

**GET  
READY  
FOR  
MEDICARE**

**PEOPLES HEALTH**

A UnitedHealthcare Company



Peoples Health is a Louisiana-based Medicare Advantage organization. Founded by physicians and medical providers, we choose to focus on one thing:

**Helping people with Medicare.**

## LET'S GET STARTED

**Choosing the right Medicare plan can be confusing.** There are a lot of options to consider. Peoples Health is here to help make Medicare easy.

Peoples Health has been helping people with Medicare since 1994. Over those years we've found that everybody's needs are different, but one thing remains the same: You need the coverage that works best for you.

We hope the information in this guide helps you understand your options. And we're always happy to talk through your questions, so you can be confident in your choices.



## THE ABCs (and D) OF MEDICARE

Medicare Parts A and B are commonly known as Original Medicare.

**Medicare Part A** is hospital insurance. It covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care. For most people, there is no monthly premium for Part A. (It's been paid for through payroll deductions and employer contributions over your or your spouse's working life.)

**Medicare Part B** is medical insurance for doctor visits, outpatient care, preventive services, etc. Medicare charges a monthly premium for Part B.

**Medicare Part C** is another name for Medicare Advantage plans. For these plans, Medicare contracts with insurance companies to provide your benefits. These plans can offer more benefits than Original Medicare, and many of them include Part D drug coverage.

**Medicare Part D** is prescription drug coverage. It is offered by private insurers and is often included with Medicare Advantage plans. Part D plans have a monthly premium.



## DEDUCTIBLES

Just like individual health plans, some Medicare options require you to pay a deductible before your coverage begins. For instance, Medicare has deductibles for both Part A and Part B. Many Part D plans have deductibles as well.

When choosing your coverage option, ask about the deductibles you may face.

Most Peoples Health plans do not have a deductible for Part A, Part B or Part D.



## MAXIMUM OUT-OF-POCKET AMOUNT

Annual maximum out-of-pocket costs, also known as MOOP, refers to the maximum amount you'll have to pay for certain services. After you reach that limit, the plan pays 100% of your costs and you pay \$0 for those services.

With Original Medicare, there is no MOOP or limit to the costs you might be responsible for. On the other hand, Medicare Advantage plans are required to limit your out-of-pocket costs for Medicare-covered services.

Keep in mind the phrase “Medicare-covered services.” If it’s an additional benefit not normally covered by Medicare—like Part D drug coverage, comprehensive dental or routine hearing exams—the cost of the service may not apply to your MOOP limit.



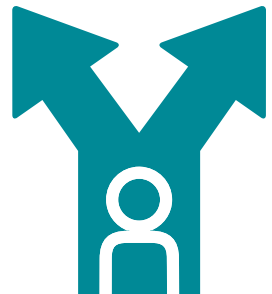
## MEDICARE SUPPLEMENT PLANS

VS.

## MEDICARE ADVANTAGE PLANS

Medicare supplements, sometimes called Medigap policies, are offered by private companies to help cover some of the costs you may face if you are using Original Medicare. They charge a monthly premium on top of your Medicare Part B premium. Supplemental insurance policies only cover the benefits offered by Original Medicare. If you want routine dental, routine vision and fitness coverage or Part D drug coverage, you would need to buy those plans separately.

Medicare Advantage plans are contracted with and paid by the federal government to administer your Medicare benefits. Each plan may have a different approach to how it offers coverage. Peoples Health helps its members by coordinating care and helping members navigate the health care environment. Plus, with Peoples Health, you can get more benefits than Original Medicare with no plan premium beyond the Part B premium you pay Medicare.



## MORE THAN MEDICARE

Medicare Advantage plans can offer more benefits than Original Medicare. Peoples Health plans offer additional benefits without a monthly premium. You still pay your Medicare Part B premium, but you could enjoy additional benefits like:

- Complimentary health club membership and access to online and community fitness resources
- Routine vision coverage, including an allowance for eyeglasses or contacts
- Routine and comprehensive dental coverage
- Debit card allowance for over-the-counter items
- Allowance for healthy groceries and utility bills<sup>†</sup>
- Meals after hospital stays
- Part D drug coverage with certain generic drugs for \$0\* and no Part D deductible



\*\$0 long-term supply of tier 2 generic drugs available from preferred mail-order pharmacy. Benefit does not apply to Peoples Health Patriot (PPO). <sup>†</sup>HMO-POS D-SNPs only.



