

Getting started with Medicare

Medicare Made Clear[®] is brought to you by your friends at UnitedHealthcare[®]

United Healthcare

We're here to help

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





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What is Medicare?

Medicare is a federal program that offers health insurance to American citizens and other eligible individuals based on age, disability or a qualifying medical condition. Medicare is individual insurance and doesn't cover spouses or dependents.

Who can get Medicare?

U.S. citizens and legal residents

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

You must also meet one of the following requirements:

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

Eligible with a disability?

Your Medicare eligibility begins after 24 months of receiving Social Security disability benefits.

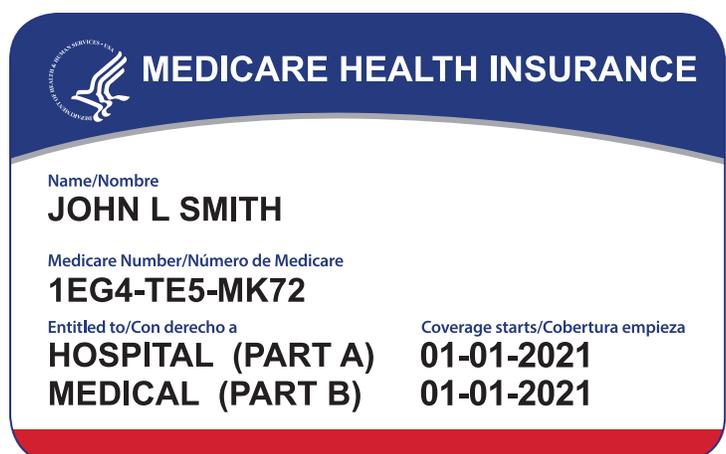
Medicare is not Medicaid.

Medicaid is a program that helps pay health care costs for people with limited income and resources.

How do you enroll?

If you are receiving Social Security or Railroad Retirement Board benefits when you become eligible you will be automatically enrolled in Medicare Parts A and B. You'll receive your Medicare card in the mail. If you're not receiving benefits, you need to sign up for Medicare when you become eligible.

Go to [socialsecurity.gov](https://www.socialsecurity.gov) to enroll online, or call or visit your local Social Security office.



Medicare coverage options

Original Medicare (Parts A & B) is provided by the federal government. It helps pay for hospital stays and doctor visits, but it doesn't cover everything. You may add coverage by enrolling in one or more private Medicare or Medicare-related plans.

Step one

First, you need to enroll in Original Medicare

Provided by the federal government



Part A

Helps pay for hospital stays and inpatient care



Part B

Helps pay for doctor visits and outpatient care

Step two

Now, you can look at additional coverage options

Offered by private insurance companies

Option 1



Medicare Part D Plan

Helps pay for prescription drugs

Option 2



Medicare Advantage Plan (Part C)

Combines Original Medicare Part A & Part B coverage in one plan

And, you can also add:



Medicare supplement insurance (Medigap)

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



Usually includes prescription drug coverage (Part D)



May offer additional benefits like vision and dental coverage

Medicare quick tips

1 There are two ways to get Medicare

Original Medicare (Parts A & B). Part A is hospital coverage and Part B is medical coverage. Original Medicare is provided by the federal government. Benefits and coverage are the same across the country. With Original Medicare, you can also add a stand-alone Part D prescription drug plan and/or a Medicare supplement insurance plan (Medigap).

Medicare Advantage (Part C). These plans combine your Part A and Part B coverage, and many also include Part D prescription drug coverage and other benefits such as hearing, vision, dental or fitness. Plans are offered by private insurance companies.

2 There are two ways to get drug coverage

You may add a stand-alone prescription drug plan (Part D) to Original Medicare. Or you may enroll in a Medicare Advantage plan that includes prescription drug coverage.

3 Original Medicare doesn't cover everything

Original Medicare (Parts A & B) doesn't cover everything that you may need for your health. It doesn't include prescription drug coverage, hearing health, dental, vision, wellness services or financial protection. If you want additional coverage, explore plans provided by private insurance companies.

