



Making sense of Medicare:

The Medicare basics



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Questions about Medicare?

Here's your guide to **The Medicare basics** from easyMedicare.

You'll find easy-to-understand answers to your most important Medicare questions.

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Medicare should be easy!

Making Medicare insurance coverage decisions can be confusing when comparing options and choosing a plan that best meets your needs. Fortunately, you don't have to do it alone. We're here to help you understand the Medicare basics so you can make a confident plan choice.

Want to learn more?

Call 1-855-214-3503 / TTY 711

Monday to Friday - 10 a.m. to 6 p.m. (Eastern)

Or

Go online - easyMedicare.com

Ready to explore your Medicare plan options?

We're here to help.

We are Medicare advisors first – meaning we'll help you find a plan based on your individual needs and personally guide you in comparing, choosing and applying for a Medicare plan.

Our promise is to make shopping for your Medicare plan easy – we'll guide you every step of the way as your personal trusted advisor.

That's the easyMedicare promise.



Let's get started with the A, B, C, and Ds of Medicare

Medicare Overview

Medicare is a federal program, managed by the Centers for Medicare & Medicaid Services (CMS), that provides health insurance to eligible United States citizens and legal permanent residents of five or more continuous years. You're eligible for Medicare if you're 65 or older or under 65 through disability. You may also qualify for Medicare at any age if you have end-stage renal disease requiring dialysis or a kidney transplant, or amyotrophic lateral sclerosis (also known as Lou Gehrig's disease).

Here's a quick look at how Medicare coverage works:

Medicare beneficiaries can generally get their health coverage in two ways: through Original Medicare, the government-run program; or through a Medicare Advantage plan, offered through Medicare-contracted private insurance companies.

When you first become eligible for Medicare coverage (either by age, disability, or having the above-mentioned health conditions), you can apply for Original Medicare, the federal program. Original Medicare is made up of two parts, Part A (hospital coverage) and Part B (medical coverage). Here's what each of Medicare's "parts" covers:

Medicare Part A Coverage (inpatient/hospital coverage)

Part A covers inpatient hospital, skilled nursing facility, hospice, and eligible home health care.

Part A-covered hospital services include medically necessary services and equipment to treat your condition.

Medicare Part B Coverage (outpatient/medical coverage)

Part B covers medically necessary outpatient services, including (but not limited to) doctor visits, durable medical equipment, lab tests, ambulance services, mental health care, and preventive services.

Generally, most people will pay a monthly premium for Part B, which may vary from year to year and depend on your situation. Other costs related to your Medicare Part B coverage may include deductibles, copayments, and/or coinsurance costs.

Other Medicare Coverage Options

Once you're enrolled in Part A and/or Part B, you may have other Medicare coverage options available to you, including Medicare Part C coverage (Medicare Advantage plans), Medicare Part D coverage (prescription drug benefits), and Medicare Supplement insurance (also known as Medigap). Some of these Medicare plans work alongside Original Medicare, while other types (such as Medicare Advantage plans) are an alternative way to get your Original Medicare benefits.



Medicare Overview

Original Medicare doesn't cover everything.

Original Medicare helps you get health care coverage, but you should expect to pay some of the costs. You can enroll in a Medicare Supplement insurance plan to help pay for costs and benefits that aren't paid by Original Medicare Parts A and B. You can also enroll in a stand-alone Medicare Part D plan for help with prescription drug costs. Some of the elements Original Medicare (Parts A and B) does not cover are:

- Vision
- Dental
- Hearing
- Prescription drugs

OR

You can enroll in a Medicare Advantage Part C plan offered by private insurance companies. Part C plans generally give you all of the coverage provided by Parts A and B, as well as additional benefits:

