



Medicare

Department of Health and Human Services
Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244-1850

It's time to choose your Medicare coverage

Get ready for Medicare! In this package, you'll find your Medicare card and a booklet about your coverage choices. Your Medicare coverage will start in 3 months—check your Medicare card for the exact date.

Because you're getting Social Security (or Railroad Retirement Board) benefits, **you'll be automatically enrolled in both Medicare Part A and Part B:**



Medicare Part A (Hospital Insurance): Helps cover hospital care and more. You don't have to pay a premium for Part A.



Medicare Part B (Medical Insurance): Helps cover doctors' services and more. You pay a monthly premium for Part B.

What do I need to do now?

Choose how you want to get your Medicare health coverage. There are 2 main ways:

- **Original Medicare**—includes Part A and Part B. You can buy supplemental coverage from a private company to help pay your out-of-pocket costs. You can also add Medicare drug coverage (Part D).
- **Medicare Advantage**—a Medicare-approved plan from a private company that bundles your Part A, Part B, and usually drug coverage (Part D) together. Medicare Advantage Plans may offer some extra benefits that Original Medicare doesn't.

Important! Read the enclosed booklet to learn about Medicare and get important information to help you decide. Review the enclosed fact sheet for your options at-a-glance.

Watch your mailbox! Soon we'll send you an official "Medicare & You" handbook with more information. You can also visit us at [Medicare.gov/basics/get-started-with-medicare](https://www.medicare.gov/basics/get-started-with-medicare).

You'll likely get a lot of other mail from companies offering Medicare products. **Medicare.gov**, the "Medicare & You" handbook, and 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048) are your official sources of unbiased Medicare information.

*Enclosures
CMS Product No. 11095
January 2025*

Your Medicare options

There are 2 main ways to get your Medicare coverage:

Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also use or shop for and buy supplemental coverage.



Part A



Part B

You can add:



Part D

You can also add:



Supplemental coverage

This includes Medicare Supplement Insurance (Medigap). Or you can use coverage from a current or former employer or union, or Medicaid (if you have it).

Medicare Advantage

(also known as Part C)

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These plans bundle your Part A, Part B, and usually Part D together.
- In many cases, you can only use doctors who are in the plan's network.
- In many cases, you may need to get approval from your plan before it covers certain drugs or services.
- Plans may have different out-of-pocket costs than Original Medicare or supplemental coverage like Medigap. You may also have an additional premium.
- Plans may offer extra benefits that Original Medicare doesn't cover.



Part A



Part B



Most plans include:



Part D



Some extra benefits



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 [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.



