

Medicare Made Clear®

Getting started with Medicare



Welcome

You have important decisions to make when you become eligible for Medicare. Our goal is to help you understand your options and feel confident about choosing coverage based on your needs — when you first enroll and every year after that.

We're here to help.

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Eligibility and enrollment

Medicare is a federal program that offers health insurance to American citizens and other eligible individuals.

Who can get Medicare?

U.S. citizens and legal residents

Legal residents must live in the U.S. for at least 5 years in a row, including the 5 years just before applying for Medicare.

You must also meet one of the following requirements:

- Age 65 or older
- Younger than 65 with a qualifying disability
- Any age with a diagnosis of end-stage renal disease or ALS

How do you enroll?

You should be automatically enrolled if you are receiving Social Security or Railroad Retirement Board benefits when you become eligible. You'll receive your Medicare card in the mail.

If you're not receiving benefits, you need to sign up for Medicare when you become eligible. Go to [SSA.gov/Medicare](https://www.ssa.gov/Medicare) to enroll online, or call or visit your local Social Security office.

What are the coverage choices?

Original Medicare (Parts A & B) is provided by the federal government. It helps pay for hospital stays and doctor visits, but it doesn't cover everything.

You may add coverage by enrolling in one or more private Medicare or Medicare-related plans.

- **Medicare supplement insurance plans** (Medigap) help pay some of the out-of-pocket costs that come with Original Medicare.
- **Medicare prescription drug plans** (Part D) help pay for prescription medications. Original Medicare does not cover prescription drugs.
- **Medicare Advantage plans** (Part C) offer an alternative to Original Medicare. Plans combine Part A and Part B coverage in one plan. They often include prescription drug coverage, too. Some plans offer additional benefits like coverage for routine vision and dental care.


Coverage choices


STEP 1

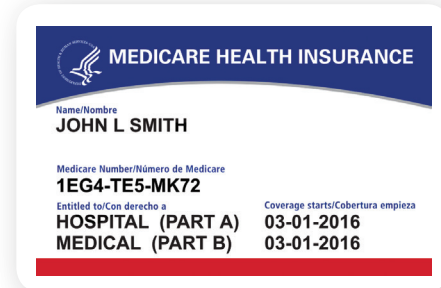
Enroll in Original Medicare.

Original Medicare

Provided by the federal government

PART A  Helps pay for hospital stays and inpatient care

PART B  Helps pay for doctor visits and outpatient care



STEP 2

Decide if you need additional coverage. There are two ways to get it.

OPTION 1

OR

OPTION 2

Add one or both of the following to Original Medicare.

Choose a Medicare Advantage plan.

Medicare Supplement Insurance Plan

Offered by private companies



Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan

Offered by private companies



Helps pay for prescription drugs

Medicare Advantage Plan

Offered by private companies



Combines Part A (hospital insurance) and Part B (medical insurance) in one plan



Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

Quick tips

1 There are two ways to get Medicare coverage.

- You can choose Original Medicare (Parts A & B). Part A is hospital coverage and Part B is medical coverage. Original Medicare is provided by the federal government. Benefits and coverage are the same across the country.
- Or you can join a Medicare Advantage plan (Part C). Medicare Advantage plans combine Part A and Part B coverage. Many also include prescription drug coverage (Part D) and offer additional benefits. Plans are offered by private insurance companies.

2 You will pay a share of your costs.

- Neither Original Medicare nor a Medicare Advantage plan will pay for everything.
- You are responsible for monthly premiums as well as out-of-pocket costs such as deductibles, copays and coinsurance.

3 Protection from high out-of-pocket costs is available.

- Medicare Advantage plans put a cap on your out-of-pocket costs for covered medical services. It's called the "annual out-of-pocket maximum" and it provides built-in financial protection. Out-of-pocket costs include deductibles, copays and coinsurance for Part A and B services covered by the plan. There is no out-of-pocket cap with Original Medicare.
- Medicare supplement insurance plans help pay some out-of-pocket costs not paid by Original Medicare, like deductibles and coinsurance. Plans are sold by private insurance companies.
- You don't need and can't use a Medicare supplement insurance plan if you have a Medicare Advantage plan. The two plans do not work together.

