

New to Medicare

Teaching Materials

1. New to Medicare

Medicare is the federal government program that provides health care coverage (health insurance) if you are 65+, under 65 and receiving Social Security Disability Insurance (SSDI) for a certain amount of time, or under 65 and have End-Stage Renal Disease (ESRD). The Centers for Medicare & Medicaid Services (CMS) is the federal agency that runs Medicare. The program is funded in part by Social Security and Medicare taxes you pay on your income, in part through premiums that people with Medicare pay, and in part by the federal budget.

Once you have become Medicare eligible and enroll, you can choose to get your Medicare benefits from Original Medicare (see number 2), the traditional fee-for-service program offered directly through the federal government, or from a Medicare Advantage Plan (see number 3), a type of private insurance offered by companies that contract with Medicare (the federal government). Original Medicare includes:

- ♥ Part A (Inpatient/hospital coverage)
- ♥ Part B (Outpatient/medical coverage)

If you want Medicare prescription drug coverage (see number 4) with Original Medicare, in most cases you will need to actively choose and join a stand-alone Medicare private drug plan (PDP).

You still have Medicare if you enroll in a Medicare Advantage Plan. This means that you will still owe a monthly Part B premium (and your Part A premium, if you have one). Each Medicare Advantage Plan must provide all Part A and Part B services covered by Original Medicare, but can do so with different rules, costs, and restrictions that can affect how and when you receive care. Medicare Advantage Plans can also provide Part D coverage. Note that if you have health coverage from a union or current or former employer when you become eligible for Medicare, you may automatically be enrolled in a Medicare Advantage Plan that they sponsor. You have the choice to stay with this plan, switch to Original Medicare, or enroll in a different Medicare Advantage Plan, but you should speak with your employer/union before making any change.

It is important to understand your Medicare coverage choices and to pick your coverage carefully. How you choose to get your benefits and who you get it from can affect your out-of-pocket costs and where you can get your care.

Your Medicare Agent:

Phone:

Email:

Medicare is different from Medicaid, which is another government program that provides health insurance. Medicaid is funded and run by the federal government in partnership with states to cover people with limited incomes. Depending on the state, Medicaid can be available to people below a certain income who meet other criteria (e.g. age, disability status, pregnancy), or be available to all people below a certain income level. Remember, unlike Medicaid, Medicare eligibility does not depend on income. Also, eligible individuals can have both Medicare and Medicaid and are known as dual-eligibles.

Everyone who has Medicare receives a red, white, and blue Original Medicare card. If you choose to receive your coverage through Original Medicare, you will show this card when you get services. If you choose to receive your Medicare benefits through a Medicare Advantage Plan, you will still get an Original Medicare card, but you will show your Medicare Advantage Plan card when you get services. No matter how you get your Medicare health benefits, only give your Medicare number to your doctors and other health care providers.

2. What are the Parts of Medicare?

There are four parts of Medicare: Part A, Part B, Part C, and Part D.

- ♥ Part A provides inpatient/hospital coverage.
- ♥ Part B provides outpatient/medical coverage.
- ♥ Part C offers an alternate way to receive your Medicare benefits (see below for more information).
- ♥ Part D provides prescription drug coverage.

Generally, the different parts of Medicare help cover specific services. Most beneficiaries choose to receive their Parts A and B benefits through Original Medicare, the traditional fee-for-service program offered directly through the federal government. It is sometimes called Traditional Medicare or Fee-for-Service (FFS) Medicare. Under Original Medicare, the government pays directly for the health care services you receive. You can see any doctor and hospital that takes Medicare (and most do) anywhere in the country.

In Original Medicare:

- ♥ You go directly to the doctor or hospital when you need care. You do not need to get prior permission/authorization from Medicare or your primary care doctor.
- ♥ You are responsible for a monthly premium for Part B. Some also pay a premium for Part A.
- ♥ You typically pay a coinsurance for each service you receive.
- ♥ There are limits on the amounts that doctors and hospitals can charge for your care.

If you want prescription drug coverage with Original Medicare, in most cases you will need to actively choose and join a stand-alone Medicare private drug plan (PDP).

