



SF HIV FOG Open Enrollment Boot CAMP IV

Resource Guide Part II Medicare

<u>Table of Contents</u>	<u>Number of Pages</u>
Understanding Medicare Part C & D Enrollment Periods	3
Things to Think About When You Compare Medicare Drug Coverage	16
Medicare Factsheet	23



Understanding Medicare Part C & Part D Enrollment Periods

Enrollment in Medicare is limited to certain times. You can't always sign up when you want, so it's important to know when you can enroll in the different parts of Medicare. This tip sheet is designed to help you learn more about enrolling in Medicare Advantage Plans (Part C) and Medicare Prescription Drug Plans (Part D), including who can sign up, when you can sign up, and how the timing, including signing up late, can affect your costs.

Note: For information about signing up for Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view the booklet "Enrolling in Medicare Part A & Part B."

When can I sign up?

There are specific times when you can sign up for a Medicare Advantage Plan (like an HMO or PPO) or Medicare prescription drug coverage, or make changes to coverage you already have:

- During your Initial Enrollment Period when you first become eligible for Medicare or when you turn 65. See page 3.
- During certain enrollment periods that happen each year. See page 5.
- Under certain circumstances that qualify you for a Special Enrollment Period (SEP), like:
 - You move.
 - You're eligible for Medicaid.
 - You qualify for Extra Help with Medicare prescription drug costs.
 - You're getting care in an institution, like a skilled nursing facility or long-term care hospital.
 - You want to switch to a plan with a 5-star overall quality rating. Quality ratings are available on Medicare.gov.

See the charts beginning on page 7 for a list of different SEPs, including rules about how to qualify.

Note about joining a Medicare Advantage Plan

You must have Medicare Part A and Part B to join a Medicare Advantage Plan. In most cases, if you have End-Stage Renal Disease (ESRD), you can't join a Medicare Advantage Plan.

Initial Enrollment Periods

If this describes you...	You can...	At thistime...
<p>You're newly eligible for Medicare because you turn 65.</p>	<p>Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.</p>	<p>During the 7- month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.</p> <p>If you sign up for a Medicare Advantage Plan during this time, you can drop that plan at any time during the next 12 months and go back to Original Medicare.</p>
<p>You're newly eligible for Medicare because you have a disability and you're under 65.</p>	<p>Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.</p>	<p>Starting 21 months after you get Social Security or Railroad Retirement Board (RRB) disability benefits. Your Medicare coverage begins 24 months after you get Social Security or RRB benefits. Your chance to sign up lasts through the 28th month after you get Social Security or RRB benefits.</p>
<p>You're already eligible for Medicare because of a disability, and you turn 65.</p>	<ul style="list-style-type: none"> ■ Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan. ■ Switch from your current Medicare Advantage or Medicare Prescription Drug Plan to another plan. ■ Drop a Medicare Advantage or Medicare Prescription Drug Plan completely. 	<p>During the 7- month period that starts 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65.</p>
<p>You have Medicare Part A coverage, and you get Part B for the first time by enrolling during the Part B General Enrollment Period (January 1–March 31).</p>	<p>Sign up for a Medicare Advantage Plan (with or without prescription drug coverage) or a Medicare Prescription Drug Plan.</p>	<p>Between April 1–June 30.</p>

Part D late enrollment penalty

The late enrollment penalty is an amount that's added to your Part D premium. You may owe a late enrollment penalty if at any time after your Initial Enrollment Period is over, there's a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage. Creditable prescription drug coverage is coverage (for example, from an employer or union) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. If you have a penalty, you may have to pay it each month for as long as you have Medicare drug coverage. For more information about the late enrollment penalty, visit [Medicare.gov](https://www.Medicare.gov), or call 1- 800- MEDICARE (1- 800- 633- 4227). TTY users can call 1- 877- 486- 2048.

Enrollment periods that happen each year

Each year, you can make changes to your Medicare Advantage or Medicare prescription drug coverage for the following year. There are 2 separate enrollment periods each year. See the chart below for specific dates.

