



Enrolling in Medicare

If you are getting ready to enroll in Medicare, this booklet is for you.

This official government booklet tells you the following:

- What Medicare is and what it covers
- How and when you can enroll in Medicare
- Where to get more information



Welcome

How This Booklet Can Help You

This booklet is for people who are getting ready to enroll in Medicare. Choosing the type of health care you get is a very important and difficult decision. Just before you turn age 65, you will need to decide whether to enroll in Medicare. In certain situations, you may be eligible for Medicare before age 65 (if you are disabled or have End-Stage Renal Disease).

This booklet explains how to enroll in Medicare Part A and Medicare Part B (see pages 9-15), and the important periods for enrolling in Medicare (see pages 16-19).

This booklet also includes information about Medicare enrollment if you have End-Stage Renal Disease, are in a group health plan (based on retirement or disability), or have TRICARE coverage.

If you want to enroll in Medicare, you should call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778. Different eligibility rules may apply.

How To Use This Booklet

There are two ways to find the information you need:

1. Look at the “**Table of Contents**” on pages 1-2. This lists topic areas by section, with page numbers, in the order they appear.
2. Look at the “**Index**” section on pages 55-57. This is an alphabetical list of specific topics discussed in this booklet, with page numbers. This is the easiest way to find information.

Tip: Pages 28, 34, 42, and 48 are note pages. Use these pages to write down any questions you might have or information you gather.

The *Enrolling in Medicare* booklet isn't a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

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An alphabetical list of what is in this booklet.

Important: The information in this booklet was correct when it was printed. Changes may occur after printing. For the most up-to-date version, look at www.medicare.gov on the web. Select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227). A Customer Service Representative can tell you if you have the most up-to-date version. TTY users should call 1-877-486-2048.

1

The Medicare Program



This section has helpful information about Medicare Part A and Part B and who’s eligible.

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Who is eligible for Medicare?	5
Your Medicare health plan choices	6
What does full retirement age mean?	7
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What is Medicare?

Medicare is a health insurance program for

- people age 65 or older,
- people under age 65 with certain disabilities, and
- people of all ages with [End-Stage Renal Disease](#) (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has two parts: Medicare Part A and Part B

Medicare Part A (Hospital Insurance)

- **What it covers.** Medicare Part A helps cover your inpatient care in hospitals, including [critical access hospitals](#), and skilled nursing facilities (not unskilled or long-term care). It also covers hospice care and some home health care.
- **What you pay.** Most people don't have to pay a monthly payment, called a [premium](#), for Medicare Part A. This is because they or a spouse paid Medicare taxes while they were working.

Page 44 has more Medicare Part A information.

Medicare Part B (Medical Insurance)

- **What it covers.** Medicare Part B helps cover your doctors' services, outpatient care, and some other medical services that Medicare Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Medicare Part B helps pay for these covered services and supplies when they are [medically necessary](#).
- **What you pay.** Most people pay a monthly premium for Medicare Part B (\$66.60 in 2004). Premiums can change every year. You also pay a \$100 (in 2004) Part B deductible each year before Medicare starts to pay its share. The Part B deductible will go up to \$110 in 2005.

Pages 45-47 have more Medicare Part B information.

You can also find out what services and supplies are covered by Medicare by looking at www.medicare.gov on the web. Select "Your Medicare Coverage." To get the services that are covered by Medicare Part A and Part B, you must meet certain conditions. To learn more about these conditions, call 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048.

Who is eligible for Medicare?

Generally, you are eligible for Medicare Part A if you

- are age 65 or older, or
- have received disability benefits from Social Security or the Railroad Retirement Board for at least 24 months, or
- have [End-Stage Renal Disease](#) and meet certain requirements.

Note: For more information about eligibility for Medicare, call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

You can also get more information about Medicare eligibility and enrollment by looking at www.medicare.gov on the web. Select “Medicare Eligibility Tool.”

Remember, words in [green](#) are defined on pages 52-54.

Your Medicare health plan choices

Depending on where you live, you may be able to get your health care coverage in several ways. Medicare offers the [Original Medicare Plan](#) and several types of [Medicare Advantage](#) (formerly Medicare + Choice) [Plans](#).

Which Medicare health plan you choose can affect many things, like cost, doctor choice, benefits (some Medicare Advantage Plans have extra benefits, like prescription drugs), convenience, and quality. Your Medicare health plan choices include the following:

The Original Medicare Plan

(available nationwide)

For more information about the Original Medicare Plan, get a free copy of the *Medicare & You* handbook (CMS Pub. No. 10050). Look at www.medicare.gov on the web. Select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

You can also find out what services and supplies are covered by Medicare by looking at www.medicare.gov on the web. Select “Your Medicare Coverage.”

Medicare Advantage Plans

(available in many areas)

There are several types of Medicare Advantage Plans including

- [Medicare Managed Care Plans](#)
- [Medicare Preferred Provider Organization Plans](#)
- [Medicare Private Fee-for-Service Plans](#)
- [Medicare Specialty Plans](#)

For more information about Medicare health plan choices in your area, look at www.medicare.gov on the web. Select “Medicare Personal Plan Finder.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Note: Free Medicare information and publications are available on the web at www.medicare.gov to help you make decisions about your health care (see page 50). Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What does full retirement age mean?

Full retirement age is the age you are eligible to get unreduced (full) Social Security retirement benefits. The full retirement age to get Social Security benefits has been age 65 for many years. However, in 2003, the age to get full Social Security retirement benefits changed. The full retirement age will depend on the year you were born.

If you were born in 1937 or earlier, you are eligible for **full** Social Security retirement benefits at age 65 (you aren't affected by the change). The full retirement age will gradually go up until it reaches age 67. If you were born in 1960 or after, your full retirement age is 67. **Here is an example:**

If you were born...	your full retirement age is...
1937 or earlier	age 65
1938-1959	age 65 and 2 months - age 66 and 10 months Depends on the year you were born.
1960 or later	age 67

Note: You can also retire at anytime between age 62 and your full retirement age. However, if you start getting Social Security benefits before your full retirement age, your benefits are reduced.

To find your exact full retirement age and how it affects your Social Security retirement benefits, look at www.socialsecurity.gov on the web. You can also call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

Is the Medicare eligibility age changing?

No, the Medicare eligibility age **isn't** changing. You are still eligible for Medicare starting at age 65, no matter what year you were born.

If you or your spouse worked and paid Medicare taxes for at least ten years, you are eligible for premium-free* Medicare Part A at age 65. You are also eligible for Medicare Part B at age 65, which has a monthly **premium** (\$66.60 in 2004). Premiums can change every year.

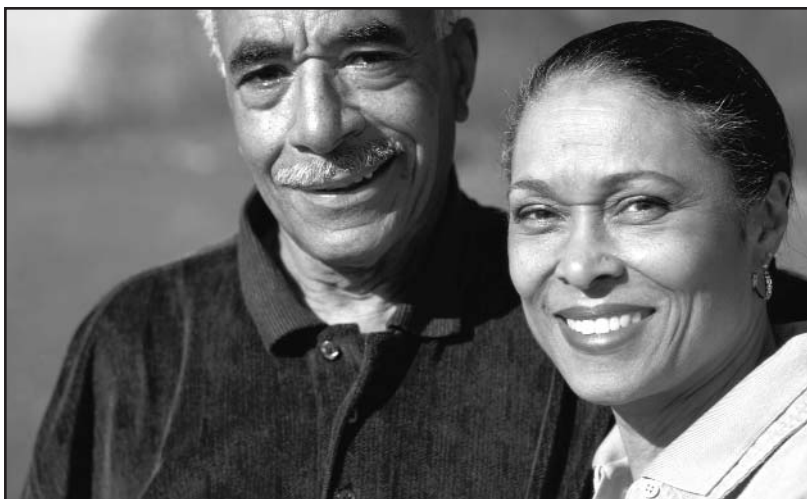
You can also get information about Medicare eligibility and enrollment by looking at www.medicare.gov on the web. Select “Medicare Eligibility Tool.”

Important: Even if you aren't eligible for full Social Security retirement benefits at age 65, you can still sign up for Medicare Part B during your Initial Enrollment Period (see pages 16 and 19).