Medicare



Medicare



2025

Get Ready for **Medicare**

Important decisions about
your Medicare coverage



Medicare

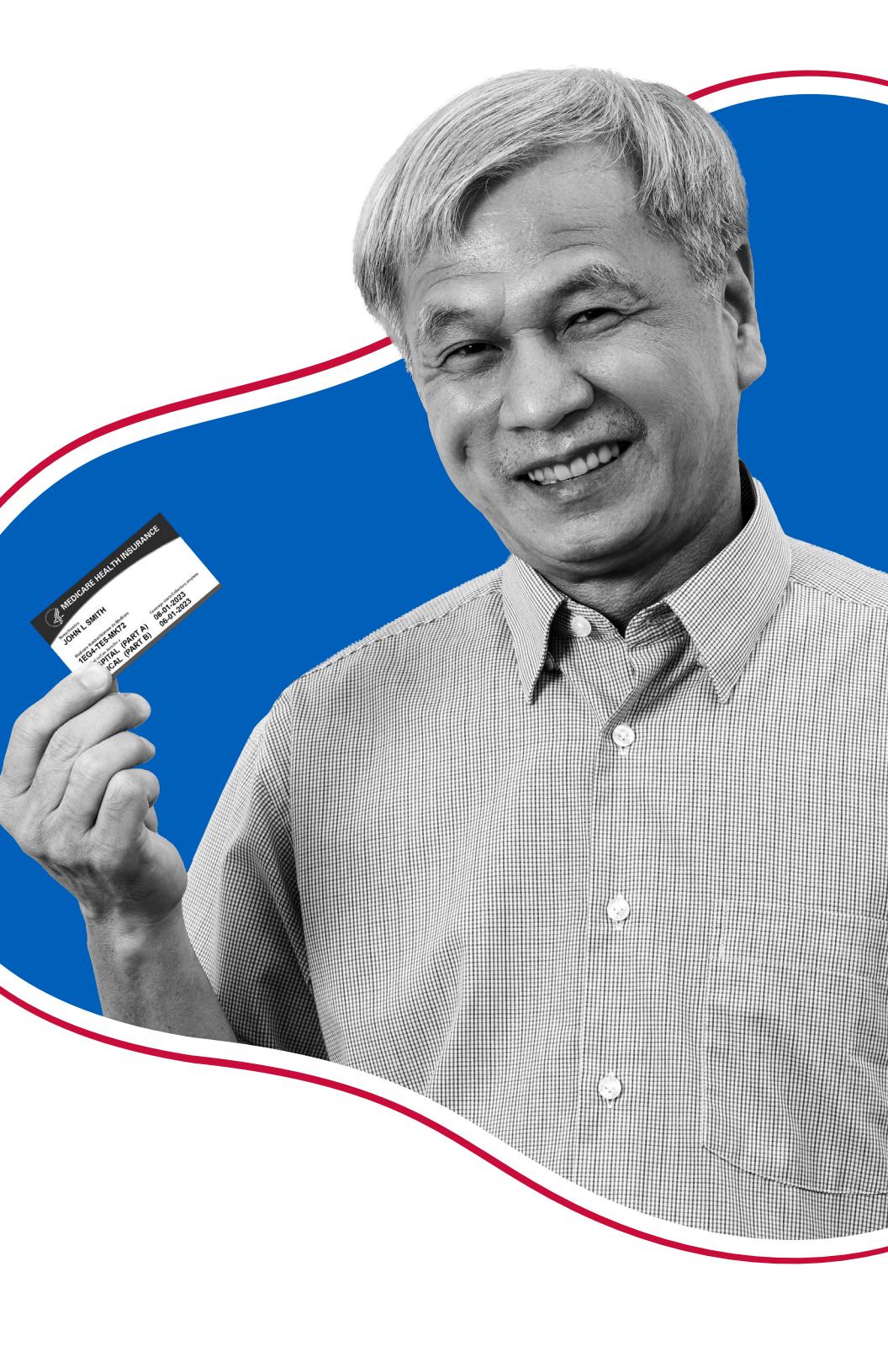
The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing.

Visit **Medicare.gov**, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

"Get Ready for Medicare" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Contents

- 3** What you need to know
- 4** Medicare Basics
- 5** Your new Medicare card
- 11** What you need to do now
- 12** Decision 1:
Choose how you want to get your Medicare health coverage
- 16** Add Medicare drug coverage (Part D)?
- 19** Do I need Medicare Supplement Insurance (Medigap) policy?
- 22** How do I join a Medicare Advantage Plan or Medicare drug plan?
- 23** Can I make changes to my Medicare plan later?
- 24** Decision 2:
Do I want to keep Part B?
- 33** Using your Medicare
- 34** Need more help? Talk to someone
- 36** Notes



What you need to know

Getting Medicare is a milestone in your life. You may have heard about Medicare, or it could be something brand new to you. Medicare works differently from other health coverage you may have now. This booklet will explain Medicare basics and help you learn how to use your new coverage.

Now's the time to make some important decisions about your Medicare coverage, so read this booklet carefully.

Medicare Basics

What's Medicare?

Medicare is health insurance for people 65 or older. Some people may be eligible to get Medicare earlier if they have a disability or End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Some people get Medicare automatically, while others have to sign up for it. How you get Medicare depends on your situation.

Why was I automatically enrolled in Medicare?

Because you're getting Social Security (or Railroad Retirement Board) benefits, you automatically get Medicare when you:

- Turn 65
- Get your 25th month of disability benefits
(if you're under 65)

Your new Medicare card

You're being enrolled automatically in Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). You don't need to pay a premium for Part A. But, you'll pay a monthly premium for Part B, if you choose to keep it. It's usually deducted from your Social Security or Railroad Retirement Board benefits. If your benefits aren't enough to cover your Part B premium, you'll get a bill every 3 months. Visit [Medicare.gov/basics/costs/pay-premiums](https://www.medicare.gov/basics/costs/pay-premiums) to learn about ways you can pay your bill.

Your enclosed Medicare card shows when your Medicare Part A and Part B coverage starts.

Protect your Medicare Number just like a credit card

Only give personal information, like your Medicare Number, to doctors, insurance companies (and their licensed agents and brokers), or plans acting on your behalf, or trusted people in the community who work with Medicare, like your State Health Insurance Assistance Program (SHIP). Don't share your Medicare Number or other personal information with any unsolicited person who contacts you.