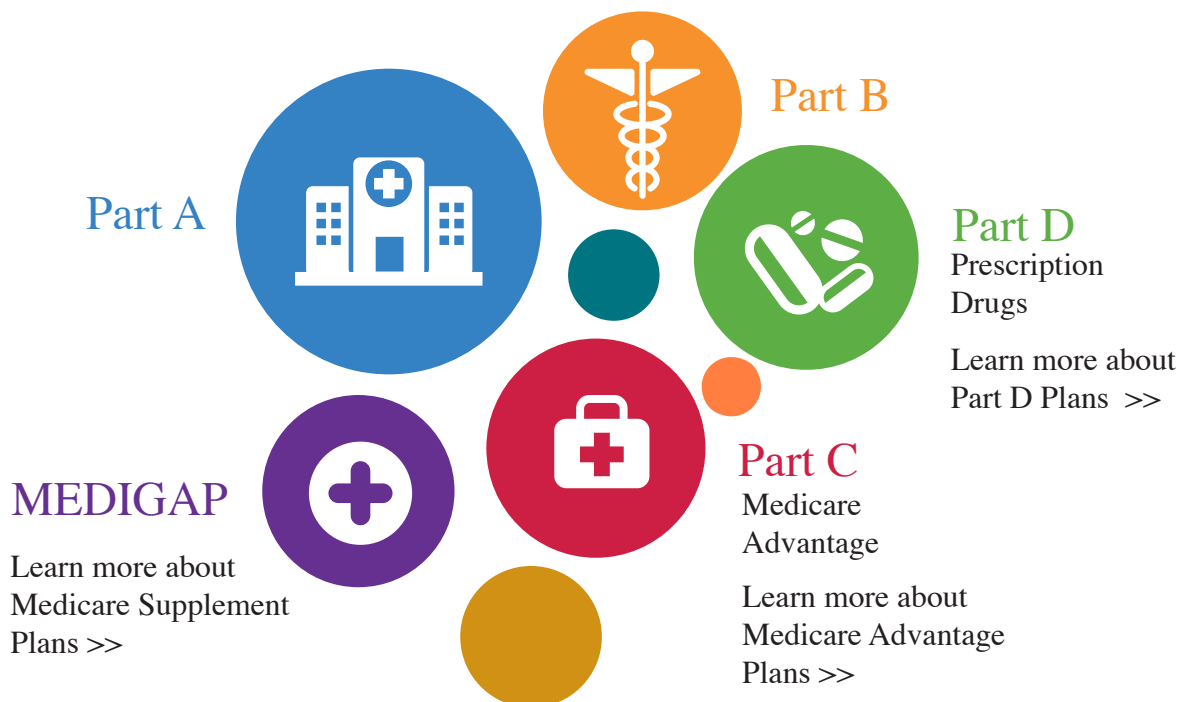
- Combine hospital costs and doctor and outpatient care in one plan.
- Can include Part D prescription drug coverage.
- May include additional benefits such as dental, vision, hearing services and wellness programs.

When are you eligible?

If you're turning 65, you can enroll in a Medicare plan. You can enroll three months before the month you turn 65, the month of your birthday or three months after. If you wait to enroll in a plan after this time, you may have to pay more. To sign up for Medicare Parts A and/or B contact your local Social Security office.

Your plan choices don't have to be permanent.

If your health care needs change over time, so will the health plans you want to choose. You're not locked in to one plan permanently. You'll have an opportunity to change plans at least once a year during the Medicare Open Enrollment Period (October 15 – December 7). Keep in mind there may be limitations to rejoining a Medicare employer-sponsored plan.



What is a Medicare Prescription Drug Plan - Part D?



Medicare Part D helps you pay for your prescription drugs. Part D plans are offered by private insurance companies that are approved by Medicare. This coverage is optional and available to anyone enrolled in Original Medicare and most Medicare Advantage plans. The drug benefits work the same in either plan.

If you choose to enroll in a Part D plan, you will pay a monthly premium and copayments for covered prescription drugs. Many plans also have an annual deductible that you must pay before your coverage begins. Each plan varies in costs, but all Medicare prescription drug plans must provide at least the standard level of coverage set by the Medicare program.

If you don't enroll in a Medicare Part D plan when you're first eligible, you may pay a late enrollment penalty if you join a plan later. You may have to pay this penalty for as long as you have Medicare prescription drug coverage.

You can enroll during your initial enrollment period, the first time you're eligible for Medicare. You can also enroll during the annual Medicare open enrollment period from October 15 – December 7 each year. There are also special enrollment periods for some situations.

