

Golf Course Guide to Medicare

Presented by ParsecFinancial



Welcome!



This guide to the important “game” of Medicare will help you swing and putt your way through the complex journey, hopefully aiming you in the right direction. We will highlight some pro-tips, sand traps, water hazards, out-of-bounds areas and preventable bogeys to prepare you for this adventure. This information will help you know which “club” to use at every stage of the course!

Now let’s start working our way around the course. Let’s navigate the full course to make sure you get accurate information, don’t miss any important opportunities or deadlines, and don’t have to pay any late enrollment fees or penalties.





HOLE 1

Introduction to Medicare

Medicare is health insurance for people 65 or older and people under 65 with certain disabilities. There are two main ways to get your coverage. You can choose Original Medicare, or to be a part of a Medicare Advantage Plan.

So, let's aim for par for the course, get some pro-tips, avoid those pesky sand traps and bogeys, and find out what the beverage and snack cart of Medicare options has to offer!



Do you already have Original Medicare or a Medicare Advantage Plan?

[Skip to hole #3](#)





Determine Which Medicare Coverage Route Will Be Most Beneficial to You

You can choose Original Medicare (Parts A & B) or to be a part of a Medicare Advantage Plan (which is also known as Medicare Part C). Medicare Advantage plans include A & B but are managed by private insurance carriers.

Original Medicare (Parts A & B) pays for about 80% of your health care costs. You are responsible for the other 20% out-of-pocket, which consists of deductibles, coinsurances and co-payments for covered services.

Part A: Hospital Insurance

This is your coverage for medical treatment at the hospital, and it has no monthly premium for most people (based on work history). If you or your spouse have paid into the Social Security system for 10+ years, you are eligible for your Part A with no monthly premium. If you have paid in for less than 10 years, you have the option to buy Part A insurance. The cost will vary between \$278-\$506/month [2023] depending on how long you or your spouse worked (contact [Social Security](#) to find out more about buying Part A). Part A also has an annual deductible amount of \$1,600 per benefit period [2023].

Some examples of things covered by Part A:

Inpatient care in a hospital, skilled nursing facility care, hospice care and home health care. Medicare coverage is based on federal and state law and national coverage decisions made by Medicare.



Pro-Tip: *If you choose not to buy Part A, you can still buy Part B.*



Sand Trap: *There may be additional costs for services extending beyond the first 60 days of the benefit period.*





Determine Which Medicare Coverage Route Will Be Most Beneficial to You



Part B: Medical Insurance

This will cover your medical treatment outside of the hospital. It carries a monthly premium; the 2023 premium amount is \$164.90 (can be higher, up to \$560.50/month, based on the yearly income reported on your taxes). Find out what your monthly premium will be [based on your income here](#). Part B also has a yearly deductible. The 2022 deductible amount is \$233/year for Medicare approved charges.



Water Hazard: Once you meet your Part B deductible, you will pay about 20% of those Medicare approved amounts, in addition to the deductible (this is where a supplement plan would be considered).

[See hole #4 for details.](#)

Some examples of things covered by Part B:

Preventive services like x-rays and lab tests, most doctor services (including doctor services while you are an inpatient at the hospital), outpatient therapy and Durable Medical Equipment (DME).



Pro-Tip #1: You can typically use Original Medicare Part A & B benefits at any doctor/hospital in the U.S. that accepts Medicare payments.



Pro-Tip #2: If you are receiving Social Security benefits, your Part B premium will be automatically deducted from your monthly benefits.

Medicare Advantage Plans (MAP)

These plans must offer at least the same benefits as Original Medicare. They may carry additional monthly premiums. MAPs are offered by private insurance companies and will have varying coverages, costs and guidelines with each company. MAP participants must be enrolled in Parts A & B of Medicare and will still be required to pay the Medicare Part B monthly premium. Medicare Advantage Plans combine doctor and hospital coverage and sometimes include prescription drug coverage.