* Premium-free means you don't pay anything for Medicare Part A.

2

How and When to Enroll in Medicare Part A



This section has detailed information about how and when to enroll in Medicare Part A.

Topic...	See page...
Enrolling in Medicare Part A	10
The cost of Medicare Part A	11
Can I enroll in Medicare Part B if I don't have Medicare Part A?	12

Enrolling in Medicare Part A

How and when you enroll in Medicare Part A depend on your situation. Most people are enrolled automatically, without taking any action. Here is what happens in some common situations:

- **If you are already getting retirement benefits from Social Security or the Railroad Retirement Board**, you will be automatically enrolled in Medicare Part A starting the first day of the month you turn age 65. Your Medicare card (see page 16) will be mailed to you about three months before your 65th birthday. This card shows the date your Medicare Part A (and Medicare Part B) begins.
- **If you are under age 65 and disabled**, generally you will be automatically enrolled in Medicare Part A after you get disability benefits from Social Security or the Railroad Retirement Board for 24 months. Your Medicare card (see page 16) will be mailed to you about three months before your 25th month of disability benefit entitlement. This card shows the date your Medicare Part A (and Medicare Part B) begins.

Note: If you have Amyotrophic Lateral Sclerosis (ALS), you will get Medicare Part A the first month you get disability benefits from Social Security or the Railroad Retirement Board.

- **If you are close to age 65 and haven't filed for Social Security or Railroad Retirement benefits**, you must apply for Medicare Part A.
- **If you have End-Stage Renal Disease (ESRD)**, you must apply for Medicare Part A. You can apply for Medicare Part A as soon as you are diagnosed with ESRD. Your Medicare Part A coverage usually starts the fourth month of dialysis treatments or the month you get your kidney transplant (see page 39).

If you aren't automatically enrolled in Medicare Part A, you will need to call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

If you are a railroad employee or get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1-800-808-0772 for more information about getting Medicare Part A.

The cost of Medicare Part A

Most people don't have to pay a monthly **premium** for Medicare Part A. This is because they or a spouse paid Medicare taxes while they were working. You are eligible for premium-free Medicare Part A

- if you are under age 65, disabled, and you have received benefits from Social Security or the Railroad Retirement Board for at least 24 months based on that disability.
- if you are age 65 and over, you or a spouse must have worked at least 10 years under Medicare-covered employment.

OR

- if you are eligible for Medicare because of **End-Stage Renal Disease**.

If you are age 65 and you or your spouse worked less than 10 years in Medicare-covered employment, you may still be eligible to enroll in Medicare Part A. You will have to meet certain requirements and pay a premium for your Medicare Part A. Your premium amount will depend on how many years you worked.

For more information about enrolling in Medicare Part A and premium amounts, call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

To be eligible for premium Medicare Part A you must be age 65 or older, a resident of the U.S., and either

- a U.S. citizen, or
- an alien lawfully admitted for permanent residence who has lived in the U.S. without a break for the five-year period immediately before the month you meet all other requirements, and
- currently enrolled in or enrolling in Medicare Part B when you apply for Medicare Part A (during a valid enrollment period).

Remember, words in **green** are defined on pages 52-54.

Can I enroll in Medicare Part B if I don't have Medicare Part A?

If you aren't eligible for premium-free* Medicare Part A, you can buy Medicare Part B, without having to buy Medicare Part A, if you are age 65 or older, a resident of the U.S., and either

- a U.S. citizen, or
- an alien lawfully admitted for permanent residence who has lived in the U.S. without a break for the five-year period immediately before the month you file for enrollment in Medicare Part B.

The monthly premium for Medicare Part B is \$66.60 in 2004. This amount can change every year. See pages 13-27 for more information about enrolling in Medicare Part B.

To enroll in Medicare, you should call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

* Premium-free means you don't pay anything for Medicare Part A.

Section

3

How and When to Enroll in Medicare Part B



This section has detailed information about how and when to enroll in Medicare Part B.

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Enrolling in Medicare Part B

You must decide for yourself whether to enroll in Medicare Part B. Medicare Part B helps cover your doctors' services, outpatient hospital care, and some other medical services that Medicare Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Medicare Part B helps pay for these covered services and supplies when they are medically necessary. For more information about what's covered by Medicare Part B, see pages 45-47.

This section explains when you can enroll in Medicare Part B and what steps you need to take.

How and when you enroll depend on your situation

If you decide to enroll in Medicare Part B, how and when you enroll depend on your situation. Here is what happens in some common situations:

- **If you already get benefits from Social Security or the Railroad Retirement Board**, you are automatically enrolled in Medicare Part B starting the first day of the month you turn age 65. Your Medicare card (see page 16) will be mailed to you about three months before your 65th birthday. If you don't want Medicare Part B, follow the instructions that come with your Medicare card.
- **If you are under age 65 and disabled**, generally you are automatically enrolled in Medicare Part B after you get disability benefits from Social Security or the Railroad Retirement Board for 24 months. Your Medicare card (see page 16) will be mailed to you about three months before your 25th month of disability benefit entitlement. If you don't want Medicare Part B, follow the instructions that come with your Medicare card.

Note: If you have Amyotrophic Lateral Sclerosis (ALS), you will be enrolled in Medicare Part B the first month you are entitled to Social Security or Railroad Retirement benefits.

- **If you are close to age 65 and you don't currently get Social Security or Railroad Retirement benefits, or Medicare Part A**, you can sign up for Medicare Part B when you apply for retirement benefits or Medicare Part A. If you aren't eligible for premium-free Medicare Part A, you can sign up for Medicare Part B only.

How and when you enroll depend on your situation (continued)

- If you have **End-Stage Renal Disease (ESRD)**, you can sign up for Medicare Part B when you apply for Medicare Part A. Your Medicare Part B coverage usually starts the fourth month of dialysis treatments or the month you get your kidney transplant (see page 39).
- If you didn't sign up for Medicare Part B when you first became eligible, you may sign up at other times. Exactly when you can enroll depends on your situation.

Note: Information is available at www.medicare.gov on the web to help you make decisions about enrolling in Medicare Part B.

How to enroll in Medicare Part B

If you aren't automatically enrolled in Medicare Part B, you will need to contact the Social Security Administration to get enrolled. Here are several ways you can enroll:

- Call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.
- Some people who meet certain conditions may be able to apply on a computer. Look at the Social Security Administration's website at www.socialsecurity.gov on the web.

Note: If you are a railroad employee or get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1-800-808-0772 to apply.

There are three times when you can sign up for Medicare Part B:

1. **Initial Enrollment Period** (see pages 16 and 19)
2. **General Enrollment Period** (see pages 17 and 19)
3. **Special Enrollment Period** (see pages 18-19)

Remember, words in green are defined on pages 52-54.

If you have **End-Stage Renal Disease**, and need more information about signing up for Medicare Part A and Part B, or you are disabled, see page 35.

The Initial Enrollment Period package gives you important information

If you are already getting benefits from Social Security or the Railroad Retirement Board, you will automatically be enrolled in Medicare Part A and Part B. You will get the “Initial Enrollment Period” package that welcomes you to Medicare. This package is mailed about three months before your 65th birthday or, if you are disabled, three months before your 25th month of disability benefit entitlement. In this package, you will get your Medicare card (see below). If you don’t want Medicare Part B, follow the instructions that come with this package. Read this package carefully. **You will have to decide**

- whether you want to keep Medicare Part B,
- if you keep Medicare Part B, how do you want to get your Medicare-covered services, and
- if you want to buy a [Medigap](#) (Medicare Supplement Insurance) [policy](#) (see page 22).

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY JANE DOE			
MEDICARE CLAIM NUMBER 000-00-0000-A	SEX FEMALE		
IS ENTITLED TO HOSPITAL (PART A)	EFFECTIVE DATE 07-01-1986		
MEDICAL (PART B)	07-01-1986		
SIGN HERE		<i>Jane Doe</i>	

Note: If you decide to keep Medicare Part B during this period, you don’t need to use the other enrollment periods.

