

HelloMedicare™



Get to Know Medicare

A step-by-step guide to understanding Medicare

If you're turning 65 or ready to move into retirement, you probably have some questions about Medicare. What does Medicare cover? How much does Medicare cost? How do I enroll in Medicare? What is Medigap? Even when you know the various parts, putting them together in a way that meets your needs can be challenging.

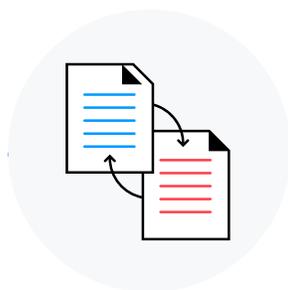
That's why **HelloMedicare™** is here.

WITH HELLOMEDICARE™, YOU CAN:



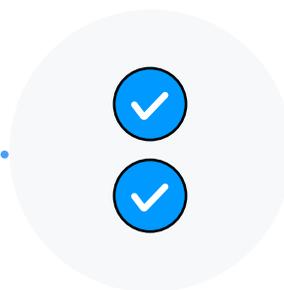
Learn

Learn about Medicare—what it is, what's covered and what plans are available in your area



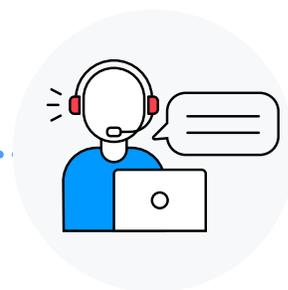
Compare

Compare personalized cost estimates and plan details



Choose

Choose the plan that's right for you and your budget



Enroll

Enroll online or call a HelloMedicare agent for help

No matter where you are in your search—whether you're just starting out or want to know more about your options—we're here to make things easy and guide you toward a plan that meets your unique healthcare needs.

Let's get started.

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MEDICARE BASICS

What is Medicare?

Medicare is a U.S. federal government health insurance program that subsidizes medical care for individuals ages 65 and older and some younger people with certain disabilities and illnesses.

Medicare has four different parts:

- Part A offers coverage for hospitalizations.
- Part B covers doctor visits and other outpatient services, like physical therapy and preventative care.
- Part C is an alternative to Parts A and B and is offered by Medicare-approved private insurers.
- Part D provides prescription drug coverage.

We'll talk more about the costs and differences between Medicare Part A, Part B, Part C and Part D later on.

Medicare Eligibility

You're eligible for Medicare if you're:

- at least 65 years old
- AND**
- a U.S. citizen, or
 - a permanent legal resident for the past 5 years.

If you meet the resident requirements and are under 65, you may also be entitled to benefits if you:

- have a qualifying disability,
 - have been diagnosed with end-stage renal disease (ESRD,
- OR**
- have been diagnosed with amyotrophic lateral sclerosis (ALS).

Questions? Help is here.

Learn more about Medicare at [HelloMedicare.com/Medicare-101](https://www.hellomedicare.com/Medicare-101).

What's covered by Medicare?

Medicare coverage is broken up into four parts: Part A, Part B, Part C and Part D. Each part of Medicare helps pay for different health care services. Each part also has different costs that you are responsible for paying.

Medicare Part A and Part B together make up what is known as Original Medicare which is run by the Federal Government.

MEDICARE PART A

COVERS:

inpatient hospital stays, limited time in a skilled nursing care facility, some home health care services and hospice care.

MONTHLY PREMIUMS:

For most people, Medicare Part A is free—meaning you pay no premiums—if you or your spouse worked and paid Social Security taxes for at least 10 years.

MEDICARE PART B

COVERS:

Outpatient medical services, like preventative care, doctor's visits, lab tests and home healthcare, inpatient doctor services during a hospital stay, or more expensive services like chemotherapy, surgeries and dialysis.

MONTHLY PREMIUMS:

Monthly premiums are based on your household income and are set each year by the Centers for Medicare and Medicaid Services (CMS). If you don't enroll when you're first eligible, you may have to pay a penalty.