4 Location impacts your coverage choices

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

5 Calculate all your Medicare costs

- You are responsible for monthly premiums plus additional out-of-pocket costs such as deductibles, copays and coinsurance.
- Your costs will vary based on the Medicare coverage you choose, the health services you use during the year and if you have any financial assistance for Medicare costs.

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Protection from high out-of-pocket costs is available

- Medicare Advantage plans put a cap on your out-of-pocket costs for Part A and Part B services covered by the plan. It's called the "annual out-of-pocket maximum" and it provides built-in financial protection. There is no out-of-pocket cap with Original Medicare. Total out-of-pocket costs and financial protections may vary for in-network vs. out-of-network costs.
 - Medicare supplement insurance plans help pay some out-of-pocket costs not paid by Original Medicare, like deductibles and coinsurance. A variety of plans are available that offer different levels of financial protection. Medigap plans are organized by letters, such as "Plan A" or "Plan G."
 - Both Medicare Advantage and Medicare supplement insurance plans are offered by private insurance companies. You can have either a Medicare Advantage or Medicare supplement insurance plan, but not both together.
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Timing matters when you first enroll

- Your Initial Enrollment Period (IEP) is your first chance to enroll in Medicare. It is 7 months long — it includes your birthday month or the 25th month of getting disability benefits plus the 3 months before and 3 months after.
 - You may qualify to delay Medicare enrollment if you have creditable coverage through your employer or your spouse's employer. If you can delay, you'll have an 8-month Special Enrollment Period (SEP) that begins either when you lose the employer coverage or leave your job, whichever occurs first.
 - If you enroll after your Initial Enrollment Period or Special Enrollment Period, you could face late penalties for Medicare Part A, Part B or Part D.
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You may be able to enroll or make changes at other times

- Medicare offers a General Enrollment Period (GEP) every year January 1 – March 31 for those who have missed their Initial Enrollment Period.
- Medicare provides Special Enrollment Periods (SEP) for qualifying life events. Examples include moving your primary residence or leaving an employer health plan. Visit [Medicare.gov](https://www.Medicare.gov) for a complete list of qualifying events.
- The Medicare Advantage Open Enrollment Period (MAOEP) is January 1 – March 31 each year. You may switch to a different Medicare Advantage plan or drop a plan and go back to Original Medicare at this time.
- The Medicare Annual Enrollment Period (AEP) happens every year from October 15 to December 7. You may change your coverage during this time if you decide to.



Medicare Part A

Part A covers hospital stays and most of the inpatient services

Coverage includes:

- A semi-private room
- Your hospital meals
- Skilled nursing services
- Care in special units, such as intensive care
- Drugs, medical supplies and medical equipment used during an inpatient stay
- Lab tests, X-rays and medical equipment as an inpatient
- Operating room and recovery room services
- Some blood transfusions in a hospital or skilled nursing facility
- Inpatient or outpatient rehabilitation services after a qualified inpatient stay
- Part-time, skilled care for the homebound after a qualified inpatient stay
- Hospice care for the terminally ill, including medications to manage symptoms and control pain

You cannot be denied Part A coverage

You may go to any qualified health care provider in the United States who participates in the Medicare program and is accepting Medicare patients.

Part A costs

Premium

\$0

Per month

If you or your spouse have made payroll contributions to Social Security for at least 10 years, you will not pay a Part A premium. Otherwise, your premium could be up to:

\$471

Per month

Your premium may be higher if you don't sign up for Medicare when you are first eligible.

Deductible

For each benefit period, you have to pay a Part A deductible before Part A starts to pay a share of your costs. A benefit period begins the day you are admitted to the hospital and ends when you've been out of the hospital 60 days in a row.

You pay only one deductible each benefit period, even if you had more than one hospital stay. For 2021, the Part A deductible is

\$1,484

Per benefit period

Coinsurance

Home hospice patients may pay a small coinsurance amount for inpatient respite care or durable medical equipment used at home.

Copay

There is no copay for hospital stays up to 60 days in one benefit period.

Copays for longer stays may include:

\$371

Per day for days 61–90

\$742

Per day for up to 60 lifetime reserve days

Copays for skilled nursing facility stays are:

\$0

For days 1–20

\$185.50

Per day for days 21–100

Lifetime reserve days may not be used to extend coverage in a skilled nursing facility.

