

Welcome to Medicare

CENTERS FOR MEDICARE & MEDICAID SERVICES

2018



Welcome to Medicare!

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

You're getting this package because you've been enrolled automatically in Medicare Part A (Hospital Insurance). You don't need to pay a monthly premium for Part A. You've also been enrolled automatically in Medicare Part B (Medical Insurance). You'll need to pay a monthly premium for Part B if you choose to keep it. It's usually deducted from your Social Security benefits.

This booklet explains some important decisions you need to make, including whether you want to keep Part B. It also includes information about the decisions you must make about your health care and prescription drug coverage.

Read this booklet carefully before you make any decisions.

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

“Welcome to Medicare” isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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Medicare basics

Here's a brief look at the different parts of Medicare. Look in your “Medicare & You” handbook, or visit Medicare.gov for more information.

- Medicare Part A (Hospital Insurance) covers:
 - Inpatient care in hospitals
 - Skilled nursing facility care
 - Home health care
 - Hospice care
- Medicare Part B (Medical Insurance) covers:
 - Services from doctors and other health care providers
 - Outpatient care
 - Home health care
 - Durable medical equipment
 - Many preventive services (like screenings, shots, and yearly “Wellness” visits)
- Medicare Part C (Medicare Advantage Plans, like HMOs or PPOs – health plan options that combine Part A, Part B, and usually Part D coverage. Plans may offer supplemental benefits that Original Medicare doesn't cover like vision, hearing, or dental.)
- Medicare Part D (Medicare prescription drug coverage)

Decisions I need to make

Decision 1: Should I keep Part B?

You were automatically enrolled in Part B. If you don't want to keep Part B, let us know before the effective date on the front of your Medicare card, which is enclosed in this package. Otherwise, your Part B coverage will start on the effective date, and you'll be charged a monthly premium.

See pages 6–15.

Decision 2: How should I get my Medicare coverage?

If you keep Part B in addition to Part A, you can choose how you get your health coverage. You can choose from Original Medicare (run by the federal government) or a Medicare Advantage Plan (run by a private insurance company). **See pages 16–17.**

Decision 3: Do I need Medicare prescription drug coverage (Part D)?

If you choose Original Medicare and you want drug coverage, you'll have to join a separate Medicare Prescription Drug Plan. If you choose to join a Medicare Advantage Plan (like an HMO or PPO), most include drug coverage. **See pages 18–22.**

Decision 4: Do I need a Medicare Supplement Insurance (Medigap) policy?

If you choose Original Medicare (and don't have other supplemental coverage), you may want to buy a policy that helps pay some of your out-of-pocket costs (like coinsurance and deductibles) for Medicare-covered services. You don't need and can't use a Medigap policy if you choose a Medicare Advantage Plan. **See pages 23–24.**

Decision 1 – Should I keep Part B?

Keeping Part B is your choice, and whether it's best for you to keep Part B depends on your situation. Your decision may be based on whether you're currently employed or already have other coverage.

Important: If you don't keep Part B when you're first eligible and you don't have other coverage, there are some risks:

- You most likely will have to pay all of the costs for doctors' services, outpatient care, medical supplies, and preventive services.
- If you change your mind and want to get Part B later, you'll have to wait until the General Enrollment Period (January 1–March 31 each year) to sign up, and your coverage won't start until July 1 of that year. This may cause a gap in your health coverage.
- In most cases, if you decide you want Part B later, you'll also have to pay a **late enrollment penalty** for as long as you have Part B coverage. (The penalty amount is added to your Part B premium and it increases the longer you go without Part B coverage. See page 15 for more information about the penalty.)

Read the information on the next few pages to help you decide.

Should I keep Part B?

Find your situation below to help you decide if you should keep Part B.

- I'm still working and have coverage through my employer.** Or, my spouse (or a family member, if I'm disabled) is still working and I'm covered through his or her employer. **See page 9.**
- I'm retired and have coverage through a former employer, or I have COBRA or VA coverage.** See page 10.
- I have coverage through the Health Insurance Marketplace as an individual or through an employer.** See page 11.
- I have TRICARE coverage (insurance for active-duty military, military retirees, and their families).** You must have Part B to keep TRICARE coverage. However, if you're an active-duty service member or the spouse or dependent child of an active-duty service member, you don't have to get Part B right away.
- I have CHAMPVA coverage.** You must have Part B to keep your CHAMPVA coverage.