Note: There are a number of government programs that may help reduce your health care and prescription drug costs if you meet the eligibility requirements.

Unless you choose otherwise, you will have Original Medicare. Instead of Original Medicare, you can decide to get your Medicare benefits from a Medicare Advantage Plan, also called Part C or Medicare private health plan. Remember, you still have Medicare if you enroll in a Medicare Advantage Plan. This means that you must still pay your monthly Part B premium (and your Part A premium, if you have one). Each Medicare Advantage Plan must provide all Part A and Part B services covered by Original Medicare, but they can do so with different rules, costs, and restrictions that can affect how and when you receive care.

3. What is Part C/Medicare Advantage?

Medicare Part C is not a separate benefit. Part C is the part of Medicare law that allows private health insurance companies to provide Medicare benefits. These Medicare private health plans, such as HMOs and PPOs, contract with the federal government and are known as Medicare Advantage Plans. If you want, you can choose to get your Medicare coverage through a Medicare Advantage Plan instead of through Original Medicare.

Medicare Advantage Plans must offer, at minimum, the same benefits as Original Medicare (those covered under Parts A and B) but can do so with different rules, costs, and coverage restrictions. You also typically get Part D as part of your Medicare Advantage benefits package (MAPD). Many different kinds of Medicare Advantage Plans are available. You may pay a monthly premium for this coverage, in addition to your Part B premium.

If you join a Medicare Advantage Plan (like an HMO, PPO, or PFFS), you will not use the red, white, and blue card when you go to the doctor or hospital. Instead, you will use the membership card your private plan sends you to get health services covered. You will also use this card at the pharmacy if your health plan has Medicare prescription drug coverage (Part D).

4. What is Medicare Part D?

Medicare's prescription drug benefit (Part D) is the part of Medicare that provides outpatient drug coverage. Part D is provided only through private insurance companies that have contracts with the federal government—it is never provided directly by the government (unlike Original Medicare).

If you want to get Part D coverage, you have to choose and enroll in a private Medicare prescription drug plan (PDP) or a Medicare Advantage Plan with drug coverage (MAPD). Enrollment is optional (though recommended to avoid incurring future penalties and problems) and only allowed during approved enrollment periods. Typically, you should sign up for Part D when you first become eligible to enroll in Medicare.

Whether you should sign up for a Medicare Part D plan depends on your circumstances. You may have creditable drug coverage from employer or retiree insurance. Contact your employer or drug plan to learn if your drug coverage is creditable. If so, you don't need to enroll in a PDP until you lose this coverage. Also, some people already enrolled in certain low-income assistance programs may be automatically enrolled in a Medicare drug plan and receive additional financial assistance paying for their medicines.

5. What are Medigap policies?

Medigaps are health insurance policies that offer standardized benefits to work with Original Medicare (not with Medicare Advantage). They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain costs, often called “gaps,” that remain after Original Medicare pays first. Medigaps cover some to all outstanding deductibles, coinsurance, and copayments. Medigaps may also cover health care costs that Medicare does not cover at all, like care received when travelling abroad. Remember, Medigaps only work with Original Medicare. If you have a Medicare Advantage Plan, you cannot buy a Medigap.

Depending on where you live and when you became eligible for Medicare, you have up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M, and N (policies in Wisconsin, Massachusetts, and Minnesota have different names). Each policy offers a different set of standardized benefits, meaning that policies with the same letter name offer the same benefits. However, premiums can vary from company to company.

Note: People eligible for Medicare on or after January 1, 2020 cannot purchase Medigaps that pay for the Part B deductible. This includes Plan C and Plan F. If you became Medicare-eligible before this date, you will still be able to purchase Plan C or Plan F.

