

DEPARTMENT OF HEALTH & HUMAN SERVICES

 **National Medicare**

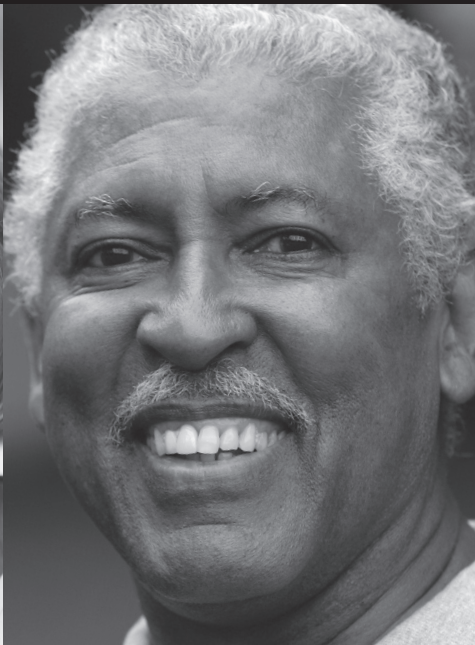
TRAINING PROGRAM

CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Getting Started Module 0



**...helping people with Medicare
make informed health care decisions**



2011 Workbook

Centers for Medicare & Medicaid Services
National Train-the-Trainer Workshops
Instructor Information Sheet
Medicare Getting Started

Module Description

This training module is designed to help beneficiaries have a better understanding of the Medicare program and provide the resources to help them make informed decisions.

The materials—up-to-date and ready-to-use—are designed for information givers/trainers that are familiar with the Medicare program, and would like to have prepared information for their presentations. Where applicable, updates from recent legislation are included.

The following sections are included in this module:

Slides	1-6	Medicare Overview
Slides	7-15	Enrolling in Medicare
Slides	16-21	Medigap Insurance
Slides	22-26	Medicare Part C – Medicare Advantage Plans
Slides	27-31	Medicare Part D – Prescription Drug Coverage
Slides	32-36	Help for People with Limited Resources

Objectives

- Understand the four parts of Medicare
- Increase awareness of the decisions beneficiaries need to make
- Learn where to get more information

Target Audience

This module is designed for presentation to beneficiaries.

Learning Activities

This module contains twelve decision guide slides to help participants understand the important health care decisions they need to make.

Time Considerations

The module consists of 38 PowerPoint slides with corresponding speaker's notes. It can be presented in 1 hour. Allow approximately 30 more minutes for discussion, questions and answers, and the learning activities.

References

- The Medicare & You handbook is mailed to each household with Medicare yearly in the fall. It includes the Part C and Part D plans in your area. You can view an electronic copy at www.medicare.gov.
- The Medicare helpline is open 24 hours a day including weekends. Call 1-800-Medicare (1-800-633-4227). TTY users call 1-877-486-2048.



Medicare

Getting Started

Welcome to Medicare

- ▶ This training includes
 - Basic information about Medicare
 - Important decisions you need to make
 - Your choices in health and prescription drug coverage
 - Including when to make decisions
 - To ensure coverage
 - To avoid penalties

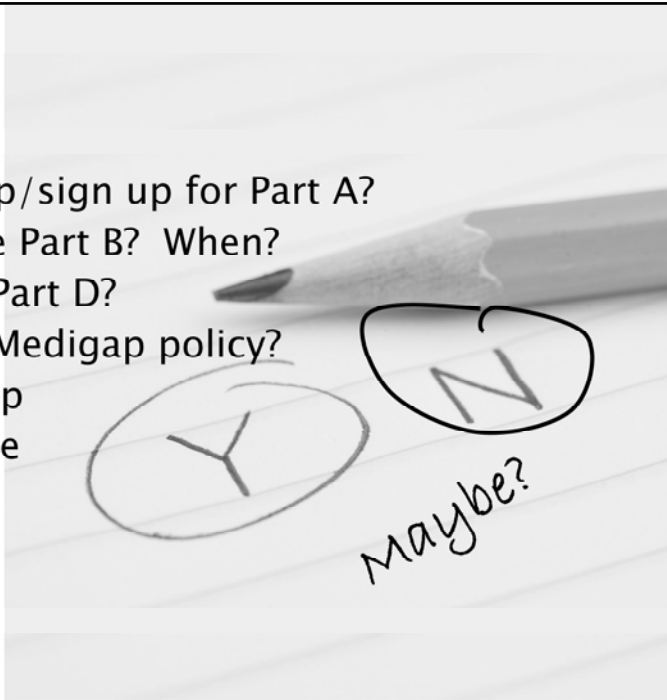
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- Welcome to Medicare. You have some important decisions to make. This training is designed to help you have a better understanding of Medicare and to provide you with resources to help you make informed decisions.
- Your decisions will effect the type of coverage you get.
- Timing of your decisions can be important as well. There are certain decisions that are time sensitive to ensure coverage and avoid late-enrollment penalties.
- You have choices in how you get your health and prescription drug coverage.

Decisions

- ▶ Should I keep/sign up for Part A?
- ▶ Should I take Part B? When?
- ▶ What about Part D?
- ▶ Do I need a Medigap policy?
- ▶ Can I get help with Medicare costs?



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- We'll talk about some of these decisions, including the following:
 - Should I keep/sign up for Part A?
 - Should I take Part B? When?
 - What about Part D?
 - Do I need a Medigap policy?
 - Can I get help with Medicare costs?

What is Medicare?

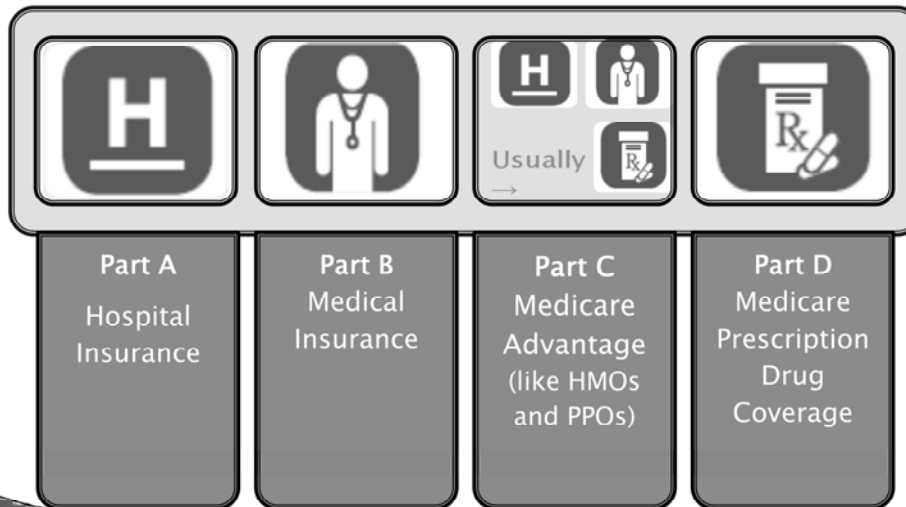
- ▶ Health insurance for three groups of people
 - 65 and older
 - Under 65 with certain disabilities
 - Any age with End-Stage Renal Disease (ESRD)
- ▶ Administration
 - Centers for Medicare & Medicaid Services (CMS)
- ▶ Enrollment
 - Social Security Administration (SSA) for most
 - Railroad Retirement Board (RRB) railroad retirees

