



Your complimentary
Medicare Guidebook



About this Guidebook

If you or someone you care for is new to Medicare or will be soon, this Guidebook will help make Medicare easier to understand. You'll learn how Medicare works and what it covers, eligibility requirements and enrollment timeframes, your coverage options and more.

It's a booklet you'll want to keep handy for easy reference now and in the future. Please accept it with our compliments.



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Learn

Understand how
Medicare works for you

Medicare is a federal health insurance program for adults age 65 and over, people under age 65 with certain disabilities, and people of all ages with end-stage renal disease.

Medicare has 4 Parts.

Each part helps pay for different healthcare costs:

- **PART A is HOSPITAL INSURANCE**, which covers you when you are an inpatient in either a hospital or skilled nursing facility. Most Medicare recipients do NOT have to pay for Part A coverage.
- **PART B is MEDICAL INSURANCE**, which covers you for doctors' services in and out of the hospital, some hospital outpatient services and some other medical services and supplies. Part B coverage is optional, and Medicare recipients must pay for Part B coverage.
- **PART C is MEDICARE ADVANTAGE** — managed care plans offered by private companies that combine Part A and Part B coverage. Many Medicare Advantage plans include Medicare Part D prescription drug coverage and may also include additional benefits and services.
- **PART D is PRESCRIPTION DRUG COVERAGE**. Part D coverage is optional. To get Medicare Part D prescription drug coverage you can join a stand-alone plan (drug coverage only), or a Medicare Advantage plan that includes prescription drug coverage.

Medicare Coverage Options

You have a choice of how you get your Medicare benefits.

START with Original Medicare (Part A + Part B)

Part A helps pay for inpatient care in hospitals and skilled nursing facilities — like the cost of a shared room, meals and nursing services. It can also assist with hospice costs.

Part B helps pay for services that are considered important for the diagnosis or treatment of a medical condition — like doctor visits, outpatient services and surgeries that don't require overnight hospital stays. Part B also helps pay for durable medical equipment. It covers preventive care services at no cost to you.

Together, Part A and Part B are called Original Medicare.



WHAT YOU COULD PAY

if you choose Original Medicare in 2017:

- \$1,316 Part A deductible each benefit period*
- Daily copayment for days 61+ of inpatient hospital stay
- Daily copayment after 20 days in skilled nursing facility
- Part B monthly premium (\$109/month for most people)
- Part B annual deductible (\$183)
- 20% coinsurance for covered Part B medical services
- All costs for healthcare expenses not covered under Part A or Part B

Amounts may change for 2018.

*A benefit period is the way Medicare measures your use of hospital and skilled nursing facility services. A benefit period starts the first day of an inpatient or skilled nursing facility stay and ends when you haven't received inpatient hospital or skilled nursing care for 60 days in a row after you are discharged.

Many people find that Original Medicare by itself is not enough. If you want MORE coverage, you can:

ADD Medicare Prescription Drug Coverage (Part D)

Medicare Part D is a government benefit that helps cover your costs for prescription drugs. Part D prescription drug plans are sold through private insurance companies approved by Medicare. You must enroll in a private plan to receive Part D benefits.

How Medicare Part D drug coverage works:

- Your **deductible** is the amount you have to pay out-of-pocket before the plan will pay anything.
- **Copayments/coinsurance** are what you pay out-of-pocket for each drug you take.
- Most plans have a **coverage gap** (or “donut hole”) that starts after you and the plan spend a combined total of \$3,700 (in 2017) on covered drugs. In the gap, you pay 40% of the cost for brand-name drugs and 51% of the cost for generics (in 2017).
- **Catastrophic coverage** kicks in once you reach your plan’s out-of-pocket limit (\$4,950 in 2017). If you reach this stage, the plan picks up most of the cost. It ensures you only pay a small copayment or coinsurance amount for covered drugs for the rest of the year.

Medicare Part D enrollment choices:

- You can join a stand-alone Medicare Prescription Drug Plan (PDP) that provides drug coverage only. Many people who rely on Original Medicare alone — as well as those who purchase a Medicare Supplement insurance plan — add a Part D drug plan for more complete coverage.
- Or, you can join a Medicare Advantage (Part C) plan that includes prescription drug coverage.