What does Part A help cover?

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Some home health care



What does Part B help cover?

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
(like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services
(like screenings, shots or vaccines, and yearly “Wellness” visits)



How much does Medicare Part B (Medical Insurance) cost?

The monthly Part B standard premium is \$185 in 2025.

It's usually deducted from your monthly Social Security benefit. The premium amount can change each year. You'll pay more if you have a higher income (page 25).

If you have limited income and resources, you may be able to get help from your state to pay your Part B premium if you meet certain conditions (page 34).

Can I drop Part B?

Part B is optional, and most people keep it. However, if you drop Part B and sign up for it later, you may have to wait for your coverage to start and pay a monthly penalty (that's added to your monthly premium) for as long as you have Part B. Whether it's best for you to keep Part B depends on your situation. Pages 24-32 will help you decide if you should keep Part B based on your situation and how you can drop Part B if you don't want it.

How does Medicare work?

Medicare Part A and Part B are known as Original Medicare. You pay for services as you get them. You generally pay a deductible before Medicare pays its share. Then, when you get Part B-covered services, you usually pay 20% of the cost, called coinsurance.



Generally, services Medicare covers must be medically necessary or certain preventive services, like shots and screenings. If you go to a doctor or other health care provider that works with Medicare, called “accepting assignment,” your out-of-pocket costs may be less.

Visit [Medicare.gov/care-compare](https://www.medicare.gov/care-compare) to find Medicare-participating doctors and other health care providers.

Where can I find out if Medicare covers what I need?

- Visit [Medicare.gov/coverage](https://www.medicare.gov/coverage).
- Read your “Medicare & You” handbook, being sent to you soon.
- Call 1-800-MEDICARE (1-800-633-4227).
TTY users can call 1-877-486-2048.

Can I get more coverage?

You can get extra coverage and benefits through:

Medicare Advantage (Part C):

Medicare-approved plans from private companies that bundle your Part A, Part B, and usually Medicare drug coverage (Part D) together. Some plans may also offer extra benefits that Original Medicare doesn't.



Medicare drug coverage (Part D): Helps cover the costs of prescription drugs and many shots and vaccines. You join a private plan in addition to Original Medicare, or you get it by joining a Medicare Advantage Plan with drug coverage.



Medicare Supplement Insurance (Medigap):

Extra insurance you can buy from a private company that helps pay your out-of-pocket costs in Original Medicare, like your 20% coinsurance.





What you need to do now

You have 2 main decisions to make before your Medicare starts:

1. Decide how you want to get your Medicare health coverage.

You can choose either Original Medicare or Medicare Advantage.

As part of this choice, you'll also decide if you want:

- Medicare drug coverage (Part D)
- Medicare Supplement Insurance (Medigap), if you choose Original Medicare

Go to pages 12-23 or visit [Medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options](https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options) to help you decide what works best for you.

2. Decide if you want to keep Part B.

Most people keep Part B. You need both Part A and Part B to join a Medicare Advantage Plan or (in most cases) buy a Medigap policy.

Read pages 24-32 for help making this decision.

Important! Choosing how you want your coverage and picking a plan can take some time. Start by reading this booklet. Then, visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to find plans offered in your area.

Decision 1: Choose how you want to get your Medicare health coverage



Doctor and hospital choice

Original Medicare	Medicare Advantage (Part C)
You can use any doctor or hospital that takes Medicare, anywhere in the U.S.	In many cases, you can only use doctors and other providers in the plan's network and service area (for non-emergency care). Some plans offer non-emergency coverage out of network, but typically at a higher cost.
In most cases, you don't need a referral to use a specialist.	You may need to get a referral to use a specialist.

Note: If you're not lawfully present in the U.S., Medicare won't pay for your Part A and Part B claims, and you can't join a Medicare Advantage Plan or a Medicare drug plan.

This booklet lists a brief overview of Original Medicare and Medicare Advantage. You can get more detailed information at Medicare.gov and in our publications at Medicare.gov/publications. For specific plan costs and coverage, visit Medicare.gov/plan-compare or contact the plan you're interested in joining.



