



WHAT YOU NEED TO KNOW

Medicare 101

Your Guide to Medicare



YOUR GUIDE TO MEDICARE

Understand Medicare

Medicare can be confusing. But you've got this. And we're here to help. Whether you're new to Medicare or just want a refresher, use this guide to help you understand what's best for you.



Watch to learn more.



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MEDICARE FROM
THE GOVERNMENT**

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OVERVIEW

Medicare at a Glance

Medicare is a government health insurance program. Here's a quick look at its different parts.

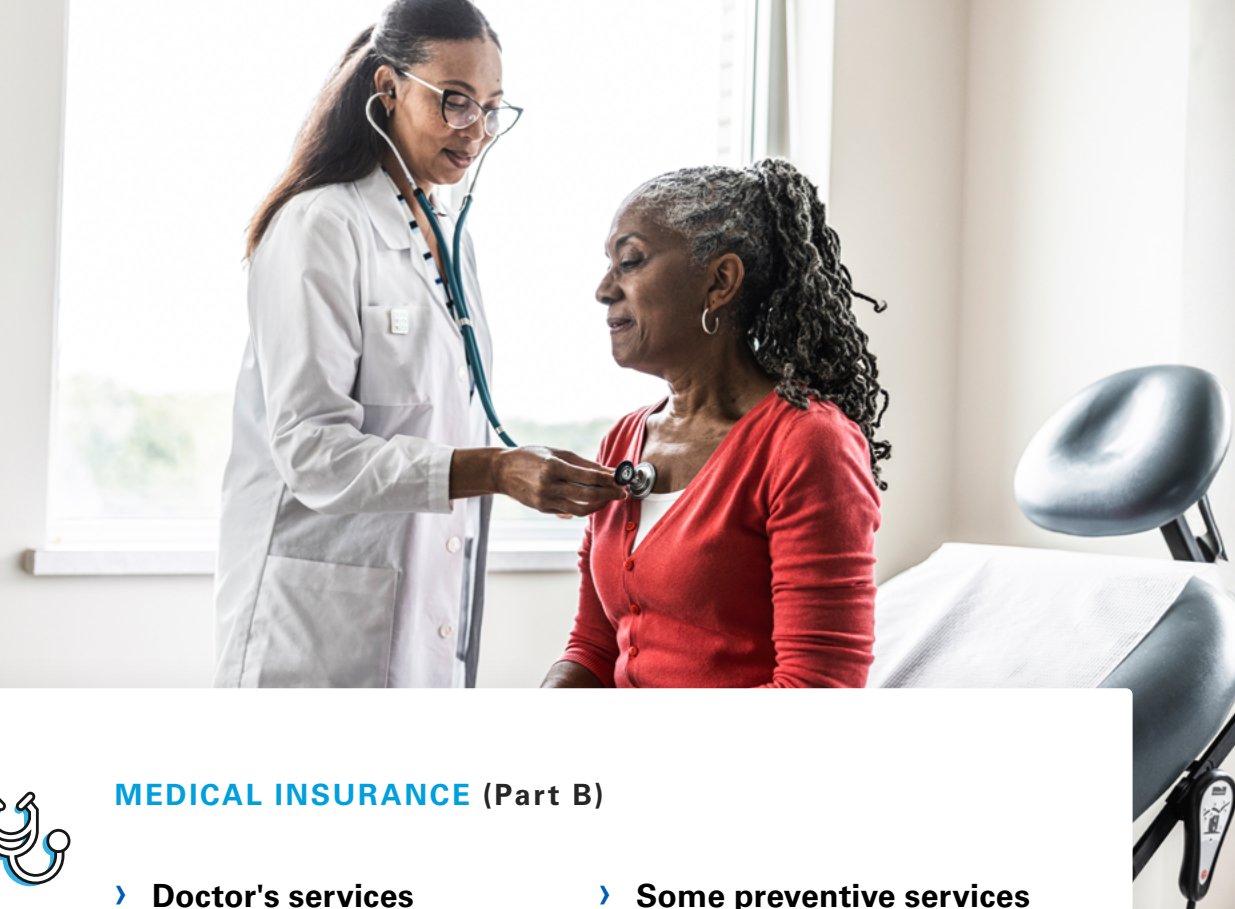
WHAT'S USUALLY COVERED

	PART A + PART B	PART D	SUPPLEMENT	PART C
	Original Medicare	Prescription Drug Plans	Medicare Supplement Plans	Medicare Advantage Plans
	Federal program that covers about 80% of the costs of hospital and medical expenses	Can be added to Original Medicare to help pay for your drug coverage.	Most plans limit out-of-pocket costs for care and offer coverage in addition to Original Medicare.	Combine Part A, Part B and sometimes Part D coverage, and may offer extra benefits as well.
Hospital Insurance (Part A)	✓		✓	✓
Medical Insurance (Part B)	✓		✓	✓
Preventive Services, like flu shots	✓		✓	✓
Prescription Drugs (Part D)		✓		✓
Limited Annual Out-Of-Pocket Expenses				✓
Dental				✓
Vision				✓
Hearing Aids				✓
Fitness Program			✓	✓
Over-the-Counter Allowance				✓

ORIGINAL MEDICARE

Parts A & B

When you turn 65, have a qualifying disability, end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS), you're eligible for **Part A and Part B** – that's Original Medicare.



HOSPITAL INSURANCE (Part A)

- › Inpatient care in a hospital
- › Limited stays in a skilled nursing facility
- › Some home health care
- › Hospice care

Most people don't pay a **Part A** premium because they paid Medicare taxes while working.



MEDICAL INSURANCE (Part B)

- › Doctor's services
- › Outpatient care
- › Durable medical equipment
- › Some preventive services
- › Some prescription drugs

Part B is optional and has a monthly premium. There's a penalty if you don't enroll when you're first eligible. In most cases, you can delay enrollment in **Part B** without penalty if you're actively working and enrolled in an employer group health plan.

ORIGINAL MEDICARE

Out-of-Pocket Costs

There are some out-of-pocket costs you'll pay with **Parts A and B**.



Out-of-Pocket Costs you'll pay *with* Parts A and B.

- › Deductibles and copays for hospital stays
- › Part B annual deductible
- › 20% of the Medicare-approved amount for most care you get from doctors or other health care providers, outpatient therapy, Medicare Part B drugs, and durable medical equipment