Run by
Private
Companies



You Pay a
Portion of the
Drug Cost



Coverage
Varies from
Plan to Plan



You Pay a
Monthly
Premium

Extra Help may be available:

If you have limited financial resources, you may qualify for Extra Help with Part D plan premiums, coinsurance and copayments. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778), Mon. – Fri., 7 am – 7 pm; or
- Your state Medicaid office.



WHAT YOU COULD PAY

if you add Medicare Part D prescription coverage:

- A monthly premium for your Part D plan (in addition to your Part B premium)
- An annual deductible
- A portion of the drug cost
- A percentage of all costs in the coverage gap (unless you qualify for Extra Help)

Your actual drug costs will vary based on the drugs you use, the plan you choose, whether you use a network pharmacy, whether your drugs are on the plan’s formulary and whether you qualify for Extra Help.

If you want help with medical deductibles, copayments and coinsurance (what Original Medicare leaves for you to pay), you can also:

ADD Medicare Supplement Insurance (Medigap)

In general, these are standardized plans — meaning benefits are the same from one health insurance company to another — that work in tandem with your Medicare Part A and Part B coverage. They are offered by private insurance companies (including Premera Blue Cross) and identified by the letters A through N (Plan A, Plan B, etc.). Each provides a distinct set of benefits. Depending on the plan you choose, you could have little to no out-of-pocket costs for Medicare-covered services (for example, Plan F pays your Part A deductibles, plus your Part B deductible and 20% coinsurance). These plans allow you to use any healthcare provider nationwide that accepts Medicare, but they do not include prescription drug coverage. Many people with Original Medicare and a Part D prescription drug plan also have a Medicare Supplement plan.



WHAT YOU COULD PAY if you add a Medicare Supplement plan:

- A monthly plan premium (in addition to your monthly Part B premium and, if applicable, Part D plan premium)
- All costs for healthcare expenses not covered under Part A or Part B (like prescriptions, eyewear, fitness programs)



Medicare Advantage (Part C) is an alternative to Original Medicare

Medicare Advantage plans provide all the hospital and medical benefits you get through Original Medicare. Many plans include Part D prescription drug coverage (eliminating the need to purchase a separate drug plan). Medicare Advantage plans may also include benefits like a fitness program, routine vision and hearing services, wellness programs and other services not covered by Original Medicare.

These plans are available through private companies approved by Medicare (including Premera Blue Cross). Most Medicare Advantage plans work with a network of healthcare providers. **Monthly plan premiums can be as low as \$0, depending on the plan you choose.**

There are different types of Medicare Advantage plans, including:

- **Health Maintenance Organization (HMO) plan:** Medicare Advantage HMOs have a network of doctors, hospitals and other healthcare providers and feature low copayments and predictable costs. Referrals are required, and except in limited circumstances, you must receive care through a network provider or it won't be covered. Plan premiums are generally lower for Medicare HMOs than for other types of Medicare Advantage plans.



- **Preferred Provider Organization (PPO) plan:** Medicare Advantage PPOs include benefits for care received both in- and out-of-network. Out-of-pocket costs are lowest when using network providers, but members have the freedom to use any doctor or hospital that accepts Medicare. A referral from the primary care provider is not required to see a specialist. Because of its open access, this type of plan generally costs more than an HMO plan.
- **Private Fee-for-Service (PFFS) plan:** With these plans, you can receive care from any doctor or hospital that accepts the plan's payment terms and conditions.
- **Special Needs Plans (SNPs):** These are for people with chronic illnesses, older adults with limited incomes and those living in nursing homes.



WHAT YOU COULD PAY if you choose a Medicare Advantage plan:

- A monthly plan premium (depending on the plan you choose) in addition to your monthly Part B premium
- Copays or coinsurance for covered services



Here's another way to look at your Medicare choices:

Start with Original Medicare

Part A
(hospital insurance) + Part B
(medical insurance)

Decide if you want more coverage

OPTION 1

Medicare
Part D Prescription
Drug Plan

and/or

Medicare
Supplement
Insurance Plan

OPTION 2

Medicare Advantage Plan

- Combines Parts A & B
- Many cover Part D prescriptions and may include extra benefits
- Your monthly plan premium could be as low as **\$0**

In case you're wondering ...

Q. What's the difference between a Medicare Supplement and Medicare Advantage plan?

A. There are three key differences. First, most Medicare Advantage plans typically require you to use healthcare providers in the plan's network — while Medicare Supplements do not use a network. Second, many Medicare Advantage plans include Part D prescription drug benefits — whereas Medicare Supplements do not cover prescriptions. And third, many Medicare Advantage plans include extra benefits (like fitness and vision) that Medicare Supplement plans typically do not.