Cost

Original Medicare	Medicare Advantage (Part C)
<p>For Part B-covered services, you usually pay 20% of the Medicare-approved amount after you meet your deductible. This amount is called your coinsurance.</p> <p>The deductible for Part B is \$257 in 2025.</p>	<p>Out-of-pocket costs vary—plans may have lower or higher out-of-pocket costs for certain services.</p>
<p>You pay the monthly premium for Part B. If you choose to join a Medicare drug plan, you'll pay a separate premium for your Medicare drug coverage (Part D).</p>	<p>You pay the monthly Part B premium and may also have to pay the plan's premium. Some plans may have a \$0 premium and may help pay all or part of your Part B premium. Most plans include Medicare drug coverage (Part D).</p>
<p>There's no yearly limit on what you pay out of pocket, unless you have supplemental coverage—like Medicare Supplement Insurance (Medigap).</p>	<p>Plans have a yearly limit on what you pay for covered Part A and Part B services (with different limits for in-network and out-of-network services). Once you reach your plan's limit, you'll pay nothing for covered services for the rest of the year.</p>
<p>You can choose to buy Medigap to help pay your remaining out-of-pocket costs (like your 20% coinsurance). Or, you can use coverage from a current or former employer or union, or Medicaid.</p>	<p>You can't buy Medigap to cover your out-of-pocket costs.</p>



Coverage

Original Medicare	Medicare Advantage (Part C)
<p>Original Medicare covers most medically necessary services and supplies in hospitals, doctors' offices, and other health care facilities. Original Medicare doesn't cover some services, like routine physical exams, eye exams, and most dental care.</p>	<p>Plans must cover all medically necessary services that Original Medicare covers. For some services, plans may use their own coverage criteria to determine medical necessity. Plans may also offer some extra benefits that Original Medicare doesn't cover.</p>
<p>In most cases, you don't need approval (prior authorization) for Original Medicare to cover your services or supplies.</p>	<p>In many cases, you may need to get approval (prior authorization) from your plan before it covers certain services or supplies.</p>
<p>You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).</p>	<p>Medicare drug coverage (Part D) is included in most plans. In most types of Medicare Advantage Plans, you can't join a separate Medicare drug plan.</p>



Foreign travel

Original Medicare	Medicare Advantage (Part C)
<p>Original Medicare generally doesn't cover care outside the U.S. You may be able to buy a Medicare Supplement Insurance (Medigap) policy that covers emergency care outside the U.S.</p>	<p>Plans generally don't cover care outside the U.S. Some plans may offer a supplemental benefit that covers emergency and urgently needed services when traveling outside the U.S.</p>

Add Medicare drug coverage (Part D)?

Once you've chosen how you want your Medicare health coverage, decide if you want to add Medicare drug coverage (Part D).

If you want Part D, you get it by joining:

- A separate Medicare drug plan (if you chose Original Medicare for your health coverage)
- A Medicare Advantage Plan that includes drug coverage.

These plans are approved by Medicare. They cover a variety of brand-name and generic prescription drugs. Most plans have premiums, deductibles, and copayments that you pay in addition to your Part B premium. Each plan can vary in cost and specific drugs covered.

Important! When can I join? Between now and 3 months after your Medicare Part A and Part B coverage starts.

If you don't join a plan:

- You may have to wait until the Open Enrollment Period (October 15-December 7) to join a plan, and your coverage won't start until January 1 of the next year.
- If you don't have other "creditable prescription drug coverage," you'll likely have to pay a monthly **Part D late enrollment penalty** if you join later. The penalty goes up the longer you wait to join. In most cases, you'll have to pay the penalty as long as you have Medicare drug coverage.

These questions can help you decide if you should get Medicare drug coverage:

Do I already have drug coverage?

If you have other “creditable prescription drug coverage,” you can wait and sign up for Medicare drug coverage later without a penalty, as long as you don’t go 63 days or more in a row without it. Creditable coverage may be drug coverage from a current or former employer or union, TRICARE, the Department of Veterans Affairs, Indian Health Service or individual health insurance coverage.

Contact your current plan to find out if your drug coverage is creditable and talk to them before you make any changes. **In some cases, joining a Medicare drug plan might cause you and your family to lose employer or union coverage.**

Do I need drug coverage?

Medicare drug coverage (Part D) is optional, but it’s worth considering even if you don’t take prescription drugs now. With Part D, you’ll be covered if you need drugs you didn’t expect, and you may avoid a late enrollment penalty.

What if I join a Medicare Advantage Plan with drug coverage?

If you join a Medicare Advantage plan that includes drug coverage, you generally can’t join a separate Medicare drug plan. If you join a Medicare Advantage Plan that doesn’t have drug coverage, in most cases you won’t be able to add a separate Medicare drug plan.

