



It's time to choose your Medicare coverage

Get ready for Medicare! In this package, you'll find your Medicare card and a booklet about your coverage choices. Your enclosed Medicare card shows when your coverage starts.

Because you're getting Social Security benefits, **you'll be automatically enrolled in both Medicare Part A and Part B:**



Part A (Hospital Insurance)—helps cover hospital care and more. You don't have to pay a premium for Part A.



Part B (Medical Insurance)—helps cover doctors' services and more. You pay a monthly premium for Part B.

What do I need to do now?

Choose which way to get your Medicare health coverage:

- **Original Medicare**—includes Part A and Part B. You can buy supplemental coverage from a private company to help pay your out-of-pocket costs. You can also add Medicare drug coverage (Part D).
 - **Medicare Advantage**—a Medicare-approved plan from a private company that bundles your Part A, Part B, and usually drug coverage (Part D). Plans may offer some extra benefits that Original Medicare doesn't cover, like vision, hearing, and dental services.
- !** **Read the enclosed booklet to learn about Medicare and get important information to help you decide. Turn this page over for a quick look at your options.**

Watch your mailbox! Soon, we'll send you an official "Medicare & You" handbook with more information. You can also visit [Medicare.gov](https://www.Medicare.gov) anytime for details about getting started with Medicare.

You'll likely get a lot of other mail from companies offering Medicare products. [Medicare.gov](https://www.Medicare.gov), the "Medicare & You" handbook, and 1-800-MEDICARE (1-800-633-4227) are your **official sources** of unbiased information from the government. TTY users can call 1-877-486-2048.

Your Medicare options

There are 2 main ways to get your Medicare coverage:

Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.

Part A



Part B



You can add:

Part D



You can also add:

Supplemental coverage



This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

Medicare Advantage

(also known as Part C)

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D.
- In most cases, you can only use doctors who are in the plan’s network.
- Plans may have lower out-of-pocket costs than Original Medicare.
- Plans may offer extra benefits that Original Medicare doesn’t cover—like vision, hearing, and dental services.

Part A



Part B



Most plans include:

Part D



Some extra benefits

Some plans also include:

Lower out-of-pocket costs

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.



Get Ready for Medicare

Important decisions about your Medicare coverage

2023



Getting Medicare is a milestone in your life. You may have heard about Medicare, or it could be something brand new to you. Medicare works differently from other health coverage you may have now. This booklet will help explain the basics about Medicare and help you learn how to get started with your new coverage.

Now's the time to make some important decisions about your Medicare coverage, so read this booklet carefully.

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

“Get Ready for Medicare” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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Your new Medicare card

You're being enrolled automatically in Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). You don't need to pay a premium for Part A. But, you'll pay a monthly premium for Part B, if you choose to keep it. It's usually deducted from your Social Security or Railroad Retirement Board benefits.

Your enclosed Medicare card shows when your Medicare Part A and Part B coverage starts.

Protect your Medicare Number just like a credit card

Only give personal information, like your Medicare Number, to doctors, insurance companies (and their licensed agents and brokers), or plans acting on your behalf, or trusted people in the community who work with Medicare, like your State Health Insurance Assistance Program (SHIP). Don't share your Medicare Number or other personal information with any person who contacts you unsolicited by phone, email, or in person.

Learn about Medicare

What's Medicare?

Medicare is health insurance for people 65 or older, certain people under 65 with disabilities, and people of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare helps cover your hospital and medical expenses:

- Part A (Hospital Insurance)—helps cover hospital care, skilled nursing care, and more
- Part B (Medical Insurance)—helps cover doctors' services, outpatient care, and more

Why was I automatically enrolled in Medicare?

Because you're getting Social Security (or Railroad Retirement Board) benefits, you automatically get Medicare when you:

- Turn 65
- Get your 25th month of disability benefits (if you're under 65)

Learn about Medicare



What does Part A help cover?

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



What does Part B help cover?