How to enroll in Medicare Part D

If you want to get the Medicare prescription drug benefit, you must choose a private plan offering the benefit in your area and enroll in it. When choosing a Medicare private prescription drug plan, make sure to look at all the costs, not just the premium. Your costs throughout the year will depend on what prescription drugs you take, whether your plan covers them, and whether there are any coverage restrictions.

There are two types of prescription drug plans you can choose from depending on how you get your Medicare benefits. If you have:

1. Original Medicare: Choose a stand-alone prescription drug plan (PDP) if you want to continue to receive your other health benefits through Original Medicare, or to add prescription drug coverage to a Medicare Supplement plan.

2. Medicare Advantage Plan (such as an HMO or PPO): Generally, you can get Part D drug coverage as part of a Medicare Advantage Plan. For certain types of plans, such as a Medicare Medical Savings Account plan or a Medicare Advantage plan that chooses not to offer drug coverage; you can join a stand-alone Medicare Prescription Drug Plan.



What is a Medicare Advantage Plan (Part C)?



Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are offered by private insurance companies approved by Medicare. Medicare pays these companies to cover your Medicare benefits.

If you join a Medicare Advantage Plan, the plan will provide all of your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage.

Medicare Advantage Plans must cover all of the services that Original Medicare covers except hospice care. Original Medicare covers hospice care even if you’re in a Medicare Advantage Plan. In all types of Medicare Advantage Plans, you’re always covered for emergency and urgent care. Many Medicare Advantage Plans also offer extra benefits such as dental care, vision care, and/or wellness programs.

For many people, Medicare Advantage plans have good advantages. Various insurance carriers offer lower premiums, smaller copays, and lower deductibles than Original Medicare plans. And many Medicare Advantage plans include prescription drug benefits (Medicare Part D) under the same plan. Also known as Medicare Advantage Prescription Drug plans, these plans give you the convenience of having your Medicare Part A, Part B, and Part D coverage through a single plan.

There are the different types of Medicare Advantage Plans; the more common include Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Private Fee-For-Service (PFFS) plans, and Special Needs Plans (SNPs). Other options include HMO Point-of-Service (HMO POS) and Medical Savings Account (MSA) plans. Each Medicare Advantage plan offers plan-specific benefits. It’s important to compare plan benefits to find out which one is right for your needs.

You must have Medicare Parts A and B and live in the plan’s service area to be eligible to join. People with End-Stage Renal Disease (permanent kidney failure) generally can’t join a Medicare Advantage Plan.

How much do Medicare Advantage Plans cost?

Each Medicare Advantage Plan has different premiums and costs for services. It’s important to compare plan costs and benefits before enrolling. With a Medicare Advantage Plan you must continue to pay your Medicare Part B premium, in addition to any premium for a Medicare Advantage plan. Why? You are still enrolled in, and part of, the Medicare program, you’re just choosing to get your coverage through a contracted Medicare health plan.

Several insurance companies and service areas may offer Medicare Advantage plans with premiums as low as \$0; however, you still need to pay your Medicare Part B premium.



What is a Medicare Supplement (Medigap) Plan?



A Medicare Supplement Insurance plan (also known as Medigap) provides supplemental health insurance for health care costs not covered by Original Medicare (Parts A and B), such as co-payments, deductibles, and health care if you travel outside the U.S. Medicare Supplement plans are sold by private insurance companies and you must pay a monthly premium for a Medigap plan. Medicare Supplement plans do not cover long-term care, dental care, vision care, hearing aids, eyeglasses, and private-duty nursing. Most plans do not include or cover prescription drugs. If you want prescription drug coverage, you can enroll in a stand-alone Medicare Prescription Drug Plan (Part D). Unlike Medicare Parts A, B, D or a Part C plan, Medigap plans are not a government benefit or plan. A Medigap policy only supplements your Original Medicare (Part A and B) benefits.

There are several standardized Medicare supplement insurance plans, labeled “A” through “N.” (These letters are not related to the Medicare Part A, B, C and D labels.) The plans and what they cover are prescribed by the federal government. Each of the standardized plans provides benefits for different out-of-pocket costs.

