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# Medicare

for dummies®

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Understand the different parts of Medicare

Examine the optional prescription drug benefits

Know how advantage and gap plans work

**Priority Health Edition**

# Medicare

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for dummies®
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# Medicare For Dummies®, Priority Health Edition

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IN THIS CHAPTER

- Talking the ABCs of Medicare parts
- Looking at plans and options

# Chapter 1
# Describing Medicare

In simple terms, *Medicare* is a health insurance program for U.S. citizens 65 years old or older, with a couple exceptions to those last two points: You can be a resident alien and qualify, and if you have certain health conditions and disabilities, you can get Medicare coverage before you're 65.

As Medicare is administered by the government, it does tend to get a little complicated here and there, but the purpose of this slim book is to steer you safely through most of the snags and give you clear information about your Medicare options.

## About This Book

This small book is designed to give you the basics about Medicare. You can turn immediately or not so immediately — your choice — to the chapter that has the information you're looking for. This chapter gives you a brief introduction to Parts A, B, and C, while Chapter 2 is devoted to Part D. Chapter 3 walks you through the world of Medicare Advantage and Medigap plans. If you want to know whether you're eligible for any part or how to enroll if you are eligible, turn to Chapter 4. And we finish up with Chapter 5, which gives you phone numbers and websites as well as where to turn for extra financial help.

And, this wouldn't be a *For Dummies* book without the little graphics in the margins calling your attention to specific bits of information. The icons we use here are the following:


REMEMBER

This stringed finger points to tidbits to keep in mind as you pursue Medicare benefits.


TIP

This picture targets text that helps you streamline a process or otherwise offers valuable advice.


WARNING

If you don't want things to blow up on you, pay attention to the caveats and cautions this icon highlights — they can save you time and money.

And that's it for the administrative stuff. You'll get a lot more of that from the Centers for Medicare and Medicaid Services (CMS) that administers Medicare, so we won't burden you any more now.

## Spelling Out the Parts

In effect, Medicare has four parts, identified by government bureaucrats with the first four letters of the alphabet. The next sections explain a bit about Parts A, B, and C. Part D, the prescription drug coverage part, is given to you all by itself in Chapter 2.

Parts A and B are sometimes called *Original Medicare,* Medicare Advantage plans are sometimes referred to as Part C, and the prescription drug plan is Part D. With Original Medicare, you can go to any doctor or hospital that accepts Medicare — you don't have to worry about staying within a network (Chapter 3 explains other plan options.)


REMEMBER

Original Medicare doesn't cover everything. Some of the things it doesn't help pay for are prescription drugs, hearing exams and hearing aids, most eyeglasses, cosmetic surgery, healthcare costs when you're outside the country, and nursing home and other long-term care costs. You can buy policies to cover these items, and some Medicare Advantage plans include them, but Original Medicare doesn't.

As with other insurance plans, you have to meet a deductible before Original Medicare starts paying a portion of your costs. A *deductible* is the amount you must pay for your healthcare costs before the plan begins to pay its part. But after you pay the deductible, Original Medicare usually pays 80 percent of the services with some exceptions.

The private insurers that supply Medicare Part C and D plans must meet government standards and adhere to Medicare rules. Medicare determines some of the coverage private insurers must offer, so you can have confidence in a Medicare-approved plan.

## Starting with Part A

Part A is hospitalization coverage, the only benefit that most people get automatically when they reach the magic age of 65. If you've been receiving disability benefits from Social Security for two full years, you can get Part A before age 65.

The best part about Part A is that if you or your spouse worked at least ten years in a job through which you paid Medicare taxes, Part A coverage is free. The Social Security Administration (SSA) decides whether you need to pay a premium for Part A coverage, so address any eligibility questions to them at `www.socialsecurity.gov` or (800) 772-1213. TTY users call (800) 325-0778.

