

# 2018 STEP-BY-STEP GUIDE TO MEDICARE

Understand your Medicare benefits, choices and next steps.



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S5743\_082617\_B08\_MN CMS Accepted 12/08/2017  
H5959\_082617\_Z03 CMS Accepted 12/08/2017  
H2461\_082617\_Z10 CMS Accepted 12/08/2017



**BlueCross  
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Minnesota



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If you have more questions, please contact us in the way that's most convenient for you. You'll find our contact information on the back cover of this booklet.

# UNDERSTANDING MEDICARE

If you're eligible for Medicare, or soon will be, congratulations! Medicare provides valuable protection against high medical costs. Medicare is complex and it doesn't cover everything. To tailor coverage that fits your needs and budget, it's important to understand your benefits. This guide will help you make informed and confident Medicare choices.

## MEDICARE FACTS TO KNOW

- You can sign up for Medicare at age 65, even if you're not ready to retire.
- Medicare doesn't cover everything. Medicare pays for approximately 80% of medical expenses and covers only certain types of care. Additional Medicare coverage can help pay some of your additional health care costs.
- You may pay a penalty if you don't sign up for Part B and Part D coverage when you first become eligible.

## IF YOU PLAN TO WORK PAST 65

**If your employer has more than 20 employees** and you're covered by your employer's health insurance, you may be able to delay enrolling in Medicare Part A and Part B.

- Your employer's plan must cover doctor visits and outpatient services and have a prescription drug program that is considered creditable by Medicare
- When you retire or leave work, you'll qualify for an eight-month special enrollment period to sign up for Part B without a late penalty

**If your employer has fewer than 20 employees**, you may have to sign up for Medicare Part A and Part B when you turn 65, even if you plan to continue working. Medicare will become your primary coverage and your employer's plan will pay secondary to Medicare.

Talk with your employer's benefit manager to find out more or call one of our Medicare Consultants to discuss your situation and avoid penalties.

# STEP 1: GET TO KNOW ORIGINAL MEDICARE

Medicare is a government health insurance program for Americans who are 65 or older and younger people who have certain disabilities and receive Social Security benefits. Medicare was first created in two parts, Part A and Part B. Together, they're called Original Medicare.



## MEDICARE PART A: HOSPITAL COVERAGE

<b>How it works</b>	Medicare Part A helps pay for care you receive as an inpatient at a hospital or skilled nursing facility.
<b>What it helps cover</b>	<ul style="list-style-type: none"> <li>→ Inpatient hospital stays</li> <li>→ Care in a skilled nursing facility (SNF)</li> <li>→ Unlimited home health care visits ordered by a doctor</li> <li>→ Hospice care, including drugs to relieve pain</li> </ul>
<b>How much will I pay for Part A?</b>	You will not pay a premium for Part A coverage if you or your spouse paid into Social Security for at least 10 years. You must pay a deductible for each hospital or skilled nursing facility (SNF) benefit period. A benefit period begins when you are admitted into the hospital or SNF and ends when you have been out of the facility for 60 days in a row. After you have paid the full deductible, Original Medicare will begin to pay all or some of the costs.
<b>Your out-of-pocket costs for Medicare Part A in 2018*</b>	<ul style="list-style-type: none"> <li>→ \$1,340 deductible for each benefit period (days 1 – 60)</li> <li>→ \$335 each day 61 – 90 in hospital per benefit period</li> <li>→ \$670 for each day 91 and beyond in hospital (up to 60 days over lifetime)</li> <li>→ \$0 each day 1 – 20 in SNF</li> <li>→ \$167.50 each day 21 – 100 in SNF</li> <li>→ 100% of charges days 101+ in SNF</li> </ul>

### HOSPITAL COSTS YOU COULD PAY WITH ORIGINAL MEDICARE ALONE

Type of care	What you pay in 2018*
1 – 60 consecutive days in hospital	\$1,340 Part A deductible
150 consecutive days in a hospital	\$51,590
100 consecutive days in an SNF	\$13,400

\*Out-of-pocket costs are subject to change annually.

## MEDICARE PART B: MEDICAL COVERAGE

<p><b>How it works</b></p>	<p>Medicare Part B helps pay for medically necessary services and supplies needed for the diagnosis or treatment of your health condition. You can choose not to enroll in Part B, but if you decide to sign up later, you may have to pay a late enrollment penalty for as long as you have Part B coverage.</p>
<p><b>What it helps cover</b></p>	<ul style="list-style-type: none"> <li>→ Cancer screenings, such as mammograms</li> <li>→ Doctor services in an office, clinic or hospital</li> <li>→ Diagnostic tests, X-rays and lab tests</li> <li>→ Medical supplies and equipment</li> <li>→ Outpatient care and rehabilitation services</li> </ul>
<p><b>How much will I pay for Part B?</b></p>	<p>You must pay a monthly premium for Part B coverage. The premium is separate from any monthly premium, copay or coinsurance you may pay for a private Medicare plan. The monthly premium starts at \$134 and increases on a sliding scale based on income. A single person with an annual income over \$85,000 and married couples with an annual income over \$170,000 will pay more. The premium is usually taken out of your Social Security check. After you meet your yearly deductible, Part B generally covers 80% of the cost of most services you receive and you are responsible for paying the remaining 20% coinsurance.</p>
<p><b>Your out-of-pocket costs for Medicare Part B in 2018*</b></p>	<ul style="list-style-type: none"> <li>→ Starting at \$134 monthly premium</li> <li>→ \$183 yearly deductible</li> <li>→ 20% of Medicare-approved expenses (after deductible)</li> <li>→ Expenses not covered by Medicare (there is no yearly limit on your out-of-pocket expenses)</li> </ul>