Out-Of-Pocket Costs you'll pay *outside of* Parts A and B.

- › Routine dental care
- › Routine vision care and eyewear
- › Routine hearing exam and hearing aids
- › Over-the-Counter (OTC) items such as vitamins or cold/allergy medicines



ORIGINAL MEDICARE

Eligibility

You can first sign up for Medicare during these 7 months.



3 months
Before your
birthday

65TH birthday
During your
birthday month

3 months
After your
birthday

COVERAGE OPTIONS

When You Need More Coverage

You may want more than Original Medicare gives you. That's where your plan options come in.

1

**MEDICARE
SUPPLEMENT**

[Learn More >](#)

2

**MEDICARE PART D
PRESCRIPTION
DRUGS**

[Learn More >](#)

3

**MEDICARE
ADVANTAGE
PART C**

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MEDICARE SUPPLEMENT

Covering Medicare Gaps

Medicare Supplement plans help limit out-of-pocket costs and offer more coverage than Original Medicare. Private insurance companies offer them. Monthly premiums are usually based on age.

- › You can go to any doctor or hospital that accepts Medicare.
- › You can choose from options with low — or no — copays or coinsurance for a visit to the doctor or a hospital stay.



Watch to learn more.



You can sign up for a Medicare Supplement plan without answering health questions during your Medigap Open Enrollment Period.

This six-month period begins on the first day of the month in which you're 65 or older **and** enrolled in Part B. If you sign up after this period, you might have to answer health questions.



MEDICARE PART D

Prescription Drug Coverage

Original Medicare (**Part A or B**) doesn't cover most prescriptions. You can get Medicare Part D plans from a private insurance company. Each plan offers their own formulary (a list of covered drugs).



Part D plans add extra coverage.

Part B Coverage	Part D Additional Coverage
Injections you get in a doctor's office	Prescription drugs
Certain oral anti-cancer drugs	Biological products
Immunosuppressant drugs	Vaccines licensed under Public Health Service Act
Under limited circumstances, certain drugs you get during hospital outpatient treatment	Medical supplies associated with insulin injections, including syringes, needles, alcohol swabs and gauze
Drugs used with some durable medical equipment (like a nebulizer or external infusion pump)	A copay of \$35 or less per month for covered insulins
You pay 20% of the Medicare-approved amount for these covered drugs. And the Part B deductible applies.	You pay a copay or coinsurance for these covered drugs. The amount you pay is based on the plan you choose.

