

2023 Medicare Beginner's Guide



Massachusetts SHINE Program



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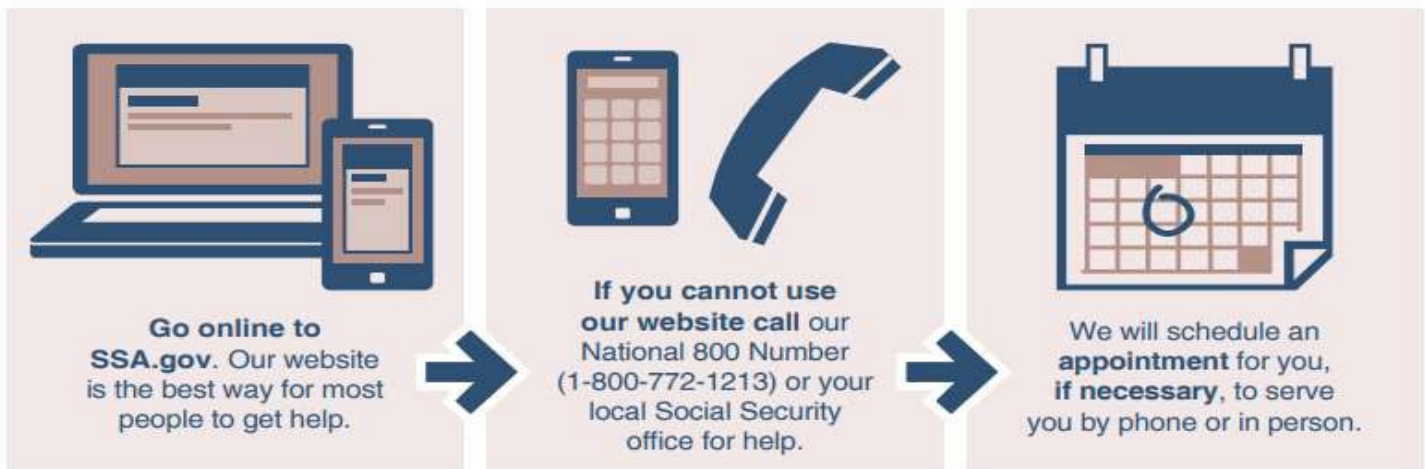
Updated January 2023

Medicare Beginner's Guide

Disclaimer: This guide covers the basics – and just the basics – about applying for Medicare. It does not include every detail of this complicated subject. You can contact SHINE (Serving Health Insurance Needs of Everyone) for more information. SHINE is an educational resource that is designed to inform you about the complexities of Medicare. Information was obtained via the Social Security, Medicare, and Division of Insurance websites, as well as the Medicare & You Handbook.



Are you ready to enroll in Medicare? If so, your first step should be to contact the Social Security Administration!



If you're turning 65 in the next 3 months and not yet receiving benefits from the Social Security Administration, you will not get Medicare automatically! It is your responsibility to contact Social Security if you wish to enroll in Medicare. You will not receive any reminders or notifications from either Social Security or Medicare.

Social Security manages enrollment in Parts A and B, and will review your records to see if you qualify for Medicare. They will determine if you qualify for premium-free Part A, and what your monthly premium for Part B will be, based on your income: [Your Part B Medicare Costs](#). You can enroll by physically going to a local Social Security Office, or by making an appointment to enroll over the phone or online at www.ssa.gov.

- 1-800-772-1213; [Social Security Website](http://www.ssa.gov) (www.ssa.gov)

TIP: Social Security highly recommends that you create a personalized My Social Security account to enroll in Medicare



[Click Here for Information on Medicare Enrollment](#)

If you already receive benefits from Social Security, you'll get Medicare Part A and Part B automatically when you're first eligible and don't need to sign up. You should be on the lookout in the mail for an Enrollment Kit from Social Security and follow the instructions.

What is Medicare?

Medicare is the federal health insurance program that was created in 1965 for people 65 & older and some under 65 with disabilities to help with their hospital and medical coverage. The program helps with the cost of health care but it is not comprehensive; it does not cover all medical expenses or the cost of long-term care.

Different parts of Medicare help cover specific services

- Part A – Hospital Insurance
- Part B – Medical Insurance
- Part D – Prescription Drug Coverage

Part C (Medicare Advantage) combines Part A, B and usually Part D in one plan.

Preventive Services

Medicare does provide numerous preventive services at no cost to beneficiaries. A complete list of these services is available at this link:

[Medicare Part B Preventive Services](#)

Who is Eligible?