Before you buy a Medigap policy, be sure to do your research. Some steps you may wish to take include the following:

- ♥ Make sure you are eligible to purchase a Medigap. Remember that you can only have a Medigap if you have Original Medicare. If you are enrolled in a Medicare Advantage Plan, Medigaps cannot be sold to you. There may be other Medigap eligibility requirements that apply to you, depending on the state in which you live.
- ♥ Learn when you have the right to buy a Medigap without restriction. There are federal protections for people over 65 to buy a Medigap in certain situations. Some states have additional protections for individuals under 65 or during other times.
- ♥ Once you decide you need a Medigap and know you are eligible to enroll, compare the different types of policies that exist. As mentioned above, there are 10 different standardized policies in most states, each covering a different range of Medicare cost-sharing.
- ♥ Learn how a Medigap covers prior medical conditions to know if any of your medical costs may be excluded from Medigap coverage. Depending on your circumstances, a Medigap can exclude coverage for prior medical conditions for a limited amount of time.
- ♥ Find out how Medigap premiums are priced so you can make cost comparisons. It is important to understand the ways that insurers set premiums to find the best deal for you.
- ♥ Have a list of questions to ask when shopping for a Medigap to remind you what you should consider. Buying a Medigap can be complicated, but using a set of written questions and asking for help when needed can help you stay organized and simplify the process.

If you need further assistance navigating Medigap policies and enrollment, contact your State Health Insurance Assistance Program (SHIP). For additional information on Medigap policies in your state, you can also contact your State Department of Insurance.

6. When can I enroll in Medicare Part A and/or Part B?

The first opportunity you have to enroll in Medicare is called your Initial Enrollment Period. The steps you should take to enroll in Medicare Part A (hospital insurance) and Part B (medical insurance) depend on how you became eligible for Medicare and if you are already collecting Social Security retirement benefits or Railroad Retirement benefits.

If you are under 65 and have a disability: If you become eligible for Medicare because of a disability and have been receiving Social Security Disability Insurance (SSDI) or railroad disability annuity checks for 24 months, you should automatically be enrolled in both Medicare Parts A and B at the start of the 25th month. You should not have to contact anyone. You should receive a package in the mail with your new Medicare card about three months before your coverage starts. There will also be a letter explaining how Medicare works and that you were automatically enrolled in both Parts A and B. If you get SSDI, your package and card will come from the Social Security Administration (SSA). If you get railroad disability annuity checks, your package and card will come from the Railroad Retirement Board.

The letter will also explain that your monthly Part B premium will be automatically deducted from your Social Security disability check or railroad disability annuity check beginning the month your coverage begins. Typically, you should not turn down Part B unless you have insurance based on your or your spouse's current work (see number 7). Your Medicare coverage will begin the first day of the 25th month that you receive SSDI or railroad disability annuity checks.

If you are turning 65 and you are already receiving Social Security retirement benefits or Railroad Retirement Benefits: If you are receiving Social Security retirement benefits or Railroad Retirement benefits, you should be automatically enrolled in both Medicare Part A and Part B. If you are eligible for automatic enrollment, you should receive a package in the mail with your new Medicare card about three months before your coverage starts. There will also be a letter explaining how Medicare works and that you were automatically enrolled in both Parts A and B. Typically, you should not turn down Part B unless you have insurance based on your current work (see number 7). Your Medicare coverage will begin the first day of your 65th birthday month.

If you are turning 65 and you are not currently receiving Social Security retirement benefits or Railroad Retirement benefits: You can enroll in Medicare at any time during your seven-month Initial Enrollment Period (IEP), which includes the three months before, the month of, and the three months following your 65th birthday month. The date when your Medicare begins depends on when you sign up.

- ♥ If you enroll during the first three months of your IEP, coverage begins the month in which you first become eligible for Medicare.
- ♥ If you enroll during the fourth month of your IEP, coverage begins the month following the month of enrollment.
- ♥ If you enroll during the fifth month of your IEP, coverage begins the second month following the month of enrollment.
- ♥ If you enroll during the sixth or seventh month of your IEP, coverage begins the third month following the month of enrollment.

