



HealthMarkets'
**Guide to
Medicare**

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Are you in the market for Medicare?

Maybe you're looking down the road toward your 65th birthday, and you're pretty sure that after that point, you are entitled to Medicare benefits ... but you have some questions.

Or maybe you're disabled, and you've heard that Medicare is one option that will help you pay for your medical bills. In either circumstance, you need to know a little bit more about the program. Where and how do you sign up for Medicare, and what kinds of costs will it help you cover?

At [HealthMarkets](#), we realize changes to Medicare and the general complexity associated with health insurance can become overwhelming. That's why we want to provide you with the most accurate information on Medicare so that you can make an informed decision about your health coverage.

We hope this guide is a helpful reference for you. But if you encounter more questions, remember: You can speak with a licensed insurance agent at HealthMarkets who understands Medicare, at no cost to you, any time you like. If you would like to talk about Medicare and which coverage is best for you, call 1-800-827-9990. We're available 24/7 to help.



Medicare: What is it?

Put simply, Medicare is a health insurance program. That's all. But it's a special one, with its own guidelines.

Medicare is funded by government trust funds. You've paid into it for your entire working life through your Social Security taxes. It is administered by the Centers for Medicare and Medicaid Services (CMS), a private contractor hired by the government. Private insurance companies are also involved, but we'll get to that later.

It is widely known as a program for seniors, because it's available to most individuals age 65 or over who have worked at least 40 quarters, or 10 years. However, some other people qualify for Medicare: certain people with disabilities, those with amyotrophic lateral sclerosis (ALS, or Lou Gehrig's Disease), and those with End-Stage Renal Disease (ESRD).



Medicare is divided into “parts”

There are different “parts” of Medicare that cover different kinds of medical costs. Medicare Parts are each assigned a letter: A, B, C (also known as Medicare Advantage), and D.

- Medicare Part A: Inpatient hospital insurance and skilled nursing facility coverage
- Medicare Part B: Outpatient hospital insurance and doctor visits
- Medicare Part C: Benefits of Parts A, B, and usually D, plus additional coverage that varies by plan
- Medicare Part D: Prescription drug coverage

How does Medicare work?

The Medicare system is actually fairly simple. If you receive Social Security benefits, either because you’re turning 65 or because you have a disability, ESRD, or ALS, you’re automatically enrolled in Medicare Part A. You do not have to pay premiums for it. If you choose to enroll in Part B coverage, the cost is typically taken from your Social Security benefits.

Some people who are not eligible for Social Security benefits will not be automatically enrolled in Medicare; if that’s the case for you, talk to your local Social Security office, or just give HealthMarkets a call. We’ll help you figure it out.

You may also choose to supplement Medicare with a Part D and/or a Medigap plan, or switch to an all-in-one Part C plan. Private companies administer these plans, and you’ll pay the premiums for them yourself, just like you may have done with your health insurance plan before you became eligible for Medicare.

Out-of-pocket costs of Medicare

It’s important to know that you’re responsible for certain costs with your Medicare plan, just like you would be with any other health insurance plan. Those costs include the following:

Monthly premiums

Premiums are the set price you pay each month for your plans. You do not have to pay premiums for Medicare Part A if you have worked 40 quarters. Premiums for Medicare Part B are based on the income you report on your tax return. The amount you pay can be adjusted each year by the government.

Deductibles

A deductible is the out-of-pocket amount you pay each year for healthcare before Medicare begins paying its share. Deductibles vary from plan to plan.

Copayments or coinsurance

These are the parts of your healthcare bill that you must pay. Like other insurance plans, Medicare will only pay a certain percentage of your total health service bill. You’re responsible for the rest.

Medicare does not always cover the full price for services charged by a doctor or supplier. Instead, it decides on a set price, called a Medicare-approved amount, of which it pays a part. You are responsible for out-of-pocket costs associated with that set amount (your coinsurance, copayments or deductibles), and up to an additional 20% of the Medicare-approved amount.