The Initial Enrollment Period for Medicare Part B

The Initial Enrollment Period is a **seven-month period** that **begins** three months *before* the month you are first eligible for Medicare Part B. For most people, the Initial Enrollment Period begins three months before the month you turn age 65. It **ends** three months *after* you turn age 65. If you are disabled and getting benefits from Social Security or the Railroad Retirement Board, the Initial Enrollment Period generally **begins** three months *before* your 25th month of entitlement.

If you aren’t already getting benefits from Social Security or the Railroad Retirement Board and you are turning age 65 in the next three months, you can sign up for Medicare Part B when you apply for retirement benefits or Medicare Part A. You can also sign up for Medicare Part B only if you aren’t eligible for premium-free Medicare Part A.

You can sign up for Medicare Part B anytime during your Initial Enrollment Period. However, if you want Medicare Part B coverage to begin the month you turn age 65, you must sign up for it during the first three months of your Initial Enrollment Period. If you wait until you are age 65, or sign up during the last three months of your Initial Enrollment Period, your Medicare Part B start date will be delayed. See the Initial Enrollment Period example on page 19. **If you don’t sign up for Medicare Part B during your Initial Enrollment Period, you may have to pay extra for your Medicare Part B premium (see example on page 17).**

What if I didn't enroll in Medicare Part B when I first became eligible?

If you didn't sign up for Medicare Part B when you first became eligible (during your Initial Enrollment Period, see page 16), you may be able to sign up during the other two enrollment periods:

- The General Enrollment Period (see below)
- The Special Enrollment Period (see page 18)

The General Enrollment Period for Medicare Part B

This period runs from **January 1 through March 31** of each year. During this time, you can sign up for Medicare Part B at your local Social Security office. If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1-800-808-0772. Your Medicare Part B coverage will start on July 1 of the year you sign up. See the General Enrollment Period example on page 19.

Important: The cost of Medicare Part B will go up **10% for each full 12-month period** that you could have had Medicare Part B but didn't take it, except in special cases (see page 18). **You will have to pay this extra amount (called a premium surcharge)** as long as you have Medicare Part B. Here is an example if you delayed enrolling for 24 months:

EXAMPLE

If you delayed enrolling in Medicare Part B for **24 months**, you will have to pay a **20% premium surcharge** (10% for each full 12-month period that you could have been enrolled), plus your standard Medicare Part B monthly premium (\$66.60 in 2004).

\$66.60	2004 Medicare Part B standard premium
+ \$13.30	(20% of \$66.60 is \$13.32. In this example, this amount is rounded down.)

\$79.90 will be your Medicare Part B monthly premium for 2004.

Note: The example above is if you delayed enrolling in Medicare Part B for **24 months**. You don't pay a premium surcharge if you enroll before a full 12-month period has passed.

The Special Enrollment Period for Medicare Part B

This enrollment period is available if you are eligible for Medicare based on age 65 or disability but waited to enroll in Medicare Part B because you or your spouse were working and you had group health plan coverage through an employer or union based on this work. For more information about group health plan coverage, see page 29.

If this applies to you, you can sign up for Medicare Part B anytime while you are covered by the group health plan based on current employment status or during the eight-month period following the month the group health plan coverage ends or the employment ends, whichever is first. See the Special Enrollment Period example on page 19 for more details.

If you are still working and plan to keep your employer's group health plan coverage, you should talk to your benefits administrator or your [State Health Insurance Assistance Program](#) to help you decide the best time to enroll in Medicare Part B.

When you sign up for Medicare Part B, you automatically begin your [Medigap](#) (Medicare Supplement Insurance) open enrollment period. Once your Medigap open enrollment period begins, it can't be changed or restarted.

For more information about Medigap, see page 22. You can also get a free copy of *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* (CMS Pub. No. 02210) by looking at www.medicare.gov on the web. Select "Publications." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you are disabled and have group health plan coverage based on your own or family member's current employment, the Medicare Part B Special Enrollment Period rules may also apply.

Note: If you are eligible for Medicare because you have [End-Stage Renal Disease](#), you aren't eligible for a Special Enrollment Period.

If you have questions about when your coverage will begin, you can call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

Important: Most people who sign up for Medicare Part B during a Special Enrollment Period don't pay higher [premiums](#). However, if you are eligible but don't sign up for Medicare Part B during the Special Enrollment Period, you will only be able to sign up during the [General Enrollment Period](#), and the cost of Medicare Part B may go up (see page 17).

Remember, words in [green](#) are defined on pages 52-54.

Medicare Part B enrollment periods summary chart

Initial Enrollment Period

This is a seven-month period that begins three months before the month you are first eligible for Medicare Part B. (For most people, the Initial Enrollment Period **begins** three months *before* the month you turn age 65. It **ends** three months *after* you turn age 65. For more information about the Initial Enrollment Period, see page 16.)

3 months
before the
month you
turn age 65

2 months
before the
month you
turn age 65

1 month
before the
month you
turn age 65

Sign up early to avoid a delay in getting coverage for Part B services. To get Part B coverage the month you turn age 65, you must sign up during these first three months.

The month
you turn
age 65

1 month
after the
month you
turn age 65

2 months
after the
month you
turn age 65

3 months
after the
month you
turn age 65

If you wait until these last four months of your Initial Enrollment Period to sign up for Medicare Part B, your start date for your coverage will be delayed.

Note: If you wait until after the Initial Enrollment Period is *over*, you may have to **pay more** for your Medicare Part B premium (see example on page 17), except in special cases. See the Special Enrollment Period below.

General Enrollment Period

This period runs from **January 1 through March 31** of each year. If you didn't enroll in Medicare Part B when you first became eligible (during your Initial Enrollment Period), you can sign up during this enrollment period. Remember, the cost of Medicare Part B **will go up 10% for each full 12-month period** (see example on page 17) that you could have had Medicare Part B but didn't take it, except in special cases. See the Special Enrollment Period below.

If you sign up during these months:

January

February

March

Your coverage will begin on:

July 1

For more information about the General Enrollment Period, see page 17.

Special Enrollment Period

This enrollment period may be used if you waited to enroll in Medicare Part B because you or your spouse (or family member if you are disabled) were still working and had group health plan coverage. If this applies to you, you can sign up for Medicare Part B:

Anytime while you are still covered by the group health plan, through your or your spouse's (or family member's if you are disabled) current employment status

or

During the eight months following the month the group health plan coverage ends, or the employment ends (**whichever is first**)

For more information about the Special Enrollment Period, see page 18.

When Your Medicare Part B coverage begins

If you are disabled and getting benefits from Social Security or the Railroad Retirement Board, your Medicare Part B coverage will generally begin with your 25th month of benefit entitlement. If you are age 65 and enroll in Medicare Part B during the first three months of your **Initial Enrollment Period**, the date that your Medicare Part B coverage begins will depend on your birthday.

- If your birthday **is** on the first day of a month, your Medicare Part B coverage starts the first day of the prior month. **Here is an example:**

EXAMPLE

Jane's 65th birthday is July 1, 2004. If Jane enrolls in Medicare Part B during the first three months of her Initial Enrollment Period (April, May, or June), her coverage will start on June 1, 2004.

- If your birthday **isn't** on the first day of the month, your Medicare Part B coverage starts the first day of your birthday month. **Here is an example:**

EXAMPLE

Steve's 65th birthday is July 20, 2004. If Steve enrolls in Medicare Part B during the first three months of his Initial Enrollment Period (April, May, or June), his coverage will start on July 1, 2004.

- If you enroll in Medicare Part B the month you turn age 65 or during the last three months of your Initial Enrollment Period, your Medicare Part B start date will be delayed. **Here is an example:**

EXAMPLE

Susan turns age 65 in July. If Susan enrolls the month she turns age 65 (July) or during the last three months of her Initial Enrollment Period (August, September, or October), her Medicare Part B coverage start date depends on the month she enrolls. If she enrolls in

- July, her coverage starts August 1.
- August, her coverage starts October 1.
- September, her coverage starts December 1.
- October, her coverage starts January 1.

Note: If you have questions about when your coverage will begin, you can call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

The cost of Medicare Part B

How much does Medicare Part B cost?

The monthly **premium** for Medicare Part B is \$66.60 in 2004. This amount can change every year. In some cases, this amount may be higher if you don't enroll in Medicare Part B when you first become eligible. For more information about the **General Enrollment Period** and how the cost might be higher, see page 17.