Each standardized plan with the same letter must offer the same basic benefits, no matter which insurance company sells it. For example the basic benefits of one company’s Plan F are the same as the basic benefits of another company’s Plan F, regardless of your location. The only difference between Medicare supplement plans with the same letter sold by different insurance companies is usually the monthly premium cost.

Medicare Supplement plan enrollment and eligibility

Applying for a Medicare Supplement plan requires you first enroll in both Medicare Part A and Part B. A good time to enroll is generally during the Medicare Supplement Open Enrollment Period, which begins on the first day of the month that you are both age 65 or older and enrolled in Part B, and goes for six months. During this period, you have the guaranteed-issue right to join any Medicare Supplement plan available where you live. You may not be denied coverage based on any pre-existing conditions during this enrollment period (although a waiting period may apply). If you miss this enrollment period and attempt to enroll in the future, you may be denied coverage or charged a higher premium based on your medical history. In some states, you may be able to enroll in a Medigap plan before the age of 65.

Your Open Enrollment Period may be one of the few times that you have a guaranteed right to enroll in any Medicare Supplement plan in your area.

Why consider Medicare Supplement insurance?

- Helps pay the out-of-pocket medical costs not covered by Original Medicare (Parts A and B).
- No referrals needed to visit specialists.
- No claim forms to fill out or submit.
- Your plan travels with you nationwide.



You have options and choices

With Medicare you have options. There are lots of options and many important differences among the choices of Medicare plans. This is helpful since Medicare is not a “one size fits all” plan. Medicare’s Parts (A, B, C, D) are like building blocks of healthcare. They can be assembled in different ways to provide the coverage you need.

Start by learning about each Medicare Part (or block), including what it covers and what the costs are. Then, as you assess your healthcare needs, costs and budget, you can build a Medicare plan that fits you best for the coverage and health care services you want.

You’ll first have to decide if Original Medicare (Parts A and B) is adequate for your needs or if you need additional coverage.

Your biggest decision is whether you want Original Medicare (Part A and/or Part B) or a Medicare Advantage plan (Part C).

If you choose to stay with Original Medicare, you may need to choose from several companies and plans if you want to buy a Medicare supplement policy or stand-alone drug plan.

Once you decide you want more benefits than Original Medicare provides, you’ll have other choices to make. If you choose Medicare Advantage, you’ll have to pick a specific plan from a particular insurance company. They cover the same basic services as Original Medicare, but they work differently.

Your choices depend on your needs. This chart will help you understand your basic options.