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- President Lyndon Johnson signed the Medicare and Medicaid programs into law July 30, 1965. Medicaid became effective January 1, 1966, and Medicare became effective July 1, 1966. Medicare is the nation's largest health insurance program, currently covering about 44 million Americans.
- Medicare is health insurance for three groups of people:
 - Those who are age 65 and older
 - People under age 65 with certain disabilities who are entitled to Social Security disability or Railroad Retirement benefits for 24 months. The 24-month Medicare waiting period does not apply to people disabled by Amyotrophic Lateral Sclerosis (ALS, known as Lou Gehrig's Disease). People with ALS get Medicare the first month they are entitled to disability benefits. This provision became effective on July 1, 2001.
 - People of any age who have End-Stage Renal Disease (ESRD; permanent kidney failure requiring dialysis or a transplant)

The Four Parts of Medicare



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- Medicare has four parts:

1. Part A is Hospital Insurance
2. Part B is Medical Insurance
3. Part C is Medicare Advantage which are plans like HMOs and PPOs
4. Part D is Medicare Prescription Drug Coverage

Original Medicare

- ▶ Has Part A – Hospital Insurance



- Hospital
- Skilled Nursing Facility
- Home health care
- Hospice care

- ▶ Has Part B – Medical Insurance



- Doctor's visits
- Outpatient hospital services
- Clinical lab tests
- Preventive services

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Medicare Part A, hospital insurance helps pay for medically necessary services.

Hospital inpatient care - Semi-private room, meals, general nursing, and other hospital services and supplies. Includes care in critical access hospitals and inpatient rehabilitation facilities. Inpatient mental health care in a psychiatric hospital (lifetime 190-day limit).

Skilled nursing facility (SNF) care (not custodial or long-term care) when certain conditions are met.

Home health care - A doctor enrolled in Medicare, or certain health care providers who work with the doctor, must see you before the doctor can certify that you need home health services. That doctor must order your care, **and** a Medicare-certified home health agency must provide it. You must be homebound, which means that leaving home is a major effort. You pay nothing for covered home health services.

Hospice Care - For people with a terminal illness. Your doctor must certify that you are expected to live 6 months or less. Coverage includes drugs for pain relief and symptom management; medical, nursing, and social services; and other covered services as well as services Medicare usually doesn't cover, such as grief counseling.

Blood - In most cases, if you need blood as an inpatient, you won't have to pay for it or replace it.

Medicare Part B covers a number of medically-necessary services and supplies. Certain requirements must be met.

Doctors' Services - Services that are medically necessary.

Outpatient Medical and Surgical Services and Supplies - For approved procedures (like X-rays, a cast, or stitches). You pay the doctor 20% of the Medicare-approved amount for the doctor's services. You also pay the hospital a copayment for each service you get in a hospital outpatient setting. For each service, the copayment can't be more than the Part A hospital stay deductible. The Part B deductible applies, and you pay all charges for items or services that Medicare doesn't cover.

Home Health Care Services

Durable Medical Equipment

Preventive Services like exams, lab tests, screening and shots to help prevent, find, or manage a medical problem. Preventive services may find health problems early when treatment works best.

Enrolling in Medicare

- Automatic for those receiving
 - Social Security benefits
 - Railroad Retirement Board benefits
- Initial Enrollment Period Package
 - Mailed 3 months before
 - 25th month of disability benefits
 - Age 65



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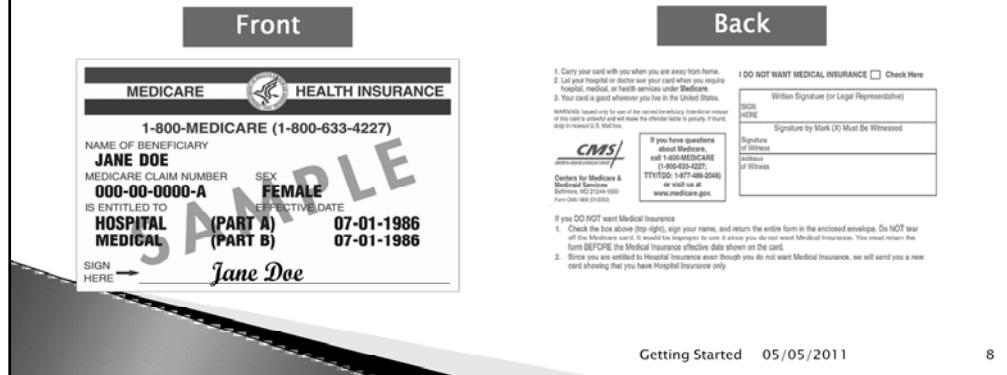
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- If you are already receiving Social Security benefits (for example, getting early retirement) you will be automatically enrolled in Medicare Part A and Part B without an additional application. You will receive your Initial Enrollment Period Package, which includes your Medicare card and other information, about 3 months before age 65 (coverage begins the first of the month you turn 65), or 3 months before your 25th month of disability benefits (coverage begins your 25th month of disability benefits).
- *Welcome to Medicare*, CMS Product No. 11095 is pictured on this slide. It is part of the Initial Enrollment Period Package.

NOTE: If you live in Puerto Rico or a foreign country and you get benefits from Social Security or the RRB, you will be automatically enrolled in Part A. If you want part B you will need to sign up for it. You will not receive the IEP package pictured on the slide. You will get a different package.

Medicare Card

- Keep it and accept Medicare Parts A and B
- Return it to refuse Part B
 - Follow instructions on back of card



- When you have Original Medicare, you use your red, white, and blue Medicare card when you get health care. The Medicare card shows the Medicare coverage (Part A hospital coverage and/or Part B medical coverage) and the date the coverage starts. Note: Your card may look slightly different from this one; it's still valid.
- The Medicare card also shows your Medicare claim number. For most people, the claim number has 9 numerals and 1 letter. There also may be a number or another letter after the first letter. The 9 numerals show which Social Security record your Medicare is based on. The letter or letters and numbers tell how you are related to the person with that record. For example, if you get Medicare on **your own** Social Security record, you might have the letter "A," "T," or "M" depending on whether you get both Medicare and Social Security benefits or Medicare only. If you get Medicare on your spouse's record, the letter might be a B or a D. For railroad retirees, there are numbers and letters **in front** of the Social Security number. These letters and numbers have nothing to do with having Medicare Part A or Part B.
- If you choose another Medicare health plan, your plan may give you a card to use when you get health care services and supplies. You should contact Social Security (or the Railroad Retirement Board if you receive railroad retirement benefits), if any information on the card is incorrect.
- If you don't want Part B, follow the directions and return the card. We will talk more about why you might not want Part B later.