How do I pay the monthly premium for Medicare Part B?

If you choose to enroll in Medicare Part B, the premium is usually taken out of your monthly Social Security, Railroad Retirement, or Office of Personnel Management payment. In these cases, you **won't** get a bill for your premium. If you don't get any of these payments, Medicare sends you a bill for your Medicare Part B premium every three months. If you don't get your bill by the 10th of the month, call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778. If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1-800-808-0772.

If I delay enrolling in Medicare Part B, do I have to pay more?

If you enroll in Medicare Part B during the General Enrollment Period, you may have to pay a higher premium (**premium surcharge**). For more information about the premium surcharge, see page 17.

Can I delay my Medicare Part B enrollment without paying a higher premium?

Yes, in some cases you can delay enrolling in Medicare Part B without having to pay a higher premium. If you don't sign up for Medicare Part B when you are first eligible because you or your spouse (or family member if you are disabled) are working and you have group health plan coverage through the employer or union, based on that employment, you can sign up for Medicare Part B during a **Special Enrollment Period**. For more information about the Special Enrollment Period, see page 18.

Remember, words in **green** are defined on pages 52-54.

The cost of Medicare Part B (continued)

Will Medicare Part B cover all of my health care costs?

No, Medicare Part B doesn't cover all of your health care costs. Medicare Part B covers the health care services listed on pages 45-47.

There are other kinds of health care coverage that may pay for some of your health care costs not covered by Medicare. To learn more about other kinds of health insurance and ways to pay health care costs, get a free copy of

- *Health Care Coverage Directory for People with Medicare* (CMS Pub. No. 02231)
- *Medicare and Other Health Benefits: Your Guide to Who Pays First* (CMS Pub. No. 02179)
- *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* (CMS Pub. No. 02110)
- *Choosing a Medicare Health Plan: A Guide for People with Medicare* (CMS Pub. No. 02219)

Look at www.medicare.gov on the web. Select "Publications." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medigap (Medicare Supplement Insurance) Policies

Buying a [Medigap policy](#) is your choice. You can buy a Medigap policy to help cover some of the services that Medicare Part B doesn't cover. A Medigap policy is a Medicare supplement insurance policy sold by private insurance companies to fill "gaps" in [Original Medicare Plan](#) coverage.

When you sign up for Medicare Part B and you are age 65 or older, you automatically begin your Medigap open enrollment period. This is a one-time-only six-month period when you can buy any Medigap policy you want that is sold in your state. If you want to buy a Medigap policy, the best time to buy one is during your open enrollment period. If you buy a Medigap policy after your open enrollment period, you may not have as many choices. Once your Medigap open enrollment period starts, it can't be changed or restarted.

The cost of Medicare Part B (continued)

My income is very limited and I can't afford the Medicare premiums.

Can Medicare help me pay my premiums?

There are programs that help millions of people with Medicare save money each year. These programs are called "Medicare Savings Programs." States have programs for people with limited income and resources that pay Medicare premiums and, in some cases, might also pay your Medicare deductibles and coinsurance.

You can apply for these programs if

- you have Medicare Part A (If you are paying a premium for Medicare Part A, the Medicare Savings Program may pay the Medicare Part A premium for you.)

and

- you are an individual with resources of \$4,000 or less, or are a couple with resources of \$6,000 or less. Resources include things like money in a checking or savings account, stocks, or bonds.

and

- you are an individual with a monthly income of less than \$1,068, or are a couple with a monthly income of less than \$1,426. Income limits will change slightly in 2005. If you live in Alaska or Hawaii, income limits are slightly higher.

Note: Individual states may have more generous income and/or resource requirements.

Medicare Savings Programs may not be available in Guam, Puerto Rico, the Virgin Islands, the Northern Mariana Islands, and American Samoa.

Call your State Medical Assistance Office and ask for information on Medicare Savings Programs. It's very important to call if you think you qualify for any of these Medicare Savings Programs, even if you aren't sure. To get your state's telephone number, look at www.medicare.gov on the web. Select "Helpful Contacts." Or, call 1-800-MEDICARE (1-800-633-4227) for your state's telephone number. TTY users should call 1-877-486-2048.

The cost of Medicare Part B (continued)

I live outside the United States and I don't have Medicare Part B.

If I get Medicare Part B, will I pay more?

In some cases, you may have to pay a higher premium. It will depend on your situation. Listed below are two possible situations:

Situation #1: If you are over age 65 or disabled and currently get benefits from Social Security or the Railroad Retirement Board, have Medicare Part A, and you didn't take Medicare Part B when you were first eligible, you may only apply for Medicare Part B during the [General Enrollment Period](#) (see page 17) or [Special Enrollment Period](#) (see page 18), if applicable. The General Enrollment Period runs from January 1 through March 31 and you may have to pay higher [premiums](#).

Situation #2: If you are over age 65, and are eligible for benefits from Social Security or the Railroad Retirement Board, you may apply for retirement benefits and Medicare Part A at the same time. You will have to file for Medicare Part B during the General Enrollment Period (or Special Enrollment Period, if applicable). The General Enrollment Period runs from January 1 through March 31 and you may have to pay higher premiums.

If these situations don't apply to you, contact the Social Security Administration to discuss your options. Here are several ways that you can contact the Social Security Administration:

- Call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.
- Look at www.socialsecurity.gov on the web.
- Contact the American embassy if you are living outside the United States. The embassy usually has someone who can help you with your questions.

Medicare Part B and COBRA coverage

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) is a law that may let you keep your employer group health plan coverage for a limited period of time after your employment ends or after you lose coverage as a dependent of the covered employee. Even if you elect to get COBRA coverage when your employer coverage ends, you should still consider enrolling in Medicare Part B at the same time because you **won't** get another Special Enrollment Period (SEP), see page 18. The SEP means you will have to sign up for Medicare Part B within eight months after your group health plan coverage ends or when you lose coverage.

If you are covered under COBRA, your employer group health plan may require you to sign up for Medicare Part B. In that case, the best time to sign up for Medicare Part B is **before** your employment ends or you lose coverage. If you wait to sign up for Medicare Part B during the last part of your SEP (the eight months **after** your employment or coverage ends), your employer could make you pay for services that Medicare would have paid for if you had signed up earlier.

If you don't sign up for Medicare Part B during the eight-month period (SEP), or when your employment ends or you lose coverage, you will only be able to sign up during the General Enrollment Period (see page 17) and the cost of Medicare Part B may go up.

Remember: Once you're age 65 or older and you enroll in Medicare Part B, your Medigap open enrollment period (see page 22) starts and it can't be changed.

Before you elect COBRA coverage, it may be helpful to talk with your [State Health Insurance Assistance Program](#) about whether buying a Medigap policy (see page 22) would be better for you than electing COBRA coverage.

Note: If you have COBRA coverage when you enroll in Medicare, your COBRA coverage may end. Your employer has the option of canceling your COBRA coverage when you enroll in Medicare.

Medicare Part B and group health plan coverage

If you have Medicare Part B and then drop it because you, your spouse, or a family member is working and have group health plan coverage through the employer or union, you can sign up for Medicare Part B again during a Special Enrollment Period. It's important to make sure that your group health plan coverage is in effect before you drop Medicare Part B. In this case, the cost of Medicare Part B won't go up when you get it again. Remember, when you drop Medicare Part B, your coverage ends the last day of the next month. Also, if you drop Medicare Part B after age 65, you won't get another Medigap open enrollment period (see page 22) when you restart Medicare Part B.

Common questions

Can I apply for Social Security and Medicare benefits on the web?

Yes, you may be able to apply for Social Security and Medicare benefits at www.socialsecurity.gov on the web if you meet certain conditions. You can also call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

How do I know if I have Medicare Part A and/or Part B?

If you aren't sure if you have Medicare Part A or Part B, look on your red, white, and blue Medicare card (see page 16). If you have Medicare Part A, "Hospital (Part A)" is printed on the lower left corner of your card. If you have Medicare Part B, "Medical (Part B)" is printed on the lower left corner of your card. You can also call the Social Security Administration at 1-800-772-1213 to find out if you have Medicare Part A and/or Part B. TTY users should call 1-800-325-0778. If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1-800-808-0772.

