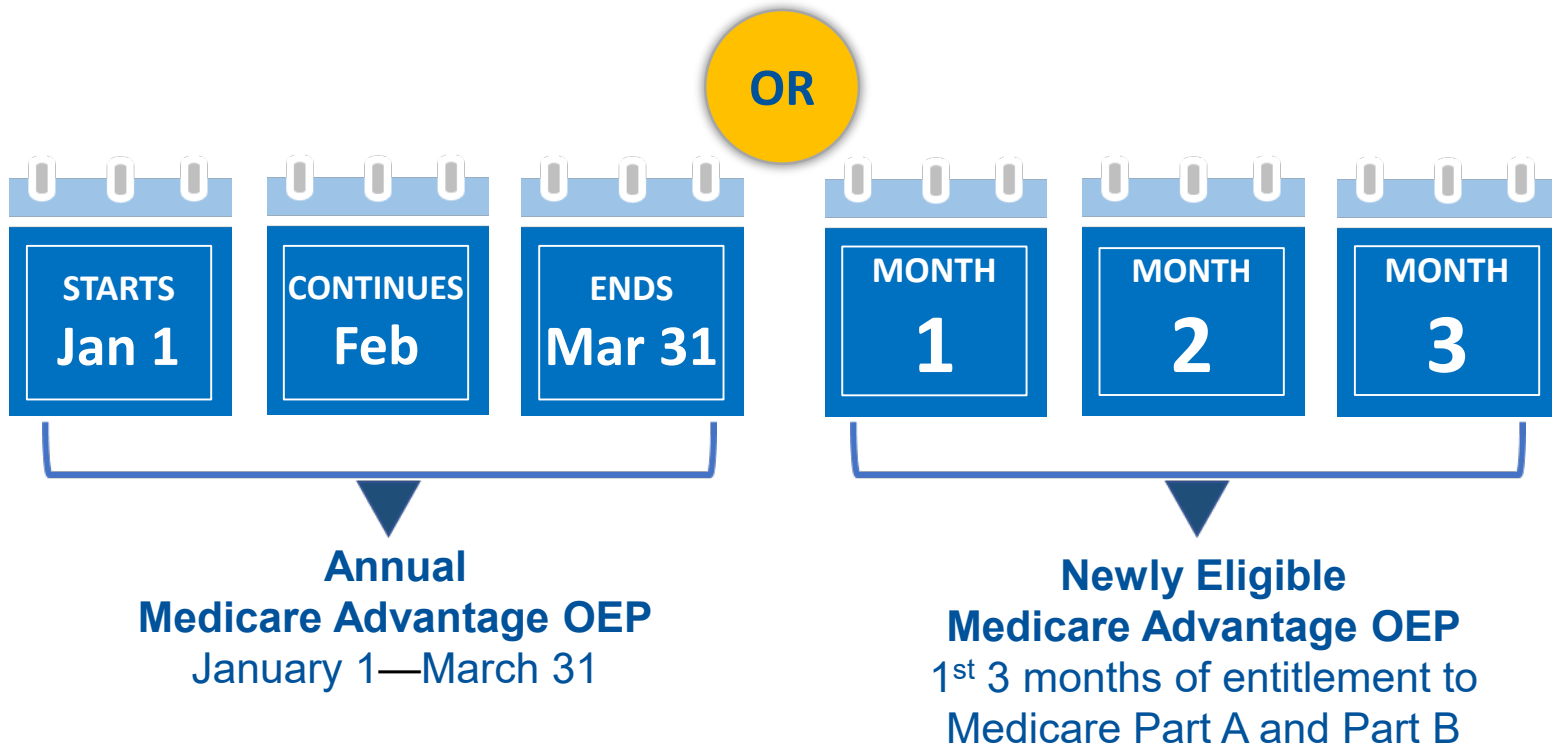
Yearly Open Enrollment Period (OEP) for People with Medicare

7-Week Period



- 7-week period each year where you can enroll in, disenroll, or switch Medicare Advantage Plans or Medicare drug plans
- This is a time to review health and drug plan choices

Medicare Advantage Open Enrollment Period



You can:

- Switch to another Medicare Advantage Plan, with or without drug coverage
- Drop your Medicare Advantage Plan and return to Original Medicare. If you do:
 - You can enroll in a Medicare drug plan
 - Coverage begins the 1st of the month after you enroll in the plan

★ **NOTE:** You need to be in a Medicare Advantage Plan to use this enrollment period.