During this enrollment period...	You can...
<p>October 15–December 7 Medicare Open Enrollment Period (Changes will take effect on January 1.)</p>	<ul style="list-style-type: none"> ■ Change from Original Medicare to a Medicare Advantage Plan. ■ Change from a Medicare Advantage Plan back to Original Medicare. ■ Switch from one Medicare Advantage Plan to another Medicare Advantage Plan. ■ Switch from a Medicare Advantage Plan that doesn't offer drug coverage to a Medicare Advantage Plan that offers drug coverage. ■ Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that doesn't offer drug coverage. ■ Join a Medicare Prescription Drug Plan. ■ Switch from one Medicare Prescription Drug Plan to another Medicare Prescription Drug Plan. ■ Drop your Medicare prescription drug coverage completely.
<p>January 1–February 14 Medicare Advantage Disenrollment Period</p>	<ul style="list-style-type: none"> ■ If you're in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare. Your Original Medicare coverage will begin the first day of the following month. ■ If you switch to Original Medicare during this period, you'll have until February 14 to also join a Medicare Prescription Drug Plan to add drug coverage. Your prescription drug coverage will begin the first day of the month after the plan gets your enrollment form. <p>Note: During this period, you can't:</p> <ul style="list-style-type: none"> ■ Switch from Original Medicare to a Medicare Advantage Plan. ■ Switch from one Medicare Advantage Plan to another. ■ Switch from one Medicare Prescription Drug Plan to another. ■ Join, switch, or drop a Medicare Medical Savings Account Plan.



Special Enrollment Periods

You can make changes to your Medicare health and Medicare prescription drug coverage when certain events happen in your life, like if you move or you lose other insurance coverage. These chances to make changes are called Special Enrollment Periods (SEPs) and are in addition to the regular enrollment periods that happen each year. Rules about when you can make changes and the type of changes you can make are different for each SEP.

The SEPs listed on the next pages are examples. **This list doesn't include every situation.** For more information about SEPs, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Changes in where you live

If this describes you...	You can...	At this time...
<p>You move to a new address that isn't in your plan's service area.*</p>	<p>Switch to a new Medicare Advantage or Medicare Prescription Drug Plan.</p> <p>* Note: If you're in a Medicare Advantage Plan and you move outside your plan's service area, you can also choose to return to Original Medicare. If you don't enroll in a new Medicare Advantage Plan during this SEP, you'll be enrolled in Original Medicare when you're disenrolled from your old Medicare Advantage Plan.</p>	<p>If you tell your plan before you move, your chance to switch plans begins the month before the month you move and continues for 2 full months after you move.</p> <p>If you tell your plan after you move, your chance to switch plans begins the month you tell your plan, plus 2 more full months.</p>
<p>You move to a new address that's still in your plan's service area, but you have new plan options in your new location.</p>		
<p>You move back to the U.S. after living outside the country.</p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you move back to the U.S.</p>
<p>You just moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital).</p>	<ul style="list-style-type: none"> ■ Join a Medicare Advantage or Medicare Prescription Drug Plan. ■ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. ■ Drop your Medicare Advantage Plan and return to Original Medicare. ■ Drop your Medicare prescription drug coverage. 	<p>Your chance to join, switch, or drop coverage lasts as long as you live in the institution and for 2 full months after the month you move out of the institution.</p>
<p>You're released from jail.</p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you're released from jail.</p>

Changes in where you live that cause you to lose your current coverage

If this describes you...	You can...	At thistime...
<p>You're no longer eligible for Medicaid.</p>	<ul style="list-style-type: none"> ■ Join a Medicare Advantage or Medicare Prescription Drug Plan. ■ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. ■ Drop your Medicare Advantage Plan and return to Original Medicare. ■ Drop your Medicare prescription drug coverage. 	<p>Your chance to change lasts for 2 full months after the month you find out you're no longer eligible for Medicaid.</p>
<p>You find out that you won't be eligible for Extra Help for the following year.</p>	<ul style="list-style-type: none"> ■ Join a Medicare Advantage or Medicare Prescription Drug Plan. ■ Switch from your current plan to another Medicare Advantage or Medicare Prescription Drug Plan. ■ Drop your Medicare Advantage Plan and return to Original Medicare. ■ Drop your Medicare prescription drug coverage. 	<p>Your chance to change is between January 1–March 31.</p>
<p>You leave coverage from your employer or union.</p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month your coverage ends.</p>
<p>You involuntarily lose other drug coverage that's as good as Medicare drug coverage (creditable coverage), or your other coverage changes and is no longer creditable.</p>	<p>Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you lose your creditable coverage or are notified of the loss of creditable coverage, whichever is later.</p>
<p>You have drug coverage through a Medicare Cost Plan and you leave the plan.</p>	<p>Join a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you drop your Medicare Cost Plan.</p>
<p>You drop your coverage in a Program of All-inclusive Care for the Elderly (PACE) Plan.</p>	<p>Join a Medicare Advantage or Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you drop your PACE plan.</p>