How much is the penalty if I join a Medicare drug plan later?

The cost of the Part D late enrollment penalty depends on how long you didn't have creditable prescription drug coverage. The late enrollment penalty is calculated by multiplying 1% (.01) of the “national base beneficiary premium” (\$36.78 in 2025) times the number of full months that you were eligible, but didn't join a Medicare drug plan and went without other creditable prescription drug coverage. The final amount is rounded to the nearest \$.10 and permanently added to your drug coverage monthly premium, even if you switch plans. The national base beneficiary premium may change each year, so your penalty amount may also change each year.

Example

If you go without other creditable prescription drug coverage for 20 months before you join a Medicare drug plan, you'll pay a monthly penalty of \$7.40 in 2025 ($\$36.78 \times .20$ (20% penalty) = \$7.36 rounded to \$7.40) in addition to your plan's monthly premium. This monthly penalty is added for as long as you have a Medicare drug plan.

Important! If you qualify for Extra Help paying for Medicare drug costs, you don't have to pay the late enrollment penalty (page 34).

Do I need Medicare Supplement Insurance (Medigap) policy?

Original Medicare pays for much, but not all, of the cost for covered health care services and supplies. If you choose Original Medicare, you might be able to buy a Medigap policy from a private company to help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance).

Medigap policies:

- Can cover costs like coinsurance, copayments, and deductibles.
- May offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.
- Generally don't cover long-term care (like care in a nursing home), vision, dental, hearing aids, private-duty nursing, or prescription drugs.

Important! In most cases, you need both Part A and Part B to buy a Medigap policy.

Medigap policies are standardized. This means, policies with the same letter offer the same basic benefits no matter where you live or which insurance company you buy the policy from. There are 10 different types of Medigap plans offered in most states, which are named by letters: A-D, F, G, and K-N. Price is the only difference between plans with the same letter that are sold by different insurance companies.



Visit [Medicare.gov/medigap-supplemental-insurance-plans](https://www.medicare.gov/medigap-supplemental-insurance-plans) to view the policies offered in your area.

20 What you need to do

These questions can help you decide if you should get a Medigap policy:

Do I need extra coverage?

If you choose Original Medicare and don't have other supplemental coverage, a Medigap policy may help lower your out-of-pocket costs. Many people who get their coverage through Original Medicare also buy some type of Medigap policy.

How much does a Medigap policy cost?

Costs vary depending on the company you buy from, where you live, and more. You'll pay a monthly premium directly to the company. You'll also still pay your Part B premium.

What if I join a Medicare Advantage Plan?

You **can't buy** a Medigap policy while you're in a Medicare Advantage Plan unless you're switching back to Original Medicare. You **can't** use Medigap to pay your Medicare Advantage Plan copayments, deductibles, and premiums. Visit [Medicare.gov/health-drug-plans/medigap/basics/how-medigap-works](https://www.medicare.gov/health-drug-plans/medigap/basics/how-medigap-works) to learn more.

When can I get Medigap?

The best time to buy a Medigap policy is during your Medigap Open Enrollment Period. This 6-month period begins on the first day of the month in which you're 65 or older **and** have Part B. (Some states have additional Open Enrollment Periods.) During this time, you can buy any Medigap policy sold in your state and the insurance company can't deny you because of pre-existing health problems. **After the Medigap Open Enrollment Period, you might not be able to buy a Medigap policy, or it may cost more.**

If you're under 65, you might not be able to buy the Medigap policy you want, or any Medigap policy, until you turn 65. If you're able to buy one when you're under 65, it may cost more.

Important! Visit [Medicare.gov/medigap-supplemental-insurance-plans](https://www.medicare.gov/medigap-supplemental-insurance-plans) to compare the types of Medigap policies in your area, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

How do I join a Medicare Advantage Plan or Medicare drug plan?

- 1.** Find out which plans are available in your area:
 - Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).
 - Review your “**Medicare & You**” handbook. Plans in your area are listed in the back.
 - Call **1-800-MEDICARE (1-800-633-4227)**.
TTY users can call 1-877-486-2048.
- 2.** Consider your options. At [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare), you can add your prescriptions to get estimates of your drug costs to help you compare plans.
- 3.** Join a Medicare Advantage Plan or Medicare drug plan at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare), or contact the plan directly.

Need help? You can get free, personalized health insurance counseling from your State Health Insurance Assistance Program (SHIP). Visit shiphelp.org, to get the phone number of local SHIP.

