



Social Security

Medicare

www.socialsecurity.gov

Contacting Social Security

Visit our website

At our website, ***www.socialsecurity.gov***, you can:

- Create a **my Social Security** account to review your *Social Security Statement*, verify your earnings, print a benefit verification letter, request a replacement Medicare card, change your direct deposit information, and more.
- Apply for Extra Help with Medicare prescription drug plan costs;
- Apply for retirement, disability, and Medicare benefits;
- Get the address of your local Social Security office;
- Find copies of our publications; and
- Get answers to frequently asked questions.

Call us

Call us toll-free at **1-800-772-1213** or at our TTY number, **1-800-325-0778**, if you're deaf or hard of hearing.

We provide general information by automated phone service 24 hours a day. You can also use this automated response system to tell us a new address or request a replacement Medicare card. We can answer your case-specific questions from 7 a.m. to 7 p.m., Monday through Friday. You'll generally have a shorter wait time if you call after Tuesday.

We treat all calls confidentially, and a second Social Security representative monitors some telephone calls, because we want to make sure you receive accurate and courteous service.

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Medicare

This booklet provides basic information about what Medicare is, who's covered, and some of the options you have for choosing Medicare coverage. For the latest information about Medicare, visit the website or call the toll-free number listed below.

Medicare

Website: [Medicare.gov](https://www.medicare.gov)

**Toll-free number: 1-800-MEDICARE
(1-800-633-4227)**

TTY number: 1-877-486-2048

What is Medicare?

Medicare is our country's health insurance program for people age 65 or older. People younger than age 65 with certain disabilities or permanent kidney failure can also qualify for Medicare. The program helps with the cost of health care, but it doesn't cover all medical expenses or the cost of most long-term care. You have choices for how you get Medicare coverage. If you choose to have original Medicare coverage, you may buy a Medicare supplement policy (called Medigap) from a private insurance company to cover some of the costs that Medicare does not.

A portion of the payroll taxes paid by workers and their employers cover most Medicare expenses. Monthly premiums, usually deducted from Social Security checks also cover a portion of the costs.

The Centers for Medicare & Medicaid Services is the agency in charge of the Medicare program. But, you apply for Medicare at Social Security, and we can give you general information about the Medicare program.

Medicare has four parts

- Hospital insurance (Part A) helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), some home health care and hospice care.

- Medical insurance (Part B) helps pay for services from doctors and other health care providers, outpatient care, home health care, durable medical equipment, and some preventive services.
- Medicare Advantage plans (Part C) are available in many areas. People with Medicare Parts A and B can choose to receive all of their health care services through a single provider under Part C.
- Prescription drug coverage (Part D) helps pay for the costs of prescription drugs.

You can get more details about what Medicare covers from Medicare & You (Publication No. CMS-10050). To get a copy, call the toll-free number or go to the Medicare website shown on the previous page.

A word about Medicaid

You may think Medicaid and Medicare are the same, but they're two different programs. Medicaid is a state-run program that provides hospital and medical coverage for people with low income. Each state has its own rules about who's eligible, and what Medicaid covers. Some people qualify for both Medicare and Medicaid. For more information about the Medicaid program, contact your local medical assistance agency, social services, or welfare office.

Who can get Medicare?

Hospital insurance (Part A)

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

- You receive or are eligible to receive Social Security benefits; or
- You receive or are eligible to receive railroad retirement benefits; or

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

If you don't meet these requirements, you may be able to get Medicare hospital insurance by paying a monthly premium. Usually, you can sign up for this hospital insurance only during designated enrollment periods.

NOTE: *Even though Social Security's full retirement age is no longer 65, you should sign up for Medicare three months before your 65th birthday. You can apply on our website at www.socialsecurity.gov.*

Before age 65, you are eligible for Medicare hospital insurance at no cost if

- You've been entitled to Social Security disability benefits for 24 months; or
- You receive a disability pension from the railroad retirement board and meet certain conditions; or
- You receive Social Security disability benefits because you have Lou Gehrig's disease (amyotrophic lateral sclerosis); or
- You worked long enough in a government job through which you paid Medicare taxes, and you've been entitled to Social Security disability benefits for 24 months; or
- You're the child or widow(er) age 50 or older, including a divorced widow(er), of someone who's worked long enough in a government job through which Medicare taxes were paid, and you meet the requirements of the Social Security disability program; or
- You have permanent kidney failure and you receive maintenance dialysis or a kidney transplant and
 - You're eligible for or receive monthly benefits under Social Security or the railroad retirement system; or

- You’ve worked long enough in a Medicare-covered government job; or
- You’re the child or spouse (including a divorced spouse) of a worker (living or deceased) who has worked long enough under Social Security or in a Medicare-covered government job.