Part A helps cover costs if you have to be hospitalized, or go to a critical care facility, or stay in a skilled nursing facility (SNF), which is *not* the same as a nursing home. Once you've paid your Part A deductible, certain costs are covered at 100 percent, for a specified amount of time. After that, coninsurance may apply.

WARNING

No part of Medicare pays custodial nursing home costs, so if you're concerned about those costs, you may want to look into buying a long-term-care insurance policy.

## Bounding to Part B

Part B is coverage for doctor visits, tests, and other everyday healthcare services (though we hope you don't have to make use of them every day!).

You choose to enroll for Part B coverage and can apply at your local Social Security office. If you decide you want Part B, you have to pay for it. If your income is very low, Medicaid may pay your premium. You also can apply for extra help from Social Security, which we cover in Chapter 5.

Usually, you pay your premium by having it taken out of your Social Security benefits — or if you get a Railroad Retirement or Civil Service Retirement payment, it's deducted from that. If you don't receive money through these funds, Social Security will bill you every three months.

Part B helps pay for all sorts of medical services and supplies. Some of the services Part B pays for include:

- Diagnostic tests and other lab services — blood tests, urinalysis, and so on
- Fees for walk-in surgery centers for approved procedures
- Home healthcare services, including part-time nurses, home health aids, and medical social services
- Most doctor services, including office visits, even to get a second opinion
- Outpatient medical and surgical services and supplies and outpatient mental health care
- Physical and occupational therapy, including speech therapy

Healthcare reform added preventive care for Medicare members. Once you pay your Part B premium for the calendar year, all your preventive care is covered by Medicare, this includes things like screenings that help keep you healthy or give early warning that something's not quite right. Some of these measures include:

- Bone mass measurement to help detect osteoporosis
- Cardiovascular disease behavioral therapy and cardiovascular screening that includes measuring cholesterol and other blood fat levels
- Diabetes screening to measure blood sugar if you're considered at risk for diabetes
- Screenings for glaucoma, obesity, alcohol misuse, depression, breast and cervical cancer, prostate cancer, and colon cancer

- Shots to prevent pneumococcal pneumonia and the flu (influenza in its long form) and to stave off Hepatitis B if you've been exposed

You also get a one-time "Welcome to Medicare" physical exam within the first 12 months after you sign up. This includes a full health review, advice on preventive measures, and referrals for any care you may need. If you miss out on this exam, Medicare also covers one annual wellness visit — but you have to have Part B for more than one year to get the visit.

Although Part D is the prescription drug plan in the Medicare family, Part B pays for a limited range of drugs, including the following types:

- Some **antigens,** substances that cause an immune response, so long as your doctor prepares them and a qualified person administers them — and the qualified person can be you
- Some oral **cancer drugs,** if the drug is available in injectable form, and **anti-nausea drugs** prescribed as part of a cancer-treatment regimen
- **Erythropoietin** (Epoetin alpha or Epogen) if you have end-stage renal disease and need this drug to treat anemia
- **Hemophilia clotting factors** that you administer yourself
- Most **injectable drugs,** including those that treat for **osteoporosis**
- The **immunosuppressive drugs** you need after a transplant, if the transplant was paid for by or through Medicare and performed in a Medicare-certified facility

Part B doesn't cover a whole host of treatments and services, including the following, which is by no means a complete list:

- Deductibles, coinsurance, or copayments
- Acupuncture
- Custodial care to help with bathing, dressing, using the bathroom, and eating
- Hearing aids and exams for fitting them

TIP

Signing up and paying for Part B coverage makes sense for most people, if only because having Parts A and B qualifies you to enroll in a Medicare Advantage plan, sometimes known as Part C or a Medigap plan.

## Considering Part C

REMEMBER

Part C encompasses Medicare Advantage (MA) plans offered by private companies but approved by Medicare. MA plans provide all Part A and Part B coverage, and some include Part D prescription drug coverage as well. These plans are called MAPD.

Whatever else it includes, a Part C plan must cover all Original Medicare services. These plans usually offer additional benefits, although you may need to use doctors and hospitals within the plan's network.

