

2023 STEP-BY-STEP GUIDE TO MEDICARE

UNDERSTAND YOUR MEDICARE BENEFITS, CHOICES AND NEXT STEPS.



Kansas City





Kansas City



FIND THE ANSWERS YOU NEED

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MEDICARE FACTS TO KNOW

- You can sign up for Medicare at age 65, even if you're not ready to retire.
- Medicare pays for approximately 80% of medical expenses and covers only certain types of care. Additional Medicare coverage can help pay some of your additional healthcare costs.
- You may pay a penalty if you don't sign up for Part B and Part D coverage when you first become eligible.

If you have more questions, please contact us in the way that's most convenient for you. You'll find our contact information on the back cover of this booklet.

UNDERSTANDING MEDICARE

If you're eligible for Medicare, or soon will be, congratulations! Medicare provides valuable protection against high medical costs, but it doesn't cover everything. To tailor coverage that fits your needs and budget, it's important to understand your benefits. This guide will help you make informed and confident Medicare choices.

PLANNING TO WORK PAST AGE 65?

If your employer has more than 20 employees and you're covered by your employer's health insurance, you may be able to delay enrolling in Medicare Part A and Part B.

- Your employer's plan must cover doctor visits and outpatient services and have a prescription drug program that is considered creditable by Medicare.
- When you retire or leave work, you'll qualify for an eight-month special enrollment period to sign up for Part B without a penalty.

If your employer has fewer than 20 employees, you may have to sign up for Medicare Part A and Part B when you turn 65, even if you plan to continue working. Medicare will become your primary coverage and your employer's plan will pay secondary to Medicare.

Talk with your employer's benefit manager to find out more, or call one of our Medicare experts to discuss your situation and avoid penalties.



STEP 1

GET TO KNOW ORIGINAL MEDICARE

Medicare is a government health insurance program for Americans who are 65 or older and younger people who have certain disabilities and receive Social Security benefits. Medicare was first created in two parts, Part A and Part B. Together, they're called Original Medicare.

MEDICARE PART A: HOSPITAL COVERAGE

How it works	Medicare Part A helps pay for care you receive as an inpatient at a hospital or skilled nursing facility.
What it helps cover	<ul style="list-style-type: none"> • Inpatient hospital stays • Care in a skilled nursing facility (SNF) • Unlimited home healthcare visits ordered by a doctor • Hospice care, including drugs to relieve pain
How much will I pay for Part A?	You will not pay a premium for Part A coverage if you or your spouse paid into Social Security for at least 10 years. You must pay a deductible for each hospital or skilled nursing facility (SNF) benefit period. A benefit period begins when you are admitted into the hospital or SNF and ends when you have been out of the facility for 60 days in a row. After you have paid the full deductible, Original Medicare will begin to pay all or some of the costs.
Your out-of-pocket costs for Medicare Part A in 2023*	<ul style="list-style-type: none"> • \$1,600 deductible for each benefit period (days 1 – 60) • \$400 each day 61 – 90 in a hospital per benefit period • \$800 for each day 91 and beyond in a hospital (up to 60 days over your lifetime) • \$0 each day 1 – 20 in an SNF • \$200 each day 21 – 100 in an SNF • 100% of charges days 101+ in an SNF

HOSPITAL COSTS YOU COULD PAY WITH ORIGINAL MEDICARE ALONE

Type of care	What you pay in 2023*
1 – 60 consecutive days in a hospital	\$1,600 Part A deductible
150 consecutive days in a hospital	\$61,600
100 consecutive days in an SNF	\$16,000

*Out-of-pocket costs are subject to change annually.

MEDICARE PART B: MEDICAL COVERAGE

How it works	Medicare Part B helps pay for medically necessary services and supplies needed for the diagnosis or treatment of your health condition. You can choose not to enroll in Part B, but if you decide to sign up later, you may have to pay a late enrollment penalty for as long as you have Part B coverage.
What it helps cover	<ul style="list-style-type: none"> • Cancer screenings, such as mammograms • Doctor services in an office, clinic or hospital • Diagnostic tests, X-rays and lab tests • Medical supplies and equipment • Outpatient care and rehabilitation services
How much will I pay for Part B?	You must pay a monthly premium for Part B coverage. The premium is separate from any monthly premium, copay or coinsurance you may pay for a private Medicare plan. The monthly premium starts at \$164.90 and increases on a sliding scale based on income. A single person with an annual income over \$97,000 and married couples with an annual income over \$194,000 will pay more. The premium is usually taken out of your Social Security check. After you meet your yearly deductible, Part B generally covers 80% of the cost of most services you receive, and you are responsible for paying the remaining 20% coinsurance.
Your out-of-pocket costs for Medicare Part B in 2023*	<ul style="list-style-type: none"> • Starting at \$164.90 monthly premium • \$226 yearly deductible • 20% of Medicare-approved expenses (after deductible) • Expenses not covered by Medicare (there is no yearly limit on your out-of-pocket expenses)

*Out-of-pocket costs are subject to change annually.