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly “Wellness” visits)

Learn about Medicare

How much does Medicare Part B (Medical Insurance) cost?

The monthly Part B standard premium is \$164.90 in 2023. It's usually deducted from your monthly Social Security benefit. The premium amount can change each year. You'll pay more if you have a higher income.

Get premium details on page 24. If you have limited income and resources, you may be able to get help from your state to pay your Part B premium if you meet certain conditions. Get details on page 33. For more on costs when getting services, read pages 8 and 12.

Can I drop Part B?

Part B is optional, and most people keep it. However, if you drop Part B and sign up for it later, you may have to wait for your coverage to start and pay a monthly penalty for as long as you have Part B. Whether it's best for you to keep Part B depends on your situation. Pages 23–31 will help you decide if you should keep Part B based on your situation and how you can drop Part B if you don't want it.

Learn about Medicare

How does Medicare work?



Medicare Part A and Part B are known as Original Medicare. You pay for services as you get them. You generally pay a deductible before Medicare pays its share. Then, when you get Part B-covered services, you usually pay 20% of the cost, called coinsurance.

Generally, services Medicare covers must be medically necessary or certain preventive services, like shots and screenings. If you go to a doctor or other health care provider that works with Medicare, called “accepting assignment,” your out-of-pocket costs may be less.

Where can I find out if Medicare covers what I need?

- Visit [Medicare.gov/coverage](https://www.medicare.gov/coverage), or use our “What’s covered” mobile app to find out if Medicare covers your test, item, or service. “What’s covered” is available for free on both the App Store and Google Play.
- Read your “Medicare & You” handbook, being sent to you soon.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Learn about Medicare

Can I get more coverage?

You can get extra coverage and benefits through:



Medicare Advantage (Part C): An alternative to Original Medicare for your Medicare health and, in most cases, drug coverage. You join a private plan that “bundles” your Part A, Part B, and usually drug coverage (Part D) benefits. Plans may offer some extra benefits, like vision, hearing, and dental services.



Medicare drug coverage (Part D): Helps cover the costs of prescription drugs and many shots and vaccines. You join a private plan in addition to Original Medicare, or you get it by joining a Medicare Advantage Plan with drug coverage.



Medicare Supplement Insurance (Medigap): Extra insurance you can buy from a private company that helps pay your out-of-pocket costs in Original Medicare, like your 20% coinsurance.

What you need to do

You have 2 main decisions to make now (before your Medicare starts):

1. Decide which way you want to get your Medicare health coverage.

You can choose either Original Medicare or Medicare Advantage.

As part of this choice, you'll also decide if you want:

- Drug coverage (Part D)
- Medicare Supplement Insurance (Medigap), if you choose Original Medicare

Get details on pages 11–22, or visit [go.Medicare.gov/medicare-coverage-options](https://www.Medicare.gov/medicare-coverage-options) to help you decide what works best for you.

2. Decide if you want to keep Part B.

Most people keep Part B. You need both Part A and Part B to join a Medicare Advantage Plan or buy a Medigap policy.

Read pages 23–31 for help making this decision.



Choosing which way to get your coverage and picking a plan can take some time. Start by reading this booklet. Then, visit [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) to find plans offered in your area.

Decision 1—Choose which way to get your Medicare health coverage

Doctor and hospital choice

Original Medicare	Medicare Advantage (Part C)
You can use any doctor or hospital that takes Medicare, anywhere in the U.S.	In most cases, you can only use doctors and other providers in the plan's network and service area (for non-emergency care). Some plans offer non-emergency coverage out of network, but typically at a higher cost.
In most cases, you don't need a referral to see a specialist.	You may need to get a referral to see a specialist.



You must have both Part A and Part B to join a Medicare Advantage Plan.

