



Medicare Made Easy

If you're new to Medicare you probably have lots of questions, including what types of coverage options are available and what the deadlines are for enrolling:

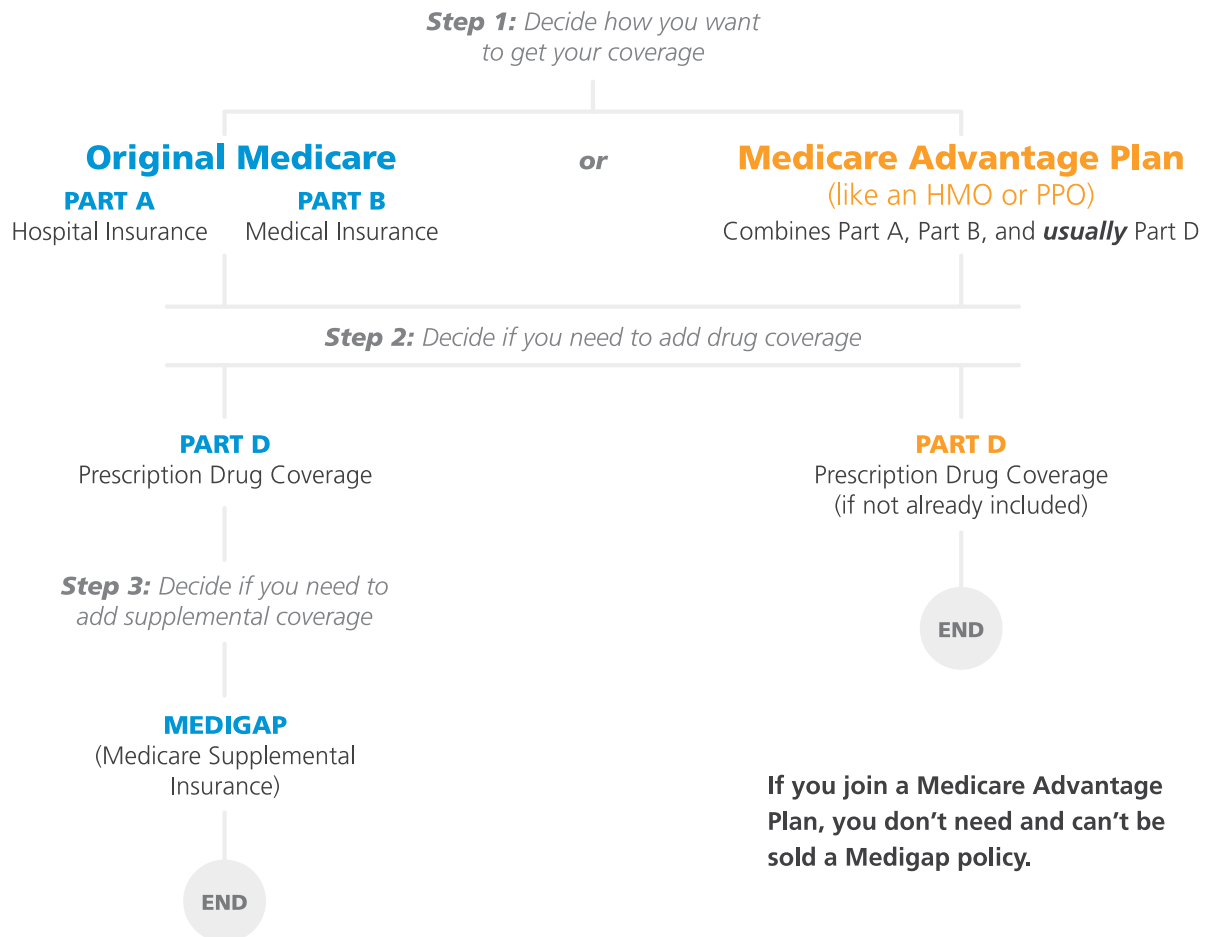
- Are you confused by the difference between Original Medicare and Medicare Advantage plans?
- Are you unsure whether you need to enroll in Medicare, if you continue to work past age 65 and are covered by your employer's health plan?
- Are you concerned about not having access to your current doctors?

Rest assured that Scripps has answers — our goal is to help you understand your options and make the decisions that are right for you.

Your Medicare Coverage Choices at a Glance

There are two main ways to get your Medicare coverage: Original Medicare or a Medicare Advantage plan.

Below is a simple chart that can help you visualize your choice between the two main kinds of Medicare coverage:



Original Medicare (Parts A & B)

Original Medicare is made up of two parts: Part A provides your hospital insurance, and Part B provides medical insurance for things like doctor visits and check-ups.

Everyone can have Part A, regardless of whether you're still employed — you just need to sign up during the seven-month time period that begins three months before you turn 65, includes the month you turn 65, and continues for three months afterward.