Diving into Medicare Parts

So what do all these Parts mean, anyway?
Let's break it down.

Original Medicare

Original Medicare is the collective name for Medicare Parts A and B.

Part A

Part A is one of the two parts that make up Original Medicare, and it covers hospital costs. Part A is available, at no additional cost, to everyone who qualifies for the Medicare program. Why? Because you've already paid for it! Anyone who has paid Social Security taxes in the United States pays into the Medicare program, and the costs of Part A come out of that money. If you or your spouse has worked for at least 40 quarters in the U.S., you're eligible for Medicare Part A.

In general, Part A covers the following:

- In-patient hospital care
- Skilled nursing facility care
- Nursing home care (as long as custodial or long-term care isn't all you need)
- Hospice
- Home health services

Part B

Medicare Part B, the other part of Original Medicare, covers services needed to diagnose or treat a medical condition, illness, or disease. It's easiest to think about it as the part that covers your doctor visits, although Part B covers services far beyond simple checkups, such as research, testing, and certain medical equipment. Medicare Part B also takes care of preventive services that help you avoid illness or detect it at an early stage when treatment will work the best.

In general, Part B covers the following:

- Doctor visits and lab tests
- Ambulance services
- Durable medical equipment (DME)
- Mental health: inpatient, outpatient, and partial hospitalization
- Surgery and second opinions before surgery
- Limited outpatient prescription drugs

Medicare Part B only covers “medically necessary” services that have been approved by CMS. Certain tests, items, or services are covered in all cases; others vary by your circumstances (see the Appendix). If you need care that is not considered “medically necessary,” you may be able to appeal your case to Medicare, so you should talk to your doctor about further steps.

Part C

Also known as Medicare Advantage, Medicare Part C is offered by private insurance companies that are approved by Medicare. It offers the same coverage as original Medicare, but adds coverage for other services. These vary widely plan by plan, but they can include:

- Prescription drugs
- Vision
- Hearing
- Dental
- Health and wellness programs

Health Maintenance Organization (HMO) Plans

HMOs limit your healthcare options to in-network providers. Except in an emergency, you can only go to doctors, other healthcare providers, or hospitals in the plan’s network. If you need some particular tests or care from specialists, you may also need to get a referral from your primary care provider.

Preferred Provider Organization (PPO) Plans

A PPO also limits your provider options, but not as much as an HMO. You pay less, sometimes significantly less, if you use in-network doctors, hospitals, labs, and other providers. For instance, in-network you may be

responsible for a small copay, while out-of-network you may need to pay coinsurance, a percentage of your bill that’s often more than a copay.

Private Fee-for-Service (PFFS) Plans

PFFS plans offer wider options. As in Original Medicare, you can likely go to any provider who agrees to treat you. However, the amount of the provider’s fee for which you’re responsible may vary plan to plan.

Special Needs Plans (SNPs)

SNPs are for special groups of people, such as those who have both Medicare and Medicaid, live in a nursing home, or have certain chronic medical conditions.

HMO Point-of-Service (HMOPOS) Plans

These plans are still HMO plans, but they offer broader options than most. They may allow you to get some services out of network for a higher copayment or coinsurance.

Medical Savings Account (MSA) Plans

MSAs have two components: high-deductible health plans, and savings accounts like those you’d have at your bank. Medicare gives you a certain amount of money to put in the account, and you can then use that money to pay for yearly services. The amount is usually less than your deductible. MSAs don’t offer drug coverage, so if you choose this option, you may want to look into a prescription drug plan (Medicare Part D).

Part D

Medicare Part D is known as the Medicare prescription drug coverage. It helps eligible individuals afford the cost of their prescriptions. Part D is available through private insurance companies, and can be a standalone plan or included in your Medicare Advantage Plan. You will need to pay a monthly premium when you enroll in this plan, and pay out of pocket for deductible, copayment, and coinsurance costs.