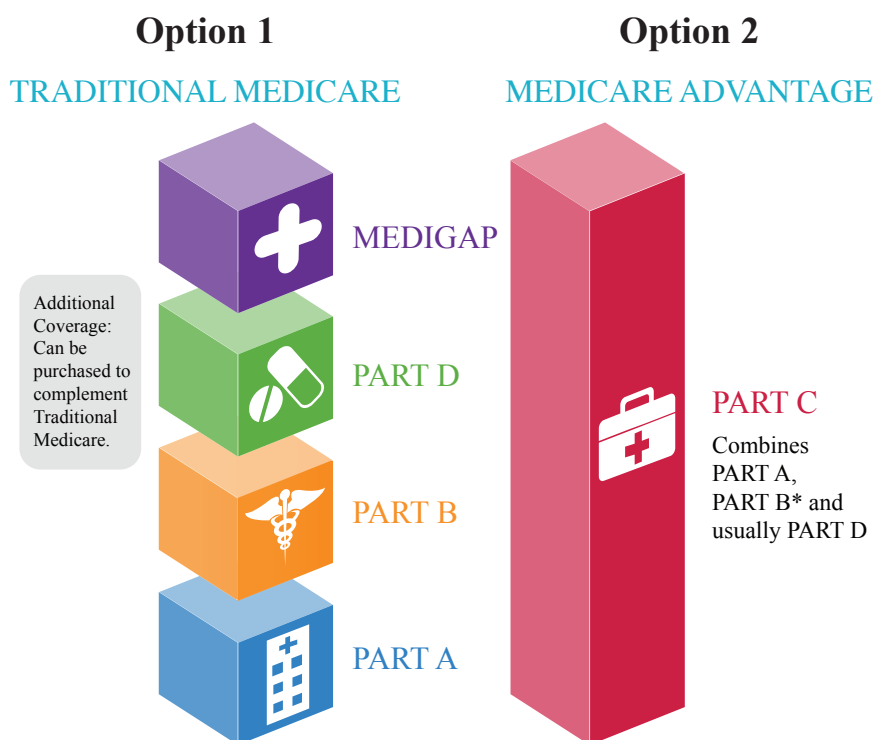
Medicare’s building blocks

Step 1 - Enroll in Original Medicare (Parts A and B) when you become eligible.

Step 2 – If you want or need additional coverage, consider your options.

Option 1 – Keep original Medicare and add a Medicare Supplement plan and also get a Medicare Part D plan to have your prescription drugs covered.

Option 2 – Enroll in a Medicare Advantage (Part C) Plan which combines the benefits of Parts A & B and may offer additional benefits (such as dental, vision and hearing coverage) and may also include prescription drug coverage all in one plan.



* You must continue to pay Part B premium

It's a good idea to research your options.

To learn what plans and policies are available in your area, you can visit [medicare.gov](https://www.medicare.gov) or contact your State Health Insurance Assistance Program (SHIP).

Or call an easyMedicare advisor, a licensed Medicare Insurance sales agent, to shop and compare Medicare insurance health plans. easyMedicare provides personalized, knowledgeable advice and service to help you search plans from multiple insurance carriers available in your area.

Call 1- 855-214-3503 (TTY 711)
to speak with an easyMedicare Insurance sales advisor.

Here are a few key questions to consider:

Are you in good health or do you have chronic conditions or special medical needs?

Which prescription drugs do you take regularly? How much do you spend?

What doctors do you see regularly and for what kind of care? How would you feel about seeing a new doctor?



How much do you travel and where?

Are you eligible for any health care coverage besides Medicare? Will you keep that coverage when you retire?

How much did you spend on care last year? Do you expect similar costs this year?

How does health care fit into your budget? Will you need financial help to pay for Medicare premiums?

Look for a plan that's the right fit for you.

There's no "one size fits all." There are lots of choices, for instance:

- Do you want only Original Medicare (Parts A and B)?
- Should you enroll in a Medicare Advantage plan instead of Original Medicare?
- If you get a Medicare Advantage plan, do you want it with or without prescription drug coverage?
- Is a Medicare Supplement plan right for you?

Enroll as soon as you become eligible.

If you wait, you could end up paying more in premiums.

If you need it, you can get extra help.

There is extra financial help available to pay for Medicare for those with lower incomes.

An easyMedicare advisor can help you determine if you are eligible. Call 1- 855-214-3503 (TTY 711) to speak with a licensed sales agent and learn more.

Choose Confidently

The essential 5Cs for choosing Medicare plan.

Know what's important to your health care and research your options.



Cost

Original Medicare does not cover all of your health care expenses. You will have to pay a share of the costs for the care you receive. Ask how well a health plan covers the services and care you need for the cost you can afford? Check the plan's total cost, not just the monthly premium. Other costs to consider are deductibles, co-pays, and co-insurance. Also, look at out-of-pocket maximums, or the most you will pay for care in a year.

Care

Enrolling in a low cost plan may not be the best decision if the health care or services that you need are not covered. Compare the care and services provided in each plan to make sure it's right for you. Don't be afraid to ask specific questions about the care and services covered and what your share of costs may be. Discuss the plan you are considering with the doctors or specialist you regularly see and ask if they accept Medicare coverage.

Coverage

Know how well you will be covered by your Medicare plan for medical care and prescription drugs and determine whether you will need additional coverage. Ask how well the plan covers the services you need? Will you have coverage in another state or country? Are there coverage rules or limitations that apply to your prescriptions?