Penalty

People who pay a premium (most don't) could pay an additional 10% of the premium amount. The penalty is charged every month for twice the number of years enrollment was delayed.

Part A coverage and costs are based on benefit periods

A benefit period begins the day you're admitted to the hospital. It ends when you've been out for 60 days in a row.



Medicare Part B

Part B covers care at a clinic or at a hospital as an outpatient

Coverage includes:

- Doctor visits, including in the hospital
- Annual wellness visit
- Ambulatory surgery center services
- Ambulance and emergency room services
- Skilled nursing services
- Preventive services, like flu shots or mammograms
- Clinical laboratory services, like blood and urine tests
- X-rays, MRIs, CT scans, EKGs and some other diagnostic tests
- Some health programs, like smoking cessation, obesity counseling and cardiac rehab
- Physical therapy, occupational therapy and speech-language pathology services
- Diabetes screenings, diabetes education and certain diabetes supplies
- Mental health care
- Durable medical equipment for use at home, like wheelchairs and walkers

You cannot be denied Part B coverage

You may go to any doctor or qualified health care provider in the United States who participates in the Medicare program and is accepting Medicare patients.

Part B costs

Premium

Part B charges a monthly premium, that is either deducted from your monthly Social Security benefits check or that you pay directly to Medicare. The amount you pay can vary depending on your tax reported income from two years prior. In 2021 Part B premium costs range:

\$148.50 –

\$504.90

Per month

Part B premium is deducted from your monthly Social Security benefits check or you pay directly to Medicare.

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

You could pay an additional 10% of the premium amount for each full 12-month period enrollment is delayed. The penalty is charged every month for as long as you have Part B.

Deductible

Deductible. You have to pay a deductible before Part B starts paying a share of your costs. In 2021, the deductible is

\$203

For the year

Coinsurance

You generally pay 20% of the Medicare-approved amount for the covered services you use. Medicare pays the remaining 80%.





Medicare Part C

Medicare Advantage (Part C) plans combine Part A and Part B benefits

Medicare Advantage plans are offered by private insurance companies approved by Medicare. In addition to Part A and Part B benefits, many plans offer:



Part D prescription drug coverage



Hearing exams or hearing aids



Dental exams, cleanings, X-rays or routine dental care



Eye exams, eyeglasses or contact lenses



Wellness benefits such as gym memberships



Benefits vary by plan and could include other extra benefits such as transportation to medical appointments and virtual visits.

Medicare Advantage plan costs vary by plan provider

Medicare Advantage plans are often premium free

- You will continue to pay your Part B premium directly to Medicare, and your Part A premium too, if you have one.
- Some plans may charge premiums, deductibles, copays or coinsurance.
- Plan premiums can change each year.
- Copay amounts may vary based on the covered item or service.
- Deductibles may be applied to drug benefits and not medical benefits when a plan covers both.
- Coinsurance may apply for some services.

Medicare Advantage plans also have built-in financial protection called the out-of-pocket maximum

This puts a cap on your Part A and B out-of-pocket costs. The amount varies by plan but can never exceed the annual limit set by Medicare. For 2021, the out-of-pocket maximum is

\$7,550
Per year

There are six different types of Medicare Advantage plans

HMO, POS, PPO and SNP plans are coordinated care plans and typically come with rules about providers and seeking care within a contracted network of doctors and hospitals.

1 Health Maintenance Organization plans (HMO)

4 Private-Fee-For-Service plans (PFFS)

2 Point of Service plans (POS)

5 Special Needs Plans (SNP)

3 Preferred Provider Organization plans (PPO)

6 Medical Savings Account plans (MSA)



Medicare Part D

Medicare Part D provides coverage for prescriptions and some vaccines

You can get drug coverage with a stand-alone Part D plan or as part of a Medicare Advantage plan (Part C)

Part D plans are offered by private insurance companies approved by Medicare. Your choices vary depending on where you live. All prescription drug plans must meet the same basic guidelines created by the federal government. But not all plans are the same.