Decision 1—Choose which way to get your Medicare health coverage

Cost

Original Medicare	Medicare Advantage (Part C)
<p>For Part B-covered services, you usually pay 20% of the Medicare-approved amount after you meet your deductible. This amount is called your coinsurance.</p> <p>The deductible for Part B is \$226 in 2023.</p>	<p>Out-of-pocket costs vary—plans may have lower or higher out-of-pocket costs for certain services.</p>
<p>You pay a premium (monthly payment) for Part B. If you choose to join a Medicare drug plan, you'll pay a separate premium for your Medicare drug coverage (Part D).</p>	<p>You pay the monthly Part B premium and may also have to pay the plan's premium. Some plans may have a \$0 premium and may help pay all or part of your Part B premium. Most plans include Medicare drug coverage (Part D).</p>

Go to the next page for more information on costs.

Note: If you're not lawfully present in the U.S., Medicare won't pay for your Part A and Part B claims, and you can't join a Medicare Advantage Plan or a Medicare drug plan.

This booklet lists a brief overview of Original Medicare and Medicare Advantage. You can get more detailed information at [Medicare.gov](https://www.Medicare.gov) and in our publications at [Medicare.gov/publications](https://www.Medicare.gov/publications). For specific plan costs and coverage, visit [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) or contact the plan you're interested in joining.

Decision 1—Choose which way to get your Medicare health coverage

Cost (continued)

Original Medicare	Medicare Advantage (Part C)
There's no yearly limit on what you pay out of pocket, unless you have supplemental coverage—like Medicare Supplement Insurance (Medigap).	Plans have a yearly limit on what you pay out of pocket for services Medicare Part A and Part B cover. Once you reach your plan's limit, you'll pay nothing for services Part A and Part B cover for the rest of the year.
You can get Medigap to help pay your remaining out-of-pocket costs (like your 20% coinsurance). Or, you can use coverage from a former employer or union, or Medicaid.	You can't buy and don't need Medigap.

Foreign travel

Original Medicare	Medicare Advantage (Part C)
Original Medicare generally doesn't cover care outside the U.S. You may be able to buy a Medicare Supplement Insurance (Medigap) policy that covers emergency care outside the U.S.	Plans generally don't cover care outside the U.S. Some plans may offer a supplemental benefit that covers emergency and urgently needed services when traveling outside the U.S.

Decision 1—Choose which way to get your Medicare health coverage

Coverage

Original Medicare	Medicare Advantage (Part C)
<p>Original Medicare covers most medically necessary services and supplies in hospitals, doctors' offices, and other health care facilities. Original Medicare doesn't cover some benefits like eye exams, most dental care, and routine exams.</p>	<p>Plans must cover all medically necessary services that Original Medicare covers. Most plans offer some extra benefits that Original Medicare doesn't cover—like vision, hearing, and dental services.</p>
<p>You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).</p>	<p>Medicare drug coverage (Part D) is included in most plans. In most types of Medicare Advantage Plans, you can't join a separate Medicare drug plan.</p>
<p>In most cases, you don't have to get a service or supply approved ahead of time for Original Medicare to cover it.</p>	<p>In many cases, you have to get a service or supply approved ahead of time for the plan to cover it.</p>

Decision 1—Add Medicare drug coverage (Part D)?

If you want Medicare drug coverage (Part D), you get it by joining:

- A separate Medicare drug plan, if you chose Original Medicare for your health coverage,
or
- A Medicare Advantage Plan that includes drug coverage.

These plans are approved by Medicare. They cover a variety of brand-name and generic prescription drugs. Most plans have premiums, deductibles, and copayments that you pay in addition to your Part B premium. Each plan can vary in cost and specific drugs covered.



When can I join? **Between now and 3 months after your Medicare coverage starts.**

If you don't join a plan:

- You may have to wait until the Open Enrollment Period to join a plan, and your coverage won't start until January 1 of the following year.
- If you don't have other “creditable prescription drug coverage,” you'll likely have to pay a monthly **Part D late enrollment penalty** if you join later. The penalty goes up the longer you wait to join. In most cases, you'll have to pay the penalty as long as you have Medicare drug coverage. Read the next 2 pages for more on creditable prescription drug coverage and the penalty.