REMEMBER

You continue to be responsible for paying your premium for Part B coverage and may pay an additional premium for the Part C plan as well.

IN THIS CHAPTER

- Exploring prescription drug plans
- Looking at drug lists

# Chapter 2
# Digging into Part D — Prescription Drug Coverage

Part D is the newest addition to the Medicare family, joining its alphabetical siblings in 2006. If you're eligible for Medicare Part A and/or enrolled in Medicare Part A or Medicare Part B, you can get Part D prescription drug benefits that help pay some or all of your prescription drug costs. This chapter gives you the tools for digging deeper into Part D.

## Getting with the Program

Medicare Part D is a voluntary program, meaning that you can choose to add it to your healthcare medicine chest or not. You won't need to sign up if you have other drug coverage that is better than Medicare's — for example, benefits from a current or former employer or union. But, if you think Part D coverage is right for you, you can't be denied benefits due to health reasons or income level. In fact, depending on your income level, Medicare may pay nearly all your drug costs.

To talk about a Part D as a single plan is a little misleading because you can purchase a Part D plan by itself or you can get a medical plan with prescription drug coverage included — better known as an MAPD plan. Either way you enroll in a Medicare-approved plan that's offered by a private insurer.

## Considering your costs

Your drug costs depend on your income and the plan you choose. (If your financial situation is less than ideal at the moment, turn to Chapter 5 for advice on how to get extra assistance.)

Table 2-1 shows how much of your prescription drug costs a basic Medicare-approved Part D plan could pay and how much you're responsible for, assuming you have no drug coverage other than Original Medicare (refer to Chapter 1). Most plans change or enhance the benefits such as eliminating the deductible, establishing a certain amount that you pay for each prescription (rather than a percentage of the cost), or offering limited coverage when your drug costs are in the range that's called the *coverage gap* or the *donut hole*, which we talk about in the next section. The table uses figures for 2017, and the numbers may change for later years.

**TABLE 2-1** 2017 Prescription Drug Costs

| Drug Costs | Medicare Part D Pays | You Pay |
|---|---|---|
| $0–$400* | $0 | $0–$400 |
| $400–$3,700* | 75% | 25% |
| $3,700–$4,950* | 49% of generics<br>60% of brand names | 51% of generics<br>40% of brand names<br>(of plan discounted rate) |
| More than $4,950* | 95% | Greater of 5% or $3.30 for a generic drug or a drug that is treated like a generic and $8.25 for all other drugs. |

**The amount you pay plus what the plan pays.*

What this means to your bottom line is that you have to fork over $4,950 out of your own pocket — cleverly known as your *out-of-pocket costs* — before your plan reaches the catastrophic coverage level when your prescription costs exceed $4,950 and your plan then pays 95 percent of them.

REMEMBER

Yes, the numbers seem arbitrary and indeed they will change in 2018, but the good news is that insurers keep track of your prescription expenses for you.

## Filling gaps and donut holes

Notice the third line in Table 2-1 in the preceding section. Medicare has a hole in its Part D benefits coverage, and unfortunately, it's not fresh and warm and rolled in powdered sugar.

When your drug costs are between $3,700 and $4,950, you've reached the coverage gap. Before healthcare reform, you paid 100 percent of the cost of your drugs during the gap. But now, in 2017, you only pay 51 percent for generics and 40 percent for brand-name drugs until you reach the end of the coverage gap — and these amounts are a percentage of the plan's cost for covered drugs. Which means, the savings is being passed on to you. By 2020, the coverage gap will be completely filled in. If this hole in coverage is a concern, take steps (such as the following) to help bridge the gap:

TIP

- Ask for generic drugs instead of brand-name ones. Sometimes the drug you need may even be available over the counter.

  Going generic may be all you need to avoid the coverage gap completely — and it can save you some serious money as well.
- Try a mail-order pharmacy. These companies generally send you a three-month supply of your prescription all at once for considerable cost savings.
- Discover whether your state, community, or drug company has a program to help pay your drug costs. Generally, your plan provider has information on state and local programs, and you can check with your drug manufacturer about assistance programs it may offer.