Out of Bounds: These are a few services that Original Medicare does not cover:

- Dentures
- Most dental care
- Eye exams for the purpose of getting glasses or contacts
- Long-term care
- Hearing aids & exams
- Most foot care
- Cosmetic surgery
- Acupuncture



Pro-Tip: You must choose Original Medicare or a Medicare Advantage Plan. Once you are enrolled in one, you will have to wait until an enrollment period opens to change to the other, if you desire to do so.



Sand Trap: If you do not enroll in Parts A & B during the seven-month window of your Initial Enrollment Period (IEP), you won't be able to enroll until the next General Enrollment Period (GEP) [January 1-March 31], unless you qualify for a Special Enrollment Period (SEP) [*see info below]. If you sign up during the GEP, your benefits will not begin until the 1st of July, that year.



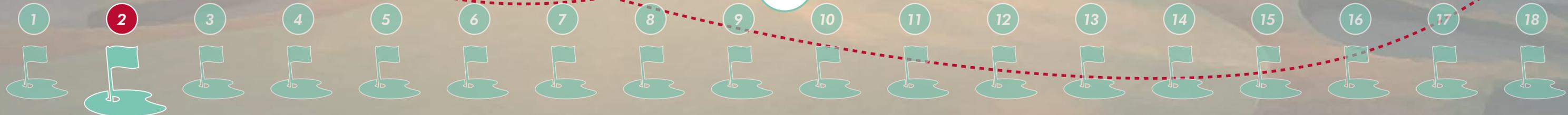
Preventable Bogey: If you do not enroll during the seven month window of your IEP (or during a SEP, if applicable [*see Hole #14 for more info]) your Part B premium will be increased by a cumulative 10% penalty for each year (12 months) of delay in enrolling. As an example, if you miss three years your penalty would be 30% and it will continue for life!



Water Hazard: Some MAPs are only available in certain areas, and only offer coverage at specific providers.



[Now that you know about your Medicare options, move to Hole #3 to learn about drug coverage](#)



Decide If You Need to Add Drug Coverage (Part D)

You have the option to purchase a plan to cover some or all of your out-of-pocket prescription drug costs. These plans carry a monthly premium and are underwritten by private insurance companies. Coverage varies depending upon the type of plan selected.



Pro-Tip #1:
Many Medicare Advantage plans include prescription drug coverage.

Pro-Tip #2:
Even if you don't take any medication now, it could be best to go ahead and get a plan while you are in your initial enrollment period, to avoid a penalty in the future.

Pro-Tip #3:
You will have the option to change your drug plan annually during open enrollment. Drug formularies can change every year and medicine costs can change, so be sure to check your drug plan coverage and cost each year.

Pro-Tip #4:
Do you take insulin? Beginning in January of 2021, a new plan went into effect that may allow you to get drug coverage that offers savings on your insulin. Prices as low as \$35 for a 30-day supply are available in some areas, to some Medicare participants. Find out additional information about this new plan here: [Part D Senior Savings Model](#).

Pro-Tip #5:
Don't buy a drug plan solely based on the monthly premium cost, as the major cost to you will be the co-pays for medicines—depending on if the drug is covered on each plan's formulary.



Now that you know about drug coverage, move to Hole #4 to learn about supplemental coverage.



