

# *Welcome to Medicare*



CENTERS FOR MEDICARE & MEDICAID SERVICES

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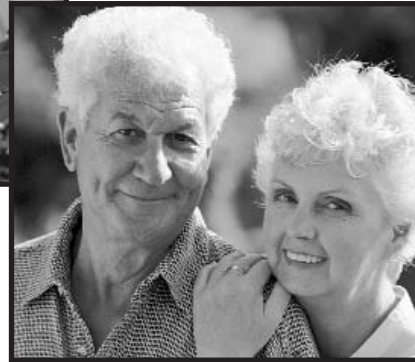
1. Go to [My.Medicare.gov](https://www.medicare.gov).
2. Click on [Need to Register](#).
3. Enter your Medicare Number located on your Medicare card.
4. Fill in and submit your information.
5. You'll receive your password by mail in about 14 days.
6. Use your password to access your personal account at [My.Medicare.gov](https://www.medicare.gov).

*Start getting the most out of Medicare!*

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

**Look for your “Medicare & You” handbook for more information about Medicare. You will get this handbook soon.**



# Welcome to Medicare

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

This booklet introduces you to the Medicare Program and explains some very important decisions you need to make, including whether to keep Medicare Part B or not. 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 these decisions, read the information on pages 6–26.

You should also read the information about Medicare-covered preventive services on page 9. You may want to take advantage of these preventive services to keep you healthy.

# Summary of decisions you will need to make

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

**WHEN:** 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.

For more information about this decision, see pages 18–22.



# Summary of decisions you will need to make

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

**WHEN:** If you keep Medicare Part B, you should decide in the next six months what Medicare plan you want. You can choose **one** of the following types of Medicare plans.

Original Medicare Plan	Medicare Advantage Plan*	Other Medicare Plans*
Medicare Part A and/or Part B	<ul style="list-style-type: none"> <li>• Medicare Health Maintenance Organization (HMO) Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare Cost Plans</li> </ul>
<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>• Medicare Preferred Provider Organization (PPO) Plan</li> <li>• Medicare Private Fee-for-Service (PFFS) Plan</li> <li>• Medicare Special Needs Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrations/Pilot Programs</li> <li>• Programs of All-inclusive Care for the Elderly (PACE)</li> </ul>
* Most plans include prescription drug coverage.		

**★ Important!** You need Medicare Part B to join a Medicare Advantage Plan or other Medicare Plan. If you have End-Stage Renal Disease (ESRD), generally you can't join a Medicare Advantage Plan or other Medicare Plan. If you don't join one of these plans, you will automatically be in the Original Medicare Plan. 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.**

**WHEN:** You should decide in the next six months if you want Medicare prescription drug coverage.

- If you decide you want the Original Medicare Plan, and you want to get Medicare prescription drug coverage, you must join a Medicare Prescription Drug Plan. Generally, enrollment isn't automatic.
- You can get health coverage and coverage for prescriptions through a Medicare Advantage Plan (like an HMO or PPO) or other Medicare Plan that offers prescription drug coverage.

You can join a Medicare plan that offers prescription drug coverage until three months after the month your Medicare coverage starts. For more information about this decision, see pages 24–25.



## Summary of decisions you will need to make

### **Decision 4: If you want the Original Medicare Plan, then decide if you want or need a Medigap policy.**

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

- A Medigap (Medicare Supplement Insurance) policy is a health insurance policy sold by private insurance companies, that helps pay for some of the costs that the Original Medicare Plan doesn't pay for (see pages 13–14).
- It's important to make this decision no later than six 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.

For more information about this decision, see page 26.

## Medicare Basics

Before you decide if you want or don't want Medicare Part B, you should read the following pages. These pages provide an overview of the Medicare Program. This booklet also includes information about extra help for people with limited income and resources, to help pay for their health care and prescription drug costs (see page 17).