Research the plans available; some may cover all or part of your drug costs while you're in the donut hole.


TIP

Always use your prescription drug card to help the electronic record keepers track your spending so they know when you qualify for catastrophic coverage.

## Looking at the Formulary

A *formulary* is simply a list of the medicines a health insurance plan recognizes as safe, effective treatment for specific conditions. If a drug is in your plan's formulary, the plan covers its cost — sometimes subject to a copayment or deductible amount that you're responsible for. Certain drugs may also require prior authorization or have quantity or other limits imposed.

Medicare requires that certain drugs be included in a formulary. Drugs can be added throughout the coverage year, and drugs can be dropped from the formulary. In these cases, your plan must provide a 60-day notice. If you need a specific drug that isn't in your plan's formulary, or your plan is removing a drug you need, you or your doctor can ask your plan for an exception or appeal the decision.


TIP

Before you sign onto a Part D plan, check that the plan's formulary includes the drugs you're now taking or expect to take (if you or your doctor can predict that).

IN THIS CHAPTER

- Considering your choices
- Sorting out the types of plans

# Chapter 3
# Poring Over Advantage and Gap Plans

*Medicare Advantage (MA)* plans are health plans that provide all of your Part A (hospital insurance) and Part B (medical insurance) coverage. Medicare Advantage plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D) and are known as MAPD plans. You can choose among the private insurers that offer the plans, which are approved by Medicare. Generally, if you sign up for an MA plan, you get all your Medicare coverage through that one plan.

*Medigap (Medicare Supplement)* plans are policies sold by private insurers that can help pay some of the healthcare costs that Original Medicare doesn't cover. Typically, Original Medicare pays 80 percent and you pay 20 percent of your healthcare costs. A Medigap plan would help you cover the 20 percent. These plans are added to Original Medicare, they don't replace it.

This chapter explains the basics of these plans.

# Understanding Your Options

Your Medicare coverage falls into one of the following basic categories:

- Original Medicare, which is Medicare Parts A and B.
- Original Medicare plus a Medigap policy. (See "Considering Medigap" later in this chapter.) You must have Medicare Part A and Part B to sign up for a Medigap plan.
- Original Medicare plus a Medigap policy plus a Part D prescription drug plan.
- A Medicare Advantage (MA) plan or Medicare Advantage plan that includes prescription drug coverage (MAPD). You must have Medicare Part A and Part B to sign up for an MA or MAPD plan.
- Medicare with Medicaid drug coverage. *Medicaid* is a program that helps pay medical costs for people with low income and limited financial resources. It's a joint program partnering federal and state governments. If you qualify for Medicaid, most of your healthcare costs are covered when you get Medicare.

Sometimes your employer and union-provided health insurance policy can continue or switch over to Medicare coverage when you are 65. Contact your former employer or union for information on your plan.

## Considering Medicare Supplement (Medigap)

With a *Medigap* policy, both Original Medicare and Medigap pay a portion of your covered healthcare costs. Most Medigap policies pay most or all of any copayments or coinsurance amounts you're responsible for and can help pay deductible amounts. Many Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.

You purchase a Medigap policy through a private insurance company. The plans must meet standards set by Medicare and must offer specific benefits. Insurers can choose to offer any or all of

the approved plans, although the costs may vary among insurers and certainly among the different plans. It's up to you to decide which policy best suits your needs and budget.

With a Medigap policy, you continue to pay the premium for your Part B coverage along with the premium for the Medigap policy you choose.

WARNING

A Medigap plan covers only you, not your spouse, so you have to purchase individual policies.

## Realizing the advantages of Medicare Advantage

A Medicare Advantage plan with prescription drug coverage, referred to as an *MAPD*, serves all your Medicare needs. With an MAPD, you get Medicare Parts A, B, C, and D in one convenient plan. You can put your government-issued Medicare card away and use your MAPD card for everything from doctor visits to prescription drugs to medical tests and services.