If you're still working at age 65 and covered by your employer's health insurance, then in most cases, you don't need to sign up for Part B yet. Once you stop working, you'll have a special enrollment period of eight months after your employment ends in which to sign up for Part B.

Medigap Insurance (Medicare Supplemental Insurance)

Some people who are covered by Original Medicare purchase a separate Medigap plan, also known as Medicare Supplemental Insurance. These plans help "fill the gap" by partially or fully covering expenses that Original Medicare doesn't provide.

Prescription Drug Coverage (Part D)

Medicare Part A and Part B do not cover prescription drug benefits. If you want or need drug coverage, you can enroll in a separate Part D plan. Many Medicare Advantage plans already offer prescription drug coverage (Part D) as part of their benefits package.

Medicare Advantage

Medicare Advantage plans, typically HMO or PPO products, are insurance plans that combine the benefits of Part A and B, and, in most cases, includes prescription drug coverage and may include extra benefits and services for an additional cost.

The annual open enrollment period for Medicare is October 15 through December 7. This is the time each year when you can switch from Original Medicare to a Medicare Advantage plan; change from your Medicare Advantage plan back to Original Medicare; or switch from one Medicare Advantage plan to another.

Tips to Find the Right Health Coverage for You

Choosing the best Medicare plan for you is an important decision. There are a lot of aspects to consider, whether you are enrolling for the first time or thinking about changing your plan. Below are a few basics to keep in mind before choosing your plan:

Current coverage

Compare your options to your current plan and make sure your selection covers the primary and specialty services you need. You can't foresee a sudden illness or injury, but you can anticipate some medical needs. For example, if you have a family history of heart disease or diabetes, your plan should include the necessary screenings and prescriptions. And if you need help managing chronic conditions such as arthritis or asthma, make sure you have access to doctors who specialize in those conditions.

Access to other coverage

If you already have or are eligible for other types of health insurance through an employer, union or other source, research how Medicare will impact that coverage. Your benefits or plan administrator can help answer your questions.

Cost

Find out your share of the costs for any plan before you sign up. This includes deductibles and yearly limits as well as your co-pay for primary care and specialist visits, hospital stays and services.

Choose your doctor and hospital

Decide what primary care doctor and network of care is best for you. Think about what you want in a doctor including your preferences on gender, philosophy of care and location. Be sure your physician can refer you to the specialists and hospital you may need.

Prescriptions

Make sure the plan you are considering covers any current prescription medications you take and that you can get them filled at the pharmacy you prefer.

Quality of care

Research quality and patient satisfaction data for potential primary care physician groups and health networks to determine what plan best meets your needs.

Convenience

Make sure care is convenient and accessible. Consider a primary care doctor and network of care that is close to you and offers the hours you need. Learn about available urgent care and emergency services. Check to see if they offer conveniences such as electronic health records and e-mail communication with your doctor.

Travel

If you are retired or considering retirement, you may be planning to travel more. Check to see how your coverage applies in another state or outside of the country.

Key Resources

Choosing the right Medicare coverage can feel overwhelming, but there are lots of resources to help you:

- **If you're still employed** — or covered by your former employer's retiree plan — and you have questions about how your benefits may change when you turn 65, talk to your company's human resources department.
- For information about **Medicare** enrollment, benefits, and deadlines, visit www.medicare.gov or the Centers for Medicare and Medicaid Services (CMS) website at www.cms.hhs.gov. You can also call 1-800-MEDICARE (800-633-4227) 24 hours a day, 7 days a week. TTY users should call 877-486-2048.
- If you have questions about your retirement benefits, contact the **Social Security Administration**; visit www.socialsecurity.gov or call 800-772-1213. TTY users should call 800-325-0778.
- For information on law and advocacy, call the **Health Insurance Counseling and Advocacy Program (HICAP)** at 858-565-8772 or toll-free at 800-434-0222.
- For information on Medicare for active and retired military personnel, call the Department of Defense **TRICARE for Life** office at 866-773-0404.
- For information about insurance for veterans, call the office of **Veterans Affairs (VA Benefits)** at 800-827-1000.
- For questions on the federal employee benefits program, call the **Office of Personnel Management** at 888-767-6738.

If you want to find a plan that allows you to see Scripps Health doctors, you'll be pleased to know that Scripps accepts Original Medicare, Medicare Supplemental Insurance Plans, and many Medicare Advantage plans.

To learn more about Medicare plans that give you access to Scripps doctors and hospitals, please call:

1-800-SCRIPPS (727-4777)

Monday through Friday from 8 a.m. to 6 p.m., or talk to your Medicare insurance agent or broker.

[Scripps.org/MedicareGuide](https://www.scripps.org/MedicareGuide)