## MEDICARE ADVANTAGE PLAN TYPES

There are several types of Medicare Advantage plans available to people with Medicare. Peoples Health offers three basic models:



- Our Health Maintenance Organization (HMO-POS\*) plans offer coordinated care through a carefully selected network of providers. These HMO plans include Part D prescription drug coverage.
- Our Dual-Eligible Special Needs Plans (HMO-POS\* D-SNPs) also emphasize coordinated care, but with enhanced benefits. These plans are available to people who have both Medicare and Medicaid and also include Part D prescription drug coverage. Peoples Health offers different options depending on your level of Medicaid eligibility.
- Our Preferred Provider Organization (PPO) plans offer out-of-network coverage for providers that accept Medicare. As a member of one of these plans, you have the option of getting services from a provider in our network, usually at greater savings, or getting services out of network. We offer two PPO plans statewide. One has Part D drug coverage; one does not have Part D coverage.

\*Point-of-Service (POS) option allows out-of-network dental services. Those out-of-network services may have a higher cost to members.

## ENROLLMENT PERIODS



**Turning 65:** If you're turning 65, your initial enrollment period starts 3 months before your birth month and ends 3 months after your birth month. The option to enroll in a Medicare Advantage plan is available to you during any of these 7 months.

**Medicare's Annual Enrollment Period:** Medicare's annual enrollment period starts Oct. 15 and ends Dec. 7. You can change the way you get your Medicare benefits during this time. Medicare Advantage plans are allowed to share information about the coming year's benefits starting Oct. 1 of every year.

**Other Special Enrollment Periods:** There are a number of exceptions to the standard Medicare enrollment periods. Moving into a new area, having Medicaid and Medicare, or qualifying for Medicare's Part D "Extra Help" program are a few of those exceptions. Call the number on the back of this booklet to learn more.

STARS:

MEDICARE'S QUALITY

AND PERFORMANCE RATINGS

Information on benefits and costs for Medicare Advantage plans is easily available, but how do you know if a health plan offers the quality you need? Check the plan's unbiased Medicare Star Rating. Every year, Medicare evaluates plans based on a 5-star rating system. The rating covers a number of measures related to the plan's health and drug services. The more stars, the higher the quality, with 5 stars being the highest overall rating.



When rating plans, Medicare takes into consideration a range of items, including:

- How well the plan helps members stay healthy and improve their health
- How well the plan helps members with long-term conditions manage their care
- The quality of call center services and how well the plan processes appeals and new enrollments in a timely manner
- How many members left the plan, submitted complaints or had issues getting services
- How satisfied members are with the plan
- Part D drug plan pricing and patient safety

## THINGS TO CONSIDER:

### WHAT DO YOU WANT IN A MEDICARE PLAN?

Here are a few things to think about when evaluating Medicare plans:

#### What benefits do you want?

Check all the things that are important to you.

- Part D prescription drug coverage
- Fitness center membership
- Dental coverage
- Lower Part B premium
- Vision and eyewear coverage
- Routine hearing coverage and hearing aids
- Allowance for over-the-counter items
- Out-of-network coverage



## THINGS TO CONSIDER:

### WHAT DO YOU WANT IN A MEDICARE PLAN?

#### **Who do you want to receive care from? What doctors are important?**

List the doctors you see and the hospitals you might visit.

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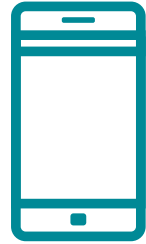
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## IMPORTANT NUMBERS



### **Medicare**

1-800-633-4227 (1-800-MEDICARE)

(TTY: 1-877-486-2048)

24 hours a day, 7 days a week,  
except some federal holidays

### **Social Security Administration**

1-800-772-1213 (TTY: 1-800-325-0778)

### **Louisiana Medicaid**

1-888-342-6207 (TTY: 1-800-220-5404)

### **SHIIP (Louisiana's Senior Health Insurance Information Program)**

1-800-259-5300 (TTY: 711)

### **Peoples Health**

1-800-537-0311 (TTY: 711)