Q. Can I enroll in both a Medicare Advantage plan and a Medicare Supplement plan?

A. No. If you have a Medicare Advantage plan, you don't need (and can't buy) a Medicare Supplement plan.

Q. Can I enroll in both a Medicare Advantage plan and a stand-alone Prescription Drug Plan?

A. In most cases, no. If your Medicare Advantage plan offers drug coverage (whether you choose a medical + drug option or not) and you enroll in a stand-alone prescription drug plan, you will be disenrolled from the Medicare Advantage plan and returned to Original Medicare.



Assess

Understand your needs

How do you know which type of Medicare coverage may be right for you? This questionnaire will help you get started by identifying your needs and preferences.

Your answers can provide a foundation for choosing a Medicare health plan when it's time to enroll.



Can I afford to pay the healthcare costs Original Medicare doesn't cover?

With Original Medicare you will pay:

- Part A deductibles and daily copayments
- A monthly premium for Part B
- An annual Part B deductible and 20% coinsurance
- 100% of the cost for services not covered by Medicare

YES You may still want to add a stand-alone Part D drug plan (Original Medicare does not include prescription coverage).

NO Consider joining a low-cost Medicare Advantage plan. You must continue to pay your Medicare Part B premium, but plan premiums can be as low as \$0. There are no deductibles and costs are generally low and predictable. Medicare Advantage plans may also include prescription coverage and extra benefits.

Are my doctors in a Medicare Advantage network?

YES Consider joining a Medicare Advantage HMO plan. These plans may negotiate lower rates with providers in their networks.

NO Consider a Medicare Supplement plan. There are no networks. You can use any provider that accepts Medicare.

Am I willing to get a referral to see a specialist?

YES Consider joining a Medicare Advantage HMO plan. Monthly plan premiums can be as low as \$0.

NO Consider a Medicare Supplement plan — no referrals are required. A Medicare Advantage PPO plan is another option.



Am I willing to pay more so that I can receive care from any provider?

- YES** Consider a Medicare Supplement plan. Monthly premiums are generally higher for Medicare Supplements (compared to Medicare Advantage plans) but you can use any provider in the country that accepts Medicare. A Medicare Advantage plan that pays benefits both in- and out-of-network is another option (like a PPO plan).
- NO** Consider a Medicare Advantage HMO plan — especially if doctors and hospitals you like are in the plan's network (you must stay in network to receive most benefits) and cost is an issue.

Do I need prescription drug coverage?

- YES** You can enroll in a Medicare Advantage plan that includes prescription drug coverage or a stand-alone Medicare Part D prescription drug plan (drug coverage only).
- NO** You should reconsider. Even if you don't take many medications now or don't think you need coverage, Medicare Part D drug coverage is an important benefit. Taking Part D coverage when you are first eligible (through a Medicare Advantage or stand-alone drug plan) will help protect you from unforeseen expenses. Also, you may have to pay a penalty if you wait until later to enroll.

Does the plan cover my prescriptions and is my pharmacy in its network?

YES Consider enrolling in the plan, especially if it has all the benefits you want (such as a Medicare Advantage plan that includes prescription coverage). Most plans make it easy to check their formulary (list of covered drugs) and pharmacy network online.

NO You may wish to talk to your doctor about switching you to a covered drug. Many plans include national chains, like CVS, Walgreens and Target, so it should be easy to find a pharmacy you like.

Do I want coverage for a fitness program?

YES Consider joining a Medicare Advantage plan. Some Medicare Advantage plans include a fitness benefit at no extra cost to members.

NO You can stay with Original Medicare (with or without a Medicare Supplement plan).

Do I want discounts for eyewear, hearing or alternative healthcare?

YES Consider joining a Medicare Advantage plan. Plan members may have access to programs that offer deep discounts on products and services not covered by Medicare.

NO You can stay with Original Medicare (with or without a Medicare Supplement plan).

Do I live out of state part of the year?

YES Consider an option that provides coverage for routine services anywhere in the U.S. such as Original Medicare (with or without a Medicare Supplement plan).

NO Consider joining a Medicare Advantage HMO plan. When you travel outside the service area, you're covered for emergency or urgently needed care anywhere in the U.S.

Do I need coverage for traveling abroad?

