

CENTERS FOR MEDICARE & MEDICAID SERVICES

Enrolling in Medicare Part A & Part B



The information in this booklet was correct when it was printed. Changes may occur after printing. Visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.

“Enrolling in Medicare Part A & Part B” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Contents

5 Section 1—The Medicare Program

- 5 What is Medicare?
- 5 Medicare has different parts
- 5 Medicare Part A (Hospital Insurance)
- 6 Medicare Part B (Medical Insurance)
- 6 How much does Part B cost?
- 7 Can I get Part B if I don't have Part A?
- 8 How do I know if I have Medicare Part A or Part B?
- 8 Medicare Part C (also known as Medicare Advantage)
- 8 Medicare Part D (Prescription drug coverage)
- 8 For more information about Medicare eligibility

9 Section 2—Signing up for Part A & Part B

- 9 When can I sign up?
- 10 Many people turning 65 get Part A and Part B automatically
- 14 Some people turning 65 (or older) need to sign up for Part A and Part B
- 15 Turning 65 and you or your spouse is still working
- 17 Medicare and End-Stage Renal Disease (ESRD)
- 20 Retiree coverage
- 20 Can I still get Medicare at 65?
- 21 Live outside the U. S.

23 Section 3—For More Information

- 23 Where to get more information
- 23 Medicare publications

25 Section 4—Definitions



Section 1—The Medicare Program

What is Medicare?

Medicare is health insurance for:

- People 65 or older,
- Under 65 with certain disabilities,
- Any age with [End-Stage Renal Disease](#) (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has different parts:

Medicare Part A (Hospital Insurance)

Part A helps cover your inpatient care in hospitals. Part A also includes coverage in [critical access hospitals](#) and skilled nursing facilities (not custodial or [long-term care](#)). It also covers [hospice care](#) and [home health care](#). You must meet certain conditions to get these benefits.

Can I get Medicare Part A?

Generally, you're eligible for Part A if you:

- Are 65 or older and you meet the citizenship and residency requirements.
- Get disability benefits from Social Security or the Railroad Retirement Board for at least 25 months.
- Get disability benefits because you have [ALS](#) (Amyotrophic Lateral Sclerosis, also called Lou Gehrig's disease).
- Have End-Stage Renal Disease and meet certain requirements.

How much does Part A coverage cost?

You usually don't pay a monthly [premium](#) for Part A coverage if you or your spouse paid Medicare taxes for at least 10 years while working. If you aren't eligible for premium-free Part A, you may be able to buy Part A if you're:

- 65 or older, and you have (or are enrolling in) Part B and meet the citizenship and residency requirements.
- Under 65, disabled, and your premium-free Part A coverage ended because you returned to work. (If you're under 65 and disabled, you can continue to get premium-free Part A for up to 8 1/2 years after you return to work.)

Words in [blue](#) are defined on pages 25–27.

If you choose to buy Part A, you must also have Part B and pay monthly **premiums** for both. If you have limited income and resources, your state may help you pay for Part A and/or Part B. Call Social Security at 1-800-772-1213 for more information about the Part A premium. **TTY** users should call 1-800-325-0778.

Part A late enrollment penalty

If you get Part A for free, you won't have to pay a Part A late enrollment penalty if you decide to enroll after you first become eligible. If you aren't eligible for premium-free* Part A, and you don't buy it when you're first eligible, your monthly premium may go up 10%. You'll have to pay the higher premium for twice the number of years you could have had Part A, but didn't sign-up. For example, if you were eligible for Part A for 2 years but didn't sign-up, you'll have to pay the higher premium for 4 years. Usually, you don't have to pay a penalty if you meet certain conditions that allow you to sign up for Part A during a Special Enrollment Period (SEP). See page 10 for more information about SEP.

* Premium-free means you don't pay anything for Part A.

Medicare Part B (Medical Insurance)

Part B helps cover **medically necessary** services like doctors' services, outpatient care, and other medical services that Part A doesn't cover. Part B also covers many **preventive services**. Part B is a voluntary program. However, you need to have Part B if you want to buy Part A.

How much does Part B cost?