For example, let's say that you turn 65 in June. Use the following chart to determine when you can enroll in Medicare and when your coverage would start.

| If you enroll any time in: | Your coverage starts: |
|----------------------------|-----------------------|
| March | June 1st |
| April | June 1st |
| May | June 1st |
| June | July 1st |
| July | September 1st |
| August | November 1st |
| September | December 1st |

It is important to note that if your birthday falls on the first of the month, your IEP is the seven months surrounding the month prior to the month of your birth. For example, if you turn 65 on June 1, your IEP runs from February 1 to August 31.

To enroll in Medicare, you can contact Social Security at 800-772-1213 or visit your local office. In some cases, you can also enroll online by visiting www.ssa.gov.

7. If I delayed enrollment in Part B because I had insurance through current employment, when can I enroll in Part B?

If you declined Medicare Part B or delayed enrolling in it because you were covered by insurance through your or your spouse's current employment (or, in some cases, certain family members if you are eligible for Medicare due to disability), you may be able to use the Part B Special Enrollment Period (SEP).

To use the Part B SEP, you must meet two criteria:

- ♥ You must have insurance from current work (from your job or your spouse's job, or, in some cases, certain family member's job) or have had such insurance within the past eight months.
- ♥ And, you must have been continuously covered by job-based insurance or Medicare Part B since becoming eligible for Medicare, including the first month you became eligible for Medicare.
 - ♥ Note: You can have no more than eight consecutive months without coverage from either Medicare or insurance from current work. You are ineligible for the Part B SEP after going for more than eight months without Part B or job-based insurance.

The effective date of your Part B coverage depends on when you use the Part B SEP:

- ♥ If you are still covered by insurance through current employment, or if it is the first full month after that coverage ends, you can choose whether Medicare Part B will become effective either:
 - ♥ The month you enroll, or
 - ♥ Any of the three months after the month you enroll.

- ♥ If you use the Part B SEP in the second month, or later, after your coverage ends, Medicare Part B will become effective the month after the month when you enroll.

Note: If you are eligible for premium-free Part A because you or your spouse have at least 40 calendar quarters or work in any job where you paid Social Security taxes in the United States, you can sign up for Part A at any time and will not have a late enrollment penalty for delaying enrollment. Many people are eligible for premium-free Part A. Many also choose to enroll when they first become eligible, even if they are delaying Part B, because they do not have to pay a premium. If you are not eligible for premium-free Part A, you can use the Part B SEP to sign up for Part A, too.

8. If I missed my IEP and I cannot use the Part B SEP, when can I enroll in Medicare?

If you missed enrollment in Medicare during your IEP and you cannot use the Part B SEP to enroll, you likely need to enroll using the General Enrollment Period (GEP).

- ♥ The GEP takes place January 1 through March 31 of each year. During this period, you can enroll in Medicare Part B (and Part A, if you have to pay a premium for Part A and therefore cannot enroll at any time).
- ♥ Enrolling during the GEP means that your coverage will start on July 1. Until that time, you will not be covered by Medicare.
- ♥ Enrolling in Medicare during the GEP often means that you will have to pay a Part B premium penalty, a penalty of 10% of the Part B premium for every 12-month period you delayed enrollment.

If your IEP included any months between March 17 and June 17, 2020, or if you missed enrolling in the 2020 GEP, you may have additional rights to enroll in Medicare Part B through equitable relief as a result of the COVID-19 public health emergency. To use this equitable relief, you need to contact Social Security to enroll in Medicare before June 17, 2020.

9. Local Social Security offices are closed to the public because of the coronavirus public health emergency. How can I enroll in Medicare?

During the coronavirus public health emergency, local Social Security offices are closed to public, but many services are available online and over the phone. If you need help from Social Security:

- ♥ See if you can fulfill your request online at www.socialsecurity.gov/onlineservices
- ♥ Call the national Social Security Administration helpline, at 800-772-1213

Social Security processes Medicare enrollment applications. Many people can use the online application to apply for Medicare Part A and Part B for the first time. However, not all Medicare applications can be done online, and not everyone has access to a computer.

If you cannot enroll in Medicare online, here is what you should do:

1. Contact your local Social Security office. Although local offices are closed to the public, they should still be able to receive mail and process enrollment paperwork. Call your local office to learn about how to submit your enrollment paperwork. Contact information for local offices can be found by using the online field office locator. If you need more assistance, ask to speak with a supervisor. Take down the name of any representative you speak to and the date and time of the conversation.

