

Terms to know

Knowing commonly used terms can help you understand your healthcare and coverage



Centers for Medicare & Medicaid Services (CMS): Part of the U.S. Department of Health and Human Services that oversees federal healthcare programs.

Coinsurance: Percentage of your medical/drug costs that you may be required to pay out of pocket. You may be required to pay a deductible first.

Copayment: The fixed dollar amount you're required to pay for medical services and prescriptions.

Deductible: The amount you pay for medical services or prescriptions before your plan begins to pay.

Formulary: Listed drugs your plan covers, often divided into tiers based on how much your plan pays. Often referred to as a Drug List.

Health maintenance organization (HMO): A type of health plan where you get care and services from doctors and other providers in a plan's network. Generally, a primary care provider arranges your healthcare in the plan's provider network. HMOs require referrals for certain services and specialty providers.

Mail-delivery pharmacy: Allows you to order and have medicines and supplies mailed to you. Can fill medications for up to a 90-day supply.

Medically necessary: Services or supplies needed for the diagnosis or treatment of a condition that must meet local standards of good medical practice and cannot be driven by convenience.

Network: A group of doctors, hospitals and other healthcare professionals and facilities who agree to provide care based on a plan's terms and conditions.

Out-of-pocket costs: Anything you are required to pay for medical care, prescriptions and other healthcare services, including coinsurance, copayments and deductibles.

Preferred provider organization (PPO): A type of health plan that allows you to choose your own doctors and hospitals, including network providers to keep your costs lower.

Premium: What you pay Medicare or a health plan for coverage, usually on a monthly basis.

Private-fee-for-service (PFFS): A type of health plan that requires you to find healthcare providers who accept Medicare as well as the plan's specific terms, and these do not cover Medicare Supplement insurance. You may pay more to see out-of-network providers. Non-contracted providers are not required to see plan members, except in an emergency.

Special Needs Plan (SNP): A type of health plan designed to offer benefits, providers and Drug Lists designed to meet specific needs. People with chronic conditions, like diabetes, or who have both Medicare and Medicaid, may benefit from these plans.

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GCHL4RUEN



Stay Medicare focused



We think choosing a Medicare plan should be easy and focused on you.



Learn about the advantages
and how Medicare works

Answers to Medicare FAQs

What is Medicare?

Medicare is the government’s largest health insurance program. It is provided for people 65 or over, those under 65 with certain disabilities, or those any age with end-stage kidney disease.

Whether you’re approaching age 65 or are already there, Medicare can be an important part of your well-being.

Am I eligible?

If you are within three months of turning 65, you are eligible for the Medicare Initial Enrollment Period (IEP) and can enroll in a Medicare plan.

If you’re already enrolled in Medicare, you can enroll in a Medicare Advantage and prescription drug plan, or make changes to your Medicare Advantage plan, during the Annual Election Period (AEP).

When can I sign up or enroll?

These are the specific time frames when you can sign up for Medicare.



Initial Enrollment Period (IEP) **Your 65th birthday**

The first time you can sign up for Medicare Parts A, B, C and D. You can do this during the 3 months before your 65th birthday, the month of your birthday, and during the 3 months after your birthday. Coverage begins no sooner than your birthday month.



Annual Election Period (AEP) **October 15–December 7**

This runs each year from October 15 to December 7. During this time, anyone with Original Medicare—Parts A and B—can then switch to a Medicare Advantage Part C plan. Your coverage will then begin on January 1 of the following year.



Medicare Advantage Open Enrollment Period (MA OEP) **January 1–March 31**

Runs from January 1 to March 31. You can switch your Medicare Advantage plans (with or without drug coverage). If you enrolled in a Medicare Advantage plan during IEP, you can change to another Medicare Advantage plan or go back to Original Medicare. You cannot join a drug plan or a Medicare Advantage plan during this period if you’re in Original Medicare.



Special Election Period (SEP) **Special circumstances**

SEPs are periods outside of the other enrollment periods when a person can elect or change his/her plan if he/she meets certain criteria as defined by CMS. SEPs are typically available to individuals who have experienced certain life events such as losing health coverage or moving residences.



General Enrollment Period (GEP) **January 1–March 31**

There is also a GEP. If you miss your Initial Enrollment Period or do not qualify for an SEP, you get another chance to enroll. You can sign up for Medicare Parts A and B between January 1 and March 31 each year. Your Medicare coverage would begin on July 1 of the same year and may have a higher Part A premium.

Learn more at www.medicare.gov

Know the Medicare parts to pick your best plan

Original Medicare

Original Medicare, or Medicare Parts A and B, are issued by the federal government; you have the option of enrolling in these plans during your IEP.



Part A – Hospital insurance

Partial coverage for:

- Inpatient hospital stays
- Skilled nursing care
- Hospice care



- Home care

Part B – Medical insurance

Partial coverage for:

- Doctor visits
- Surgery



Parts A and B do not cover all costs. You are responsible for your Part B premium, deductibles, copays, coinsurance, outpatient prescription drugs, vision and hearing services.



Medicare Advantage

Part C – Private insurance

A Medicare Advantage plan makes it possible for people to receive their benefits from a private insurer instead of the government, and comes with key features that include at least the same level of coverage of Original Medicare Parts A and B, as well as Part D benefits. You can also receive:*

- Predictable out-of-pocket costs from private insurance
- Wellness services
- Vision exams

- Eye glasses (partially covered)
- Hearing exams
- Hearing aids (partially covered)
- Dental benefits



Medicare Advantage Part C plans generally have lower monthly premiums and include out-of-pocket maximums. You are responsible for your Part B premium.



Medicare drug benefit

Part D – Prescription drug plan

- Helps cover costs of many outpatient prescription drugs
- Must be purchased separately to cover prescription drugs



Medicare Supplement

- Additional plans outside Original Medicare and Medicare Advantage, known as Medigap
- Can be added to Original Medicare Parts A and B. Must be purchased separately to include these parts
- Have higher monthly premiums than Medicare Advantage plans but lower out-of-pocket costs

*These additional benefits may vary depending on the plan.