How to Enroll in Medicare

- ▶ Enrollment is not automatic
 - If you don't get Social Security or RRB benefits
 - For instance, you are still actively working
- ▶ Enroll with Social Security
 - Visit local office
 - Call 1-800-772-1213
 - Online at socialsecurity.gov
- ▶ If retired from Railroad enroll with RRB
 - Call your local RRB office or 1-877-772-5772

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- If you aren't getting Social Security or Railroad Retirement Board benefits (for instance, because you are still working), you will need to sign up for Part A (even if you are eligible to get it premium-free). You should contact Social Security 3 months before you turn age 65. If you worked for a railroad, contact the RRB to sign up.
- While Medicare is administered by the Centers for Medicare & Medicaid Services (CMS), the Social Security Administration (SSA) is responsible for enrolling most people in Medicare. The Railroad Retirement Board (RRB) is responsible for enrolling railroad retirees in Medicare.

When to Enroll in Medicare

- ▶ You don't have to be retired
- ▶ Your initial enrollment period lasts 7 months
 - Begins three months before your 65th birthday
 - Includes the month you turn 65
 - Ends three months after you turn 65
- ▶ There are other times you may enroll
 - But you may pay a penalty if you delay enrolling

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- If you are not automatically enrolled, you can choose to sign up for Part B during your initial enrollment period (IEP).
- You can sign up for Part B any time during a 7-month IEP that begins 3 months before the month you become eligible for Medicare. You can choose whether or not to enroll in Part B. If you enroll you pay a monthly premium for Medicare Part B.
- Social Security advises people to apply for Medicare benefits 3 months before age 65. You do not have to be retired to get Medicare. The full retirement age for Social Security retirement benefits is now 66 (for persons born between 1943 and 1954) and will gradually increase 67 for persons born in 1960 or later, but you can still receive full Medicare benefits at age 65.
- Sign up during the first 3 months of your IEP to get your Part B coverage effective the month you turn 65. However, if your birthday is the first day of the month, your coverage will start the first day of the prior month.
- If you wait to sign up until the last four months of your IEP, your Part B start date will be delayed.

NOTE: If your date of birth is the first of the month, your effective date moves to the first of the month before your month of birth if you apply within the first 2 months of your IEP.

See Appendix A

From page 49 of the Medicare & You handbook

Your Medicare Coverage Choices

There are two main choices for how you get your Medicare coverage. Use these steps to help you decide.

Step 1

Decide if You Want Original Medicare or a Medicare Advantage Plan

Original Medicare Includes Part A (Hospital Insurance) and/or Part B (Medical Insurance)

- Medicare provides this coverage directly.
- You have your choice of doctors, hospitals, and other providers that accept Medicare.
- Generally, you or your supplemental coverage pay deductibles and coinsurance.
- You usually pay a monthly premium for Part B.

Step 2

Decide if You Want Prescription Drug Coverage (Part D)

- If you want this coverage, you must join a Medicare Prescription Drug Plan. You usually pay a monthly premium.
- These plans are run by private companies approved by Medicare.

Step 3

Decide if You Want Supplemental Coverage

- You may want to get coverage that fills gaps in Original Medicare coverage. You can choose to buy a Medigap (Medicare Supplement Insurance) policy from a private company.
- Costs vary by policy and company.
- Employers/unions may offer similar coverage.

Medicare Advantage Plan (like an HMO or PPO)

Part C—Includes BOTH Part A (Hospital Insurance) and Part B (Medical Insurance)

- Private insurance companies approved by Medicare provide this coverage.
- In most plans, you need to use plan doctors, hospitals, and other providers, or you may pay more or all of the costs.
- You usually pay a monthly premium (in addition to your Part B premium) and a copayment or coinsurance for covered services.
- Costs, extra coverage, and rules vary by plan.

Step 2

Decide if You Want Prescription Drug Coverage (Part D)

- If you want prescription drug coverage, and it's offered by your plan, in most cases you must get it through your plan.
- In some types of plans that don't offer drug coverage, you can join a Medicare Prescription Drug Plan.

Note: If you join a Medicare Advantage Plan, you don't need a Medigap policy. If you already have a Medigap policy, you can't use it to pay for out-of-pocket costs you have in the Medicare Advantage Plan. If you already have a Medicare Advantage Plan, you can't be sold a Medigap policy.

In addition to Original Medicare or a Medicare Advantage Plan, you may be able to join other types of Medicare health plans.

Source: 2011 Medicare & You handbook, CMS Product No. 10055, page 49

A full size copy of this chart from the Medicare & You handbook should be provided to those attending training. See Appendix A.

Decision Should I keep/sign up for Part A?

Yes

► Consider

- Get it automatically if getting Social Security/RRB
- Free for most people
- Can pay if work history is not sufficient
 - There may be a penalty if you delay
- If you/your spouse is actively working and covered by employer plan
 - Contact Social Security to sign up

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- Medicare Part A is premium free if you or your spouse paid Medicare, or Federal Insurance Contributions Act (FICA), taxes while working (10 year minimum in most cases). FICA funds the Social Security and Medicare programs.
- If either you or your spouse doesn't qualify for premium-free Medicare Part A, you may still be able to get Medicare Part A by paying a monthly premium. The amount of the premium depends on how long you or your spouse worked in Medicare-covered employment. SSA determines if you have to pay a monthly premium for Part A. In 2011, the Part A monthly premium is \$248 (for a person who has worked 30-39 quarters) or \$450 (for a person who has worked less than 30 quarters) of Medicare-covered employment.
- ***If you don't buy Medicare Part A when you are first eligible, you may have to pay a monthly premium penalty. The premium is subject to a 10% increase payable for twice the number of full twelve month periods you could have been but were not enrolled.*** The 10% premium surcharge will apply only after 12 months have elapsed from the last day of the IEP to the last date of the enrollment period you used to enroll. In other words, if it is less than 12 months, the penalty will not apply. *This penalty won't apply to you if you are eligible for a special enrollment period (anytime that you or your spouse (or family member if you're disabled) are working, and you're covered by a group health plan through the employer or union based on that work or during the 8-month period that begins the month after the employment ends or the group health plan coverage ends, whichever happens first).*
- For information on Medicare Part A entitlement, enrollment, or premiums, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Decision

Should I keep/sign up for Part B?