WARNING

MA and MAPD plans cover only you, not your spouse, so you have to purchase individual policies.

REMEMBER

You can't have both a Medicare Advantage plan and a Medigap policy. If you have an MA or MAPD plan, you don't need a Medigap plan and vice versa. (For more on gap coverage, refer to the preceding section, "Considering Medigap"). If you do switch from one to the other, wait until you receive notice from the plan that your enrollment has been confirmed in the new plan before cancelling your old plan.

A variety of insurers offer MAPD plans. Also, the Medicare website at `www.medicare.gov` or folks at the end of the phone at (800) 633-4227 (TTY/TDD users call toll-free (877) 486-2048) can help you compare the plans in your area. Another good resource for finding an MAPD plan is the *Medicare & You* handbook that the Centers for Medicare & Medicaid Services (CMS) sends out. The back of the handbook lists Medicare health plans from different insurers along with benefits for each, giving you an easy way to compare plans.

# Pointing Out the Types of Plans

If you've had healthcare coverage through an employer or union, you're probably familiar with the variety of healthcare coverage plans available. Medicare Advantage plans offer many of the same options, including:

- **Health Maintenance Organization (HMO):** An HMO emphasizes preventive care through a network of healthcare providers who agree to provide services at a cost the insurer negotiates.

  With an HMO, your primary care physician helps you arrange all your medical needs including doctors, hospitals, labs, and so on.

  Some HMO plans provide additional coverage from what is called a **Point of Service (POS)** option. This means you can use providers that are not part of the HMO network; you may pay more, but you have more provider options with this type of plan.

- **Preferred Provider Organization (PPO):** With a PPO, you can choose doctors, labs, and hospitals that are in or out of the network. You generally don't pay as high a price for going outside the network as with an HMO, but you still pay more than you would staying inside it.


TIP

Joining a Medicare Advantage plan may mean that the coverage you had through your employer or union is no longer in effect or is limited. If your spouse and dependents are covered under that policy, check with your employer or union before making the switch to a Medicare Advantage plan.


WARNING

Most plans cover a wider range of services and cost you less in out-of-pocket expenses than Original Medicare. By researching plans, you can determine which plan is best for you.

IN THIS CHAPTER

- Showing your eligibility
- Signing yourself up

# Chapter 4
# Looking into Eligibility and Enrollment

This chapter tells you how you can join the country's largest health insurance program. Here we let you know what makes you eligible and how to enroll in Medicare.

REMEMBER

The Social Security Administration administers Medicare, so the folks there make the final decision about your eligibility and enrollment. Their toll-free number is (800) MEDICARE, which translates to (800) 633-4227, and (877) 486-2048 for TTY users.

## Checking Your Eligibility

Two things qualify you for Medicare:

- **Age:** You need to be at least 65 years old.

  You can qualify for coverage before you're 65 if you have a disability or have permanent kidney failure requiring dialysis or transplant.
- **Citizenship:** You have to be a U.S. citizen or a permanent resident.

If you meet these standards and you or your spouse have worked for at least 10 years and paid Medicare taxes while working, you generally don't have to pay any premiums for your Medicare Part A coverage, which is basically hospitalization insurance. You do pay a premium for Parts B, C, D, and Medigap unless you're able to get a plan that requires no premium. (Chapter 1 talks more about Parts A, B, C, and Medigap, and Chapter 2 is devoted to Part D.)

REMEMBER

Even if you don't qualify for Social Security benefits, when you turn 65, you're eligible for Medicare benefits.

## Getting Enrolled

Once you understand what you're eligible for, how do you enroll? That depends on the program.

- With **Original Medicare,** if you're getting benefits from Social Security or the Railroad Retirement Board, you're automatically eligible and enrolled in Medicare Part A as of the first day of the month in which you turn 65 — you don't have to do a thing!