4 There are two ways to get drug coverage.

- You may add a standalone prescription drug plan (Part D) to Original Medicare.
- Or you may enroll in a Medicare Advantage plan that includes prescription drug coverage.
- Plans are offered by private insurance companies.

5 You may have many options.

- Medicare Advantage plans and prescription drug plans vary in terms of coverage and cost. Insurance companies may offer several plans where you live.
- Medicare supplement insurance plans are standardized and are the same nationwide, except in Minnesota, Wisconsin and Massachusetts.

6 Timing matters when you first enroll.

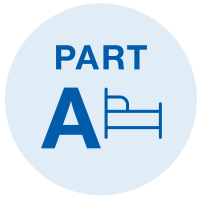
- Your Initial Enrollment Period (IEP) is your first chance to enroll in Medicare and choose the coverage you want. Your IEP is 7 months long. It includes your birthday month or the 25th month of getting disability benefits plus the 3 months before and 3 months after. It begins and ends 1 month earlier if your birthday is on the 1st.
- You are automatically enrolled in Part A and Part B if you are receiving Social Security or Railroad Retirement Board benefits when you become eligible for Medicare. Otherwise you must enroll yourself.
- Medicare Part A, Part B and Part D may charge penalties if you sign up after your IEP ends, unless you qualify for a Special Enrollment Period.

7 It's wise to review your choices every year.

- Medicare Annual Enrollment happens each year from October 15 to December 7. You may change your coverage choices during this time if you decide to.
- You may switch from one Medicare Advantage plan or prescription drug plan to another. You may also switch from Original Medicare to a Medicare Advantage plan, or vice versa.
- Changes go into effect on January 1.

8 You may enroll or make changes at other times.

- Medicare provides Special Enrollment Periods for qualifying life events. Examples include moving your primary residence or leaving an employer health plan. Visit [Medicare.gov](https://www.Medicare.gov) for a complete list of qualifying events.
- The Medicare Advantage Open Enrollment Period is January 1 – March 31. You may switch to a different Medicare Advantage plan or drop a plan and go back to Original Medicare at this time.



Medicare Part A: Hospital insurance

Medicare Part A helps pay for hospital stays and inpatient care.

You cannot be denied Part A coverage. You may go to any qualified health care provider in the United States who participates in the Medicare program and is accepting Medicare patients.

Medicare Part A covers hospital stays and inpatient care, including:

A semi-private room

Your hospital meals

Skilled nursing services

Care in special units, such as intensive care

Drugs, medical supplies and medical equipment used during an inpatient stay

Lab tests, X-rays and medical equipment as an inpatient

Operating room and recovery room services

Some blood transfusions in a hospital or skilled nursing facility

Inpatient or outpatient rehabilitation services after a qualified inpatient stay

Part-time, skilled care for the homebound

Hospice care for the terminally ill, including medications to manage symptoms and control pain

Part A costs in 2020

Premium

- \$0 per month for most people
- Up to \$458 per month if neither you nor your spouse paid Social Security taxes for at least 10 years (40 quarters)

Deductible

- \$1,408 per benefit period

Copay for hospital stays

- \$0 for days 1–60
- \$352 a day for days 61–90
- \$704 a day for each lifetime reserve day

Copay for skilled nursing facility stays

- \$0 for days 1–20
- \$176 a day for days 21–100

For hospice care

- Copay up to \$5 for each prescription to manage symptoms
- Coinsurance for inpatient respite care to give primary caregiver rest or time off

Part A coverage and costs are based on benefit periods. A benefit period begins the day you're admitted to the hospital. It ends when you've been out for 60 days in a row.



Medicare Part B: Medical insurance

Medicare Part B helps pay for doctor visits and outpatient care.

You cannot be denied Part B coverage. You may go to any doctor or qualified health care provider in the United States who participates in the Medicare program and is accepting Medicare patients.

