

New to Medicare

Medicare is the federal government program that provides health care coverage, or health insurance. The Centers for Medicare & Medicaid Services (CMS) is the federal agency that runs Medicare. The program is funded in part by Social Security and Medicare taxes you pay on your income, in part through premiums that people with Medicare pay, and in part by the federal budget. Some people are eligible for Medicare due to their age, while others are eligible due to having a disability or chronic condition. If you are new to Medicare, there can be a lot to learn around your enrollment and coverage choices.

Medicare Part A (inpatient coverage) and Part B (outpatient coverage)

Some people are automatically enrolled in Medicare. For example, if you are already receiving retirement benefits from Social Security when you become Medicare-eligible, or if you've been collecting Social Security Disability Insurance for two years. If you are automatically enrolled, you should receive a package in the mail with your Medicare insurance card telling you so. Otherwise, there are three times to enroll in Parts A and B:

IEP

Initial Enrollment Period (IEP): The three months before, the month of, and the three months after your 65th birthday.

SEP

Special Enrollment Period (SEP): Allows you to delay Medicare enrollment without owing a late enrollment penalty. You may qualify for an SEP if:

- You or your spouse (or sometimes another family member) are still working, and you are covered by the employer health insurance. Note that you shouldn't delay Medicare enrollment if this employer coverage pays secondary to Medicare.
- You have experienced other exceptional circumstances, like losing Medicaid coverage, being released from incarceration, being misinformed by an employer, or being impacted by an emergency or disaster.

GEP

General Enrollment Period (GEP): Every year from January 1 through March 31. You may owe a late enrollment penalty and face gaps in coverage if you use the GEP.

Note: Most people qualify for premium-free Part A because of their or their spouse's work history. If you qualify for premium-free Part A, you can enroll in it at any time once eligible. In other words, you don't have to wait for an enrollment period. In contrast, you must use an enrollment period to enroll in Part B or premium Part A.

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Choosing between Original Medicare and Medicare Advantage is a big choice when you are new to Medicare. Below are some key differences to consider.

To discuss your options with a Medicare counselor, you can contact the Ohio State Health Insurance Information Program (OSHIIP) at 800-686-1578.

	Original Medicare	Medicare Advantage
Costs	Part A and Part B costs, including monthly Part B premium. 20% coinsurance for Medicare-covered services if you see a participating provider and after meeting your deductible.	Cost-sharing depends on the plan. Usually pay a copayment for in-network care. Plans may charge a monthly premium in addition to Part B premium.
Supplemental insurance	Have the choice to pay an additional premium for a Medigap policy to cover Medicare cost-sharing.	Cannot purchase a Medigap policy.
Provider access	Can see any provider and use any facility that accepts Medicare (participating and non-participating).	Typically, can only see in-network providers. Some plans allow you to see out-of-network providers at a higher cost.
Referrals	Do not need referrals for specialists.	Typically need referrals for specialists.
Drug coverage	Must sign up for a stand-alone Part D prescription drug plan.	In most cases, plan provides prescription drug coverage (you may be required to pay a higher premium).
Other benefits	Does not cover routine vision, hearing, or dental services.	May cover additional services, including vision, hearing, and/or dental (you may owe an extra premium)
Out-of-pocket limit	No out-of-pocket limit.	Annual out-of-pocket limit. Plan pays the full cost of your care after you reach the limit.

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Prescription drug plans: Part D is provided only through private insurance companies that have contracts with the federal government. If you have Original Medicare and want to get Part D coverage, you must choose and enroll in a stand-alone prescription drug plan. Typically, you should sign up for Part D when you first become eligible to enroll in Medicare, unless you have other creditable drug coverage. Most Medicare Advantage Plans include drug coverage.



Medigaps: Medigaps are health insurance policies that offer standardized benefits to work with Original Medicare, not with Medicare Advantage. They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain remaining costs after Original Medicare pays first. Medigaps may also cover emergency care when travelling abroad. You should usually enroll in a Medigap during your open enrollment period, the six-month period that begins the month you are 65 or older and enrolled in Medicare Part B. Depending on your situation and the state in which you live, you may be able to enroll at other times, too.

My Health Care Trackers

My Health Care Trackers are fraud-fighting tools that are free through the Senior Medicare Patrol (SMP) program. My Health Care Trackers include:

- Space to take notes on your medical appointment, including the date, your provider's name, the reason for your visit, length of appointment, and care received.
- Instructions on how you can compare your notes to what was billed on your Medicare statements.
- Contact information for relevant agencies, such as Medicare, the Social Security Administration (SSA), the Senior Medicare Patrol (SMP) and the State Health Insurance Assistance Program (SHIP).



Using a My Health Care Tracker and comparing your notes with your Medicare statements is a great way to find potential billing errors, as well as Medicare fraud, abuse, or a stolen medical identity. Ultimately, it can help you reduce your health care costs and protect yourself against potential Medicare fraud, errors, and abuse. Contact the Ohio Senior Medicare Patrol to receive a free My Health Care Tracker or need assistance with reading your Medicare statements. Contact information for the Ohio SMP is on the final page of this document.

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Who to contact for more information:

- Contact the **Ohio State Health Insurance Information Program (OSHIIP)** for help navigating your Medicare enrollment, coverage, and other options when you are new to Medicare.
- Contact the **Ohio Senior Medicare Patrol (SMP)** if you may have experienced Medicare fraud, errors, or abuse.
- Contact 1-800-MEDICARE (633-4227) to enroll in a Medicare Advantage or Part D plan. You may also be able to enroll in a plan online at www.medicare.gov.

Ohio Senior Health Insurance Information Program	Ohio SMP contact information
800-686-1578	800-293-4767
OSHIIPmail@insurance.ohio.gov	smp@proseniors.org
insurance.ohio.gov	www.proseniors.org/ohio-smp
To find a SHIP in another state: Call 877-839-2675 (and say “Medicare” when prompted) or visit www.shiphelp.org	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org
SHIP Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiphelp.org SMP Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2023 Medicare Rights Center www.medicareinteractive.org	
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