

Medicare 101: A beginner's guide to Medicare

Anthem. 



What this guide covers

This guide provides the information you need to start your Medicare journey.



Medicare overview

Learn about who is eligible for Medicare and when to enroll



Choices in plan coverage

Understand the parts of Medicare and what each part covers

Understand Medicare eligibility and enrollment



Are you eligible?

There are a few requirements you should know before you sign up for Medicare:

1

You must be a permanent U.S. resident or a legal citizen living in the U.S. for five years in a row.

2

You or your spouse must have worked and paid Social Security taxes for at least 10 years.

3

You are at least 65 years old.

You may also qualify if you're under 65 and have a disability after you get Social Security disability benefits for at least 24 months, or you have ALS (Lou Gehrig's disease) or ESRD (end-stage renal disease).

You may also be eligible for a Dual Eligible Special Needs Plan if you qualify for Medicaid or meet certain income restrictions.

Enrollment periods

Your **Initial Enrollment Period (IEP)** is a seven-month period when you may sign up for Original Medicare (Parts A & B). It starts three months before your 65th birthday month and ends three months after your birthday month.



Three months before
your birthday month



Your birthday
month



Three months after
your birthday month



When to sign up if you miss your IEP

The **General Enrollment Period (GEP)** is January 1–March 31 for coverage to start the first day of the month after you sign up.

During your IEP and GEP, you can also sign up for a Medicare Advantage plan.

Enrollment periods

During the **Annual Enrollment Period (AEP)**, current Medicare enrollees can add, drop, or switch a plan for next year between October 15 and December 7.

If you qualify for a **Special Enrollment Period (SEP)**, you can change coverage during applicable timeframes in case of circumstances such as moving or losing other insurance coverage.



Annual Enrollment Period



Coverage
begins

Choices in plan coverage



The most basic type of coverage is Original Medicare

Original Medicare (Parts A & B) is made up of Hospital Insurance (Part A) and Medical Insurance (Part B). Let's break them both down.



Part A

Hospital Insurance covers:

- Hospital stays
- Skilled nursing facility care
- Hospice
- At-home care



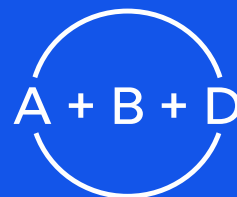
Part B

Medical Insurance covers:

- Physician visits
- Lab tests
- Outpatient Surgeries
- Preventive health appointments
- Outpatient services
- Durable medical equipment

Original Medicare (Parts A & B) may not have all the coverage you need

The good news is there are other health plans — Part C, Part D, and Supplement Plans — that allow you to get more benefits.



Part C

Medicare Advantage plans bundle coverage for medical, hospital, pharmacy, and extras in one plan.