5-Star Special Enrollment Period (SEP)



You can:

- Switch to 5-star Medicare Advantage Plan (with or without drug coverage), or a drug plan
- Enroll once per year from December 8–November 30

Keep in mind:

- New plan starts 1st day of month after enrolled
- Star ratings assigned in October and effective January 1

Other Medicare Special Enrollment Periods (SEPs)

You may have an SEP if you:



Move out of your plan's service area



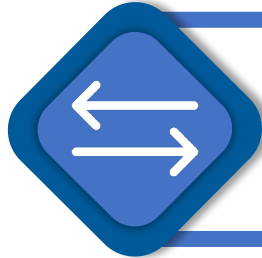
Enter, live at, or leave a long-term care facility (like a nursing home)



Are in a plan that leaves Medicare or reduces its service area



Have Medicaid and Medicare or qualify for a low-income subsidy



Get, lose, or have a change in dual/LIS-eligibility status



Leave or lose employer or union coverage



Are sent a retroactive notice of Medicare entitlement



Lesson 2

Original Medicare Part A (Hospital Insurance) & Part B (Medical Insurance)

Part A (Hospital Insurance) Covers

- **Inpatient care in a hospital, including:**
 - ✓ Semi-private room
 - ✓ Meals
 - ✓ General nursing
 - ✓ Drugs (including methadone to treat an opioid use disorder)
 - ✓ Other hospital services and supplies
- **Inpatient care in a skilled nursing facility (SNF) after a related 3-day inpatient hospital stay**



Part A
Hospital Insurance

Part A (Hospital Insurance) Covers (continued)

Part A helps cover:

- ✓ Blood (inpatient)
- ✓ Hospice care
- ✓ Home health care



Part A
Hospital Insurance

Paying for Part A

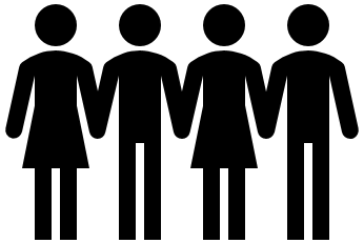
Most people don't pay a premium for Part A, but:

- If you or your spouse paid FICA taxes for at least 10 years, you get Part A without paying a **premium**
- You may have a **penalty** if you don't enroll when first eligible for Part A (if you have to buy it)
 - Your monthly premium may go up 10%
 - You'll have to pay the higher premium for twice the number of years you could've had Part A, but didn't sign up

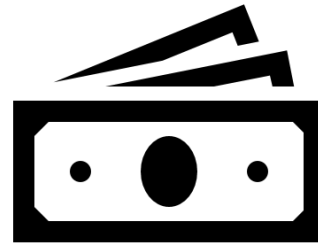


Decision: Do I Need to Sign Up for Part A?

Consider:



It's free for most people



You can pay for it if your work history isn't sufficient (there may be a penalty if you delay)



Talk to your benefits administrator if you (or your spouse) are actively working and covered by an employer plan

★ **NOTE:** To avoid Internal Revenue Service (IRS) tax penalties, stop contributions to your Health Savings Account (HSA) before Medicare starts.

Medicare Part B (Medical Insurance) Covers



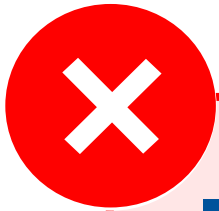
- Doctors' services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health care
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services

Part B: Preventive Services

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings and counseling
- Bone mass measurements
- Cardiovascular behavioral therapy
- Cardiovascular disease screenings
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings
- Counseling to prevent tobacco use and tobacco-caused disease
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma tests
- Hepatitis B shots
- Hepatitis B Virus infection screening
- Hepatitis C screening tests
- HIV (Human Immunodeficiency Virus) screenings
- Lung cancer screenings
- Mammograms
- Medicare Diabetes Prevention Program
- Nutrition therapy services
- Obesity behavioral therapy
- Pneumococcal shots
- Prostate cancer screenings
- Sexually transmitted infection (STI) screenings & counseling
- “Welcome to Medicare” preventive visit
- Yearly “Wellness” visit

What's Not Covered by Part A & Part B?