Part D coverage costs will vary based on the following:

- Type of medicine
- The plan you purchase
- Whether your pharmacy is in or out of your plan's network
- Whether the medicine purchased is on your plan's formulary (an official list of the medicines your plan approves)
- Whether you are on a Medicare Savings Program or receiving Extra Help to help pay your Part D costs



Medicare supplement insurance: Medigap



A Medigap policy is a private health insurance policy that you purchase to help fill in the “gaps” that Medicare doesn’t cover.

Depending on the care you need, the gap between your bills and what Medicare will pay could be large. For instance, you must pay deductibles under both Medicare Parts A and B, and these could be high if you experience long hospital stays. Additionally, Original Medicare has limited service areas and generally doesn’t cover services you receive when outside the United States. Medigap plans can expand service areas, allowing active people to access medical care while they’re traveling. Medigap plans are generally preferred by those who don’t mind paying a premium each month to keep their out-of-pocket costs for treatment lower.

If you have Medicare Part C, you don’t need a Medigap plan; they can’t be used together. Medigap is only designed to supplement Original Medicare coverage, and you have to have Medicare Part B in order to get a Medigap plan.

Medigap plans are all named by letter, just like Medicare parts, so watch out. Medicare Part A and Medigap Plan A are not the same thing!

Medigap Plans

New Medicare enrollees have eight plans to choose from, but not all plans are sold in all states and prices vary. If you aren't sure which plan is right for you, talk to a licensed insurance agent to explore your options. We'll be happy to help you review the plans. Or visit

HealthMarkets.com to see which Medicare type could be the best fit for you.

See the chart below for a comprehensive list of Medigap plans and what services they cover.

Medigap Plan Comparison¹

BENEFITS	A	B	D	G ²	K	L	M	N	C	F ²
Part A coinsurance hospital costs (up to an additional 365 days after Medicare benefits are used)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ ³	✓	✓
Blood transfusion (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility care coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit					\$6,620	\$3,310				



Plan pays 100% of the benefit



Plans available to those eligible before 1/1/2020⁴

1. Based on 2022 costs.
2. Enrollees in high-deductible Plan G and Plan F must pay for their Medicare-covered costs up to the deductible amount before the plan begins to pay.
3. Plan N pays 100% of the Part B coinsurance, excluding copayments of up to \$20 for some office visits and up to \$50 for ER visits that don't lead to inpatient admission.
4. Plans C and F are available to those who were eligible for Medicare before January 1, 2020. Contact a licensed insurance agent for more information about these plans.

How to pick a Medicare Policy

When you're picking a Medicare policy, it helps to start by making a list.