You are eligible for Medicare if you are:

- o **65 years old or older** and a U.S. citizen or lawfully permitted resident for **5** years
- o Medicare is available for certain people with disabilities who are **under age 65**. These individuals must have received 24 months of **Social Security Disability Insurance (SSDI) benefit payments** or have End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS).
- o Most people are eligible for premium-free Part A if they have paid Medicare taxes long enough through their own or a spouse's or ex-spouse's work record.

If you are working and covered by your employer's group health plan (or by a spouse's plan), you may want to delay enrollment in Part B and enroll only in Part A. You should check with your employer benefits manager on whether or not you need to enroll in Part B. The number of employees in your employer group health plan may determine if you need to enroll in Medicare as your primary insurance. You can also delay enrollment in Part A unless you are already collecting Social Security benefits.

If you have a Health Savings Account (HSA) as part of a high deductible employer insurance plan, you may want to delay Part A because you cannot contribute to the HSA once your Part A coverage begins. You may use money that is already present in the account *after* you enroll in Medicare to help pay for deductibles, premiums, copayments, or coinsurance. If you contribute to your HSA after your Medicare Part A coverage starts, you may have to pay a *tax penalty*. You should stop HSA contributions six months prior to retiring. For further HSA questions, refer people to the IRS publication 969, their Human Resources Department or professional tax accountant.

Medicare has specific enrollment periods:

1. Initial Enrollment Period (Parts A, B, C & D)
2. General Enrollment Period (Parts A & B)
3. Open Enrollment Period (Parts C & D)
4. Medicare Advantage Open Enrollment Period (MA OEP)
(Part C & D- must be enrolled in an MA plan between Jan 1st and March 31st)

To enroll outside of these 4 periods, you must qualify for a Special Enrollment Period

If you do not enroll during your Initial Enrollment Period, you may be subject to late enrollment PENALTIES (with some exceptions), and a possible delay in your coverage.

Initial Enrollment Period

3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	The month you turn 65*	1 month after the month you turn 65	2 months after the month you turn 65	3 months after the month you turn 65
Enroll early to avoid a delay in coverage. To get Part A and Part B the month you turn 65, you must enroll during the first 3 months before the month you turn 65.			If you wait until the last 4 months of your Initial Enrollment Period to enroll, your Part B coverage will begin the first of the month following the month of enrollment.			

*if your birthday falls on the first day of the month, your coverage would be effective a month earlier

Penalties

- Part A Late Enrollment Penalty
 - **If you enroll late, and aren't eligible for premium-free Part A, your monthly premium may go up 10% for twice the number of years you signed up late.**
- Part B Late Enrollment Penalty
 - **If enrolling late, Part B penalty is a surcharge added to your monthly Part B premium for life.** The Part B late enrollment penalty is calculated as 10% of the current Part B premium for every 12 month period you were not enrolled and did not have active employer coverage.
- Part D Enrollment Penalty
 - **If you do not have Part D coverage, even if you take no prescription drugs you can incur a lifetime penalty.** The Part D penalty is calculated as 1% of the national base beneficiary premium for each month you were not enrolled in a Part D plan and did not have creditable coverage.

Protection from Penalties

- Once you are eligible for Medicare, as long as you are **working and covered by your employer's group health plan (or by a spouse's plan)**, you will not be assessed a Part B Late Enrollment penalty. You will need to provide an Employment Letter to Social Security. **COBRA does not provide coverage from the Part B penalty.**
- After you enroll in Medicare, if you have **creditable drug coverage** from any source, including employer, VA coverage, or COBRA coverage, you will not be assessed a Part D late enrollment penalty. If you lose this creditable coverage, you will have up to two months to enroll in a Medicare drug plan to avoid any penalties.

Two Options for Medicare

Once you have enrolled in Medicare A and B via Social Security, you will have two options: (See page 9 for a comparison chart)

- 1) Original Medicare (Parts A & B) with an optional Medigap and/or standalone drug plan (Part D)
- 2) Medicare Advantage plan (also known as Medicare Part C or MA plan). *You must have Part A and Part B in order to have a MA plan.

Medicare Advantage Plans

Medicare Advantage (also known as Medicare Part C or MA plan) is an “all in one” alternative to Original Medicare (Parts A and B). These bundled plans are offered by private insurance companies that contract with Medicare to provide beneficiaries with all of their Medicare benefits that include Part A, Part B, and usually Part D.