You have a chance to get other coverage

If this describes you...	You can...	At thistime...
You have a chance to enroll in other coverage offered by your employer or union.	Drop your current Medicare Advantage or Medicare Prescription Drug Plan to enroll in the private plan offered by your employer or union.	Whenever your employer or union allows you to make changes in your plan.
You have or are enrolling in other drug coverage as good as Medicare prescription drug coverage (like TRICARE or VA coverage).	Drop your current Medicare Advantage Plan with drug coverage or your Medicare Prescription Drug Plan.	Anytime.
You enroll in a Program of All-inclusive Care for the Elderly (PACE) Plan.	Drop your current Medicare Advantage or Medicare Prescription Drug Plan.	Anytime.
You live in the service area of one or more Medicare Advantage or Medicare Prescription Drug Plans with an overall quality rating of 5 stars.	Join a Medicare Advantage, Medicare Cost, or Medicare Prescription Drug Plan with an overall quality rating of 5 stars.	One time between December 8–November 30.

Changes in your plan’s contract with Medicare

If this describes you...	You can...	At thistime...
Medicare takes an official action (called a “sanction”) because of a problem with the plan that affects you.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch is determined by Medicare on a case- by- case basis.
Your plan’s contract ends (terminates) during the contract year.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Your chance to switch starts 2 months before and ends 1 full month after the contract ends.
Your Medicare Advantage Plan, Medicare Prescription Drug Plan, or Medicare Cost Plan’s contract with Medicare isn’t renewed for the next contract year.	Switch from your Medicare Advantage or Medicare Prescription Drug Plan to another plan.	Between October 15 and the last day in February.

You have a chance to get other coverage

Changes due to other special situations

If this describes you...	You can...	At this time...
You're eligible for both Medicare and Medicaid.	Join, switch, or drop a Medicare Advantage Plan or Medicare prescription drug coverage.	Anytime.
You qualify for Extra Help paying for Medicare prescription drug coverage.	Join, switch, or drop Medicare prescription drug coverage.	Anytime.
You're enrolled in a State Pharmaceutical Assistance Program (SPAP).	Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.	Once during the calendar year.
You're enrolled in a State Pharmaceutical Assistance Program (SPAP) and you lose SPAP eligibility.	Join either a Medicare Prescription Drug Plan or a Medicare Advantage Plan with prescription drug coverage.	Your chance to switch starts either the month you lose eligibility or are notified of the loss, whichever is earlier. It ends 2 months after either the month of the loss of eligibility or notification of the loss, whichever is later.
You dropped a Medicare Supplemental Insurance (Medigap) policy the first time you joined a Medicare Advantage Plan.	Drop your Medicare Advantage Plan and enroll in Original Medicare. You'll have special rights to buy a Medigap policy.	Your chance to drop your Medicare Advantage Plan lasts for 12 months after you join the Medicare Advantage Plan for the first time.
You have a severe or disabling condition, and there's a Medicare Chronic Care Special Needs Plan (SNP) available that serves people with your condition.	Join a Medicare Chronic Care SNP that serves people with your condition.	You can join anytime, but once you join, your chance to make changes using this SEP ends.

If this describes you...	You can...	At thistime...
<p>You joined a plan, or chose not to join a plan, due to an error by a federal employee.</p>	<ul style="list-style-type: none"> ■ Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan. ■ Switch from your current plan to another Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan. ■ Drop your Medicare Advantage Plan with drug coverage and return to Original Medicare. ■ Drop your Medicare prescription drug coverage. 	<p>Your chance to change coverage lasts for 2 full months after the month you get a notice of the error from Medicare.</p>
<p>You weren't properly told that your other private drug coverage wasn't as good as Medicare drug coverage (creditable coverage).</p>	<p>Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you get a notice of the error from Medicare.</p>
<p>You weren't properly told that you were losing private drug coverage that was as good as Medicare drug coverage (creditable coverage).</p>	<p>Join a Medicare Advantage Plan with drug coverage or a Medicare Prescription Drug Plan.</p>	<p>Your chance to join lasts for 2 full months after the month you get a notice of the error from Medicare.</p>
<p>You don't have Part A coverage, and you enroll in Medicare Part B during the Part B General Enrollment Period (January 1–March 31).</p>	<p>Sign up for a Medicare Prescription Drug Plan.</p>	<p>Between April 1–June 30.</p>

Get more information

For more detailed information about signing up, including instructions on how to join, visit [Medicare.gov](https://www.Medicare.gov). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Extra Help is available!