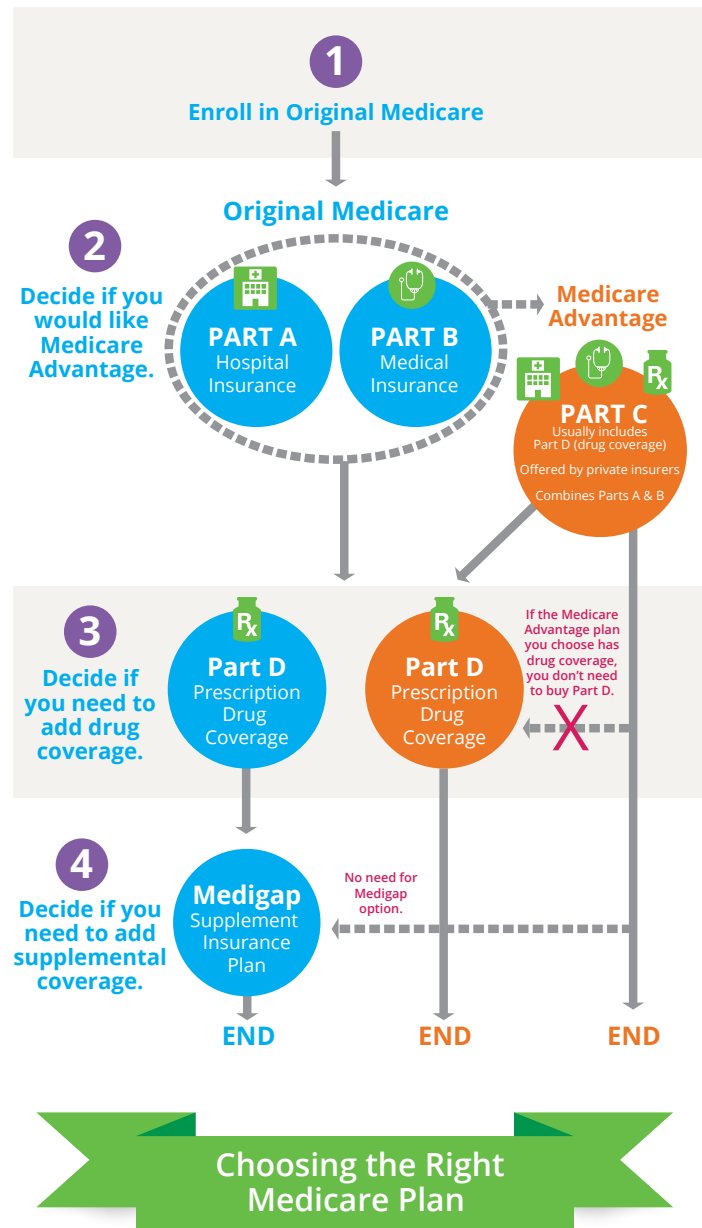
- Write out your current and expected healthcare needs.
- Write out your habits. For instance, do you travel? Are you particularly active? Do you smoke?
- Write out your income, and your potential budget for out-of-pocket expenses.
- Consider your location. Which hospitals and doctors are most convenient to you?
- Ask your current healthcare providers what type of coverage they accept. Do you want to keep your current providers?

Picking a Medicare policy may seem complicated, but it's easier than it sounds. Check out our infographic to the right to see the steps to take when deciding on a Medicare policy.

An easy way to decide

HealthMarkets has created a revolutionary way to shop for Medicare. Visit HealthMarkets.com, answer a few quick questions, and we'll help you determine whether Original Medicare or Medicare Advantage is the right choice for you.

If you prefer to speak with a licensed insurance agent, you can call anytime with your Medicare questions. We'll guide you through the process via phone or in person.



Choosing the right coverage is an important and personal decision. You must determine what matters most to you and what meets your needs.

Enrolling in Medicare

So now that you've figured out a little bit about how Medicare works, how do you sign up?

Enrolling in Medicare means signing up to receive benefits. You enroll during designated times called enrollment periods. Enrollment period dates, and even their names, vary by plan and by your circumstances.

Enrolling in Original Medicare

Medicare Parts A and B Initial Enrollment Period (IEP)

You can first enroll in Medicare anytime during your seven-month Initial Enrollment Period (IEP), which begins three months before your 65th birthday, includes your birthday month, and continues until three months after your birthday month. For example, if your birthday is in April, your IEP runs from January 1 until July 31.

People with disabilities are eligible to enroll in Medicare after the 24th month of receiving disability benefits.

Medicare Parts A and B General Enrollment Period (GEP)

From January 1 - March 31, people who did not enroll in Part A or B during their IEP (and do not have creditable group coverage), or ended their Part A or Part B benefits and want to re-enroll, may enroll in either or both Parts during the GEP. If you enroll during

the GEP, your benefits will begin the following July 1. If you enroll in Part B during the GEP, you may have to pay a late enrollment penalty for Part B.

Enrolling in Medicare Advantage, Medicare Part D, and Medicare Supplement Insurance

Medicare Annual Enrollment Period (AEP)

From October 15 to December 7, current Medicare beneficiaries can join, change, or drop a Medicare Advantage (Part C) or Part D plans during this Annual Election Period, or switch back to Original Medicare. After enrollment, new coverage will begin on January 1.

