



Medicare Guidebook

PREMERA | 

BLUE CROSS

CHOOSING THE RIGHT MEDICARE PLAN
DESERVES SOME EXTRA ATTENTION

Premera Blue Cross can help

You’re thinking about retirement. Your healthcare coverage is a big part of that.

For more than 85 years, we’ve been helping people across Washington find quality healthcare coverage for every stage of life. As you approach age 65 and become eligible for Medicare, you can count on Premera Blue Cross for guidance along the way—and for the protection you’ll need to fill Medicare’s gaps.

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Parts of Medicare



PARTS OF MEDICARE

Medicare

Be Medicare “Part” smart

Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with end-stage renal disease (ESRD).

The federal Medicare program is made up of four parts.

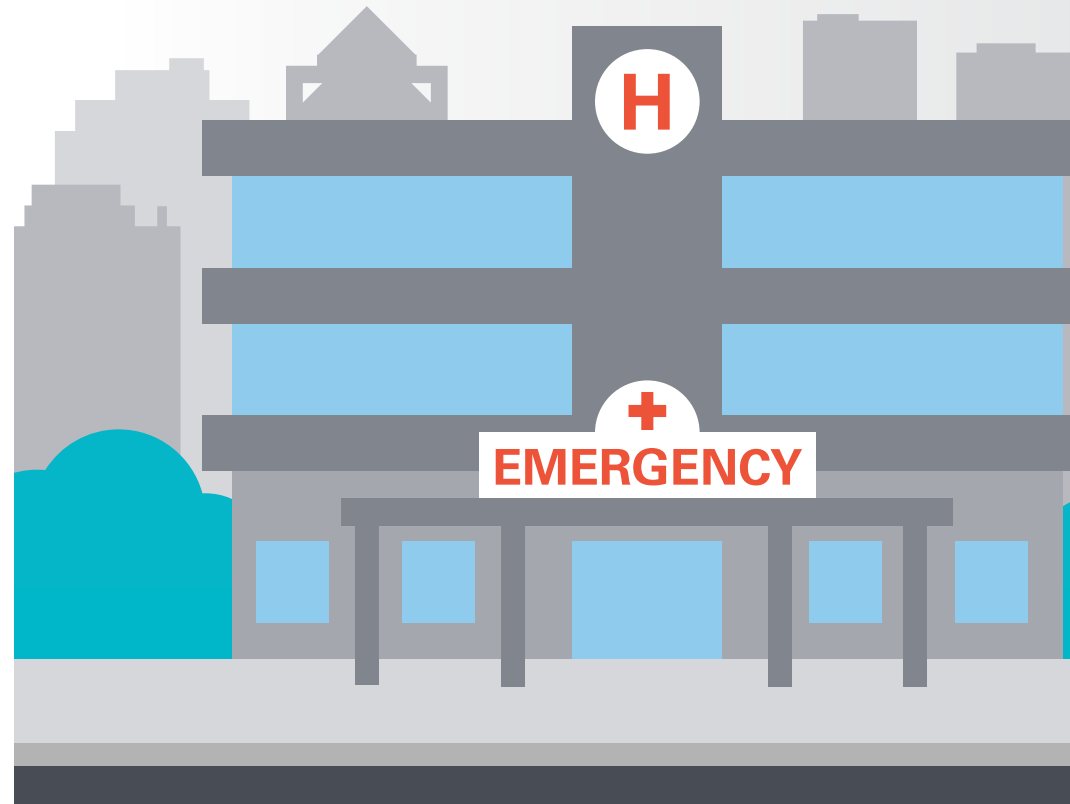
- **Part A** is hospital insurance and it’s free for most people.
- **Part B** is medical insurance that has a premium (monthly cost).
- **Part C**, known as Medicare Advantage, includes Part A and Part B, and may include Part D drug coverage.
- **Part D** is the prescription drug plan.

Part A: Hospital insurance

- Medicare Part A helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), some home health care, and hospice care.
- Part A has a deductible and in most cases is premium-free if you or your spouse have paid taxes.

PART
A

Inpatient hospital care
Skilled nursing facility
Home health care
Hospice care



Part B: Medical insurance

- Medicare Part B helps cover doctor visits, lab tests, and outpatient services. It covers preventive care like health screenings and annual checkups and some medical supplies like wheelchairs and walkers.
- Part B is optional. You must elect Part B and pay a monthly premium, a deductible, and 20% of your costs.
- See page 26 to decide if you can delay Part B enrollment without a penalty.

