

You will have an option to change your coverage once a year during a time referred to as the Annual Open Enrollment Period. This occurs from October 15 through December 7. During this time, you are encouraged to review your current health plan and drug coverage, which can change from year to year. A great resource to verify continued coverage is to use the Plan Finder on Medicare.gov.

The Medicare Components

The basic parts of Medicare are:

Part A – Hospital Insurance.

Part B – Medicare Insurance.

Part C – Medicare Advantage Plans, or MA Plans. These are offered by private companies approved by Medicare. If you join a Medicare Advantage Plan, the plan will provide all your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. Medicare Advantage Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D).

Part D – Medicare prescription drug benefit. This is optional coverage provided by private companies to help Medicare beneficiaries pay for self-administered prescription drugs. Part D is open to everyone with Medicare. Of particular importance: if you don't enroll in a prescription



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plan (and are not covered by another plan) when you sign up for Part A and Part B, you will have a late enrollment penalty fee added to your monthly amount at the time you do enroll.

Part A and Part B are referred to as Original Medicare.

Medigap – Medicare Supplement Insurance. This insurance helps fill “gaps” in Original Medicare and is sold by private companies. Original Medicare pays for much, but not all, of the cost for covered health care services and supplies. Medigap plans do not provide drug coverage, therefore, a separate Part D prescription plan will need to be attained.

Note about Supplement Policies: these policies, also referred to as Medigap, are contracts. Once you enter that contract, the terms do not change from year to year, unlike the terms of Advantage Plans and Part D plans. The terms of the supplement change only if you leave the policy. Note, however, that prices can go up on supplements even though the terms of coverage don't change. People who choose a supplement enroll whenever they start Medicare and typically stay in the same supplement for the rest of their life.

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Comparing Medicare Coverage Options

The world of Medicare presents us with a collection of terms, facts, and options that can seem extensive and perplexing. Whether you are new to Medicare, or you have been on it for years, it can be difficult to understand, and navigating the options can be complicated.



What's In Here

This worksheet is meant to help you with the process. It provides you with some key facts and definitions related to Medicare. As well, it is a tool to help you to compare different plans and provides some questions to ask of any plan. Along with this worksheet, we include a list of resources. It is important to know where to turn for reliable resources to help you sort through the information and make decisions based on what is most appropriate for you and your situation. This worksheet is only one tool to assist you in the process. Please consult with an Elder Benefit Specialist or refer to [Medicare.gov](https://www.medicare.gov) for more information. *These resources are listed on the accompanying sheet.*

About Medicare: Key Facts and Definitions

Enrolling in Medicare

Anyone turning 65 needs to sign up for Medicare by contacting the Social Security Administration (unless you are already taking SSA benefits, then you are automatically enrolled in Medicare A&B when you turn 65). You have a seven-month period in which to enroll. This period is the three months prior to your birthday month, the month of your birthday, and the three months following your birthday month. If you don't sign up during this seven-month period, you may incur a penalty fee which will be added to your monthly premium for as long as you have Medicare.

For those who are still working at 65 and have health insurance through active employment, you may wish to stay on that coverage. If you are covered through a spouse's insurance, you may be able to stay on the current coverage. Check with the employer about their policy for employees, or covered spouses, turning 65. If you do choose to stay on your existing insurance, please make an appointment with a benefit specialist to discuss health care coverage options and coordination of benefit issues.

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Comparing Medicare Coverage Options

If you are new to Medicare, or considering changing your current Medicare coverage, it may be beneficial to compare various plans. It is important to know your options and to find a plan that is right for you. If you have questions or need help, contact a Benefit Specialist. **To find a local Benefit Specialist, go to: <https://www.dhs.wisconsin.gov/benefit-specialists/ebs.htm>.**

Health Plan			
Plan Type	Current Coverage or Option 1 (check one)	Option 2 (check one)	Option 3 (check one)
Medicare Advantage plan - health and prescription drug coverage			
Medicare Advantage plan - health coverage ONLY			
Supplement/Medigap plan			
Employer/Retirement plan			
Estimated Expenses & Coverage			
How much will my monthly premium payment be?			
Will I still have to pay my Part B monthly premium?			
What are my estimated out-of-pocket costs?			
What is my maximum out-of-pocket dollar amount per year?			
What will my co-payment be for: a doctor visit			
What will my co-payment be for: hospital stay			
What will my co-payment be for: skilled nursing facility			
Is there a network of providers? And if so, is my doctor part of this network?			
Are all my medical providers (specialist doctors, hospitals, etc.) covered or within the plan's network?			
What is the coverage if I travel, or visit family or friends, out of state? What is the out-of-network coverage?			

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Prescription Drug Coverage (Part D)			
Plan Type	Current Coverage or Option 1 (check one)	Option 2 (check one)	Option 3 (check one)
Medicare Advantage plan - health and prescription drug coverage			
Part D drug plan			
SeniorCare			
Veterans Affairs			
Employer/Retirement plan			
Estimated Expenses & Coverage			
How much will my monthly premium payment be?			
What is the annual deductible?			
What is the co-insurance after the deductible?			
What are my estimated out-of-pocket costs?			
What is my maximum out-of-pocket dollar amount per year for medications?			
What will my co-insurance be for brand name drugs?			
What will my co-insurance be for generics?			
Are all my drugs covered in this plan?			
Do any of my drugs require prior authorization, step therapy, or quantity limits?			
If so, which drugs?			
What are the restrictions?			
Questions Related to Selected Plans			
Are vision exams covered?			
Are eyeglasses covered?			
Are hearing tests covered?			
Are hearing aids covered?			
Is there any dental coverage?			
What are the key benefits or advantages of this plan?			
What key benefits are not covered in the plan? What are the disadvantages?			
When would coverage start?			
What enrollment period am I using?			