Out-of-pocket costs can vary. Some plans may have lower out-of-pocket costs than others for certain services. With Medicare Advantage, you can choose between an HMO, PPO or an HMO-POS plan. You must use doctors and/or other types of providers who are in the plan’s network if your Medicare Advantage Plan is an HMO (Healthcare Maintenance Organization). You may also need to get a referral to see a specialist. For PPO and HMO-POS plans, you may have the option of choosing out of network doctors but you will usually pay higher co-pays. Ask your primary doctor or other providers you use if they participate in any Medicare Advantage plans.

Emergency services will be covered anywhere within the United States. If you are traveling outside your region (zip code/county), check with your plan for coverage information.

Most plans offer extra benefits that Original Medicare doesn’t cover, like routine/limited vision, hearing, and dental. Check with your plan for coverage information.

You may pay a premium for the plan in addition to the monthly premium for Part B. Some plans have no monthly premium. Make sure to check your maximum out-of-pocket cost before committing to any plan.

To be eligible for a plan, you must:

- Have both Medicare Part A & Part B
- Reside in the plan’s geographic service area

When can I enroll or disenroll in a Medicare Advantage Plan?

- Initial Enrollment Period
- Special Enrollment Period
- Open Enrollment (October 15 - December 7)
- Medicare Advantage Open Enrollment Period (January 1 - March 31)

✓ Note: You must be enrolled in a Medicare Advantage Plan between January 1st and March 31st in order to make any changes.

Things to consider before choosing Medicare Advantage:

- Do your medical providers accept the plan or are you willing to change providers?
 - PLEASE call your provider to confirm plan acceptance!
- How much are the premium, copays, and coinsurance?
- What is the plan’s maximum out of pocket cost for the year?
- Do you need to get referrals to see a specialist?
- Are your prescription drugs on the plan’s formulary and what is the cost and are there any restrictions?

Medicare Medical Savings Accounts

Medicare Medical Savings Accounts (MSA) are being offered in Massachusetts beginning January 1, 2021. These are consumer-directed plans that pair high deductible coverage with a Medical Savings Account. There are two plan levels, both with a \$0 premium but with different deposit and deductible amounts. Although these plans are considered Medicare Advantage plans, there are some important distinctions:

- MSA plans do not include Part D drug coverage. Individuals who sign up for an MSA would need to join a separate Part D plan to have drug coverage.
- There are no networks, but individuals must use providers that accept their MSA plan

(See page 10-11 for a List of Medicare Advantage Plans and MSA Plans Currently Offered in Massachusetts)

Medigap Plans

Medigap plans, also known as supplements, provide extra coverage beyond Medicare by filling some of the gaps in Medicare coverage. Medigap plans do not provide prescription drug coverage. In Massachusetts, there are 7 private insurance companies that offer supplement plans across the state. Massachusetts offers **continuous open enrollment**, which allows you to enroll, change or drop your plan any month for an effective date the 1st of the following month of enrollment.

(See page 14-15 for a List of Medigap Plans Currently Offered in Massachusetts)

Part D Prescription Drug Plans:

Even if you do not take any prescription medications, you MUST have a Part D plan to avoid a lifetime penalty unless you have other creditable coverage.

If you have a Medicare Advantage plan, most include Part D coverage. If you do not have a Medicare Advantage plan, you can enroll in a Medicare Part D Stand-alone Prescription Drug Plan (PDP). You cannot enroll in a stand-alone Part D plan and an MA-PD plan. Beneficiaries with higher incomes will pay more than the standard premium for either type of plan. [Your Part D Premium Costs](#)

Medicare Part D stand-alone prescription drug plan carriers:

- Aetna (SilverScript)
- Blue Medicare Rx
- Cigna
- Elixir
- Humana
- Mutual of Omaha
- United Healthcare (AARP)
- WellCare