\*Premiums, deductibles and out-of-pocket costs are subject to change annually.

### MEDICAL COSTS YOU COULD PAY WITH ORIGINAL MEDICARE ALONE

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

# STEP 2: LEARN HOW TO COVER WHAT ORIGINAL MEDICARE DOESN'T

You can add additional coverage, which is offered by private insurers, to help pay for costs that Medicare doesn't cover.



## MEDICARE COST PLANS

<b>How it works</b>	Medicare Cost plans provide additional coverage to help pay for expenses Original Medicare doesn't cover. Some Cost plans also offer optional prescription drug coverage. To be eligible for a Cost plan, you must be eligible for Medicare Part A and enrolled in Part B.
<b>What it helps cover</b>	<ul style="list-style-type: none"><li>→ Medicare Cost plans include all the benefits of Original Medicare Part B and help pay the deductibles, copays and coinsurance Original Medicare doesn't cover.</li><li>→ If you choose to include prescription drug coverage, your plan also helps pay the cost of your medications.</li></ul>
<b>What you pay</b>	You must continue to pay your Part B premium, along with monthly Cost plan premiums, deductibles, copays and coinsurance.
<b>Who is eligible</b>	If you live in one of the following counties:* Aitkin • Carlton • Cook • Goodhue • Itasca • Koochiching • Lake • Le Sueur • Pine • Pipestone • Rice • Rock • Sibley • St. Louis • Stevens • Traverse • Yellow Medicine

\*Counties are subject to change.

### WHAT YOU SHOULD KNOW

- Typically, you can see any in-network provider without a referral. If you choose an out-of-network provider, you may only receive Original Medicare coverage for those services.
- You can travel for up to nine months in the United States and receive in-network coverage for medically necessary services from any provider that accepts Medicare.
- Costs incurred under the travel benefit apply toward your out-of-pocket maximum.





## MEDICARE PART C: MEDICARE ADVANTAGE PLANS

<b>How it works</b>	<p>Medicare Advantage plans combine Medicare Part A and Part B benefits, so your hospital and medical coverage are provided under one plan. To enroll in a Medicare Advantage plan, you must be eligible for Medicare Part A and enrolled in Part B. Medicare Advantage Plans are usually one of the following:</p> <ul style="list-style-type: none"> <li>→ Health Maintenance Organization (HMO): requires you to use providers in the plan's network and may require you to get a referral to see providers or specialists outside the network.</li> <li>→ Preferred Provider Organization (PPO): allows you to see any network provider without a referral.</li> <li>→ Medicare Advantage Prescription Drug (MA-PD): HMO or PPO plans that include Part D prescription drug coverage.</li> </ul>
<b>What it helps cover</b>	<p>You get all the benefits of Original Medicare and more. Plans may offer preventive, dental, vision, hearing and wellness benefits, for example.</p>
<b>What you pay</b>	<ul style="list-style-type: none"> <li>→ You must continue to pay your Part B premium in addition to any monthly premium for the Medicare Advantage plan.</li> <li>→ You'll also pay a percentage of some costs, but can save money when you use providers that are in your plan's network.</li> </ul>

### WHAT YOU SHOULD KNOW

- HMOs typically provide greater cost savings through lower premiums and affordable copays. You may be required to choose a primary care provider to coordinate your care and provide you with referrals.
- PPOs offer more flexibility and choice by giving you access to providers outside the network without a referral. But you may pay more for those services.
- Because coverage is offered by private health plans, benefits and provider networks differ from plan to plan.

## MEDIGAP (MEDICARE SUPPLEMENT) PLANS

<b>How it works</b>	Medicare supplement plans are designed to “close the gaps” in Original Medicare and pay for costs Original Medicare doesn’t cover. You’ll also have the freedom to travel or live anywhere in the United States and receive plan benefits from any provider that accepts Medicare. You can choose from a range of plans, including Basic, Extended Basic and Medicare Select plans. To enroll in a Medigap plan, you must be eligible for Medicare Part A and enrolled in Part B.
<b>What it helps cover</b>	Medigap plans help cover your Medicare copays, coinsurance and deductibles. Each type of Medigap plan has a different set of benefits and premiums, and some plans offer optional coverage for an additional premium.
<b>What you pay</b>	Costs vary depending on the plan you choose, and you must continue to pay your Part B premium.