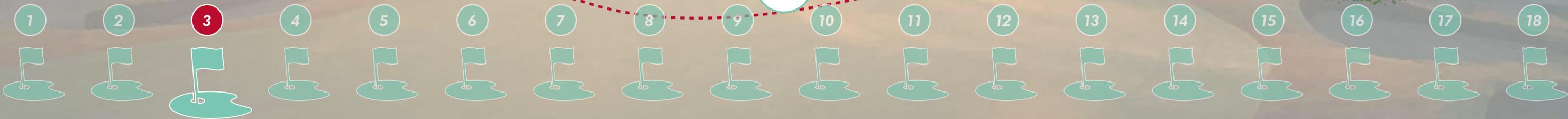
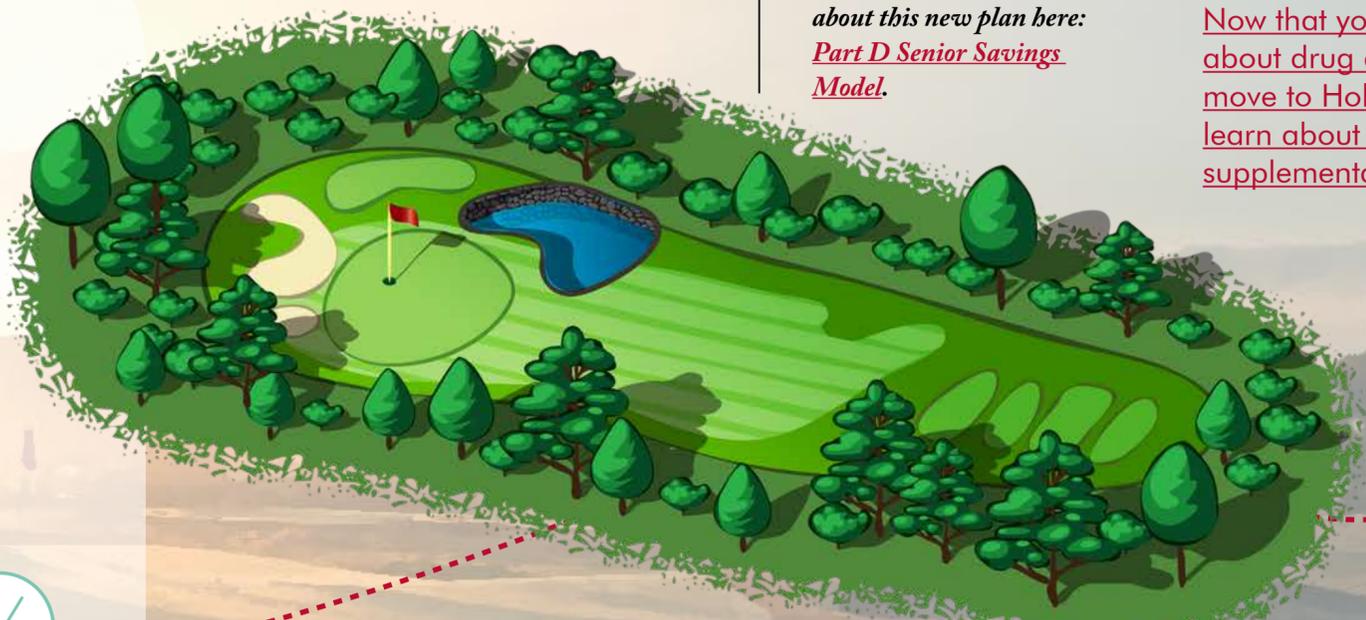
Water Hazard: Many prescription drug plans will have an annual out-of-pocket deductible to meet. These plans may also quote you a price based on mail delivery, using a preferred pharmacy or all generic medication, so be sure to do your research and compare plan benefits for your specific medication(s) and based on if you want to use a specific pharmacy or if you prefer to use mail order or not. Visit [medicare.gov/drug-coverage-part-d](https://www.medicare.gov/drug-coverage-part-d) to shop plans and prices.



Preventable Bogey:
There is a late enrollment penalty involved for Part D if you sign up after open enrollment. Currently, the penalty is 1% per month you wait to get a drug plan. Example: If you wait 5 years before gaining coverage, you would pay a 60% penalty amount that is added to your monthly drug plan premium.



Sand Trap: Most Medicare drug plans have a gap in coverage (sometimes called the "donut hole"). This means there's a temporary limit on what the plan will cover for prescription drugs. Not everyone will enter the "donut hole" in their plan. Once you and your plan (combined) have spent \$4,660 on covered drugs [2023], you will be in the coverage gap. Also, people with Medicare who get [extra help paying Part D costs](#) won't enter the coverage gap. Once you are in the gap, you'll pay no more than 25% of the cost for the plan's covered brand-name drugs. You'll pay this discounted rate if you buy your prescriptions at a pharmacy or order them through the mail. Some plans may offer you even lower costs in the coverage gap. The discount will come off of the price that your plan has set with the pharmacy for that specific drug.