If you have limited income and resources, you may be able to get Extra Help paying your prescription drug coverage costs. People who qualify may be able to get their prescriptions filled and pay little or nothing out of pocket. You can apply for Extra Help at any time. There's no cost to apply for Extra Help, so you should apply even if you're not sure if you qualify. To apply online, visit socialsecurity.gov/i1020. Or, call Social Security at 1-800-772-1213 to apply by phone or get a paper application. TTY users can call 1-800-325-0778.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.



CMS Product No.
11219

Things to think about when you compare Medicare drug coverage

There are 2 ways to get Medicare prescription drug coverage. You can join a Medicare Prescription Drug Plan and keep your health coverage under Original Medicare. Or, you could join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage to get your Medicare benefits through a private insurance company. Whichever you choose, prescription drug coverage can vary by cost, coverage, convenience, and quality. Some of these things might be more important to you than others, depending on your situation and prescription drug needs.

No matter which type of Medicare drug plan you join, your plan will send you information about plan changes each fall. You should review your prescription drug needs and compare Medicare drug plans during Medicare Open Enrollment, which runs between October 15–December 7.

Cost

When you get Medicare prescription drug coverage, you pay part of the costs, and Medicare pays part of the costs. Your costs will vary depending on which drug plan you choose and whether or not you get Extra Help (see page 3). You should look at your current prescription drug costs to find a drug plan that works with your financial situation.

Monthly premium

Most drug plans charge a monthly fee that varies by plan. You pay this fee in addition to the Medicare Part B (Medical Insurance) premium. If you have the type of Medicare Advantage Plan or Medicare Cost Plan that includes Medicare prescription drug coverage, the monthly premium you pay to your plan may include an amount for prescription drug coverage.

Note: What you pay for Medicare prescription drug coverage could be higher based on your income. Visit Medicare.gov to learn more about the monthly premium for drug plans.

Cost (continued)

Consider automatic premium deduction

When you join a Medicare drug plan, think about having your premiums automatically deducted from your Social Security payment. Automatic premium deduction has many benefits:

- It takes the worry out of remembering to pay your premiums
- Your premiums will get paid on time
- You'll be helping the environment by not getting a paper bill from your plan

Yearly deductible

This is the amount you must pay before your drug plan begins to pay its share of your covered drugs. Some drug plans don't have a deductible.

Copayment/coinsurance

This is the amount you pay for each of your prescriptions after you've paid the deductible (if the plan has one). Some drug plans have different levels or "tiers" of coinsurance or copayments, with different costs for different types of drugs.

Coinsurance means you pay a percentage (25%, for example) of the cost of the drug. With a copayment, you pay a set amount (\$10, for example) for all drugs on a tier. For example, you might have to pay a lower copayment for generic drugs than brand-name drugs, or lower coinsurance for some brand-name drugs than for others.

Coverage gap

Most drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary limit on what the drug plan will cover for drugs. The coverage gap begins after you and your drug plan have spent a certain amount for covered drugs. In 2018, once you enter the coverage gap, you pay 35% of the plan's cost for covered brand-name drugs and 44% of the plan's cost for covered generic drugs until you reach the end of the coverage gap. Not everyone will enter the coverage gap.

These amounts all **count** toward you getting out of the coverage gap:

- Your yearly deductible, coinsurance, and copayments
- The discount you get on brand-name drugs in the coverage gap
- What you pay in the coverage gap

Cost (continued)

Coverage gap (continued)

These amounts **don't count** toward you getting out of the coverage gap:

- Your Medicare drug plan premium
- What you pay for non-covered drugs
- What's paid by other insurance

Some plans offer additional coverage during the gap, like for generic drugs, but they may charge a higher monthly premium. Check with the plan first to see if your drugs would be covered during the gap.

In addition to the discount on covered brand-name prescription drugs, there will be increasing coverage for drugs in the coverage gap each year until the gap closes in 2020.