Original Medicare (Parts A & B) does not:

- Have a provider network or require referrals to see a specialist.
- Have a limit on out-of-pocket expenses.
- Include pharmacy drug benefits.
- Cover care outside of the United States.

PART
B

Doctor visits
Outpatient services
Lab tests
Preventive care



Part C: Medicare Advantage

- These are plans offered through private insurance companies. You must live in the plan's service area to enroll. The plans provide Part A (hospital) and Part B (medical) benefits, and most include Part D (prescription drug coverage).
- The plans may offer other benefits like dental, vision, hearing, and fitness, and they put a yearly limit on your total out-of-pocket costs.
- You pay two monthly premiums—one for the plan and one for your Medicare Part B coverage.
- Medicare Advantage HMO (health maintenance organization) plans require you to use doctors, specialists, medical facilities, and hospitals in the plan's network.

Hospital and medical coverage
Prescription drug coverage
Extra benefits
Limits out-of-pocket costs



Part D: Prescription drug plan

- Part D is prescription drug coverage offered through private insurance companies.
- You're not automatically enrolled in Part D just because you have Parts A and B.
- Some Part C Medicare Advantage plans already include Part D prescription drug coverage.
- You cannot be enrolled in a Medicare Advantage plan if you are enrolled in a separate Prescription Drug Plan (PDP).
- You can delay Part D enrollment if you're working past age 65 and have health insurance through an employer that includes prescription drug coverage.

PART
D

Prescription drug coverage
Tiered drug levels
Set drug costs



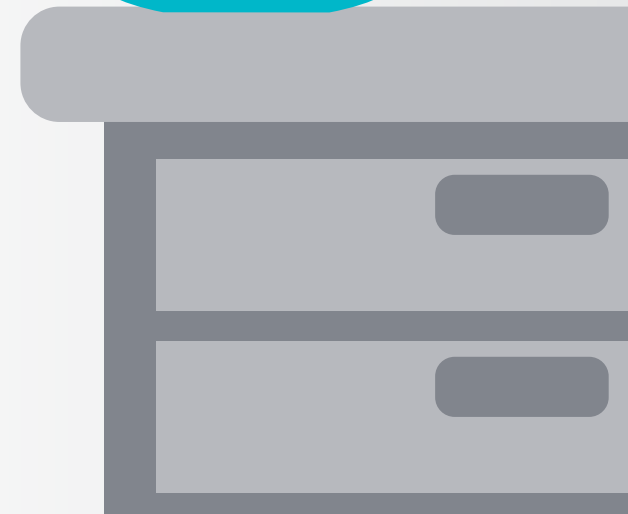
Medicare Supplement (also called Medigap)

- These are plans offered through private insurance companies. They help fill the gaps in Original Medicare (Parts A and B). These plans may pay for some or all of the cost of deductibles, copays, and coinsurance.
- You pay two monthly premiums—one for your plan and one for your Medicare Part B coverage.
- These are standardized plans approved by each state. Each insurance company chooses how many plans it will offer.
- Depending on the plan you choose, you will have little to no out-of-pocket costs for Medicare-covered services.
- Generally, there is no provider network, and you do not need referrals to see specialists. You can go anywhere Medicare is accepted.
- Medicare Supplement plans do not include prescription drug coverage. If you need prescription drug coverage, you must purchase a Part D drug plan separately.



S

Hospital and medical coverage
Limits out-of-pocket costs
No referrals or network
Standardized plans



Let's compare

MEDICARE ADVANTAGE

Part C plans

HMO networks

Except for emergencies, you may only be covered when using a network provider, and some plans require referrals to see specialists.



Cost-sharing

Usually lower plan premiums, but there are copays for each type of medical visit or service.



Extras

Most include Part D drug coverage and extra benefits like dental, vision, hearing, and gym memberships.



MEDICARE SUPPLEMENT

Medigap plans

Medicare networks

You can use any doctor or hospital that accepts Medicare.



Cost-sharing

You may pay more upfront in premiums, but will have little to no out-of-pocket costs depending on the plan.



Extras

Prescription drugs are not covered so you may need separate Part D drug coverage. Usually no other extra benefits are included.