Decide If You Need to Add Supplemental Coverage

You have the option to purchase a supplement plan (also known as Medigap) to cover some of the 20% gap in Original Medicare. These plans carry an additional premium and are underwritten by private insurance companies. These plans must follow state and federal laws that are in place to protect you. Plans are standardized and identified by a plan letter in most states (ex. A, G, L plan). Different plans will cover different amounts of certain things, such as: some or all of our Part A deductible, your Part A coinsurance, care in a skilled nursing facility, and Part B excess charges. Some plans also have an out-of-pocket limit in place.

The best time to purchase this coverage is during your 6-month Medigap Open Enrollment period. This period starts the month you turn 65, and/or the date that your Medicare Part B coverage becomes effective (for those working past age 65). During this time you can buy any supplement plan sold in your state, even if you have pre-existing health conditions. For this plan enrollment, no medical questions will be asked. By getting a plan during open enrollment, you will have more choices and better pricing than buying this plan at any other time.



Water Hazard: *Depending on each person's financial situation, some people will choose to pay the 20% out-of-pocket and not carry supplemental coverage. Keep in mind that without supplemental coverage you would pay all deductibles, co-insurance and co-pays that are a part of Original Medicare, and there is currently no cap on the out-of-pocket amount you could have to pay.*



Sand Trap: *If you wait to buy a plan later (after your 6-month Medigap open enrollment period) you will have to go through medical underwriting to get approved for the plan/company that you want. In some cases, you may not be able to buy one, based on your medical situation. If you can get a plan, it may cost more based on your health issues. As your age increases, typically so do premiums for this type of coverage.*





HOLE 4

Decide if You Need to Add Supplemental Coverage

Medicare has [standardized these plans](#) to make it easier to understand for the Medicare participant. The standardization means that the benefits/coverage are the same, the only difference in the plans from one company to the next is price and level of service received by the insurance company that is managing the plan for you.

You have a multitude of choices when it comes to companies to provide your supplemental coverage. Do your research and make sure you shop around for the best benefits and prices. Medicare has a great tool to [compare Medigap plans](#), prices and availability. Also check in with your state's department of insurance website to see what types of tools are available for comparing prices and coverage. For example, [North Carolina's DOI website](#) has some great free resources.

Pro-Tip #1:
You can purchase a supplement plan anytime, even outside of open enrollment; there are no penalties to not have this coverage or to wait to get it.

Pro-Tip #2:
If you delay starting your Part B coverage, your 6-month window for purchasing a supplement plan will begin the day/month that your Part B becomes effective.

Pro-Tip #3:
In Massachusetts, Minnesota and Wisconsin Medigap plans are standardized in a different way. Visit Medicare's site or those state department of insurance's sites for specific information.

Pro-Tip #4:
*If you are having trouble getting a supplemental plan outside of open enrollment, some states offer another type of policy called **Medicare SELECT**. Visit your state's insurance department website for more information.*

Pro-Tip #5:
Consider a high-deductible supplement with a low premium if you are a low utilizer. You may save a lot of money in premium cost, yet have an out-of-pocket cap if you incur some high cost medical claims in a specific year.

Pro-Tip #6:
Have you heard of a C plan or an F plan? Wondering why don't you see them anymore? As of January 2020, Medigap policies sold to people new to Medicare aren't allowed to cover/pay for the Medicare Part B deductible. Because of this, Plan types C & F are not available to new Medicare enrollees (persons turning 65 after 1/1/20). If you were in one of those plans prior to January of 2020, you get to keep your plan. (If you change/leave your C/F plan, you won't be able to get another one).



[Now that you know about Medicare options, drug plans and supplemental plans, move to hole #5 to learn about the time to sign up](#)



When Can I Sign-up?

Some people get Medicare automatically and some people have to sign up. You may have to sign up if you're 65 (or almost 65) and not getting Social Security benefits.