The monthly standard premium for Part B is \$99.90 in 2012. This amount can change every year. In some cases, this amount may be higher if you don't enroll in Part B when you first become eligible for Medicare.

Most people will pay the standard premium amount. However, if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you may pay more.

Words in blue are defined on pages 25–27.

If Your Yearly Income in 2010 was		You pay (monthly)
File Individual Tax Return	File Joint Tax Return	
\$85,000 or less	\$170,000 or less	\$99.90
above \$85,000 up to \$107,000	above \$170,000 up to \$214,000	\$139.90
above \$107,000 up to \$160,000	above \$214,000 up to \$320,000	\$199.80
above \$160,000 up to \$214,000	above \$320,000 up to \$428,000	\$259.70
above \$214,000	above \$428,000	\$319.70

How do I pay the monthly premium for Part B?

If you choose to enroll in Part B, the [premium](#) is usually taken out of your monthly Social Security, Railroad Retirement, or Office of Personnel Management (OPM) retirement check. In these cases, you won't get a bill for your premium. If you don't get a Social Security or OPM retirement check, Medicare sends you a monthly bill for your Part B premium. If you don't get your bill by the 10th of the month, call Social Security at 1-800-772-1213. [TTY](#) users should call 1-800-325-0778. If you get a Railroad Retirement Board (RRB) check, you'll get a bill from RRB. If you don't get your bill, call the RRB at 1-877-772-5772.

Can I get Part B if I don't have Part A?

If you aren't eligible for premium-free* Part A, you can buy Part B without having to buy Part A, if you're:

- 65 or older
- A resident of the U.S., and either:
 - a U.S. citizen, or
 - an immigrant lawfully admitted for permanent residence who has lived in the U.S. without a break for the 5 year period immediately before the month you file for enrollment in Part B.

How do I know if I have Medicare Part A or Part B?

If you're not sure if you have Part A or Part B, look on your red, white, and blue Medicare card. If you have Part A, "Hospital (Part A)" is printed on the lower left corner of your card. If you have Part B, "Medical (Part B)" is printed on the lower left corner of your card. You can also call or visit your local Social Security office, or call Social Security at 1-800-772-1213 for more information about Part A and Part B eligibility. TTY users should call 1-800-325-0778. If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office.

Medicare Part C (also known as Medicare Advantage)

Medicare Advantage Plans (Part C) provide your Part A and Part B coverage and many times offer additional benefits. Private insurance companies approved by Medicare run these plans. Generally, you must see doctors in the plan. Most Medicare Advantage Plans cover prescription drugs (Medicare Part D). You choose the Medicare Advantage Plan (with or without prescription drug coverage) and pay a monthly premium. Costs vary by plan.

Words in blue are defined on pages 25–27.

Medicare Part D (Prescription drug coverage)

Medicare prescription drug coverage (Part D) is available to everyone with Medicare. Private companies provide this coverage. You choose the Medicare drug plan and pay a monthly premium. Each plan can vary in cost and specific drugs covered. If you decide not to join a Medicare drug plan when you're first eligible, and you don't have other creditable prescription drug coverage, or you don't get Extra Help, you will likely pay a late enrollment penalty.

For more information, look at your Medicare & You handbook. You can also view the handbook at www.medicare.gov/publications.

For more information about Medicare eligibility:

- Call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
- Visit www.medicare.gov.

Section 2—Signing up for Part A & Part B

When can I sign up?

There are 3 times you can sign up for Medicare:

1. **Initial Enrollment Period**—You can sign up when you're first eligible for Part A and/or Part B.

People turning 65 (or Older)

If you're eligible for Medicare when you turn 65, you can sign up during your Initial Enrollment Period. This is a 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.

3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	The month you turn 65	1 month after you turn 65	2 months after you turn 65	3 months after you turn 65
Sign up early to avoid a delay in coverage. To get Part A and/or Part B the month you turn 65, you must sign up during the first 3 months before the month you turn 65.			If you wait until the last 4 months of your Initial Enrollment Period to sign up for Part A and/or Part B, your coverage will be delayed. See the chart on the next page.			

