

The Path to a Smart Medicare Decision Starts Here





New to Medicare? Reviewing a current plan for yourself or a family member?

Either way, we'll help you understand the twists and turns.

Whether you're looking at Medicare information for yourself or a family member, it's important to take a hard look at what's out there. Understanding Medicare can be a challenge. If you're not new to Medicare, it's important to review your plan because it may have been chosen when needs were different. You want to make the best choices for right now. This booklet has information to point you in the right direction.

First, decide on where your coverage should go.

Answer a few questions to get started:

- Are there needs the current plan doesn't meet?
- What things could be different?
- Have prescription drug needs changed?
- Would coverage for eye exams and dental visits be a good idea?
- How many doctors are seen every year, and what are the copays?
- Would more choices as well as more access to quality doctors and hospitals be on the list?



Next, check out the path each part of Medicare takes.

There are four parts of Medicare.
Each part covers different health care costs.

PART A

Hospital Insurance

Helps cover: Inpatient care in hospitals and skilled nursing facilities, nursing home care, hospice, and home health visits.

You're eligible if: You or your spouse paid into Social Security for at least ten years through employment, you are a citizen or permanent resident of the United States, and you are age 65 or older.

Your cost: Free for most people who paid Medicare taxes while working.

PART B

Medical Insurance

Helps cover: Doctor visits, lab tests, outpatient services, and surgeries that don't require an overnight hospital stay, plus some preventive services like annual checkups. It also covers some medical supplies like wheelchairs and walkers.

You're eligible if: You or your spouse paid into Social Security for at least ten years through employment, you are a citizen or permanent resident of the United States, and you are age 65 or older.

Your cost: You must elect and purchase Medicare Part B for a monthly premium. You may elect for your premium to be paid through your Social Security check or your Railroad Retirement benefit. Most people will pay the standard cost for Part B, but others may not. If your modified adjusted gross income noted on your IRS tax return two years ago is above a certain amount, you may pay a higher Part B monthly premium. This is called an Income Related Monthly Adjustment Amount (IRMAA).



PART C

Medicare Advantage

Helps cover: The combined coverage of Medicare parts A and B, plus added benefits such as fitness programs, routine vision, hearing and dental care, and other wellness discounts. Plans may also include Medicare Part D Prescription Drug coverage. Medicare Advantage plans are offered by private insurance companies and are contracted by Medicare. If you join a Medicare Advantage plan, you still have Original Medicare. It's important to know that a Medicare Advantage plan is not a Medicare Supplement plan.

You're eligible if: You have both Part A and Part B, continue to pay the Medicare Part B premium, reside in the health plan's service area, and do not have end-stage renal disease (ESRD) (exceptions apply).

Your cost: Your monthly premium is dependent on the Medicare Advantage plan you choose. Your Medicare Part B premium must also continue to be paid.

PART D

Prescription Drug Plan (PDP)

Helps cover: Your costs for prescription drugs.

You're eligible if: You are entitled to Medicare benefits under Part A or are enrolled in Part B and reside in the health plan's service area, or have VA or TRICARE benefits. You can't purchase a Part D plan if you are in an individual Medicare Advantage HMO, HMO-POS, or PPO plan. Part D drug plans are generally purchased with a Medigap plan.

Your cost: Depending on the plan you choose, you may have a monthly premium and other cost-sharing, like copayments and/or deductibles. You must also continue to pay your Medicare Part B premium.

MEDIGAP

Medicare Supplement Insurance Plans

Medigap plans help with the costs you're left with after Original Medicare (Parts A and B) pays its share.

Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care 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 care, hearing aids, eyeglasses, or private-duty nursing.

Medigap plans are provided by a private insurer and do not include prescription drug coverage.

These plans are identified by the letters A through N, and each one has a distinct set of benefits.

It's important to know that a Medicare Supplement plan is not a Medicare Advantage plan.

If you have any questions about Medicare or how to enroll, call Independence Blue Cross.

844-547-4657 (TTY/TDD: **711**)

8 a.m. to 8 p.m., 7 days a week.

Please note that on weekends and holidays from January 1 to September 30, your call may be sent to voicemail.

Visit us online at ibxmedicare.com.

Get ready to make a move

Mark your calendar.

Take time now to look at the current plan and how it's meeting health care needs so you'll be ahead of the curve when decision time rolls around. Taking these steps over the next few weeks or months will help you feel good about the coverage you choose for the following year. Use this timeline as a guide to the Medicare Annual Election Period.