There are certain times of year when you can sign up or when you can decide to change how you receive your coverage.

If you are still working, covered under a spouse's plan, getting retiree benefits, have private or other insurance, etc. you should move to hole #6

Initial Enrollment

If you are not eligible for automatic enrollment, you have a 7-month window around your 65th birthday to sign up and avoid any penalties, called your Initial Enrollment Period (IEP). It begins 3 months before you turn 65, includes the month you turn 65, and ends 3 months after you turn 65.

Pro-Tip #1:

It's best to sign up as early as you can, to ensure your coverage begins when you need it, and you don't have a gap in coverage.

Pro-Tip #2:

If you sign up before your birthday month, your Medicare coverage will begin the first day of the month you turn 65.

Pro-Tip #3:

Medicare makes changes effective for the first day of the month. So, even if your 65th birthday falls on the 15th of a given month, your Medicare would be effective on the first day of that month.



Sand Trap:

*If you sign up **DURING** your birthday month, your coverage will begin the first day of the month after you sign up.*



Water Hazard:

*If you enroll the first month **AFTER** you turn 65, your effective date will be delayed until the first day of the second month after the month you enroll.*

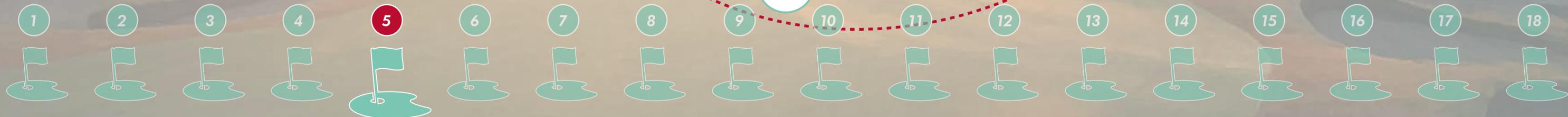


Preventable Bogey:

*If you enroll during the 2 to 3 months **FOLLOWING** your 65th birthday, your effective date will be delayed until the first day of the third month after you enroll.*



Let's move to hole #6 to learn about unique circumstances that could effect when you can/should sign up for Medicare.





Unique Circumstances

Do you have any of the following situations?

- I am currently working & I have coverage through my job—[Move to hole #7](#)
- I have coverage through my spouse who is currently working—[Move to hole #7](#)
- I have retiree coverage from my (or my spouse's) former employer—[Move to hole #8](#)
- I have COBRA coverage—[Move to hole #8](#)
- I have TRICARE for Life & I'm a retired service member—[Move to hole #9](#)
- I have TRICARE for Life & I'm an active-duty service member—[Move to hole #9](#)
- I have Veterans' benefits—[Move to hole #10](#)
- I have Marketplace or other private insurance—[Move to hole #11](#)
- I have End-Stage Renal Disease (ESRD)—[Move to hole #12](#)
- I am disabled and am eligible for or already have Medicare—[Move to hole #13](#)
-  [None of these apply to me, skip to hole #14.](#)





I Am Still Working or Covered Through My Spouse's Employer

I Am Turning 65 Soon

If you aren't receiving Social Security benefits at least 4 months before turning 65, you need to sign up with Social Security for your Medicare Parts A & B.

However, dependent upon the size of your employer, you may be able to delay enrolling in Parts A & B, with no penalty for enrolling later.

I Am Over 65

Typically, you won't need to do anything until you or your spouse retire and/or lose the employer coverage you have. Be sure to check with your benefits or HR specialist about coverage after age 65, to ensure you don't end up paying a penalty later on.