Medicare is a health insurance program for certain people. Medicare offers the following:

- Medicare Part A (Hospital)
- Medicare Part B (Medical), including Medicare preventive services
- Medicare Part C (Combines your Part A and Part B 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)

helps cover your inpatient care in hospitals, critical access hospitals, and skilled nursing home facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. 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 helps cover

<b>Hospital stays</b>	Semiprivate room, meals, general nursing, and other hospital services and supplies. Includes inpatient care you get in critical access hospitals and mental health care.
<b>Skilled nursing facility care</b>	Semiprivate room, meals, skilled nursing and rehabilitation services, and other services and supplies (after a related three-day inpatient hospital stay).
<b>Home health care</b>	Limited to reasonable and necessary part-time or intermittent skilled nursing care and home health aide services, as well as physical therapy, occupational therapy, speech-language services, medical social services, durable medical equipment, medical supplies, and other services for use at home.
<b>Hospice care</b>	Medical and support services from a Medicare-approved hospice for people with a terminal illness.

# Medicare Basics

## Medicare Part B (Medical)

helps cover your doctors' services, outpatient care, and some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

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

## In most cases, Medicare Part B covers

### 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 "Welcome to Medicare" one-time physical exam within the first six months you have Part B.

### Clinical laboratory services

Blood tests, urinalysis, some screening tests, and additional services as described in your "Medicare & You" handbook.

### Home health care

Limited to reasonable and necessary part-time or intermittent skilled nursing care and home health aide services as well as physical therapy, occupational therapy, speech-language services, and additional services as described in your "Medicare & You" handbook.

### Outpatient hospital services

Hospital services and supplies received as an outpatient as part of a doctor's care.



# Medicare Basics

Medicare Part B pays for many preventive services to help keep you healthy. You must have Medicare Part B to get these services. Getting these Medicare-covered preventive services can help you and your doctor find health problems early, when treatment works best.

<b>Medicare Part B-covered Preventive Services</b>	
One-time “Welcome to Medicare” physical exam*	Covered within six months of your Medicare Part B effective date*
Bone Mass Measurements	Covered every 24 months (more often if medically necessary)
Cardiovascular Screenings	Covered every five years
Colorectal Cancer Screenings	How often Medicare pays for these tests depends on the test.
Diabetes Screenings	Medicare covers tests to check for diabetes, if high risk.
Flu Shots	Covered once a flu season
Glaucoma Tests	Covered once every 12 months, if high risk
Hepatitis B Shots	Medicare covers these shots for certain people.
Pap Test and Pelvic Exam	Covered every 24 months. If high risk, once every 12 months.
Pneumococcal Shot	Medicare covers this shot. Most people need this shot once in their lifetime.
Prostate Cancer Screenings	Covered once every 12 months
Screening Mammograms	Covered once every 12 months

\*Make your appointment for this exam within six months of your Part B effective date.

**Note:** Coinsurance and/or deductibles may apply.

# Medicare Basics

## Medicare Part C

Medicare Advantage Plans combines your Medicare Part A (Hospital Coverage) and Medicare Part B (Medical Coverage). Private insurance companies approved by Medicare run these plans. Generally, you must see doctors in the plan. Your out-of-pocket costs may be less, and you may get extra benefits. Most Medicare Part C plans already cover prescription drugs. If they don't, you may be able to buy this coverage. Costs vary by plan.

## Medicare Part D

Medicare prescription drug coverage is available to everyone with Medicare. Private companies provide this coverage. You choose the Medicare drug plan and pay a monthly premium. If you decide not to enroll in a Medicare drug plan when you are first eligible, you may pay a penalty if you choose to join later. These plans are offered by insurance companies and other private companies approved by Medicare.

There are two ways to get Medicare prescription drug coverage:

1. Join a Medicare Prescription Drug Plan that adds coverage to the Original Medicare Plan, some Medicare Cost Plans, and Medicare Private Fee-for-Service Plans.
2. Join a Medicare plan (like an HMO or PPO) that includes prescription drug coverage that is part of the plan.