YES Consider Medicare Supplement Plans C, D, F, G, M or N. These plans provide foreign travel emergency healthcare coverage when you travel outside the U.S. Many Medicare Advantage plans also provide worldwide emergency coverage — in addition to emergency and urgently needed care anywhere in the U.S.

NO You can stay with Original Medicare (with or without a Medicare Supplement plan) or join a Medicare Advantage plan with worldwide emergency coverage. Even if you don't plan to travel now, the benefit is there if you ever need it.



Enroll

Enrolling is easier
than you think

As you plan your Medicare coverage, be sure you understand the eligibility and enrollment rules.

Original Medicare (Part A and Part B)

Eligibility Guidelines:

You're eligible for Part A (hospital insurance) and Part B (medical insurance) if you or your spouse paid into Social Security for at least 10 years through employment, you are a citizen or permanent resident of the United States and you are age 65 or older. People under age 65 with certain disabilities and people of all ages with end-stage renal disease are also eligible for Original Medicare.

- **Even though the full Social Security retirement age is no longer 65, you are still eligible for Medicare at age 65.** You do NOT have to be retired to enroll in Original Medicare.
- **Most people receive Medicare Part A automatically starting the first day of the month they turn age 65.** If you're still working and have employer-provided coverage, contact your benefits administrator to find out how Medicare will work with your current coverage.

How to Enroll:

If you are not already getting Social Security or Railroad Retirement benefits, you need to sign up for Medicare with the Social Security Administration. You can:

- Enroll by phone at 1-800-772-1213 (TTY: 1-800-325-0778), 7 a.m. to 7 p.m., Monday through Friday.
- Enroll online at www.ssa.gov.
- Visit the Social Security office nearest you and enroll in person. You'll need an original or certified copy of your birth certificate, W-2 forms for the past two years and your Social Security card (or number).

When to Enroll:

You have three opportunities to sign up for Part B (medical insurance). Be sure you understand how the different enrollment periods work or you could be charged late enrollment penalties.

• **Initial Enrollment Period (if you are turning 65):**

During the Part B Initial Enrollment Period, you can enroll three months prior to, the month of, or three months after your 65th birthday. If you enroll prior to your birth month, your coverage will begin on the first day of the month you turn age 65.

- **You can delay enrollment in Part B without penalty if you qualify for a Special Enrollment Period.** If you or your spouse has health insurance through current employment, you may not need Part B right away. You would qualify to sign up during a Special Enrollment Period when the employment or health insurance ends.



- **Special Enrollment Period (if you are over 65):**

If you delayed Part B enrollment while covered under your (or your working spouse's) employer-provided or union plan, you can use the Part B Special Enrollment Period to enroll. You'll have an 8-month window to enroll that begins when your employer or union coverage ends, or when employment ends, whichever is first.

- If you are 65 and have COBRA coverage on an employer's policy, you should enroll in Part B. You will not get a Special Enrollment Period when COBRA ends. You must sign up for Part B during the first 8 months you have COBRA to avoid the late enrollment penalty in the General Enrollment Period.

- **General Enrollment Period:**

If you do not enroll in Part B during the Initial or Special Enrollment Periods, you can enroll during the General Enrollment Period from January through March 31 of each year. Coverage will begin on July 1. For each year you are late in enrolling, you can be charged a 10% Part B penalty that will continue for as long as you are on Part B.

AVOID PART A AND PART B LATE ENROLLMENT PENALTIES!

Part A Penalty: Part A is free for most people. If you do have to pay a premium, apply for Part A when you are first eligible. The penalty for waiting is 10% of the Part A premium unless you qualify for a Special Enrollment Period. You will have to pay the premium penalty for twice the number of years you delay enrollment.

Part B Penalty: Part B charges a monthly premium. The amount you pay is based on your income and tax-filing status. If you don't enroll in Part B when you are first eligible, you may have to pay a penalty to get it later (unless you qualify for a Special Enrollment Period). The penalty is an additional 10% of the Part B premium for every 12-month period that you delay enrollment. In most cases, you will have to pay the penalty every month for as long as you have Part B.

In case you're wondering ...

Q. I'm already retired and covered on my spouse's health plan. Should I switch to a Medicare plan when I turn 65?

- A.** It depends on a number of factors, including whether your spouse's plan provides coverage for those over age 65. Another thing to consider is your share of your spouse's premium payment. It may make more sense financially to move off your spouse's plan and join a Medicare plan instead.