▶ Consider

- Automatic if getting Social Security/RRB benefits
- Most people pay a monthly premium
 - Usually deducted from SS/RRB benefits
 - Amount depends on income (see Attachment C)
- It may supplement employer coverage

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- Having coverage through an employer (including the Federal Employee Health Benefits Program) or union while you or your spouse, or family member if you are disabled, is still working can affect your Part B enrollment rights.
- You should contact your employer or union benefits administrator to find out how your insurance works with Medicare and if it would be to your advantage to delay Part B enrollment.
- If you have Medicare Part A and TRICARE (coverage for active duty military or retirees and their families), you must have Part B to keep your TRICARE coverage. However, if you are an active duty service member, or the spouse or dependent child of an active duty service member, you don't have to enroll in Part B to keep your TRICARE coverage while the service member is on active duty. When the active-duty service member retires, you must enroll in Part B to keep your TRICARE coverage. You can get Part B during a special enrollment period if you have Medicare because you are age 65 or older, or you are disabled. **Note:** If you are in a Medicare Advantage Plan or choose to join a plan, tell the plan that you have TRICARE so your bills can be paid correctly.
- The Part B premium is deducted from monthly Social Security, Railroad Retirement or Federal retirement payments. The amount depends on your income. See Attachment B.
- People who don't get a retirement payment or whose payment is not enough to cover the premium get a bill from Medicare for the part B premiums. The bill can be paid by credit card, check, or money order.
- If you don't sign up for Part B when you are first eligible, you may have to pay a late enrollment penalty for as long as you have Medicare.
- Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it. Usually, you don't pay a late enrollment penalty if you sign up for Part B during a special enrollment period (SEP).

Decision

Should I keep/sign up for Part B?

- ▶ Sometimes you must have Part B
 - If you want to buy a Medigap policy
 - If you want to join a Medicare Advantage Plan
 - If you are eligible for TRICARE
 - If your employer coverage requires you have it
 - Talk to your employer's benefits administrator
- ▶ With Veterans benefits it's optional
 - But you pay a penalty if you sign up late If you don't sign up during your initial enrollment period

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- Sometimes you must have Part B:
 - If you want to buy a Medigap policy
 - If you want to join a Medicare Advantage Plan
 - If you are eligible for TRICARE
 - If your employer coverage requires you have it (talk to your employer's benefits administrator)
- With Veterans benefits it's optional, but you pay a penalty if you sign up late If you don't sign up during your initial enrollment period

Decision

Should I keep/sign up for Part B?

- ▶ If you don't have coverage from *active* employment **Probably**
 - Yours or your spouses
 - Delaying Part B may mean
 - Higher premiums
 - Paying for your health care out-of-pocket
- ▶ If you do have coverage through *active* employment **Maybe Not**
 - You may want to delay Part B
 - No penalty if you enroll while you have coverage or within 8 months of losing coverage

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- Having coverage through an employer (including the Federal Employee Health Benefits Program) or union while you or your spouse, or family member if you are disabled, is still working can affect your Part B enrollment rights. If you are covered through active employment (yours or your spouses) you have a Special Enrollment Period. This means you can join Part B anytime that you or your spouse (or family member if you're disabled) are working, and you're covered by a group health plan through the employer or union based on that work. Or, during the 8-month period that begins the month after the employment ends or the group health plan coverage ends, whichever happens first. Usually, you don't pay a late enrollment penalty if you sign up during a Special Enrollment Period. This Special Enrollment Period doesn't apply to people with End-stage Renal Disease (ESRD).
- You should contact your employer or union benefits administrator to find out how your insurance works with Medicare and if it would be to your advantage to delay Part B enrollment.
- If you don't take Part B when first eligible, you may have to wait to sign up during the annual General Enrollment Period (GEP) which runs from January 1 through March 31 of each year. Your coverage will be effective July 1 of that year.
- If you don't take Part B when you are first eligible, you will have to pay a premium penalty of 10% for each full 12-month period they could have had Part B but didn't sign up for it, except in special situations. In most cases, they will have to pay this penalty for as long as you have Part B.

What is Medigap?

- ▶ Policies sold by private companies
- ▶ Fill the gaps in Original Medicare
 - Deductibles, coinsurance, copayments
- ▶ Standardized plans in all but three states
 - Minnesota, Massachusetts, Wisconsin
- ▶ All plans of same letter have same coverage
 - Only costs are different

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- Medigap (Medicare Supplement Insurance) policies are private health insurance that cover only the policyholder, not the spouse. They are sold by private insurance companies to supplement Original Medicare (help pay for “gaps” in Original Medicare coverage - like deductibles, coinsurance and copayments)
- They pay for Medicare-covered services provided by any doctor, hospital, or provider that accepts Medicare (the exception is Medigap SELECT policies that require you use specific hospitals, and in some cases, specific doctors to get full benefits).
- Medigap may cover certain things Medicare doesn’t depending on the Medigap plan.
- They must follow Federal and state laws that protect people with Medicare.
- In all states except Massachusetts, Minnesota, and Wisconsin, Medigap policies must be one of the standardized plans A, B, C, D, F, G, K, L, M or N so they can be easily compared. Each plan has a different set of benefits that are the same for any insurance company. It’s important to compare Medigap policies, because costs can vary. (Note: Each company decides which Medigap policies it will sell and the price for each plan, with state review and approval.)
- A Medigap policy only works with Original Medicare (not with Medicare Advantage (MA) or other Medicare plans). It is illegal for anyone to sell you a Medigap policy if you
 - Are in a Medicare Advantage Plan (unless your enrollment is ending).
 - Have Medicaid (unless Medicaid pays for your Medigap policy or only pays your Medicare Part B premium).
 - Already have a Medigap policy (unless you cancel your old Medigap policy).
- You may want to drop your Medigap policy if you join a Medicare Advantage Plan or other Medicare plan. Even though you are entitled to keep it, it can’t pay for benefits that you get under your MA or other Medicare plan and can’t pay any cost-sharing under these plans.
- If you are in Original Medicare and you have a Medigap policy, you can go to any doctor, hospital, or other health care provider that accepts Medicare. However, if you have a type of Medigap policy called **Medicare SELECT**, you must use specific hospitals and, in some cases, specific doctors to get full insurance benefits.

Decision

Do I need a Medigap policy?

▶ Consider

- Do you have Original Medicare?
 - Medigap doesn't work with Medicare Advantage
- Do you have other coverage that supplements Medicare?
 - You might not need Medigap
- Can you afford Medicare deductibles and copayments?
- How much will the monthly Medigap premium cost?

Maybe

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- Do you have Original Medicare?
 - Medigap doesn't work with Medicare Advantage
- Do you have other coverage that supplements Medicare?
 - You might not need Medigap
- Can you afford Medicare deductibles and copayments?
- How much will the monthly Medigap premium cost?

Decision

What is the best time to buy Medigap?