# Medicare Basics

## Medicare Part D (continued)

You can join a Medicare drug plan until three months after the month your Medicare coverage starts. After this initial period, you can change your plan between November 15 and December 31 each year. Your 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 within three months after your Medicare coverage begins, and you don't currently have a drug plan that, on average, covers at least as much as standard Medicare prescription drug coverage, **your premium cost will go up at least 1% per month for every month that you wait to join.** Like other insurance, you will have to pay this penalty 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 Veteran's Affairs (VA), the Federal Employees Health Benefits (FEHB) Program, 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, in a Medicare Prescription Drug Plan your costs may be different if you have limited income and resources (see page 17).

## Medicare Plan Choices

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

The Original Medicare Plan 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 page 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.

In most Medicare Advantage Plans, generally there are extra benefits and lower copayments than in the Original Medicare Plan. 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 the Original Medicare Plan.

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



## Original Medicare Plan

The Original Medicare Plan is a fee-for-service plan available nationwide. You can see any doctor or provider. No referrals are necessary.

In the Original Medicare Plan, 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 Medicare 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 the Original Medicare Plan, you can buy the following additional coverage to help pay your health care costs:

- Medicare Prescription Drug Plan
- and/or
- 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 for free health insurance counseling. To get their telephone number call 1-800-MEDICARE (1-800-633-4227).

# Original Medicare Plan with Additional Coverage

## Medigap Policy

### Coverage

- Policies may cover deductibles, coinsurance, copayments, health care while traveling outside the U.S., and more. There are 12 different Medigap policies (Medigap Plans 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** enroll in Part B. This starts your six-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.

## 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 enroll when first eligible, you may pay a penalty. See page 11 for more information.



## 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 or other Medicare Plan, you will get at least all the Medicare Part A and Part B covered services listed on pages 7–9. In most of these plans, generally there are extra benefits and lower copayments than in the Original Medicare Plan. This coverage can include prescription drug coverage. Generally, you must get your care from doctors and hospitals on the plan's list. Medicare Advantage Plans will have one premium that includes coverage for Part A and Part B benefits, prescription drug coverage (if offered), and any other extra benefits (if offered). What you pay out-of-pocket in addition to the Medicare Part B premium depends on the plan's monthly premium.

The next page describes your Medicare Advantage Plan choices. In limited instances, other Medicare Plans may be available in your area. To find out which plans are available in your area, look at [www.medicare.gov](http://www.medicare.gov) on the web. Select “Search Tools” at the top of the page. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

★ **Important!** You don't need a Medigap policy (see page 14) if you join a Medicare Advantage Plan.

## Medicare Advantage Plans

The following four types of Medicare Advantage Plans might be available in your area:

1. **Medicare Health Maintenance (HMOs) Plans**—You generally must get your care from a primary care doctor, specialists, or hospitals on the plan’s list except in an emergency.
2. **Medicare Preferred Provider Organization (PPOs) Plans**—In most of these plans, you pay less if you use primary care doctors, specialists, or hospitals on the plan’s list (network).
3. **Medicare Private Fee-for-Service (PFFS) Plans**—You can see any doctor that accepts the plan’s payment.
4. **Medicare Special Needs Plans**—These plans, if available, provide more focused health care for specific groups of people. Eligibility is limited.

★ **Tip!** You can get help comparing Medicare Prescription Drug Plans, Medicare Advantage Plans, other Medicare Plans, and Medigap policies. Visit [www.medicare.gov](http://www.medicare.gov) on the web. Select “Search Tools” at the top of the page. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



## 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 help paying for your drug plan's monthly premium, yearly deductible, and prescription copayments. To apply for this program, call the Social Security Administration (SSA) 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 for some people with limited income and resources. For more information, call your State Medical Assistance 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 for people with limited income and resources that pay Medicare premiums and, in some cases, may also pay Medicare deductibles and coinsurance. For more information, call 1-800-MEDICARE (1-800-633-4227).