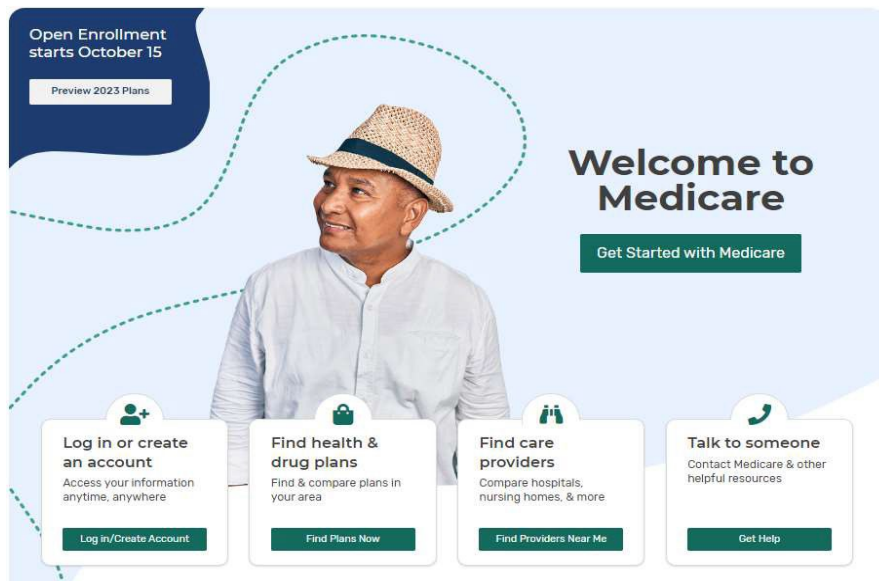
Choosing a Part D Plan:

These are the things to consider when choosing a Part D plan

- What is the Total Cost (premiums and co-pays)?
- Are your prescription drugs covered?
- Does the plan have a deductible?
- Are there any restrictions? (Quantity Limits, Prior Authorization, Step Therapy, or in/out of network)
- What pharmacies are preferred?

On-Line Tool to Compare Options:

You can view available Part D drug plans and Medicare Advantage plans using Medicare Plan Finder. Go to www.medicare.gov and click on “Find Health & Drug Plans” – or talk with a SHINE counselor.



TIP: Medicare also highly recommends that you create a secure Medicare account on Medicare.gov (see page 8 for detailed instructions).

To assist with Medicare, SHINE has highly trained, dedicated volunteers who are re-certified annually. They will be glad to make an appointment with you to further explain and clarify your Medicare options.

SHINE Counselors will also screen you for eligibility for programs that may reduce your Medicare costs.

These programs are offered through Prescription Advantage and MassHealth.

SHINE Program: 1-800-243-4636

Medicare: 1-800-633-4227

www.medicare.gov/

Social Security Administration: 1-800-772-1213

MassHealth: 1-800-841-2900 (Medicaid)

www.ssa.gov

<https://www.mass.gov/masshealth>

Prescription Advantage: 1-800-243-4636

<https://www.prescriptionadvantagemma.org/>

For additional information and a directory of SHINE Regional Offices you can also go to:

SHINEMA.org

Create an Account for a Personalized Medicare Plan Finder Experience

When you create an account, you can:

- Build a better drug list. We'll make suggestions based on prescriptions you filled within the last 12 months.
- Modify your drug list and save changes.
- Compare benefits and costs in your current plan to other plans available in your area.
- See prices based on any help you get with drug costs.

Create your new account

If you want access to personalized information and features, you'll need to create an account. Visit [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) and click "Log in or create account."

Have the following information ready (for yourself or the person you're helping):

1. Medicare Number – You can find this on your red, white, and blue Medicare card. If you're new to Medicare and don't have your Medicare card yet, you can get your Medicare number on the letter you get from Social Security after you enroll.
2. Last name
3. Date of birth
4. Current address with ZIP code or city
5. Part A or Part B coverage start date (find this on your Medicare card)



Once you add this information and select "Next," you can create a username and password and use your new Medicare account. You can write your username and a password hint below. Just remember to keep this sheet in a safe place to protect your privacy.

My Username:

My Password Hint:

Forgot your username or password?

If you have an existing account, but forgot the username or password, click "Trouble signing in?" under the Username box on the log in page. You'll need this information:

1. Medicare number
2. Last name
3. Date of birth

Your Medicare Options

REQUIRED WITH BOTH OPTIONS

MEDICARE

Enrolled in Medicare Part A & Part B and continue to pay monthly premiums

OPTION #1

Original Medicare



- **Optional** Medigap plan
- 3 different types of Medigap plans

1. **Core**
2. **Supplement 1A**
3. **Supplement 1***

(*Only if Medicare eligible prior to 2020)

- Free to choose any doctor or hospital that accepts Medicare
- No referrals needed to see specialists
- Does NOT include drug coverage
- When changing Medigap plans, need to call plan to disenroll



OPTIONAL PART D

Stand Alone Prescription Drug Plan

- Multiple plans to choose from
- Automatic disenrollment from Prescription Drug Plan when changing Part D plans