Usually during your Medigap Open Enrollment Period

▶ Consider

- Your Medigap Open Enrollment Period begins when you are 65 or older AND enrolled in Part B
 - Lasts 6 months (may vary by state)
 - You have protections – plans MUST sell you a plan
- You can buy a Medigap policy whenever a company agrees to sell you one
 - If later, there may be restrictions

- Usually the best time to buy a Medigap policy is during your Medigap Open Enrollment Period. It begins when you are both 65 and enrolled in Part B.
- You have a 6-month Medigap open enrollment period which gives you a guaranteed right to buy a Medigap (Medicare Supplement Insurance) policy. Some states may have a longer period. Once this period starts, it can't be delayed or repeated.
- You can buy a Medigap policy whenever a company agrees to sell you one. However, there may be restrictions.

Decision

Which Medigap policy do I buy?

- ▶ Consider
 - The coverage under each standardized plan
 - The cost of each plan – be sure to shop
 - Your individual health care needs

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- Basic benefits are covered by all Medigap plans. They include the following:
 - Medicare Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
 - Medicare Part B coinsurance or copayment
 - Blood (First 3 Pints)
 - Part A Hospice Care coinsurance or copayment

NOTE: Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to \$50 copayment for emergency room visits that don't result in an inpatient admission.

- Each Medigap Plan covers different benefits:

- The Skilled Nursing Facility care coinsurance is covered by Medigap Plans C, D, F, G, K (at 50%), L (at 75%), M, and N

- The Medicare Part A deductible is covered by Medigap Plans B, C, D, F, G, K (at 50%), L (at 75%), M (at 50%) and N

- The Medicare Part B deductible is covered by Medigap Plans C and F

- The Medicare Part B excess charges are covered by Medigap Plans F and G

- Foreign travel emergency costs up to the plan's limits are covered by Medigap Plans C, D, F, G, M and N

NOTE: *Plan F also offers a high-deductible plan. Plans K and L have out-of-pocket limits of \$4,640 and \$2,320 respectively.

Medigap Benefits	Medigap Plans									
	A	B	C	D	F*	G	K**	L**	M	N
Part A Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Up to 365 Days	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blood	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospice Care Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Skilled Nursing Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B Deductible			✓		✓					
Part B Excess Charges					✓	✓				
Foreign Travel Emergency (Up to Plan Limits)			✓	✓	✓	✓			✓	✓
*Plan F has a high-deductible option										
** Plans K and L have out-of-pocket limits of \$4,640 and \$2,320 respectively										
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Basic benefits are covered by all Medigap plans. They include the following:

- Medicare Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up
- Medicare Part B coinsurance or copayment
- Blood (First 3 Pints)
- Part A Hospice care coinsurance or copayment

NOTE: Plan N pays 100% of the Part B coinsurance, except for copay of up to \$20 for some office visits and up to \$50 copay for emergency room visits that don't result in an inpatient admission.

Each Medigap plan covers different additional benefits:

- Skilled Nursing Facility care coinsurance - Medigap Plans C, D, F, G, K (at 50%), L (at 75%), M, and N
- Medicare Part A deductible - Medigap Plans B, C, D, F, G, K (at 50%), L (at 75%), M (at 50%) and N
- Medicare Part B deductible - Medigap Plans C and F
- Medicare Part B excess charges (the amount a health care provider is legally permitted to charge that is higher than the Medicare-approved amount) - Medigap Plans F and G
- Foreign Travel Emergency costs up to the Plan's limits - Medigap Plans C, D, F, G, M and N

NOTE: A full size version of this chart is in the corresponding workbook. See Appendix B.

Decision

How do I find the right Medigap policy for me?

- By phone or computer
 - Call 1 800 MEDICARE
 - Visit medicare.gov and use the compare tool
 - Call your SHIP
 - The process
 - Choose standardized plan, like a Plan C, for example
 - Compare costs of all Plan C policies
 - The coverage is the same - the costs may be different

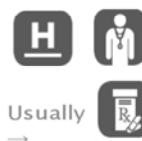
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- You can find a Medigap policy in your area by phone or computer
 - Call 1 800 MEDICARE
 - Visit medicare.gov and use the compare tool
 - Call your State Health Insurance Assistance Program
- The process
 - Choose standardized plan, like a Plan C, for example
 - Compare costs of all Plan C policies. The coverage is the same but the costs may be different.

Part C – Medicare Advantage

- ▶ Health plan options approved by Medicare
- ▶ Run by private companies
- ▶ Medicare pays amount for each member's care
- ▶ Another way to get Medicare coverage
- ▶ Part of the Medicare program
- ▶ May have to use network doctors or hospitals



- Medicare Advantage is also called Part C. They are
 - Health plan options approved by Medicare
 - Run by private companies
- Medicare pays amount for each member's care
- They are another way to get Medicare coverage
- They are part of the Medicare program
- If you join you may have to use network doctors or hospitals

When can I enroll in a MA plan?

- ▶ During 7 month initial enrollment period
- ▶ Can join during annual fall open enrollment
 - October 15 – December 7 each year
 - Coverage begins January 1
- ▶ May be able to join during other special times
- ▶ Contact the plan to join
 - Call their number
 - Visit their website
 - Plan information is available on www.medicare.gov

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- You can join a Medicare Advantage Plan when you first become eligible for Medicare, during your Initial Coverage Election Period, which begins 3 months immediately before your first entitlement to both Medicare Part A and Part B, or during the annual election period (also known as open enrollment), and in certain special situations that provide a special enrollment period. You can only join one Medicare Advantage Plan at a time, and enrollment in a plan is generally for a calendar year.
- You can switch to another Medicare Advantage Plan or to Original Medicare during the annual election period from October 15 – December 7.

New: If you belong to an MA plan, you can switch to Original Medicare from January 1 – February 14. If you go back to Original Medicare during this time, coverage under Original Medicare will take effect on the first day of the calendar month following the date on which the election or change was made.

- To disenroll from an MA plan and return to Original Medicare during this period:

–Make a request directly to the MA organization

–Call 1-800-MEDICARE

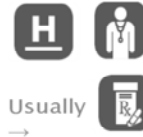
–Enroll in a stand alone PDP

- If you make this change you may also join a Medicare Prescription Drug Plan to add drug coverage. Coverage begins the first of the month after the plan receives the enrollment form.
- Medicare Advantage Plans are available to most people with Medicare. To be eligible to join a Medicare Advantage Plan, you must live in the plan's geographic service area or continuation area, Have Medicare Part A **and** Part B, and not have End-Stage Renal Disease (ESRD). People with ESRD usually can't join a Medicare Advantage Plan or other Medicare plan. However, there are some exceptions.
- In addition, you must
 - Agree to provide the necessary information to the plan
 - Agree to follow the plan's rules
 - Belong to only one plan at a time

To find out what Medicare Advantage Plans are available in your area, visit www.medicare.gov and choose the link [Compare Health Plans and Medigap Policies in Your Area](#) to use the Medicare Options Compare tool, or call 1-800-MEDICARE (1-800-633-4227).

