Understanding Medicare:
A Guide for New Medicare Beneficiaries
Understanding Medicare:
This guide will help you understand Medicare and your coverage options.

We’re here to help!
We know Medicare can be confusing at first. To make it easier for you, our Licensed Sales Representatives can:

• Answer all of your Medicare questions

• Remind you of important deadlines

• Share helpful resources with you

Get in touch with us. To get started:

• Call: 1-800-860-8707 (TTY: 711), or

• Visit: A Fidelis Care Community Office near you. Locations at www.fideliscare.org/offices
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What is Medicare and who is eligible?

Medicare is a federal health coverage program. It covers U.S. citizens and permanent residents who are:

• Seniors (65 and older)

• People younger than 65 who have certain disabilities, end-stage renal disease, or amyotrophic lateral sclerosis (ALS)

There are two main types of Medicare coverage:

• Original Medicare, offered by the federal government

• Medicare Advantage and Dual Advantage plans, offered by health plans like Fidelis Legacy Plan

Dual Advantage coverage is for those eligible for both Medicare and Medicaid. If you’re dual eligible, most of your health care costs will likely be covered.
What does Medicare cover?

There are four main parts of Medicare coverage: A, B, C, and D. Part A is hospital costs, Part B is medical costs, and Part D is prescription drugs. Medicare Advantage is also called Part C.

Let’s compare what’s covered under Original Medicare vs. Medicare Advantage:

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<tr>
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<th>Original Medicare</th>
<th>Medicare Advantage</th>
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<tr>
<td>Hospital costs (Part A)</td>
<td>✓</td>
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<tr>
<td>Medical costs (Part B)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prescription drugs (Part D)</td>
<td>✓*</td>
<td>✓</td>
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*Must be bought separately from private companies.

Original Medicare covers about 80 percent of eligible hospital and medical costs. You must pay for the rest. There is no limit to what you would have to pay.

Medicare Advantage and Dual Advantage plans:

• Help fill some of the gaps left by Original Medicare

• May be available for a monthly premium as low as $0

• Often provide extra benefits, such as vision and prescription drug coverage

• Provide all your Part A and Part B coverage

Medicare Advantage and Dual Advantage plans often have a limit on how much you would pay. This is called an out-of-pocket maximum.
When can you enroll in Medicare?

You can enroll in Medicare Parts A and B any time during this 7-month period:

3 months before you turn 65

The month you turn 65

3 months after you turn 65

For example, if you turn 65 years old on June 15, you can enroll from March 1 to September 30.

Contact the Social Security Administration to sign up during this period to avoid paying a late-enrollment penalty.

You can apply:

• Online at www.ssa.gov/medicare

• By telephone at 1-800-772-1213 (TTY: 1-800-325-0778), 7 AM - 7 PM, Monday-Friday, or

• In person at your local Social Security office (must call first for an appointment). Find the location near you at www.ssa.gov/locator

When you sign up, you will receive a white, blue, and red card confirming your enrollment. It will look like this:
Some people are automatically enrolled in Medicare Parts A and B. You may be enrolled automatically if you:

- Get Social Security or Railroad Retirement Board (RRB) benefits at least four months before turning 65
- Are under 65 and have been getting disability benefits from Social Security for 24 months, or certain disability benefits from the RRB for 24 months
- Have amyotrophic lateral sclerosis (ALS), also called Lou Gehrig’s disease

If this is your case, you will get the card in the mail confirming your enrollment.

If you would like to enroll in a Medicare Advantage or Dual Advantage plan, you can use this card to sign up.

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**You can make new choices every year**

You can change your coverage each year during the Annual Election Period (AEP). The AEP begins on October 15 and ends December 7. Changes begin on January 1 of the following year.

**Special election periods:** You can also change plans in some special cases, including:

- If you move to a community not served by your current plan
- If you are on both Medicare and Medicaid
- If your current health coverage ends
How can you choose the Medicare Advantage or Dual Advantage plan that’s right for you?

Consider these five topics when shopping for a Medicare Advantage or Dual Advantage plan:

1. Cost

The cost of a plan depends on your needs and income. Write down your current health expenses, such as monthly premiums and copays. Then, create a “health care budget” that compares the cost between one plan and another.

Key questions:

• What is the plan’s monthly premium?

• Is there a deductible you must meet first before coverage begins?

• Are there copays for visiting different types of doctors?

• Is there coinsurance (where your health plan pays for a certain percentage of a health service, and you pay for the rest)?
2. Coverage

Find out if the plan covers the costs of managing your health conditions.