Some of the items and services that Part A and Part B don't cover include:



- Most dental care
- Vision (for prescription glasses)
- Dentures
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting them
- Long-term care
- Concierge care
- Covered items or services you get from an opt out doctor or other provider

They may be covered if you have other coverage, like Medicaid or a Medicare Advantage Plan that covers these services.

Decision: Should I Keep/Sign Up for Part B?

Consider:

- Most people pay a monthly premium
 - Usually deducted from Social Security/RRB benefits
 - Amount depends on income
- Part B may supplement employer coverage
 - Contact your benefits administrator to understand the impact to your employer plan
 - If you don't have other coverage, declining Part B will mean you don't have full coverage
- Sometimes, you must have Part B

When You Must Have Part A & Part B



To buy a Medicare Supplement Insurance (Medigap) policy



To join a Medicare Advantage Plan



Eligible for TRICARE for Life (TFL)



Eligible for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)



Employer coverage requires you to have it (has fewer than 20 employees)



Lesson 3

Medicare Supplement Insurance (Medigap) Policies

Medigap Policies

- Are sold by **private insurance companies**
- Fill **gaps in Original Medicare** coverage, like copayments, coinsurance, and deductibles
- Each **standardized** Medigap policy under the same plan letter:
 - Must offer the same basic benefits, no matter who sells it
 - May vary in costs
- Plans are different in Minnesota, Massachusetts, and Wisconsin



Medicare Supplement
Insurance (Medigap)

Decision: Do I Need a Medigap Policy?

It only works with Original Medicare, right?

Yes.

What if I have other supplemental coverage, like from an employer?

You might not need Medigap.

Can I afford Medicare deductibles and copayments?

Weigh this against how much the monthly Medigap premium costs.

What does the monthly Medigap premium cost?

It can vary.

When's the Best Time to Buy a Medigap Policy?

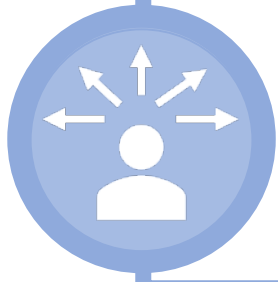
Usually, during your Medigap Open Enrollment Period (OEP):

- Begins the month you're 65 or older and enrolled in Part B (must have Part A)
- Lasts 6 months minimum; may be longer in your state
- During your Medigap OEP, companies can't:
 - Refuse to sell you any Medigap policy they offer
 - Make you wait for coverage
 - Charge more because of a past/present health problem



- ★ You can also buy a Medigap policy whenever a company agrees to sell you one.

How to Buy a Medigap Policy



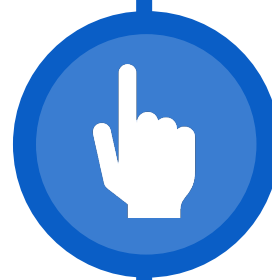
Decide on a **Medigap plan (A–N)**



Shop around
(consider plan and price)



Find **insurance companies** that sell Medigap policies in your state



Choose the insurance company and the Medigap policy



Check on **Medigap protections** in your state



Apply for the policy



Lesson 4

Medicare Drug Coverage (Part D)

Medicare Drug Coverage (Part D)

- An optional benefit available to all people with Medicare
- Run by private companies that contract with Medicare
- Provided through:
 - Medicare drug plans (also known as PDPs) (work with Original Medicare)
 - Medicare Advantage Plans with drug coverage (also known as MA-PDs)
 - Some other Medicare health plans

How Part D Works

- It's optional
 - You can choose a plan and join
 - May pay a lifetime penalty if you join late
- Plans have formularies (lists of covered drugs), which:
 - Must include range of drugs in each category
 - Are subject to change—you'll be notified
- Your out-of-pocket costs may be less if you use a preferred pharmacy
- If you have limited income and resources, you may get Extra Help



Who Can Join Part D?