Should I keep Part B? (continued)

Find your situation below to help you decide if you should keep Part B. (continued)

- I have coverage through a private insurance plan (not through the Health Insurance Marketplace or an employer). See page 12.**
- I have Medicaid.** You should sign up for Part B. Medicare will pay first, and Medicaid will pay second. Your state may also help pay for your Medicare premiums. **See page 26.**
- I don't have other medical insurance.** If you don't have any medical insurance, you should keep Part B so you have coverage for things like doctors' services or preventive services. **If you don't keep Part B, be aware of the risks described on page 6.**

I'm still working and have coverage through my employer

If your employer has less than 20 employees, ask your benefits administrator if you'll need to sign up for Part B right away. If your employer has 20 or more employees, you can sign up for Part B later during a Special Enrollment Period without a late enrollment penalty if one of these statements applies to you:

- You're **65 or older**, you or your spouse is **currently working**, and you're covered by an employer or union group health plan based on that current employment.
- You're **under 65 and disabled**, you or a family member is **currently working**, and you're covered by an employer or union group health plan based on that current employment. (If the group health plan coverage is based on the current employment of a family member, the employer must have 100 or more employees for you to get a Special Enrollment Period.)

If you're eligible for a Special Enrollment Period, you can sign up for Part B during one of these times:

- Anytime while you're covered by the employer or union group health plan based on current employment.
- For up to 8 months after the group health plan coverage or the employment ends, whichever happens first.

Note: If you have COBRA coverage, VA coverage, or a retiree health plan, you **don't** have coverage based on current employment. See the next page for more information.

I'm retired and have coverage through a former employer, or I have COBRA or VA coverage

If you're retired and have retiree health insurance from a former employer or union, or you have COBRA coverage, Medicare generally will become your primary health insurance. Medicare will pay its part of the costs for any covered health care services you get, and then any amount not covered by Medicare can be submitted to your non-Medicare plan. If you have Medicare and U.S. Department of Veterans Affairs (VA) coverage, you can get treatment under either program. Medicare can't pay for the same service that was covered by VA benefits, and your VA benefits can't pay for the same service that was covered by Medicare.

If you don't keep Part B, your current coverage might not pay your medical costs during any period in which you were eligible for Medicare but didn't sign up for it. You may need to have both Part A and Part B to get full benefits from this coverage. You're also not eligible for a Special Enrollment Period when this coverage ends. This means:

- You'll have to wait until the General Enrollment Period (January 1–March 31 each year) to sign up, and your coverage would start July 1 of that year.
- In most cases, you'll also have to pay a late enrollment penalty each time you pay your premium for as long as you have Part B coverage. The penalty increases the longer you go without Part B coverage. **See page 15.**

Important: If you have questions, about your current insurance, contact your benefits administrator, insurer, or plan provider.

I have Health Insurance Marketplace coverage

If you have a Marketplace plan for individuals or families, you should keep Part B and stop your Marketplace plan when your Medicare starts.

- You won't be eligible for premium tax credits or cost-sharing reductions for a Marketplace plan once your Part A coverage starts. If you get tax credits to help pay your Marketplace plan premium after your Medicare coverage starts, you might have to pay back the credits you got when you file your taxes.
- If you don't keep Part B and choose to enroll in it later, you won't be eligible for a Special Enrollment Period, so you'll have to wait to sign up. Also, you may have to pay a late enrollment penalty for as long as you have Part B coverage. The penalty increases the longer you go without Part B coverage. See page 6 for more information about when you can sign up and page 15 for more details about the cost of the penalty.
- Plans may not be permitted to renew your Marketplace coverage (for you and your family) at the end of the year you become eligible for Medicare. This means you (and your family) could have a gap in your coverage starting on January 1.

Your Marketplace insurer may automatically enroll you into a Medicare Advantage Plan so that this coverage starts when your Medicare begins. You'll get a letter from your plan before it happens. You can opt-out if you don't want to join that new plan, and you can enroll in a different Medicare Advantage Plan or Original Medicare.

If you have employer coverage through the Marketplace (sometimes called Small Business Health Options Program or "SHOP" coverage), you can wait until you stop working to enroll in Part B.

See page 9. Visit [HealthCare.gov](https://www.healthcare.gov) and [Medicare.gov](https://www.medicare.gov) to learn more.

I have coverage through a private insurance plan (not through the Health Insurance Marketplace or an employer)

Medicare will be your primary health coverage. Medicare will pay its part of the costs for any health care services you get, and then any amount Medicare doesn't cover can be submitted to your private plan.