MEDICARE PART D

Info on Costs



These plans vary in costs from company to company and year to year. You might encounter:

- › Copays and coinsurance
- › Monthly premiums
- › Annual deductibles
- › Maximum out-of-pocket costs



Extra Help

You may be able to get **Extra Help** to pay for your prescription drug premiums and costs. To see if you qualify, you can call your local Social Security office or go to ssa.gov/benefits/medicare/prescriptionhelp.



Medicare Prescription Payment Plan

This plan allows you to pay your prescription costs in level monthly payments instead of paying the full cost at the pharmacy. Learn more at cms.gov/inflation-reduction-act-and-medicare/part-d-improvements/medicare-prescription-payment-plan.



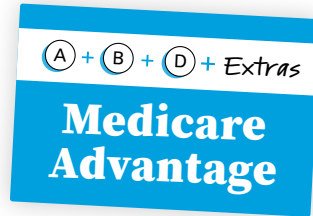
Late Enrollment Penalty

You may have to pay a late-enrollment penalty if you don't join a Medicare Part D drug plan when you're first eligible for Medicare and you go without creditable prescription drug coverage for 63 continuous days or more.

MEDICARE PART C

Medicare Advantage Plans

Some plans combine medical, hospital, and may also include prescription drug coverage, with extra benefits. That means you get all your Medicare benefits in a single, **all-in-one plan**. Private insurance companies offer these plans. You'll still pay your Medicare Part B premium every month.



- › Options with \$0 monthly premium
- › Out-of-pocket maximums
- › Extra benefits like vision, dental and hearing



OTHER PLANS

Special Plans for Specific Needs

Medicare + Medicaid

If you have TennCare benefits, you might be eligible for a **Medicare Advantage Dual Eligible Special Needs Plan (D-SNP)**.

Medicare + Chronic Condition

If you have certain long-term conditions, you might be eligible for a **Medicare Advantage Chronic Special Needs Plan (C-SNP)**.



MEDICARE PART C

Signing Up



You can sign up for a Medicare Advantage plan when you sign up for Original Medicare and during other periods.

Initial Coverage Election Period (ICEP)

A 7-month opportunity surrounding your initial Medicare eligibility.

Annual Enrollment Period (AEP)

Oct. 15 – Dec. 7

Medicare Advantage Open Enrollment Period (MA OEP)*

Jan. 1 – Mar. 31

Special Enrollment Period (SEP)

Based on a qualifying event, such as loss of coverage, moving to a new area, etc.

* This enrollment period is only available to individuals already enrolled in a Medicare Advantage plan.



COMPARING OPTIONS

A Closer Look



Everyone's needs are different. Let's look at Medicare Supplement and Medicare Advantage plans side-by-side so you can see what might work best for you.



Medicare Supplement	Medicare Advantage
Age-based premiums	Flat premium, regardless of your age
Deductibles, copayments and coinsurance	Deductibles, copayments and coinsurance
No Part D prescription drug coverage	May include Part D prescription drug coverage
Standardized benefits	Variety of benefits
Accepted by any Medicare provider	Uses a provider network
Can change Medicare Supplement plans at any time during the year	Limited enrollment periods
May have to answer health questions and may have a waiting period for pre-existing conditions	No health questions and no waiting period for pre-existing conditions
	May require additional prior authorizations for services
	May offer additional services, including personalized support
	May offer reminders to keep you on track to complete preventive services



Watch to
learn more.

MAKING YOUR DECISION

What's Right for You

It's important to pick coverage that works for you.
Here are important things to consider when researching your options:

Costs. It's a good idea to keep the following expenses in mind:

