
Medicare 101 Guide

Helping you make
sense of Medicare.



Because Life.™

Why you're entitled to Medicare: Because you earned this moment in life.

Remember that money that came out of your paycheck over the years? That's been for Original Medicare, Parts A and B. Those are your basic benefits, provided by the government. Those two parts don't cover everything, but fortunately you've got other coverage options like Medicare Advantage Plans (Part C) and prescription drug coverage (Part D), plus additional options like Medigap and add-on programs.

Let's take a look at Original Medicare:

Original Medicare

Part A

(Think hospital)

- Inpatient hospital care
- Skilled nursing care
- Home health and hospice
- Ambulance

Part B

(Think doctor's office)

- Outpatient services
- Testing and lab
- Doctor visits and preventive care
- Durable medical equipment and supplies

Now let's break down your other options:

Medicare Advantage Plans

Part C

(This replaces Original Medicare)

- Covers everything in Parts A+B
- Usually has Rx coverage
- Some have vision, dental, and hearing
- Additional benefits on top of Parts A+B

Prescription Drug Coverage

Part D

(So you don't pay full price for every medication)

- Original Medicare doesn't cover Rx
- Covered through an insurance company

Medigap

(Not a part, but an additional option)

- Works with Original Medicare
- Covers costs Parts A and B don't, including deductibles, copays, and coinsurance
- Allows you to choose any provider who accepts Medicare
- Durable medical equipment and supplies

Whole Health Balance

(An add-on for Medigap plans)

- Enhanced vision, hearing, and dental benefits
- SilverSneakers® fitness membership

These are your choices for Medicare coverage:

Original Medicare + Prescription Coverage + Supplement + Add-on

On top of your Part A and Part B benefits, you can pay separately for a drug plan and, if you want, pay for a supplemental policy and add-on that give you additional benefits beyond Original Medicare.

Medicare Advantage Plan

Bundles all of your Part A and Part B benefits together, usually with extra benefits and services that Original Medicare doesn't cover, lower out-of-pocket costs, and a prescription drug plan. You get one insurance card for all your coverage.

Here's when you can change your coverage:

Initial Enrollment Period

Three months before, the month of, and three months after the month of your 65th birthday

When you're brand-new to Medicare, you've got a seven-month window to choose your coverage. For example, if your 65th birthday is on May 23, you have from February 1 to August 31 to enroll.

Annual Enrollment Period

October 15 – December 7

Once you are a Medicare member, this is your window to make sure your current plan still works best for you. If it doesn't, you can shop for a new one. The plan you choose takes effect January 1.

Open Enrollment Period

Once you are a Medicare member, January 1 – March 31

During this window, you can make a one-time change to your coverage. It takes effect the beginning of the next month after you change your plan.

Special Enrollment Periods

Can happen any time throughout the year

There are individual rules for these, but events like losing existing coverage, moving, or changes in your income can sometimes give you a special window to change coverage. These rules apply if you are new to Medicare or if you already have it.



Working beyond 65?

Here's what you need to know. (Psst – enrolling in Medicare Part A around your 65th birthday is still important.)

If you work for a company with 20+ employees

- Enroll in Medicare Part A as soon as you're eligible — it's free and will save time later.
- Wait to enroll in Medicare Part B until you retire — you'll delay paying your premium. Once you retire, enroll in Part B within 8 months to avoid paying penalties.

If you work for a company with fewer than 20 employees

- Enroll in Medicare Parts A and B as soon as you're eligible — your company's insurance may not pay for anything Medicare covers after age 65. If you're unsure, contact your company's Human Resources department.

If you're self-employed and don't have a retiree plan

- Enroll in Parts A and B as soon as you're eligible — the cost may be a tax-deductible expense.

When to enroll in Medicare Part D

- If you have credible prescription coverage through your current plan, delay enrolling in Part D until you retire.
- If you don't have credible prescription coverage, enroll in Part D as soon as you're eligible. Chat with HR if you have questions.