If you sign up for Part A and/or Part B during the first 3 months of your Initial Enrollment Period, your coverage start date will depend on your birthday:

- If your birthday **isn't** on the first day of the month, your Part B coverage starts the first day of your birthday month. For example, Mr. Green's 65th birthday is July 20, 2012. If he enrolls in April, May, or June, his coverage will start on July 1, 2012.
- If your birthday **is** on the first day of the month, your coverage will start the first day of the prior month. For example, Mr. Kim's 65th birthday is July 1, 2012. If he enrolls in March, April, or May, his coverage will start on June 1, 2012. To read the chart above correctly, use the month **before** your birthday as "the month you turn 65."

If you enroll in Part A and/or Part B the month you turn 65 or during the last 3 months of your Initial Enrollment Period, your start date will be delayed:

If you enroll in this month of your initial enrollment period:	Your coverage starts:
The month you turn 65	1 month after enrollment
1 month after you turn 65	2 months after enrollment
2 months after you turn 65	3 months after enrollment
3 months after you turn 65	3 months after enrollment

2. **General Enrollment Period**—If you didn't sign up for Part A and/or Part B when you were first eligible, you can sign up between January 1–March 31 each year. Your coverage will begin July 1. You may have to pay a higher [premium](#) for late enrollment.

If you sign up during these months:	Your coverage will begin on:
January	July 1
February	
March	

3. **Special Enrollment Period**—You can sign up using a Special Enrollment Period only if you meet certain requirements. If you enroll using a Special Enrollment Period, your Medicare coverage will begin the month after Social Security gets your completed request. Usually you don't pay a Part B late enrollment penalty if you sign up during a Special Enrollment Period.

Many people turning 65 get Part A and Part B automatically

What if I'm already getting benefits from Social Security or the Railroad Retirement Board (RRB)?

If you are, in most cases, you'll automatically get Part A and Part B starting the first day of the month you turn 65. If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.

You'll get the "Initial Enrollment Package" that welcomes you to the program. This package is mailed about 3 months before your 65th birthday. In this package, you'll get your Medicare card. If you don't want Part B, follow the instructions that come with the card. Read this package carefully since you'll have to decide the following:

1. If you want to keep Part B
2. If you keep Part B, how do you want to get your Medicare coverage
3. If you want or need Medicare prescription drug coverage
4. If you want to buy a Medicare Supplement Insurance ([Medigap](#)) [policy](#)

What if I live in Puerto Rico and get benefits from Social Security or the RRB?

If so, you'll automatically get Part A. You don't automatically get Part B. You must call Social Security at (1-800-772-1213) to sign up for it. [TTY](#) users should call 1-800-325-0778. If you don't enroll in Part B when you're first eligible, you may have to pay a Part B late enrollment penalty for as long as you have Part B.

What if I'm under 65 and disabled?

If you're eligible for Medicare because of a disability, you'll automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months. You'll get the "Initial Enrollment Package" that welcomes you to the program about 3 months before your 25th month of disability benefits. In this package, you'll get your Medicare card. If you don't want Part B, follow the instructions that come with the card. Read this package carefully since you'll have to decide the following:

1. If you want to keep Part B
2. If you keep Part B, how do you want to get your Medicare coverage
3. If you want or need Medicare prescription drug coverage
4. If you want to buy Medicare Supplement Insurance ([Medigap](#) [policy](#)).

If you don't want Part B, follow the instructions that come with the card, and send the card back. If you keep the card, you keep Part B and will pay the Part B [premium](#).

Words in [blue](#) are defined on pages 25–27.

What if I have [ALS](#) (Amyotrophic Lateral Sclerosis, also called Lou Gehrig’s disease)?

If you do, you automatically get Part A and Part B the month your disability benefits begin from Social Security or the Railroad Retirement Board.

I’m under 65, get disability benefits, and I’m covered under my spouse’s [group health plan](#). How can I enroll in Part A only?

You automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months. If you’re automatically enrolled, you’ll get your Medicare card in the mail 3 months before your 65th birthday or your 25th month of disability. If you don’t want Part B, follow the instructions that come with the card, and send the card back. If you keep the card, you keep Part B and will pay the Part B [premium](#).