Decision 1—Add Medicare drug coverage (Part D)?

These questions can help you decide if you should get Medicare drug coverage:

Do I already have drug coverage?

If you have other “creditable prescription drug coverage,” you can wait and sign up for Medicare drug coverage later without a penalty, as long as you don’t go 63 days or more in a row without it. Creditable coverage may be drug coverage from a current or former employer or union, TRICARE, the Department of Veterans Affairs (VA), the Federal Employees Health Benefits (FEHB) Program, COBRA, Indian Health Service (IHS), a state program, or individual health insurance coverage.

Contact your plan to find out if your drug coverage is creditable. Talk to your current plan provider before you make any changes. In some cases, joining a Medicare drug plan might cause you and your family to lose employer or union coverage.

Do I need drug coverage?

Even if you don’t take any or many drugs now, you still may want to join a Medicare drug plan to avoid being without coverage or paying a lifetime late enrollment penalty later.

What if I join a Medicare Advantage Plan that includes drug coverage?

If you join a plan that includes drug coverage (Part D), you don’t need to join a separate Medicare drug plan. If you join a Medicare Advantage Plan that doesn’t have drug coverage, in most cases you can’t add a separate Medicare drug plan.

Decision 1—How much is the penalty if I join a Medicare drug plan later?

The cost of the Part D late enrollment penalty depends on how long you didn't have creditable prescription drug coverage. The late enrollment penalty is calculated by multiplying 1% (.01) of the "national base beneficiary premium" (\$32.74 in 2023) times the number of full months that you were eligible, but didn't join a Medicare drug plan and went without other creditable prescription drug coverage. The final amount is rounded to the nearest \$.10 and permanently added to your monthly premium, even if you switch plans. The national base beneficiary premium may change each year, so your penalty amount may also change each year.

Example

If you go without other creditable prescription drug coverage for 20 months before you join a Medicare drug plan, you'll pay a monthly penalty of \$6.50 in 2023 ($\$32.74 \times .20$ (20% penalty) = \$6.54, rounded to \$6.50) in addition to your plan's monthly premium. This monthly penalty is added for as long as you have a Medicare drug plan.



If you qualify for Extra Help paying for Medicare drug costs, you don't have to pay the late enrollment penalty. Get details on page 33 about Extra Help and other programs for people with limited income and resources.

Decision 1—Add a Medicare Supplement Insurance (Medigap) policy?

A Medicare Supplement Insurance (Medigap) policy is extra insurance you can buy from a private company that helps pay your out-of-pocket costs in Original Medicare, like your 20% coinsurance.

- Some Medigap policies offer coverage when you travel outside the U.S.
- Generally, Medigap policies don't cover long-term care (like care in a nursing home), vision, or dental services, hearing aids, private duty nursing, or prescription drugs.
- Medigap only works with Original Medicare.



You need both Part A and Part B to buy a Medigap policy.

Medigap policies are standardized, and in most states named by letters, like Plan G or Plan K. The benefits in each lettered plan are the same, no matter which insurance company sells it. **Price is the only difference between policies with the same letter sold by different companies.** Not all policies are offered in every state or by every company.



Tip: Visit [Medicare.gov/medigap-supplemental-insurance-plans](https://www.medicare.gov/medigap-supplemental-insurance-plans) to view the policies offered in your area.

Decision 1—Add a Medicare Supplement Insurance (Medigap) policy?

These questions can help you decide if you should get a Medigap policy:

Do I need extra coverage?

If you choose Original Medicare and don't have other supplemental coverage, a Medigap policy may help lower your out-of-pocket costs. Many people who get their coverage through Original Medicare also buy some type of Medigap policy.

How much does a Medigap policy cost?

Costs vary depending on the company you buy from, where you live, and more. You'll pay a monthly premium directly to the company. You'll also still pay your Part B premium.