2. Gather necessary paperwork. To enroll in Part B, first you should complete form CMS 40B, the application for Medicare enrollment.

If you recently lost your job, you will also need to submit:

- ♥ **Form CMS L564.** An employer usually fills out Section B of the form, but at this time you are allowed to fill out Section B.
- ♥ **Proof of employment or health insurance coverage.** Examples of this proof include:
 - ♥ Income tax returns that show health insurance premiums paid
 - ♥ W-2s reflecting pre-tax medical contributions
 - ♥ Pay stubs that show health insurance premiums were deducted;
 - ♥ Health insurance cards that show the date the policy began
 - ♥ Explanations of benefits paid by the job-based insurance
 - ♥ Statements or receipts that show you paid health insurance premiums

2. Send paperwork to your local office by certified mail. When you use certified mail, you get a receipt and confirmation that your mail was delivered. You will have proof that you mailed in your application, which can be helpful in case there are any problems with your enrollment. If you experience any issues with your local Social Security office, such as being told your enrollment cannot be processed, contact your local federal elected official. Elected officials may be able to help you with your problem.

10. What questions should I ask before enrolling in a Part D plan?

When you are choosing among Part D plans, here are some questions to keep in mind. Before you start looking at plans, make sure you know:

- ♥ The prescriptions you take, including their dosages and usual costs (you may want to ask your doctor for help creating a list)
- ♥ The pharmacies you regularly use

Drug coverage

- ♥ Are my prescriptions on the plan's formulary?
- ♥ Does the plan impose any coverage restrictions, such as prior authorization or step therapy?
- ♥ If the plan does not cover a medication I take, does it cover one that will work for me? (Ask your doctor.)

Costs

- ♥ How much will I pay at the pharmacy (copayments or coinsurance) for each drug I need?
- ♥ How much will I pay for monthly premiums and the annual deductible?
- ♥ How much will I have to pay for brand-name drugs? How much for generic drugs?
- ♥ What will I pay for my drugs during the coverage gap?
- ♥ If a drug I take has a very high coinsurance, is there a drug I can take that will cost less? (Ask your doctor.)
- ♥ Am I eligible for Extra Help or a State Pharmaceutical Assistance Program (SPAP)?

Pharmacy network

- ♥ What is the service area for the plan?
- ♥ Can I fill my prescriptions at the pharmacies I use regularly?
- ♥ Can I fill my prescriptions when I travel?
- ♥ What will my coverage options and costs be if I visit out-of-network pharmacies?
- ♥ Can I get prescriptions by mail order?

Coordination with other insurance

- ♥ Will Part D work with other coverage I have to lower my costs?
- ♥ Do I need to enroll in Part D if I have other creditable coverage?
- ♥ Do I need to enroll in Part D if I have job-based drug coverage?

11. What questions should I ask before enrolling in a Medicare Advantage Plan?

When you are choosing between Original Medicare and Medicare Advantage or between Medicare Advantage Plans, here are some questions to keep in mind.

Providers, hospitals, and other facilities

- ♥ Will I be able to use my doctors? Are they in the plan's network?
- ♥ Do doctors and providers I want to see in the future take new patients who have this plan?
- ♥ If my providers are not in-network, will the plan still cover my visits?
- ♥ Which specialists, hospitals, home health agencies, and skilled nursing facilities are in the plan's network?

Access to health care

- ♥ What is the service area for the plan?
- ♥ Do I have any coverage for care received outside the service area?
- ♥ Who can I choose as my Primary Care Provider (PCP)?
- ♥ Does my doctor need to get approval from the plan to admit me to a hospital?
- ♥ Do I need a referral from my PCP to see a specialist?