	To join a Medicare Drug Plan	To join a Medicare Advantage Plan with Drug Coverage
You must have	Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance)	Part A and Part B

★ **NOTE:** To join any Medicare health plan with drug coverage you must be a United States citizen or lawfully present in the U.S.

When Can I Enroll in a Part D Plan?

Can I join during my 7-month Initial Enrollment Period (IEP)?

Yes. It starts 3 months before the month you turn 65.

Can I sign up, switch, or join during the yearly Open Enrollment Period (OEP)?

Yes. It's from October 15–December 7. Coverage begins January 1.

What if I get Part B for the first time during a General Enrollment Period (GEP)?

You can sign up for a Medicare drug coverage from April 1–June 30. Coverage begins July 1.

When Can I Enroll in a Part D Plan? (continued)

What if I'm in a Medicare Advantage Plan on January 1 but switch to Original Medicare?

You may add Medicare drug coverage if you switch during the Medicare Advantage OEP (January 1–March 31).

Can I join, switch, or drop a drug plan if I qualify for a Special Enrollment Period (SEP)?

Yes.

What if I'm new to Medicare and enrolled in a Medicare Advantage Plan during my IEP?

You can make a change within the first 3 months you have Medicare.

When's the 5-star SEP?

December 8–November 30 each year, you can switch to Medicare drug coverage that has 5 stars for its overall rating.

Choosing a Part D Plan



Call Medicare at 1-800-MEDICARE
(1-800-633-4227; TTY: 1-877-486-2048)

- **Compare plans by computer or phone:**
 - Find health and drug plans at [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare)
 - Call Medicare
 - Contact your SHIP at [shiphelp.org](https://www.shiphelp.org) for help comparing plans

- **To join a Medicare drug plan, you can:**
 - Enroll at [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) or on the plan's website
 - Call Medicare
 - Enroll on the plan's website or call the plan
 - Complete a paper enrollment form

- The plan will notify you whether it has accepted or denied your application

Decision: Should I Enroll in a Part D Plan?

If you have creditable drug coverage, consider costs and coverage:

- Will it pay at least as much as standard Medicare drug coverage?
- Will you or your spouse or dependents lose your health coverage if you join a Medicare drug plan?
- How do your out-of-pocket drug costs compare to out-of-pocket drug costs with a Medicare drug plan?
- How will your costs change if you get Extra Help with your Medicare drug plan costs?
- Is your current drug coverage comprehensive?

If you don't have creditable drug coverage, consider possible penalties:

- Will joining when you're first eligible help you avoid a likely lifetime late enrollment penalty if you join a plan later?
- Do you qualify for Extra Help? (If so, you may enroll in a plan without penalty.)



Lesson 5

Medicare Advantage Plans

Medicare Advantage Plans (Part C)

Part A



Part B



Most plans include:

Part D



Some extra benefits

Some plans also include:

Lower out-of-pocket costs

- Another way to get your Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) **coverage**
- Offered by Medicare-approved **private companies** that must follow rules set by Medicare
- Most Medicare Advantage Plans include drug coverage (Part D)
- coverage (Part D). In most cases, you'll need to use health care providers who participate in the **plan's network** (some plans offer out-of-network coverage)

How Medicare Advantage Plans Work

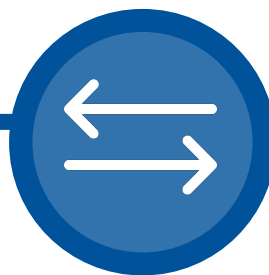
In a Medicare Advantage Plan, you:



Are still in Medicare with all **rights and protections**



Still get **services** covered by Part A and Part B



Can't be **charged** more than Original Medicare for certain services, like chemotherapy, dialysis, and skilled nursing facility (SNF) care



May choose a plan that includes **drug coverage** and/or **extra benefits** like vision, dental or fitness and wellness benefits



Can be charged different **out-of-pocket costs**

When Can I Enroll in a Medicare Advantage Plan?

What if I have Part A and enroll in Part B during a General Enrollment Period (GEP)?

You can enroll in a Medicare Advantage Plan from April 1–June 30. Coverage begins July 1.