Medicare Part C, known as Medicare Advantage, and Medicare Part D, known as Prescription Drug Plans, are offered and managed by private insurers.*

MEDICARE PART C

COVERS:

An alternative to Original Medicare (Part A and Part B), Medicare Part C (also known as Medicare Advantage) combines hospital and medical coverage into one plan administered by approved private insurers. Read more about these types of plans in [What is Medicare Advantage?](#) on page X.

MONTHLY PREMIUMS:

Varies by plan.

MEDICARE PART D

COVERS:

Prescription drugs. This optional, stand-alone coverage can be combined with other Medicare parts and is purchased directly from approved private insurers.

MONTHLY PREMIUMS:

Varies by plan, sometimes included with Part C plan premiums.

*Medicare Part C and Part D are not run by the Federal Government but are federally regulated.

Questions about coverage? HelloMedicare is here to help.
Visit [HelloMedicare.com](https://www.hellomedicare.com) or call 1-888-489-7631; TTY 711 to speak with a licensed agent.

MEDICARE ADVANTAGE PLANS

What is Medicare Advantage?

Medicare Advantage is simply another name for Medicare Part C. These plans combine the hospital and doctor coverage of Medicare Parts A and B into one plan, provided by a private insurer. The only exception is hospice care. This benefit continues to be covered by Medicare Part A.

Most Medicare Advantage plans also cover services not offered by Original Medicare. These typically include, but aren't limited to:

- 24-hour nurse help lines
- Routine dental visits
- Vision screenings
- Hearing care
- Health club memberships
- Wellness services

Many Medicare Advantage plans include prescription drug coverage (Medicare Part D). These plans are often referred to as MA plans with Prescription Drug Coverage.

What providers are covered?

With Medicare Advantage plans, you generally need to use certain doctors, hospitals, pharmacies and other healthcare providers. These are called in-network providers.

What do Medicare Advantage plans cost?

What you pay for a Medicare Advantage plan depends on a number of factors, including:

- Monthly premiums,
- Whether or not the plan has a deductible,
- Copays or coinsurance for each service,
- The type and amount of care you need, and
- Whether you use in-network providers.

Who is eligible for Medicare Advantage?

If you're eligible for and enrolled in Medicare Part A and Medicare Part B, you are typically eligible for Medicare Advantage. You must also live in the area that the Medicare Advantage plan services.



MEDICARE ADVANTAGE PLANS

What is an MA plan with Prescription Drug Coverage?

Medicare Advantage plans with Prescription Drug (MAPD) coverage offer all the benefits of Original Medicare (Parts A + B) plus Prescription Drug Coverage (Part D), plus more comprehensive coverage, the protection of annual out-of-pocket cost caps, and the convenience of a single plan administrator—often at either the same or an even lower cost.

Is an MAPD right for you?

More Comprehensive Coverage

In addition to all benefits provided under Parts A and B, these plans typically provide more extensive benefits—like routine dental, vision, hearing, wellness and more—than Original Medicare and Part D plans.

Coordinated Care

Combining both health and drug coverage in one plan allows for coordinated care and managed costs compared to separately administered plans.

Cost Savings

Even with expanded benefits, the cost of an MA plan with Prescription Drug Coverage is typically similar or even less than what you are paying for Original Medicare plus Part D.

Out-of-Pocket Maximums

Unlike Parts A, B and D, which have limitless potential expenses, these plans cap your annual out-of-pocket costs.

Convenience

With your health and drug coverage provided by the same company, you have just one card, one bill, and one member services.

Find your best fit by comparing Medicare Advantage plans at [HelloMedicare.com](https://www.hellomedicare.com).

Keep in Mind

With Medicare Advantage plans, the insurer determines the monthly premium and the cost-sharing (a combination of deductibles, copays and coinsurance) structure. The details within each plan vary, so it's important to review the coverage, cost-sharing and prescription drug details to find a plan that meets your individual healthcare and budget needs.



