

What do I pay?

Part A: You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working for a certain amount of time. This is sometimes called premium-free Part A. If you aren't eligible for premium-free Part A, you may be able to buy Part A.

Part B: Most people will pay the standard premium amount for Part B each month. The amount you pay can change each year depending on your income. Under Original Medicare, if the Part B deductible applies you must pay all costs until you meet the yearly Part B deductible before Medicare begins to pay its share.

Part D: Most drug plans charge a monthly fee that varies by plan. You pay this in addition to the Part B premium. Some drug plans have a deductible. This is the amount you must pay before your drug plan begins to pay its share of your covered drugs. After you pay your deductible (if your plan has one), you pay a copayment or coinsurance for your covered prescriptions. You pay your share and your drug plan pays its share for covered drugs. These amounts may vary.

Visit [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan) to get plan contact information and to compare costs. To get specific Medicare drug plan costs, call the plans you're interested in.

If you have limited income and resources, you might qualify for Extra Help to pay for prescription drug costs. To get more information or apply for Extra Help, visit [socialsecurity.gov/i1020](https://www.socialsecurity.gov/i1020).

Know your rights

No matter how you get your Medicare coverage, you have certain rights and protections. All people with Medicare have the right to:

- Be treated with dignity and respect at all times
- Be protected from discrimination
- Have their personal and health information kept private
- Get information in a way they understand from Medicare, health care providers, and Medicare contractors
- Have questions about Medicare answered
- Have access to doctors, other health care providers, specialists, and hospitals
- Learn about treatment choices in clear language that they can understand, and participate in treatment decisions
- Get Medicare-covered services in an emergency
- Get a decision about health care payment, coverage of services, or prescription drug coverage
- Request a review (appeal) of certain decisions about health care payment, coverage of services, or prescription drug coverage
- File complaints (sometimes called "grievances"), including complaints about the quality of their care

Protect yourself & Medicare from billing fraud

Medicare fraud happens when Medicare is billed for services or supplies you never got. If you suspect fraud, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Where can I get more information?

Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE. If you need help in a language other than English or Spanish, let the customer service representative know.

"Medicare: Getting Started" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html](https://www.Medicare.gov/about-us/nondiscrimination/accessibility-nondiscrimination.html), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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Medicare



GETTING STARTED



Important things to know

Getting Started

What's Medicare?

Medicare is health insurance for people 65 or older, people under 65 with certain disabilities, and people of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

Part A (Hospital Insurance) helps cover:

- Inpatient care in a hospital
- Skilled nursing facility care
- Hospice care
- Home health care

Part B (Medical Insurance) helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment
- Many preventive services

Part D (Medicare Prescription Drug Coverage):

- Helps cover the cost of prescription drugs
- Run by Medicare-approved drug plans that follow rules set by Medicare
- May help lower your prescription drug costs and help protect against higher costs in the future

What are my Medicare coverage options?

Original Medicare

- Medicare provides this coverage directly.
- You have your choice of doctors, hospitals, and other providers that accept Medicare.
- If you want drug coverage, **you must join a Medicare Prescription Drug Plan**. You usually pay a monthly premium for Part D coverage.
- You may want to get coverage that fills the gaps in Medicare coverage. You can choose to buy a Medicare Supplement Insurance (Medigap) policy from a private company.

Medicare Advantage Plans (like HMOs or PPOs)

Includes all benefits and services covered under Part A and Part B:

- Usually includes Medicare prescription drug coverage (Part D) as part of the plan
- Run by Medicare-approved private insurance companies that follow rules set by Medicare
- Plans have a yearly limit on your out-of-pocket costs for medical services
- May include extra benefits and services that aren't covered by Original Medicare, sometimes for an extra cost

What are my Medicare coverage options? (continued)

Other Medicare health plans

Some types of Medicare health plans that provide health care coverage aren't Medicare Advantage Plans but are still part of Medicare.

- Examples of these plans include: Medicare Cost Plans, Program of All-inclusive Care for the Elderly (PACE), and Medicare Innovation Projects.
- These plans have some of the same rules as Medicare Advantage Plans.
- Each type of plan provides a different combination of coverage and has its own special rules and exceptions. Contact any plans you're interested in to get more details.

Can I have other types of health coverage?

Yes. When you have other coverage (like employer group health coverage), there are rules that decide whether Medicare or your other insurance pays first. For more information on who pays first, visit [Medicare.gov](https://www.Medicare.gov), or see your "Medicare & You" handbook.

What are Medicare Supplement Insurance (Medigap) policies?

Original Medicare pays for much, but not all, of the cost for health care services and supplies. Medigap policies, sold by private companies, can help pay some of the health care costs that Medicare doesn't cover (like copayments, coinsurance, and deductibles).

Some Medigap policies also offer coverage for services that Medicare doesn't cover, like medical care when you travel outside the U.S. You'll have to pay premiums for a Medigap policy.

When can I make changes to my coverage?

You can make changes to your Medicare health or prescription drug coverage during Open Enrollment, each year from October 15–December 7. Any changes you make will take effect on January 1 of each year. If you kept your existing Medicare health plan or prescription drug plan and they made any cost or benefit changes these would also take effect on January 1 of each year.

Depending on your situation, there may be other times when you can change your Medicare health or prescription drug coverage.

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