7 a.m. to 10 p.m., 7 days a week

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**We hope this booklet helps you make  
the best decision when it comes to  
choosing your Medicare coverage.**

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**1-800-537-0311**

(TTY: 711)

Toll-free, 7 a.m. to 10 p.m.,  
7 days a week



A UnitedHealthcare Company

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage Plans: A Medicare Advantage organization with a Medicare contract. For Dual Special Needs Plans: A Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal. Out-of-network/noncontracted providers are under no obligation to treat Peoples Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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Securing today  
and tomorrow

# Medicare

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





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# Medicare

This booklet provides basic information about Medicare for anyone who's covered and some of the options available when choosing Medicare coverage. You can visit ***Medicare.gov*** or call the toll-free number **1-800-MEDICARE (1-800-633-4227)** or the TTY number **1-877-486-2048** for the latest information about Medicare.

## What is Medicare?

Medicare is our country's federal health insurance program for people age 65 or older. People younger than age 65 with certain disabilities, permanent kidney failure, or amyotrophic lateral sclerosis (Lou Gehrig's disease), can also qualify for Medicare. The program helps with the cost of health care, but it doesn't cover all medical expenses or the cost of most long-term care. You have choices for how you get Medicare coverage. If you choose to have Original Medicare (Part A and Part B) coverage, you can buy a Medicare Supplement Insurance (Medigap) policy from a private insurance company. Medigap covers some of the costs that Medicare does not, such as copayments, coinsurance, and deductibles. If you choose Medicare Advantage, you can buy a Medicare-approved plan from a private company that bundles your Part A, Part B, and usually prescription drug coverage (Part D) into one plan.

Although the Centers for Medicare & Medicaid Services (CMS) is the agency in charge of the Medicare program, Social Security processes your application for Original Medicare (Part A and Part B). We can also give you general information about the Medicare program.

We can also help you get a replacement Medicare card. Notify us timely of address changes, name changes, and deaths.

## Parts of Medicare

Social Security enrolls you in Original Medicare (Part A and Part B).

- Medicare Part A (hospital insurance) helps cover inpatient care in hospitals (including critical access hospitals) and skilled nursing facilities (not custodial or long-term care). Part A also pays for some home health care and hospice care and inpatient care in a religious non-medical health care institution.
- Medicare Part B (medical insurance) helps cover medically necessary doctors' services, outpatient care, home health services, durable medical equipment, mental health services, and other medical services. Part B also covers many preventative services.

Other parts of Medicare are run by private insurance companies that follow rules set by Medicare.

- Supplemental (Medigap) policies help pay Medicare out-of-pocket copayments, coinsurance, and deductible expenses.
- Medicare Advantage Plan (previously known as Part C) includes all benefits and services covered under Part A and Part B, plus prescription drugs and additional benefits such as vision, hearing, and dental, bundled together in one plan.
- Medicare Part D (Medicare prescription drug coverage) helps cover the cost of prescription drugs.

You can sign up for Original Medicare (Part A and Part B) through ***Social Security's online Medicare application***.

Visit Medicare's website, ***Medicare.gov***, to get more information about Original Medicare, Medicare Advantage, or Part D coverage; or to download a copy of the publication *Medicare & You* (Publication No. CMS-10050). You can also call the Medicare toll-free number at **1-800-633-4227**; TTY users can call **1-877-486-2048**.

## A word about Medicaid

Medicaid and Medicare are two different programs. Medicaid is a state-run program that provides hospital and medical coverage for people with low income. Each state has its own rules about who's eligible and what Medicaid covers. Some people qualify for both Medicare and Medicaid. For more information about the Medicaid program, contact your local medical assistance agency, social services office, or get state contact information at [www.Medicaid.gov](http://www.Medicaid.gov).

## Who can get Medicare?

### Medicare Part A (hospital insurance)

People age 65 or older, who are citizens or permanent residents of the United States, are eligible for Medicare Part A. You're eligible for Part A at no cost at age 65 if one of the following applies:

- You receive or are eligible to receive benefits from Social Security or the Railroad Retirement Board (RRB).
- Your spouse (living or deceased, including divorced spouses) receives or is eligible to receive Social Security or RRB benefits.
- You or your spouse worked long enough in a government job through which you paid Medicare taxes.
- You are the dependent parent of a fully insured deceased child.