Does my spouse, who is under age 65, get Medicare when I turn age 65 and get Medicare?

Generally no. You can't get Medicare until you are age 65 or older. However, your spouse may qualify for Medicare coverage if he or she is under age 65 and has a disability or [End-Stage Renal Disease \(ESRD\)](#).

Next month I will be age 65, but I have worked less than 10 years. Can I enroll in Medicare?

You can enroll in Medicare Part B only, or in both Medicare Part A and Part B. However, since you haven't worked at least 10 years in Medicare-covered employment, you will have to pay a monthly premium for Medicare Part A, as well as the Medicare Part B premium (\$66.60 in 2004). To enroll in Medicare or to find out how much your Medicare Part A premium will cost, call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

Common questions (continued)

My spouse is older than me and has never worked. Can my spouse get Medicare at age 65, or does he or she have to wait until I turn age 65 and enroll in Medicare?

If you are age 62 or older when your spouse turns age 65, and you have worked at least 10 years in Medicare-covered employment, your spouse can get premium-free Medicare Part A when he or she turns age 65.

If you have worked at least 10 years in Medicare-covered employment, but you aren't yet age 62 when your spouse turns age 65, he or she won't be eligible for premium-free Medicare Part A until your 62nd birthday. In this case, your spouse should still apply for Medicare Part B at age 65 so he or she can avoid paying a higher Medicare Part B **premium**. If your spouse also enrolls in Medicare Part A, he or she will have to pay a monthly premium for it until you turn age 62.

If you are still working and your spouse is covered under your employer or union group health plan when he or she turns age 65, he or she could delay enrolling in Medicare Part B without paying a higher premium. See the Special Enrollment Period for Medicare Part B on page 18.

Should I notify Medicare if my health care coverage changes?

Yes, it's important that you call 1-800-MEDICARE (1-800-633-4227) if your health care coverage changes for any reason. TTY users should call 1-877-486-2048.

4

Group Health Plans and TRICARE Coverage



This section has answers to some questions you might have about Medicare Part B enrollment if you are in a group health plan or have TRICARE coverage.

<u>Topic...</u>	<u>See page(s)...</u>
Medicare and group health plan coverage	30
Medicare and group health plan coverage after you retire	31-32
Medicare and TRICARE	33

Medicare and group health plan coverage

The following are answers to some questions you might have about group health plans and Medicare Part B.

I'm still working and my spouse, who is turning age 65 this year, is covered under my group health plan. If my spouse doesn't enroll in Medicare Part B now, will he or she have to pay a higher Medicare Part B premium when he or she does enroll?

If your spouse enrolls during the [Special Enrollment Period](#), he or she won't have to pay a higher Medicare Part B [premium](#). See page 18 to find out about the rules for the Special Enrollment Period. However, if he or she doesn't enroll during a Special Enrollment Period, your spouse must wait until a [General Enrollment Period](#) (see page 17) and might pay a higher Medicare Part B premium.

I have had Medicare Part B since age 65, but I have returned to work and now have group health plan coverage through my employer or union. I don't think I need both Medicare Part B and the group health plan coverage. What can I do?

You can drop Medicare Part B because you are working and covered under an employer or union group health plan, and sign up for it again during the Special Enrollment Period (see page 18). Make sure that your group health plan coverage is in effect **before** you drop Medicare Part B. In this case, the cost of Medicare Part B won't go up when you re-enroll later. Remember, when you drop Medicare Part B, your coverage ends the last day of the next month. Also, if you drop Medicare Part B after age 65, you won't get another [Medigap](#) (Medicare Supplement Insurance) open enrollment period when you restart Medicare Part B (see page 22). You should talk to your [State Health Insurance Assistance Program](#) before you make your decision about changing.

For more information about Medigap policies, get a free copy of *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* (CMS Pub. No. 02110). Look at www.medicare.gov on the web. Select "Publications." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare and group health plan coverage after you retire

The following are answers to some questions you might have about Medicare and group health plan coverage after you retire.

If I retire at age 63, will I be eligible for Medicare at that time?

No. You aren't eligible for Medicare until you are age 65 (unless you are eligible because of a disability or ESRD). If you retire, you may be able to keep your group health plan coverage from your employer or union. You should talk with your benefits administrator about your health care coverage after you retire.

I'm retired. Can I have both Medicare and my group health plan coverage?

Yes. When you become eligible for Medicare, you may need to enroll in both Medicare Part A and Part B to receive full benefits from your group health plan. Many group health plans offer benefits that fill Medicare's gaps in coverage and sometimes include extra benefits, like prescription drugs. Remember, a group health plan **isn't** a [Medigap policy](#).

If you aren't sure how your group health plan works with Medicare, get a copy of your plan's benefits booklet. For more information on how your group health plan works, you should call your benefits administrator. If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare and group health plan coverage after you retire (continued)

I'm a retired government employee with a Federal Employees Health Benefit Plan (FEHBP) and am eligible for Medicare. Do I need to enroll in Medicare Part B?

Enrolling in Medicare Part B is your choice. You can enroll in Medicare Part B during your [Initial Enrollment Period](#) (see pages 16 and 19). This period begins three months before your 65th birthday and lasts until three months after you turn age 65. If you don't enroll in Medicare Part B during your Initial Enrollment Period, you may only enroll during the [General Enrollment Period](#) (see page 17) or [Special Enrollment Period](#), if applicable (see page 18).

Remember, the cost of Medicare Part B will go up **10% for each full 12-month period** that you could have had Medicare Part B but didn't take it, except in special cases (see page 18). You will have to pay this extra amount for as long as you have Medicare Part B (see example on page 17).

For more information about FEHBP, get a copy of *FEHBP & Medicare* at www.opm.gov on the web.

For information about enrolling in Medicare or deciding if Medicare Part B is the right choice for you, call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

Medicare and TRICARE

The following are answers to some questions you might have about Medicare and TRICARE.

What is TRICARE?

TRICARE is a health care program for active duty and retired uniformed services members and their families. It includes TRICARE Prime, TRICARE Extra, TRICARE Standard, and TRICARE for Life (TFL). Medicare-eligible uniformed services retirees age 65 or older, their eligible family members and survivors, and certain former spouses have access to expanded medical coverage known as TRICARE for Life. You must have Medicare Part A and Part B to get TFL benefits.

I'm age 64, retired from the military, and have TRICARE. When can I enroll in Medicare?

If you are already getting Social Security benefits, Medicare will enroll you in Medicare Part A and Part B automatically. You will get the "Initial Enrollment Period" package that welcomes you to Medicare (see page 16). In this package, you will get your Medicare card (see page 16). If you don't want Medicare Part B, follow the instructions that come with this package.

If you aren't yet getting Social Security benefits or Medicare Part A, you can enroll in Medicare Part B when you apply for retirement benefits or Medicare Part A (see page 15).

Where can I get more information about enrolling in Medicare and TRICARE?

For more information about enrolling in Medicare, call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

For more information about the TRICARE programs, call 1-800-538-9552 or look at www.tricare.osd.mil on the web.

Disability and End-Stage Renal Disease



This section has answers to questions you might have about Medicare Part B enrollment if you are disabled or have End-Stage Renal Disease.

Topic...	See page(s)...
Eligible for Medicare because of a disability	36-37
Medicare and End-Stage Renal Disease	38-41

Eligible for Medicare because of a disability

The following are answers to some questions you might have about Medicare if you have a disability.

How do I enroll in Medicare if I'm disabled?

Generally, if you are disabled, you are automatically enrolled in Medicare Part A and Part B after you get benefits for 24 months from Social Security or the Railroad Retirement Board.* You will get the “Initial Enrollment Period” package that welcomes you to Medicare three months before your 25th month of disability benefit entitlement or your 65th birthday. In this package, you will get your Medicare card (see page 16). If you don't want Medicare Part B, follow the instructions that come with this package.

* There is a five-month waiting period before you can get Social Security disability benefits, except if you have ALS.

I'm disabled with ALS (Amyotrophic Lateral Sclerosis), also known as Lou Gehrig's disease. When can I enroll in Medicare?