Every Part D plan has a drug list or formulary, that shows all the brand name and generic drugs it covers

Most formularies categorize drugs into tiers based on how much they cost. Covered drugs and costs vary from plan to plan.

Coverage includes:



Drugs most commonly prescribed for Medicare beneficiaries as determined by federal standards



Specific brand name drugs and generic drugs included in the plan's formulary (list of covered drugs)



Commercially available vaccines like the shingles vaccine, not covered by Part B

Part D costs

You may pay a monthly premium, a deductible, copay and coinsurance. Costs will vary by plan and provider since each plan sets their own premium amounts.

- Stand-alone Part D plans charge a premium, and the amount will vary based on plan and provider.
- Some plans may charge a deductible and others don't. The 2021 annual deductible limit is \$445.
- A copay is generally required each time you fill a prescription for a covered drug. Copay amounts vary by plan.
- Some plans may also set coinsurance rates for certain drugs or drug tiers.

Part D coverage has four cost stages

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

Annual Deductible	Initial Coverage	Coverage Gap (Donut Hole)	Catastrophic Coverage
<p>You pay for your drugs until you reach your plan's deductible</p> <p>If your plan doesn't have a deductible, your coverage starts with the first prescription you fill.</p>	<p>You pay a copay or coinsurance, and your plan pays the rest</p> <p>You stay in this stage until your total drug costs reach \$4,130 in 2021.</p>	<p>You pay 25% of the cost for both brand-name and generic drugs in 2021</p> <p>You stay in this stage until your total out-of-pocket costs reach \$6,550 in 2021.</p>	<p>You pay a small copay or coinsurance amount</p> <p>You stay in this stage for the rest of the plan year.</p>

Penalty

You could pay an additional 1% of the average Part D plan premium for each month you delay enrollment. The penalty is charged every month for as long as you're enrolled in Part D.



A note to veterans

People who have benefits through the Veterans Affairs may be able to get prescription drug coverage through the VA and may not need Medicare drug coverage. Talk with your VA benefits administrator before making any decisions.



Medicare Supplement Insurance (Medigap)

Medigap plans can help pay some of the out-of-pocket costs not covered by Parts A & B

All Medigap plans include full or partial coverage for:

- Part A hospital coinsurance
- Part B coinsurance or copays
- Cost of blood transfusions (first 3 pints)
- Costs for 365 extra hospital days
- Hospice care coinsurance

Some may also help pay for:

- Part A deductible
- Part B deductible*
- Cost of foreign travel emergency care up to plan limits
- Part B excess charges
- Part A skilled nursing facility care coinsurance

When to enroll

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

*Not available to those newly eligible in 2020 or beyond

Medigap plans are offered by private insurance companies but are standardized by the federal government.

Each plan is labeled with a letter, and all plans with the same letter offer the same benefits nationwide. However, Massachusetts, Minnesota and Wisconsin standardize plans differently.

Some Medigap insurers offer value-added services

Medigap insurers may make value-added services available either free or on a discounted basis. These services may come from the insurer or other companies.

Some things that are offered may include:



Discounts on vision, hearing, or dental services



24-hour nurse phone lines



Some Medigap plans offer free or discounted gym memberships

Medigap costs

Premium

Medigap plans set their own premiums, though as a general rule, the more generous the coverage, the higher the premium. Premiums will also vary by provider.

Different plans will pay differently for various health care services and items

The level of coverage and what you will pay varies by plan.

Some plans split certain costs with you up to a set limit. Others leave certain costs for you to pay on your own. Refer to the chart on the next page to understand how each Medigap plan will cover out-of-pocket costs.



Medicare isn't one-size-fits-all

You can combine different Medicare parts and plans to get the coverage that best fits your health and lifestyle needs.

Your combination options depend on whether you get Medicare Part A and Part B coverage through Original Medicare or through a Medicare Advantage (Part C) plan instead.



Original Medicare

You may add a stand-alone Part D plan, a Medicare supplement insurance (Medigap) plan or both to Original Medicare (Parts A & B).



Part A



Part B



Part A



Part B

+



Part D



Part A



Part B

+



Medigap



Part A



Part B

+



Part D

+



Medigap

Medicare Advantage

You may choose to get your Part A and Part B benefits through a Medicare Advantage plan (Part C).

