

Helpful information about Medicare

The following excerpts are from the 2009 "Medicare and You" handbook that was mailed to Medicare recipients. You can receive more information by referring to your copy of this handbook or by calling 1-800-MEDICARE (1-800-633-4227), and say "Agent." TTY users should call 1-877-486-2048. Or visit www.medicare.gov and select, "Compare Health Plans and Medigap Policies in Your Area" or "Compare Medicare Prescription Drug Plans."

What Is Medicare?

Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

The Different Parts of Medicare

The different parts of Medicare help cover specific services if you meet certain conditions. Medicare has the following parts:

Medicare Part A (Hospital Insurance)

- Helps cover inpatient care in hospitals
- Helps cover skilled nursing facility, hospice, and home health care

Medicare Part B (Medical Insurance)

- Helps cover doctors' services and outpatient care
- Helps cover some preventive services to help maintain your health and to keep certain illnesses from getting worse

Medicare Part C (Medicare Advantage Plans) (like an HMO or PPO)

- A health coverage choice run by private companies approved by Medicare
- Includes Part A, Part B, and usually other coverage including prescription drugs



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Medicare Part D (Prescription Drug Coverage)

- Helps cover the cost of prescription drugs
- May help lower your prescription drug costs and help protect against higher costs in the future

With Medicare, you can choose how you get your health and prescription drug coverage. Below are brief descriptions of your coverage choices.

Original Medicare

- Run by the Federal government.
- Provides your Part A and Part B coverage.
- You can join a Medicare Prescription Drug Plan to add drug coverage.
- You can buy a Medigap (Medicare Supplement Insurance) policy (sold by private insurance companies) to help fill the gaps in Part A and Part B coverage.

Medicare Advantage Plans (like an HMO or PPO)

- Run by private companies approved by Medicare.
- Provides your Part A and Part B coverage but can charge different amounts for certain services. May offer extra coverage and prescription drug coverage for an extra cost. Costs for items and services vary by plan.
- If you want drug coverage, you must get it through your plan (in most cases).
- You don't need a Medigap policy.

Other Medicare Health Plans

- Plans that aren't Medicare Advantage Plans, but are still part of Medicare.
- Include Medicare Cost Plans, Demonstration/Pilot Programs, and Programs of All-Inclusive Care for the Elderly (PACE).
- Some plans provide Part A and Part B coverage, and some also provide prescription drug coverage (Part D).



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Your Medicare Choices

You can choose different ways to get your Medicare coverage, Original Medicare or a Medicare Advantage Plan (like an HMO or PPO). If you choose Original Medicare and you want drug coverage, you can join a Medicare Prescription Drug Plan. If you choose to join a Medicare Advantage Plan, the plan may include Medicare prescription drug coverage. In most cases, if you don't make a choice, you will have Original Medicare. Each year you should review your health and prescription needs because your health, finances, or coverage may have changed. If you decide other coverage will better meet your needs, you can switch plans during certain times.

Need Help Deciding?

1. Visit www.medicare.gov and select, "Compare Health Plans and Medigap Policies in Your Area" or "Compare Medicare Prescription Drug Plans."
2. Call 1-800-MEDICARE (1-800-633-4227), and say "Agent." TTY users should call 1-877-486-2048.

Things to Consider When Choosing or Changing Your Coverage

- **Coverage**—When choosing between Original Medicare and a Medicare health plan, does the plan provide extra coverage you want that Original Medicare doesn't cover?
- **Your other coverage**—Do you have, or are you eligible for, other types of health or prescription drug coverage? If so, read the materials you get from your insurer or plan, or call them to find out how the coverage works with, or is affected by, Medicare. If you have coverage through a former or current employer or union, talk to your benefits administrator, insurer, or plan before making any changes to your coverage.
- **Cost**—How much are your premiums and deductibles? How much do you pay for services like hospital stays or doctor visits? Your costs vary and may be different if you don't follow the coverage rules.



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- **Doctor and hospital choice**—Do your doctors accept the coverage? Are they accepting new patients? If you are considering a Medicare health plan, do you have to choose your hospital and health care providers from a network? Do you need a referral to see a specialist?
- **Prescription drugs**—What are your drug needs? Do you need to join a Medicare drug plan? What will your prescription drugs cost under each plan? Are your drugs covered under the plan's formulary (drug list)? Formularies can change.
- **Quality of care**—The quality of care and services given by plans and other health care providers can vary. Medicare has information to help you compare plans and providers.
- **Convenience**—Where are the doctors' offices? What are their hours? Which pharmacies can you use? Can you get your prescriptions by mail?
- **Travel**—Do you spend part of each year in another state? Will the plan cover you there?

Your Medicare plan will send you an Evidence of Coverage (EOC) and Annual Notice of Change (ANOC) each year. The EOC gives you details about what the plan covers, how much you pay, and more. The ANOC includes any changes in coverage, costs, or service area that will be effective in January.



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