If you don't keep Part B, you won't be eligible for a Special Enrollment Period if this coverage ends. This means:

- You'll have to wait until the General Enrollment Period (January 1–March 31 each year) to sign up, and your coverage will start July 1 of that year.
- In most cases, you'll also have to pay a late enrollment penalty for as long as you have Part B coverage. The penalty increases the longer you go without Part B coverage. See page 15 for more about the cost of the penalty.
- Your current insurer may automatically enroll you into a Medicare Advantage Plan they offer so that this coverage starts when your Medicare begins. You'll get a letter from your plan before it happens. You can opt-out if you don't want to join that new plan, and you can enroll in a different Medicare Advantage Plan or Original Medicare. If you get information from your current insurer, be sure to read it.

Important: Contact your current plan for more information about how your coverage will work with Medicare.

I want to keep Medicare Part B

To keep Part B, you don't need to do anything other than pay the premiums. Just cut out your Medicare card and keep it safe.

Make sure you show your Medicare card to your healthcare providers, so they can submit your claims to Medicare for payment. If you have other coverage (like a Medigap, employer, or retiree plan), make sure you also show that plan's card to your health care providers.

The monthly Part B premium will be deducted automatically from your Social Security benefit payment when your coverage starts. If your Social Security benefits aren't enough to cover the whole Part B premium or you stop getting Social Security benefits, you'll get a bill for your Part B premium every 3 months. The monthly Part B standard premium is \$134 in 2018.

Your monthly premium will be higher if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is more than \$85,000 (if you're single and file an individual tax return) or more than \$170,000 (if you're married and file a joint tax return). These amounts can change each year. If your income goes down because of a life-changing event, like retirement, you can apply to Social Security for an adjustment.

If you have limited income and resources, you may be able to get help from your state to pay your Part B premium if you meet certain conditions. See page 26.

I don't want to keep Medicare Part B

If you don't want to keep Part B, here's what you need to do:

1. Check the box after "I don't want Medical Insurance" on the back of the enclosed Medicare card.
2. Sign the back of the card.
3. Send back the entire form (including the card) in the enclosed envelope **before** the effective date on the front of the Medicare card.

Medicare will send you a new Medicare card in a few weeks that shows you have Part A only. In the meantime, write down your Medicare number (found on the front of the card). Keep it in case you need to go to the hospital before your new card arrives.

How much is the Part B late enrollment penalty?

If you sign up for Part B after you're first eligible and you aren't eligible for a Special Enrollment Period, you'll pay 10% more for each full 12-month period you could've had Part B but didn't take it. In most cases, you'll have to pay this late enrollment penalty each time you pay your premiums, for as long as you have Part B.

Example

If you waited 2 full years (24 months) to sign up for Part B and didn't qualify for a Special Enrollment Period, you'll have to pay a 20% late enrollment penalty (10% for each full 12-month period that you could have been enrolled), plus the standard Part B monthly premium (\$134 in 2018).

\$134.00	(2018 Part B standard premium)
+ \$26.80	(20% [of \$134] late enrollment penalty)
<hr/>	

\$160.80 will be your Part B monthly premium for 2018. This amount is rounded to the nearest \$.10 and includes the late enrollment penalty.

Note: The example above applies if you delayed enrolling in Part B for **24 months**. You don't pay a late enrollment penalty if you enroll before the first full 12-month period has passed or if you qualify for a Special Enrollment Period. **See page 9.** The amount could also be different if your income is above a certain amount. **See page 13.**

Decision 2 – How should I get my Medicare coverage?

You have 2 main choices for getting your Medicare health coverage. In most cases, you'll automatically be in Original Medicare unless you join a Medicare Advantage Plan.

Original Medicare		Medicare Advantage
There's no limit on how much you pay out-of-pocket per year unless you have supplemental coverage.	Cost	Plans have a yearly limit on your out-of-pocket costs. If you join a Medicare Advantage Plan, once you reach a certain limit, you'll pay nothing for covered services for the rest of the year.
Medicare covers medical services and supplies in hospitals, doctors' offices, and other health care settings. Services are either covered under Part A or Part B.	Coverage	Plans must cover all of the services that Original Medicare covers. Plans may offer benefits that Original Medicare doesn't cover like vision, hearing, or dental .
You can add a Medigap policy to help pay your out-of-pocket costs in Original Medicare, like your deductible and coinsurance.	Supplemental coverage	It may be more cost effective for you to join a Medicare Advantage Plan because your cost sharing is lower (or included) . You can't use (and can't be sold) a Medigap policy if you're in a Medicare Advantage Plan.
You'll need to join a Medicare Prescription Drug Plan to get drug coverage.	Prescription drugs	Most Medicare Advantage Plans include drug coverage .