MEDICAL COSTS YOU COULD PAY WITH ORIGINAL MEDICARE ALONE

- Annual physical exam
- Routine vision care
- Hearing aids
- Most prescription drugs
- Routine dental care
- Extended long-term care



STEP 2

LEARN HOW TO COVER WHAT ORIGINAL MEDICARE DOESN'T

You can add additional coverage, offered by private insurers, to help pay for costs that Medicare doesn't cover.

MEDICARE PART C: MEDICARE ADVANTAGE PLANS

How it works	<p>Medicare Advantage plans combine Medicare Part A and Part B benefits, so your hospital and medical coverage are provided under one plan. To enroll in a Medicare Advantage plan, you must be eligible for Medicare Part A and enrolled in Part B. Medicare Advantage plans are usually one of the following:</p> <ul style="list-style-type: none"> • Health Maintenance Organization (HMO): requires you to use providers in the plan's network and may require you to get a referral to see providers or specialists outside the network. • Preferred Provider Organization (PPO): allows you to see any network provider without a referral. • Medicare Advantage Prescription Drug (MA-PD): HMO or PPO plans that include Part D prescription drug coverage.
What it helps cover	<p>You get all the benefits of Original Medicare and more. Plans may offer preventive, dental, vision, hearing and wellness benefits, for example. They also offer greater peace of mind by limiting your out-of-pocket costs and defining your share of the costs for services, and provide added convenience by combining Parts A, B and D into a single plan with one ID card.</p>
What you pay	<ul style="list-style-type: none"> • You must continue to pay your Part B premium in addition to any monthly premium for the Medicare Advantage plan. • You'll also pay a portion of some costs, but you can save money when you use providers that are in your plan's network.

WHAT YOU SHOULD KNOW

- HMOs typically provide greater cost savings through lower premiums and affordable copays. You may be required to choose a primary care provider to coordinate your care.
- PPOs offer more flexibility and choice by giving you access to providers outside the network without a referral, but you may pay more for those services.
- Because coverage is offered by private health plans, benefits and provider networks differ from plan to plan.

MEDICARE SUPPLEMENT PLANS

How it works

Medicare Supplement plans, also known as Medigap, are designed to “close the gaps” in Original Medicare and pay for costs Original Medicare doesn’t cover. You’ll also have the freedom to travel or live anywhere in the United States and receive plan benefits from any provider that accepts Medicare. You can choose from a range of plans. To enroll in a Medicare Supplement plan, you must be eligible for Medicare Part A and enrolled in Part B.

What it helps cover

Medicare Supplement plans help cover your Medicare copays, coinsurance and deductibles. Each type of Medicare Supplement plan has a different set of benefits and premiums, and some plans offer optional coverage for an additional premium.

What you pay

Medicare Supplement plans are also offered by private insurers. Costs vary by insurance company and the plan you choose, and you must continue to pay your Part B premium.

WHAT YOU SHOULD KNOW

- Medicare Supplement plans do not include prescription drug coverage, so you’ll need to sign up for a standalone Part D plan to avoid a penalty.
- If you apply for a Medicare Supplement plan more than six months after the month your Part B coverage begins, you may be required to submit a health history with your application. You may not get the plan you want, or you may have to pay more.
- Medicare Supplement plans are standardized by the government, but additional features and costs vary by insurance company.



MEDICARE PART D: PRESCRIPTION DRUG PLANS

How it works	You can add standalone Part D coverage, also offered by private insurers, to Original Medicare or another plan that doesn't have prescription drug benefits.
What it helps cover	Part D plans help pay prescription drug costs. The types of drugs covered and the pharmacies you can use vary by plan.
What you pay	If you add a standalone Part D plan, you will pay a monthly premium. You may also pay a prescription drug deductible and a copayment or coinsurance for your prescriptions.

WHAT YOU SHOULD KNOW

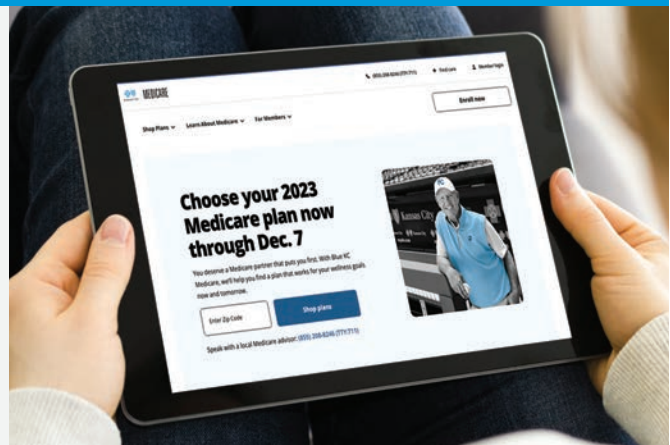
- Most Medicare Prescription Drug Plans have a coverage gap (known as the "donut hole"), which is a temporary limit on what the plan will cover for drugs.
- When you and your plan have paid a combined total of \$4,660, you will pay most of the costs until your yearly out-of-pocket costs reach \$7,400.*
- Because coverage is offered by private health plans, benefits and provider networks differ from plan to plan.