  If your birthday is on the first of any month, you're enrolled as of the first day of the preceding month. For example, if your birthday is February 1, you get Part A benefits as of January 1 in the year you turn 65. (The poor groundhog, presumably born on February 2 as well as popping up on that date to check for his shadow every year, gets just one extra day of eligibility.)

- **Medicare Advantage** and prescription drug (**PDP**) plans are similar to the healthcare benefits plans you may have had through an employer. You sign up when you're first eligible and then can change plans only during a specific window of opportunity. After that you're locked into the plan you chose until the next enrollment period.

  Medicare Advantage and PDP enrollment periods fall into at least two types — also called *election periods,* perhaps because they come at the times when you select the coverage you want. See "Signing up initially" later in this chapter.

- The **Medigap** enrollment is a little different. Refer to "Signing up initially".


TIP

If the information here seems as clear as mud, get in touch with the folks at Medicare (www.medicare.gov or (800) 633-4227 and (877) 486-2048 for TTY) or check with the plan you're considering, to get plan-specific questions answered.

## Signing up initially

The *Initial Enrollment Period (IEP)* is when you first choose your Medicare plans — Part A & B. Part A has no IEP because most people get it automatically.

The IEP for Part B is a seven-month period around your eligibility date (generally your 65th birthday). You get the three months before your eligibility date, the month that date falls in, and the three months after that date (3+1+3=7!).

During this time, you also can elect to join a prescription drug plan (PDP) or a Medicare Advantage plan with or without prescription drug coverage (the drug coverage is Part D). If you choose a Medicare Advantage plan with Part D coverage, it's referred to as an MAPD (Get it? Medicare Advantage-Part D.)

Medigap is a little different, using an *Open Enrollment Period (OEP)*, which is a six-month period that begins on the first day of the month in which you are **both** 65 or older and enrolled in Part B.


REMEMBER

If you apply for coverage during your Open Enrollment Period, then your acceptance into a Medigap plan is guaranteed — even if you have health problems. After this enrollment period, Medigap policy providers have the right to base their acceptance for enrollment on your health status, often from answers you must give on a medical questionnaire. This means your option to buy a Medigap policy may be limited and the policy may cost more, so don't miss the Open Enrollment Period.


WARNING

If you miss the window for signing up for Part B or a Part D plan, you can still enroll, but a late-enrollment penalty will be added to your premiums for as long as you have a plan. With Part D, you pay one percent of the national base premium for every month you were eligible but not enrolled. So unless your prescription plan is as good as or better than Medicare's, sign up as soon as you're able to!

TIP

One term you may run across is *creditable coverage,* which is coverage that is as good as or better than Original Medicare. It means that having health coverage (like from an employer) gives you certain rights when you apply for new coverage, such as an MA or MAPD plan or a PDP.

## Changing or ending your plans

Each year from October 15 to December 7 you have the opportunity to sign up for a different Medicare Advantage plan or prescription drug plan or a different health insurance provider during the *Annual Election Period (AEP).* You can also choose to keep the plan you have, though your insurance provider may make changes to the plan itself. The new plan or new options take effect on January 1 of each year.

Want to change back to Original Medicare? You can disenroll from your current Medicare Advantage plan back to Original Medicare during the *Medicare Advantage Disenrollment Period (MADP)*, which runs from January 1 through February 15. During the MADP you also have the option of adding a PDP and a Medigap plan.

If you have a Medigap plan and are contemplating changing plans or switching back to Original Medicare, you don't have to wait for a certain time of year to switch or end your plan, you can do it anytime — but make sure the time is right. If you want to change to a different Medigap plan, you won't be guaranteed acceptance, and plan providers can base their decision whether to accept you on your health status. If you want to enroll in a Medicare Advantage plan, make sure to make the switch during the AEP, as mentioned above.