What if I join a Medicare Advantage Plan?

You **can't buy and don't need** a Medigap policy. However, if you join a Medicare Advantage Plan and you aren't happy with it, you'll have 12 months to go back to Original Medicare and a special right under federal law to buy a Medigap policy. After 12 months, you might not be able to buy a Medigap policy, or it may cost more.

Decision 1—Add a Medicare Supplement Insurance (Medigap) policy?

(continued)

When is the best time to buy a Medigap policy?

If you're turning 65, now is the best time. You're in your Medigap Open Enrollment Period. You have up to 6 months after your Part B coverage starts to buy a policy.

During this time, you can buy any Medigap policy sold in your state, even if you have health problems. After this enrollment period ends, you may not be able to buy a Medigap policy. If you're able to buy one or want to switch policies later, it may cost more.

If you're under 65, you might not be able to buy a Medigap policy, or you may have to pay more. This is true even if you buy a Medigap policy in the first 6 months you have Medicare.



To buy a policy: Visit [Medicare.gov/medigap-supplemental-insurance-plans](https://www.Medicare.gov/medigap-supplemental-insurance-plans) to view the policies offered in your area and how much of your costs the policy will pay for. Then, get an official quote from the company and contact them to buy the policy.

Choose & join a Medicare Advantage Plan or Medicare drug plan

1. Find out which plans are available in your area:
 - **Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).**
 - **Review your “Medicare & You” handbook.** Plans in your area are listed in the back.
 - **Call 1-800-MEDICARE (1-800-633-4227).** TTY users can call 1-877-486-2048.
2. Consider your options. At [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare), you can add your prescriptions to get estimates of your drug costs to help you compare plans.
3. Join a Medicare Advantage Plan or Medicare drug plan at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare), or contact the plan directly.

Need help? Contact your State Health Insurance Assistance Program (SHIP) for free insurance counseling about Medicare. Visit shiphelp.org, or look on the back cover of your “Medicare & You” handbook to get the contact information.



When can I join? **Between now and 3 months after your Medicare coverage starts.**

If you sign up now, your plan coverage will start the same day as your Medicare. If you sign up after you have Medicare, your coverage will start the month after you ask to join the plan. After this opportunity, you can only sign up during one of the times listed on the next page.

Can I make changes to my Medicare plan later?

You'll have at least one chance each year to make changes to your Medicare plan.

October 15–December 7

You can join, switch, or drop a Medicare Advantage Plan or a Medicare drug plan during this Open Enrollment Period each year. Your new coverage starts on January 1 of the following year.

January 1–March 31

If you're in a Medicare Advantage Plan, you can only make one change during this period. You can switch to another Medicare Advantage Plan (with or without drug coverage). Or, you can switch back to Original Medicare and join a separate Medicare drug plan.

Special Enrollment Periods

You may be able to join, switch, or drop Medicare plans when certain events happen in your life, like moving, losing other insurance, and more. Details are on page 30.

Decision 2—Keep Part B?



Medicare Part B (Medical Insurance) is optional, and most people keep it. You need both Part A and Part B to join a Medicare Advantage Plan or buy a Medigap policy. Part B helps cover doctors' services, outpatient care, and more.

Generally, if you aren't working, consider keeping Part B.



Important: If you don't keep Part B and you don't have employer health coverage based on current employment(or other coverage), there are some risks:

- You may have to pay all of the costs for doctors' services, outpatient care, medical supplies, and preventive services.
- If you change your mind and want to get Part B later, you may have to wait until the General Enrollment Period (January 1–March 31 each year) to sign up. This means you may have months without medical coverage.
- In most cases, if you get Part B later, you'll also have to pay a **late enrollment penalty** for as long as you have Part B coverage. The penalty is added to your monthly Part B premium, and it goes up the longer you go without Part B coverage. Get penalty details on page 28.

Read the information on the next few pages to help you decide.

Decision 2—Keep Part B?

How much are premiums for Part B?