If you don't meet these requirements, you may be able to get Medicare Part A by paying a monthly premium. Usually, you can purchase this coverage only during designated enrollment periods.

**NOTE:** *Even though the full retirement age for Social Security is no longer 65, you should sign up for Medicare three months before your 65th birthday. You can apply at [www.ssa.gov](http://www.ssa.gov).*

Before age 65, you are eligible for Medicare Part A at no cost if one of the following applies:

- You've been entitled to Social Security Disability Insurance (SSDI) benefits for 24 months.
- You receive a disability pension from the RRB and meet certain conditions.
- You receive SSDI benefits because you have Lou Gehrig's disease (amyotrophic lateral sclerosis).
- You worked long enough in a government job through which you paid Medicare taxes and have met the requirements of the SSDI program for 24 months.
- You're the child or widow(er) age 50 or older, including a divorced widow(er), of a worker who has worked long enough under Social Security or in a Medicare-covered government job, and you meet the requirements of the SSDI program.
- You have permanent kidney failure (end-stage renal disease) and you receive maintenance dialysis or a kidney transplant and one of the following applies:
  - You're eligible for or receive monthly benefits under Social Security or the railroad retirement system.
  - You've worked long enough in a Medicare-covered government job.
  - You're the child or spouse (including a divorced spouse) of a worker (living or deceased) who has worked long enough under Social Security or in a Medicare-covered government job.

### **Medicare Part B (medical insurance)**

Anyone who's eligible for Medicare Part A at no cost can enroll in Medicare Part B by paying a monthly premium. Some people with higher incomes will pay a higher monthly Part B premium. For more

information, visit our webpage ***Medicare Premiums: Rules for Higher Income Beneficiaries*** or visit [www.ssa.gov/benefits/medicare/mediinfo.html](http://www.ssa.gov/benefits/medicare/mediinfo.html).

If you're not eligible for Part A at no cost, you can buy Part B without having to buy Part A. You must be age 65 or older and one of the following:

- A U.S. citizen.
- A lawfully admitted noncitizen who has lived in the United States for at least five years.

You can only sign up for Part B during designated enrollment periods. If you don't enroll in Part B when you're first eligible for it, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Read the **"Signing up for Medicare"** section for more information.

## **Medicare Advantage plans**

If you receive your Part A and Part B benefits directly from the government, you have Original Medicare. If you receive your benefits from a Medicare Advantage organization or other private company approved by Medicare, you have a Medicare Advantage plan. Many of these plans provide extra coverage and may lower your out-of-pocket costs.

If you have Medicare Parts A and B, you can join a Medicare Advantage plan. With these plans, you can't have a Medigap policy, because Medicare Advantage plans cover many of the same benefits a Medigap policy covers. This includes benefits like extra days in the hospital after you've used the days that Medicare covers.

Medicare Advantage plans include all of the following:

- Health Maintenance Organization (HMO) plans.
- Preferred Provider Organization (PPO) plans.
- Private Fee-for-Service (PFFS) plans.
- Special Needs Plans (SNPs).

If you decide to join a Medicare Advantage plan, you use the health card that you get from your Medicare Advantage plan provider for your health care. Also, you might have to pay a monthly premium for your Medicare Advantage plan because of the extra benefits it offers.

You can enroll in a Medicare Advantage plan during your Initial Enrollment Period (IEP), as explained under the “**Signing up for Medicare**” section, the first time you’re eligible for Medicare. You can also enroll during the annual Medicare open enrollment period from October 15 to December 7 each year. The effective date for the enrollment is January 1 of the following year. For example, if you signed up on November 8, 2021, your coverage would become active on January 1, 2022. There are also special enrollment periods for some situations.

### **Medicare Part D (Medicare prescription drug coverage)**

Anyone who has Original Medicare (Part A or Part B) is eligible for Medicare prescription drug coverage (Part D). Part D benefits are available as a stand-alone plan or built into Medicare Advantage, unless you have a Medicare private fee-for-service (PFFS) plan. The prescription drug benefits work the same in either plan. Joining a Medicare prescription drug plan is voluntary and you pay an extra monthly premium for the coverage. Some beneficiaries with higher incomes will pay a higher monthly Part D premium. For more information, visit our webpage ***Medicare Premiums: Rules for Higher-Income Beneficiaries***, or visit ***[www.ssa.gov/benefits/medicare/mediinfo.html](http://www.ssa.gov/benefits/medicare/mediinfo.html)***.