**Supplemental Security Income (SSI)**—SSI is a monthly benefit paid by the Social Security Administration to people with limited income and resources who are disabled, blind, or age 65 or older. For more information, call the SSA at 1-800-772-1213.

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

Now that you have learned about the Medicare Program; the Original Medicare Plan; Medicare Advantage Plans; and Medicare prescription drug coverage, you need to decide if you want to keep Medicare Part B. Before you decide, you need to know the following:

### Medicare Part B Costs

The monthly Medicare Part B premium is \$88.50 in 2006. However, starting January 1, 2007, some people will 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 \$80,000, or if you are married (file a joint tax return), and your combined annual income is more than \$160,000. These amounts change each year. The increase in your premium will depend on how much higher your income is than these amounts.

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



## Decision 1: (continued)

### 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. 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: (continued)

### You may not need Medicare Part B yet if

- you are age 65 or older and you or your spouse (of any age) are working **and** you are covered by an employer or union group health plan based on that current employment, or
- you are under age 65 and disabled and you or any member of your family are 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 without a penalty any time while you are still covered by an employer or union group health plan. You can also sign up without a penalty for up to eight months after you lose your employer health coverage, or your or your spouses' 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: (continued)

### Delaying Medicare Part B

If you don't take Medicare Part B now and if you don't still have health coverage from an employer, and you don't take Medicare Part B within three months after the first month you become eligible, you may have to wait until the General Enrollment Period to sign up (January 1 through March 31 each year). 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 that you could have had Medicare Part B but didn't take it**, except in special cases (see page 20). You will have to pay this 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 this 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 the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

## Decision 1: (continued)

### 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 the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

#### My Decision:

- Keep Medicare Part B
- or
- 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 Options for Medicare plans:**

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

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 the Original Medicare Plan**  
To get Medicare prescription drug coverage with the Original Medicare Plan, 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 the Original Medicare Plan, see page 13.
- **Medicare prescription drug coverage through a Medicare Advantage 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 of Medicare Advantage Plans, generally there are extra benefits and lower copayments than in the Original Medicare Plan. 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.



## Decision 3: (continued)

**Note:** Your current or former employer or union may provide coverage for prescription drugs. You should contact your employer or union benefits administrator before making a decision about your Medicare prescription drug coverage, see page 11.

### **My Options for prescription drug coverage:**

- Original Medicare Plan and a Medicare Prescription Drug Plan
- Original Medicare Plan and a Medicare Prescription Drug Plan and a Medigap policy (that doesn't cover prescription drugs)
- Medicare Advantage Plan with prescription drug coverage
- Have drug coverage from an employer or union, TRICARE, Veterans Affairs (VA), or Federal Employees Health Benefits (FEHB) Program or similar program

(Look at your “Medicare & You Handbook” for more information about these programs and other Medicare plans).

## Decision 4: If you want the Original Medicare Plan, then decide if you want or need a Medigap policy.

If you decide you want to keep Medicare Part B and you want your health care through the Original Medicare Plan, you will need to decide if you want to buy a Medigap policy. A Medigap policy is a health insurance policy sold by private insurance companies to fill “gaps” in Original Medicare Plan coverage. Once you are age 65 or older **AND** enrolled in Medicare Part B, you start your Medigap open enrollment period. This period lasts for six months. If you buy a Medigap policy after this period, you may have to pay more or you may not get the policy you want. 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 policy because of your health problems. To learn more, get a free copy of “Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare” (CMS Pub. No. 02110) by visiting [www.medicare.gov](http://www.medicare.gov) on the web. Select “Search Tools” at the top of the page.

### **My Decision:**

If you are age 65 or older and enrolling in Medicare Part B, you will need to 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 six months to your Medicare Part B start date.

You should buy your Medigap policy before this date.