If I'm new to Medicare and enroll in a Medicare Advantage Plan, when can I make a change?

Within the first 3 months you have Medicare.

What if I enroll, then change my mind?

You can only make one change to another plan or to Original Medicare during the Medicare Advantage OEP, January 1–March 31. Coverage begins the 1st of the month after the plan gets your request.

When Can I Enroll in a Medicare Advantage Plan? (continued)

Can I enroll during Medicare's yearly Open Enrollment Period (OEP)?

Yes. You can join, switch, or drop your plan during the OEP, October 15–December 7. Coverage begins on January 1.

Will I have a Special Enrollment Period (SEP)?

You might if you move out of your plan's service area, have or lose Medicaid or Extra Help, or move in or out of an institution.

When's the 5-star SEP?

December 8–November 30 each year, you can switch to a Medicare Advantage Plan or Medicare Cost Plan that has 5 stars for its overall rating.

★ **Note:** If you drop a Medicare Supplement Insurance (Medigap) policy to join a Medicare Advantage Plan, you might not be able to get it back.

How Do I Enroll in a Medicare Advantage Plan?



Call Medicare at 1-800-MEDICARE
(1-800-633-4227; TTY: 1-877-486-2048)

- Find health and drug plans at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)
- Once you understand the plan's rules and costs, here's how to join:
 - Visit the plan's website to see if you can join online
 - Fill out a paper enrollment form
 - Call the plan you want to join (visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to get your plan's contact information)
 - Call Medicare

Decision: Should I Join a Medicare Advantage Plan?

Consider:



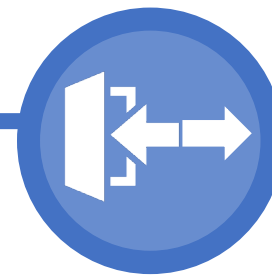
If the plan offers **extra benefits** (in addition to Original Medicare benefits) and if you need to pay extra to get them



Some plans may require you to use a **network**



You may need a **referral** to see a specialist



You can only **join/leave plan** during certain periods



It doesn't work with **Medigap** policies

★ **NOTE:** You must have Medicare Part A and Part B to join; and you must pay the Part B premium and usually a monthly plan premium.

How Are Medigap Policies & Medicare Advantage Plans Different?

	Medigap Policies	Medicare Advantage Plans
Offered by	Private companies	Private companies
Government oversight	State, but must also follow federal laws	Federal (plans must be approved by Medicare)
Works with	Original Medicare	N/A
Covers	Gaps in Original Medicare coverage, like deductibles, coinsurance, and copayments for Medicare-covered services.	All Part A and Part B covered services and supplies. May also cover things not covered by Original Medicare, like vision and dental coverage. Most Medicare Advantage Plans include Medicare drug coverage.
You must have	Part A and Part B	Part A and Part B
Do you pay a premium?	Yes. You pay a premium for the policy and you pay the Part B premium.	Yes. In most cases, you pay a premium for the plan and you pay the Part B premium.

Help for People with Limited Income & Resources



Medicare Savings Programs



Extra Help

Minimum Federal Eligibility Requirements for Medicare Savings Programs

Medicare Savings Programs	Individual Monthly Income Limits	Married Couple Income Limits	Helps Pay Your
Qualified Medicare Beneficiary (QMB)	\$1,153	\$1,546	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary (SLMB)	\$1,379	\$1,851	Part B premiums only
Qualifying Individual (QI)	\$1,549	\$2,080	Part B premiums only
Qualifying Disabled & Working Individuals (QDWI)	\$4,615	\$6,189	Part A premiums only

- **Resource limits** for QMB, SLMB, and QI are \$8,400 for an individual and \$12,600 for a married couple.
- **Resource limits** for QDWI are \$4,000 for an individual and \$6,000 for a married couple.

What's Extra Help?