OPTION #2

Medicare Advantage Plan (Part C)

- Optional “Replacement”
- Must maintain Part A & Part B and must pay Part B premium
- 5 types of MA plans
 1. **HMO** (Health Maintenance Organization) - May use network providers only
 2. **HMO-POS** (HMO with Point Of Service)- HMO with limited out of network coverage
 3. **PPO** (Preferred Provider Organization)- Can go out of network for extra \$\$
 4. **SNP** (Special Needs Plans)
 - HMOs for institutionalized individuals or dual eligible
 5. **MSA** (Medicare Medical Savings Accounts)
 - Consumer directed high deductible plan
- Usually includes prescription drug coverage.
- Cannot have separate Part D plan (except MSAs)
- Cannot live outside service area for more than 6 consecutive months
- Covers some extra benefits
- Usually need referrals to see specialists
- May have co-pays and deductibles
- Plans can include prescription drug coverage
- Automatic disenrollment when changing Medicare Advantage Plans

Medicare Advantage Plans in Massachusetts 2023

Health Plan	Plan Types	Premiums	Plans Available in the Following Counties
Aetna Medicare 833-859-6031 https://www.aetnamedicare.com/	HMO- POS PPO	\$0	Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Blue Cross Blue Shield of MA 800-678-2265 https://medicare.bluecrossma.com/	HMO HMO- POS PPO	\$0-\$258	Barnstable, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Commonwealth Care Alliance 866-275-1222 https://www.commonwealthcarealliance.org/ma/become-a-member/	PPO	\$0-\$50	Bristol, Essex, Franklin Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
eternalHealth 800-831-5431 https://eternalhealth.com/	HMO PPO	\$0-\$35	Middlesex, Suffolk, Worcester
Fallon Health 800-325-5669 https://fallonhealth.org/medicare	HMO	\$0-\$238	Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Health New England 877-443-3314 https://healthnewengland.org/medicare	HMO PPO	\$0-\$168	Berkshire, Franklin, Hampden, Hampshire
Humana 800-833-2364 https://www.humana.com/medicare	PPO	\$0-\$19	Bristol, Hampden, Suffolk, Worcester

Medicare Advantage Plans in Massachusetts 2023

Health Plan	Plan Types	Premiums	Plans Available in the Following Counties
Mass Advantage 844-514-0674 https://massadvantage.com/	HMO PPO	\$0-\$100	Worcester
Mass General Brigham 855-833-3668 https://massgeneralbrighamadvantage.org	HMO- POS PPO	\$0-\$140	Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Molina Healthcare (Senior Whole Health) 866-566-3526 https://www.molinahealthcare.com/	HMO	\$0	Bristol, Essex, Plymouth, Suffolk
Tufts Health Plan 877-218-4835 https://www.tuftsmedicarepreferred.org/	HMO PPO	\$0-\$256	Barnstable, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
UnitedHealthcare 800-555-5757 https://www.aarpmedicareplans.com/	HMO HMO- POS PPO RPPO	\$0-\$53	All counties
Wellcare 844-917-0175 https://www.wellcare.com/medicare	HMO PPO	\$0-\$60	Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Lasso Healthcare 833-925-2776 https://lassohealthcare.com/	MSA	\$0	All counties

Note that not all companies offer plan options in your area; premiums may vary by county.
Call plan directly for details.

Medicare Advantage Plans in Massachusetts 2023

Medicare Advantage Plans

Pros:

- Convenience of having only one plan (drug plan can be included)
- More choices available (HMOs, PPOs, MSAs...)
- Some plans have lower premiums than Medigap plans
- Potential for better coordination of care (HMOs provide this)
- Additional limited benefits such as hearing, vision, dental, and wellness benefits
- Annual physical exams covered
- No hospital stay required for Skilled Nursing Facility (rehab) coverage
- There is a yearly limit on your out-of-pocket costs

Cons:

- Cannot live outside service area for more than 6 consecutive months
- Usually need referrals to see specialists
- Frequently has co-pays and deductibles
- Limited network of providers
- When outside of designated area, only urgent and emergency services covered

Medicare Health Maintenance Organization (HMO) Plan

Can I go anywhere to receive care?

- No, you may use network providers only, unless you have an emergency or urgent situation.

What is HMO-POS?

- POS benefit may allow you to use doctors, hospitals, and other providers who are not in the HMO network.

Do I need a referral to see a specialist?