The monthly Part B standard premium is \$164.90 in 2023. It will be automatically taken out of your monthly Social Security benefit when your coverage starts. If your Social Security benefits aren't enough to cover the whole Part B premium or you stop getting Social Security benefits, you'll get a bill for your Part B premium every 3 months.

Your monthly premium will be higher than the standard amount if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is more than \$97,000 (if you're single and file an individual tax return) or more than \$194,000 (if you're married and file a joint tax return). These amounts can change each year. If your income goes down because of a life-changing event, like retirement, you can apply to Social Security for an adjustment.

If you have limited income and resources, you may be able to get help from your state to pay your Part B premium if you meet certain conditions. Get details on page 33.



To keep Part B, you don't need to do anything other than pay the premiums.

Decision 2—Keep Part B?

Most people keep Part B. Consider keeping Part B if you:

- Are retired and have coverage through a former employer.
- Have COBRA, which is temporary coverage available in certain situations if you lose job-based coverage. COBRA coverage isn't considered coverage based on current employment.
- Have U.S. Department of Veterans Affairs (VA) coverage.
- Have CHAMP VA coverage or TRICARE retiree coverage—you must keep Part B to get your coverage. Read note at bottom.
- Have coverage through the Health Insurance Marketplace® as an individual or family (not through an employer). Get details on page 27.
- Have coverage through private health insurance (not through the Marketplace or an employer).
- Have Medicaid—your state may pay your Part B premiums while you have Medicaid.
- Don't have other medical insurance.

Read the next page to find out why you may want to keep Part B.



If you're still working or an active-duty service member (or the spouse or dependent child of an active-duty service member), you **may not** need to keep Part B right now. Get details on pages 29–30.

Decision 2—Keep Part B?

My situation is on the previous page. What happens if I keep Part B?

Medicare will be your primary health coverage. If you have other coverage, Medicare will pay its part of the costs for any covered health care services you get after you sign up. Any amount Medicare doesn't cover can be submitted to your non-Medicare plan.



Note: If you have COBRA and you're eligible for Medicare, **COBRA may only pay a small portion of the costs for covered health care services you get** and you may have to pay most of the costs yourself. Ask your COBRA policy what percent they pay. To avoid unexpected medical bills, you may need to sign up for Medicare right away. Contact your State Health Insurance Assistance Program (SHIP) at shiphelp.org, or call 1-877-486-2048 for free, personalized help with this decision.

What happens if I don't keep Part B?

Your current non-Medicare plan coverage might not pay your medical costs. Contact your former employer, plan provider, or VA office to find out if they require you to keep Part B and how your coverage works with Medicare.

If you don't keep Part B, you may not be eligible for a Special Enrollment Period to sign up later.

- You'll have to wait until the General Enrollment Period (January 1–March 31 each year) to sign up. This could mean a long gap if your other coverage ends.
- In most cases, you'll also have to pay a late enrollment penalty every month for as long as you have Part B. The penalty goes up the longer you wait to sign up. Get penalty details on page 28.

Decision 2—Keep Part B?

What if I have coverage through the Health Insurance Marketplace® for individuals and families?

You should consider signing up for Part B and stopping your Marketplace plan (if you don't have dependents) when your Medicare starts. Generally:

- **You won't qualify for help from the Marketplace** to pay your Marketplace premiums or other medical costs. If you continue to get help to pay your Marketplace premiums after your Medicare Part A eligibility starts, you may have to pay back all or part of the help you got when you file your federal income taxes.
- **Your plan may not renew your Marketplace coverage** at the end of the year. This means you and your family could have a gap in your coverage starting January 1 of the next year.
- **You may not be eligible for a Medicare Special Enrollment Period.** This means you'll have to wait for the General Enrollment Period to sign up, and you may have to pay a late enrollment penalty as long as you have Part B coverage.

Visit [HealthCare.gov](https://www.healthcare.gov) and [Medicare.gov](https://www.medicare.gov) to learn more.