I’m disabled and have Part A only. Can I get Part B when I turn 65?

If you’re still getting disability benefits when you turn 65, you won’t have to apply for Part B. Medicare will enroll you in Part B automatically. Your Medicare card will be mailed to you about 3 months before your 65th birthday.

If you’re not getting disability benefits and Medicare when you turn 65, you’ll need to call or visit your local Social Security office, or call Social Security at 1-800-772-1213. [TTY](#) users should call 1-800-325-0778.

I’m under 65 and disabled. I’d like to go back to work. Can I keep my Medicare coverage?

Yes. You can keep your Medicare coverage for as long as you’re medically disabled. If you return to work, you won’t have to pay your Part A premium for the first 8 ½ years. After that, you’ll have to pay the Part A premium.

For more information about Medicare coverage for working people with disabilities, visit www.socialsecurity.gov. You can also call Social Security at 1-800-772-1213. [TTY](#) users should call 1-800-325-0778.



I'm under 65 and have Part A due to a disability. I also have group health insurance through my current employer. When can I enroll in Part B?

If you're disabled, have Part A, and have current employer or union group health coverage, you can sign up for Part B during a Special Enrollment Period. This period is available if you waited to enroll in Part B because you, your spouse, or a family member were working **AND** had group health coverage (or **large group health plan** coverage if you're covered by a family member) through an employer or union based on this current employment.

If this applies to you, you can sign up for Part B:

- Any time you're still covered by an employer or union **group health plan**, through your, your spouse, or your family member's current or active employment, or
- During the 8-month period that begins the month after the employer or union group health plan coverage ends, or when the employment ends (whichever is first).

Note: If you're still working and plan to keep your employer's group health coverage, you should talk to your benefits administrator to help you decide when you should enroll in Part B.

When I first became eligible for Medicare because of a disability, I didn't take Part B because I was covered under my spouse's group health plan. My spouse is retiring and I want to enroll in Part B. Will I have to pay more because I delayed my Part B enrollment?

It depends. If there are less than 100 employees in your spouse's company, you may have to pay a 10% Part B late enrollment penalty for each 12-month period that you could have had Part B but didn't take it, except in special cases. You'll have to pay this extra amount for as long as you have Part B. If there are 100 employees or more in your spouse's company, you can sign up for Part B during the Special Enrollment Period without paying a penalty.

Words in blue are defined on pages 25–27.

My spouse is disabled and has been getting Supplemental Security Income (SSI). Can my spouse also get Medicare?

Getting SSI doesn't make you eligible for Medicare. SSI, a federal program for low-income people with disabilities, provides a monthly cash benefit and health insurance coverage under Medicaid. Your spouse may qualify for Medicare when he/she turns 65 or has received disability benefits for 24 months.

Should I notify Medicare when my spouse and I stop working?

Yes. It's important that you call Medicare at 1-800-MEDICARE (1-800-633-4227) when you or your spouse stops working. TTY users should call 1-877-486-2048. If you or your spouse is retired, you should call the Coordination of Benefits Contractor at 1-800-999-1118.

Some people turning 65 (or older) need to sign up for Part A and Part B**What if I'm close to 65, but not getting Social Security or Railroad Retirement Board (RRB) benefits?**

If you aren't getting Social Security or RRB benefits (for example, because you're still working) and you want Part A or Part B, **you'll need to sign up** (even if you're eligible to get Part A premium free). If you're not eligible for premium-free Part A, you can buy Part A and Part B.

If you're not getting Social Security benefits, you won't get any enrollment information from Medicare. You'll need to call Social Security at 1-800-772-1213 at least 3 months before you turn 65 to avoid any penalties. TTY users should call 1-800-325-0778. If you worked for a railroad, contact the RRB to sign up. After you enroll, you'll receive your Medicare card.

What if I missed my Initial Enrollment Period or am older than 65 and not getting Social Security or Railroad Retirement Board (RRB) benefits?