- Program to help people pay for Medicare drug costs (Part D) (also called the low-income subsidy (LIS))
 - If you have the lowest income and resources, you pay no premiums or deductible, and small or no copayments
 - If you have slightly higher income and resources, you pay reduced deductible and a little more out of pocket
 - No coverage gap or late enrollment penalty if you qualify for Extra Help
- ★ **NOTE:** A Special Enrollment Period (SEP) allows you to change your Medicare drug plan (also known as a PDP) once per quarter in the first 3 quarters of the year

Qualifying for Extra Help

You automatically qualify for Extra Help if you get:

- Full Medicaid coverage
- Supplemental Security Income (SSI)
- Help from Medicaid paying your Medicare premiums (Medicare Savings Programs; sometimes called “partial dual”)

If you don't automatically qualify you must:

- Apply online at ssa.gov/benefits/medicare/prescriptionhelp.html
- Call Social Security at 1-800-772-1213; TTY: 1-800-325-0778, and ask for the “Application for Help with Medicare Prescription Drug Plan Costs” (SSA-1020)

Helpful Websites

01

Medicare

[Medicare.gov](https://www.Medicare.gov)

02

Medicaid

[Medicaid.gov](https://www.Medicaid.gov)

03

Social Security

[ssa.gov](https://www.ssa.gov)

04

Health Insurance Marketplace®

[HealthCare.gov](https://www.HealthCare.gov)

05

Children's Health Insurance Program

[InsureKidsNow.gov](https://www.InsureKidsNow.gov)

06

CMS National Training Program

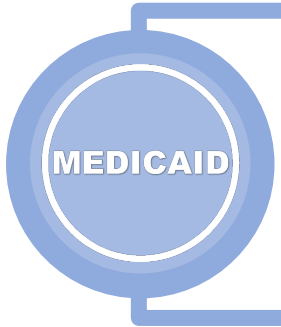
[CMSnationaltrainingprogram.cms.gov](https://www.CMSnationaltrainingprogram.cms.gov)

07

State Health Insurance Program (SHIP)

[shiphelp.org](https://www.shiphelp.org)

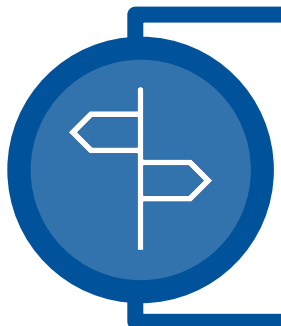
Key Points to Remember

A circular icon with a blue gradient background and a white border. Inside the circle, the word "MEDICAID" is written in white, uppercase letters.


Medicare is a health insurance program

A circular icon with a yellow gradient background and a white border. Inside the circle, there is a white icon of a medical device (like a stethoscope or monitor) with a diagonal slash through it, indicating that Medicare does not cover all costs.

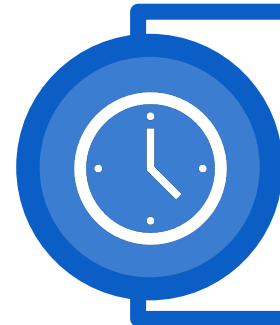
Medicare doesn't cover all of your health care costs

A circular icon with a blue gradient background and a white border. Inside the circle, there is a white icon of a forked path with arrows pointing in opposite directions, representing choices.


You have choices in how you get coverage

A circular icon with a blue gradient background and a white border. Inside the circle, there is a white icon of a thought bubble with a question mark inside, connected to a human head silhouette, representing decisions.

Decisions affect the type of coverage you get

A circular icon with a blue gradient background and a white border. Inside the circle, there is a white icon of a clock face, representing time-sensitivity.

Certain decisions are time-sensitive

A circular icon with a dark blue gradient background and a white border. Inside the circle, there is a white icon of a dollar sign with a downward-pointing arrow, representing limited income and resources.

There are programs for people with limited income and resources

Feedback

Thank you for attending this session with CMS. We appreciate your time. We are always trying to improve our level of service to our customers and stakeholders. You can help us do that by providing your feedback on today's session.

Please take a few moments to complete this brief evaluation. Just click on the link in the chat or use the QR code below to go to the evaluation. Thank you very much.

Note: Please do not forward or post the link anywhere; this is an internal evaluation to assist us with this specific activity. Thank you!

Activity name: **3 - CMS Philadelphia Getting Started with Medicare Presentation**

Audience: Medicare Beneficiary

<https://cmsgov.force.com/act/Evaluation>