If you have employer coverage through the Marketplace (sometimes called Small Business Health Options Program or “SHOP” coverage), get details on page 29.

Decision 2—Keep Part B?

How much is the Part B late enrollment penalty?

If you delay Part B and aren't eligible for a Special Enrollment Period, you'll only be able to sign up for Part B during the General Enrollment Period. You'll pay 10% more for each full 12-month period you could've had Part B but didn't take it. In most cases, you'll have to pay this late enrollment penalty for as long as you have Part B.

Example

If you waited 2 full years (24 months) to sign up for Part B and didn't qualify for a Special Enrollment Period, you'll have to pay a 20% late enrollment penalty (10% for each full 12-month period that you could have been enrolled), plus the standard Part B monthly premium (\$164.90 in 2023).

\$164.90 (2023 Part B standard premium)
+ \$33.00 (20% [of \$164.90] late enrollment penalty)
<hr/>

\$197.90 will be your Part B monthly premium for 2023. This amount is rounded to the nearest \$.10 and includes the late enrollment penalty.

Note: You don't pay a late enrollment penalty if you sign up before the first full 12-month period has passed or if you qualify for a Special Enrollment Period. Details on page 30. The amount could also be different if your income is above a certain amount. Get details on page 24.

Decision 2—Keep Part B?


What if I'm still working, or my spouse or family member is still working?

If you're still working and have employer coverage through work, contact your employer to find out how your employer's coverage works with Medicare.

- If your employer has less than 20 employees, Medicare pays first. Ask your employer if you need to keep Part B.
- If your employer has 20 or more employees, your employer pays first, and you may be able to sign up for Part B later during a Special Enrollment Period, without having to pay a late enrollment penalty.

This includes employer coverage through the Marketplace, also called Small Business Health Options Program or “SHOP” coverage.

Read the next page for more about a Special Enrollment Period for this situation.



COBRA, VA coverage, and retiree health plans **aren't considered coverage** based on current employment, so they don't count as employer coverage for a Special Enrollment Period. Don't wait until your coverage ends to sign up for Part B. Get details on pages 25–26.

Decision 2—Keep Part B?

Who can use the employer or group health plan Special Enrollment Period?


Generally, you can get Part B later during a Special Enrollment Period if:

- You're **65 or older**, you or your spouse is **currently working**, and you have employer or union group health plan coverage based on that current employment.
- You're **under 65 and disabled**, you, a spouse, or a family member is **currently working**, and you have employer or union group health plan coverage based on that current employment. (If the group health plan coverage is based on the current employment of a family member, the employer must have 100 or more employees for you to get a Special Enrollment Period.)

When can you use this Special Enrollment Period?

If you're eligible for this Special Enrollment Period, you can sign up for Part B:

- Anytime while you're still working and have employer or union group health plan.
- For up to 8 months after your group health plan coverage ends, or the employment ends, whichever happens first.

 You may also qualify for a Special Enrollment Period without a late enrollment penalty if you missed a chance to sign up because of certain exceptional circumstances, like being impacted by a natural disaster or emergency, incarceration, employer or health plan error, or losing Medicaid coverage. For more information, visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Decision 2—Keep Part B?

If you want to keep Part B:

Just pay the monthly premiums. You can start using your Part B coverage as of the date on your Medicare card. If you keep Part B, you'll have Original Medicare unless you join a Medicare Advantage Plan.

Cut out your enclosed Medicare card and keep it safe. Show your Medicare card to your health care providers, so they can submit your claims to Medicare for payment. If you have other supplemental coverage, like like a Medigap policy or an employer or retiree plan, also show that plan's card to your health care providers.

If you don't want to keep Part B:

1. Check the box after “I do NOT want Part B (Medical Insurance)” on the back of the enclosed Medicare card.
2. Sign the back of the card.
3. Send back the entire form, including the signed card, in the enclosed envelope **before** the coverage start date on the front of the Medicare card.