Medicare Part B covers doctor visits and outpatient care, including:

Physician services, including in the hospital

An annual wellness visit and preventive services, like flu shots and mammograms

Lab services, like blood tests

X-rays and some other diagnostic tests

Some health programs, like smoking cessation, obesity counseling and cardiac rehab

Physical therapy, occupational therapy and speech-language pathology services

Diabetes screenings, diabetes education and certain diabetes supplies

Mental health care

Durable medical equipment for use at home, like wheelchairs and walkers

Ambulatory surgery center services

Ambulance and emergency room services

Part B costs in 2020

Premium

- \$144.60 per month if any of the following apply to you:
 - You enroll for the first time in 2020.
 - You have Medicare and Medicaid, and Medicaid pays your premiums.
- Your premium may be less than \$144.60 if you enrolled in Part B before 2019 and your payments are deducted from your Social Security checks.
- Your premium may be more than \$144.60 if your reported income from 2018 was above \$87,000 for individuals or \$174,000 for couples.

Deductible

- \$198 per year

Coinsurance

- 20% of the Medicare-approved amount for most covered services after you pay the deductible, with no annual out-of-pocket maximum

Part B may charge a premium penalty if you don't sign up when you are first eligible, unless you qualify for a Special Enrollment Period. See pages 15–16.



Medicare Part C: Medicare Advantage

Medicare Advantage (Part C) is another way to get your Medicare benefits.

There are different types of Part C plans. Some plans have provider networks you need to use.

Plans are offered by private insurance companies approved by Medicare. Your choices vary depending on where you live. Coverage and costs beyond the standards set by Medicare vary from plan to plan.

You must be enrolled in both Part A and Part B to be eligible for a Part C plan.

All Medicare Advantage plans cover:

All the benefits of Part A (except hospice care, which is still covered by Part A)

All the benefits of Part B

Most Medicare Advantage plans cover:

Prescription drugs

Medicare Advantage plans may offer additional benefits, such as:

Dental exams, cleanings and X-rays

Eye exams, eyeglasses and corrective lenses

Hearing tests and hearing aids

Wellness programs, fitness membership and worldwide emergency coverage

Extras like rides to appointments and home safety devices

Part C costs in 2020

Premium

- Plan premiums vary widely and can change from year to year.
- You continue to pay your Part B premium to Medicare.

Deductible

- Some plans have deductibles, and others don't.
- Plans may charge deductibles for drug benefits only.
- Amounts vary from plan to plan.

Copay

- Many plans charge copays for doctor visits, prescriptions, etc.
- Amounts vary from plan to plan.

Coinsurance

- Plans may set coinsurance terms for certain services.
- Costs during the Part D coverage gap may apply.

Medicare Advantage plans put a cap on your out-of-pocket costs for Part A and B services covered by the plan. This offers financial protection. The maximum is \$6,700 in 2020, but plans may set lower limits. There is no limit with Original Medicare.



Medicare Part D: Prescription drug coverage

Medicare Part D helps with the cost of prescription drugs.

You can get drug coverage with a standalone Part D plan or as part of a Medicare Advantage plan (Part C). Some plans have pharmacy networks and mail order pharmacies that offer discounted prices.

Plans are offered by private insurance companies approved by Medicare. Your choices vary depending on where you live. Coverage and costs beyond the standards set by Medicare vary from plan to plan.

You must be enrolled in Part A or Part B to be eligible for a Part D plan.

Medicare Part D plans cover:

Types of drugs most commonly prescribed according to federal standards

Specific brand name and generic drugs on the plan formulary, or list of drugs

Commercially available vaccines not covered by Part B

Coverage stages

Part D coverage has four stages. You pay a share of the cost for your drugs in each stage up to a limit. You may not reach all stages. The cycle restarts each year.

1. Annual deductible: You pay 100% of the cost up to the plan deductible amount.
2. Initial coverage: You pay copays or coinsurance up to a set limit (\$4,020 in 2020).
3. Coverage gap (donut hole): You pay a percentage of the cost up to an out-of-pocket limit (\$6,350 in 2020).
4. Catastrophic coverage: You pay reduced copays for the rest of the year.