If you aren't getting Social Security or RRB benefits (for example, because you're still working) and you want Part A or Part B, you'll need to sign up (even if you're eligible to get Part A premium free). If you're eligible to get Part A for free, you can sign up at any time. Your Part A may begin as early as 6 months before the month you filed, but no earlier than the month you met all other Part A requirements.

Words in blue are defined on pages 25–27.

If you're covered under your or your spouse's [group health plan](#) based on current employment, you can also sign up for Part B when you enroll in Part A. If you weren't covered under a group health plan based on current employment and you want to enroll in Part B, you'll need to wait for the next General Enrollment Period.



I only worked a short time. Do I have to enroll in Part A?

No. If you aren't eligible for premium-free Part A, you don't have to enroll. However, if you want to buy Medicare coverage and you want Part A, you also have to buy Part B. If you buy Part A and/or Part B (you must pay a [premium](#) for both), you must sign up during your Initial Enrollment Period, during a General Enrollment Period, or a Special Enrollment Period (see pages 9–10).

Turning 65 and you or your spouse is still working

I'm still working and have health coverage from my employer. My husband is turning 65 this April. If we decline Part B and decide to enroll at a later date, will we have to pay a higher premium?

No, as long as you're eligible for and enroll during a Special Enrollment Period. If you waited to enroll in Part B because you or your spouse were working and had group health coverage through an employer or union based on this current employment, you can enroll during a Special Enrollment Period.

If this applies to you, you can sign up for Part B:

- Any time you're still covered by an employer or union group health plan, through your or your spouse's current or active employment, or
- During the 8-month period that begins the month after the employer or union group health plan coverage ends, or when the employment ends (whichever is first).

Note: If you're still working and plan to keep your employer's group health coverage, you should talk to your benefits administrator to help you decide when you should enroll in Part B. **When you sign up for Part B, you automatically begin your [Medigap Open Enrollment Period](#).** Once your Medigap Open Enrollment Period begins, it can't be changed or restarted. For more information on Medigap, visit www.medicare.gov/publications to view the booklet "Choosing a [Medigap Policy](#): A Guide to Health Insurance for People with Medicare."

I currently have Part B but I (or my spouse) have returned to work and I now have group health coverage from my employer or union. I don't think I need both Part B and group health coverage. What can I do?

If you drop Part B, you may be able to sign up for it again during a Special Enrollment Period (see above). Make sure that your [group health plan](#) coverage is in effect before you drop Part B. In this case, the cost of Part B won't go up when you join later. Remember, when you drop Part B, your coverage ends the next month. Also, if you drop Part B after 65, you won't get another Medigap Open Enrollment Period when you restart Part B. For more information on Medigap, visit www.medicare.gov/publications to view the booklet "Choosing a [Medigap Policy](#): A Guide to Health Insurance for People with Medicare."

My spouse has never worked and will turn 65 before I do. Can my spouse get Medicare at 65?

If you're at least 62 and have worked at least 10 years in Medicare-covered employment, your spouse can get Part A and Part B at 65.



If you've worked at least 10 years in Medicare-covered employment but aren't yet 62 when your spouse turns 65, he/she won't be eligible for premium-free Part A until your 62nd birthday. In this case, your spouse should still apply for Part B at 65 to avoid paying a higher Part B [premium](#). However, if you're still working and your spouse is covered under your group health plan, he/she could delay Part B enrollment without paying higher premiums.

Next month I'll be 65 and I've only worked for a few years. Can I enroll in Medicare?

Yes, you can enroll in Medicare. If you've worked less than 10 years in Medicare-covered employment you'll have to pay a monthly premium for Part A, and will have to sign up for Part B. You'll also have to pay the Part B premium. To enroll in Part A and Part B or find out how much your Part A premium will be, call Social Security at 1-800-772-1213. [TTY](#) users should call 1-800-325-0778.



Medicare and End-Stage Renal Disease (ESRD)

Am I eligible for Medicare if I have ESRD?