Health care lingo, translated.

When you're choosing a plan, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones.

PREMIUM

The monthly amount paid so you have coverage, in addition to your Medicare Part B premium.

DEDUCTIBLE

The set amount you pay for a health service or drug coverage before your plan starts paying.

COPAY

The set amount you pay for a covered service, could be \$0 for a primary care doctor visit or \$30 for a specialist.

COINSURANCE

The percentage owed for some covered services. For example, if your plan pays 80%, you pay 20%.

OUT-OF-NETWORK PROVIDER

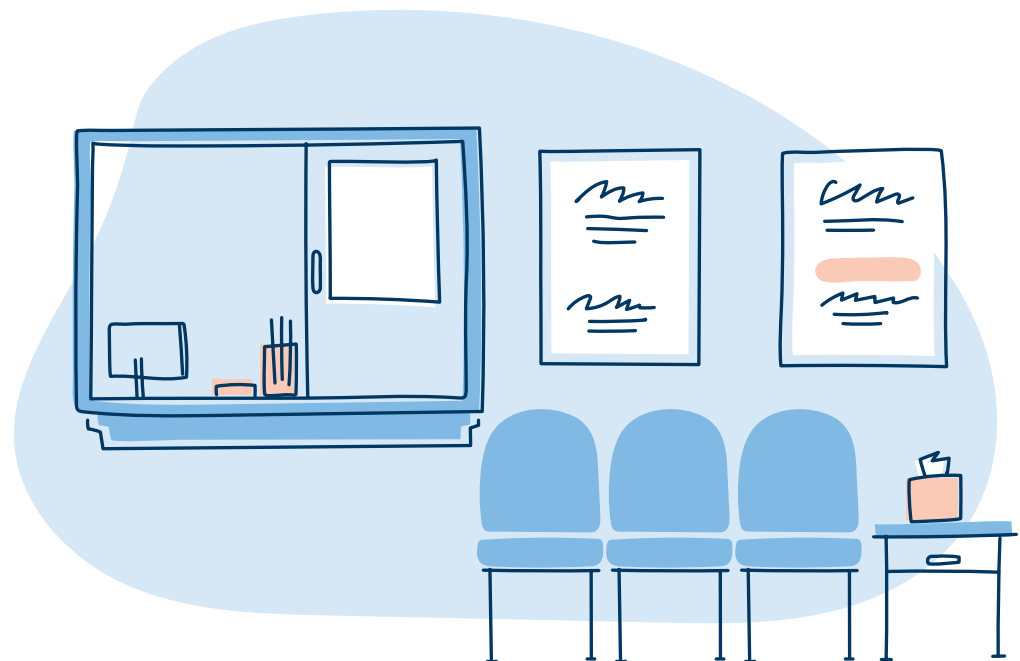
A doctor or hospital that does not participate with your plan's network. You may pay more to see these providers.

IN-NETWORK PROVIDER

A doctor or hospital that participates with your plan's network.

MAXIMUM OUT-OF-POCKET

The most you'd pay for covered care.



Have questions about Medicare?

Highmark Licensed Medicare Advisors are here to help – every step of the way.

Call 1-866-730-4139,

Oct. 1 – March 31, 8 a.m. – 8 p.m., seven days a week, and April 1 – Sept. 30, 8 a.m. – 8 p.m., Monday – Friday. (TTY call 711).

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

There is no obligation to enroll.

For accommodations of persons with special needs at meetings, call 1-800-350-4135 and TTY may call 711.

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Pennsylvania, Delaware, West Virginia, and New York: 1-844-679-6930 (TTY: 711)

Tenemos servicios gratis de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan médico o de medicamentos. Para obtener un intérprete, simplemente llame al número correspondiente a su estado de residencia. Alguien que hable español puede ayudarlo. Este servicio es gratis.

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