Medicare Advantage (Part C) Special Enrollment Period (SEP)

In certain cases, you may qualify for an SEP with a Medicare Advantage or Medicare Part D plan, allowing you to enroll outside of your AEP. For instance, if you move and change service areas (places where your plan is offered), you have an SEP to change your plan. If your employer coverage ends, you have a two-month SEP. You also might qualify for an SEP if you are eligible or receiving Extra Help (the Low Income Subsidy—see

Section 6) with your prescription drugs. Always check the specifics of your plan and go over them with a licensed insurance agent to make sure you know your SEP rights.

Medicare Advantage (Part C) Open Enrollment Period

Between January 1 and March 31 of each year, if you have Medicare Advantage, you may switch to another Medicare Advantage plan or drop Medicare Advantage and return to Original Medicare. You may not switch from Original Medicare to a Medicare Advantage plan during this time.

Medicare Supplement (Medigap) Enrollment Periods

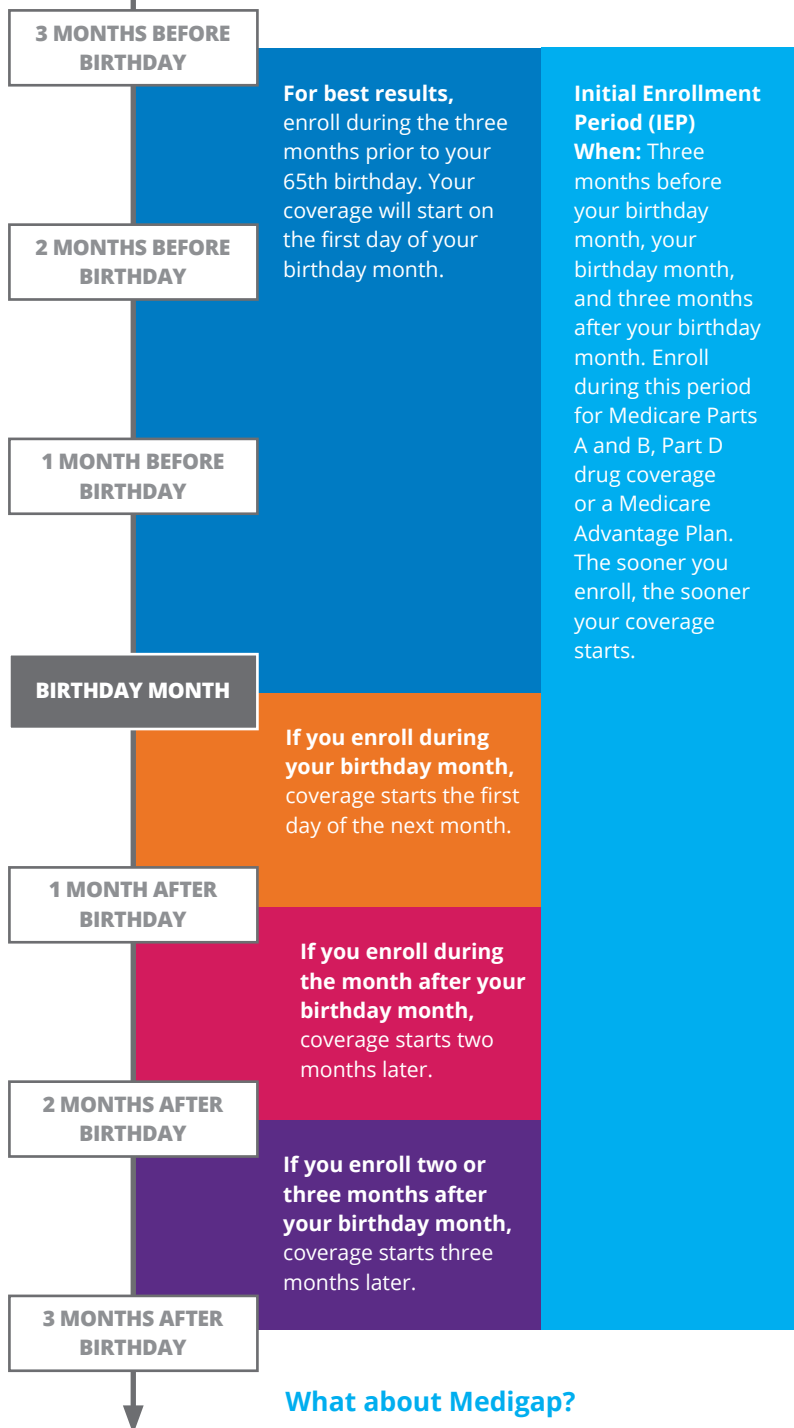
Most people choose to enroll in Medigap during their 6-month Open Enrollment Period. This period automatically starts the month you're 65 and enrolled in Medicare Part B (Medical Insurance), and it can't be changed or repeated. During this period, you can enroll without answering any health questions. If you try to enroll later, you could be denied or charged higher premiums depending on your health status. If you didn't enroll during your IEP and believe you might have trouble answering health questions, there are special enrollment periods (SEPs) that will provide you with guaranteed-issue coverage. For example, you will qualify for an SEP if you lose employer group coverage.