Eligibility and enrollment



ELIGIBILITY AND ENROLLMENT

Eligibility

Qualifying for Medicare

To qualify for Original Medicare, you need to be a U.S. citizen or resident with **one** of the following qualifiers:

- Age 65 or older, or
- Under age 65 and disabled (permanently disabled for 24 months or more), or
- Living with end-stage renal disease (ESRD).

Coverage options

Enroll in Original Medicare

PART A Hospital insurance

- Hospital stays
- Skilled nursing care
- Home health and hospice care
- Free for most people

PART B Medical insurance

- Doctor visits
- Outpatient services
- Other medical expenses
- Covers a limited number of drugs like those administered in a doctor's office or given as a hospital outpatient
- 80% paid by Medicare; 20% your responsibility
- Premium costs depend on your income

See section starting on page 4 for more information on each of these parts.

Choose additional coverage if you need more

Option 1

PART C Medicare Advantage plans

Available through private insurance companies, many of these plans are HMOs and use a predetermined network of providers. Plans include:

- Part A and Part B benefits, and often Part D prescription drug coverage
- Many have extra benefits like vision, hearing, dental, gym memberships, and more

Option 2

Add **ONE OR BOTH** of these options to Original Medicare.

MEDICARE SUPPLEMENT (MED SUPP) Insurance plan (also called Medigap)

- Med Supp plans provide hospital and medical coverage only (no prescription drug coverage)
- Allow you to see any doctor that accepts Medicare
- Cover some or all of Medicare (Part A and B) deductibles, copays, and coinsurance

PART D Prescription drug plan (PDP)

If you just need prescription drug coverage (and not the extras that Part C provides), purchase a stand-alone PDP.

Medicare coverage options guide

ORIGINAL MEDICARE	ORIGINAL MEDICARE
<div>1</div> <div>PARTS A & B: ORIGINAL MEDICARE</div> <div>Enroll in Medicare Part A and Part B for hospital and medical insurance coverage</div>	<div>1</div> <div>PARTS A & B: ORIGINAL MEDICARE</div> <div>Enroll in Medicare Part A and Part B before enrolling in a Medicare Advantage plan</div>
MEDICARE SUPPLEMENT	MEDICARE ADVANTAGE
<div>2</div> <div>MEDICARE SUPPLEMENT (MEDIGAP)</div> <div>Choose a plan to help cover additional medical expenses not covered by Medicare</div>	<div>2</div> <div>PART C: MEDICARE ADVANTAGE</div> <div>Choose a plan based on your coverage needs, provider network, and drug coverage (if included)</div>
<div>3</div> <div>PART D: DRUG COVERAGE</div> <div>Choose a prescription drug plan based on your current medication needs</div>	<div>3</div> <div>STILL NEED DRUG COVERAGE?</div> <div>If not included in Part C, add a prescription drug plan based on your current medication needs</div>
<div>4</div> <div>ENROLL</div> <div>Work with your local broker or a private insurance company to sign up for your chosen plans</div>	<div>4</div> <div>ENROLL</div> <div>Work with your local broker or a private insurance company to sign up for your chosen plans</div>

ELIGIBILITY AND ENROLLMENT

Enroll in Original Medicare

Medicare can cover a lot of your healthcare expenses in retirement. Part A is free if you or your spouse paid into Social Security for at least 10 years through employment. Everyone should enroll in Part A. You may want to wait to enroll in Part B. (See page 26.)

How to enroll

If you're already getting Social Security or Railroad Retirement benefits, you'll be automatically enrolled in Medicare Part A. If you're not, you'll need to sign up for Medicare yourself with the Social Security Administration. You can:

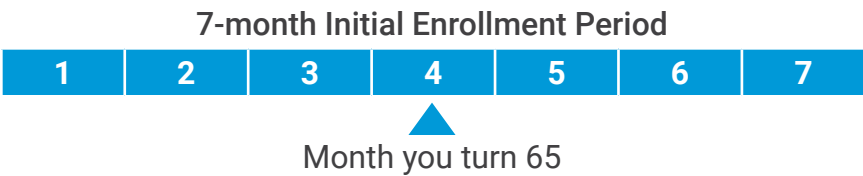
- Enroll by phone at **1-800-772-1213** (TTY: 1-800-325-0778), 7 a.m. to 7 p.m., Monday through Friday
- Enroll online at **ssa.gov**
- Visit a Social Security office near you and enroll in person. Call for an appointment and a list of documents you'll need to bring with you.