Good to Know

In order to enroll in a Medicare Advantage plan, you must be enrolled in Original Medicare (both Parts A and B) and continue to pay your Medicare Part B premiums.

**Learn more about your
Medicare Advantage options today.**

Visit HelloMedicare's Guided Path Tool or call 1-888-489-7631; TTY 711.

FINDING THE RIGHT PLAN

With all the Medicare parts, plans and options, it's clear that one size does not fit all. You need coverage that supports your personal health care needs and your budget. Here are some questions to ask yourself as you start exploring Medicare plans:

What's my budget?

Monthly premiums are just one piece of the puzzle. Be sure to consider each plan's out-of-pocket costs, like deductibles, co-insurance, co-pays, etc. Think about whether you want a guaranteed annual cap on out-of-pocket costs.

What coverage do I need?

Consider your health needs for the upcoming year. Do you have any major surgeries planned? Are vision, hearing or other extra benefits important?

What providers do I see?

Check that your preferred providers (e.g., physicians, pharmacies, hospitals) are covered by any plan you're considering.

What prescription drugs do I take?

Are your prescription drugs included in the Part D plan formulary? What are the estimated costs of your prescriptions?

\$0 premium plans

If you're considering a \$0 monthly premium plan, be sure to take a close look at all the other costs you'll need to pay down the road.

\$0 premium plans often have higher co-pays, deductibles or out-of-pocket maximums. For some enrollees, the upfront premium savings may be worth the risk of higher costs later on. But if you have any chronic or ongoing medical concerns, a \$0 premium plan could result in much higher out-of-pocket costs as you receive healthcare throughout the year.



Looking for a little help?

With some basic information, our live, licensed HelloMedicare agents or our online HelloMedicare Guided Path tool can narrow down all the available options to help create a personalized list of Medicare plans that fit your unique healthcare needs.

You can even compare estimated annual out-of-pocket costs for each plan using health and prescription information you provide—a better apples-to-apples cost comparison than monthly premiums.



**Get started at
HelloMedicare.com**



OR



**Call one of our
licensed agents at
1-888-489-7631; TTY 711**

M-F 7:30am – 8pm CST*

*Hours may vary depending on time of year

ENROLLMENT PERIODS

When can I enroll in Medicare?

There are certain times when you can enroll in Medicare. Each of those periods has certain rules. Once you receive your Medicare ID card in the mail, you will be eligible to enroll during one of the following enrollment periods.

Initial Enrollment Period (IEP)

What it is: Your first opportunity to apply for Medicare.

When: A seven-month time span that includes the three months before you turn 65, your birthday month, and the three months following your birthday month.

Good to know: Your IEP is also the time to apply for Part D prescription drug coverage or a Medicare Advantage Plan. If you wait to sign up for a Part D plan outside of your IEP, you may have to pay a late enrollment penalty.

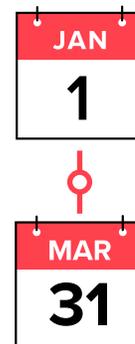


General Enrollment Period (GEP)

What it is: If you weren't automatically enrolled in Original Medicare or you missed your IEP and don't qualify for a Special Enrollment Period, you can still sign up for Original Medicare (Parts A and B) during the General Enrollment Period (GEP).

When: January 1 through March 31 each year.

Good to know: You may have to pay a late enrollment penalty and have a delay in coverage if you do not sign up during your IEP.

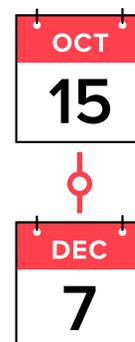


Annual Enrollment Period (AEP)

What it is: This is when you can sign up for, change or disenroll from Medicare Advantage (Part C) and Medicare Part D plans.

When: Every year from October 15 to December 7.

Good to know: You can start researching specific plans and options for the new year beginning on October 1.



ENROLLMENT PERIODS

When can I enroll in Medicare?

Special Enrollment Period (SEP)

What it is: Occurs when certain circumstances allow you to enroll or change your Medicare Advantage or Part D coverage outside AEP without penalty.

