

Step 3: How can I get help with Medicare costs?

If you have limited income and resources, the state may help pay Medicare premiums, \$104.90/\$121.80 in 2016, and, in some cases, may also pay Medicare deductibles and coinsurance.

	2016 Income	2016 Assets
Qualified Medicare Beneficiary	\$1,505 (single)	\$7,280 (single)
	\$2,023 (couples)	\$10,930 (couples)
Specified Low Income Beneficiary	\$1,703 (single)	\$7,280 (single)
	\$2,290 (couples)	\$10,930 (couples)
Qualified Individual	\$1,835 (single)	\$7,280 (single)
	\$2,490 (couples)	\$10,930 (couples)

* - Subject to change once new Federal Poverty Levels (FPL) are announced

Extra Help: Some people with limited income and resources are eligible for Extra Help to pay for the costs-monthly premiums, prescription co-payments related to a Medicare prescription drug plan. In 2016, resources must be limited to \$13,640 for an individual or \$27,250 for a married couple living together. Annual income must also be limited to \$18,060 for an individual or \$24,276 for a married couple living together. Even if your annual income is higher, you still may be able to get some help. These figures are subject to change each year.

Hoosier Rx: Indiana's State Pharmaceutical Assistance Program, HoosierRx, may help pay the monthly Part D premium, up to \$70 per month, for members enrolled in a Medicare Part D Plan working with HoosierRx who meet certain criteria.

To speak to a HoosierRx representative call 1-866-267-4679 or visit the HoosierRx website at www.IN.gov/HoosierRx.

New to Medicare?

Your step-by-step guide to getting started



We can help.

The State Health Insurance Assistance Program (SHIP) provides free impartial health insurance information for people with Medicare.

1-800-452-4800

TTY 1-866-846-0139

www.medicare.in.gov

Step 1: Decide if you will use Original Medicare with a supplemental insurance policy or a Medicare Advantage Plan.

What is Medicare?

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

What are my Medicare health plan choices?

You can choose different ways to get your Medicare benefits delivered. Most people get their health care coverage through Original Medicare or a Medicare Advantage Plan (like an HMO or PPO). Your costs vary depending on your coverage and the services you use.

Original Medicare

Original Medicare, which provides Medicare Part A and Part B coverage, is a fee-for-service plan managed by the Federal government. This means you are usually charged for each health care service or supply you get. For some services, you will pay an amount called a deductible before Medicare pays its part. Then, when you get a Medicare-covered medical supply or service, Medicare pays its share of the cost of the supply or service, and you pay your share, called the coinsurance or a copayment. You can also join a Medicare Prescription Drug Plan to get Part D coverage.

Medicare Advantage Plans

Medicare Advantage Plans are health plan options that are approved by Medicare and run by private companies. These plans are part of Medicare, and are sometimes called "Part C" Plans. They provide all your Part A and Part B covered services. Medicare Advantage Plans may offer extra benefits and most include Medicare prescription drug coverage (usually for an extra cost). You may need a referral to see a specialist. In some plans, you can only see doctors who belong to the plan or go to certain hospitals to get covered services.

Medicare Part A

Medicare Part A helps cover inpatient care in hospitals. This includes critical access hospitals and inpatient rehabilitation facilities. It also helps cover hospice care and home health care, and skilled nursing facilities (not custodial or long-term care). You must meet certain conditions to get these benefits.

Medicare Part B

Medicare Part B helps cover medically-necessary services like doctors' services, outpatient care, and other medical services. Part B also covers some preventive services. These include a one-time "Welcome to Medicare" physical exam, bone mass measurements, flu and pneumococcal shots, cardiovascular screenings, cancer screenings, diabetes screenings, and more.

Step 2: Decide on which Part D drug plan best fits your needs.

What is Medicare prescription drug coverage?

Medicare offers prescription drug coverage (Part D) for everyone with Medicare. This coverage may help you lower your prescription drug costs and help you protect against higher costs in the future. To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. It is best to get a drug plan comparison from www.medicare.gov to ensure that your drugs are covered by the plan.