*Out-of-pocket costs are for 2023 and are subject to change annually.

LEARN MORE ONLINE

Choosing Medicare coverage is an important decision. The better you understand your options, the easier it will be to choose benefits that fit your life, needs and budget. Visit us online to learn more about Original Medicare and your Medicare plan choices.

mabluekc.com/stepbystep



A photograph of a middle-aged man with grey hair, smiling broadly and looking upwards and to the right. He is wearing a dark blue zip-up jacket over a blue t-shirt. The background is a blurred outdoor setting with a stone wall and some foliage.

STEP 3

ENROLL AT THE RIGHT TIME

When you understand the basics of Medicare and find the kind of coverage you need, you'll be ready to enroll. To avoid penalties, you need to enroll in the right plan at the right time.



When to enroll in a Medicare plan

Your Initial Enrollment Period is a seven-month window—from three months before your birthday month to three months after your birthday month. Coverage can begin as soon as the first day of the month you turn 65.

- You must enroll in Original Medicare Part A and Part B before you enroll in a Medicare Supplement, Medicare Advantage or Part D prescription drug plan.
- If you already receive Social Security benefits, you will automatically be enrolled in Medicare Part A and Part B.
- If you are disabled and under 65, you will get Part A and Part B automatically after you've received disability benefits from Social Security for 24 months.

AVOID A PART D PENALTY

If you don't sign up for a Medicare Part D plan when you're first eligible, and you don't have other coverage that's as good as, or better than, a standard Part D plan, you'll pay a late enrollment penalty if you sign up later. The penalty is added to your monthly premium and you must pay it as long as you have Part D coverage. So even if you don't take prescription drugs now, consider enrolling when you're first eligible to avoid penalties.

How to enroll in Original Medicare

Social Security Administration

BY PHONE

(800) 772-1213 (TTY: 711) users call **(800) 325-0778 (TTY: 711)**
7 a.m. to 7 p.m.,
Monday through Friday

IN PERSON

Visit your nearest Social Security office. Bring proof of your age and W-2 forms for the past two years.

ONLINE

Apply at **ssa.gov**

How to enroll in a Medicare Advantage, Medigap or Part D plan

Contact your local agent or sign up directly with the plan you choose. In most cases, you can submit an application over the phone, online or by mail.



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Discrimination Is Against the Law

Blue Cross and Blue Shield of Kansas City (Blue KC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Kansas City (Blue KC) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Kansas City (Blue KC):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, etc.)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-866-508-7140 (TTY: 711).

If you believe that Blue Cross and Blue Shield of Kansas City (Blue KC) 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 with: Section 1557 Compliance Coordinator, 2301 Main St., Kansas City, MO 64108, Phone: 816-395-3664 (TTY: 711), Fax: 816-995-1506, E-mail: grievance_coordinator@bluekc.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Compliance Coordinator is available to help you. 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, D.C. 20201, Phone: 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-508-7140 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-508-7140 (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 1-866-508-7140 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-508-7140 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-508-7140 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-508-7140 (TTY: 711)번으로 전화해 주십시오.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-508-7140 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

رقم هاتف الصم والبكم 1-668-805-0417 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (117).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-508-7140 (телетайп: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-508-7140 (ATS: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-508-7140 (TTY: 711).

ໂປດຊາບ: ຖ້າ ທ່ານ ອ້າພາສາລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອ ດ້ານພາສາ, ໂດຍບໍ່ ສັງເກດມູນມີ ພ້ອມໃຫ້ໄດ້ 1-866-508-7140 (TTY: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannst du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-508-7140 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-508-7140 (TTY: 711) تماس بگیرید.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-508-7140 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-508-7140 (TTY: 711).

Blue Cross and Blue Shield of Kansas City is an independent licensee of the Blue Cross and Blue Shield Association.



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HAVE QUESTIONS? LEARN MORE ABOUT MEDICARE

Online

Visit **mabluekc.com/stepbystep** to learn more about Medicare, compare plans, complete enrollment forms and submit your application.

On the phone

Call **(833) 275-5114 (TTY: 711)** to speak with a Medicare advisor. Help is available weekdays from 8 a.m. to 8 p.m.

Your agent

Contact your local licensed health insurance agent.



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