Costs

- ♥ What costs should I expect for my coverage (premiums, deductibles, copayments)?
- ♥ What is the annual maximum out-of-pocket (MOOP) cost?
 - ♥ Note: PPOs have different out-of-pocket limits for in-network and out-of-network care. If you're considering a PPO, find out what the different out-of-pocket limits are for in-network and out-of-network care.
- ♥ How much will I have to pay out of pocket before coverage starts (what is the deductible)?
- ♥ How much is my copayment for services I regularly receive, such as PCP or specialist care?
- ♥ How much will I pay if I visit an out-of-network provider or facility?
- ♥ Are there higher copays for certain types of care, such as hospital stays or home health care?

Benefits

- ♥ Does the plan cover any services that Original Medicare does not?
 - ♥ Dental services
 - ♥ Vision care
 - ♥ Hearing aids
- ♥ Are there any rules or restrictions I should be aware of when accessing these benefits?

Prescription drugs

- ♥ Does the plan cover outpatient prescription drugs?
- ♥ Are my prescriptions on the plan's formulary?
- ♥ Does the plan impose any coverage restrictions?
- ♥ What costs should I expect to pay for my drug coverage (premiums, deductibles, copayments)?
- ♥ How much will I have to pay for brand-name drugs? How much for generic drugs?
- ♥ What will I pay for my drugs during the coverage gap?
- ♥ Will I be able to use my pharmacy? Can I get my drugs through mail order?
- ♥ Will the plan cover my prescriptions when I travel?

Coordination of benefits

- ♥ How does the plan work with my current coverage?
- ♥ If I join, would I lose my job-based insurance or retiree coverage?

12. Are there programs that can help me save money on Medicare costs?

If you have a limited income, you may be able to get assistance with your health care costs through certain programs:

- ♥ **Medicaid:** If you have a low monthly income and minimal assets, you may be eligible for coverage through Medicaid to pay Medicare costs, like copays and deductibles, and for health care not covered by Medicare, such as dental care and transportation to medical appointments.

- ♥ **Medicare Savings Programs (MSPs):** If you do not qualify for Medicaid but still have problems paying for health care, you may qualify for an MSP, a government-run program that helps cover Medicare costs. There are three types of MSP, and all of them pay the monthly Medicare Part B premium. The Qualified Medicare Beneficiary (QMB) program covers deductibles and coinsurances as well.
- ♥ **Extra Help:** Also known as the Part D Low-Income Subsidy (LIS), this is a federal program that helps pay for some to most of the costs of Medicare Part D prescription drug coverage. You may be eligible for Extra Help if you meet the income and asset limits. Also, in many cases, enrollment in an MSP automatically leads to enrollment in Extra Help.
- ♥ **State Pharmaceutical Assistance Programs:** SPAPs are offered in some states to help eligible individuals pay for prescriptions. Most SPAPs have income guidelines. Many also require you to enroll in a Medicare Part D plan and to apply for Extra Help.

Note: Income and asset limits for the above programs differ from state to state. For more information, call or visit the website of your State Health Insurance Assistance Program (SHIP). You can find contact information for your SHIP by calling 877-839-2675 or visiting www.shiptacenter.org.

13. What can I do to protect myself from Medicare fraud, abuse, and errors?

Medicare fraud, errors, and abuse involve a wide range of behaviors that result in unnecessary costs to the Medicare program. It is important to recognize potentially fraudulent activities by providers and suppliers.

Some examples of Medicare fraud and abuse might include:

- ♥ Someone uses a fraudulent physician's identity, or a physician's stolen identity, to submit claims to Medicare.
- ♥ Someone steals your Medicare number and uses it to bill Medicare for items or services that you do not need and/or never received
- ♥ Someone offers you a meal or food in exchange for your Medicare number (remember that Medicare only pays for nutritional support for someone who has a feeding tube in place).
- ♥ Someone calls you or visits your home to offer you "free" equipment that you do not need and then bills Medicare for the equipment.
 - ♥ For example, you might receive a phone call from a telemarketer who asks if you are experiencing any pain. If you say yes, the caller may ask for your personal information, like your Medicare number, so that they can send you a knee or back brace to help with the pain. This is likely a fraudulent call, and you should not provide the caller with any personal information. If you receive a call like this, contact your Senior Medicare Patrol (SMP) for assistance reporting it.
- ♥ A supplier or provider bills Medicare for more expensive items or services than what they provided.
- ♥ A provider continues to bill Medicare for items or services they were providing you with after you received them.