Medicare Part D Enrollment

It's best to enroll in a Part D prescription drug plan during your Initial Enrollment Period. If you enroll later, you may be subject to a penalty that will apply as long as you have drug coverage. If you enroll in a Medicare Advantage plan that includes drug coverage, you won't need to purchase an additional drug plan.



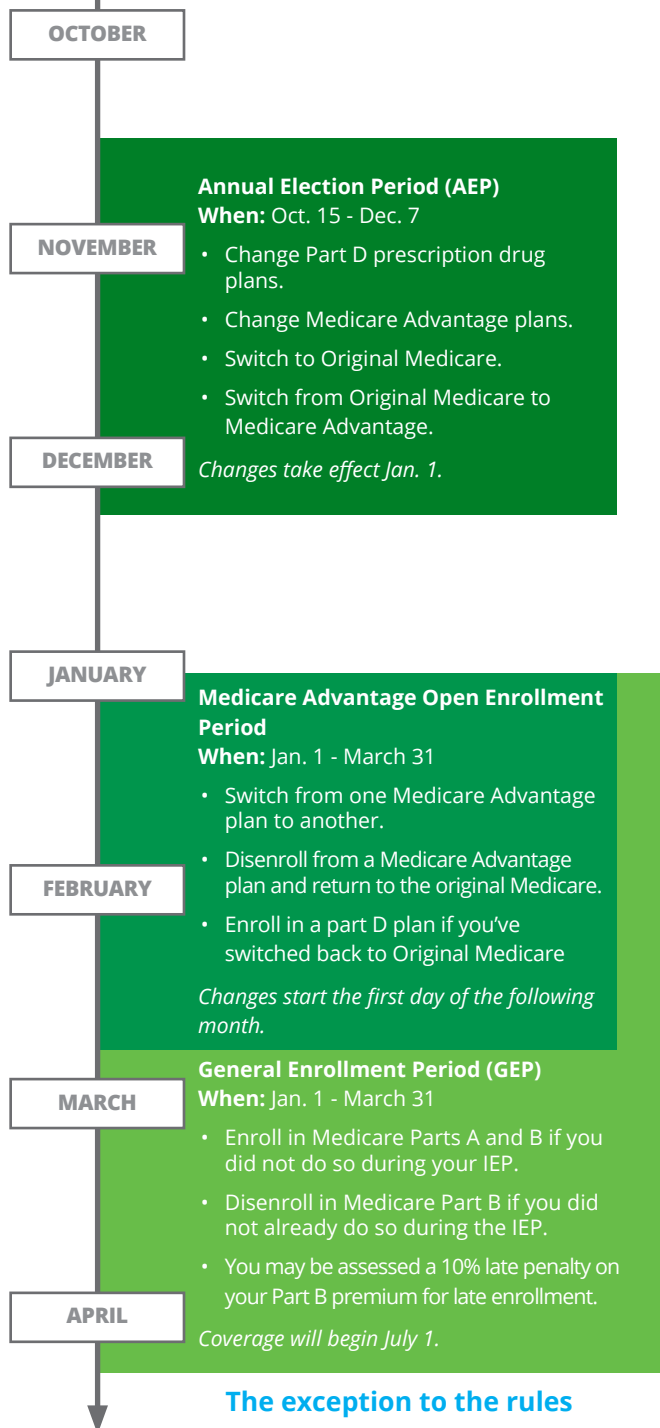
Your Medicare initial enrollment depends on your 65th birthday.