Medicare will send you a new Medicare card in a few weeks that shows you have Part A only. In the meantime, write down your Medicare Number, found on the front of the card. Keep it in case you need to go to the hospital or get other Part A-covered services before your new card arrives.

Other things to do in your first year with Medicare

Get the most out of your Medicare and be prepared in case of emergency:

- Create your secure online Medicare account at Medicare.gov.** Access your Medicare information anytime, add your prescription drugs to help you find and compare health and drug plans in your area, and more.
- Make sure someone you trust can talk to us about your Medicare**—fill out an authorization form to allow Medicare to talk with someone you choose, if you aren't able to talk to us yourself. Log into your Medicare account, visit [Medicare.gov/forms-help-other-resources/contact-medicare](https://www.Medicare.gov/forms-help-other-resources/contact-medicare), or call 1-800-MEDICARE (1-800-633-4227) to get and complete the form. TTY users can call 1-877-486-2048.
- Tell us if you have other insurance.** Call Medicare's Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627. TTY users can call 1-855-797-2627.



Visit [Medicare.gov](https://www.Medicare.gov), or check your “Medicare & You” handbook for other things to do in your first year with Medicare.

Help for people with limited income and resources

You can get help paying some of your health care and prescription drug costs:

Medicaid: Medicaid is a joint federal and state program that helps pay medical costs for some people with limited income and resources. Medicaid programs vary from state to state. They may have different names, like “Medical Assistance” or “Medi-Cal.” For more information, call your Medicaid office. To get the phone number, visit [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Medicare Savings Programs: If you have limited income and resources, your state may pay your Part B premium, and in some cases, your deductibles and coinsurance. To learn more, call your Medicaid office. To get the phone number, visit [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone), or call 1-800-MEDICARE.

Extra Help with Medicare drug costs: If you have limited income and resources, you may qualify to get help paying for your Medicare drug plan’s monthly premium, yearly deductible, and copayments. To apply, visit [ssa.gov/extrahelp](https://www.ssa.gov/extrahelp), or call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.

Supplemental Security Income (SSI): SSI makes monthly payments to people with limited income and resources who are disabled, blind, or 65 or older. For more information, visit [ssa.gov](https://www.ssa.gov), or call Social Security.

Note: If you live in a U.S. territory and have limited income and resources, there are different programs to help you pay your Medicare costs. Call your local Medicaid office to learn more.

Get answers to your Medicare questions

Contact ...	For information about ...
<p>Social Security—ssa.gov 1-800-772-1213 TTY: 1-800-325-0778</p>	<ul style="list-style-type: none"> • Signing up for Medicare or correcting your Medicare card • Supplemental Security Income (SSI) • Help paying for Medicare drug coverage • Changing your address
<p>Medicare—Medicare.gov 1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048</p>	<ul style="list-style-type: none"> • General or claims-specific Medicare information • Medicare health and drug plan choices in your area
<p>State Health Insurance Assistance Program (SHIP)—shiphelp.org For your local SHIP phone number, visit shiphelp.org, or call 1-800-MEDICARE. You can also find the number on the back of your “Medicare & You” handbook.</p>	<p>Free personalized health insurance counseling, help with Medicare claims and appeals, and help making health coverage decisions and plan choices</p>
<p>Department of Health and Human Services, Office for Civil Rights hhs.gov/ocr, 1-800-368-1019, TTY: 1-800-537-7697</p>	<p>Your rights if you believe you’ve been discriminated against because of your race, color, religion, national origin, disability, age, or sex</p>
<ul style="list-style-type: none"> • 1-800-MEDICARE • Federal Trade Commission (for identity theft) ID Theft Hotline: 1-877-438-4338, TTY: 1-866-653-4261 • Senior Medicare Patrol (SMP) Program—smpresource.org 1-877-808-2468 	<ul style="list-style-type: none"> • Protecting yourself from Medicare fraud • Protecting yourself from identity theft

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244-1850

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You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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