If you have Lou Gehrig's disease, you will be automatically enrolled in Medicare the first month you get disability benefits from Social Security or the Railroad Retirement Board. For more information about disability benefits, look at www.socialsecurity.gov on the web. Or, call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778. If you get benefits from the Railroad Retirement Board, look at www.rrb.gov on the web or call 1-800-808-0772.

I'm disabled and have Medicare Part A only. Can I enroll in Medicare Part B when I turn age 65?

If you are still getting disability benefits when you turn age 65, you won't have to apply for Medicare Part B. You will be automatically enrolled in Medicare Part B. You will get an “Initial Enrollment Period” package three months before your 65th birthday (see page 16). In this package, you will get a new Medicare card that shows the dates that your Medicare Part A and Part B coverage will start (see page 16). If you don't want Medicare Part B, follow the instructions that come with this package.

Eligible for Medicare because of a disability (continued)

I have Medicare Part A because of a disability, but didn't enroll in Medicare Part B because I'm working and have group health plan coverage through my current employer. When can I enroll in Medicare Part B?

If you didn't enroll in Medicare Part B when you were first eligible because you or your spouse were working and you were covered by a group health plan through an employer or union based on this current employment, you can enroll in Medicare Part B during the [Special Enrollment Period](#) (see page 18). These rules also apply if you were covered by a large group health plan based on a family member's current employment.

If you weren't covered by a group health plan based on your own or a family member's current employment when you were first eligible for Medicare Part B, then you can only enroll in Medicare Part B during the [General Enrollment Period](#) (see page 17).

My spouse is disabled and has been getting Supplemental Security Income (SSI). Can my spouse enroll in Medicare to supplement the Medicaid coverage he or she is getting now?

Getting SSI doesn't make you eligible for Medicare. SSI, a Federal program for people with disabilities and low incomes, provides a monthly cash benefit and, in most states, health coverage under [Medicaid](#). Your spouse may be eligible to enroll in Medicare when he or she turns age 65 or has been receiving disability benefits from Social Security or the Railroad Retirement Board for 24 months.

For more information about enrolling in Medicare, call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

For information about getting SSI or Medicaid, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Remember, words in [green](#) are defined on pages 52-54.

Medicare and End-Stage Renal Disease

The following are answers to some questions you might have about Medicare if you have [End-Stage Renal Disease](#) (ESRD).

Am I eligible for Medicare because I have End-Stage Renal Disease?

You may be eligible for Medicare Part A and Part B **no matter how old you are** if your kidneys no longer work and you need regular dialysis or have had a kidney transplant, and

- you have worked the required amount of time* under Social Security, the Railroad Retirement Board (RRB), or as a government employee, **or**
- you are getting or are eligible for benefits from Social Security, the Office of Personnel Management, or the Railroad Retirement Board, **or**
- you are the spouse or dependent child of a person who has worked the required amount of time* under Social Security, the Railroad Retirement Board, or as a government employee.

* Call the Social Security Administration at 1-800-772-1213 for more information about the required amount of time needed under Social Security to be eligible for Medicare because of End-Stage Renal Disease. If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1-800-808-0772.

How do I enroll in Medicare if I'm an End-Stage Renal Disease patient?

If you are eligible for Medicare because of ESRD, you can enroll in Medicare by calling the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778. You must meet the conditions listed above to be eligible for Medicare. You will need both Medicare Part A and Part B in order for Medicare to cover certain dialysis and kidney transplant services.

Medicare and End-Stage Renal Disease (continued)

If I enroll in Medicare because of End-Stage Renal Disease, when does my Medicare coverage begin?

When you enroll in Medicare because you have ESRD and you are on dialysis, your Medicare coverage usually starts the fourth month of dialysis treatments.

Here is an example:

EXAMPLE

Joanne started getting hemodialysis treatments in July. She enrolls in Medicare in July. Her Medicare coverage will start on October 1.

In some cases, your Medicare coverage can start earlier. To learn more about other types of insurance and programs that may help pay some of your health care costs, get a free copy of *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services* (CMS Pub. No. 10128). Look at www.medicare.gov on the web. Select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If I have Medicare because of End-Stage Renal Disease, when does my Medicare coverage end?

If you have Medicare only because of kidney failure, your Medicare coverage will end

- 12 months after the month you stop dialysis treatments, or
- 36 months after the month you have a kidney transplant.

Your Medicare coverage won't end if

- you start dialysis again or you get a kidney transplant within 12 months after the month you stopped getting dialysis, or
- you start dialysis or you get another kidney transplant within 36 months after a transplant, or
- you are age 65 or older.

Important: You need both Medicare Part A and Part B in order for Medicare to pay for kidney dialysis and some transplant services. If you don't pay your Medicare Part B **premium** or if you choose to cancel it, your Medicare Part B will end.

Medicare and End-Stage Renal Disease (continued)

I'm over age 65 and only have Medicare Part A. Now that I have End-Stage Renal Disease, can I enroll in Medicare Part B without paying a higher premium?

Yes, you can enroll in Medicare Part B without paying a higher **premium** if you enroll in Medicare because you have **End-Stage Renal Disease**. To enroll in Medicare Part B, you should call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

I'm over age 65 and I'm paying a higher Medicare Part B premium because I didn't enroll in Medicare Part B when I was first eligible. Now that I have End-Stage Renal Disease, do I need to continue to pay the higher Medicare Part B premium?

No. In order to stop paying the higher Medicare Part B premium and begin paying the base premium (\$66.60 in 2004), you must apply for Medicare Part B based on End-Stage Renal Disease. You should call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.

I have End-Stage Renal Disease and group health plan coverage. Who pays first?

If you are eligible for Medicare because of ESRD, your group health plan will pay first on your hospital and medical bills for the first 30 months, whether you are enrolled in Medicare. During this time, Medicare pays second. The group health plan pays first during this period no matter how many employees work for your employer, or whether you or a family member are currently employed. At the end of the 30 months, Medicare becomes the primary payer. This rule applies to most people with ESRD, whether you have your own group health plan coverage or you are covered as a family member.

For more information about who pays first, get a free copy of *Medicare and Other Health Benefits: Your Guide to Who Pays First* (CMS Pub. No. 02179). You can look at www.medicare.gov on the web. Select "Publications." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

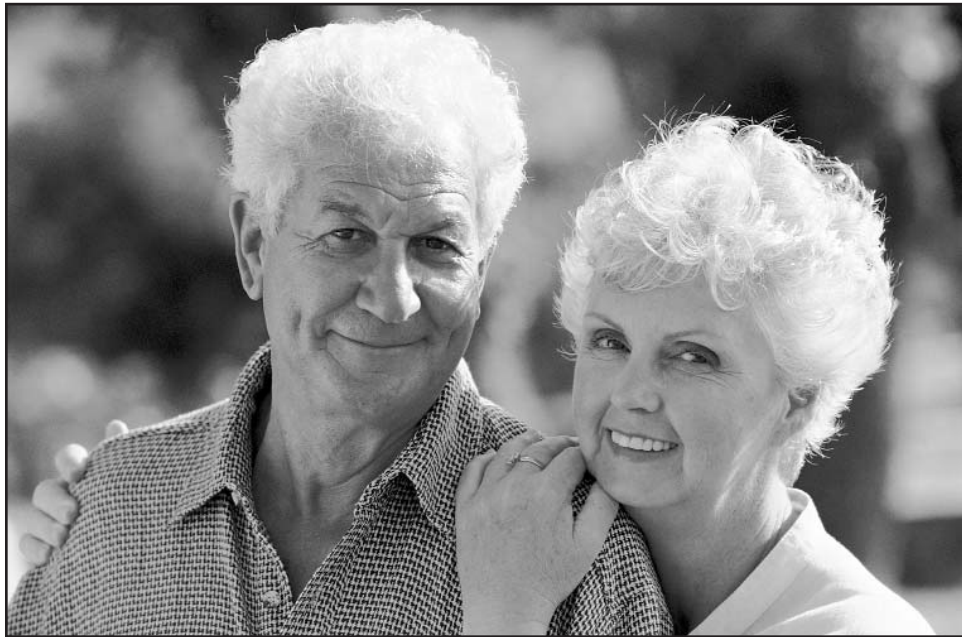
Medicare and End-Stage Renal Disease (continued)

Where can I get more information about Medicare coverage for End-Stage Renal Disease?