Make sure you avoid the late enrollment penalties by enrolling on time (see page 34).

Enrollment periods

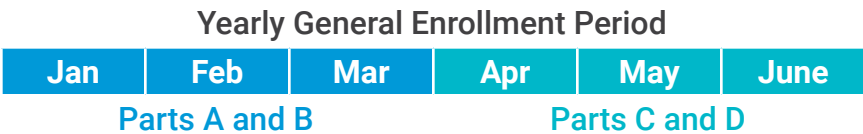
INITIAL ENROLLMENT PERIOD

Your Initial Enrollment Period (IEP) is unique to your birthday. You have a 7-month window to sign up for Medicare. If you sign up before your birth month, your coverage will start on the first day of the month you turn 65.



GENERAL ENROLLMENT PERIOD

If you don't enroll during your IEP (or a Special Enrollment Period), you can enroll in Part A, Part B, or both during the General Enrollment Period (GEP), which happens January through March each year. **Be careful though, as coverage won't start until July 1, and you can be charged a 10% penalty for late enrollment.** You may also choose to join a Medicare Advantage plan (Part C), a Medicare Supplement (Medigap) plan, and/or a prescription drug plan (Part D) April through June the same year.



Working beyond age 65

You do not have to be retired to enroll in Original Medicare. If you're still working and have coverage through an employer, you should enroll in Part A regardless, and you may be able to delay Part B enrollment—and the monthly premium—until after retirement. If you're covered on your spouse's insurance, make sure their plan covers people over age 65. Also look at your share of your spouse's premium as it may make sense financially to join a separate Medicare plan.

Contact your benefits administrator or HR department

Find out if you need to enroll in Medicare Part A or Part B.

See if it makes sense to sign up for Original Medicare instead of staying on your employer plan. You could save money on healthcare costs.

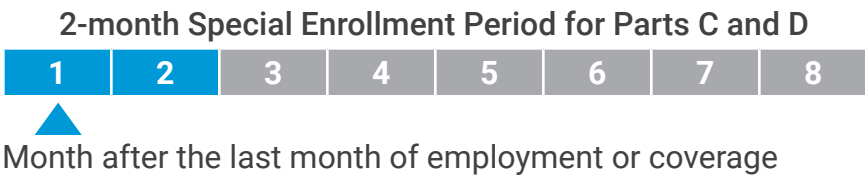
Make sure you avoid the late enrollment penalties by enrolling on time (see page 34) or check out the chart on page 28 for a helpful guide.

Enrollment periods

SPECIAL ENROLLMENT PERIOD

If you don't sign up for Part B when you're first eligible, you may qualify for a Special Enrollment Period (SEP) when your (or your spouse's) coverage ends. You'll have an 8-month window to sign up.