Decision 2 – How should I get my Medicare coverage? (continued)

Original Medicare		Medicare Advantage
You can go to any doctor that accepts Medicare.	Doctor and hospital choice	You may need to use health care providers who participate in the plan’s network . If so, find out how close the network’s doctor or pharmacies are to your home. Some plans offer out-of-network coverage.
You can get a snapshot of the quality of care health care providers (and facilities) give their patients by visiting Medicare.gov .	Quality of care	The Medicare Plan Finder at Medicare.gov/find-a-plan features a star rating system for Medicare plans.
Original Medicare generally doesn’t cover care outside the U.S. You may be able to buy supplemental insurance that offers travel coverage.	Travel	Plans usually don’t cover care you get outside of the U.S. or outside of the service area of the plan.

Tip: To find out how to choose and join a Medicare Advantage Plan, see page 20.

Decision 3 – Do I need Medicare prescription drug coverage?

Medicare offers prescription drug coverage (also called “Part D”) to everyone with Medicare. **However, it isn’t automatic for most people – you have to sign up for it.** You get Medicare prescription drug coverage either by joining a Medicare Prescription Drug Plan or through a Medicare Advantage Plan that includes drug coverage. Both types of Medicare drug coverage are called “Medicare drug plans” in this booklet.

Medicare drug plans cover a variety of brand-name and generic prescription drugs. Most plans have premiums, deductibles, and copayments that you pay in addition to your Part B premium. Costs and coverage are different in every plan.

You can join a Medicare drug plan when you’re first eligible for Medicare. **If you don’t join a Medicare drug plan when you’re first eligible for Medicare, and you don’t have other creditable prescription drug coverage, you may have to pay a Part D late enrollment penalty if you join a plan later.** In most cases, you’ll have to pay the penalty as long as you have Medicare prescription drug coverage and it will increase the longer you go without Part D or creditable drug coverage. **See page 22.**

Note: Creditable prescription drug coverage is coverage that’s expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage. Your plan must tell you each year if your drug coverage is creditable coverage.

Read the information on the next few pages to help you decide.

Should I get Medicare prescription drug coverage?

Here are some questions to help you decide if you need Medicare prescription drug coverage:

- Do I already have drug coverage?** If you already have other “creditable prescription drug coverage,” you can wait and sign up for Medicare drug coverage later without a penalty as long as you don’t go 63 days or more in a row without creditable drug coverage. Creditable prescription drug coverage could be drug coverage from an employer or union, TRICARE, the Department of Veterans Affairs (VA), the Federal Employees Health Benefits (FEHB) Program, COBRA, Indian Health Service (IHS), or a state program. If you have questions, talk to your benefits administrator, insurer, or plan provider before you make any changes to your current coverage. In some cases, joining a Medicare drug plan might cause you (and your family) to lose employer or union coverage.
- Do I need drug coverage?** Even if you don’t take a lot of drugs now, you still may want to join a Medicare drug plan to avoid being without coverage.
- Am I planning to join a Medicare Advantage Plan that includes drug coverage?** If you’re joining a plan that includes drug coverage, you don’t need to join a separate Medicare drug plan. If you join a Medicare Advantage Plan that doesn’t have drug coverage, in most cases you won’t be able to add a separate Medicare drug plan.

How to choose & join a Medicare Advantage Plan or a Medicare Prescription Drug Plan

Find out which plans are available in your area. Here's how:

- **Visit [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan).**
- **Look at your “Medicare & You” handbook.** Plans available in your area are listed in the back.
- **Call 1-800-MEDICARE (1-800-633-4227).** TTY users can call 1-877-486-2048.

Once you've considered your options, you can join a Medicare Advantage Plan or Medicare Prescription Drug Plan by visiting [Medicare.gov](https://www.medicare.gov) or contacting the plan directly. If you need help deciding, look on the back cover of your “Medicare & You” handbook to get the contact information for your State Health Insurance Assistance Program (SHIP). SHIPs are programs that offer free, local health insurance counseling to people with Medicare.

Tip: You may want to make a list of all the drugs and healthcare services you use regularly, and calculate how much you would spend under each plan you're considering.