Yes, you can get Part A and Part B no matter how old you are if your kidneys no longer work and you need regular dialysis or require a kidney transplant. You must meet 1 of the following conditions:

- You've worked the required amount of time under Social Security or the Railroad Retirement Board (RRB)
- You're getting or are eligible for Social Security or Railroad Retirement benefits
- You're the spouse or dependent child of a person who has worked the required amount of time to be eligible for Medicare or who is getting Social Security or Railroad Retirement benefits

Note: Call Social Security at 1-800-772-1213 for more information about the required amount of time needed under Social Security to be eligible for Medicare. If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1-800-808-0772.

How do I sign up for Medicare if I have ESRD?

If you're eligible for Medicare because of ESRD, you need to sign up for Part A and Part B. Your Initial Enrollment Period begins once you're eligible for Medicare, and it ends 3 months later. Visit your local Social Security office, or call Social Security at 1-800-772-1213 to sign up for Part A and Part B. **TTY** users should call 1-800-325-0778. Enrolling in Part A and Part B is your choice. However, you'll need both Part A and Part B in order for Medicare to cover certain dialysis and kidney transplant services, including immunosuppressive drugs. For more information on End-Stage Renal Disease, visit www.medicare.gov/publications to view the booklet "Medicare Coverage of Kidney Dialysis and Kidney Transplant Services."

Words in blue are defined on pages 25–27.

Words in blue are defined on pages 25–27.

When does my Medicare coverage begin if I enroll in Medicare because of ESRD?

When you first enroll in Medicare based on ESRD and you're on dialysis your Medicare coverage usually starts the fourth month of dialysis treatments.

If you're eligible for Medicare and have employer **group health plan** coverage, you'll have primary coverage through your employer group health plan for the first 30 months of Medicare eligibility (which begins with the fourth month of dialysis). After the 30 months, Medicare will pay primary while your employer plan pays secondary. Your employer group health plan may pay for the first 3 months of dialysis treatments.

In some cases, your Medicare coverage can start earlier. For example, if you take a course in self-dialysis training or get a kidney transplant during the 3 month waiting period, your Medicare coverage may start earlier.

Will my Medicare coverage end if I have ESRD?

If you have Medicare only because of kidney failure, your Medicare coverage will end:

- 12 months after the month you stop dialysis treatments
- 36 months after the month you had a successful kidney transplant

Your Medicare coverage will resume if:

- You have to start dialysis again or get a kidney transplant within 12 months after the month you stopped getting dialysis
- You continue to get dialysis or get another kidney transplant within 36 months after a transplant

Can I sign up for Part B if I'm over 65 (or disabled), only have Part A, and have ESRD?

Yes. You can enroll in Part B without paying a higher Part B **premium** if you enroll in Medicare based on ESRD. To enroll in Part B, call or visit your local Social Security office, or call Social Security at 1-800-772-1213. **TTY** users should call 1-800-325-0778.

I'm over 65 (or disabled). I'm paying a higher Part B premium because I didn't enroll in Part B when I was first eligible. Now that I have ESRD, do I need to continue to pay the higher Part B premium?

No. In order to stop paying the higher Part B [premium](#), you must enroll in Medicare based on [End-Stage Renal Disease](#). Call or visit your local Social Security office, or call Social Security at 1-800-772-1213. [TTY](#) users should call 1-800-325-0778.

Where can I get more information about ESRD?

For more information about ESRD, visit www.medicare.gov/publications to view the booklet “Medicare Coverage of Kidney Dialysis and Kidney Transplant Services.”

You can also call your local End-Stage Renal Disease Network, [State Health Insurance Assistance Program](#), or your [State Survey Agency](#) for more information about ESRD. To get their phone numbers, visit www.medicare.gov. Select “Help & Resources.” Or, you can call 1-800-MEDICARE (1-800-633-4227) and ask for their phone number. [TTY](#) users should call 1-877-486-2048.

For more information about disability benefits, look at www.socialsecurity.gov. Or, call Social Security at 1-800-772-1213. [TTY](#) users should call 1-800-325-0778. If you get benefits from the Railroad Retirement Board, visit www.rrb.gov or call 1-877-772-5772.



Retiree coverage

What does full retirement age mean?

Full retirement age is the age you're eligible to get full Social Security retirement benefits. This age depends on the year you were born.