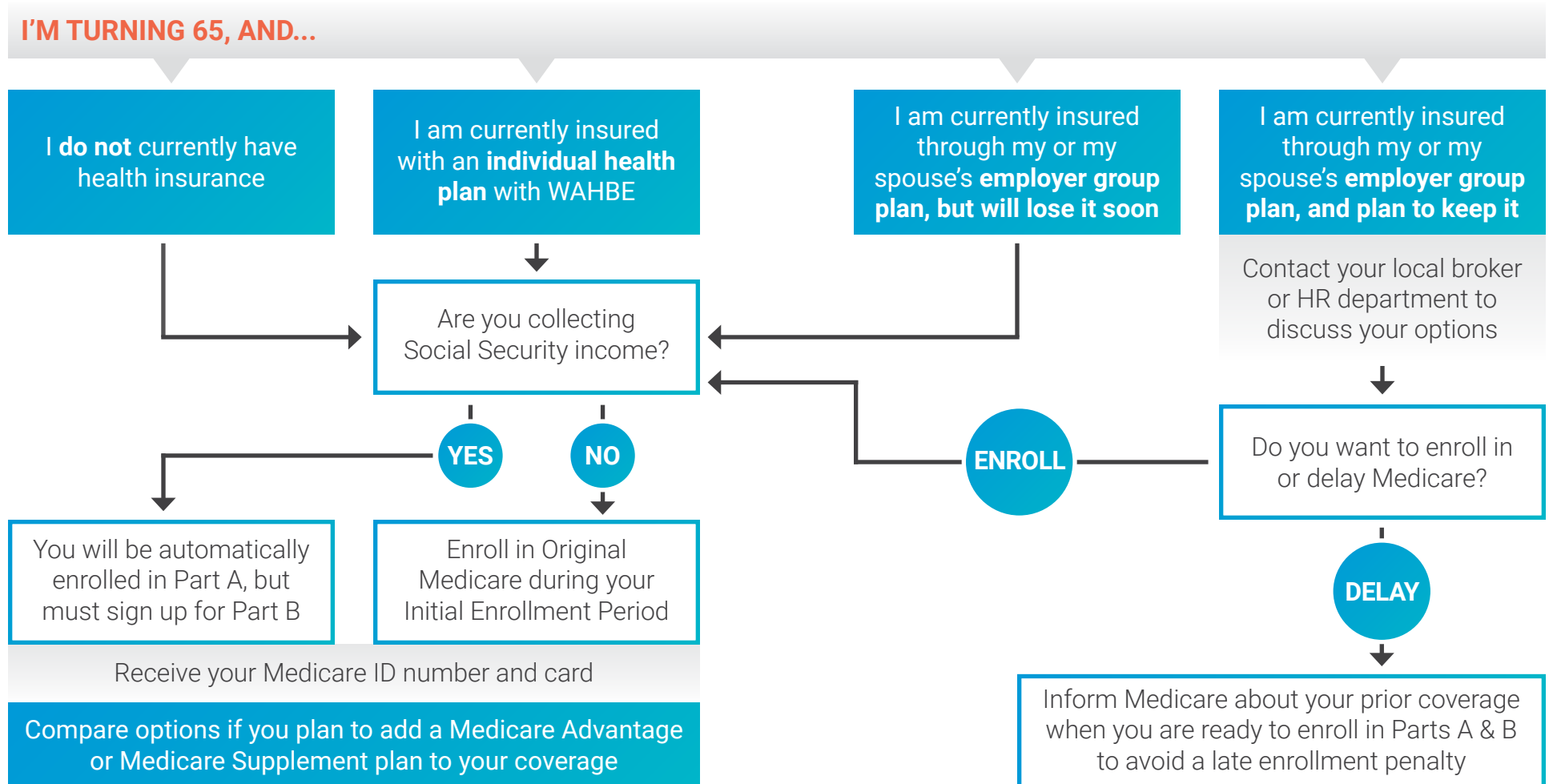
You may join a Medicare Advantage plan (Part C), Medicare Supplement (Medigap) plan, and/or a prescription drug plan (Part D) up to two full months after the end of your coverage, if you are eligible.



Helpful tip

If you have an Individual Health Plan through the Washington Health Benefit Exchange (WAHBE), you will likely want to drop it. Any subsidy or tax credit you may have ends at age 65. Sign up for Medicare during your IEP. You'll need to notify your plan at least 14 days before you want your coverage to end.

When should I enroll in Original Medicare?



Enroll in Medicare Advantage (Part C)

You can enroll in a Medicare Advantage plan if you do the following:

- Continue to pay your Medicare Part B premium, in addition to any plan premium.
- Are not on a Medicare Supplement (Medigap) plan.
- Do not have a separate Part D prescription drug plan (PDP).

How to enroll

You enroll directly with the insurance company offering the plan.

Enrollment periods

ANNUAL ENROLLMENT PERIOD

If you don't enroll in a Medicare Advantage plan when you're first eligible, you'll need to wait until the Annual Enrollment Period (AEP). At this time you may join, switch, or drop a Medicare Advantage plan (Part C) or a prescription drug plan (Part D).

Annual Election Period					
Oct	Nov	Dec	Jan	Feb	Mar
October 15–December 7					

SPECIAL ENROLLMENT PERIOD

You may join, switch, or drop a Medicare Advantage plan (Part C) or a prescription drug plan (Part D) outside of AEP if you have a qualifying event, such as moving or losing other health insurance. You have two months after the month of the event to make plan changes.

2-month Special Enrollment Period for Parts C and D							
1	2	3	4	5	6	7	8
 Month after the last month of employment or coverage							

OPEN ENROLLMENT PERIOD (OEP)

You may switch to a different Medicare Advantage plan or drop your Medicare Advantage plan, go back to Original Medicare only, or purchase a stand-alone prescription drug plan.