TIP

If you want to disenroll from the Medicare Advantage plan or PDP, you need to do that during the enrollment period either by writing to your plan administrator, enrolling in a different MAPD or prescription drug plan or by calling Medicare at (800) MEDICARE, which translates to (800) 633-4227, and (877) 486-2048 for TTY users. If you have moved out of your plan's service area and your plan can no longer keep you as a member, you can sign up with a plan of your choice — see the upcoming section "Enjoying a special election."

## Enjoying a special election

If you have Medicare Advantage plan or PDP, a few unusual circumstances qualify you for your very own *Special Election Period (SEP)*, a time when you can change health plans or go back to Original Medicare. These situations include the following:

- You move outside the area your current plan covers.
- Your plan does something to violate its contract with you.
- Your plan no longer meets the standards that the Centers for Medicare and Medicaid Services (CMS) requires or doesn't renew its contract with CMS.

You can get an SEP in other unusual situations, so if you think you're really, really special, check with CMS.

If you have a Medigap plan, certain situations give you a "guaranteed issue right" to purchase a Medigap plan outside of your Open Enrollment Period. These situations include:

- You have a Medicare Advantage plan and you move out of your plan's service area.
- Your Medicare Advantage plan stops coverage in your service area or the plan is discontinued.
- Your employer group supplemental coverage is discontinued.
- You leave a Medicare Advantage plan within a year after first becoming eligible for Medicare Part A at age 65.

IN THIS CHAPTER

- Applying for financial assistance
- Tracking down numbers and websites

# Chapter 5
# Finding Extra Help and Helpful Resources

Whether you're looking for some financial assistance to help with your prescription drug costs or the number to call with a question about Medicare in general, this short chapter should have the info you need, along with websites and other tidbits.

## Asking for Extra Help

If you have Medicare but are having trouble paying for your prescription drug coverage, you can apply for extra financial assistance to help cover the costs of premiums and deductibles and generally reduce your drug copayments.

Applying is pretty direct: You call the Social Security folks toll-free at (800) 772-1213 (TTY 800-325-0778) or visit the website at `www.socialsecurity.gov`, give them your Social Security number and financial information, and hopefully qualify for a low-income subsidy based on your financial situation. (It doesn't cost anything to apply, so go ahead and make the call if you think you may qualify.)

REMEMBER

Extra help doesn't mean no cost. The amount of help you get depends on your income and resources. You may qualify for enough aid to pay the entire premium for a prescription drug coverage plan or to get your prescriptions themselves at a reduced cost.

## Finding the Right Resource

The Social Security Administration helps you stay on top of your Medicare benefits with toll-free numbers, publications, and websites for most every occasion. Try the following resources for help with general or specific issues:

- Medicare's toll-free numbers are (800) MEDICARE, which translates to (800) 633-4227, and (877) 486-2048 for TTY users. The website is `www.medicare.gov`.

  At these sources, you can get information about how to find a prescription drug coverage plan, get comparative information on plans available to you, find out about plans with low or no premiums, and generally get most questions answered.

  You can also use these contacts to say "thanks, but no thanks" to a Medicare drug plan enrollment if the prescription plan you already have is as good as what you can get through Medicare, and you want to decline Medicare's kind offer to include you.

  You can get the contact information for your State Health Insurance Assistance Program (SHIP), which offers free counseling to people with Medicare.

- Helpful publications you can download include the *Medicare & You* handbook and *Your Guide to Medicare Prescription Drug Coverage* and *Choosing a Medigap Policy*. Just go to `www.medicare.gov` and use the search key to find these publications.

If you have questions about your plan, check your membership card for your insurer's phone number and website.


**Priority Health Medicare**
**Visit us at prioritymedicare.com**

## See which Medicare options work best for you

With Medicare for Dummies, Priority Health Edition, you get the basics about your Medicare options, including information you need to help you decide what plan is right for you. In fact, this slim book gives you easy-to-understand facts about all four Medicare parts, along with tips about eligibility, enrollment, and much more.

## Inside...

- Talk the ABCs of Medicare parts
- Understand your Medicare options
- Explore prescription drug plans
- Apply for financial assistance

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