If you don’t enroll in a Medicare prescription drug plan when you’re first eligible, you may pay a late enrollment penalty if you join a plan later. You’ll have to pay this penalty for as long as you have Medicare prescription drug coverage. However, you won’t pay a penalty if you



have *Extra Help* (see the “**Extra Help**” section below), or another creditable prescription drug plan. To be creditable, the coverage must pay, on average, at least as much as Medicare’s standard prescription coverage.

You can enroll during your IEP (as explained under the “**Signing up for Medicare**” section), the first time you’re eligible for Medicare. You can also enroll during the annual Medicare open enrollment period from October 15 to December 7 each year. The effective date for the enrollment is January 1 of the following year. There are also special enrollment periods for some situations.

## Rules for higher-income beneficiaries

If you have higher income, the law requires an adjustment to your monthly Medicare Part B (medical insurance) and Medicare prescription drug coverage premiums. We call the additional amount the income-related monthly adjustment amount. This affects less than 5% of people with Medicare, so most people don’t pay a higher premium.

If you’re single and your income is above \$91,000, or married with an income above \$182,000, you are considered to be a higher-income beneficiary. For more information, visit our webpage ***Medicare Premiums: Rules for Higher Income Beneficiaries***.

### Monthly Medicare premiums for 2022

The standard Part B premium for 2022 is \$170.10. If you’re single and filed an individual tax return, or married and filed a joint tax return, ***our online chart*** applies to you, regardless of your income. If you disagree with the decision about your income-related monthly adjustment amounts, you have the right to appeal. You can find more information on our webpage ***Medicare Premiums: Rules for Higher Income Beneficiaries***.

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## Medicare Savings Programs (MSP)

If you can't afford to pay your Medicare premiums and other medical costs, you may be able to get help from your state. States offer Medicare Savings Programs for people entitled to Medicare who have limited income. Some programs may pay for Medicare premiums and some pay Medicare deductibles and coinsurance. To qualify, you must have Medicare Part A and have limited income and resources.

You can go online to get more information about these programs from Medicare's website by visiting **Medicare.gov**. Find the link titled, "Get Medicare costs" and go to "Get help paying costs." You can also read *Get Help With Your Medicare Costs: Getting Started* (Publication No. CMS-10126).

Only your state can decide if you qualify for help under these programs. To find out, contact your state or local medical assistance (Medicaid) agency, social services, or welfare office.

### ***Extra Help***

You may also be able to get *Extra Help* paying for the monthly premiums, annual deductibles, and prescription co-payments related to the Medicare prescription drug program. You may qualify for *Extra Help* if you have limited resources and income (tied to the federal poverty level). These resources and income limits usually change each year. You can check for the current numbers at **[www.ssa.gov/extrahelp](http://www.ssa.gov/extrahelp)**.

You automatically qualify and don't need to apply for *Extra Help* if you have Medicare and meet one of the following conditions:

- Have full Medicaid coverage.
- Have Supplemental Security Income (SSI).

- Take part in a state program that pays your Medicare premiums.

For more information about getting help with your prescription drug costs or to apply for *Extra Help*, visit us at [www.ssa.gov/extrahelp](http://www.ssa.gov/extrahelp). You can also contact us for more information.

## Signing up for Medicare

### When should I apply?

If you live in Puerto Rico, you don't automatically get Part B. You must sign up for it. See "**Initial Enrollment Period for Part B**" below for more information or read *Medicare in Puerto Rico* (Publication No. 05-10521).

### Some People Get Part A and Part B Automatically

If you're already getting benefits from us or the RRB, you'll automatically be enrolled in both Part A and Part B starting the first day of the month you turn 65. If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month. If you're under 65 and have a disability, you'll automatically get Part A and Part B after you get disability benefits from Social Security for 24 months. Also, you'll automatically get Part A and Part B after you get certain disability benefits from the RRB. If you have ALS, you'll get Part A and Part B automatically the month your Social Security disability benefits begin.