Important! When can I join? Between now and 3 months after your Medicare coverage starts.

If you join a plan now, your plan coverage will start the same day as your Medicare. If you join after you have Medicare, your coverage will start the month after the plan gets your enrollment request. After this opportunity, you can only join a plan at certain times.

Can I make changes to my Medicare plan later?

If you don't join a Medicare Advantage Plan or a Medicare drug plan when you're first eligible, you'll have at least one chance each year to make changes to your Medicare coverage:



October 15–December 7

You can join, switch, or drop a Medicare Advantage Plan or a Medicare drug plan during this Open Enrollment Period each year. Your new coverage starts on January 1 of the next year.



January 1–March 31

If you're in a Medicare Advantage Plan, you can change to a different Medicare Advantage Plan or switch back to Original Medicare (and join a stand-alone Medicare drug plan) once during this time. Any changes you make will be effective the first day of the month after the plan gets your request.



Special Enrollment Periods

You may be able to join, switch, or drop Medicare plans when certain events happen in your life, like moving, losing other insurance, and more. For more information about when you can join a plan, visit [Medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan](https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan).

Decision 2: Do I want to keep Part B?

Medicare Part B (Medical Insurance) is optional, and most people keep it. You need both Part A and Part B to join a Medicare Advantage Plan or (in most cases) buy a Medigap policy. Part B helps cover doctors' services, outpatient care, and more.

Generally, if you aren't working, consider keeping Part B.

Important! If you don't keep Part B and you don't have employer health coverage based on current employment (or other coverage), there are some risks:

- You may have to pay all of the costs for doctors' services, outpatient care, medical supplies, and preventive services.
- If you change your mind and want to get Part B later, you may have to wait until the General Enrollment Period (January 1–March 31 each year) to sign up. This may cause a gap in your health coverage.
- In most cases, if you get Part B later, you'll also have to pay a **late enrollment penalty** for as long as you have Part B coverage. The penalty is added to your monthly Part B premium, and it goes up the longer you go without Part B coverage (page 29).

How much are premiums for Part B?

The monthly Part B standard premium is \$185 in 2025. It'll be taken out of your monthly Social Security or Railroad Retirement Board (RRB) benefit automatically, once your coverage starts. If your Social Security or RRB benefits aren't enough to cover the whole Part B premium or you stop getting Social Security or RRB benefits, you'll get a bill for your Part B premium every 3 months.

Your monthly premium will be higher than the standard amount if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is more than \$106,000 (if you're single and file an individual tax return) or more than \$212,000 (if you're married and file a joint tax return). These amounts can change each year. If your income goes down because of a life-changing event, like retirement, you can ask Social Security for an adjustment by going to [SSA.gov/medicare/lower-irmaa](https://www.ssa.gov/medicare/lower-irmaa).

If you have limited income and resources, you may be able to get help from your state to pay your Part B premium (page 34).

Important! To keep Part B, you don't need to do anything other than pay your premiums.

Most people keep Part B. Consider keeping Part B if you:

- Are retired and have coverage through a former employer.
- Have COBRA, which is temporary coverage available in certain situations if you lose job-based coverage. COBRA coverage isn't considered coverage based on current employment.
- Have U.S. Department of Veterans Affairs (VA) coverage.
- Have CHAMPVA coverage or TRICARE retiree coverage—you must keep Part B to get your coverage. Review the note below.
- Have coverage through the Health Insurance Marketplace® as an individual or family (not through an employer). Go to page 28.
- Have coverage through private health insurance (not through the Marketplace or an employer).
- Have Medicaid—your state may pay your Part B premiums while you have Medicaid.
- Don't have other medical insurance.

Important! If you're still working or an active-duty service member (or the spouse or dependent child of an active-duty service member), you **may not** need to keep Part B right now. Go to pages 30-31.

My situation is on the previous page. What happens if I keep Part B?

Medicare will be your primary health coverage. If you have other coverage, Medicare will pay its part of the costs for any covered health care services you get and submit the remaining balance to your other insurance.

Note: If you have COBRA and you're eligible for Medicare, **COBRA may only pay a small portion of the costs for covered health care services you get**, and you may have to pay most of the costs yourself if you aren't enrolled in Medicare. Ask your COBRA policy what percent they pay. To avoid unexpected medical bills, you should consider keeping Part B. Contact your State Health Insurance Assistance Program (SHIP) at shiphelp.org for free, personalized help with this decision.

What happens if I don't keep Part B?