Yearly Open Enrollment Period					
Oct	Nov	Dec	Jan	Feb	Mar
January 1–March 31					

Enroll in Medicare Supplement (Medigap)

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

- You must continue to pay your Medicare Part B premium, in addition to your Medicare Supplement plan premium.
- If you enroll in a Medicare Supplement plan, you don't need (and can't purchase) a Medicare Advantage plan.
- Medicare Supplement plans don't cover prescription drugs.

How to enroll

You enroll directly with the insurance company offering the plan.

Enrollment periods

You can enroll up to six months after turning 65 for guaranteed acceptance during your Medigap Open Enrollment period. If you are older than 65 and do not sign up for Part B because you have health coverage from your or your spouse's employer, your Medigap Open Enrollment period begins once you sign up for Part B. See page 18 for what happens if you delay.

Enroll in prescription drug coverage (Part D)

You're eligible for Part D drug coverage if you are entitled to Medicare Part A or enrolled in Part B.

- You must continue to pay your Medicare Part B premium, in addition to any plan premium.
- You can join a Medicare Advantage (Part C) plan that includes prescription coverage, or purchase a stand-alone drug plan to add to your Original Medicare coverage or Medicare Supplement plan.

How to enroll

You enroll directly with the insurance company offering the plan.

Enrollment periods

You can enroll in a Part D drug plan during your IEP (see page 13). You can also join or switch Part D plans during the AEP and OEP (see page 16). Make sure you avoid the Part D late enrollment penalty by enrolling on time (see page 34).

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 Special Enrollment Period or another exception.

Part A

Part A is free for most people, but if you do have to pay for it, the penalty for delaying enrollment is 10% of the Part A premium. You'll have to pay this penalty for twice the number of years you delay enrollment. Example: if you wait until you're 67 to start Part A, you'll be charged the penalty for four years.

If you are still working and delay Part A enrollment, you will not be charged a penalty.

Part B

You have to pay a monthly premium for Part B, which is based on your income and tax-filing status. The penalty is an additional 10% of the Part B premium for every 12-month period that you delayed enrollment. In most cases, you'll have to pay this extra amount every month for as long as you have Part B. **If you are still working and delay Part B enrollment, you will not be charged a penalty** if you enroll during your Special Enrollment Period when you retire (see page 27).

Part D

If you don't enroll in Part D when you're first eligible—and you don't have creditable coverage* through an employer-provided plan—you may have to pay a penalty. For each month you delay, you may pay an additional 1% of the average premium per month (set by the government) on top of your regular plan premium as long as you are enrolled in a Part D plan.

Medicare Supplement

If you enroll in a Medicare Supplement plan within six months of turning 65 (your Medigap Open Enrollment period), you are guaranteed acceptance for any Medicare Supplement policy sold in your state. If you are older than 65 and do not sign up for Part B because you have health coverage from your or your spouse's employer, your Medigap Open Enrollment period begins once you sign up for Part B. You won't have to provide a health history to the insurance company, and you can't be turned down for health reasons. If you wait, the insurance company may require underwriting. This means that unless you have a Medigap protection that guarantees enrollment in a Medicare Supplement plan, you could be denied coverage if you're not in good health.

*Creditable coverage means the coverage is, on average, as good as or better than the basic Part D benefit.

Questions about Medicare eligibility or enrollment?

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

TTY: 1-877-486-2048, 24 hours a day, 7 days week,
or visit **medicare.gov**

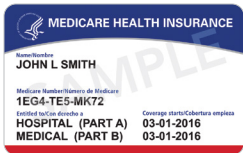
ELIGIBILITY AND ENROLLMENT

Cards you will need to carry

Depending on the Medicare coverage option or options you choose, you may need to carry different types of ID cards.

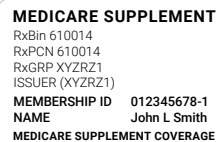
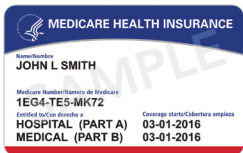
If you have Original Medicare ONLY: (Part A + Part B)

You only need the government issued red, white, and blue Medicare Health Insurance card.



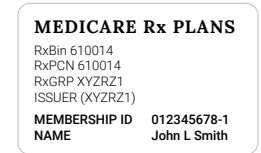
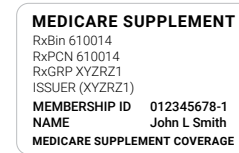
If you add a Medicare Supplement plan: (Part A + Part B + Medicare Supplement)

You need your Medicare card and a Medicare Supplement ID card that you get from the plan you join.