**NOTE:** *Medicare Part B is voluntary and you must pay a premium if you decide you want the coverage.*

## If You Are 65 and Not Getting Social Security or Railroad Retirement Benefits

If you're not already getting benefits, you should contact us about three months before your 65th birthday to sign up for Medicare. You should sign up for Medicare even if you don't plan to retire at age 65.

However, if you are eligible for Medicare and your medical insurance coverage is through a current employer's group health plan, Medicare has a Special Enrollment Period (SEP) to sign up for Medicare Part B. This SEP qualifies you to delay enrolling in Medicare Part B without having to wait for a General Enrollment Period (GEP) and paying the penalty for late enrollment. You can find more information, under the section titled "**Special Enrollment Period for people covered under an employer group health plan.**"

## Getting Your Medicare Card

After you enroll in Medicare, you'll receive a red, white, and blue Medicare card showing whether you have Part A, Part B, or both. Keep your card in a safe place so you'll have it when you need it. If your card is lost or stolen, you can request a replacement card online by setting up a personal *my* Social Security account at [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount), or call our toll-free number at **1-800-772-1213**, TTY **1-800-325-0778**. You'll also receive *Medicare & You* (Publication No. CMS-10050), a handbook that describes your Medicare benefits and plan choices.

## Other enrollment situations

You should also contact us about applying for Medicare if one of the following applies:

- You're a widow or widower with a qualifying disability and between age 50 and age 65, but haven't applied

for disability benefits because you're already getting another kind of Social Security benefit.

- You're a government employee and have a disability that occurred before age 65.
- You, your spouse, or your dependent child has permanent kidney failure.
- You had Medicare Part B in the past, but dropped the coverage.
- You turned down Medicare Part B when you first got Part A.
- You or your spouse worked for the railroad industry.

### **Initial Enrollment Period for Part B**

If you are already getting benefits from Social Security or the RRB, you will automatically get Part A and Part B starting on the first day of the month when you turn 65. If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.

You will need to choose which way to get your Medicare health coverage:

- **Original Medicare** — includes Part A and Part B. You can buy supplemental coverage from a private company to help pay your out-of-pocket costs. You can also add Medicare drug coverage (Part D).
- **Medicare Advantage** — a Medicare-approved plan from a private company that bundles your Part A, Part B, and usually drug coverage (Part D) into one plan. Most plans include extra benefits like vision, hearing, dental, and more.

**If you're under 65 and have a disability**, you'll automatically get Part A and Part B after you get SSDI benefits or certain disability benefits from the RRB after 24 months.

If you are not receiving Social Security or Railroad Retirement benefits at age 65, you can first sign up for Part A or Part B (together or individually) during the seven-month period that begins three months before the month you turn 65. This period includes the month you turn 65 and ends three months after the month you turn 65.

**NOTE:** *If you don't enroll in Part B when you're first eligible for it, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Also, you may have to wait to enroll, which will delay this coverage.*

### **When does my enrollment in Part B become effective?**

If you accept the automatic enrollment in Medicare Part B or if you enroll during the first three months of your age 65 IEP, your coverage will start with the month you're first eligible. If you enroll during the last four months, your coverage will start from one to three months after you enroll.

The following chart shows when your Medicare Part B becomes effective:

<b>If you enroll in this month of your Initial Enrollment Period</b>	<b>Then your Part B Medicare coverage starts</b>
One to three months before you reach age 65	The month you reach age 65
The month you reach age 65	One month after the month you reach age 65
One month after you reach age 65	Two months after the month of enrollment
Two or three months after you reach age 65	Three months after the month of enrollment

## General Enrollment Period for Part B

If you don't enroll in Medicare Part B during your IEP, you have another chance each year to sign up during a GEP from January 1 through March 31. Your coverage begins on July 1 of the year you enroll. **However, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Your monthly premium will go up 10% for each 12-month period you were eligible for Part B, but didn't sign up for it.**

## Medicare Advantage Open Enrollment Period for people leaving Medicare Advantage plan

If you're in a Medicare Advantage plan, you can leave that plan and switch to Original Medicare from January 1 through March 31. If you use this option, you also have until March 31 to join a Medicare Part D (Medicare prescription drug plan). Your coverage begins the first day of the month after the plan gets your enrollment form.