Your current non-Medicare plan coverage might not pay your medical costs. Contact your former employer, plan provider, or VA office to find out if they require you to keep Part B and how your coverage works with Medicare.

If you don't keep Part B, you may not be eligible for a Special Enrollment Period to sign up later.

- You may have to wait until the General Enrollment Period (January 1–March 31 each year) to sign up. This could mean a long gap if your non-Medicare coverage ends.
- In most cases, you'll pay a late enrollment penalty that's added to your monthly premium for as long as you have Part B coverage (page 29).

What if I have coverage through the Health Insurance Marketplace® for individuals and families?

Even if you have Marketplace coverage (or other individual health coverage that isn't based on current employment), you should consider signing up for Part B when you're first eligible to avoid a delay in Medicare coverage and the possibility of a Medicare late enrollment penalty.

Generally:

- **You won't qualify for help from the Marketplace** to pay your Marketplace premiums or other medical costs. If you continue to get help to pay your Marketplace premiums after your Medicare Part A eligibility starts, you may have to pay back all or part of the help you got when you file your federal income taxes.
- **Your plan may not renew your Marketplace coverage** at the end of the year. This means you and your family could have a gap in your coverage starting January 1 of the next year.
- **You may not be eligible for a Medicare Special Enrollment Period.** This means you'll have to wait for the General Enrollment Period to sign up, and you may have to pay a late enrollment penalty as long as you have Part B coverage.

If you have employer coverage through the Marketplace (Small Business Health Options Program or “SHOP” coverage), go to page 30.

How much is the Part B late enrollment penalty?

If you delay Part B and aren't eligible for a Special Enrollment Period, you'll only be able to sign up for Part B during the General Enrollment Period. You'll pay 10% more for each full 12-month period you could've had Part B but didn't take it. In most cases, you'll have to pay this late enrollment penalty for as long as you have Part B.

Example

If you waited 2 full years (24 months) to sign up for Part B and didn't qualify for a Special Enrollment Period, you'll have to pay a 20% late enrollment penalty (10% for each full 12-month period that you could have been enrolled), plus the standard Part B monthly premium (\$185 in 2025).

\$185 (2025 Part B standard premium)
+ 37 (20% [of \$185] late enrollment penalty)

\$222 will be your Part B monthly premium for 2025.

This amount is rounded to the nearest \$.10 and includes the late enrollment penalty.

Note: You don't pay a late enrollment penalty if you sign up before the first full 12-month period has passed or if you qualify for a Special Enrollment Period (page 31). The amount could also be different if your income is above a certain amount (page 25).

What if I'm still working, or my spouse or family member is still working?

If you're still working and have employer coverage through work, contact your employer to find out how your employer's coverage works with Medicare.

- If your employer has fewer than 20 employees, Medicare pays first. Ask your employer if you need to keep Part B.
- If your employer has 20 or more employees, your employer pays first, and you may be able to sign up for Part B later during a Special Enrollment Period, without having to pay a late enrollment penalty.

This includes employer coverage through the Marketplace, also called Small Business Health Options Program or “SHOP” coverage.

Go to the next page for more information about a Special Enrollment Period for this situation.

Important! COBRA, VA coverage, and retiree health plans **aren't considered coverage** based on current employment, so they don't count as employer coverage for a Special Enrollment Period. Don't wait until your coverage ends to sign up for Part B (pages 24-25).

Who can use the employer or group health plan Special Enrollment Period?

Generally, you can get Part B later during a Special Enrollment Period if:

- You're **65 or older**, you or your spouse are **currently working**, and you have employer or union group health coverage from that job.
- You're **under 65 and disabled**, you, a spouse, (or a family member) are **currently working**, and you have employer or union group health coverage from that job. (If the group health coverage is based on the current employment of a family member, the employer must have 100 or more employees.)

When can you use this Special Enrollment Period?

If you're eligible for this Special Enrollment Period, you can sign up for Part B:

- Anytime while you're still working and have employer or union group health coverage from a job.
- For up to 8 months after your group health plan coverage ends, or the employment ends, whichever happens first.

Important! You may also qualify for a Special Enrollment Period without a late enrollment penalty if you missed a chance to sign up because of certain exceptional circumstances, like being impacted by a natural disaster or emergency, incarceration, employer or health plan error, or losing Medicaid coverage. For more information, visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

If you want to keep Part B:

Just pay your monthly premiums. You can start using your Part B coverage as of the date on your Medicare card. If you keep Part B, you'll have Original Medicare unless you join a Medicare Advantage Plan.