Part D costs in 2020

Premium

- Plan premiums vary widely and can change from year to year.
- You may pay a premium penalty if you are late to enroll in Part D.
- Many Part C plans include drug coverage.

Deductible

- The maximum deductible in 2020 is \$435.
- Not all plans have a deductible.
- Plans may apply separate deductibles for drugs in different tiers.

Copay

- Plans may charge copays for prescriptions and refills. Amounts vary.

Coinsurance

- Some plans may set coinsurance rates for certain drugs or drug tiers.
- In 2020, you pay 25% of the cost for both brand name and generic drugs.

Part D may charge a premium penalty if you don't sign up when you are first eligible, unless you qualify for a Special Enrollment Period. See pages 15–16.



Medicare supplement insurance: Medigap

Medicare supplement insurance helps pay some out-of-pocket costs that come with Original Medicare.

Medicare supplement insurance plans are standardized by the federal government. Each is labeled with a letter. Every plan with the same letter offers the same benefits, no matter what state it's offered in or by which insurance company. Massachusetts, Minnesota and Wisconsin standardized plans differently.

The level of coverage varies. There are standardized plans that cover all your Medicare deductibles, copayments and coinsurance, while others leave some costs for you to pay on your own. Medicare supplement plans provide nationwide coverage.

All Medicare supplement plans fully or partially pay:

Part A hospital coinsurance

Part B coinsurance or copays

Cost of blood transfusions (first 3 pints)

Costs for 365 extra hospital days

Hospice care coinsurance

Medicare supplement plans may also help pay:

Part A deductible

Part B deductible (not available to those newly eligible in 2020 or beyond)

Part B excess charges

Cost of foreign travel emergency care up to plan limits

Part A skilled nursing facility care coinsurance

Medicare supplement insurance costs

Premium

- Insurance companies set their own plan premiums.
- Plans that provide more coverage generally have higher premiums.
- Premiums may vary from insurer to insurer even if the plans offer the exact same coverage.
- Premiums may change from year to year.

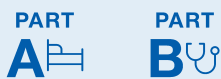
You can request enrollment in a Medicare supplement plan at any time, but you may be denied coverage or charged more based on your health history if you enroll after your Medicare Supplement Open Enrollment Period. See page 14.

Coverage combinations: Your options

You can add coverage to Original Medicare or choose a Medicare Advantage plan instead.

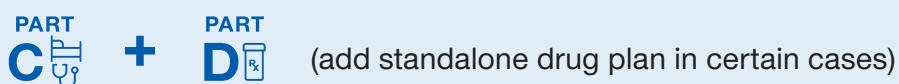
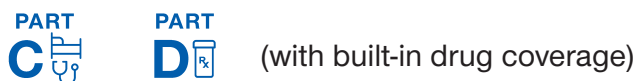
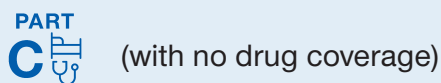
Original Medicare

You may add a standalone Part D plan, a Medicare supplement plan or both to Original Medicare (Parts A & B).



Medicare Advantage

You may choose to get your benefits through a Medicare Advantage plan (Part C). Many plans come with built-in prescription drug coverage. You can add a standalone Part D plan only with certain Medicare Advantage plan types.