## Contact Information

### For Information About...

- How to enroll in Medicare or correct your Medicare card
- Supplemental Security Income and 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, or age

### Contact...

#### Social Security Administration

[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.

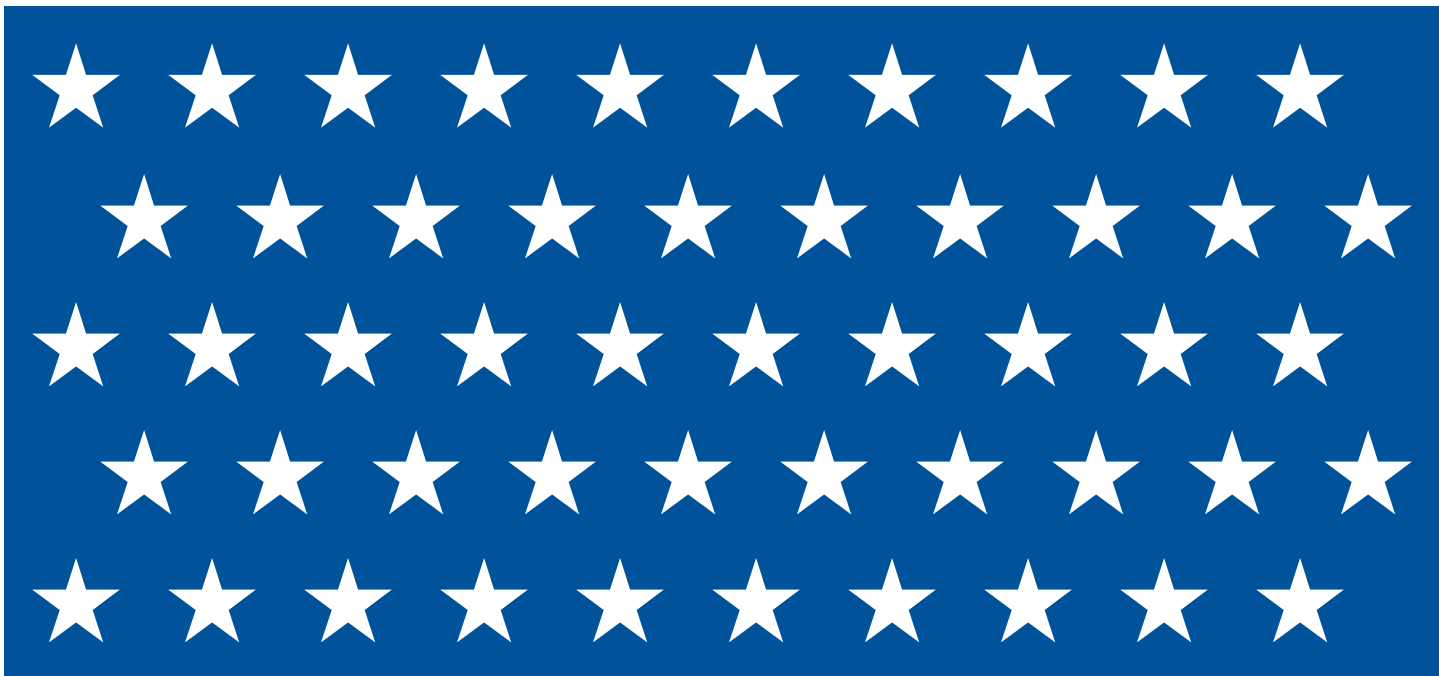
#### The Department of Health and Human Services, Office for Civil Rights

[www.hhs.gov/ocr](http://www.hhs.gov/ocr)

1-800-368-1019

TTY users should call 1-800-537-7697.

“Welcome to Medicare” explains the Medicare Program. It isn’t a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.



Medicare is managed by the Centers for Medicare & Medicaid Services (CMS).  
CMS is part of the Department of Health and Human Services.

The Social Security Administration works with CMS by enrolling people in Medicare  
and collecting Medicare premiums.



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