How Medicare Advantage Works

- ▶ Still in Medicare with all rights and protections
- ▶ Still get Part A and Part B services
- ▶ Plan may include prescription drug coverage
- ▶ May include extra benefits like vision or dental
- ▶ Benefits and cost-sharing may be different



- If you join a Medicare Advantage Plan, you
 - Still are in Medicare with all rights and protections
 - Still get Part A and Part B services
 - May have prescription drug coverage included
 - May get extra benefits like vision or dental included
 - Pay different amounts and may have different benefits

Decision

Do I want to join a Medicare Advantage Plan?

- ▶ Consider
 - Most offer comprehensive coverage
 - Including Part D drug coverage
 - May require you to use a network
 - You must pay monthly premium to plan
 - Still must pay Part B premium
 - May need a referral to see a specialist
 - Can only join/leave plan during certain periods
 - Doesn't work with Medigap policies
 - Must have Part A and Part B to join

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There are things to consider when deciding if you want to join a Medicare Advantage plan.

- Most offer comprehensive coverage
 - Including Part D drug coverage
- May require you to use a network
- You must pay monthly premium to plan
 - Still must pay Part B premium
- May need a referral to see a specialist
- Can only join/leave plan during certain periods
- Doesn't work with Medigap policies
- Must have Part A and Part B to join

What Do I Pay?

- ▶ See Appendix C for costs
 - In Original Medicare (Part A and Part B)
 - Make sure your doctor accepts “assignment”
 - In Medicare Advantage
 - Check with plan
 - In Medicare Prescription Drug Plans
 - Check with plan
- ▶ Costs change yearly
 - Updates are in Medicare & You handbook
 - Mailed every fall

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- Costs in Medicare vary by the type of coverage you choose. Premiums in Part B and Part D may vary depending on your income.
- In Original Medicare, assignment means that a doctor or supplier agrees to accept the Medicare-approved amount as full payment. If you are in Original Medicare, it can save you money if your doctor accepts assignment. You still pay your share of the cost of the doctor's visit.
- Information on costs is updated annually in the Medicare & You handbook, CMS Product No. 10050, mailed to households with Medicare every fall. See Appendix C.

Part D – Medicare Prescription Drug Coverage

- ▶ Available for all people with Medicare
- ▶ Provided through
 - Medicare Prescription Drug Plans
 - Medicare Advantage Plans
 - Other Medicare plans
- ▶ Must include range of drugs in each category



- Medicare Part D is Medicare Prescription Drug Coverage.
- The coverage is provided through Medicare Prescription Drug Plans, Medicare Advantage Plans, or other Medicare plans.
- Part D plans must cover a range of drugs in each category.

Who Can Join Part D?

- ▶ You must have Medicare Part A and/or Part B
- ▶ You must live in the plan's service area
- ▶ You can't live outside the U.S.
- ▶ You can't be incarcerated
- ▶ You must enroll in a Medicare Part D plan
 - In most cases no automatic enrollment
 - You must fill out an application

- Part D is available for all people with Medicare. You can just have Part A, just have Part B, or have both.
- You must live in the plan's service area.
- You can't live outside the U.S.
- You can't be incarcerated.
- You must enroll in the plan yourself in most cases by completing an application. Some people with limited income and resources are automatically enrolled.

Joining a Part D Plan

- ▶ Can join during 7 month initial enrollment period
- ▶ Can join during annual fall open enrollment
 - October 15 – December 7
 - Coverage starts January 1
- ▶ Can join during other special times
- ▶ Contact plan to join
 - Call
 - Visit website

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- You can join a Medicare Prescription Drug Plan when you first become eligible for Medicare, i.e., during your initial coverage election period, which begins 3 months immediately before your first entitlement to both Medicare Part A and Part B. After you enroll in a Medicare Prescription Drug Plan you must remain with that plan for the rest of the calendar year.
- You can also enroll in a Medicare Part D plan during the annual coordinated election period (also known as open enrollment), October 15 – December 7 each year. You can also **change** Medicare Part D plans during the annual coordinated election period.
- There is a new annual disenrollment period that started in 2011. Between January 1–February 14, you can leave an MA plan and switch to Original Medicare. If you make this change, you may also join a Medicare Part D plan to add drug coverage. Coverage begins the first of the month after the plan receives the enrollment form.
- In certain situations, you may get a special enrollment period:
 - If you permanently move out of your plan's service area
 - If you lose your other creditable prescription drug coverage (drug coverage that you had in the past that gives you certain rights when you apply for new coverage).
 - If you were not adequately informed that your other coverage was not creditable, or that the coverage was reduced so that it is no longer creditable
 - When you enter, reside in, or leave a long-term care facility like a nursing home
 - If you qualify for Extra Help, you have a continuous special enrollment period and can change your Medicare prescription drug plan at any time
 - Or in exceptional circumstances, such as if you no longer qualify for Extra Help

Decision

Should I enroll in a Part D plan?

▶ Consider

- Do you have creditable drug coverage?
 - Coverage as good as Medicare's
 - For example through an employer plan
- Will that coverage end when you retire?
- What is the cost of drugs you currently take?
- What is the cost of premiums for Part D plans?
- You may pay a penalty if you don't take Part D when first eligible
 - Unless you have creditable coverage

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- If you choose to not join a Medicare prescription drug plan at your first opportunity, you may have to pay a higher monthly premium (penalty) if you decide to enroll later.
- The penalty is added to the premium payment amount. It is calculated by multiplying 1% of the national base beneficiary premium by the number of months the person was eligible but not enrolled in a plan and did not have creditable drug coverage. The penalty calculation is not based on the premium of the plan the individual is enrolled in. The base beneficiary premium (\$32.34 in 2011) is a national number and can change each year. (Note: In practice, premiums vary significantly from one Part D plan to another and seldom equal the base beneficiary premium. The base member premium is different from the average beneficiary premium. The average member premium reflects the specific plan-by-plan premiums and the actual number of people who are enrolled in each plan.)
- People who have another source of drug coverage—through a former employer, for example—may choose to stay in that plan and not enroll in a Medicare prescription drug plan. If your other coverage is **at least as good as Medicare prescription drug coverage**, called “creditable” coverage, you will not have to pay a higher premium if you later join a Medicare prescription drug plan. Your other plan will notify you about whether or not your coverage is creditable. This notice will explain your options. You can contact your plan's benefits administrator for more information.
- Some examples of coverage that may be considered creditable include the following:
 - Group Health Plans (GHPs)
 - State Pharmaceutical Assistance Programs (SPAPs)
 - VA coverage and Military coverage including TRICARE
- If you don't agree with your late enrollment penalty, you may be able to ask Medicare for a review or reconsideration. You will need to fill out a reconsideration request form (that your drug plan will send you), and you will have the chance to provide proof that supports your case, such as information about previous creditable prescription drug coverage.