Q. I plan to continue working past age 65. When do I switch from my employer medical plan to Medicare?

- A.** When you're ready to retire and your group coverage will be ending, you'll qualify for a Special Enrollment Period. You'll have an 8-month window to sign up for Part B (medical insurance). Once you've signed up for Part B, you can enroll in a Medicare Advantage or Medicare Supplement plan if you want extra coverage.

Q. How do I pay the monthly Part B premium?

- A.** Your Part B premium amount will be deducted from your Social Security benefit check before it's mailed to you. If you have Part B but aren't yet collecting Social Security, you'll get a bill from Medicare.

If you are receiving Social Security or Railroad Retirement benefits prior to age 65, you will be automatically enrolled in Original Medicare (Part A and Part B). Your coverage will begin on the first day of the month you turn 65.

Medicare Part D Prescription Drug Coverage

Eligibility Guidelines:

You're eligible for Part D (prescription insurance) if you are entitled to Medicare benefits under Part A or enrolled in Part B.

- You may be enrolled in only one Medicare Part D prescription drug plan (PDP) at a time.
- You must reside in the plan's service area.
- You must continue to pay your Medicare Part B premium in addition to any plan premium.
- If you are enrolled in a Medicare Advantage plan that includes Medicare prescription drug coverage and you enroll in a stand-alone PDP, you will be automatically disenrolled from the Medicare Advantage plan.

How to Enroll:

You enroll directly with the insurance company offering the plan. Each private insurance company that offers Medicare Part D handles the enrollment process.

When to Enroll:

You can join a PDP (or Medicare Advantage plan that includes prescription drug coverage) during your Initial Enrollment Period (when you first become eligible for Medicare). If you don't enroll when first eligible, you must wait until the Annual Election Period (10/15 – 12/7 annually, with coverage starting 1/1 of the following year) unless you qualify for an exception. You may also be charged a late enrollment penalty if you wait until later to join a plan.

- You may delay enrolling in Part D without penalty if you have had other prescription drug coverage at least as good as



Medicare. For example, if you're still working at age 65 and covered through employer-provided health insurance that includes prescription coverage. This is known as creditable coverage. If you go more than 63 days without creditable coverage, the penalty may apply.

AVOID THE PART D LATE ENROLLMENT PENALTY!

You enroll in Medicare Part D by joining either a stand-alone prescription drug plan or a Medicare Advantage plan that includes drug coverage. Some plans charge a premium. You may have to pay a premium penalty set by Medicare if you sign up after your Initial Enrollment Period unless you qualify for Extra Help (see page 7). For each month you delay, you may pay an additional 1% of the average premium per month — and pay that penalty for as long as you are enrolled in a Medicare Part D plan. You pay the penalty amount in addition to any premium charged by your plan.



Medicare Supplement Insurance

Eligibility Guidelines:

You're eligible to enroll in a Medicare Supplement (Medigap) plan if you have Medicare Part A and Part B.

- You must continue to pay your Medicare Part B premium in addition to your plan premium.

How to Enroll:

You enroll directly with the insurance company offering the plan. Each private insurance company that offers Medicare Supplement plans will handle the enrollment process. Although plan benefits are standardized, not all companies offer Plans A through N. Be sure the company you select offers the plan and benefits you want.

When to Enroll:

You can enroll in a Medicare Supplement plan during your Open Enrollment Period. Your Open Enrollment Period lasts for six months, starting on the first day of the month in which you're 65 or older and enrolled in Medicare Part B. Some plans may offer continuous open enrollment.

- If you enroll during your Open Enrollment Period you are guaranteed acceptance, regardless of health, for any Medigap policy sold in your state. You won't need to provide a health history to your insurance company.
- If you delay buying Medicare Supplement insurance during this timeframe, you may have to qualify medically (and risk being turned down for health reasons) when you do decide to enroll.

Medicare Advantage Plans

Eligibility Guidelines:

You're eligible to enroll in a Medicare Advantage plan if you have Medicare Part A and Part B and reside in the plan's service area. If you have End-Stage Renal Disease (ESRD), you can only join a Medicare Advantage plan in certain situations. If you develop ESRD while a member, you cannot be disenrolled for that reason.