Many plans come with built-in prescription drug coverage. You can add a stand-alone Part D plan only with certain Medicare Advantage plan types.

A Medicare Advantage plan without drug coverage



Part C

A Medicare Advantage plan with built-in drug coverage



Part C



Part D

A Medicare Advantage plan with a stand-alone drug plan added*



Part C

+



Part D

There are different times you can enroll in Medicare

IEP | Your Initial Enrollment Period (IEP) is 7 months long

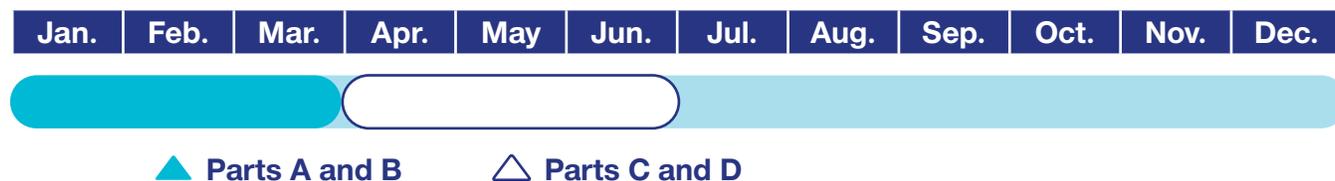
For those who become eligible due to age, it includes your 65th birthday month plus the 3 months before and the 3 months after. It begins and ends 1 month earlier if your birthday is on the first of the month. You may enroll in Medicare Part A, Part B or both. You may also choose to join a Medicare Advantage plan (Part C) Medicare supplement insurance plan or a Part D prescription drug plan. You have 6 months to be guaranteed coverage in a Medicare supplement insurance plan (Medigap), starting the first month you are age 65 or older and enrolled in both Medicare Part A and Part B. You may apply at other times, but you could be denied coverage or charged a higher premium based on your health history.



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

GEP | The General Enrollment Period (GEP) is for those who did not sign up around their 65th birthday

You can enroll in Medicare Part A, Part B or both. The GEP happens every year from January 1 to March 31, with coverage beginning July 1. You may enroll in a Medicare Advantage plan (Part C) or a Part D prescription drug plan from April 1 to June 30 the same year.



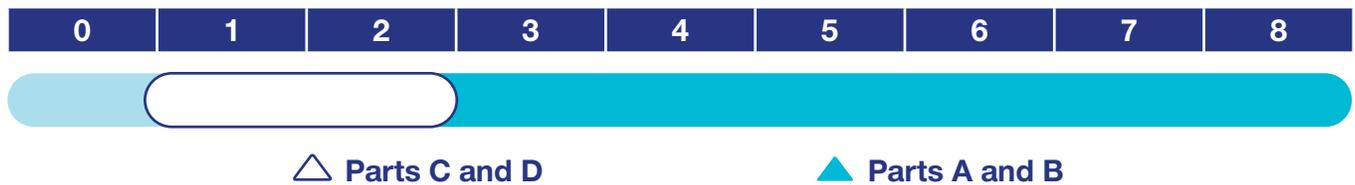
SEP

Medicare provides a Special Enrollment Period (SEP) for enrolling after retiring or losing your employer coverage

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

You will have 8 months to enroll in Parts A and B and only 2 months for Parts C and D

▼ The last month of employment or employee health coverage



△ Parts C and D

▲ Parts A and B

Additional things to note when working past 65:

- If your employer has 20+ employees, you may be able to delay without penalty. But if your employer has less than 20 employees, you will likely need to enroll in Medicare.
- If you have a health savings account (HSA), be aware that once you enroll in any part of Medicare you can't continue to make contributions to your HSA.
- If you delay, you will need to provide written proof of your creditable drug coverage to avoid Part D penalties.
- Check with your employer's benefits administrator to learn more about your specific options.
- Check that the employer doesn't require covered spouses to enroll in Medicare at age 65 in order to remain on the employer's plan.



