

Medicare 101: Your Guide to the Basics of Medicare







This guide helps you understand how Medicare's different parts work – and gives you the information you need to weigh your options.

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Questions? We're Here to Help.



Visit bcbstmedicare.com



Call **1-800-292-5146**.
TTY: **711**. Or call your local agent



Original Medicare Basics

Who is eligible for Medicare?

Generally, Original Medicare (Parts A and B) is available to people who are age 65 and older. But, it's also available for those under 65 who have certain disabilities (such as end-stage renal disease).

What are the parts of Medicare?

Each part of Original Medicare provides different benefits. Here's a quick breakdown:



Medicare Part A is hospital insurance from the government.

You usually don't have to pay for Part A. You earned these benefits because you or your spouse paid Medicare taxes while working. Part A helps to cover:

- + Inpatient hospital visits
- + Limited stays in a skilled nursing facility
- + Some home health care
- + Hospice care



Medicare Part B is medical insurance from the government.

You have to pay a monthly premium (payment) for Part B. Your income determines how much you have to pay every month for Part B. It helps to cover:

- + Care from your doctors
- + Some outpatient care
- + Home health care
- + Durable medical equipment
- + Certain preventive services



Your Part B Premium Explained

This year, your Part B premium will be **\$134** if you file income taxes for **\$85,000** or less (or if you and your spouse file for **\$170,000** or less). If you made more money, your monthly premium will be higher. Check [Medicare.gov](https://www.medicare.gov) to determine your monthly premium for Part B.

Medicare Coverage Gaps

Medicare Parts A and B don't cover all of the costs and services you might need.

How does that affect you? It means you will pay for those services out of your pocket if you don't have other coverage in place.

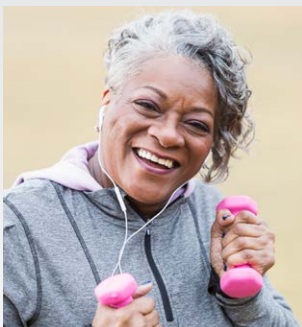
With Original Medicare, your out-of-pocket costs include:

- + Prescription drugs
- + Deductibles and copays for hospital stays
- + Routine dental
- + Routine vision care and eyewear
- + Routine hearing exams
- + Visits to your doctor or surgeon
- + Gym memberships

Don't Forget Coinsurance and Coverage Limits

Usually, you will be responsible for coinsurance after you meet your deductible, meaning Original Medicare will pay for 80 percent, while you pay for 20 percent of the costs for services.

Original Medicare usually has coverage limits, too. For example, the number of days Medicare will pay for a hospital or nursing home stay.



Enrolling in Original Medicare: Meet Mary

Mary is excited to celebrate turning 65 on June 15. She wants to get ready for retirement by enrolling in Original Medicare.

- + Mary can enroll in Medicare Part A and/or Part B between three months before and three months after her birth month. This means she can apply between March and September. Her coverage can begin on June 1 – the first day of her birth month – depending on when she applies.

Medicare Part D Prescription Coverage



Because Original Medicare doesn't cover most prescriptions, some people purchase a Medicare Part D plan. Private insurance companies administer Part D plans. These plans vary in cost and covered drugs from company to company and year to year.

Medicare Supplement Plans

Medicare Supplement plans do just that – “supplement” Original Medicare. They cover some of the gaps. Here’s what you should know about them:

- + They are sold by private insurance companies.
- + There are 10 standardized plan types regulated by state and federal laws.
- + They may have a waiting period for pre-existing conditions.
- + You may have to answer health questions to qualify.

Many people who choose a Medicare Supplement Plan do it because they like the higher level of coverage. These plans don't have networks, so Medicare Supplement members can go to any doctor or hospital that accepts Original Medicare.

Plus, some of your plan options have very low - or no - copays or coinsurance for a visit to the doctor or a stay in the hospital.

But they don't have prescription coverage.

If you decide a Medicare Supplement plan is right for you, keep in mind that you'll need to purchase a separate Part D plan for your prescriptions.



Enrolling in a Medicare Supplement and Medicare Part D plan: Mary Considers Her Options

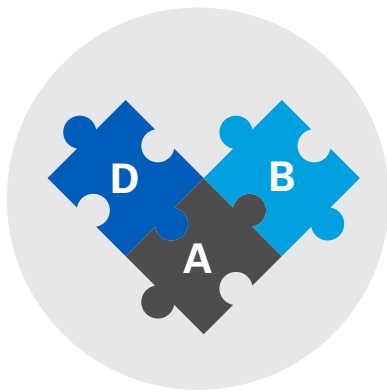
Remember Mary? She's turning 65 on June 15. Mary knows she needs more than Original Medicare. She considers a Medicare Supplement and a Part D plan.