What about Medigap?

The Open Enrollment Period for Medigap starts the month you are 65 and enrolled in Medicare Part B and continues for five more months. For example, if you turn 65 on Sept. 15, your window to enroll in Medigap is Sept. 1 - Feb. 28. Enroll during this period to avoid underwriting and guarantee your eligibility.

Other Medicare enrollment dates are fixed. They do not depend on your birthday.



The exception to the rules

Depending on the employment situation for you or your spouse, you may be able to enroll in Medicare Parts A and B any time without penalty, as part of a Special Enrollment Period (SEP). Other SEPs exist for Part C and D.

How do I enroll in Medicare?

Automatic Enrollment

Depending on your circumstances, enrolling in Medicare may be as easy as waiting for the daily mail. If you are turning 65 and are receiving Social Security benefits, you're automatically enrolled in Medicare Parts A and B. It's the same if you have a disability and have been receiving Social Security Disability Insurance (SSDI) or railroad disability annuity checks for 24 months. This is also true if you are under 65 and have ALS.

In these circumstances, you don't need to contact anyone. You'll simply receive a package in the mail three months before your 65th birthday or before the 25th month of disability benefits. This package will include some additional paperwork to complete and return. Your new Medicare card and a letter informing you that you will begin receiving benefits from Medicare will follow shortly thereafter.

If you are receiving SSDI, your package will come from Social Security. The Railroad Retirement Board (RRB) will send your package if you receive railroad disability annuity checks. If you already have Part A and do not wish to receive Part B, follow the instructions included in your information package.

Enrolling Yourself

Under certain circumstances, you may need to enroll yourself in Medicare. You need to sign up for Part A and Part B if you aren't getting Social Security or RRB benefits (for example, because you're still working or have not worked long enough for Social Security benefits). You also need to enroll yourself if you have End-Stage Renal Disease (ESRD).

To enroll yourself in Medicare, you have a few options. You can visit your Social Security office and have someone help you through the process. It's also easy to sign up online on the Social Security website.

We know this process may be confusing, so if you still have questions, let HealthMarkets help.



Special Programs

Certain programs help people with lower incomes to afford their Medicare coverage. You may be eligible for one of these programs if you meet certain federal income requirements. To find out more about whether you're eligible for any of these programs, you can contact your local Social Security office or give us a call. We'll be happy to help you out—and our service is at no cost to you!

Extra Help (Low Income Subsidy or LIS)

What is Extra Help?

The Low-Income Subsidy (LIS), also called Extra Help, helps people with Medicare prescription drug costs. It may be available to you if you have drug coverage through Part C or D.

Extra Help is worth approximately \$5,000 per year. You can apply it to your deductibles, copayments, and monthly premiums.

Who is eligible for Extra Help?

To qualify for Extra Help, you must meet the following conditions:

- Be receiving Medicare
- Have limited resources and income
- Live in one of the 50 states or the District of Columbia

Also, you automatically qualify for Extra Help if you're receiving some of the Medicare Savings Programs we talk about below.

How do I know if I'm eligible for Extra Help?

Many people qualify for a prescription drug subsidy and don't even know it. It all has to do with your resources and your income. Your resources are everything you own that has monetary value, such as your savings, investments, and real estate. (In this case, real estate excludes your primary residence.) If your combined resources are low in value and you are in a low-income household, you may be eligible for Extra Help. To see if you qualify, use the Extra Help Calculator on our [website](#).

