
YOUR GUIDE
TO MEDICARE
BlueCross BlueShield
of Western New York
LIVE
FEARLESS
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LET'S TALK MEDICARE

Medicare was created for one simple reason: to help people like you stay healthier, longer.

But Medicare can be confusing. That's why we've created this guide to help you understand your options — so you can make informed, confident decisions about your Medicare coverage.

Please call 1-800-248-9296 (TTY 711) or visit us at **bcbswny.com/medicare** to learn more about Medicare or BlueCross BlueShield of Western New York Medicare Advantage plans.

WHAT TO KNOW BEFORE YOU BEGIN

Even though it's the nation's largest health insurance program, most people don't know what Medicare covers or costs. Before we get into the different parts of Medicare, it's important to understand a few things first:

- **Medicare was originally created in two parts:** hospital insurance (Part A) and medical insurance (Part B). These are the benefits referred to when you hear or read about "Original Medicare."

- **Original Medicare doesn't cover everything, and it isn't free.** Original Medicare wasn't designed to cover all of your medical expenses. And, while most people don't pay a premium for Part A, there are other costs to keep in mind.

- **You have options.** Medicare benefits are offered in different ways. You have the choice to receive your benefits directly from the government, or through private insurance plans, like BlueCross BlueShield. Because Original Medicare doesn't cover everything, most people choose additional coverage to help protect themselves from high medical costs.

Step 1

UNDERSTAND ORIGINAL MEDICARE

MEDICARE PART A
HOSPITAL INSURANCE

What Medicare Part A helps cover

- Inpatient care in hospitals
- A stay in a skilled nursing facility (SNF)
- Home health and hospice care (if medically necessary)

What it doesn't cover

You are responsible for paying a deductible for each benefit period that the government establishes each year. A benefit period begins the day you're admitted to a hospital or SNF, and ends when you haven't received any hospital care or skilled care for 60 consecutive days. You are also responsible for paying some of the costs after your deductible is met (i.e., copays or coinsurance).

What it costs

You don't have to pay a monthly premium for Part A if you or your spouse paid into Social Security for at least 10 years. If you didn't pay into Social Security, you will have to pay a monthly premium that is set by the government.

MEDICARE PART B
MEDICAL INSURANCE

What Medicare Part B helps cover

- Preventive services (shots, screenings, checkups, etc.)
- Medically necessary services (doctor visits, lab tests, etc.)
- Outpatient care and home health care
- Durable medical equipment, like wheelchairs and walkers

What it doesn't cover

You must meet an annual deductible before Medicare begins to pay for Part B benefits. After your deductible is met, you pay a coinsurance or copays for medical services.

What it costs

You pay a monthly premium, which is based on your income. The premium is usually taken out of your Social Security check.

What is the "Medicare-approved amount"?

Each year, the Centers for Medicare and Medicaid Services (CMS) specifies the amounts it will cover for hospital and medical services. Most doctors accept these amounts and will charge you the Medicare-approved rate. If a doctor charges more than the Medicare-approved amount, you are responsible for paying the difference.

WHAT'S THE BOTTOM LINE?

Original Medicare can save you money and help you get the care you need. But the bottom line is that it doesn't cover everything — meaning you could be left with thousands of dollars to pay from your own pocket.

Some services are not covered at all by Original Medicare, including:

- Most prescription drugs
- Hearing aids
- Routine vision care
- Routine dental care
- Extended long-term care

WHAT IF I CONTINUE TO WORK PAST 65?

If you choose to continue working after you turn 65, you'll still be eligible for Medicare; you'll just have some different choices for how and when you get your benefits.

If your employer has 20 or more employees	If your employer has fewer than 20 employees
You can delay enrolling in Original Medicare as long as you're covered by your employer's group health insurance. The group insurance must cover doctor visits and outpatient services, and have a Medicare-creditable prescription drug program. *Once you retire or leave work, you will be entitled to a special enrollment period to sign up for Parts A and B without incurring a late penalty.*	You may be required to sign up for Medicare Parts A and B when you turn 65, even if you're still working. Medicare would become your primary coverage, and your employer coverage would pay second.

Everyone's situation is different. Talk to your employer's benefit manager to find out how your insurance works with Medicare; then, give us a call. We can help you figure out what will work best for you.