You have a 7-month period to join a plan. If you sign up during one of the 3 months before your effective date, your coverage will start on the same day as your effective date. If you sign up during the month of your effective date, your coverage will start the first day of the next month. If you sign up during the 3 months after your effective date, your coverage will start the first day of the month after you ask to join the plan. After your 7-month period is over, you can only sign up during one of the times listed on the next page.

Can I make changes to my coverage later?

You'll have at least one chance each year to make changes to your Medicare coverage.

October 15–December 7

You can join, switch, or leave a Medicare Advantage Plan or a Medicare drug plan each year. Your new coverage will begin on January 1 of the following year.

January 1–February 14

If you're in a Medicare Advantage Plan, you can leave your plan and switch to Original Medicare. If you switch to Original Medicare during this period, you'll have until February 14 to join a Medicare Prescription Drug Plan.

Special Enrollment Periods

In certain situations, you may be able to join, switch, or drop Medicare drug plans at other times. Some examples are if you:

- Have Medicaid or qualify for Extra Help (**see page 26**)
- Move out of your plan's service area
- Lose other creditable prescription drug coverage
- Live in an institution, like a nursing home

How much is the penalty if I join a Medicare drug plan later?

The cost of the Part D late enrollment penalty depends on how long you didn't have creditable prescription drug coverage. The late enrollment penalty is calculated by multiplying 1% (.01) of the "national base beneficiary premium" (\$35.02 in 2018) times the number of full, uncovered months that you were eligible but didn't join a Medicare drug plan and went without other creditable prescription drug coverage. The final amount is rounded to the nearest \$.10 and permanently added to your monthly premium.

Example

If you go without other creditable drug coverage for 20 months before you join a Medicare drug plan, you'll pay a monthly penalty of \$7.00 in 2018 ($\$35.02 \times .01 = \$0.3502 \times 20 = \7.00) in addition to your plan's monthly premium.

Tip: If you have limited income and resources and qualify for Extra Help paying for Medicare prescription drug costs, you don't have to pay the late enrollment penalty. You can also join or switch Medicare drug plans at any time. See page 26 to learn more about Extra Help and other programs for people with limited income and resources.

Decision 4 – Do I need a Medicare Supplement Insurance (Medigap) policy?

Medicare Supplement Insurance (Medigap) policies are a type of private insurance designed to help pay some of your out-of-pocket costs for covered services (like coinsurance, copayments, and deductibles) in Original Medicare. In most cases, Medigap policies sold today don't cover long-term care, private-duty nursing, or prescription drug coverage. Generally, Medigap policies also don't help pay for services that Original Medicare doesn't cover (like long-term care, vision or dental care, hearing aids, eyeglasses, etc.).

You need both Part A and Part B to buy a Medigap policy.

Insurance companies can only sell standardized policies, identified in most states by plans with letter designations (for example Plan F or Plan G). Each standardized policy must offer the same benefits, no matter which insurance company sells it. This means that you can easily compare the cost of Plan F sold by one insurance company with the cost of a Plan F sold by another. All policies may not be available in every state or from every company.

How much does a Medigap policy cost?

Even though Medigap policy benefits are standardized, costs can vary depending on the company you buy from and where you live. You'll pay a monthly premium directly to the private company you bought the policy from, in addition to your Part B premium.

Tip: Each Medigap policy covers only one person. If you and your spouse both want Medigap coverage, you must each buy your own Medigap policy.

Do I need a Medigap policy?

Here are some questions to help you decide whether you need a Medigap policy:

- Am I joining a Medicare Advantage Plan?** People in Medicare Advantage Plans don't need and can't use Medigap policies. (If you join a Medicare Advantage Plan for the first time, and you aren't happy with the plan, you'll have special rights under federal law to buy a Medigap policy if you return to Original Medicare within 12 months of joining.)
- Do I need extra coverage?** If you stay in Original Medicare and don't have other supplemental coverage, a Medigap policy may help lower your out-of-pocket costs.

Tip: The best time to buy a Medigap policy is during the 6-month period that starts with the first month you're 65 or older and enrolled in Part B. This is called your Medigap Open Enrollment Period. During this period, you can buy any Medigap policy being sold in your state, even if you have health problems. During your Medigap Open Enrollment Period, you can't be refused a policy and you can't be charged more than people with good health. After this period, you may have to pay more, or you may not be able to get the Medigap policy you want. If you're under 65, you might not be able to buy the Medigap policy you want, or any Medigap policy, until you turn 65. If you're able to buy one when you're under 65, it may cost more.