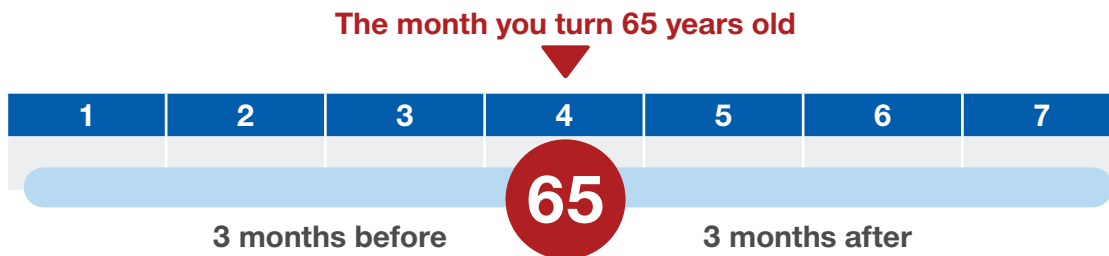


Enrolling in Medicare

Initial Enrollment Period

Your Initial Enrollment Period (IEP) is 7 months long. It includes your 65th birthday month plus the 3 months before and the 3 months after. It begins and ends 1 month earlier if your birthday is on the first of the month. You may enroll in Part A, Part B or both. You may also choose to join a Medicare Advantage plan (Part C) or a prescription drug plan (Part D).

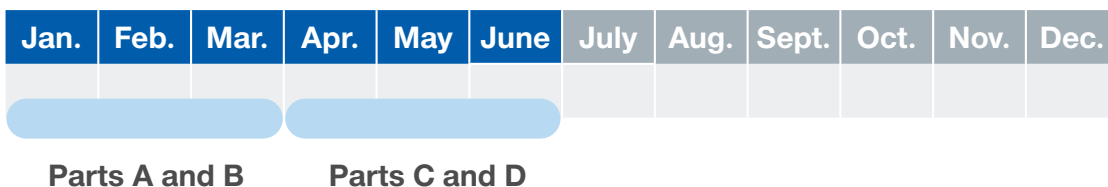
Are you eligible for Medicare due to disability? Your 7-month IEP includes the month you receive your 25th disability check plus the 3 months before and the 3 months after.



General Enrollment Period

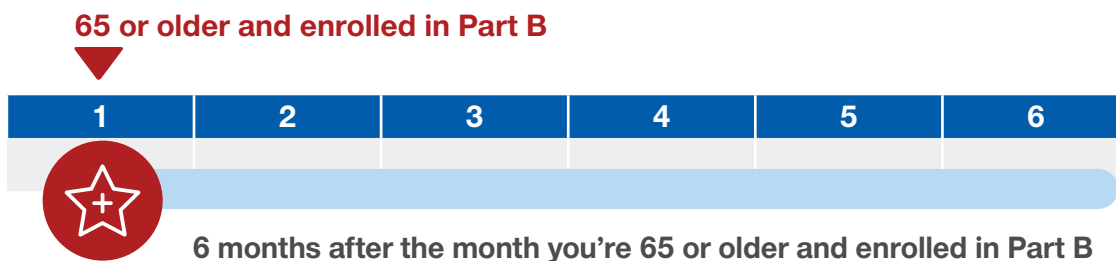
You may use the General Enrollment Period (GEP) to enroll in Medicare Part A, Part B or both if you miss your IEP. The GEP happens every year from January 1 to March 31. You may also choose to join a Medicare Advantage plan or a prescription drug plan from April 1 to June 30 the same year.

Every year



Medicare Supplement Open Enrollment Period

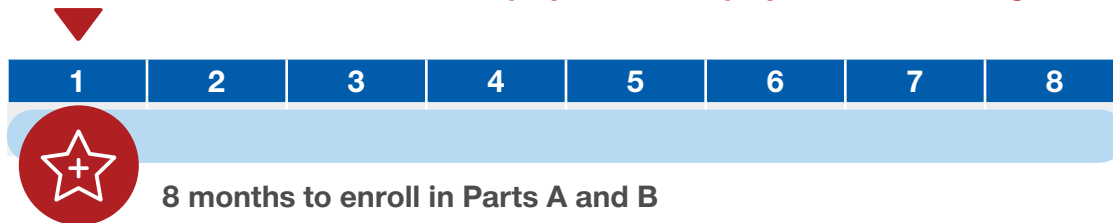
Your Medicare supplement open enrollment is 6 months long. It begins the month you are 65 or older and are enrolled in Medicare Part B. You can apply to enroll at any time after this, but during open enrollment you are guaranteed coverage. Later you could be denied or charged more based on your health history. Some states may allow for additional enrollment periods.