Step 2

EXPLORE YOUR MEDICARE OPTIONS

MEDICARE PART C
MEDICARE ADVANTAGE PLANS

How Medicare Part C works

Medicare Advantage plans combine Medicare Part A and Part B coverage into one plan offered by a private insurance company, like BlueCross BlueShield — so you get all your benefits from one source. Most Medicare Advantage plans are either Health Maintenance Organization (HMO) plans or Preferred Provider Organization (PPO) plans.

What it covers

You get all the benefits of Original Medicare, and more. Think: coverage for extra days in the hospital; dental, vision, and hearing benefits; gym memberships; and other wellness benefits. Most plans also include Part D prescription drug coverage.

What it costs

To enroll in a Medicare Advantage plan, you must enroll in Parts A and B and pay your Part B premium. You may also pay a premium for your Medicare Advantage plan; however, you'll only pay a percentage of some costs, and you may save money by using providers in the plan's network.

HMO VS. PPO
WHAT'S MOST IMPORTANT TO YOU?

HMO

Coordinated care and cost savings

- Care coordinated through your primary doctor
- Typically lower premiums
- Affordable copays for doctor visits

PPO

Flexibility and freedom of choice

- Access to in-network and out-of-network doctors
- Coverage when you travel

THE BENEFITS OF BLUE
YOUR HEALTH PARTNER FOR LIFE

With a Medicare Advantage plan from BlueCross BlueShield, you get more than just health insurance. You get a comprehensive plan that's personalized to meet your unique needs, and a partner to guide and support you through every stage of life.

When you choose one of our Medicare Advantage plans, you get:

- The security of a card recognized worldwide
- Access to a large network of doctors and hospitals
- The stability of a plan backed by more than 80 years of proven experience in Western New York
- The support of local, dedicated Medicare customer service representatives
- Personal help managing your care
- Optional supplemental dental plans[1]
- $0 services and benefits, including preventive services, gym memberships, health coaching, and wellness classes[2]
- $0 Part B diabetes supplies, including test strips, diabetic shoes, and compression stockings[2]
- $0 medical deductibles
- Hearing and vision benefits on all plans

[1] Dental premium is in addition to plan and Part B premium.

[2] A $0 copay applies when using an in-network provider.

MEDICARE PART D
PRESCRIPTION DRUG COVERAGE

How Medicare Part D works

Medicare Part D helps make prescription medicines more affordable. After you're eligible for Medicare Part A or enrolled in Part B, you're also eligible to enroll in a Medicare Part D plan. You can add a stand-alone Part D plan to your Original Medicare benefits, or choose a Medicare Advantage plan that includes Part D coverage.

What it covers

Part D benefits vary by plan provider. Each drug plan has a list of drugs it covers (called a formulary), as well as different rules and costs. Many plans offer rich benefits, and most people never reach the coverage gap known as the "donut hole."

What it costs

If you add a stand-alone Part D plan to Original Medicare, you will pay a monthly premium. If you choose a Medicare Advantage plan, Part D coverage may be included in your plan premium.

Get help paying for prescriptions

Elderly Pharmaceutical Insurance Coverage (EPIC) is a New York state program that helps pay for Medicare Part D prescriptions and some drugs that are not covered under Part D. EPIC does not replace your Part D coverage, but could help make your drugs more affordable.

You could pay as little as $3 for your prescriptions and possibly lower your monthly premium. Call EPIC at 1-800-332-3742 (TTY 1-800-290-9138) Monday – Friday, 8:30 a.m. – 5 p.m., or visit **health.ny.gov/health_care/epic** to find out if you're eligible.

MEDICARE SUPPLEMENT PLANS
"MEDIGAP"

How Medigap works

Medigap plans help "close the gaps" in Original Medicare by paying for some costs that Medicare doesn't cover. There are no networks, so you have the freedom to see any doctors that accept Medicare.