You can compare Medigap policies in your area by visiting [Medicare.gov](https://www.Medicare.gov). You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Next steps

- **Learn more about Extra Help for people with limited income and resources.** See page 26.
- **Watch the mail for your copy of the “Medicare & You” handbook.** It provides more information about Medicare. You can find the handbook online at [Medicare.gov/medicare-and-you](https://www.Medicare.gov/medicare-and-you).
- **Get answers to your Medicare questions.** See page 27 for more information.
- **Find out if your doctor is enrolled in Medicare.** Visit [Medicare.gov/physiciancompare](https://www.Medicare.gov/physiciancompare), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- **Ask your doctor about the one-time “Welcome to Medicare” preventive visit** and other preventive services you might need. These include yearly “Wellness” visits, flu and pneumococcal shots, cancer screenings, and more. Read your “Medicare & You” handbook or visit [Medicare.gov](https://www.Medicare.gov) for a list of covered preventive services.
- **Create an account on MyMedicare.gov to view your personal Medicare information.** You can sign up to get electronic versions of your “Medicare & You” handbooks and Medicare Summary Notices (eMSNs) for Original Medicare. You can also track your Medicare claims and preventive services, view your eligibility information, and much more.
- **Fill out an authorization form** in case you ever need Medicare to share your personal health information with someone else, like a family member or caregiver. Complete the form online at [Medicare.gov/medicareonlineforms](https://www.Medicare.gov/medicareonlineforms), or call 1-800-MEDICARE.

Help for people with limited income and resources

Help is available to pay for some of your health care and prescription drug costs:

Medicaid: Medicaid is a joint federal and state program that helps pay medical costs for some people with limited income and resources. Medicaid programs vary from state to state. They may also have different names, like “Medical Assistance” or “Medi-Cal.” For more information, call your Medicaid office. You can get the phone number by visiting [Medicare.gov/contacts](https://www.Medicare.gov/contacts), or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Medicare Savings Programs: States have programs that pay Medicare premiums for people with limited income and resources and, in some cases, may pay Medicare deductibles and coinsurance. For more information, call your Medicaid office. You can get the phone number by visiting [Medicare.gov/contacts](https://www.Medicare.gov/contacts), or by calling 1-800-MEDICARE.

Extra Help with Medicare prescription drug costs: If you have limited income and resources, you may qualify to get help paying for your drug plan’s monthly premium, yearly deductible, and copayments. To apply, visit [socialsecurity.gov/i1020](https://www.socialsecurity.gov/i1020), or call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.

Supplemental Security Income (SSI): SSI is a monthly benefit paid by Social Security to people with limited income and resources who are disabled, blind, or 65 or older. For more information, visit [socialsecurity.gov](https://www.socialsecurity.gov), or call Social Security.

Note: If you live in a U.S. territory and have limited income and resources, there are different programs to help you pay your Medicare costs. Call your local Medicaid office to learn more.

How can I get my Medicare questions answered?

Contact ...	For information about ...
<p>Social Security - socialsecurity.gov 1-800-772-1213 TTY: 1-800-325-0778</p>	<ul style="list-style-type: none"> Enrolling in Medicare or correcting your Medicare card Supplemental Security Income (SSI) Help paying for Medicare prescription drug coverage Changing your address
<p>Medicare - Medicare.gov 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048</p>	<ul style="list-style-type: none"> General or claims-specific Medicare information Medicare health and prescription drug plan choices in your area
<p>State Health Insurance Assistance Program (SHIP) - shiptacenter.org For your local SHIP phone number, visit shiptacenter.org, or call 1-800-MEDICARE. You can also find the number on the back of your “Medicare & You” handbook.</p>	<ul style="list-style-type: none"> Free personalized health insurance counseling, help with Medicare claims and appeals, and help making health coverage decisions and plan choices
<p>Department of Health and Human Services, Office for Civil Rights hhs.gov/ocr, 1-800-368-1019, TTY: 1-800-537-7697</p>	<ul style="list-style-type: none"> Your rights if you believe you’ve been discriminated against because of your race, color, religion, national origin, disability, age, or sex
<ul style="list-style-type: none"> 1-800-MEDICARE Federal Trade Commission ID Theft Hotline: 1-877-438-4338, TTY: 1-866-653-4261 Senior Medicare Patrol (SMP) Program - smpresource.org 1-877-808-2468 	<ul style="list-style-type: none"> Protecting yourself from Medicare fraud Protecting yourself from identity theft

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business
Penalty for Private Use, \$300

CMS Product No. 11095
Revised December 2017

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 [cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.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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