For more information about Medicare coverage for End-Stage Renal Disease, get a free copy of *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services* (CMS Pub. No. 10128). Look at www.medicare.gov on the web. Select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

You can also call your local [End-Stage Renal Disease Network](#), [State Health Insurance Assistance Program](#), or your [State Survey Agency](#) for more information about ESRD. To get their telephone numbers, look at www.medicare.gov on the web. Select “Helpful Contacts.” Or, call 1-800-MEDICARE (1-800-633-4227) and ask for their telephone number. TTY users should call 1-877-486-2048.

Medicare Coverage Charts



This section has important information about what Medicare Part A and Part B cover and how much you pay for each service.

Topic...	See page(s)...
Covered services in Medicare Part A	44
Covered services in Medicare Part B	45
Medicare Part B preventive services	46-47

Covered services in Medicare Part A

Medicare Part A (Hospital Insurance) Helps Pay For:**What YOU Pay in 2004 in the Original Medicare Plan (new amounts for 2005 will be available by January 1, 2005)**

Hospital Stays: Semiprivate room, meals, general nursing, and other hospital services and supplies. This includes inpatient care you get in critical access hospitals and mental health care. This doesn't include private duty nursing, or a television or telephone in your room. It also doesn't include a private room, unless medically necessary. Inpatient mental health care in a psychiatric facility is limited to 190 days in a lifetime.

For each **benefit period** you pay:

- A total of \$876 for a hospital stay of 1-60 days.
- \$219 per day for days 61-90 of a hospital stay.
- \$438 per day for days 91-150 of a hospital stay. (See **Lifetime Reserve Days** on page 53.)
- All costs for each day beyond 150 days.

If you have questions about quality of care in hospitals, call 1-800-MEDICARE (1-800-633-4227).

Skilled Nursing Facility (SNF) Care: Semiprivate room, meals, skilled nursing and rehabilitative services, and other services and supplies (after a related three-day inpatient hospital stay).

For each **benefit period** you pay:

- Nothing for the first 20 days.
- Up to \$109.50 per day for days 21-100.
- All costs beyond the 100th day in the benefit period.

If you have questions about SNF care and conditions of coverage, call 1-800-MEDICARE (1-800-633-4227).

Home Health Care: Part-time or intermittent skilled nursing care and home health aide services, physical therapy, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services.

- Nothing for Medicare-approved services.
- 20% of the Medicare-approved amount for durable medical equipment.

If you have questions about home health care and conditions of coverage, call 1-800-MEDICARE (1-800-633-4227).

Hospice Care: For people with a terminal illness, includes drugs for symptom control and pain relief, medical and support services from a Medicare-approved hospice, and other services not otherwise covered by Medicare. Hospice care is usually given in your home (which may include a nursing facility if this is your home). However, Medicare covers some short-term hospital and inpatient respite care (care given to a hospice patient so that the usual caregiver can rest).

- A **copayment** of up to \$5 for outpatient prescription drugs and 5% of the Medicare-approved amount for inpatient respite care. The amount you pay for respite care can change each year. Medicare generally doesn't pay for room and board except in certain cases. For example, room and board aren't covered if you get general hospice services while a resident of a nursing home or a hospice's residential facility. However, room and board are covered for inpatient respite care and during short-term hospital stays.

If you have questions about hospice care and conditions of coverage, call 1-800-MEDICARE (1-800-633-4227).

Blood: Pints of blood you get at a hospital or skilled nursing facility during a covered stay.

- For the first three pints of blood, unless you or someone else donates blood to replace what you use.

Note: To find out what services and supplies are covered by Medicare, look at www.medicare.gov on the web. Select "Your Medicare Coverage."

Covered services in Medicare Part B

Medicare Part B (Medical Insurance) Helps Pay For:**What YOU pay in 2004 in the Original Medicare Plan (new amounts for 2005 will be available by January 1, 2005)**

Medical and Other Services: Doctors' services (but not routine physical exams), outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures, and durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers). Also covers second, and sometimes a third, surgical opinion for surgery that **isn't** an emergency (in some cases), outpatient mental health care, and outpatient occupational and physical therapy, including speech-language therapy. (These services are also covered for long-term nursing home residents.)

Each Year You Pay:

- \$100 **deductible** (once per calendar year). (The Medicare Part B deductible will go up to \$110 in 2005.)
- 20% of the **Medicare-approved amount** after the deductible (if the doctor, provider, or supplier accepts "assignment").
- 20% for all outpatient physical, occupational, and speech-language therapy services.
- 50% for outpatient mental health care.

Clinical Laboratory Service: Blood tests, urinalysis, some screening tests, and more.

- You pay nothing for Medicare-approved services.

Home Health Care: Limited part-time or intermittent skilled nursing care and home health aide services, physical therapy, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services.

You Pay:

- Nothing for Medicare-approved services.
 - 20% of the **Medicare-approved amount** for durable medical equipment.
- If you have questions about home health care and conditions of coverage, call 1-800-MEDICARE (1-800-633-4227).

Outpatient Hospital Services: Hospital services and supplies received as an outpatient as part of a doctor's care.

- You pay a **coinsurance** or **copayment** amount, which may vary according to the service.

Blood: Pints of blood you get as an outpatient or as part of a Part B covered service.

- You pay for the first three pints of blood, then 20% of the **Medicare-approved amount** for additional pints of blood (after the **deductible**), unless you or someone else donates blood to replace what you use.

Note: Actual amounts you must pay may be higher if the doctor or supplier doesn't accept **assignment**, and you may have to pay the entire charge at the time of service. Medicare will then send you its share of the charge. If you have general questions about Medicare Part B, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare Part B preventive services

Medicare Part B covered preventive services	Who is covered...	What YOU pay in the Original Medicare Plan...
<p>Bone Mass Measurements: Once every 24 months for qualified individuals and more frequently if medically necessary.</p>	<p>Discuss with your doctor to see if you qualify.</p>	<p>20% of the Medicare-approved amount (or a copayment amount) after the yearly Part B deductible.</p>
<p>Colorectal Cancer Screening:</p> <ul style="list-style-type: none"> • Fecal Occult Blood Test (FOBT) - Once every 12 months. • Flexible Sigmoidoscopy - Once every 48 months. • Colonoscopy - Once every 24 months if you are at high risk for colorectal cancer. If you aren't at high risk for colorectal cancer, once every 10 years, but not within 48 months of a screening flexible sigmoidoscopy. • Barium Enema - Doctor can use this instead of a flexible sigmoidoscopy or colonoscopy. It's covered every 24 months if you are at high risk for colorectal cancer and every 48 months if you aren't at high risk. 	<p>All people with Medicare age 50 and older.</p> <p>Note: There is no minimum age for having a colonoscopy.</p>	<p>Nothing for the fecal occult blood test. For all other tests, 20% of the Medicare-approved amount after the yearly Part B deductible.</p> <p>For flexible sigmoidoscopy or colonoscopy, you pay 25% of the Medicare-approved amount after the yearly Part B deductible if the test is done in a hospital outpatient department.</p>
<p>Diabetes Services:</p> <ul style="list-style-type: none"> • Diabetes self-management training. 	<p>Certain people with Medicare who are at risk for complications from diabetes. Your doctor or other health care provider must request this service.</p>	<p>20% of the Medicare-approved amount after the yearly Part B deductible.</p>
<p>Glaucoma Testing: Once every 12 months. Must be done or supervised by an eye doctor who is legally allowed to do this service in your state.</p>	<p>People with Medicare who are at high risk for glaucoma, including people with diabetes, a family history of glaucoma, or African Americans age 50 and older.</p>	<p>20% of the Medicare-approved amount after the yearly Part B deductible.</p>

Medicare Part B preventive services (continued)