### WHAT YOU SHOULD KNOW

- Medigap plans do not include prescription drug coverage, so you’ll need to sign up for a standalone Part D plan to avoid a penalty.
- If you apply for a Medigap plan more than six months after the month your Part B coverage begins, you may be required to submit a health history with your application. You may not get the plan you want or you may have to pay more.



# PRESCRIPTION DRUG COVERAGE (MEDICARE PART D) PLANS

<b>How it works</b>	Part D plans help pay for your medications. You can add standalone Part D coverage to Original Medicare or another plan that doesn't have prescription drug benefits.
<b>What it helps cover</b>	Part D plans help pay prescription drug costs. The types of drugs covered and the pharmacies you can use vary by plan.
<b>What you pay</b>	If you add a standalone Part D plan, you will pay a monthly premium. You may also pay a prescription drug deductible and a copayment.

## WHAT YOU SHOULD KNOW

- Most Medicare Prescription Drug Plans have a coverage gap (known as the “donut hole”) which is a temporary limit on what the plan will cover for drugs.
- When you and your plan have paid a combined total of \$3,750, you will pay most of the costs until your yearly out-of-pocket costs reach \$5,000.\*

\*Out-of-pocket costs are for 2018 and are subject to change annually.

## PREPARE FOR MEDICARE ONLINE

Prepare for Medicare is a simple, online program that lets you learn at your own pace — when and where it's convenient for you. Working through a set of short, online lessons, you'll see how Medicare works, what it covers and what it costs. You'll also find out about private plans that can help fill the gaps in Medicare and protect you from the high costs of health care.

[bluecrossmn.com/prepareformedicare](http://bluecrossmn.com/prepareformedicare)



# STEP 3: ENROLL AT THE RIGHT TIME

When you understand the basics of Medicare and find the kind of coverage you need, you'll be ready to enroll. To avoid penalties, you'll need to enroll in the right plan at the right time.





## When to enroll in a Medicare plan

Your Initial Enrollment Period is a seven-month window — from three months before your birthday month to three months after your birthday month. Coverage can begin as soon as the first day of the month you turn 65.

- You must enroll in Original Medicare Part A and Part B before you enroll in a Medicare Cost, Medigap, Medicare Advantage or Part D prescription drug plan.
- If you already receive Social Security benefits, you will automatically be enrolled in Medicare Part A and Part B.
- If you are disabled and under 65, you will get Part A and Part B automatically after you've received disability benefits from Social Security for 24 months.

## AVOID A PART D PENALTY

If you don't sign up for a Medicare Part D plan when you're first eligible, and you don't have other coverage that's as good as or better than a standard Part D plan, you'll pay a late enrollment penalty if you sign up later. The penalty is added to your monthly premium and you must pay it as long as you have Part D coverage. So even if you don't take prescription drugs now, consider enrolling when you're first eligible.

## How to enroll in Original Medicare

### Social Security Administration

#### BY PHONE

**1-800-772-1213**

TTY users call **1-800-325-0778**

7 a.m. to 7 p.m.,

Monday through Friday

#### IN PERSON

Visit your nearest Social Security office. Bring proof of your age and W-2 forms for the past two years.

#### ONLINE

Apply at [ssa.gov](https://ssa.gov)

## How to enroll in a Medicare Advantage, Cost, Medigap or Part D plan

Contact your local agent or sign up directly with the plan you choose. In most cases, you can submit an application over the phone, online or by mail.

**NOTICE OF NONDISCRIMINATION PRACTICES**  
*Effective July 18, 2016*

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)
- by mail at: Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
M495  
PO Box 64560  
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at:  
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညီကိတ်ဒီး, တိကဟ့ၣ်န့ၣ်ကိတ်တိမၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိ: 1-866-251-6744 လၢ TTY အဂီၢ်, ကိ: 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າພຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libheng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowolgo éi ná'ahoot'i'. Kojí éi béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éi 711 jí' béesh bee hodíílnih.

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[bluecrossmn.com/medicare](http://bluecrossmn.com/medicare)

## HAVE QUESTIONS? LEARN MORE ABOUT BLUE CROSS PLANS

### Your agent

Contact your local licensed agent. Find an agent at [bluecrossmn.com/agentfinder](http://bluecrossmn.com/agentfinder).

### On the phone

Call **1-877-662-2583** (TTY call **711**) to speak with a Medicare advisor. Help is available daily from 8 a.m. to 8 p.m.

### Visit a Blue Cross retail center

Located in Edina, Roseville and Duluth. Go to [bluecrossmn.com/centers](http://bluecrossmn.com/centers).

### Online

Visit [bluecrossmn.com/medicare](http://bluecrossmn.com/medicare) and use our online enrollment tool to compare plans, complete enrollment forms and submit your application.



Blue Cross offers Cost, PPO and prescription drug plans (PDPs) with Medicare contracts. Enrollment in these plans depends on contract renewal. Plans are available to residents in the service area.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.