If you were born...	Your full retirement age is...
1937 or earlier	65
1938–1959	65 and 2 months—66 and 10 months. Depends on the year you were born.
1960 or later	67



Note: If you retire between 62 and your full retirement age, and start getting Social Security benefits before your full retirement age, your benefits are reduced.

To find your exact full retirement age and how it affects your Social Security retirement benefits, visit www.socialsecurity.gov. You can also call Social Security at 1-800-772-1213. **TTY** users should call 1-800-325-0778.

Can I still get Medicare at 65?

Yes, you're still eligible for Medicare starting at 65, no matter what year you were born.

If you or your spouse worked and paid Medicare taxes for at least 10 years, you're eligible for premium-free* Part A at 65. You're also eligible for Part B if you choose to get it and pay a monthly **premium**.

* Premium-free means you don't pay anything for Part A.

Will I be eligible for Medicare if I retire at 62?

No. You can't get Medicare until you're 65. If you retire, you may be able to keep your **group health plan** coverage from your employer or union. Talk with your benefits administrator about your health care coverage before you retire.

Words in **blue** are defined on pages 25–27.

Can I have Medicare and retiree coverage?

Yes. When you become eligible for Medicare, you'll probably need to enroll in both Part A and Part B to get full benefits from your retiree plan. Your retiree plan usually offers benefits that fill in Medicare's gaps in coverage and sometimes include extra benefits, like prescription drugs. Remember, retiree coverage isn't a Medicare Supplement Insurance ([Medigap](#)) policy.

If you aren't sure how your plan works with Medicare, get a copy of your plan's benefits booklet. For more information about how your retiree coverage works, call your benefits administrator. If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227). [TTY](#) users should call 1-877-486-2048.

I'm a retired Federal employee with a Federal Employees Health Benefit Plan (FEHBP) and I'm eligible for Medicare. Do I need to enroll in Part B?

Enrolling in Part B is your choice. Federal retirees are offered the same benefits as all other retirees. You can enroll in Part B during your Initial Enrollment Period (see pages 9–10).

For more information about FEHBP, visit www.opm.gov. For information about enrolling in Part A or Part B, call or visit your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Live outside the U. S.

I live outside the U. S. and I don't have Part B. Can I get Part B and will I pay more?

It depends on your situation:

Situation #1: If you're over 65, currently getting Social Security benefits and Part A, and you didn't take Part B when you were first eligible, you may only apply for Part B during the General Enrollment Period. This period runs from January 1 through March 31 and you may have to pay higher [premiums](#).



Words in blue are defined on pages 25–27.

Situation #2: If you live outside of the U.S., you're over 65, and are eligible for Social Security benefits, you may file an application for monthly benefits and Part A. You'll have to file for Part B during the General Enrollment Period. This period runs from January 1 through March 31 and you may have to pay higher **premiums**.

Situation #3: If you're a U. S. citizen, over 65, NOT eligible for Social Security benefits, and lived in a foreign country when you turned 65, you must live in the U. S. to file for Part B. You're first eligible to enroll in Part B the month you return to the U. S. to establish your new residence. You won't have to pay a higher premium if you enroll in Part B when you first return to the U. S.

Although you may be able to enroll, in most cases, you won't be able to get Medicare-covered services while living outside the U. S. Medicare generally can't pay for any of your hospital or medical bills unless you get your medical care in the U.S. (including Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa). Under certain limited circumstances, medical services provided in Canada or Mexico also may be covered by Medicare, but only if you are living in the U.S.

Section 3—For More Information

Where to get more information

Enrolling in Medicare:

- Visit www.socialsecurity.gov
- Call Social Security at 1-800-772-1213.
TTY users should call 1-800-325-0778.

Note: You may also be able to apply for retirement, spouses disability, and Medicare benefits on the web if you meet certain rules.

Questions about Medicare:

- Visit www.medicare.gov
- Call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

Medicare publications

To read, print, or download copies of booklets, brochures, or fact sheets on different Medicare topics, visit www.medicare.gov/publications. You can search by keyword (such as “rights” or “mental health”), or select “View All Publications.” If the publication you want has a check box after “Order Publication,” you can have a printed copy mailed to you. You can also call 1-800-MEDICARE (1-800-633-4227) and say “Publications” to find out if a printed copy can be mailed to you. TTY users should call 1-877-486-2048. Some publications are also available as podcasts that you can download and listen to.





