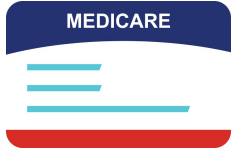


Medicare Coverage Choice

Step 1:

Enroll in Medicare through Social Security.



The default coverage when enrolling with SSA is Medicare Parts A and/or B.

Individuals already receiving Social Security benefits are typically automatically enrolled in Medicare Parts A and B. If you are actively employed, and covered by a large group health plan, you may want to waive Medicare Part B.

Step 2:

Choose how you would like to get your coverage.

Without electing coverage, you may incur penalties.



Original Medicare

OR

Medicare Advantage (Part C)

Part A
Hospital
Insurance

And/or

Part B
Medical
Insurance

Advantage plans combine hospital and medical insurance.

You must have Medicare Parts A & B to be eligible to enroll.

Check if the plan includes prescription drug coverage.

Many advantage plans include drug coverage. If the plan does not include drug coverage you typically can't get a separate Part D Plan.

Step 3:

Add prescription drug coverage.

Without creditable drug coverage, you may incur penalties when enrolling in Medicare Part D later.



Medicare Part D

Part D:
Standalone coverage for Medicare-approved prescription drugs.

Step 4:

Decide if you would like supplemental coverage.



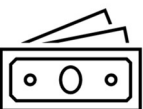
Medicare Supplement Policies (Medigap)

You must have Medicare Parts A and B to be eligible.



You cannot have and do not need a Medicare Supplement Policy.

Financial assistance programs



Based on your income and/or assets you may be eligible for additional help with out-of-pocket costs. Contact the programs below to apply.

- **Wisconsin Medicaid:** Local Health and Human Services Department / access.wi.gov
- **Extra Help for Part D:** 1-800-772-1213
- **Wisconsin SeniorCare:** 1-800-657-2038

Doctor & Hospital Choice

Original Medicare	Medicare Advantage
You can go to any doctor or hospital that takes Medicare, anywhere in the U.S.	In many cases, you can only use doctors and other providers who are in the plan's network and service area.
In most cases, you don't need a referral to see a specialist	You may need to get a referral to see a specialist.

Cost

Original Medicare	Medicare Advantage
For Part B-covered services, you usually pay 20% of the Medicare-approved amount after you meet your deductible. This amount is called your coinsurance.	Out-of-pocket costs vary. Plans may have different out-of-pocket costs for certain services.
You pay the monthly premium for Part B. If you choose to join a Medicare drug plan or Medicare Supplement policy, you'll pay a separate premium for that coverage.	You pay the monthly Part B premium and may also have to pay the plan's premium. Some plans may have a \$0 premium and may help pay all or part of your Part B premium. Most plans include Medicare drug coverage (Part D).
There's no yearly limit on what you pay out-of-pocket, unless you have supplemental coverage – like Medicare Supplement Insurance (Medigap), Medicaid, employer, retiree, or union coverage.	Plans have a yearly limit on what you pay for covered Part A and Part B services (with different limits for in-network and out-of-network services). Once you reach your plan's limit, you'll pay nothing for covered services for the rest of the year.
You can choose to buy Medigap to help pay your out-of-pocket costs that Medicare doesn't cover. Or, you can use coverage from a current or former employer or union, or Medicaid.	You can't buy Medigap to cover your out-of-pocket costs.

Coverage

Original Medicare	Medicare Advantage
In most cases, you don't need approval (prior authorization) for Original Medicare to cover your services or supplies	In many cases, you may need to get approval (prior authorization) from your plan before it covers certain services or supplies.
You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).	Medicare drug coverage (Part D) is included in most plans. In most types of Medicare Advantage Plans, you can't join a separate Medicare drug plan.