Decision

How do I choose a Part D plan?

- ▶ Call or by computer
 - 1-800-MEDICARE
 - Plan Finder Tool at www.medicare.gov
 - Call SHIP for help comparing plans
- ▶ To join a Part D Plan
 - Complete a paper application
 - Call the plan
 - Enroll on the plan's Web site
 - Enroll on www.medicare.gov
 - Call 1-800-MEDICARE (1-800-633-4227)

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- There is help available to find the Part D plan for you. You can call 1-800-MEDICARE, view the Plan finder Tool at www.medicare.gov, or call your State Health Assistance Program (SHIP).
- Check with the plan to see how to enroll. There are different ways including the following:
 - By paper application
 - By calling the plan
 - Enrolling on the plan's Web site
 - Enrolling on www.medicare.gov
 - By call 1-800-MEDICARE (1-800-633-4227).

What help is there for people with limited income and resources?

- ▶ Medicaid
- ▶ Extra Help
- ▶ Medicare Savings Programs

- There are programs available to help people with limited income and resources pay their Medicare costs. These include Medicaid, Extra Help, and Medicare Savings Programs.

What is Medicaid?

- ▶ Federal–state health insurance program
 - For people with limited income and resources
 - Certain people with disabilities
- ▶ Most costs covered for Medicare/Medicaid
 - Called “dually eligible”
- ▶ Eligibility determined by state
- ▶ Application processes and benefits vary
- ▶ State office names vary
- ▶ Apply if you MIGHT qualify

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- Medicaid is a program that helps pay medical costs for some people with limited income and resources. Medicaid is jointly funded by the Federal and state government and is administered by each state. It can cover children; aged, blind, and disabled people; and some other groups, depending on the state. If you are eligible for both Medicare and Medicaid, most of your health care costs are covered; we often refer to these people as “dually eligible.” People with both Medicare and Medicaid get drug coverage from Medicare, not Medicaid. People with Medicaid may get coverage for services that aren’t fully covered by Medicare, such as nursing home care and home health care.
- Medicaid eligibility is determined by each state, and Medicaid application processes and benefits vary from state to state. You need to contact your state Medical Assistance office to see if you qualify. For instance, a person in *Name of State*, would apply for Medicaid at *Name of Agency*. [*Instructor: insert information specific to Medicaid in your state.*]
- Apply if you MIGHT qualify:
 - Call 1 800-MEDICARE
 - Call your SHIP
 - Call Social Security at 1 800-772-1213
 - Call or visit your state agency

What is Extra Help?

- ▶ Help paying prescription drug costs
- ▶ Social Security or state makes determination
- ▶ Some groups automatically qualify
 - People with Medicare and Medicaid
 - Supplemental Security Income (SSI) only
 - Medicare Savings Programs
- ▶ You or someone on your behalf can apply

- People with Medicare who have limited incomes and resources may be able to get Extra Help with the costs of Medicare prescription drug coverage. You must be enrolled in a Medicare prescription drug plan to get Extra Help. You can apply with either Social Security or your state's Medicaid program office. When you apply, you will be asked for information about your income and resources, and you will be asked to sign a statement that your answers are true. Social Security will check your information from computer records at the Internal Revenue Service and other sources. You may be contacted if more information is needed.
- When your application has been processed, you will get a letter telling you if you qualify for Extra Help.
- Certain groups of people automatically qualify for Extra Help and do not have to apply:
 - People with Medicare and full Medicaid benefits (including prescription drug coverage)
 - People with Medicare who get Supplemental Security Income only (SSI)
 - People who get help from Medicaid paying their Medicare premiums (Medicare Savings Programs)
- All other people with Medicare must file an application to get Extra Help:
 - Fill out a paper application
 - On the web at socialsecurity.gov
 - Through your State Medical Assistance office
 - Through a local organization
 - You or someone on your behalf can apply

What are Medicare Savings Programs?

- ▶ Help from Medicaid paying Medicare costs
 - Pay Medicare premiums
 - May pay Medicare deductibles and coinsurance
- ▶ Often higher income/resource guidelines
- ▶ Income amounts change each year
- ▶ Some states offer their own programs

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- Medicare Savings Programs provide help from Medicaid paying Medicare costs. These programs can help pay Medicare premiums, deductibles, and/or coinsurance.
- These programs often have higher income/resource guidelines.
- Income amounts can change each year.
- Some states offer their own programs.

Decision

Should I apply for these programs?

Yes

- ▶ Apply if you MIGHT qualify
- ▶ Your SHIP can help you

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- You should apply for these programs if you have limited income and resources. Even if you only think you MIGHT qualify, you should apply.
- If you need help, contact your State Health Insurance Assistance Program.

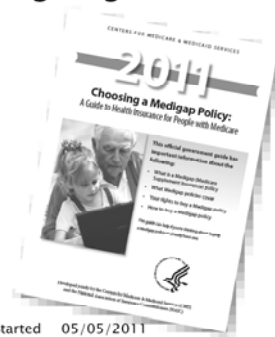
Key Points to Remember

- ▶ Medicare is a health insurance program
- ▶ It does not cover all of your health care costs
- ▶ There are other ways to get coverage within the program
- ▶ Important
 - Make the right decisions
 - Make them at the right times
 - Get help if you need it

- Here are some key points to remember:
 - Medicare is a health insurance program
 - It does not cover all of your health care costs
 - You have a choice in how you get your coverage
 - It is important to make the right decisions, at the right times
 - There is help available if you need it

More Information

- ▶ Medicare & You Handbook
- ▶ Other CMS publications
- ▶ 1-800-MEDICARE
- ▶ National Medicare Training Program
 - cms.hhs.gov/NationalMedicareTrainingProgram
- ▶ Your SHIP counselor



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- More information and help is available:
- The Medicare & You handbook is mailed to each household with Medicare yearly in the fall. It includes the Part C and Part D plans in your area.
- Other publications are available on www.medicare.gov.
- The Medicare helpline is open 24 hours a day including weekends. Call 1-800-Medicare (1-800-633-4227). TTY users call 1-877-486-2048.
- Partners can find information from the National Medicare Training Program at www.cms.hhs.gov/NationalMedicareTrainingProgram
- Contact your State Health Insurance Assistance Program (SHIP). Their phone number is on the back cover of your Medicare & You handbook, or get it under helpful contacts on www.medicare.gov.

NOTE: Presenters may wish to add local contact information.

Your Medicare Coverage Choices

There are two main choices for how you get your Medicare coverage. Use these steps to help you decide.

Step 1

Decide if You Want Original Medicare or a Medicare Advantage Plan

Original Medicare Includes Part A (Hospital Insurance) and/or Part B (Medical Insurance)

- Medicare provides this coverage directly.
- You have your choice of doctors, hospitals, and other providers that accept Medicare.
- Generally, you or your supplemental coverage pay deductibles and coinsurance.
- You usually pay a monthly premium for Part B.