- + You can buy a Medicare Supplement plan without answering health questions during your Medigap Open Enrollment Period. This 6-month period begins on the first day of the month in which you're 65 or older and enrolled in Part B. This means she can apply between June 1 and December 1.
- + Mary can enroll in Medicare Part D between three months before and three months after her birth month. This means she can apply between March and September. Her coverage can begin on June 1 – the first day of her birth month – depending on when she applies.



Save Money with Part D Coverage

If you don't enroll in prescription drug coverage when you're first eligible, you must wait until the annual open enrollment period (**Oct. 15 – Dec. 7**) unless you qualify for a special enrollment period. If you enroll later, you may have to pay a permanent late enrollment penalty.



Medicare Advantage Plans

Medicare Advantage Plans (Part C)

These plans pull together the services covered under parts A, B and may include D under a single **all-in-one plan** – meaning **you get all your Medicare health care through that plan.**

Here's what you need to know about Medicare Advantage plans:

- + They are administered by private insurance companies approved for participation in the Medicare program.
- + Medicare Advantage plans are not Medicare Supplement plans.
- + They can be different types of plans, such as Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plans.

When you enroll in a Medicare Advantage plan, you still have all the same rights and protections you have under Medicare. **You also still need to pay your monthly payment for Medicare Part B coverage.**

Do You Have Medicaid Coverage?

If you are entitled to medical assistance from Medicaid (TennCare), you might be eligible for a Medicare Advantage Dual-Eligible Special Needs Plan (DSNP). These plans combine Medicare and Medicaid to give you extra benefits.

If you have questions about the DSNP option, you can talk with a trusted agent about your eligibility.

Enrolling in Medicare Advantage: Mary Ponders a Plan

Mary is researching Medicare Advantage plans because she likes the additional benefits they can provide.

- + Mary can enroll in a Medicare Advantage Plan between three months before and three months after her birth month.
- + This means she can apply between March and September. Her coverage can begin on June 1 – the first day of her birth month – depending on when she applies.



Your Plan Checklist

Are you considering a Medicare Advantage, Medicare Supplement or Part D plan? This checklist can help. You can talk through it with a trusted agent, friend or family member before you enroll.



Are your doctors covered?



Is your pharmacy covered?



Will the plan cover your prescriptions?



Do the plan's costs (like premiums or deductibles) fit into your budget?



**Does the plan offer extra benefits?
They might include:**

- + Preventive care for a \$0 copay
- + Dental, vision and hearing aid coverage
- + Free gym membership
- + Wide network of doctors and hospitals
- + No referrals to see specialists
- + Affordable prescription drug coverage
- + Low premiums
- + Programs for maintaining and improving your health

Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross), including its subsidiaries Security Care, Inc. and Volunteer State Health Plan, Inc., dba BlueCare Tennessee, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- + Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- + Provides free language services to people whose primary language is not English, such as:
 - (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact member service at the number on the back of your Member ID card or call 1-800-831-2583 (TTY: 711). From Oct. 1 to Feb. 14, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From Feb. 15 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact member service at the number on the back of your Member ID card or call 1-800-831-2583 (TTY: 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), 8:30 a.m. to 8 p.m. ET. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi Language Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-831-2583 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-831-2583 (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 1-800-831-2583 (TTY:711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-831-2583 (TTY:711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-831-2583 (TTY: 711) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-831-2583 (ATS : 711).

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-831-2583 (TTY: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-831-2583 (መስማት ለተሳናቸው: 711)፡፡

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-831-2583 (TTY: 711).

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-831-2583 (TTY: 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-831-2583 (TTY:711) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-831-2583 (TTY:711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-831-2583 (TTY: 711) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-831-2583 (телетайп: 711).

توجه: اگر به زبان فارسی صحبت می کنید خدمات زبان و ترجمه به صورت رایگان برایتان فراهم می گردد. با 1-800-831-2583 (TTY:711) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-831-2583 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-831-2583 (TTY: 711).

ATENÇÃO: se fala português, encontram-se disponíveis serviços linguísticos grátis. Ligue para 1-800-831-2583 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-831-2583 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódííłnih 1-800-831-2583 (TTY: 711).

You May Need More than Original Medicare



You can learn more about Medicare by visiting our website at bcbstmedicare.com or by calling us at **1-800-292-5146**. TTY users should call **711**.



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For more information about Original Medicare, you can visit www.medicare.gov. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium, copayments and coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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