Medicare Part B covered preventive services	Who is covered...	What YOU pay in the Original Medicare Plan...
<p>Pap Test and Pelvic Examination (Includes a clinical breast exam):</p> <p>Once every 24 months. Once every 12 months if you are at high risk for cervical or vaginal cancer, or if you are of childbearing age and have had an abnormal Pap test in the past 36 months.</p>	All women with Medicare.	Nothing for the Pap lab test. For Pap test collection, and pelvic and breast exams, 20% of the Medicare-approved amount (or a copayment amount) with no Part B deductible.
<p>Prostate Cancer Screening:</p> <ul style="list-style-type: none"> • Digital Rectal Examination - Once every 12 months. • Prostate Specific Antigen (PSA) Test - Once every 12 months. 	All men with Medicare age 50 and older (coverage begins the day after your 50th birthday).	Generally, 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. No coinsurance and no Part B deductible for the PSA Test.
<p>Screening Mammograms:</p> <ul style="list-style-type: none"> • Once every 12 months. • Medicare also covers new digital technologies for screening mammograms. 	All women with Medicare age 40 and older. You can also get one baseline mammogram between ages 35 and 39.	20% of the Medicare-approved amount with no Part B deductible.
<p>Shots (vaccinations):</p> <ul style="list-style-type: none"> • Flu Shot* - Once a flu season in the fall or winter. • Pneumococcal Shot - One shot may be all you will ever need. Ask your doctor. • Hepatitis B Shot 	<p>All people with Medicare.</p> <p>All people with Medicare.</p> <p>Certain people with Medicare at medium to high risk for Hepatitis B.</p>	<p>Nothing for flu and pneumococcal shots if the health care provider accepts assignment.</p> <p>For Hepatitis B shots, 20% of the Medicare-approved amount (or a copayment amount) after the yearly Part B deductible.</p>

* The flu is a serious illness that can lead to pneumonia. It can be dangerous for people age 65 and older and people of any age with chronic medical conditions. You need a flu shot each year because flu viruses are always changing. The shot is updated each year for the most current flu viruses. Also, the flu shot only helps protect you from the flu for about one year. There is a chance that you may still get the flu, but your symptoms will be less severe.

For More Information



Use this section to learn where to get more information.

To get information about...	See page...
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Where to get more information about

Enrolling in Medicare

- www.socialsecurity.gov on the web.
 - Select “Publications” for a copy of “Social Security/Medicare” (SSA Pub. No. 05-10043).
 - You may also be able to apply for retirement, disability, and Medicare benefits on the web if you meet certain rules.
- Social Security Administration at 1-800-772-1213.
TTY users should call 1-800-325-0778.

The Medicare program

- www.medicare.gov on the web.
 - Select “Medicare Eligibility Tool” for information about Medicare eligibility and enrollment.
 - Select “Publications” for free Medicare booklets. You can get a free copy of the *Medicare & You* handbook (CMS Pub. No. 10050).
 - Select “Medicare Personal Plan Finder” for information about Medicare health plans.
 - Select “Your Medicare Coverage” for information about Medicare supplies and services that are covered in the Original Medicare Plan.
- 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

Free booklets about Medicare and related topics

Medicare offers free booklets about Medicare-related topics to help you make good health care decisions. To get these booklets, you can look at www.medicare.gov on the web. Select “Publications.” Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Many Medicare booklets are available in Spanish, Audiotape (English and Spanish), Braille, and Large Print (English and Spanish).

Section
8

Words To Know



Use this section to learn the definitions of words printed in green throughout this booklet.

Letters A through I

Assignment - In the Original Medicare Plan, this means a doctor agrees to accept the Medicare-approved amount as full payment. If you are in the Original Medicare Plan, it can save you money if your doctor accepts assignment. You still pay your share of the cost of the doctor's visit.

Benefit Period - The way that Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you haven't received any hospital care (or skilled care in a SNF) for 60 days in a row. If you go into the hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. In the Original Medicare Plan, you must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Coinsurance - The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the approved amount for the service (like 20%).

Copayment - In some Medicare health plans, the amount you pay for each medical service, like a doctor's visit. A copayment is usually a set amount you pay for a service. For example, this could be \$10 or \$20 for a doctor's visit. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

Critical Access Hospital - A hospital facility to which Medicare has given specific status to provide outpatient and certain inpatient services to people in rural areas.

Deductible - The amount you must pay for health care, before Medicare begins to pay, either each benefit period for Part A, or each year for Part B. These amounts can change every year.

End-Stage Renal Disease (ESRD) - Permanent kidney failure requiring dialysis or a kidney transplant.

End-Stage Renal Disease Network - A group of private organizations that make sure you are getting the best possible care. ESRD networks also keep your facility aware of important issues about kidney dialysis and transplants.

General Enrollment Period - The General Enrollment Period is January 1 through March 31 of each year. If you enroll in premium Part A or Part B during the General Enrollment Period, your coverage starts on July 1.

Initial Enrollment Period - The Initial Enrollment Period is the first chance you have to enroll in Medicare Part B. Your Initial Enrollment Period starts three months before you first meet all the eligibility requirements for Medicare and lasts for seven months.

Letters L through M

Lifetime Reserve Days - In the Original Medicare Plan, 60 days that Medicare will pay for when you are in a hospital more than 90 days during a benefit period. These 60 reserve days can be used only once during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance (\$438 in 2004).

Medicaid - A joint Federal and State program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medically Necessary - Services or supplies that are proper and needed for the diagnosis or treatment of your medical condition; are provided for the diagnosis, direct care, and treatment of your medical condition; meet the standards of good medical practice in the local area; and aren't mainly for the convenience of you or your doctor.

Medicare Advantage Plan - A Medicare program that gives you more choices among health plans. Everyone who has Medicare Part A and Part B is eligible, except those who have End-Stage Renal Disease (unless certain exceptions apply).

Medicare-Approved Amount - In the Original Medicare Plan, this is the Medicare payment amount for an item or service. This is the amount a doctor or supplier is paid by Medicare and you for a service or supply. It may be less than the actual amount charged by a doctor or supplier. The approved amount is sometimes called the "Approved Charge."

Medicare Managed Care Plan - A type of Medicare Advantage Plan that is available in some areas of the country. In most managed care plans, you can only go to doctors, specialists, or hospitals on the plan's list. Plans must cover all Medicare Part A and Part B health care. Some managed care plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Medicare Preferred Provider Organization Plan - A type of Medicare Advantage Plan in which you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Medicare Private Fee-for-Service Plan - A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare program, decides how much it will pay and what you pay for the services you get. You may pay more for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan doesn't cover.

Letters M through S

Medicare Specialty Plan - A type of Medicare Advantage Plan that provides more focused care for some people. These plans give you all of your Medicare health care as well as more focused care to manage a disease or condition such as congestive heart failure, diabetes, or End-Stage Renal Disease.

Medigap Policy - A Medicare supplement insurance policy sold by private insurance companies to fill “gaps” in Original Medicare Plan coverage. Except in Massachusetts, Minnesota, and Wisconsin, there are ten standardized plans labeled Plan A through Plan J. Medigap policies only work with the Original Medicare Plan.

Original Medicare Plan - A pay-per-service health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare and is accepting new Medicare patients. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). In some cases you may be charged more than the Medicare-approved amount. The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Premium - The periodic payment to Medicare, an insurance company, or a health care plan for health care coverage.

Premium Surcharge - The standard Medicare Part B premium will go up ten percent for each full 12-month period (beginning with the first month after the end of your Initial Enrollment Period) that you could have had Medicare Part B but didn't take it. The additional premium amount is called a “premium surcharge.”

Special Enrollment Period - A set time when you can sign up for Medicare Part B if you didn't take Medicare Part B during the Initial Enrollment Period, because you or your spouse were working and had group health plan coverage through the employer or union. You can sign up at anytime you are covered under the group plan based on current employment status. The last eight months of the Special Enrollment Period starts the month after the employment ends or the group health coverage ends, whichever comes first.

State Health Insurance Assistance Program - A state program that gets money from the Federal Government to give free local health insurance counseling to people with Medicare.

State Survey Agency - Agency that inspects dialysis facilities and makes sure that Medicare standards are met.

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- To enroll in Medicare, call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.
- To get this publication in Spanish, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- ¿Necesita usted una copia en español? Llame gratis al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deberán llamar al 1-877-486-2048.