Catastrophic coverage

Once you get out of the coverage gap, you automatically get “catastrophic coverage.” Catastrophic coverage means that you only pay a small coinsurance amount or copayment for covered drugs for the rest of the year.

Late enrollment penalty

If you don't join a Medicare drug plan when you're first eligible, and you don't have other creditable prescription drug coverage or get Extra Help, you'll likely pay a Part D late enrollment penalty. Creditable prescription drug coverage is coverage (for example, from an employer or union) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. If you're subject to the penalty, you may have to pay it each month for as long as you have Medicare drug coverage. For more information about the late enrollment penalty, visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Extra Help is available!

If you have limited income and resources, you may be able to get Extra Help paying your prescription drug coverage costs. If you qualify for Extra Help, you may pay little or nothing out of pocket when you fill your prescriptions. You can apply for Extra Help at any time. There's no cost to apply for Extra Help, so you should apply even if you're not sure if you qualify. To apply for Extra Help online, visit [socialsecurity.gov/i1020](https://www.socialsecurity.gov/i1020). Or, call Social Security at 1-800-772-1213 to apply by phone or to get a paper application. TTY users can call 1-800-325-0778.

Coverage

Review your prescription drug needs, and look for a plan that meets these needs. Medicare drug plans may vary in what drugs they cover, and some may have special rules that you must follow before a drug is covered.

Formulary

A formulary is a list of the drugs that a drug plan covers. It includes how much you pay for each drug. If the plan uses tiers, the formulary lists which drugs are in each tier. Formularies include both generic and brand-name drugs. In general, each drug plan's formulary must include most types of drugs that people with Medicare use. However, each drug plan has its own formulary, so you should check to make sure your drugs are covered.

Coverage rules

Drug plans may require “prior authorization.” This means that before the drug plan will cover certain prescriptions, you must show the plan you meet certain criteria for you to have that particular drug. Your doctor may need to provide additional information about why the drug is medically necessary for you before you can fill the prescription. Plans may also require “step therapy” on certain drugs. This means you must try one or more similar, lower cost drugs before the plan will cover the prescribed drug. Plans may also set “quantity limits”—limits on how much medication you can get.

Convenience

Check with each drug plan you're considering to make sure your current pharmacy is in the plan's network or there are pharmacies convenient to you. Some drug plans charge lower copayments or coinsurance amounts at some pharmacies in their network than at others. Also, some drug plans may offer a mail-order program that will allow you to have drugs sent directly to your home. You should consider the most cost effective and convenient way to have your prescriptions filled.

Important: Even if you're not changing plans, make sure your pharmacy is still in your plan's network next year. Plans may change their network pharmacies each year.

Quality

In addition to a plan's costs, coverage, and convenience, you should also review the quality ratings for plans before you decide which one best meets your needs. Medicare uses information from member satisfaction surveys, plans, and health care providers to give overall performance star ratings to plans. A plan can get a rating between 1–5 stars. A 5-star rating is considered excellent. These ratings are listed on the Medicare Plan Finder at [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan).

Quality (continued)

5-star Special Enrollment Period

You can switch to a Medicare Advantage Plan or a Medicare Prescription Drug Plan that has 5 stars for its overall plan rating once from December 8, 2017–November 30, 2018. The overall plan ratings are available at [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan). Medicare updates these ratings each fall for the following year. These ratings can change each year.

- You can only switch to a 5-star Medicare drug plan if one is available in your area.
- You can only use this Special Enrollment Period once during the above

timeframe. Visit [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan) to find and compare plans.

Here are some common situations to consider:

If you...	You might want to...
...currently take specific prescription drugs.	...look at drug plans that have included your drugs on their formularies. Then, compare costs.
...want extra protection from high prescription drug costs.	...look for plans that offer coverage in the coverage gap, and then check with those plans to be sure your drugs would be covered during the gap. (The plans may charge a higher monthly premium.)
...want your drug expenses to be balanced throughout the year.	...look at plans with low or no deductibles or with additional coverage in the coverage gap.
...take a lot of generic prescriptions.	...look at plans with tiers that charge you nothing or low copayments for generic prescriptions.
...don't have many drug costs now, but want coverage for peace of mind and to avoid future penalties.	...look for plans with low monthly premiums for drug coverage. If you need prescriptions in the future, all plans still must cover most drugs used by people with Medicare.
...like the extra benefits and lower costs that are available by getting your health care and prescription drug coverage from one plan and are willing to accept the plan's restrictions on what doctors, hospitals, and other health care providers you can use.	...look for Medicare Advantage Plans with prescription drug coverage.