Part D

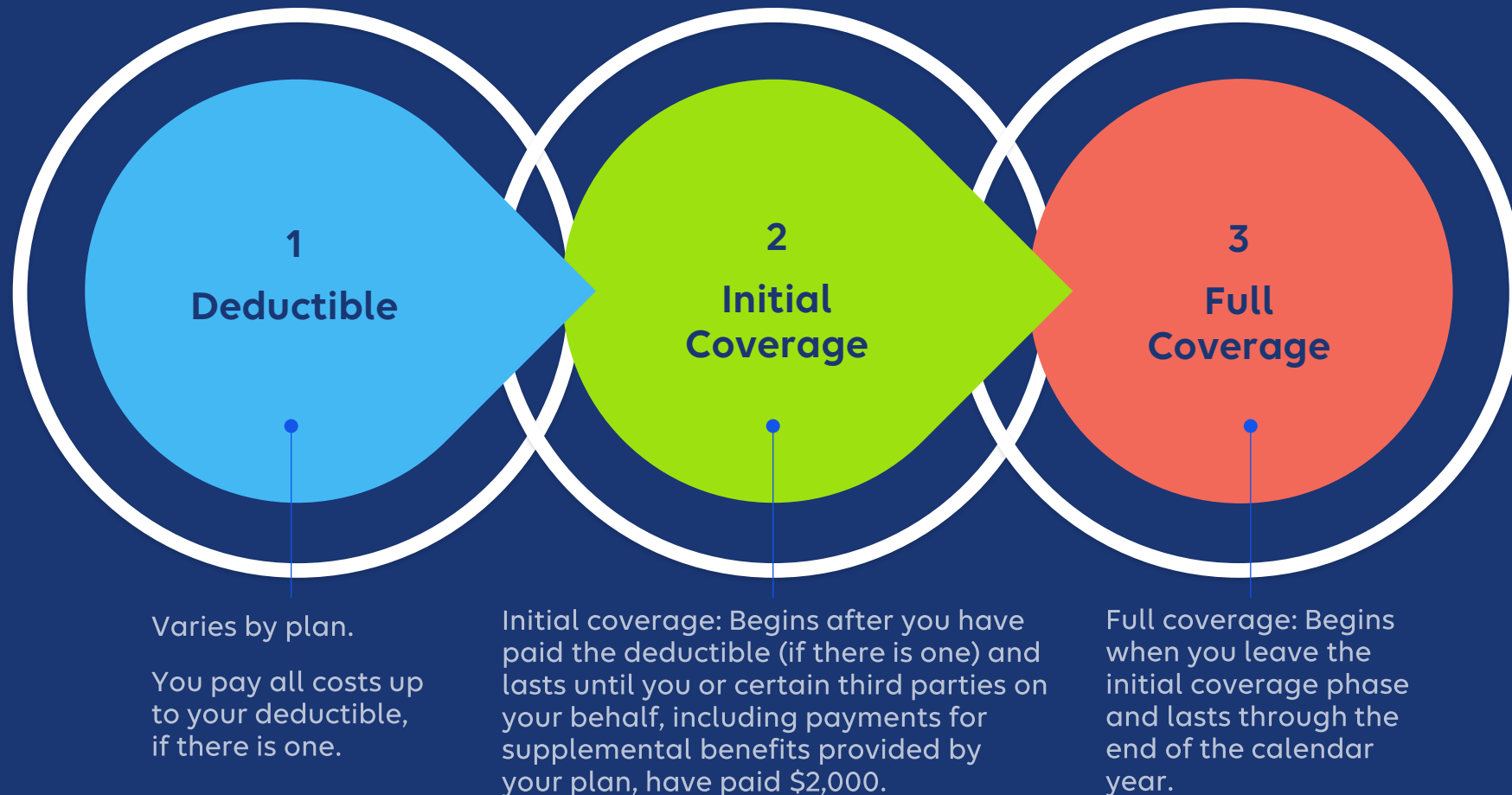
Prescription Drug plans can be added to help pay for prescriptions.



Supplement Plans

These plans combine with Original Medicare (Parts A & B) to help you pay for out-of-pocket costs.

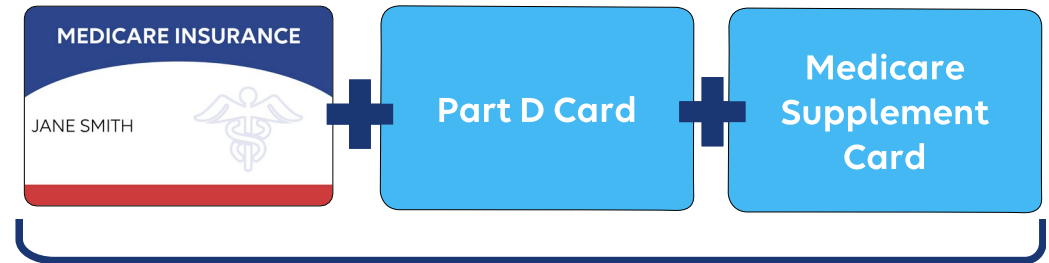
Here's how Part D plans work



Medicare Advantage: The all-in-one solution

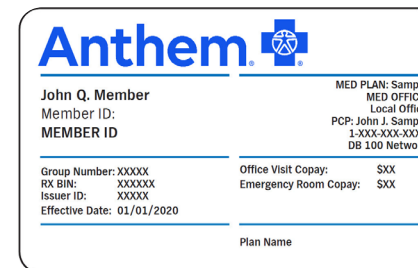
- Also known as Medicare Part C
- Provided by insurance companies that contract annually with Medicare
- Includes all the benefits of Original Medicare and more; most plans also include prescription drug coverage
- Helps keep premiums and Part D costs low and no Medicare Supplement premiums
- One company to call for coverage questions and customer service

Original Medicare



You may have three ID Cards

Medicare Advantage



(Most Medicare Advantage Plans cover prescription drugs. You may be able to add drug coverage in some plan types if not already included.)

Has ONLY one ID Card

Hablamos español y podemos ayudarle a encontrar el plan ideal para usted. If you speak a language other than English, translation and alternate format services are available to you on a standing basis, free of charge. Just call 833-585-4786 (TTY: 711), Monday-Friday April 1-September 30 or 7 days a week October 1-March 31. This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, please contact your agent or the health plan.

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