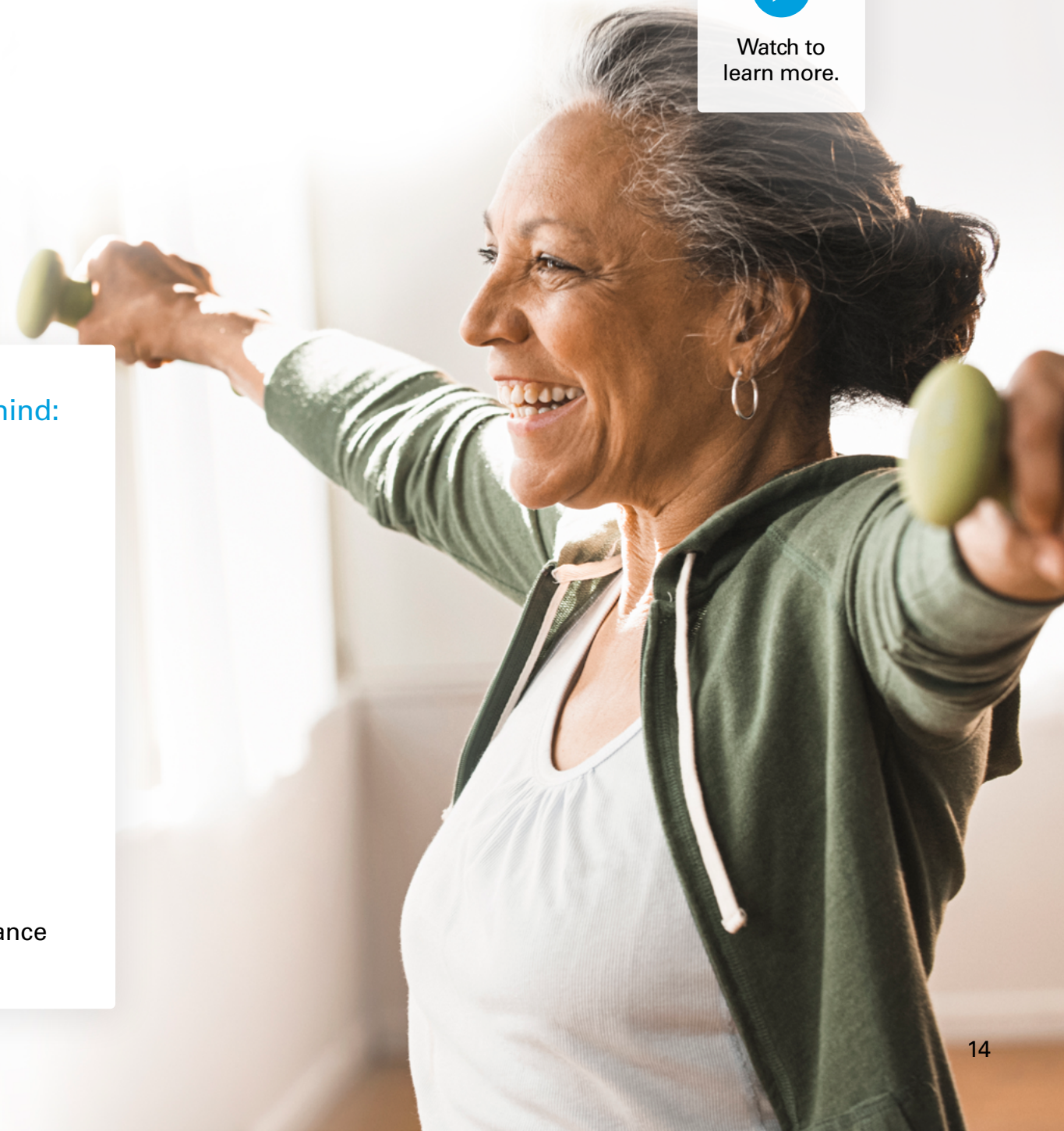
- Monthly premium
- Copays, coinsurance, deductibles and maximum out-of-pocket
- Your prescription drugs

Network. Check to see if the plan includes:

- The hospital and health care facilities you use
- Your Primary Care Provider
- Any specialists you see
- Your pharmacy

Added Value. Does the plan include:

- Dental
- Vision
- Hearing
- Fitness membership
- Over-the-counter allowance



MAKING YOUR DECISION

Steps To Take



We've covered a lot in this guide. But you don't have to make your decision all at once. We suggest starting the process early.

- 6–9 months before you turn 65**

Research your options.

- 3 months before you turn 65**

You can enroll in Original Medicare. This is also the time you can enroll in a Medicare Part D, Medicare Supplement or Medicare Advantage plan.

- Your 65th birthday month**

If you've enrolled, your Medicare coverage can start now.

- 3 months after you turn 65**

You'll want to make sure you enroll before this period ends.



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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), Monday through Friday, 8 a.m. to 6 p.m. ET. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (phone), Nondiscrimination_CoordinatorGM@bcbst.com (email), or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

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ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆኑ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርባል። ማረጋገጫ በተደራጀ ቅርጽ ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገልግሎት እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-800-831-2583 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢያን ያናግሩ።

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PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-831-2583 (TTY: 711) o makipag-usap sa iyong provider.

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FROM 8 A.M. TO 9 P.M. ET. FROM APRIL 1
TO SEPT. 30, M-F FROM 8 A.M. TO 9 P.M. ET.