What should I do before making a decision?

Each year, you have the opportunity to join or switch Medicare drug plans during Medicare Open Enrollment, which runs from October 15–December 7. If you switch plans during this time, your coverage with the new plan will start on January 1. As you make a decision about your health and prescription drug coverage, remember to review your current health and prescription drug plans. Health and drug plan benefits and costs can change each year. Look at other plans in your area to see if one may better meet your needs. If you want to keep your current plan, and it's still being offered next year, you don't need to do anything for your enrollment to continue.

Where can I get help?

To help you compare drug plans, think about what you need in terms of cost, coverage, convenience, and quality. Then, visit [Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan) to see which plans are available in your area.

To get personalized information, you need:

- Your Medicare card that has your Medicare number and Medicare effective date (Medicare Part A (Hospital Insurance) or Medicare Part B (Medical Insurance))
- Date of birth
- Last name
- ZIP code

To get general drug plan information or to find out what plans are available in your area, just answer a few simple questions. You can also enter your current prescription drug information to get more detailed cost information.

Note: This tool provides useful information to help you review drug plans based on your current drug needs. The drug costs displayed are estimates and may vary based on the specific quantity, strength and/or dosage of medication, whether you buy your prescriptions at the pharmacy or through mail order, and the pharmacy you use.

- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP) for personalized counseling at no cost to you. Visit [shiptacenter.org](https://www.shiptacenter.org), or call 1-800-MEDICARE to find the phone number for your state.

Important: If you have employer or union coverage, call your benefits administrator before you make any changes to your coverage.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-Information/aboutwebsite/cmsnondiscriminationnotice.html), or call 1-800-MEDICARE for more information.





Medicare Factsheet

If you are enrolled in Medicare, you do not need to do anything with Covered California. If you have Medicare you are covered. No matter how you receive your Medicare benefits, whether through Original Medicare or a Medicare Advantage Plan, your Medicare coverage will continue as usual.

Medicare is not part of Covered California and if you are enrolled in Medicare, you cannot purchase a Covered California health plan. Covered California does not offer Medicare supplement insurance, Medigap, or Part D drug plans.

However, if you are low income and meet other requirements, you may still be eligible for additional coverage through Medi-Cal, which you can enroll in through Covered California. Enrollment in Medi-Cal could help pay for Medicare costs and may cover benefits that are not covered by Medicare, like dental coverage and nursing home care.

What is Medicare? Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). There are different parts of Medicare to help cover specific services:

- ❑ **Original Medicare (Part A and Part B)** is the traditional Medicare coverage program offered through the federal government. It provides Part A, which covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care. It also provides Part B, which covers certain doctors' services, outpatient care, medical supplies, and preventive services.
- ❑ **Medicare Advantage Plan (Part C)** is a type of Medicare health plan offered by private companies that contract with Medicare to provide you with all your Part A and Part B benefits. If you are enrolled in a Medicare Advantage Plan, Medicare benefits and services are covered through the private health insurance plan. Most Medicare Advantage Plans include prescription drug coverage.
- ❑ **Prescription Drug Plans (Part D)**, add prescription drug coverage to Original Medicare (Part A and B) and are typically offered by insurance companies and other private companies approved by Medicare.
- ❑ **Medicare Supplemental Plans (Medigap)**, are sold by private companies and can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles. Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.

A Medigap policy is different from a Medicare Advantage Plan and Part D Prescription Drug plans. The Medicare Advantage plan and Part D Prescription Drug plan provide Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits.

If you are enrolled in Medicare, you do not need to do anything. If you are enrolled in Medicare you are covered. You do not need to do anything with Covered California or anything else related to the new health care law. No matter how you get Medicare, whether through Original Medicare or a Medicare Advantage Plan, you will still have the same benefits and security you have now.

Covered California does not offer Medicare or Medicare Supplemental plans.

Covered California does not sell Medicare Advantage plans (such as Medicare HMOs and PPOs), Medicare Part D prescription drug plans, or Medigap policies. These plans will be available as they were before.