When you can change your coverage

AEP

Medicare Annual Enrollment is October 15 to December 7

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



SEP

Special Enrollment Period: Qualifying Life Event

You have 2 full months after the month of a qualifying event to make plan changes. During this time, you may join, change or drop a Medicare Advantage or Part D prescription drug plan outside of the Medicare Annual Enrollment Period without penalty. Common events that may qualify include moving and leaving retiree, union or COBRA coverage.



MA OEP

Medicare Advantage Open Enrollment

If you're enrolled in a Medicare Advantage plan on January 1, you can make one coverage change between January 1 and March 31. You may switch to a different Medicare Advantage plan or return to Original Medicare. If you go back to Original Medicare, you may also enroll in a Part D plan during this time.



How to enroll



Part A



Part B

Original Medicare (Parts A & B)

Original Medicare is provided by the federal government and you'll be automatically enrolled if at age 65 you are receiving Social Security or Railroad Retirement Board benefits, or if you become eligible for Medicare due to disability. If you're not enrolled automatically, you must enroll yourself.

Enroll online at [socialsecurity.gov](https://www.socialsecurity.gov), by phone **1-800-772-1213** (TTY **1-800-325-0778**) or visit your local Social Security office.



Part C



Part D



Medigap

Part C, Part D and Medigap plans

These plans are only offered by private insurance companies. You will enroll directly with the plan provider — by phone, online or with a local agent.

Remember to review each plan carefully...different providers will offer different plans and benefits.



**Answering
these questions
can help you feel
more confident
choosing a plan**

1 Generally, how often do you visit the doctor?

2 What prescription medications do you take?
How often?

3 Do you have any major health conditions that you need special care for?

4 What did you pay out-of-pocket for health care in the last 12 months? What did you pay for prescription drugs?

5 Do you want coverage for dental, vision, hearing care services or items?

6 Do you need help paying for Medicare?

Need help paying for Medicare?

You may qualify for help if you have a low income and few assets. Income includes money you get from retirement benefits or other money that you report for tax purposes. Income eligibility levels vary by state and program. Different programs cover costs for different Medicare items. Some may help with Medicare Parts A & B, others with prescription drugs, and some may help with all your Medicare costs.

Medicaid

Medicaid is a joint federal and state health insurance program for low-income individuals and families. It may also offer some services not covered by Medicare. Each state creates its own program, so contact your state Medicaid office for more information.

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

Extra Help

A program specifically designed to help qualified beneficiaries pay some or all Medicare Part D premiums, deductibles, copayments and coinsurance. The dollar amount provided varies depending on a person’s situation.

Medicare Savings Programs

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

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

PACE provides the care and services covered by Medicare and Medicaid for individuals age 55 or older who need a nursing home-level of care (as certified by their state), live in the service area of a PACE organization and are able to live safely in their community with PACE’s help. This program is not available in all states.



Frequently asked questions

How can I get dental and vision coverage with Medicare?

Original Medicare (Parts A & B) doesn't cover routine dental or vision care. However, many Medicare Advantage plans (Part C) offer the coverage along with other benefits not provided by Original Medicare, such as prescription drug coverage.

See page 12 for more information about Medicare Advantage plans.

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

Your spouse may need to find other coverage if he or she is younger than 65 years old. Your employer may offer COBRA for your spouse's continued coverage. Talk with your employer plan administrator.

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

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

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

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

You enter the coverage gap in 2021 only if the total cost for your drugs, paid by you and your plan, reaches \$4,130. You exit the gap when your out-of-pocket drug costs reach \$6,550. After that, you are in the “catastrophic coverage” payment stage for the rest of the plan year and you may pay small copays for your drugs.

Do I have to enroll myself in Medicare?

It depends. If you are receiving Social Security or Railroad Retirement Board benefits, then you will be automatically be enrolled in Medicare Part A and Part B. If you are not receiving these benefits, then you will need to enroll yourself with the Social Security Administration.

If then you decide you want a Medicare Advantage (Part C) plan, a Part D prescription drug plan or a Medicare supplement insurance (Medigap) plan, you would enroll yourself directly with the plan provider.

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

You may be able to get help paying Medicare premiums and other costs, if you qualify.

See page 25 for a list of resources.

What happens to my Medicare coverage if I move?