- You must continue to pay your Medicare Part B premium in addition to any plan premium.
- If you have a Medicare Advantage plan, you don't need (and can't buy) a Medicare Supplement plan.
- If you join a Medicare Advantage plan that offers drug coverage and enroll in a stand-alone PDP plan, you will be disenrolled from the Medicare Advantage plan and returned to Original Medicare.

How to Enroll:

You enroll directly with the insurance company offering the plan. Each private insurance company that offers Medicare Advantage plans will handle the enrollment process.

When to Enroll:

Once you've enrolled in Part A and Part B, you can enroll in a Medicare Advantage plan. You can join a Medicare Advantage plan during your Initial Enrollment Period (when you first become eligible for Medicare). That way, benefits could start on the first day of the month you turn 65. If you don't enroll when first eligible, you must wait until the Annual Election Period (10/15 – 12/7 annually, with coverage starting 1/1 of the following year) unless you qualify for an exception.

When you're ready for a Medicare Advantage plan, the [Premera Blue Cross Medicare Advantage Transition Team](#) can help with the enrollment process — in person or over the phone — to ensure a smooth transition.

Enrollment Periods That Happen Each Year

Once enrolled, your Medicare Part A and Part B benefits renew automatically. However, each year you have a chance to make changes to your Medicare Advantage or Medicare prescription drug coverage for the following year.

Important Dates to Remember:

October 15 – December 7	Annual Election Period During this time, you can: <ul style="list-style-type: none"> • Join a Medicare Advantage plan or stand-alone Part D (PDP) plan • Switch Medicare Advantage or PDP plans • Change from a plan that includes Medicare Part D drug coverage to one that does not
December 7	For most people, this is the last day to enroll in a Medicare Advantage plan until the next Annual Election Period.
January 1	If you joined a new plan during the Annual Election Period, your new coverage begins.
January 1 – February 14	Annual Disenrollment Period During this time, Medicare Advantage members will have the option of disenrolling from their Medicare Advantage plan and choosing Original Medicare (with or without a Medicare Supplement plan) and a Part D prescription drug plan. Benefits will begin on the first day of the month following enrollment.
February 14	This is the last day to disenroll from a Medicare Advantage plan and choose Original Medicare and a Part D prescription drug plan.

Questions about eligibility guidelines or enrollment timeframes?

Call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048 24 hours a day, seven days a week • Or visit www.medicare.gov



Protect

Premera Blue Cross can help protect your retirement savings

Premera Blue Cross Medicare Advantage plans help pick up where Medicare leaves off to protect against unplanned medical costs.



Our Medicare Advantage HMO plan has a **\$0** monthly plan premium and includes prescription drug coverage. The enhanced PLUS option features lower copays and extra benefits, including dental.

The Premera Blue Cross Medicare Advantage Classic HMO plan offers real value for **\$75** a month. It includes prescriptions, fitness program membership, dental, vision and more.



We make enrolling easy!

When you're ready for Medicare, the Premera Blue Cross Medicare Advantage Transition Team will be ready to help you get the extra coverage you'll need. You can:



Enroll in person —
Call toll free 888-868-7767* (TTY: 711) to schedule a personal appointment with a Transition Team member.



Enroll by phone —
Call toll free 888-868-7767* (TTY: 711) to speak with a representative.



Enroll online at:
premera.com/ma



Enroll by mail, using a paper application.

*Monday – Friday, 8 a.m. to 8 p.m. (7 days a week, 8 a.m. to 8 p.m., from October 1 through February 14).

You must continue to pay your Medicare Part B premium. Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network and provider network may change at any time. You will receive notice when necessary. Premera Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association.

Call the Premera Blue Cross Medicare Advantage Transition Team toll free at 888-868-7767 (TTY: 711)

Monday – Friday, 8 a.m. to 8 p.m.

(7 days a week, 8 a.m. to 8 p.m. from October 1 through February 14)

- Speak with a knowledgeable, local representative
- Schedule a personal appointment
- Enroll in a Premera Blue Cross Medicare Advantage plan by phone

Visit us online at premera.com/ma

Other important phone numbers:

Centers for Medicare & Medicaid Services

1-800-MEDICARE

(1-800-633-4227)

TTY: 1-877-486-2048

24 hours a day,

seven days a week

Or visit www.medicare.gov

Social Security Administration

1-800-772-1213

(TTY: 1-800-325-0778)

www.ssa.gov

Call or go online 24 hours a day,
seven days a week. You can speak
with a representative Monday
through Friday, 7 a.m. to 7 p.m.