Medical insurance (Part B)

Anyone who’s eligible for Medicare hospital insurance (Part A) at no cost can enroll in Medicare medical insurance (Part B) by paying a monthly premium. Some people with higher incomes will pay a higher monthly Part B premium. For more information, read *Medicare Premiums: Rules For Higher-Income Beneficiaries* (Publication No. 05-10536), or visit www.socialsecurity.gov/mediinfo.htm.

If you’re not eligible for hospital insurance at no cost, you can buy medical insurance, without buying hospital insurance, if you’re age 65 or older and you’re

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

You can only sign up for Part B during designated enrollment periods. If you don’t enroll in Part B when you’re first eligible for it, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Read *Signing up* for Medicare on page 10.

Medicare Advantage plans (Part C)

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

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

Medicare Advantage plans include:

- Medicare managed-care plans;
- Medicare preferred provider organization plans;
- Medicare private fee-for-service plans; and
- Medicare specialty plans.

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

You can enroll in a Medicare Advantage plan during your initial enrollment period (as explained under *Signing up for Medicare* on page 10), the first time you're eligible for Medicare. You can also enroll during the annual Medicare open enrollment period from October 15 – December 7 each year. The effective date for the enrollment is January 1 of the upcoming year. There are also special enrollment periods for some situations.

Medicare prescription drug plans (Part D)

Anyone who has Medicare hospital insurance (Part A) or medical insurance (Part B) is eligible for prescription drug coverage (Part D). Joining a Medicare prescription drug plan is voluntary, and you pay an extra monthly premium for the coverage. Some beneficiaries with higher incomes will pay a higher monthly Part D premium. For more information, read *Medicare Premiums: Rules For Higher-Income Beneficiaries* (Publication No. 05-10536), or visit **www.socialsecurity.gov/mediinfo.htm**. If you don't enroll in a Medicare drug plan when you're first eligible,

you may pay a late enrollment penalty if you join a plan later. You'll have to pay this penalty for as long as you have Medicare prescription drug coverage. However, you won't pay a penalty if you have *Extra Help* (see below), or another creditable prescription drug plan. To be creditable, the coverage must pay, on average, at least as much as Medicare's standard prescription coverage.

You can enroll during your initial enrollment period (as explained under *Signing up for Medicare* on page 10), the first time you're eligible for Medicare. You can also enroll during the annual Medicare open enrollment period from October 15 – December 7 each year. The effective date for the enrollment is January 1 of the upcoming year. There are also special enrollment periods for some situations.

Help for some low-income people

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

You can go online to get more information about these programs from the Centers for Medicare & Medicaid Services website. Visit ***Medicare.gov/publications*** and find *Get help with your Medicare costs* (Publication No. CMS-10126) at the "Your Medicare Costs" tab.

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

You may also be able to get *Extra Help* paying for the annual deductibles, monthly premiums, and prescription co-payments related to the Medicare prescription drug program (Part D). You may qualify for *Extra Help* if you

have limited income (tied to the federal poverty level) and limited resources. These income and resource limits usually change each year, and you can contact us for the current numbers.

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

- Have full Medicaid coverage;
- Have Supplemental Security Income (SSI); or
- Take part in a state program that pays your Medicare premiums.

For more information about getting help with your prescription drug costs, call Social Security's toll-free number or visit our website. You can also apply online at www.socialsecurity.gov/extrahelp.

Signing up for Medicare

When should I apply?

If you're already getting Social Security benefits, or railroad retirement checks, we'll contact you a few months before you become eligible for Medicare and send you information. If you live in one of the 50 states, Washington, D.C., the Northern Mariana Islands, Guam, American Samoa, or the U.S. Virgin Islands, we'll automatically enroll you in Medicare Parts A and B. However, because you must pay a premium for Part B coverage, you can choose to turn it down.

NOTE: *Residents of Puerto Rico or foreign countries won't receive Part B automatically. They must elect this benefit.*

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

After you enroll in Medicare, you'll receive a red, white, and blue Medicare card showing whether you have Part A, Part B or both. Keep your card in a safe place so you'll have it when you need it. If your card is lost or stolen, you can apply for a replacement card online by setting up a **my Social Security** account at **www.socialsecurity.gov/myaccount**, or call Social Security's toll-free number. You'll also receive a *Medicare & You* handbook (Publication No. CMS-10050) that describes your Medicare benefits and plan choices.