- With an HMO plan, you need a referral to see a specialist.

Medicare Preferred Provider Organization (PPO) Plan

Can I go anywhere to receive care?

- PPO plans have a network of providers. You may have the option of choosing out of network doctors but you will usually pay higher out-of-pocket costs.

Do I need a referral to see a specialist?

- In most cases, you do not need a referral to see a specialist.

Medical Savings Account Plans

(MSA) Plan

Can I go anywhere to receive care?

- Any provider or specialist you choose to see must accept Medicare AND agree to see you.

No referrals are required

Medicare Advantage Plans in Massachusetts 2023

Important things to consider when choosing any Medicare Advantage Plan:

- Do your medical providers accept the plan or are you willing to change providers?
- How much are the premiums, co-pays and co-insurance?
- What is the plan's maximum out-of-pocket cost for the year?
- Do you need to get referral to see a specialist?
- Are your prescription drugs on the plan's formulary and what is the cost and are there any restrictions?

2023 Massachusetts Medigap Plans

Updated 10.1.2022

Medigap Carriers	Supplement Core Monthly Premium	Supplement 1A Monthly Premium	Supplement 1 Monthly Premium* (Available for those eligible for Medicare Prior to 1/1/2020)
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) www.medicare.bluecrossma.com	\$116.82	\$192.63	\$229.51
Fallon Community Health Plan 1-866-330-6380 (sales) www.fallonhealth.org/medsupp	\$151.00	\$185.00	\$251.00
Harvard Pilgrim Health Care 1-877-909-4742 (sales) MUST CALL PLAN DIRECTLY TO ENROLL	\$138.50	\$198.50	\$246.00
Health New England 1-877-443-3314 www.healthnewengland.org/medicare	\$138.00	\$200.00	\$249.00
Humana 1-800-872-7294 (sales) www.humana.com/medicare	\$202.82 (as of 11/01/2022)	\$327.62 (as of 11/01/2022)	\$338.64 (as of 11/01/2022)
Humana Healthy Living 1-800-872-7294 (sales) www.humana.com/medicare	\$216.17 (as of 11/01/2022)	\$340.97 (as of 11/01/2022)	\$351.99 (as of 11/01/2022)
Tufts Health Plan 1-888-508-1401 (sales) www.thpmp.org/medsupp	\$132.50	\$200.50	\$234.50
United HealthCare 1-800-523-5800 www.aarpmedicaresupplement.com Only for members of AARP	\$146.50 (as of 6/1/2022)	\$204.75 (as of 6/1/2022)	\$263.00 (as of 6/1/2022)

All rates are effective 1/1/23 unless otherwise noted. Note: If new to Medicare, check with each plan to see what discounts they may offer.

* Moving from Supplement 1 to Supplement 1A may be subject to restrictions.

REMINDER: Medex Choice is no longer sold but existing members may remain enrolled: \$171.19/month in 2023.

In compliance with Medicare regulations, Medicare Medigap 2 cannot be sold after December 31, 2005, but existing members may remain enrolled. Medex Gold premium is \$940.23/month in 2023.

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Supplement 1A	Costs For Beneficiary With Supplement 1
Medicare Part A				
Inpatient Hospital Care				
Days 1-60	\$1,600 deductible	\$1,600 deductible	\$0	\$0
Days 61-90	\$400/Day	\$0	\$0	\$0
Days 91-150 (Lifetime Reserve)	\$800/Day	\$0	\$0	\$0
All Additional Days	Full Cost	\$0 for an Additional 365 Lifetime Hospital Days	\$0 for an Additional 365 Lifetime Hospital Days	\$0 for an Additional 365 Lifetime Hospital Days
Inpatient Days in Mental Health Hospital	190 Lifetime Days	An Additional 60 Days Per Year	An Additional 120 Days Per Benefit Period	An Additional 120 Days Per Benefit Period
Skilled Nursing Facility Care				
Days 1-20	\$0	\$0	\$0	\$0
Days 21-100	\$200/Day	\$200/Day	\$0	\$0
All additional Days	Full Cost	Full Cost	Full Cost	Full Cost
Blood - First 3 Pints	Full Cost	\$0	\$0	\$0
Medicare Part B				
Annual Deductible	\$226	\$226	\$226	\$0
Coinsurance for Part B after deductible	20%	\$0	\$0	\$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost* (but BC/BS, HP, HNE, Tufts Core plans cover foreign travel)	\$0	\$0