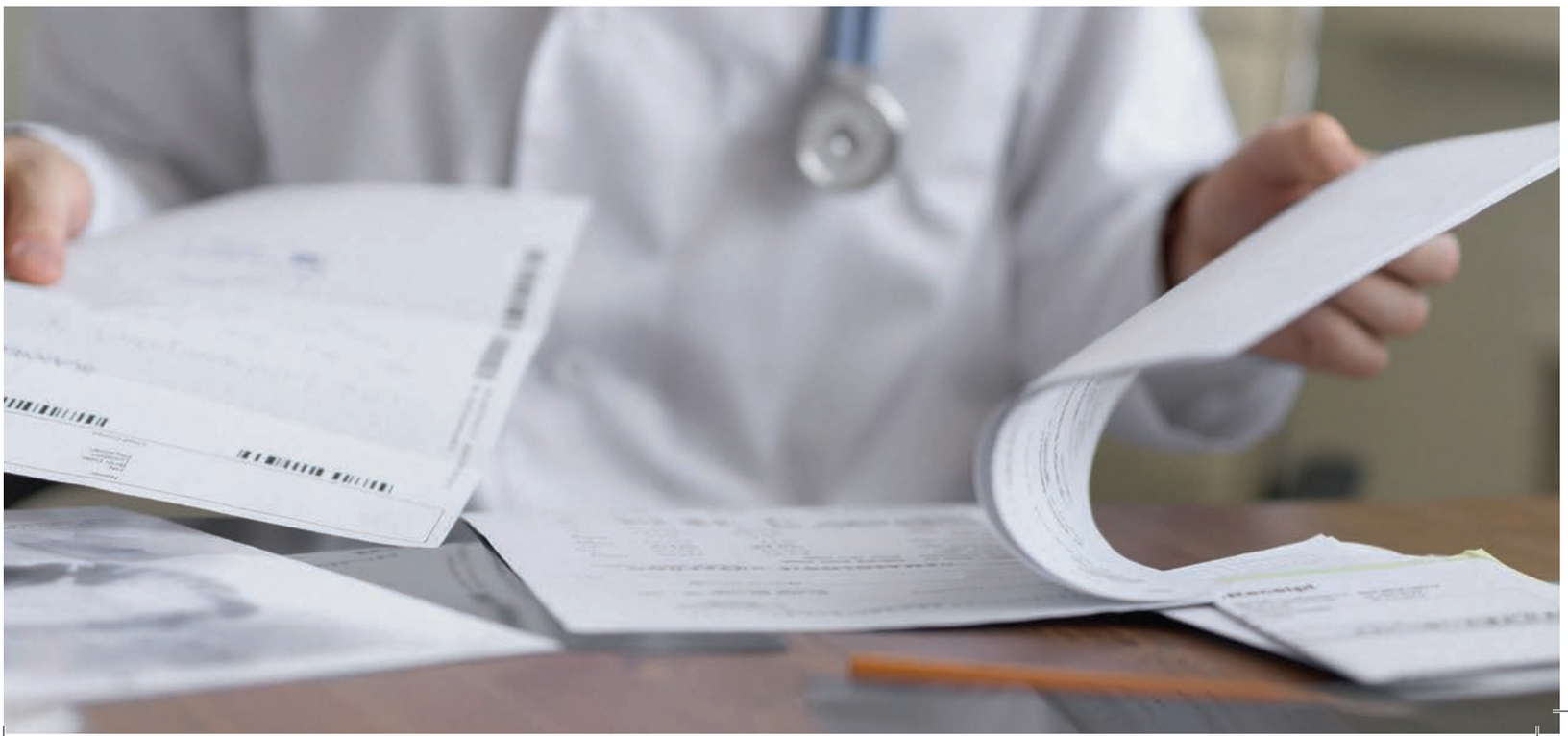
If you have a Medicare Advantage plan, you can't also have a Medigap plan. You would have to disenroll from your Medicare Advantage plan and return to Original Medicare before buying a Medigap policy.

What it covers

You have a range of plans and benefits to choose from. Medigap plans are standardized, and are identified by the letters A through N. Medigap plans do not include prescription drug coverage, so you would need to add a Medicare Part D plan to avoid a penalty.

What it costs

Medigap costs depend on the plan you choose and the insurance company you buy from. Depending on the plan you select, Medigap plans typically cost more than Medicare Advantage plans.



Step 3

CHOOSE YOUR PLAN AND ENROLL

WHEN TO ENROLL

Automatic enrollment in Parts A and B

If you already receive Social Security benefits, have Lou Gehrig's disease (ALS), or are under 65 and have been receiving disability benefits for 24 months, you should be automatically enrolled in Medicare Parts A and B. If you're automatically enrolled, you'll receive your Medicare card in the mail three months before your 65th birthday.

To enroll in a Medicare plan

If you need to sign up for Parts A and B, you must do so during your initial enrollment period. This is also the time for you to sign up for a Medicare Advantage, Medigap, and/or Part D prescription drug plan.