Section 4—Definitions

ALS—Amyotrophic lateral sclerosis, also known as Lou Gehrig’s disease.

Creditable prescription drug coverage—Prescription drug coverage (for example, from an employer or union) that’s expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty, if they decide to enroll in Medicare prescription drug coverage later.

Critical access hospital (CAH)—A small facility that provides outpatient services, as well as inpatient services on a limited basis, to people in rural areas.

End-Stage Renal Disease (ESRD)—Permanent kidney failure that requires a regular course of dialysis or a kidney transplant.

Extra Help—A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.

Group health plan—In general, a health plan offered by an employer or employee organization that provides health coverage to employees, former employees, and their families.

Home health care—Health care services and supplies a doctor decides you may receive in your home under a plan of care established by your doctor. Medicare only covers home health care on a limited basis as ordered by your doctor.

Hospice—A special way of caring for people who are terminally ill. Hospice care involves a team-oriented approach that addresses the medical, physical, social, emotional, and spiritual needs of the patient. Hospice also provides support to the patient’s family or caregiver.

Large group health plan—In general, a group health plan that covers employees of either an employer or employee organization that has 100 or more employees.

Long-term care—A variety of services that help people with their medical and non-medical needs over a period of time. Long-term care can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities. Most long-term care is custodial care. Medicare doesn't pay for this type of care if this is the only kind of care you need.

Medicaid—A joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medically necessary—Services or supplies that are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice.

Medicare Advantage Plan (Part C)—A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare Part A (Hospital Insurance)—Coverage for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Medicare Part B (Medical Insurance)—Coverage for certain doctors' services, outpatient care, medical supplies, and preventive services.

Medicare prescription drug coverage (Part D)—Optional benefits for prescription drugs available to all people with Medicare for an additional charge. This coverage is offered by insurance companies and other private companies approved by Medicare.

Medigap Open Enrollment Period—A one-time-only, 6-month period when federal law allows you to buy any Medigap policy you want that’s sold in your state. It starts in the first month that you’re covered under Part B and you’re age 65 or older. During this period, you can’t be denied a Medigap policy or charged more due to past or present health problems. Some states may have additional open enrollment rights under state law.

Medigap policy—Medicare Supplement Insurance sold by private insurance companies to fill “gaps” in Original Medicare coverage.

Premium—The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

Preventive services—Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best (for example, preventive services include Pap tests, flu shots, and screening mammograms).

State Health Insurance Assistance Program (SHIP)—A state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

State Survey Agency—A state agency that oversees health care facilities that participate in the Medicare and/or Medicaid programs. The State Survey Agency inspects health care facilities and investigates complaints to ensure that health and safety standards are met.

Supplemental Security Income (SSI)—A monthly benefit paid by Social Security to people with limited income and resources who are disabled, blind, or age 65 or older. SSI benefits aren’t the same as Social Security retirement or disability benefits.

TTY—A teletypewriter (TTY) is a communication device used by people who are deaf, hard-of-hearing, or have a severe speech impairment. People who don’t have a TTY can communicate with a TTY user through a message relay center (MRC). An MRC has TTY operators available to send and interpret TTY messages.

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business

Penalty for Private Use, \$300

CMS Product No. 11036
November 2012

- Available in Spanish, Braille, Audio CD, Large Print (English and Spanish). Also available as a podcast and e-book.
Visit www.medicare.gov/publications for more information.
- Suspect fraud? Call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.
- Moving? Call Social Security at 1-800-772-1213.
TTY users should call 1-800-325-0778.

¿Necesita usted una copia de este manual en Español?
Llame al 1-800-MEDICARE (1-800-633-4227).
Los usuarios de TTY deberán llamar al 1-877-486-2048.

If you need help in a language other than English or Spanish,
call 1-800-MEDICARE and say “Agent.” Then tell the
customer service representative the language you need.