Key questions:
• Does the plan cover all services offered by Medicare Parts A and B?
• Does the plan cover dental or vision services?
• Does the plan cover prescription drug costs (Part D)?

3. Services

Sometimes, the lowest-cost Medicare Advantage or Dual Advantage plan (or even the most expensive one!) may not be the best for you. Look for extra covered services the plan may offer.

Key questions:
• What services set the plan apart?
• Can you get help managing chronic conditions?
• Can you get help with prescription drugs?
• Does the plan cover any in-home services or care?
4. Providers

Find out if the plan allows you to keep seeing your doctor. Many plans require members to see doctors within a provider network. Other plans allow members to see any doctor, but these plans usually cost more.

Key questions:
• Are your preferred doctors “in network”?
• If the primary care provider is in network but the specialists are not, can specialist visits be covered with a referral?
• How close to home are the nearest network doctors?

5. Prescription Drug Needs

It’s important to know if the plan will cover your medications. Make a list of your medications and check if the plan’s Medicare prescription drug formulary has them. A prescription drug formulary is a list of medications covered by a health plan.

Key questions:
• Which prescriptions do you need?
• Will the plan cover these prescriptions, or will they cost more?
• If your medication isn’t covered, does the plan cover another medication that is right for you? If you take other medications, do they work together without any side effects?
Extra Help is a federal program based on income. It helps Medicare beneficiaries pay for some health care costs. The monthly premium for some Medicare Advantage and Dual Advantage plans (such as the ones offered by Fidelis Legacy Plan) could be covered by this program. Extra Help could lower your monthly premiums to as low as $0.

The income and resource limits for Extra Help are:

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<th>Single</th>
<th>Couple</th>
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<tr>
<td><strong>Annual Income</strong>¹</td>
<td>$18,210</td>
<td>$24,690</td>
</tr>
<tr>
<td><strong>Resources</strong>²</td>
<td>$14,390</td>
<td>$28,720</td>
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Even if you’re above the limits, you may still qualify for partial assistance. Apply for Extra Help online at www.ssa.gov/i1020.

If you are enrolled in Medicaid, Supplemental Security Income (SSI), or a Medicare Savings Program (MSP), you automatically qualify for Extra Help, even if you don’t meet Extra Help’s eligibility requirements. You should receive a purple-colored notice from the Centers for Medicare & Medicaid Services (CMS) informing you that you do not need to apply.

¹If your income is higher but you have earnings from work or support family members living with you, you may still qualify for Extra Help. ²Resources include assets such as bank accounts, stocks, and bonds. Your home, car, or life insurance policy ARE NOT counted as resources.
What if you have employer coverage?

If your employer has fewer than 20 employees:
Enroll in Original Medicare Parts A and B (or a Medicare Advantage plan) when you first become eligible. Otherwise, you may have to pay a late-enrollment penalty. Once your Medicare coverage begins, Medicare pays out claims before your employer coverage does.

If your employer has 20 or more employees:
Ask your employer’s benefits manager if your current coverage counts as “group health coverage” as defined by the Internal Revenue Service. If it does, you can delay signing up for a Medicare plan. You won’t have to pay a late-enrollment penalty. When your coverage ends, you can sign up for a Medicare plan.
Our Licensed Sales Representatives can help you find the right plan for you. Meet with them in the comfort of your own home or at a convenient location in your community. Call 1-800-860-8707 (TTY: 711) to make an appointment.

You can also:

• Come to one of our events. Find events near you at www.fideliscare.org/events

• Visit a Fidelis Care Community Office near you. Find locations at www.fideliscare.org/offices

• Learn more about Medicare. Find helpful resources at www.fideliscare.org/medicare
We have received full, three-year Health Plan Accreditation from the National Committee for Quality Assurance (NCQA). The Accredited status applies to our Medicare Advantage/Dual Advantage (HMO/POS), Medicaid (HMO), and Qualified Health Plans (HMO) through the NY State of Health Marketplace.

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA Accreditation is the most comprehensive evaluation in the industry. The NCQA Health Plan Accreditation shows members and providers that a health plan is well managed and delivers high quality care and service.
For a complete listing of plans in your service area, contact the plan. Fidelis Legacy Plan is an HMO plan with a Medicare contract. Enrollment in Fidelis Legacy Plan depends on contract renewal.

Fidelis Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Fidelis Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Fidelis Care 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-247-1447 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-247-1447 (TTY: 711)。