Convenience

Consider any trade-offs you may have to make in choosing a Medicare plan. Many people have long-term relationships with a preferred doctor and pharmacy. Some plans may require you to change doctors or pharmacies. For most people, finding a plan that allows them to stay with their doctor and pharmacy is important. You'll need to decide what's most important to you and your medical care. Not all health plans are created equal, and the doctors, hospitals and facilities you choose can impact your health.

Company

Choose a Medicare plan carrier who is experienced, well regarded and trusted. The quality of care and services offered by plans and health care providers can vary and should be as important to you as the cost or coverage of your insurance. Although not the only factor to consider, look at a plan's CMS quality ratings or stars.



Frequently Asked Questions – FAQs

Who is eligible for Medicare benefits?

Generally, Medicare starts the first day of the month you turn age 65, if you get benefits from Social Security or the Railroad Retirement Board. If you are under 65 you may be eligible to receive Part A benefits under certain circumstances.

How do I enroll in Medicare?

You can enroll in Medicare Part A and/or Medicare Part B in the following ways:

- Online at www.SocialSecurity.gov. Or In-person at your local Social Security office.
- By calling Social Security at 1-800-772-1213 (TTY users 1-800-0778), Monday through Friday, from 7AM to 7PM.

What is Medicare Open Enrollment and its timing?

The Medicare open enrollment period is from October 15 to December 7. During the annual enrollment period you can make changes to various aspects of your plan coverage, if you're eligible.

What Is the Medicare Part D coverage gap?

Most Medicare drug plans have a coverage gap, also known as the “doughnut hole.” This means that after you and your Part D plan have spent a certain amount of money for covered medications, you have to pay all out-of-pocket costs for your prescription drugs (up to a limit). Your annual deductible, co-insurance or copayments, and what you pay in the coverage gap all count toward this limit.

I will be 65 soon, what are my Medicare choices?

You have two main choices for how you get your Medicare – Original Medicare or a Medicare Advantage Plan. If you choose Original Medicare (which includes Part A and Part B), you will also have the option to enroll in a Part D Prescription Plan. As an alternative, you may also want to purchase Medicare Supplement Insurance (Medigap) to pay for the “gaps” in Original Medicare coverage. If you have a Medicare Advantage Plan, you do not need Medigap coverage.

Does Medicare cover dental services?

Medicare does not cover routine dental care or most dental procedures such as cleanings, fillings, tooth extractions or dentures. Medicare Part A may pay for some dental services that you get when you are in the hospital. Some Medicare Advantage plans may include dental benefits as an added benefit.

Does Medicare cover eye health services?

Medicare covers services for the diagnosis and treatment of eye disease both in your doctor’s office and the hospital. This includes the treatment of glaucoma and the removal of cataracts. Medicare does not cover the cost of a routine eye exam or the cost of eyeglasses or contact lenses.

What is a Medicare Special Needs plan (SNP)?

Medicare SNPs are specialized Medicare Advantage plans for people with specific chronic medical conditions or other qualifying characteristics who meet certain eligibility. Medicare SNPs tailor their benefits, provider choices, and list of covered drugs to best meet the special needs of Medicare beneficiaries they serve. For example, 1) people who live in certain institutions (like a nursing home) or who require nursing care at home, or 2) people who are eligible for both Medicare and Medicaid, called "dual eligible" or 3) people who have specific chronic or disabling conditions (like diabetes, End-Stage Renal Disease (ESRD), HIV/AIDS, chronic heart failure, or dementia).



Frequently Asked Questions – FAQs

Does Medicare cover me when I travel outside the United States?

Original Medicare generally does not cover routine health care while you are traveling outside the U.S. and its territories. Medicare will not usually cover your medical care in a foreign country. Some Medicare Advantage plans and Medigap policies provide Foreign Travel Emergency health care coverage when you travel outside the U.S. Check with your plan carrier regarding health care benefits outside of the U.S. before traveling.

If I'm traveling and need emergency care, am I covered?

You are generally covered for emergency care - wherever you are. You do NOT need a referral from a primary care physician or authorization from your health plan to receive emergency services. Actual coverage amounts vary by plan.

Is there really such a thing as a zero-premium plan? How does that work?