Special enrollment situations

You should also contact Social Security about applying for Medicare if

- You're a disabled widow or widower between age 50 and age 65, but haven't applied for disability benefits because you're already getting another kind of Social Security benefit;
- You're a government employee and became disabled before age 65;
- You, your spouse, or your dependent child has permanent kidney failure;
- You had Medicare medical insurance (Part B) in the past but dropped the coverage;
- You turned down Medicare medical insurance (Part B) when you first got hospital insurance (Part A); or
- You or your spouse worked for the railroad industry.

Initial enrollment period for Part B

When you first become eligible for Medicare hospital insurance (Part A), you have a seven-month period (your initial enrollment period) in which to sign up for medical insurance (Part B). If you're eligible at age 65, your initial enrollment period begins three months before your 65th birthday, includes the month you turn age 65, and ends three months after that birthday. If you're eligible for

Medicare based on disability or permanent kidney failure, your initial enrollment period depends on the date your disability or treatment began.

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

When does my enrollment in Part B become effective?

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

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

If you enroll in this month of your initial enrollment period	Then your Part B Medicare coverage starts
One to three months before you reach age 65	The month you reach age 65
The month you reach age 65	One month after the month you reach age 65
One month after you reach age 65	Two months after the month of enrollment
Two or three months after you reach age 65	Three months after the month of enrollment

General enrollment period for Part B

If you don't enroll in Medicare Part B during your initial enrollment period, you have another chance each year to sign up during a "general enrollment period" from January 1 through March 31. Your coverage begins on July 1 of the year you enroll. **However, you may have to pay a late enrollment penalty for as long as you have Part B coverage.**

Your monthly premium will go up 10 percent for each 12-month period you were eligible for Part B, but didn't sign up for it.

Special enrollment period for people leaving Part C

If you're in a Medicare Advantage plan (Part C), you can leave that plan and switch to original Medicare from January 1 through February 14. If you use this option, you also have until February 14 to join a Medicare prescription drug plan. Your coverage begins the first day of the month after the plan gets your enrollment form.

Special enrollment period for people covered under an employer group health plan

If you're 65 or older and covered under a group health plan, either from your own or your spouse's **current employment**, you may have a "special enrollment period" in which to sign up for Medicare Part B. This means that you may delay enrolling in Medicare Part B without having to wait for a general enrollment period and paying the penalty for late enrollment. There are limits, so we strongly advise you to contact the Centers for Medicare & Medicaid Services (CMS) for more information. The CMS contact information is on page 4 of this booklet. The rules allow you to

- Enroll in Medicare Part B any time while you have a group health plan based on current employment; or
- Enroll in Medicare Part B during the eight-month period that begins the month after the employment ends or the group health coverage ends, whichever happens first.

You can't enroll using a special enrollment period if your employment or the employer-provided group health plan coverage ends during your initial enrollment period.

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

- On the first day of the month you enroll; or

- By your choice, on the first day of any of the following three months.

If you enroll during any of the remaining seven months of the “special enrollment period,” your Medicare Part B coverage begins on the first day of the following month.

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

If you get Social Security disability benefits and have coverage under a large group health plan from either your own or a family member’s current employment, you may also have a special enrollment period. If so, you have premium rights similar to those for current workers age 65 or older. For more information, contact the Centers for Medicare & Medicaid Services.

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

Choices for receiving health services

Medicare beneficiaries may have choices for getting health care services.

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

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

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

If you have other health insurance

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

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

If you have a private insurance plan

Get in touch with your insurance agent to see how your private plan fits with Medicare medical insurance (Part B). This is especially important if you have family members who have coverage under the same policy. And remember, just as Medicare doesn't cover all health services, most private plans don't either. In planning your health insurance coverage, keep in mind that most nursing home care isn't covered by Medicare or private health insurance policies. One important word of caution: For your own protection, **do not cancel any health insurance you now have until your Medicare coverage begins.**

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

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

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

If you have health care protection from other plans

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

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

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

For more information on how other health insurance plans work with Medicare, visit ***Medicare.gov/publications*** to view the booklet *Medicare and Other Health Benefits: Your Guide to Who Pays First* (Publication No. CMS-02179), or call the Medicare toll-free number, **1-800-MEDICARE (1-800-633-4227)**. If you/re deaf or hard of hearing, call TTY **1-877-486-2048**.

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