When: This varies based upon when qualifying events happen in your life.

Good to know: SEP qualifying events include losing employer coverage or moving from your plan's service area.

Medicare Advantage Open Enrollment Period

What it is: If you're enrolled in an MA plan on January 1, you can switch to a different MA plan or change to Original Medicare.

When: January 1 through March 31 each year

Good to Know: While you can only change plans once during this period, you can enroll in a Part D plan and/ or a Medicare supplement plan if you switch back to Original Medicare.

Medicare Supplement Open Enrollment Period (OEP)

What it is: This is when you can add a Medigap Plan to your Original Medicare coverage.

When: Six-months, beginning the month you turn 65 and are enrolled in Medicare Part B.

Good to Know: If you apply for a Medigap plan during your OEP, private insurers must accept you regardless of your health status. If you apply outside of the OEP, they have the option of turning you down.

What is Medigap?

Medigap Plans help cover the financial "gap" between what Original Medicare (Parts A and B) pays for your healthcare and what you are required to pay (e.g., deductibles, co-insurance). These plans, also known as Medicare Supplement Plans, are sold by private insurers.

Need more details? We have you covered.

Visit [HelloMedicare.com](https://www.HelloMedicare.com) or call 1-888-489-7631; TTY 711.

CHANGING YOUR MEDICARE PLAN

I'm already enrolled in Medicare. How do I know my plan is still the best one for me?

Every year, your Medicare plan automatically renews without you lifting a finger. But plans change. Costs change. And your healthcare needs change too. Follow these helpful tips to review your options to make sure your plan is still the right fit.

1

Review your ANOC

First, get a handle on any upcoming changes by reviewing your Annual Notice of Changes (ANOC) letter. This form is mailed by carriers to members in September and details any changes in coverage, costs or Part D formulary tiers, as well as any new priority authorization or step therapy requirements.

2

Consider your costs and next year's health needs

Note any change in premiums, as well as other costs, like deductibles, copays and coinsurance. Think about the health care services you're likely to use next year and use your plan's quoted costs to estimate what you may have to pay. Factor in any planned procedures or services related to new or changing health conditions.

3

Check your network

Provider and pharmacy networks may change from year to year. Check your plan details on the plan website or by calling the number on the back of your member card to make sure that your preferred doctor and other providers are still in the network.

4

Review your options

If your current plan's costs, coverage or network no longer seem like the best fit, use the HelloMedicare Guided Path Tool or call a licensed HelloMedicare agent to learn more about your available plan options. You can compare plan details right on screen or over the phone without any commitment or fees.

5

Time it right

The Medicare Annual Enrollment Period (AEP) happens every year, October 15 – December 7. During this time, you can change from Original Medicare (Parts A & B) to Medicare Advantage (Part C); switch Medicare Advantage plans; join, switch or drop a Medicare prescription drug (Part D) plan.

How do I enroll in a Medicare plan?

1

Gather helpful information

- List of your prescription drugs, along with dosages and refills
HelloMedicare™ can help track down prescription details if you have trouble reading prescription information or if you need verification.
- Names of any preferred doctors or providers

2

Review your options

- Medicare Advantage plans
- Part D prescription plans

3

Compare plans

- Compare estimated out-of-pocket costs
- Check plan networks for any preferred providers
- Review drug formulary lists for current prescriptions

4

Choose your plan

- Select the plan that's right for you and your budget
- Identify your next enrollment period

5

Enroll

- Grab your Medicare Card and number
- Enroll online or with a HelloMedicare™ agent by calling 1-888-489-7631; TTY 711

6

Reach out for help anytime

- Visit [HelloMedicare.com](https://www.hellomedicare.com), or
- Call 1-888-489-7631; TTY 711

HelloMedicare™

**It's never too early to make sure you
have the right coverage.**

Compare plans today from the nation's leading carriers.



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OR



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1-888-489-7631; TTY 711.**

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