It depends on the kind of Medicare coverage you have.

If you have a Medicare Advantage (Part C) or Part D prescription drug plan:

You can keep your plan if you move to another address within the same service area. Call your plan's customer service number to find out whether your new home is in your current plan's service area. If you move outside your plan's service area, you would qualify for a Special Enrollment to find a new plan.

If you have Original Medicare (or a Medicare supplement insurance plan):

Both Original Medicare (Parts A & B) and Medicare supplement insurance (Medigap) plans are nationwide plans. They travel with you, if you move.

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

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

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

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

Here's a list of helpful contacts

Medicare Helpline

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

1-800-MEDICARE (1-800-633-4227), TTY
1-877-486-2048 (24 hours a day, 7 days a week)

Medicare.gov

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

Social Security Administration

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

1-800-772-1213, TTY **1-800-325-0778**
SSA.gov/Medicare

State Health Insurance Assistance Program (SHIP)

Your State Health Insurance Assistance Program offers free counseling and can help with questions about buying insurance, choosing a health plan and your rights and protection under Medicare. See pages 59–60 for the number in your state.

shiptacenter.org

AARP.org

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

Medicaid.gov

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

Administration on Aging

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

1-800-677-1116, TTY **711**
Eldercare.gov

National Hospice and Palliative Care Organization

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

NHPCO.org

Your current health plan

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

AARPMedicarePlans.com

Find Medicare Advantage, Part D and Medicare supplement insurance plans available from UnitedHealthcare by ZIP code.

1-855-581-8090, TTY **1-855-581-7111**,
toll-free, 8 a.m. – 8 p.m., 7 days a week.

Medicare worksheets and checklists

Below are some helpful resources that can make learning about Medicare or shopping for Medicare coverage easier.

Medicare Plan Finder Worksheet

Use this simple chart to compare Medicare plans side-by-side, as well as get helpful steps for finding the right fit.

Medicare Plan Review Worksheet

Use this worksheet to see how well your current Medicare coverage is working for you, where any gaps might be and to decide whether you should make a change.

Working Past 65 Quick Tips

Use this guide for important tips and quick answers to some commonly asked questions whether you enroll at age 65 or not.

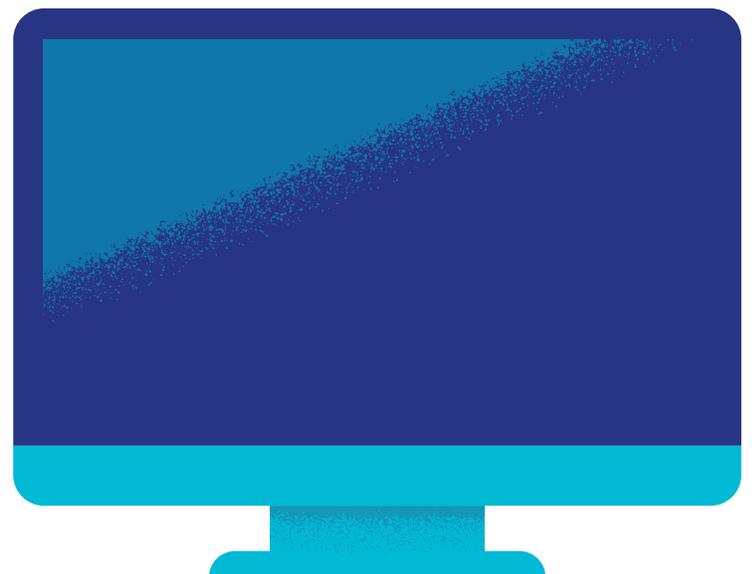
You can download these checklists and worksheets at [MedicareMadeClear.com](https://www.MedicareMadeClear.com).

Annual Enrollment Period (AEP) Checklist

Use this checklist to help you prepare for the Medicare Annual Enrollment Period (AEP), October 15 – December 7.

Initial Enrollment Period (IEP) Checklist

Get a head start on understanding your Medicare coverage options and timeline so you can make an informed decision when the time comes.





Plan finder worksheet

Complete a column for each plan you're considering.

In the top section, check off which benefits each plan provides.

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

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

Want to learn more?



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

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