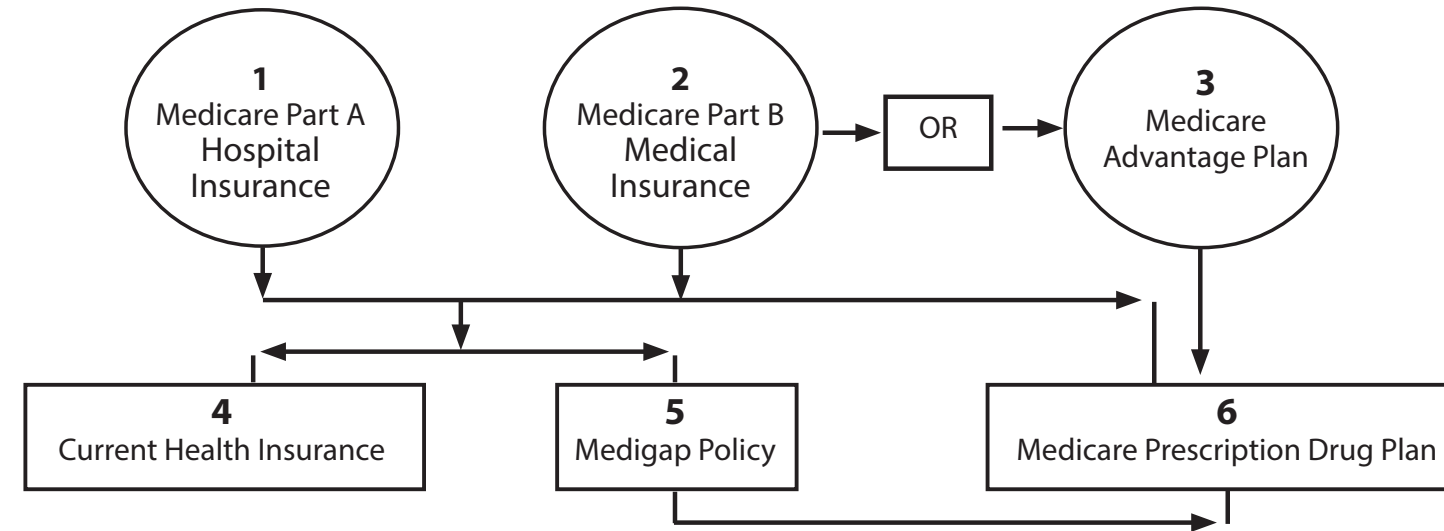
When can I make changes to my coverage?

You can make changes to your Medicare health or prescription drug coverage between October 15 to December 7 each year. Depending on your situation, there may be other times when you can change your Medicare health or prescription drug coverage.

How to apply for Medicare

To apply, you can call or visit your local Social Security office or call Social Security at 1-800-772-1213. You may also apply online at www.socialsecurity.gov.

Medicare Program Options



#1 and #2	Medicare A and B only (Original Medicare)
#1, #2 and #6	Medicare A, Medicare B and Medicare Prescription Drug Plan
#1, #2 and #4	Medicare A, Medicare B and your current insurance
#1, #2 and #5	Medicare A, Medicare B and a Medigap Policy
#1, #2, #5 and #6	Medicare A, Medicare B, a Medigap Policy and a Medicare Prescription Drug Plan
#3	Medicare Advantage Plan
#3 and #6	Medicare Advantage Plan which includes a Medicare Prescription Drug Plan
#3 and #6	Medicare Advantage Plan and a separate Medicare Prescription Drug Plan

If You Already Get Social Security Benefits

You will not need to do anything. You will be automatically enrolled in Medicare Part A and Part B effective the month you are 65. If you do not want Medicare Part B, follow the instructions that come with the card.

If You Want To Apply for Both Social Security Retirement Benefits and Medicare

If you are close to age 65 and not yet getting Social Security benefits or Medicare, you can apply for both at the same time. To make sure that your Medicare Part B coverage start date is not delayed, you should apply three months before the month you turn 65.

If You Do Not Yet Get Social Security Benefits and You Only Want To Apply for Medicare

If you are close to age 65 and not getting Social Security benefits, you must apply for Medicare. You should apply three months before the month you turn 65.

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What does Medicare cost?

Medicare Part A - Hospital Insurance

You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working.

Medicare Part B - Medical Insurance

Most people pay the standard Part B Premium as well as an annual deductible. Some people may pay a higher premium based on their income. Your monthly premium will be higher than the standard premium if you are single (file an individual tax return), and your yearly modified adjusted gross income is more than \$85,000, or if you are married (file a joint tax return) and your yearly modified adjusted gross income is more than \$170,000. Your modified adjusted gross income is your adjusted gross (taxable) income plus your tax-exempt interest income. These amounts may change each year.

Part D - Medicare Prescription Drug Plans

Each plan can vary in cost and drugs covered. If you join a Medicare drug plan, you usually pay a monthly premium as well as a deductible. If you decide not to join a Medicare drug plan when you are first eligible, you may pay a penalty if you choose to join later. If you have limited income and resources, you might qualify for Extra Help to pay your Part D costs. Plan costs and coverage change each year, so all people with Medicare should check to make sure their plan still meets their needs.