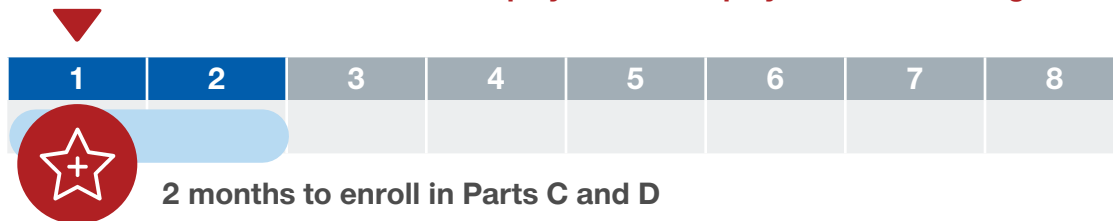
Special Enrollment Period: Working past 65

You may qualify for a Special Enrollment Period (SEP) to enroll in Part A, Part B or both without penalty for up to 8 months after the month your (or your spouse's) employment or employer coverage ends, whichever comes first. You may join a Medicare Advantage plan or prescription drug plan up to 2 full months after the same event, if you are eligible.

Month after the last month of employment or employee health coverage



Month after the last month of employment or employee health coverage



You have just 63 days to enroll in Part D without penalty once your employer coverage ends. Ask your employer for a notice of "creditable drug coverage."

Late enrollment penalties

It's important to know your enrollment dates and to enroll on time. The following penalties could apply if you don't, unless you qualify for a SEP or another exception.

- **Part A:** People who pay a premium (most don't) could pay an additional 10% of the premium amount. The penalty is charged every month for twice the number of years enrollment was delayed.
- **Part B:** You could pay an additional 10% of the premium amount for each full 12-month period enrollment is delayed. The penalty is charged every month for as long as you have Part B.
- **Part D:** You could pay an additional 1% of the average Part D plan premium for each month you delay enrollment. The penalty is charged every month for as long as you're enrolled in Part D.
- **Medicare supplement insurance:** You could be denied coverage or charged a higher premium based on your health history.

Changing your coverage

Medicare Annual Enrollment

Medicare Annual Enrollment is October 15 to December 7. During this time you may join, switch or drop a Medicare Advantage plan (Part C) or a prescription drug plan (Part D). If you drop a Medicare Advantage plan, your coverage reverts to Original Medicare.

Every year

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

October 15 – December 7

Special Enrollment Period: Qualifying Life Event

You may join, switch or drop a Medicare Advantage plan or a prescription drug plan if you have a qualifying event, such as moving. You have 2 months after the month of a qualifying event to make plan changes, in most cases. If you drop a Medicare Advantage plan, your coverage reverts to Original Medicare.

Month after you move or the month after you notify your plan

▼

1	2	3	4	5	6	7	8



2 months to enroll in Parts C and D

Medicare Advantage Open Enrollment

If you're enrolled in a Medicare Advantage plan on January 1, you can change your coverage once between January 1 and March 31. You can switch to a different Medicare Advantage plan or go back to Original Medicare. If you go back to Original Medicare, you may also enroll in a Part D plan and a Medicare supplement plan.

Every year

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

January 1 – March 31

Understanding your needs

Look for coverage that works for you.

Consider these questions to help determine what kind of coverage may be right for you.

Frequent doctor visits can get costly. How often do you visit the doctor, in general?

- With Original Medicare (Parts A & B), you pay 20% of the allowed amount for most doctor services after you meet the Part B deductible. Most Medicare supplement plans pay this cost in full.
- With most Medicare Advantage plans, you pay a low copayment for each visit. Your plan may or may not have a deductible.
- Medicare Advantage plans have an annual out-of-pocket limit that offers financial protection. There is no limit with Original Medicare.

Are the medications you regularly take covered?

- Most prescription drug plans and Medicare Advantage plans that include drug coverage have a list of covered drugs, or formulary.
- If your drugs are not on the formulary, you may have to pay more.