You can enroll in a Medicare Advantage plan or a Medicare Part D plan on [the Medicare website](#), by signing up directly with the company that offers the plan, or by working with a licensed insurance agent. To learn more about your coverage options and how to enroll in Medicare, including the Medicare Advantage plans, Part D drug plans, and Medigap supplemental policies available in your area, you can go to the Medicare Plan Finder on www.Medicare.gov or call 1-800-MEDICARE.

Getting Medicare and purchasing coverage in Covered California: Most people enrolled in Medicare do not qualify for and should not purchase a Covered California health plan. Purchasing a Covered California health plan would give you the same health benefits you are already receiving on Medicare. However, you may be eligible for additional coverage through Medi-Cal. The Covered California application automatically checks to see if you qualify for Medi-Cal. If you are enrolled in Medicare, you can complete the Covered California application to see if you also qualify for Medical.

If you qualify for Medicare but have to pay a premium for Part A and do not enroll in Medicare Part A, you may be eligible for a Covered California health plan. Depending on your income, you may be eligible for premium assistance and cost-sharing subsidies for the Covered California health plan. However, if you choose to enroll in a Covered California health plan instead of Medicare and then enroll in Medicare later, your premium for Part A, and possibly Part B, could increase by 10% due to paying a late enrollment penalty. (See scenario #3 below.)

Becoming eligible for Medicare while enrolled in a Covered California health plan with premium tax credit: If you are enrolled in a Covered California health plan and you become newly eligible for premium-free Medicare (upon turning 65 for example), you must report your Medicare eligibility to Covered California within 30 days of becoming eligible. You have until the end of your Medicare open enrollment period (which begins three months before the month of your 65th birthday and ends three months after the month of your 65th birthday for a total of seven months) to sign up for Medicare and cancel your Covered California plan.

If you do not report your Medicare eligibility to Covered California and continue receiving premium tax credit, you are deemed ineligible for premium tax credit as of the first day of the fourth calendar month following your 65th birthday (or the date of the event that establishes your Medicare eligibility) and you may have to pay some or all of the premium tax credit you received after that date to the IRS at tax time even if you never sign up for Medicare. (See scenario #4 below.)

Medi-Cal could help with Medicare Costs and could provide additional benefits. If you are currently on Medicare, you may be Medi-Cal eligible, depending on your income and assets. Other requirements also apply. A Medicare beneficiary may be eligible if they are over age 65, blind or have disabilities. If you qualify for both [Medi-Cal and Medicare](#), Medi-Cal will help pay for Medicare premiums and cost-sharing requirements, and may also cover some benefits that are not covered by Medicare, such as dental services, nursing home care, and personal care services. Also, you might qualify for extra financial assistance to help with the cost of [Medicare Part D prescription drug coverage](#).

Getting Information on Medicare or Enrolling: You can review and compare your Medicare options on [the Medicare website](#), by calling 1-800-MEDICARE, or by working with a licensed insurance agent. For questions about changing your address, Medicare Part A or Part B, or a lost Medicare card, call the Social Security Administration at 1-800-772-1213. You can also contact the Health Insurance Counseling & Advocacy Program (HICAP) for free, individual counseling on Medicare coverage questions, your rights, and health care options. Call 1-800-434-0222 to schedule an appointment at a HICAP office near you.

The Medicare open enrollment period for Part D (prescription drug coverage) and Medicare Advantage plans runs from October 15 through December 7 each year.

The Medicare open enrollment period for Medicare Parts A and B (for people who did not sign up when they first became eligible) runs from January 1 through March 31 each year.

You may also be eligible to sign up for any part of Medicare during a special enrollment period if your circumstances have changed. Signing up for Medicare is limited to these enrollment periods and may involve additional costs if you delay enrolling. For more information about enrolling in Medicare, visit [the Medicare website](#), call 1-800-MEDICARE, or work with a licensed insurance agent.

Scenarios:

Scenario 1: I have Medicare, but it is expensive and does not cover everything I need. Can I purchase additional coverage in Covered California? Can I receive assistance to help pay for the coverage?

Covered California does not sell Medicare Advantage plans (such as Medicare HMOs and PPOs), Medicare Part D prescription drug plans, or Medigap policies. If you are enrolled in Medicare, you are not eligible to purchase a subsidized or unsubsidized Covered California health plan.