Cut out your enclosed Medicare card and keep it safe. Show your Medicare card to your health care providers, so they can submit your claims to Medicare for payment. If you have other supplemental coverage, like a Medigap policy or an employer or retiree plan, also show that plan's card to your health care providers.

If you don't want to keep Part B:

- 1.** Don't remove the card from the form you got in the mail.
- 2.** Check the box (top right on back of form) after "I DON'T want Part B (Medical Insurance)."
- 3.** Sign your name.
- 4.** Send back the entire form, including the card in the enclosed envelope **before the coverage start date on the front of the card.**

Medicare will send you a new Medicare card in a few weeks that shows you have Part A only. In the meantime, write down your Medicare Number, found on the front of the card. Keep it in case you need to go to the hospital or get other Part A-covered services before your new card arrives.

Using your Medicare

Get the most out of your Medicare and be prepared in case of an emergency:

- Create your secure Medicare account at [Medicare.gov](https://www.medicare.gov).** Access your Medicare information anytime, add your prescription drugs to help you find and compare health and drug plans in your area, and more.
- Make sure someone you trust can talk to us about your Medicare**—fill out an authorization form to allow Medicare to talk with someone you choose, if you aren't able to talk to us yourself. Log into your Medicare account, visit [Medicare.gov/forms-help-other-resources/contact-medicare](https://www.medicare.gov/forms-help-other-resources/contact-medicare), or call 1-800-MEDICARE (1-800-633-4227) to get and complete the form. TTY users can call 1-877-486-2048.
- Tell us if you have other insurance.** Call Medicare's Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627. TTY users can call 1-855-797-2627.

Important! Visit [Medicare.gov](https://www.medicare.gov), or check your “Medicare & You” handbook for other things to do in your first year with Medicare.

Need more help? Talk to someone

If you need help paying your Medicare premiums and other costs, you might qualify for these programs:

Medicaid: A joint federal and state program that helps pay medical costs for some people with limited income and resources. Medicaid programs vary from state to state. They may have different names, like “Medical Assistance” or “Medi-Cal.” For more information, call your Medicaid office. To get the phone number, visit [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Medicare Savings Programs: Covers Part A and/or Part B premiums and other costs for people with limited income and resources. Visit [Medicare.gov/basics/costs/help/medicare-savings-programs](https://www.medicare.gov/basics/costs/help/medicare-savings-programs) for more details.

Extra Help: Helps people with limited income and resources pay for Medicare drug coverage (Part D). Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn more. You can also apply at [SSA.gov/extrahelp](https://www.ssa.gov/extrahelp).

Supplemental Security Income (SSI): Makes monthly payments to people with limited income and resources who are disabled, blind, or 65 or older. For more information, visit [SSA.gov/ssi](https://www.ssa.gov/ssi).

Note: If you live in a U.S. territory and have limited income and resources, there are different programs to help you pay your Medicare costs. Call your local Medicaid office to learn more.

Contact...	For information about...
Social Security —SSA.gov 1-800-772-1213 TTY: 1-800-325-0778	<ul style="list-style-type: none">• Signing up for Medicare or correcting your Medicare card• Supplemental Security Income (SSI)• Extra Help paying for Medicare drug coverage• Changing your address
Medicare —Medicare.gov 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048	<ul style="list-style-type: none">• General or claims-specific Medicare information• Medicare health and drug plan choices in your area
State Health Insurance Assistance Program (SHIP) — shiphelp.org For your local SHIP phone number, visit shiphelp.org , or call 1-800-MEDICARE.	Free personalized health insurance counseling, help with Medicare claims and appeals, and help making health coverage decisions and plan choices
Department of Health and Human Services, Office for Civil Rights HHS.gov/ocr, 1-800-368-1019 TTY: 1-800-537-7697	Your rights if you believe you've been discriminated against because of your race, color, religion, national origin, disability, age, or sex
<ul style="list-style-type: none">• 1-800-MEDICARE• Federal Trade Commission (for identity theft) ID Theft Hotline: 1-877-438-4338, TTY: 1-866-653-4261• Senior Medicare Patrol (SMP) Program—smpresource.org 1-877-808-2468	<ul style="list-style-type: none">• Protecting yourself from Medicare fraud• Protecting yourself from identity theft

Notes

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 [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health and Human Services.

This product was produced at U.S. taxpayer expense.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business
Penalty for Private Use, \$300
CMS Product No. 11095
January 2025



Medicare