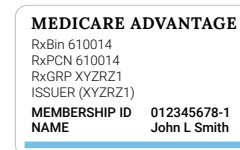
If you ALSO ADD a Part D drug plan: (Part A + Part B + Medicare Supplement + Part D)

You need your Medicare card, a Medicare Supplement ID card, and a separate prescription drug plan ID card from the plan you join.



If you join a Medicare Advantage with prescription drug plan: (Part A + Part B + Part C + Part D)

You can put away your Medicare Health Insurance card. You only need the Medicare Advantage ID card from the plan you join, even at the pharmacy.





SUPPORT AND RESOURCES

Financial assistance

There are programs that can help you afford your Medicare premiums.

Medicare Savings Programs

Every state has Medicare Savings Programs (MSPs) that can help pay your Part B premiums. It may also pay Medicare copays and deductibles.

Extra Help

Extra Help is a federal program that can help pay your Part D plan premiums, coinsurance, and copayments. To see if you qualify, contact:

- 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), M–F, 7 a.m.–7 p.m.; or
- Your state Medicaid office.

Glossary

Premium

The amount you pay each month for plan coverage



Deductible

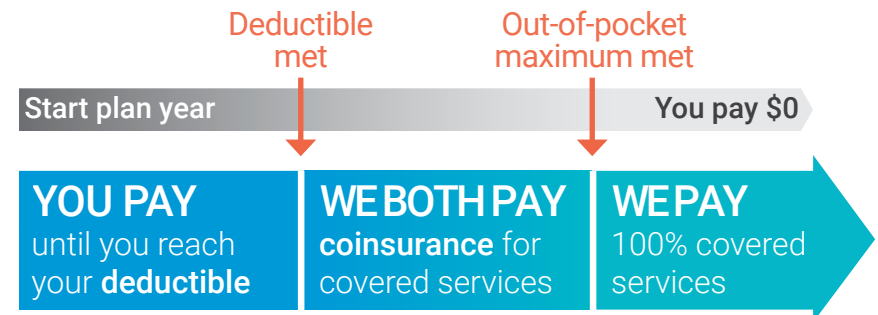
A set amount you pay out of pocket for covered services each year before Medicare or your plan begins to pay.

Copay

A fixed amount you pay at the time you receive a covered service. (Example: you might pay \$20 when you visit the doctor or \$12 when you fill a prescription.)

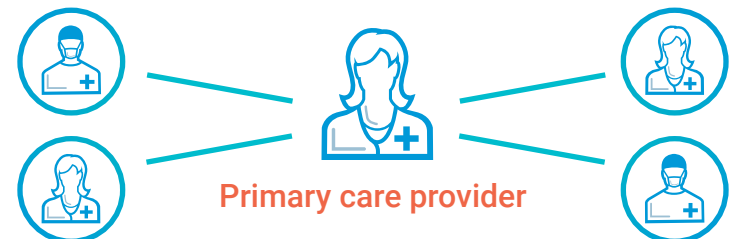
Coinsurance

A percentage of the cost for the service. You start paying coinsurance after you pay your deductible. (Example: you might pay 20% and Medicare or your plan would pay 80%.)



Health maintenance organization (HMO)

An HMO offers a smaller network than a preferred provider organization (PPO), and a primary care provider coordinates your care.



SUPPORT AND RESOURCES

Resources

Medicare

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

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

TTY: 1-877-486-2048

24 hours a day, 7 days a week

Social Security

[ssa.gov](https://www.ssa.gov)

1-800-772-1213

TTY: 1-800-325-0778

Monday–Friday, 7 a.m. to 7 p.m.

Premiera Medicare Advantage

[premiera.com/ma](https://www.premiera.com/ma)

1-855-430-5828 • TTY: 711

October 1–March 31: 8 a.m.–8 p.m., 7 days a week

April 1–September 30: 8 a.m.–8 p.m., Monday–Friday

Premiera Medicare Supplement

[premiera.com/ms](https://www.premiera.com/ms)

1-888-868-7767 • TTY: 711

October 1–March 31: 8 a.m.–8 p.m., 7 days a week

April 1–September 30: 8 a.m.–8 p.m., Monday–Friday





Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.

Discrimination is against the law. Premera Blue Cross Medicare Advantage complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-850-8526 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 888-850-8526（TTY：711）。

◦ 049795 (07-01-2021)