## Special Enrollment Period for people covered under an employer group health plan

If you're 65 or older and covered under a group health plan, either from your own or your spouse's **current employment**, you may sign up for Medicare Part B during your SEP. This means that you may delay enrolling in Medicare Part B without having to wait for a GEP and paying the penalty for late enrollment. There are limits, so we strongly advise you to contact us up to three months before your 65th birthday if you are unsure of your situation.

The SEP rules allow you to do one of the following:

- Enroll in Medicare Part B any time while you or your spouse have a group health plan based on current employment.

- Enroll in Medicare Part B during the eight-month period that begins the month after the employment ends or the group health coverage ends, whichever happens first.

You can't enroll using an SEP until your age 65 IEP is over. If your employment or the employer-provided group health plan coverage ends during your age 65 IEP, see the enrollment chart under the "**When does my enrollment in Part B become effective?**" section.

When you enroll in Medicare Part B while you're still in the group health plan, or during the first full month when you are no longer in the plan, your coverage begins in one of the following:

- On the first day of the month you enroll.
- By your choice, on the first day of any of the following three months.

If you enroll during any of the remaining seven months of the SEP, your Medicare Part B coverage begins on the first day of the following month.

If you don't enroll by the end of the eight-month period, you'll have to wait until the next GEP, which begins January 1 of the next year. You may also have to pay a late enrollment penalty for as long as you have Part B coverage, as described previously.

If you get SSDI benefits and have coverage under a large group health plan (100 or more employees) from either your own or a family member's current employment, you may also have an SEP. If so, you have premium rights similar to those for current workers age 65 or older.

**NOTE:** *COBRA and retiree health coverage don't count as current employer coverage.*



## Signing up for Part B during the Special Enrollment Period

You can do **one** of the following:

1. Go to “Apply Online for Medicare Part B During a Special Enrollment Period” and complete CMS-40B and CMS-L564. Then, upload your evidence of Group Health Plan or Large Group Health Plan.
2. Fax your CMS-40B and employer-signed CMS-L564 forms to your local Social Security office.
3. Mail your CMS-40B and employer-signed CMS-L564 to your local Social Security office.

**NOTE:** *When completing the CMS-L564:*

- State, “I want Part B coverage to begin (MM/YY)” in the remarks section of the CMS-40B form or online application.
- If your employer is unable to complete Section B, please complete that portion as best as you can on behalf of your employer without your employer’s signature. Then, submit one of the following forms of secondary evidence:
  - Income tax returns that show health insurance premiums paid.
  - W-2s reflecting pre-tax medical contributions.
  - Pay stubs that reflect health insurance premium deductions.
  - Health insurance cards with a policy effective date.
  - Explanations of benefits paid by the group health plan or large group health plan.
  - Statements or receipts that reflect payment of health insurance premiums.

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## Choices for receiving health services

Medicare beneficiaries have choices for getting health care services.

You can get more information about your health care choices from the following publications:

- *Medicare & You* (Publication No. CMS-10050) — CMS mails this guide to people after they enroll in Medicare and sends them an updated version each year after that.
- *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* (Publication No. CMS-02110) — This guide describes how other health insurance plans supplement Medicare and offers some shopping hints for people looking at those plans.

To get a copy of these publications, visit ***Medicare.gov/publications*** or call the toll-free number, **1-800-MEDICARE (1-800-633-4227)**. If you're deaf or hard of hearing, call TTY **1-877-486-2048**.

## If you have other health insurance

Medicare Part A (hospital insurance) is free for almost everyone. You have to pay a monthly premium for Medicare Part B (medical insurance). If you already have other health insurance when you become eligible for Medicare, is it worth the monthly premium costs to sign up for Part B?

The answer varies with each person and the kind of other health insurance you have. Although we can't give you "yes" or "no" answers, we can offer information that can help you decide. We can also advise if you'll be subject to a late enrollment penalty if you delay signing up.

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## **If you have a private insurance plan**

Get in touch with your insurance agent to see how your private plan fits with Medicare Part B. This is especially important if you have family members who have coverage under the same policy. And remember, just as Medicare doesn't cover all health services, most private plans don't either. In planning your health insurance coverage, keep in mind that most nursing home care isn't covered by Medicare or private health insurance policies.

