What do I pay?

Part A: You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working for a certain amount of time. This is sometimes called premium-free Part A. If you aren't eligible for premium-free Part A, you may be able to buy Part A.

Part B: Most people will pay the standard premium amount for Part B each month. The amount you pay can change each year depending on your income. Under Original Medicare, if the Part B deductible applies you must pay all costs until you meet the yearly Part B deductible before Medicare will pay its share.

Part D: Most drug plans charge a monthly fee that varies by plan. You pay this in addition to the Part B premium (if you have Part B). If you're in a Medicare Advantage Plan or a Medicare Cost Plan with drug coverage, the monthly premium may include an amount for drug coverage.

How can I get help paying Medicare costs?

Visit Medicare.gov/basics/costs/help to find out about programs that can help you pay your Medicare premiums and other costs.

If you're struggling with your prescription costs, Extra Help is a Medicare program to help people with limited income and resources pay Medicare Part D premiums, deductibles, coinsurance, and other costs. Learn more at Medicare.gov/ExtraHelp or visit ssa.gov/extrahelp to apply online. You can also call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.

What are my Medicare rights?

All people with Medicare have certain rights and protections. You have the right to:

- Be treated with courtesy, dignity, and respect at all times.
- Be protected from discrimination.
- Have your personal and health information kept private.
- Get information in a way you understand from Medicare, health care providers, and, under certain circumstances, contractors.
- Learn about your treatment choices in clear language you can understand, and participate in treatment decisions.
- Get Medicare information and health care services in a language you understand.
- Get your Medicare information in an accessible format, like braille or large print.
- Get answers to your Medicare questions.
- Have access to doctors, specialists, and hospitals for medically necessary services.
- Get Medicare-covered services in an emergency.
- Get a decision about health care payment, coverage of items and services, or drug coverage.
- Request a review (appeal) of certain decisions about health care payment, coverage of items and services, or drug coverage.
- File a complaint (sometimes called a "grievance") if you have concerns about the quality of care and other services you get from a Medicare provider.

How can I protect myself from fraud & medical identity theft?

For more information about Medicare fraud, visit Medicare.gov or contact your local Senior Medicare Patrol. Learn more about the Senior Medicare Patrol and find help in your state by visiting smpresource.org or calling 1-877-808-2468.

This product was produced at U.S. taxpayer expense.

Medical identity theft is when someone steals or uses your personal information (like your name, Social Security Number, or Medicare Number) to submit fraudulent claims to Medicare and other health insurance companies without your permission. When you get health care services, record the dates on a calendar and save the receipts and statements you get from providers to check for mistakes.

Where can I get more information?

Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227); TTY users can call 1-877-486-2048. Contact your State Health Insurance Assistance Program to get free health insurance counseling at shiphelp.org.

If you need help in a language other than English or Spanish, or need to request a Medicare publication in an accessible format (like large print or braille), let 1-800-MEDICARE know.

"Medicare: Getting Started" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel vou've been discriminated against. Visit Medicare.gov/about-us/accessibilitynondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Medicare



GETTING STARTED



Learn about Medicare basics

CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Product No. 11389 August 2023

Get Started with Medicare

What's Medicare?

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

Part A (Hospital Insurance)

Helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

Part B (Medical Insurance)

Helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly "Wellness" visits)

Part D (Drug coverage)

Helps cover the cost of prescription drugs (including many recommended shots or vaccines)

Plans that offer Medicare drug coverage are run by private insurance companies that follow rules set by Medicare.

What are my Medicare coverage options?

When you first sign up for Medicare, and during certain times of the year, you can choose how you get your Medicare coverage. There are 2 main ways to get Medicare.

Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also buy Medicare Supplement Insurance (Medigap), or have coverage from a former employer or union, or Medicaid.

Medicare Advantage (also known as Part C)

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These "bundled" plans include Part A, Part B, and usually Part D.
- In many cases, you can only use doctors who are in the plan's network.
- In many cases, you may need to get approval from your plan before it covers certain drugs or services.
- Plans may have lower or higher out-of-pocket costs than Original Medicare. You may also have to pay an additional premium.
- Plans may offer some extra benefits that Original Medicare doesn't cover-like certain vision, hearing, and dental services.

Does Medicare offer other types of plans or programs to get health coverage?

plans include:

Can I have other types of health coverage?

Yes. When you have other coverage (like employer group health coverage), there are rules that decide whether Medicare or your other insurance pays first. For more information on who pays first, visit Medicare.gov, or check out your "Medicare & You" handbook.

Yes, Medicare may offer some other plans and programs in your area. Some provide both Part A and Part B coverage, while others provide only Part B coverage. Some also provide Medicare drug coverage. They have some (but not all) of the same rules as Medicare Advantage Plans. However, each has special rules and exceptions, so you should contact any plans you're interested in to get more details. Examples of these

Medicare Cost Plans

- Program of All-inclusive Care for the Elderly (PACE)
- Medicare Innovation Projects

Visit Medicare.gov/plan-compare to view plans available in your area including Medicare Advantage and Medicare drug plans.

How does Medicare Supplement Insurance (Medigap) work?

Original Medicare doesn't pay for all of the cost for covered health care services and supplies. Medicare Supplement Insurance (Medigap) policies sold by private insurance companies can help pay some of the remaining health care costs for covered services and supplies, like copayments, coinsurance, and deductibles.

Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S. Generally, Medigap doesn't cover long-term care (like care in a nursing home), vision or dental services, hearing aids, eyeglasses, or private-duty nursing. For more information, visit Medicare.gov/health-drug-plans/ medigap.

When can I make changes to my coverage?

You can join, switch, drop or make changes to your Medicare health or drug coverage during Medicare Open Enrollment, each year from October 15-December 7. Your coverage starts on January 1 (as long as the plan gets your enrollment request by December 7). If you decide to keep your existing Medicare health or drug plan and the plan updated their costs or benefits, those changes would also take effect on January 1.

Depending on your situation, there may be other times when you can join, switch, drop or make changes to your Medicare health or drug plan.

For more information, visit Medicare.gov/basics/get-started-withmedicare/get-more-coverage/joining-a-plan.