Step 2

Decide If You Want Prescription Drug Coverage (Part D)

- If you want this coverage, you must join a Medicare Prescription Drug Plan. You usually pay a monthly premium.
- These plans are run by private companies approved by Medicare.

Step 3

Decide If You Want Supplemental Coverage

- You may want to get coverage that fills gaps in Original Medicare coverage. You can choose to buy a Medigap (Medicare Supplement Insurance) policy from a private company.
- Costs vary by policy and company.
- Employers/unions may offer similar coverage.

Medicare Advantage Plan

(like an HMO or PPO)

Part C—Includes BOTH Part A (Hospital Insurance) and Part B (Medical Insurance)

- Private insurance companies approved by Medicare provide this coverage.
- In most plans, you need to use plan doctors, hospitals, and other providers, or you may pay more or all of the costs.
- You usually pay a monthly premium (in addition to your Part B premium) and a copayment or coinsurance for covered services.
- Costs, extra coverage, and rules vary by plan.

Step 2

Decide If You Want Prescription Drug Coverage (Part D)

- If you want prescription drug coverage, and it's offered by your plan, in most cases you must get it through your plan.
- In some types of plans that don't offer drug coverage, you can join a Medicare Prescription Drug Plan.

Note: If you join a Medicare Advantage Plan, you don't need a Medigap policy. If you already have a Medigap policy, you can't use it to pay for out-of-pocket costs you have in the Medicare Advantage Plan. If you already have a Medicare Advantage Plan, you can't be sold a Medigap policy.

In addition to Original Medicare or a Medicare Advantage Plan, you may be able to join other types of Medicare health plans.

Medicare Costs

Your Monthly Premiums for Medicare

Part A (Hospital Insurance) Monthly Premium

Most people don't pay a Part A premium because they paid Medicare taxes while working.

In 2011, you pay up to \$450 each month if you don't get premium-free Part A. If you pay a late enrollment penalty, this amount is higher.

Part B (Medical Insurance) Monthly Premium

Most people will continue to pay the same Part B premium they paid last year.

If Your Yearly Income in 2009 was		You Pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$115.40
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	\$161.50
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	\$230.70
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	\$299.90
above \$214,000	above \$428,000	\$369.10

If you have questions about your Part B premium, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Note: If you don't get Social Security, RRB, or Civil Service benefit payments and choose to sign up for Part B, you will get a bill. If you choose to buy Part A, you will always get a bill for your premium. You can mail your premium payments to the Medicare Premium Collection Center, P.O. Box 790355, St. Louis, MO 63179-0355. If you get a bill from the RRB, mail your premium payments to RRB, Medicare Premium Payments, P.O. Box 9024, St. Louis, MO 63197-9024.

What You Pay if You Have Original Medicare

Part A Costs for Covered Services and Items

Blood	In most cases, the hospital gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated.
Home Health Care	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$0 for home health care services ▪ 20% of the Medicare-approved amount for durable medical equipment
Hospice Care	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$0 for hospice care ▪ A copayment of up to \$5 per prescription for outpatient prescription drugs for pain and symptom management ▪ 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest) <p>Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).</p>
Hospital Inpatient Stay	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$1,132 deductible and no coinsurance for days 1–60 each benefit period ▪ \$283 per day for days 61–90 each benefit period ▪ \$566 per “lifetime reserve day” after day 90 each benefit period (up to 60 days over your lifetime) ▪ All costs for each day after the lifetime reserve days ▪ Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime <p>See “Medical and Other Services” on the following page for what you pay for doctor services while you're a hospital inpatient.</p>
Skilled Nursing Facility Stay	<p>You pay:</p> <ul style="list-style-type: none"> ▪ \$0 for the first 20 days each benefit period ▪ \$141.50 per day for days 21–100 each benefit period ▪ All costs for each day after day 100 in a benefit period

Note: If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those noted above. Review the Evidence of Coverage from your plan.

What You Pay if You Have Original Medicare (continued)

Part B Costs for Covered Services and Items

Part B Deductible	You pay the first \$162 yearly for Part B-covered services or items.
Blood	In most cases, the provider gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. However, you will pay a copayment for the blood processing and handling services for every unit of blood you get, and the Part B deductible applies. If the provider has to buy blood for you, you must either pay the provider costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else. You pay a copayment for additional units of blood you get as an outpatient (after the first 3), and the Part B deductible applies.
Clinical Laboratory Services	You pay \$0 for Medicare-approved services.
Home Health Services	You pay \$0 for Medicare-approved services. You pay 20% of the Medicare-approved amount for durable medical equipment.
Medical and Other Services	You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy*, and durable medical equipment.
Mental Health Services	You pay 45% of the Medicare-approved amount for most outpatient mental health care.
Other Covered Services	You pay copayment or coinsurance amounts.
Outpatient Hospital Services	You pay a coinsurance (for doctor services) or a copayment amount for most outpatient hospital services. The copayment for a single service can't be more than the amount of the inpatient hospital deductible.

*In 2011, there may be limits on physical therapy, occupational therapy, and speech-language pathology services. If so, there may be exceptions to these limits.

Note: All Medicare Advantage Plans must cover these services. Costs vary by plan and may be either higher or lower than those noted above. Review the Evidence of Coverage from your plan.

Medicare Advantage Plans (Part C) and Medicare Prescription Drug Plans (Part D) Premiums

Visit www.medicare.gov/find-a-plan to get plan premiums. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

The chart below shows your estimated prescription drug plan monthly premium amount based on your income. If your income is above a certain limit, you will pay an income-related monthly adjustment amount in addition to your premium. The amounts shown are estimates. What you pay may be higher or lower.

Part D Monthly Premium

If Your Yearly Income in 2009 was		You Pay
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	Your Plan Premium
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	\$12.00 + Your Plan Premium
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	\$31.10 + Your Plan Premium
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	\$50.10 + Your Plan Premium
above \$214,000	above \$428,000	\$69.10 + Your Plan Premium

The income-related monthly adjustment amount will be deducted from your monthly Social Security check, no matter how you usually pay your plan premium. If that amount is more than the amount of your check, you will get a bill from Medicare.

Part C and Part D Costs for Covered Services and Supplies

Cost information for the Medicare plans in your area is available by visiting www.medicare.gov. You can also contact the plan, or call 1-800-MEDICARE. You can also call your State Health Insurance Assistance Program (SHIP).

The figure below is used to estimate the Part D late enrollment penalty. The national base beneficiary premium amount can change each year.

2011 Part D National Base Beneficiary Premium	\$32.34
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**E-mail: NMTP@cms.hhs.gov
Website: cms.gov/NationalMedicareTrainingProgram**

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