Medicare Savings Programs and Medicaid

Some people with low incomes and limited resources can get help with their medical bills from a joint federal and state program called Medicaid. Most people have heard of Medicaid, but many beneficiaries don't know that there are also Medicare Savings Programs that can do the same thing.

Medicare Savings Programs pay for different things. Some help you with Medicare premiums, while some also pay Medicare Part A and B deductibles, coinsurance, and copayments. Each Medicare Savings Program has its own income restrictions.

Do you qualify for a Medicare Savings Program? If you think one of these programs is for you, give HealthMarkets a call, and we'll help you figure it out.



There are 4 Medicare Savings Programs

Qualified Medicare Beneficiary (QMB) Program

This plan helps pay for Parts A and B premiums, deductibles, coinsurance, and copayments.

Specified Low-Income Medicare Beneficiary (SLMB) Program

This program helps pay for Part B premiums only.

Qualifying Individual (QI) Program

This program helps pay for Part B premiums only, and is not available to Medicaid beneficiaries.

Qualified Disabled and Working Individuals (QDWI) Program

This program helps pay for Part A premiums only. It is designed for the following groups:

- Working disabled people under age 65
- People who have gone back to work and lost their premium-free Part A Medicare

To qualify for QDWI, you can't be receiving other forms of medical help from your state, like Medicaid. And you must meet the income and resource limits required by your state.

Remember Extra Help, the program we mentioned earlier? Well, if you qualify for a QMB, SLMB, or QI program, you automatically qualify for Extra Help. That means that you'll receive support with premiums or other out-of-pocket expenses and drug costs at the same time.

Medicare: The HealthMarkets Way

At HealthMarkets, we operate by our 3Cs: Convenience, Choice, and Counsel. We're committed to being the most convenient way for people to find affordable healthcare choices that help them live long, healthy lives, and we offer personalized counsel on how to do it.

As we've explained in this guide, you have many choices to make about your Medicare coverage. HealthMarkets not only helps you through the decision process, we also offer many Medicare options, including Medicare Advantage, Part D, and Medigap policies that will give you the care you need at the prices you can afford.

HealthMarkets makes shopping for a plan quick and easy with FitScore®¹. We search thousands of plans to provide a customized list of the right options for you. We'll search for plans that include your doctors, medications, pharmacy, and more. We'll even help you choose between Medigap and Medicare Advantage options.

We know there's a lot involved in these decisions. Medicare Advantage, or Medigap? A stand-alone drug plan, or not? It's a lot to think about. That's why we make it easy. You can compare plans and enroll at [HealthMarkets.com](https://www.healthmarkets.com) or call 1-800-827-9990 any time day or night to speak with us or set an in-person appointment with one of our licensed insurance agents.



Make sure you're getting the most out of your golden years. Know your Medicare options, learn how to take advantage of them, and get the best healthcare out there. HealthMarkets can help.

¹ HealthMarkets' FitScore intends to identify plans that fit your needs. You should carefully review official plan materials.

Appendix

SOME TESTS/ITEMS/SERVICES NOT COVERED BY ORIGINAL MEDICARE

Long-term care (also called custodial care)

Most dental care

Eye examinations related to prescribing glasses

Dentures

Cosmetic surgery

Acupuncture

Hearing aids and exams for fitting them

Routine foot care



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HealthMarkets can help you understand the many insurance options available to you, so you can make the right choice. Let us help you apply for the plan that is right for you and get the Medicare coverage you need. HealthMarkets is the smarter way to find good Medicare options. Best of all, our service is at no cost to you!

HealthMarkets

Medicare | Health | Life | Supplemental | Dental | Vision

Call us now at 1-800-827-9990, TTY 711
or visit [HealthMarkets.com](https://www.healthmarkets.com) to shop online
or find a licensed insurance agent near you.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all your options.

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