***NOTE: For your own protection, do not cancel any health insurance you now have until after your Medicare coverage begins.***

## **If you have insurance from an employer-provided group health plan**

By law, group health plans of employers with 20 or more employees have to offer current workers and their spouses who are age 65 (or older) the same health benefits as younger workers.

If you or your spouse are still working and covered under an employer-provided group health plan, talk to the personnel office before signing up for Medicare Part B.

## **If you have a Health Savings Account**

You can't contribute to your Health Savings Account (HSA) once Medicare Part A or Part B coverage begins. However, you may use money that's already in your HSA after you enroll in Medicare to help pay for deductibles, premiums, copayments, or coinsurance. If you contribute to your HSA after your Medicare Part A or Part B coverage starts, you may have to pay a tax penalty.

Remember, premium-free Part A coverage begins six months before the date you apply for Medicare (or Social Security/RRB benefits), but no earlier than the first month you were eligible for Medicare. To avoid a tax penalty,

you should stop contributing to your HSA at least six months before you apply for Medicare. If you are unsure of how Medicare Parts A or B will work with your employer coverage, talk with your employer about your HSA options up to six months before you turn age 65.

### **If you have health care protection from other plans**

If you have TRICARE (insurance for active-duty, military retirees, and their families), your health benefits can change or end when you become eligible for Medicare. This applies for any reason, regardless of age or place of residence. If you're retired from the military or are a military retiree's family member, you must enroll in Part A and Part B when first eligible to keep TRICARE coverage. You can find a military health benefits adviser at <https://milconnect.dmdc.osd.mil>, or call the Defense Manpower Data Center, toll-free at **1-800-538-9552** (TTY **1-866-363-2883**) before you decide whether to enroll in Medicare Part B.

If you have health care protection from the Indian Health Service, Department of Veterans Affairs, or a state medical assistance program, contact those offices to help you decide if it's to your advantage to have Medicare Part B.

***IMPORTANT:*** *If you have VA coverage and don't enroll in Part B when you're first eligible, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Also, you may have to wait to enroll, which will delay this coverage.*

For more information on how other health insurance plans work with Medicare, visit [www.medicare.gov/publications](http://www.medicare.gov/publications) to view the booklet *Medicare and Other Health Benefits: Your Guide to Who Pays First*

(Publication No. CMS-02179) or call Medicare's toll-free number, **1-800-MEDICARE (1-800-633-4227)**. If you're deaf or hard of hearing, call TTY **1-877-486-2048**.

## Contacting Social Security

There are several ways to contact us, such as online, by phone, and in person. We're here to answer your questions and to serve you. For more than 85 years, Social Security has helped secure today and tomorrow by providing benefits and financial protection for millions of people throughout their life's journey.

### Visit our website

The most convenient way to conduct Social Security business is online at **[www.ssa.gov](http://www.ssa.gov)**. You can accomplish a lot.

- Apply for *Extra Help* with Medicare prescription drug plan costs.
- Apply for most types of benefits.
- Find copies of our publications.
- Get answers to frequently asked questions.

When you create a personal *my* Social Security account, you can do even more.

- Review your *Social Security Statement*.
- Verify your earnings.
- Get estimates of future benefits
- Print a benefit verification letter.
- Change your direct deposit information.
- Request a replacement Medicare card.
- Get a replacement SSA-1099/1042S.
- Request a replacement Social Security card, if you have no changes and your state participates.

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Access to your personal *my* Social Security account may be limited for users outside the United States.

## Call us

If you cannot use our online services, we can help you by phone when you call your local Social Security office or our National toll-free 800 Number. You can find your local office information by entering your ZIP code on our office locator webpage.

You can call us at **1-800-772-1213** — or at our TTY number, **1-800-325-0778**, if you're deaf or hard of hearing — between 8:00 a.m. – 7:00 p.m., Monday through Friday. **Wait times to speak to a representative are typically shorter Wednesdays through Fridays or later in the day.** We also offer many automated telephone services, available 24 hours a day, so you do not need to speak with a representative.

If you have documents we need to see, remember that they must be original or copies that are certified by the issuing agency.

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## **Notes**



Securing today  
and tomorrow

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