Do you have a particular doctor, hospital or pharmacy that you want to use?

- Many Medicare Advantage plans contract with a network of providers and pharmacies.
- You may pay more if your provider or pharmacy is not in the network.
- Original Medicare and most Medicare supplement plans do not have networks and provide coverage nationwide.

Does your doctor accept Medicare assignment?

- Doctors who accept assignment agree to the Medicare-approved amount as payment in full.
- Doctors who do not accept assignment may charge more than the Medicare-approved amount for some services.
- The additional cost is called “excess charges.”
- Some Medicare supplement plans pay excess charges.

Do you have other health coverage, such as through an employer, a union or the military?

- Medicare may work with your other health coverage.
- Talk to your plan administrator before you make any decisions.

Would you rather pay less in monthly premiums or pay less out of pocket when you receive health care?

- In general, when premiums go up, out-of-pocket costs like deductibles, copays and coinsurance go down.
- The opposite is also true. Low monthly premiums could mean your out-of-pocket costs will go up.
- Look at all the costs — not just premiums — when comparing coverage options.

Help with Medicare costs

You may qualify for help if you have a low income and few assets.

Income includes money you get from retirement benefits or other money that you report for tax purposes. Income eligibility levels vary by state and program.

The following programs offer financial assistance for people who qualify. There may also be other assistance programs in your state.

Medicaid

Medicaid provides health care coverage for people and families with limited incomes. It may also offer some services not covered by Medicare. Each state creates its own program, so contact your state Medicaid office for more information.

If you qualify for both Medicare and Medicaid, you are “dual eligible.” In this case, you keep your Medicaid benefits and may get additional benefits from Medicare. The two programs can work together to cover most of your health care costs.

Extra Help

The Extra Help program helps eligible people pay for some or all of their Medicare Part D premiums, deductibles and copays.

Medicare Savings Programs

Medicare Savings Programs help pay some or all Part A and Part B premiums, deductibles and coinsurance. You automatically qualify for the Extra Help program if you qualify for a Medicare Savings Program.

Program of All-Inclusive Care for the Elderly (PACE)

PACE combines medical, social and long-term care services for frail elderly people who live in the community, not in a nursing home. This program is not available in all states.

Don't assume you don't qualify for financial help. Visit [Medicare.gov](https://www.Medicare.gov) to learn more about financial assistance programs. You may also contact your local Social Security office, Medicaid office or State Health Insurance Assistance Program for help.

More information

Medicare Helpline

Call for questions about Medicare and detailed information about plans and policies in your area.

1-800-MEDICARE (1-800-633-4227)

TTY 1-877-486-2048

(24 hours a day, 7 days a week)

Medicare.gov

The Medicare website provides information and offers online tools to find and compare Part D plans, Medicare Advantage plans and Medicare supplement insurance plans.

Medicare & You

The official government Medicare handbook you may request when you call the Medicare Helpline, or you can download it at Medicare.gov.

Social Security Administration

Get answers to questions about Medicare eligibility and enrollment, Social Security retirement benefits or disability benefits. You can also ask about your eligibility for financial help.

1-800-772-1213

TTY 1-800-325-0778

SSA.gov/Medicare

Administration on Aging

Discover local, state and community-based organizations that serve older adults and their caregivers.

1-800-677-1116, TTY 711

Eldercare.gov

Your current health plan

Your health plan's customer service center should be able to answer questions you have about your current coverage. Find the number on the back of your member ID card.

AARP.org

AARP® provides information about Medicare, as well as other programs and services available to people as they age.

MedicareMadeClear.com

Watch videos, sign up for our newsletter, take quizzes, find helpful tools and get answers to your Medicare questions.

Medicaid.gov

Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Learn more about eligibility, benefits and how to apply.

State Health Insurance Assistance Program (SHIP)

Your State Health Insurance Assistance Program offers free counseling and can help with questions about buying insurance, choosing a health plan and your rights and protection under Medicare.

shiptacenter.org

National Hospice and Palliative Care Organization

Learn about hospice care and hospice programs where you live. Your doctor or other health care provider may also be able to help you find local services.