However, you may still be eligible for Medi-Cal, depending on your income and assets. Anyone who completes a Covered California application is automatically screened to see if they qualify for Medi-Cal. A Medicare beneficiary whose income is low or who meets other requirements may qualify if they are over age 65, blind or have other disabilities. If you qualify for both Medi-Cal and Medicare, Medi-Cal will help pay for Medicare premiums and cost-sharing requirements. Medi-Cal may also cover some

benefits that are not covered by Medicare, such as dental services, nursing home care, and personal care services. Also, Medi-Cal may provide extra financial assistance to help with the cost of Medicare Part D prescription drug coverage.

Scenario 2: Can I enroll in Medicare and purchase a Covered California health plan and receive tax credits to help me pay for it?

No. Generally, someone who is eligible for Medicare – even if they do not enroll in it – cannot receive tax credits to help them pay for a Covered California health plan. However, there is an exception for people who have to pay a premium for Medicare Part A (which is free for most people). More information is provided in Scenario 3.

Scenario 3: Person is eligible for Medicare, but s/he would have to pay a premium for Part A, can s/he instead enroll in a health plan through Covered California? Can s/he receive assistance to help pay for the coverage?

If someone qualifies for Medicare but has to pay a premium for Part A, depending on his/her income, s/he may be eligible for premium assistance and cost-sharing subsidies in Covered California, so long as s/he does not enroll in Medicare Part A. However, it is important to know that if you choose to enroll in a Covered California health plan instead of Medicare and then enroll in Medicare later, your premium for Part A, and possibly Part B, could increase by 10% due to paying a late enrollment penalty.

For Part A, the penalty may cause the individual's monthly premium to go up by 10% for 2x the number of years s/he could have had Part A, but did not sign up. For example, if someone was eligible for Part A for two years but did not enroll until the third year, that person would have to pay the higher premium for the first four years of enrollment in Part A.

A penalty applies to Part B, as well. The monthly premium for Part B may go up 10% for each full 12-month period that the individual could have had Part B, but did not sign up for it. For example, if someone was eligible for Part B for two years but did not enroll until the third year, the person would have to pay the higher premium for the first two years of enrollment in Part B.

Individuals who are eligible for Medicare but not enrolled will be subject to the individual shared responsibility tax penalty if they fail to obtain qualifying coverage—such as by paying the premium to enroll in Medicare, or purchasing coverage through Covered California.

Scenario 4: An individual who is enrolled in a Covered California health plan and receives premium tax credit becomes eligible for Medicare upon turning 65. Can the individual continue receiving premium tax credits?

An individual who is enrolled in a Covered California health plan and receives premium tax credit turns 65 on June 3, 2015, and becomes eligible for premium-free Medicare. However, s/he must enroll in Medicare to receive benefits. The individual fails to enroll in the Medicare coverage during his/her initial enrollment period (March 1, 2015 through September 30, 2015). The individual is deemed ineligible for premium tax credit as of

October 1, 2015, the first day of the fourth month following the event that establishes his/her eligibility (turning 65). S/he may have to pay some or all of the premium tax credit s/he received after October 1, 2015 back to the IRS at tax time even if s/he never enrolls in Medicare.

Scenario 5: An individual has a permanent disability, but is not eligible for Medicare due to the two-year waiting period for people receiving SSDI payments. Would the individual be eligible for health coverage through Covered California or Medi-Cal?

An individual who has a permanent disability, but is not yet eligible for Medicare due to the two-year waiting period for people receiving SSDI payments, may purchase health coverage through Covered California. If the individual's income is between 138% and 400% of the federal poverty level (about \$16,243 to \$46,680 for an individual in 2015), s/he will qualify for premium assistance and/or cost-sharing subsidies to help pay for the cost of a Covered California Health Plan. The individual may also be eligible for Medi-Cal, either through the newly expanded adult program or through other Medi-Cal programs, such as those based on age, disability or blindness.

SSDI recipients who apply for and receive premium assistance and/or cost-sharing subsidies for a Covered California Health Plan, will lose eligibility for the premium assistance and/or cost-sharing subsidies when they become eligible for Medicare. At that point, they will be able to drop their private health plan coverage through Covered California and enroll in Medicare. Similarly, if SSDI recipients enroll in the newly expanded adult Medi-Cal program (covering adults 19-64 up to 138% of the federal poverty level, or \$16,242 for an individual in 2015) will lose eligibility for that program when they become eligible for Medicare. At that time, Medi-Cal will automatically reevaluate their circumstances to see if they are eligible for another Medi-Cal program.