

Signing Up for Medicare



You become eligible to enroll in Medicare when:

Initial Election Period

- You are turning 65
- You qualify for a special enrollment period; such as moving to a different service area
- You are under 65 years old with Medicare benefits due to a disability
- You are already receiving Social Security benefits, Railroad Retirement Board Benefits, or Social Security disability for 24 months

If you are not automatically enrolled in Medicare, you will be eligible for an Initial Enrollment Period during the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. If you sign up for Part A and/or Part B during the first 3 months of your Initial Enrollment Period, in most cases, your coverage starts the first day of your birthday month. However, if your birthday is on the first day of the month, your coverage will start the first day of the prior month. If you enroll in Part A (that you have to pay for) and/or Part B the month you turn 65 or during the last 3 months of your initial Enrollment Period, the start date for your Part B coverage will be delayed.



Special Enrollment Periods

After your Initial Enrollment Period is over, you may have a chance to sign up for Medicare during a Special Enrollment Period. You may qualify for SEP if:

- Your circumstances change
 - o You move outside the plan service area
 - o You moved back to the U.S. after living outside the country
 - o You moved back into or out of an institution such as a skilled nursing facility or long term care facility
 - o You are released from jail
 - o You enroll into an MA Special Needs plan for chronic care
 - o You want to leave an MA plan for Programs of All Inclusive Care for the elderly (PACE)
 - o Medicare decided you qualified for Medicare Parts A and B retroactively
- You lose your current health care coverage from Medicaid, an Employer/Union plan, or you involuntarily lose other drug coverage that is as good as a Medicare Part D plan
- You receive federal or state assistance
- You left a Medigap plan to join an MA plan for the first time
- You enrolled in an MA or Private Fee-for-Service (PFFS) plan based on misleading or incorrect information provided by plan employees, agents, or brokers
- You are eligible for other coverage



Other Providers are available in our network.

Call **1 (855) 880-2521** or visit www.nhrmc.org/advantage for more information about New Hanover Health Advantage.

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If you didn't sign up for Part B (or Part A if you have to buy it) when you were first eligible because you're covered under a group health plan (with 20 or more employees) based on current employment (your own, a spouse's, or a family member's), you can sign up for Part A and/or Part B:

- Anytime you're still covered by the group health plan
- During the 8-month period that begins the month after the employment ends or the coverage ends, whichever happens first

Usually, you don't pay a late enrollment penalty if you sign up during a Special Enrollment Period. This Special Enrollment Period doesn't apply to people who are eligible for Medicare based on End-Stage Renal Disease (ESRD). It also doesn't apply if you're still in your Initial Enrollment Period.

• **Medicare Advantage Enrollment Periods**

Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.
Medicare Advantage Annual Enrollment Period October 15 - December 7				Medicare Open Enrollment Period January 1 - March 31			Special Election Period				

Annual Enrollment Period (AEP)

Medicare Advantage Annual Enrollment Period (AEP) takes place annually from **October 15 through December 7**. During this time, you can move from one plan to another. Any changes made during AEP become effective January 1 of the next calendar year.

Open Enrollment Period (OEP)

During Medicare Open Enrollment Period (OEP) from **January 1 to March 31**, you are allowed to disenroll from a Medicare Advantage plan and:

- Switch from a Medicare Prescription Drug Plan (MAPD) to a Medicare Advantage (MA) only plan
- Switch from a Medicare Advantage (MA) only plan to a Medicare Prescription Drug Plan (MAPD)
- Switch between two different Medicare Advantage (MA) only plans
- Join Original Medicare (Part A and Part B), with or without prescription drug coverage (Part D)

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Original Medicare vs. Medicare Advantage

A side-by-side comparison

When you first enroll in Medicare and during certain times of the year, you can choose how you get your Medicare coverage. There are two main ways to get Medicare:

YOUR MEDICARE OPTIONS

Original Medicare

Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).

If you want drug coverage, you can join a separate Part D plan.

To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.

Can use any doctor or hospital that takes Medicare, anywhere in the U.S.

You can also add Supplemental coverage. Some examples include coverage from a Medicare Supplement Insurance (Medigap) policy, or coverage from a former employer or union.

Medicare Advantage (also known as Part C)

Medicare Advantage is an “all in one” alternative to Original Medicare. These “bundled” plans include Part A, Part B, and usually Part D. (Pharmacy)

Plans may have lower out-of-pocket costs than Original Medicare.

In most cases, you'll need to use doctors who are in the plan's network.

Most plans offer extra benefits that Original Medicare doesn't cover – like vision, hearing, dental, and more.

DOCTOR AND HOSPITAL CHOICE

Original Medicare

You can go to any doctor or hospital that takes Medicare, anywhere in the U.S.

In most cases, you don't need a referral to see a specialist.

Medicare Advantage

In most cases, you'll need to use doctors who are in the plan's network. Ask your doctor if they participate in any Medicare Advantage plans.

You may need to get a referral to see a specialist.

COST

Original Medicare

For Part B-covered services, you usually pay 20% of the Medicare-approved amount after you meet your deductible.

You pay a premium (monthly payment) for Part B. If you choose to buy prescription drug coverage (Part D), you'll pay that premium separately.

There's **no yearly limit on what you pay out-of-pocket, unless you have supplemental coverage (like a Medigap policy).**

You can get supplemental coverage (like a Medigap policy) to help pay your remaining out-of-pocket costs (like your 20% coinsurance). Or, you can use coverage from a former employer or union, or Medicaid.

Medicare Advantage

Out-of-pocket costs vary – plans may have lower out-of-pocket costs for certain services.

You may pay a premium for the plan in addition to a monthly premium for Part B. (Most include prescription drug coverage.) Plans may have a \$0 premium or may help pay all or part of your Part B premiums.

Plans have a **yearly limit on what you pay out-of-pocket** for Medicare Part A- and B-covered services. Once you reach your plan's limit, you'll pay nothing for Part A- and Part B-covered services for the rest of the year.

You can't buy or use separate supplemental coverage.

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COVERAGE

Original Medicare

Original Medicare covers most medically necessary services and supplies in hospital, doctors' offices, and other health care settings.

You can join a separate Medicare Prescription Drug Plan (Part D) to get drug coverage.

In most cases, you don't have to get a service or supply approved ahead of time for it to be covered.

Medicare Advantage

Plans must cover all of the medically necessary services that Original Medicare covers. Most plans may offer extra benefits that Original Medicare doesn't cover – like vision, hearing, dental, and more. Plans can now cover more of these benefits than they have in the past.

Prescription drug coverage is included in most plans.

In some cases, you have to get a service or supply approved ahead of time for it to be covered by the plan.

TRAVEL

Original Medicare

Original Medicare generally doesn't cover care outside the U.S. You may be able to buy a Medigap policy that covers care outside the U.S.

Medicare Advantage

Plans generally don't cover care outside the U.S. Also, plans usually don't cover non-emergency care you get outside of your plan's network.

For more information about Original Medicare and Medicare Advantage plans, visit [medicare.gov](https://www.medicare.gov).

Other Providers are available in our network.

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