October

- ✓ Review your current plan's Annual Notice of Changes (ANOC) and understand any changes NOW.
- ✓ Request your Independence Medicare Enrollment Kit on October 1!
- ✓ **October 15:** This is the first day you can enroll in a new Medicare plan.
- ✓ Register for a Medicare Advantage meeting, and get your questions answered from the comfort of your home.

November

- ✓ Meet with an Independence Blue Cross agent virtually or in person for one-on-one help.

December

- ✓ **December 7:** Annual Enrollment Period ends.

January – March

- ✓ **January 1:** Medicare Advantage (MA) Open Enrollment Period (OEP) begins. Qualified MA enrollees may enroll or disenroll from the MA plan.
- ✓ **March 31:** MA OEP ends.



At a crossroads? Get answers to common questions.

> **What costs do you have to pay with a Medicare plan?**

Medicare Parts A and B (“Original Medicare”) have premiums, deductibles, and copays set by CMS and are updated each year. If you don’t enroll in Parts A and B at the right time, you may also have to pay a late enrollment penalty. Medicare Part C (Medicare Advantage), Medigap plans, and Part D (prescription drug) plans also have premiums, deductibles, copays, and coinsurance. These costs vary by plan.

> **Can I choose any doctor, and do I need a referral?**

With Original Medicare and Medicare Supplement plans, you can go to any doctor or hospital that takes Medicare, anywhere in the U.S., and in most cases, you won’t need a referral to see a specialist. With a Medicare Advantage plan, you may need to use providers who are in the plan’s network and service area, for the lowest costs. Patients may also need to get a referral to see a specialist.

> **Why pay for Part C or Part D coverage?**

With just Part A and Part B coverage, you may still have to spend a large amount of money on your health services and prescriptions, especially if your medical needs are significant (or could become significant in the future). Part C and D plans cover a lot of costs not included under Parts A and B. They can actually save you money, even though your monthly premiums are usually a little bit higher when you choose Part C and Part D plans. If you’re looking for a solution to keep your expenses as low as possible, it’s a good idea to consider a Medicare Advantage or Medigap health plan.

> **Are there programs to help lower Medicare costs?**

There are several programs for people with low incomes that help pay for Medicare-related costs, such as premiums and copays. The Pharmaceutical Assistance Contract for the Elderly (PACE), PACE Needs Enhancement Tier (PACENET), and PACE Plus programs offer coverage for generic and brand-name drugs with minimal copayment for each covered prescription filled. Extra Help is a program for Medicare beneficiaries to assist in paying their monthly premiums, annual deductibles, and prescription copayments related to their Medicare Part D prescription drug coverage plan.

> **Am I covered if I travel?**

If you frequently travel outside the United States, certain Medigap plans provide foreign travel emergency health coverage. Original Medicare and most Medicare Advantage plans do not cover care outside the United States. With Original Medicare, you have coverage anywhere in the U.S. and its territories. Some Medicare Advantage plans may cover out-of-network providers but with higher cost sharing. Medicare Advantage plans may also cover emergency care abroad or outside a defined service area.

> **How hard is it to switch from one plan to another?**

If you’re already in a Medicare Advantage plan and want to switch plans, simply join the plan of your choice during one of the enrollment periods. You’ll be withdrawn automatically from your old plan when your new plan’s coverage begins.

> **Are prescriptions covered by Original Medicare?**

No, prescriptions are not covered by Original Medicare. You will have to find and apply for prescription drug coverage through a stand-alone Part D Prescription Drug Plan. Medicare Advantage plans usually provide prescription drug coverage.

The road to better health could start with an Independence Blue Cross Medicare Advantage plan.

Independence Blue Cross has offered health insurance to residents of the five-county Philadelphia area for more than 80 years.

Our local roots run deep, and our commitment to our community is profound. So we work hard to make sure our Medicare plans have the benefits you need to take good care of your health, and you have access to high-quality care, right in your neighborhood.

We can help you find the plan that best meets your needs, backed by:

- ✓ Friendly and knowledgeable customer service
- ✓ A large network of doctors and hospitals
- ✓ The stability and reliability of a recognized health care leader



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Visit [ibxmedicare.com](https://www.ibxmedicare.com)

for more information.

Independence 

Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

MedigapFreedom benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross— independent licensees of the Blue Cross and Blue Shield Association. MedigapFreedom is not connected with or endorsed by the U.S. government or the federal Medicare program.

This information is not a complete description of benefits. Call 1-877-393-6733 (TTY/TDD: 711) for more information.

Independence Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

For accommodations of persons with special needs at meetings, call 1-877-393-6733 (TTY/TDD: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-275-2583 (TTY: 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

1-800-275-2583 (TTY: 711)

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