NHPCO.org



Frequently asked questions

Q How can I get dental and vision coverage with Medicare?

A Original Medicare (Part A and Part B) does not cover routine dental or vision care. However, many Medicare Advantage plans (Part C) offer the coverage along with other benefits not provided by Original Medicare, such as prescription drug coverage. See page 10 for more information about Medicare Advantage plans.

Q What happens to my spouse's health coverage when I retire and go on Medicare?

A Your spouse may need to find other coverage if he or she is younger than you and there is a gap between being covered under your employer coverage and becoming eligible for Medicare. Your employer may offer COBRA for your spouse's continued coverage. Talk with your employer plan administrator.

Your spouse could also buy individual coverage through the Marketplace or directly from an insurance company until becoming eligible for Medicare. At that time your spouse may qualify for premium-free Part A based on your work record or their own.

Q What will I pay for prescription drugs if I enter the donut hole?

A If you enter the donut hole, or the Part D coverage gap, you'll pay:

- 25% of the cost for both brand name and generic drugs
- Plan coinsurance for certain drugs if you have a plan that provides coverage in the gap

You enter the coverage gap in 2020 only if the total cost for your drugs, paid by you and your plan, reaches \$4,020. You exit the gap when your out-of-pocket drug costs reach \$6,350. After that, you are in the "catastrophic coverage" payment stage for the rest of the plan year and you may pay small copays for your drugs.

Q How do I know if I'll be able to see my same doctor when I'm on Medicare?

A Many doctors accept Medicare. Ask your doctor to be sure. If you're considering a Medicare Advantage plan (Part C) with a provider network, you'll also need to know whether your doctor is in it. Check the provider list for each plan you're researching.

Q **What happens if my doctor leaves my Medicare Advantage plan's network?**

A Your plan will notify you if your doctor leaves the plan's network, and you'll be able to choose a new doctor. Generally, you aren't able to change plans in this situation until the next Medicare Annual Enrollment, October 15 to December 7.

Q **What happens if I move? Can I keep the same Medicare Advantage plan?**

A Medicare Advantage plans have geographic service areas where they operate. You can keep your plan if you move to another address within the same service area. Call your plan's customer service number to find out whether your new home is in your current plan's service area.

If you move outside your plan's service area, you'll need to find a different Medicare Advantage plan or go back to Original Medicare and consider adding a standalone prescription drug plan and Medicare supplement insurance.

Q **I can't afford to pay for Medicare — not even the Part B premium. Where can I get help?**

A You may be able to get help paying Medicare premiums and other costs, if you qualify. See page 19 for a list of resources.



Medicare plan finder worksheet

Steps to finding Medicare coverage that's a good fit for you:



Learn about your choices.

Explore **MedicareMadeClear.com** for more information about Medicare, your choices and additional resources.



Understand your needs.

Think about how you use health care to help focus on the type of coverage that may work best for you.



Find plans in your area.

Go to Medicare.gov to get a list of plans available where you live and details about coverage and costs.



Compare your plan options.

Use the worksheet on the next page to compare plans based on your needs.



Select a plan.

Enroll online or call the plan directly.

Some plans require a referral from your primary care provider to see a specialist. You may want to consider this as you compare your options.

Complete a column for each plan you're considering.

In the top section, check off which benefits each plan provides. In the bottom section, fill in the cost for each item. You can get coverage and cost information from plan web sites or materials.

	Plan 1	Plan 2	Plan 3
Insurance company			
Name of plan			
Type of plan			
Compare coverage			
Current physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse phone line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Podiatry care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compare costs			
Original Medicare costs			
Monthly plan premium			
Emergency costs			
Estimated monthly copays/coinsurance			
Annual medical deductible			
Annual out-of-pocket maximum			
Annual prescription drug deductible			
Estimated monthly prescription drug costs			

Want to learn more?



Visit [MedicareMadeClear.com](https://www.MedicareMadeClear.com)

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