

## What do I pay?

**Part A:** You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working. This is sometimes called premium-free Part A. If you aren't eligible for premium-free Part A, you may be able to buy Part A.

**Part B:** Most people will pay the standard premium amount for Part B each month. The amount you pay can change each year depending on your income. Under Original Medicare, if the Part B deductible applies, you must pay all costs until you meet the yearly Part B deductible before Medicare will begin to pay its share.

**Part D:** Most drug plans charge a monthly fee that varies by plan. You pay this in addition to the Part B premium. Some drug plans have a deductible. This is the amount you must pay before your drug plan begins to pay its share of your covered drugs. After the deductible (if the plan has one), copayments or coinsurance are the amounts you pay for your covered prescriptions. You pay your share and your drug plan pays its share for covered drugs. These amounts may vary.

Visit the Medicare Plan Finder at [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan) to get plan contact information and to compare costs. To get specific Medicare drug plan costs, call the plans you're interested in.

If you have limited income and resources, you might qualify for Extra Help to pay for some health care and prescription drug costs. To get more information or apply for Extra Help, visit [www.ssa.gov/i1020](https://www.ssa.gov/i1020).

## Know your rights

No matter how you get your Medicare, you have certain rights and protections. All people with Medicare have the right to:

- Be treated with dignity and respect at all times
- Be protected from discrimination
- Have your personal and health information kept private
- Get information in a way you understand from Medicare, health care providers, and Medicare contractors
- Have questions about Medicare answered
- Have access to doctors, other health care providers, specialists, and hospitals
- Learn about your treatment choices in clear language that you can understand and participate in treatment decisions
- Get emergency care when and where you need it
- Get a decision about health care payment, coverage of services, or prescription drug coverage
- Request a review (appeal) of certain decisions about health care payment, coverage of services, or prescription drug coverage
- File complaints (sometimes called grievances), including complaints about the quality of your care

## When can I make changes to my coverage?

You can make changes to your Medicare health or prescription drug coverage during Open Enrollment, each year from October 15–December 7. The change will take effect on January 1 of the next year. New costs and benefit changes will also begin then if you kept your coverage and your plan made changes. Depending on your situation, there may be other times when you can change your coverage.

## Can I have other types of health insurance?

Yes. When you have other insurance (like employer group health coverage), there are rules that decide whether Medicare or your other insurance pays first. For more information on who pays first, visit [Medicare.gov](https://www.Medicare.gov), or see your “Medicare & You” handbook.

## Protect yourself & Medicare from billing fraud

Medicare fraud happens when Medicare is billed for services or supplies you never got.

If you suspect fraud, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## Where can I get more information?

Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE. Personalized help is available 24 hours a day, including weekends. If you need help in a language other than English or Spanish, let the customer service representative know.

*“Medicare: Getting Started” isn't a legal document. More details are available in the “Medicare & You” booklet. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.*

# Medicare



## GETTING STARTED



## What you should know

# Getting Started

## What's Medicare?

Medicare is health insurance for people who are 65 or older, people under 65 with certain disabilities, and people of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant). Medicare is managed by the Centers for Medicare & Medicaid Services (CMS). Social Security works with CMS by enrolling people in Medicare.



### Important! Medicare isn't part of the Marketplace.

#### If I already have Medicare, are my benefits changing?

No. Your Medicare benefits aren't changing. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan, you'll still have the same benefits and security you have now, and you won't have to make any changes.

## What does Medicare cover?

### Medicare Part A (Hospital Insurance):

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

### Medicare Part B (Medical Insurance):

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
- Some preventive services

### Medicare Part C (Medicare Advantage):

- Run by Medicare-approved private insurance companies
- Includes all benefits and services covered under Parts A and B
- Usually includes Medicare prescription drug coverage (Part D) as part of the plan
- May include extra benefits and services for an extra cost

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

- Run by Medicare-approved private insurance companies
- Helps cover the cost of prescription drugs

## What are my Medicare choices?

### Original Medicare

- Medicare provides this coverage directly.
- You have your choice of doctors, hospitals, and other providers that accept Medicare.
- If you want drug coverage, **you must join a Medicare Prescription Drug Plan.** You usually pay a monthly premium.
- You may want to get coverage that fills gaps in Original Medicare coverage. You can choose to buy a Medicare Supplement Insurance (Medigap) policy from a private company.

### Medicare Advantage Plans (like an HMO or PPO)

- Private insurance companies approved by Medicare provide this coverage.
- Plans include BOTH Part A and Part B.
- In most plans, you need to use plan doctors, hospitals, and other providers or you may pay more or all of the costs.
- Costs, extra coverage, and rules vary by plan.
- If you want drug coverage, and it's offered by your plan, **in most cases, you must get it through your plan.**
- In some types of plans that don't offer drug coverage, you can join a Medicare Drug Plan.

## What are my Medicare choices? (continued)

### Other Medicare health plans

Some types of Medicare health plans that provide health care coverage aren't Medicare Advantage Plans but are still part of Medicare.

- Examples of these plans include: Medicare Cost Plans, Program of All-Inclusive Care for the Elderly (PACE), and Medicare Innovation Projects.
- These plans have some of the same rules as Medicare Advantage Plans.
- Each type of plan provides a different combination of coverage, and has its own special rules and exceptions. You should contact any plans you're interested in to get more details.

## What are Medicare Supplement Insurance (Medigap) policies?

Original Medicare pays for many, but not all, health care services and supplies. A Medigap policy, sold by private companies, can help pay some of the health care costs that Original Medicare doesn't cover (like copayments, coinsurance, and deductibles).

Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S. You'll have to pay premiums for a Medigap policy.

For more information on Medigap, visit [Medicare.gov/medigap](https://www.medicare.gov/medigap) to find policies in your area. You can also call 1-800-MEDICARE (1-800 633-4227). TTY users should call 1-877-486-2048.

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

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