Many Medicare-contracted health insurance carriers offer zero-premium plans. Not all markets or service areas have these plan available. Medicare pays plan carriers to administer Medicare Advantage plans. For some plans, the amount received from Medicare covers the entire plan premium – so it's possible to get all-in-one medical and prescription drug coverage for less than drug coverage alone. If you enroll in a zero-premium plan, you're still responsible for out-of-pocket costs like doctor's office copayments, as well as your Medicare Part B premium.

Can individuals who have Medicare enroll in Individual Marketplace coverage?

If you have Medicare you cannot use the Insurance Exchange Marketplace or buy non-Medicare health insurance, even if you only have Part A or Part B. Anyone who has access to Medicare must choose from Original Medicare and supplemental Medicare options. It is illegal for private companies (inside or outside the Health Insurance Marketplace) to sell non-Medicare plans to Medicare eligible Americans.



Extra help with Medicare costs is available

If you have limited income or resources, you may qualify for extra help.

Income may include money you get from retirement benefits or other money that you report for tax purposes. Income eligibility levels vary by program and state. Your state may offer additional programs to those listed. Visit Medicare.gov for more information.

Many people assume they don't qualify for financial help, and they never apply for help.

Visit Medicare.gov to learn more about financial assistance programs. You may also contact your local Social Security office, Medicaid office or State Health Insurance Assistance Program for help.

Medicaid

Medicaid helps pay for health care costs for people and families with limited incomes. It may also offer extra benefits and some services not covered by Medicare. Each state creates its own program, so contact your state Medicaid office for more information.

Prescription drug premium assistance program

This helps eligible people pay for some or all of their Medicare Part D premiums, deductibles and copays or coinsurance.

Medicare Savings Programs

Medicare Savings Programs (MSP) help pay some or all of Medicare Part A and Part B premiums, deductibles, coinsurance, and co-payments; if you have limited financial resources and meet qualifying income eligibility limits. To check on eligibility and apply for an MSP, contact your local Medicaid office or other state agency that receives MSP applications.

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

PACE combines medical, social and long-term care services for frail elderly people who live in the community, not in a nursing home. This program is not available in all states.

**Other programs may be available in your state –
check with your local Social Security Administration office.**



Resources

Medicare Helpline

For questions about Medicare and detailed information about plans and policies in your area, call: **1-800-MEDICARE (1-800-633-4227)**, **TTY 1-877-486-2048, 24 hours a day, 7 days a week.** Or go to: **medicare.gov.**

Medicare & You

The official Medicare handbook for Medicare programs is updated each year. You can download a copy at the Medicare website or call the Medicare Helpline to request a copy. For online tools to find and compare drug plans, Medicare Advantage plans and Medigap policies, go to: **medicare.gov.**

Social Security Administration

For help with questions about eligibility for and enrolling in Medicare or Social Security retirement benefits and disability benefits, and for questions about your eligibility for help with the cost of Medicare coverage, call: **1-800-772-1213, TTY 1-800-325-0778.** office.

Administration on Aging

For help in finding local, state and community based organizations that serve older adults and their caregivers in your area, call: **1-800-677-1116.** Or go to: **eldercare.gov.**

State resources.

Your state's Medical Assistance or Medicaid office

To learn if you are eligible for help with the costs of Medicare, call your state's Medical Assistance or Medicaid office. They can answer questions about programs like PACE (Programs of All-Inclusive Care for the Elderly) and the Medicare Savings Program. You can also call the Medicare Helpline and ask for the number for your state's Medical Assistance or Medicaid office.

Your State Health Insurance Assistance Program (SHIP)

For help with questions about buying insurance, choosing a health plan, buying a stand-alone prescription drug plan or Medigap policy and your rights and protection under Medicare, call your State Health Insurance Assistance Program. In some states, this program is called the Health Insurance Counseling and Advocacy Program (HICAP).



easyMedicare Advisor/Agent

For help with questions about Medicare plan options call 1- 855-214-3503 (TTY 711)
To speak with a licensed sales agent
Monday - Friday, 10 a.m. To 6 p.m. (Eastern)



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*This is not a complete description of Medicare coverage, the benefits or costs.
For the official Medicare government site, please visit: www.medicare.gov*