Your initial enrollment period begins three months before your 65th birthday and ends three months after your 65th birthday.

If you enroll...	Your Medicare Advantage plan will start…	EXAMPLE Your birthday is June 7
1–3 months before your birthday month	The first day of your birthday month	If you enroll in March, April, or May, coverage will start June 1
During your birthday month	The first day of the month following your birthday month	If you enroll in June, coverage will start July 1
3 months after your birthday month	The first day of the month that follows your enrollment	If you enroll in July, coverage will start August 1

AVOID COMMON ISSUES

Medicare Advantage plans

If you do not enroll in a Medicare Advantage plan during your initial enrollment period, you will have to wait until the annual enrollment period at the end of the year.

Stand-alone Part D plans

If you don't choose a Medicare Part D plan when you become eligible, and don't have other creditable drug coverage, there will be a penalty for every month you don't enroll. So, it may be a good idea to enroll even if you don't use many prescription drugs.

Medigap plans

You're guaranteed to be accepted for a Medigap plan within six months of your Part B effective date, so the best time to enroll in a plan is when you're first eligible.

WE'RE HERE TO HELP

Let us help you find the coverage that works best for you.
Please feel free to call us at 1-800-248-9296 (TTY 711) or email SalesCenterWNY@bcbswny.com if you have any questions.

HOW TO ENROLL

Original Medicare

By phone: Call Social Security toll-free at 1-800-772-1213 (TTY 1-800-325-0778).

In person: Take proof of your age and W-2 forms for the past two years to any Social Security office. Your local phone directory will list the Social Security office nearest you.

Online: Go to **ssa.gov** to apply online.

Medicare Advantage or Medigap plan through BlueCross BlueShield

Meet with us one-on-one. We'll answer any questions you may have and help you find the plan that's right for you.

Call us at 1-800-248-9296 (TTY 711) and we'll discuss your specific situation and concerns.

We're available:

October 1 – December 31	8 a.m. to 8 p.m., 7 days a week
January 1 – September 30	8 a.m. to 8 p.m., Monday – Friday

TERMS TO KNOW

Coinsurance — A health care cost that is split based on a percentage. For example, with Original Medicare, Medicare might pay 80% of a service, while you pay 20% of the Medicare-approved amount. Your out-of-pocket cost will differ based on the total cost of service.

Copayment — A fixed amount you pay at the time health care services are provided; for example, paying $20 for a specific service or product, like a doctor's visit or prescription drug.

Deductible — A preset amount you typically pay before Medicare or a private insurance company will start covering costs.

Formulary — A list of prescription drugs covered by a prescription drug plan.

HMO (health maintenance organization) — A plan in which you can only go to doctors, other health care providers, or hospitals in the plan's network for routine care.

In-network — Heath care professionals and facilities that your plan has an agreement with to provide care for its members. You usually pay less out-of-pocket when you receive treatment from in-network providers.

Medicare Advantage plan — A plan offered by a private company that contracts with Medicare to provide Part A, Part B, and sometimes Part D benefits to people with Original Medicare.

Network — The group of doctors, hospitals, and other health care professionals that a health insurance plan has contracted with to deliver medical services to its members.

Out-of-network — Health care professionals who are not in your plan's network. Receiving treatment out-of-network could require payment of a deductible and/or higher copayments or coinsurance than for treatment from a participating or in-network provider.

Part A — The part of Original Medicare that covers inpatient hospitalization, skilled nursing facilities, and hospice.

Part B — The part of Original Medicare that covers outpatient care and doctor services.

Part C — Medicare Advantage plans, provided by Medicare-approved private insurance companies.

Part D — Prescription drug coverage, which can be included in a Medicare Advantage plan or a stand-alone plan.

PPO (preferred provider organization) — A plan in which you can see health care professionals outside of the plan's network, but usually at a higher cost than you would pay to see in-network professionals.

Provider — A general term used to describe health care professionals (such as your primary doctor or specialists) and facilities (such as an urgent care center or hospital).

Service area — A geographic area where a health insurance plan accepts members.

About us

BlueCross BlueShield of Western New York (BCBSWNY) is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal. BCBSWNY is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BCBSWNY complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-735-4515 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-735-4515 (TTY 711).

About our benefits and premiums

Out-of-network/noncontracted providers are under no obligation to treat BCBSWNY members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

For accommodations of persons with special needs at meetings, call 1-800-248-9296 (TTY 711).

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