Protect your Medicare number. Only give your Medicare number to your doctors and other providers. Be careful when others ask for your Medicare number or offer free services as long as you provide your Medicare number.

Check your Medicare Summary Notices (MSNs) if you have Original Medicare, or your Explanations of Benefits (EOBs) if you have a Medicare Advantage plan, and billing statements regularly. Carefully look for any suspicious charges or errors. Also, remember that providers are not permitted to routinely waive cost-sharing or offer gifts or financial incentives for you to receive services from them. If you see any suspicious charges or have any reason to believe your provider is inappropriately billing Medicare for DME, call your provider to see if they have made a billing error.

If you suspect a health care provider of DME fraud, contact your Senior Medicare Patrol (SMP) by calling 877-808-2468 or visiting www.smpresource.org.

14. What can I do to protect myself from Medicare enrollment fraud?

To protect yourself from enrollment fraud:

- ♥ Protect your Medicare and Social Security information.
 - ♥ Be wary of unsolicited calls from individuals asking for your personal information.
 - ♥ Rely on government websites and emails as the best sources of unbiased information.
 - ♥ Request translation services when necessary.
 - ♥ Confirm everything that a plan agent tells you before making a final decision about a plan, in writing if possible. For instance, if a plan agent tells you that all of your doctors are considered in-network providers for the plan, call the plan directly yourself and contact a provider directly to learn what insurance they accept. If you use an online plan directory, you should also call the plan directly to make sure that the information is up to date.
 - ♥ Be aware of your right to choose how you receive Medicare coverage. You can have either Original Medicare with a stand-alone Part D plan, a Medicare Advantage plan that includes Part D prescription drug coverage, or a Medicare Advantage plan that does not include Part D drug coverage with a separate, stand-alone Part D plan. If you choose to return to Original Medicare from a Medicare Advantage plan, you will not lose your Medicare benefits. Beware of agents who make it seem that a Medicare Advantage plan is your only option.
 - ♥ If you are feeling pressured into making an enrollment decision, tell the plan representative that you will follow up later to make a decision. Report the behavior to 1-800-MEDICARE or contact your Senior Medicare Patrol (SMP) by calling 877-808-2468 or visiting www.smpresource.org
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Case Study

Dale is turning 65 in a few months and he intends to enroll in Medicare. He is already collecting Social Security retirement benefits. He wants to know what steps he will need to take now that he will be enrolling in Medicare.

What should Dale do?

- ♥ Dale should call his State Health Insurance Assistance Program (SHIP) for assistance
 - ♥ If Dale doesn't know how to reach his SHIP, he can call 877-839-2675 or visit shiptacenter.org to find out.
- ♥ A SHIP counselor will let Dale know that because he is already collecting Social Security retirements, he should automatically be enrolled in Medicare Parts A and B. He should receive a Medicare card in the mail along with more information about his enrollment.
- ♥ The counselor will tell Dale that he can choose to get his Medicare benefits through Original Medicare or a Medicare Advantage Plan.
 - ♥ If Dale chooses Original Medicare, he may also want to consider enrolling in a standalone Part D plan and a Medigap plan
 - ♥ If he does not have creditable drug coverage (for example, through a retiree plan or VA benefits), he should enroll in a Part D plan with an effective date that's the same as his Part A and B coverage. The SHIP counselor should be able to help him compare plans and direct him on how to call 1-800-MEDICARE to enroll in Part D.
 - ♥ Dale should also consider purchasing a Medigap to cover some of his secondary costs. Depending on where he lives, Dale may have a limited amount of time in which his right to purchase a Medigap is protected. The SHIP counselor can let him know about these rules and, if he is interested in purchasing a Medigap policy, can help him select one and enroll.
 - ♥ If Dale is wants to enroll in a Medicare Advantage Plan, the SHIP counselor can help him compare his options and can direct him on how to call 1-800-MEDICARE to enroll.