I Am Still Working or Covered Through My Spouse's Employer

Determining If You Can Delay Signing up for A & B

- If your employer has fewer than 20 employees:
 - You should sign up for Part A & Part B when you first become eligible. In this situation, your coverage through Medicare would become primary and take first place in front of your other coverage, and pay first.
- If your employer has more than 20 employees:
 - Speak to your company's benefit or HR representative about whether or not you can keep your group health plan coverage. If so, you may be able to delay Parts A & B without incurring the lifetime penalty for late enrollment. If you are eligible, and plan to delay, you won't need to take any action at age 65; your next steps will come when you retire and/or lose the group health coverage.
 - Once you drop your employer/group coverage, you will have a special enrollment period (SEP) [\(see hole #14 for more information\)](#) of 8 months to get enrolled. The SEP will start the month after your employment ends, or the month after your group health plan coverage based on current employment ends, whichever comes first.
- If you have an Employer Group Health Plan (EGHP) that will continue to pay as secondary behind your Medicare, after you turn 65, review the EGHP thoroughly to see if the benefits vs. the cost justify keeping the additional coverage on top of your Medicare. Their benefits may be duplicate, proving the EGHP unnecessary, or the benefits may prove helpful for you to keep in addition to your Medicare.
- If your EGHP will not pay secondary to Medicare, then you may want to explore options for supplemental and prescription drug coverage to add on to your Original Medicare or consider a Medicare Advantage Plan.



Pro-Tip:

Do the math! See if Medicare or employer coverage is less expensive and provides equal or better coverage. Many employer plans have high employee contributions and high deductibles.



Preventable Bogey:

If you don't enroll within the 8 months of your SEP (begins after you lose your group coverage) you could have to pay the 10% penalty per year you don't enroll for as long as you have Part B coverage. You also may have a gap in coverage since you wouldn't be able to enroll in Part B until January 1- March 31 of the following year and coverage wouldn't begin until the following July 1st.



[Move to hole #14 for next steps](#)



I Have Insurance Coverage Through a Retiree Plan

Find out if your employer offers to continue employer coverage after you retire, called retiree coverage. Ask your benefits specialist how the retiree coverage works with Medicare and verify with them if the coverage is similar to a Medicare supplement plan. Having both Medicare and your retiree coverage may eliminate the need for a supplemental plan. Of course, you should compare the cost of the company's retiree plan against the cost of supplemental coverage- and make sure you choose the one that is the best overall cost to benefit outcome.

I Have COBRA Coverage

COBRA plans are not considered coverage based on current employment. Therefore, you are not eligible for a Special Enrollment Period when that coverage ends. Since you do not qualify for a SEP, you should enroll for Medicare during the Initial Enrollment Period, as soon as you become eligible, to avoid paying a penalty and avoid any gap in coverage.



Pro-Tip #1:

If your retiree coverage will end when you turn 65, you should enroll in Medicare during the Initial Enrollment Period, as soon as you become eligible, to avoid paying a penalty and avoid any gap in coverage. Retiree health plans are not considered coverage based on current employment. Therefore, you are not eligible for a Special Enrollment Period if/when that coverage ends.



Pro-Tip #2:

Many large employers use a private exchange like Towers-Watson, Aon, etc. You may have to work with the private exchange to obtain subsidies for drug and/or supplement plans. Contact your employer's retiree plan specialist to get more information about this, if it applies to you.



Sand Trap:

If you have coverage through a retiree plan, remember that the former employer controls the coverage, they aren't required to provide it, and they can change benefits, premiums or even cancel the coverage at any time. It may also be "stop-loss" coverage, meaning they start paying your out-of-pocket expenses only when they reach a maximum amount.



Water Hazard:

Some retiree coverage will require you to enroll in Medicare as soon as you become eligible. The coverage may not pay your medical costs during any period of time that you were eligible for Medicare, but failed to sign up for it. When you first become eligible, you should enroll in Parts A & B to make sure you get full benefits from the retiree plan.



Move to [hole #14](#) for next steps





I Have TRICARE for Life

I Am a Retired Service Member

If you are eligible for Medicare Part A and for TRICARE, you must enroll in Medicare Part B in order to keep your TRICARE coverage. You should enroll for Medicare during your Initial Enrollment Period, as soon as you become eligible, to avoid penalties and a gap in coverage.



Pro-Tip:

If you are inactive military and enrolled in Medicare & TRICARE, Medicare will pay first for Medicare-covered services. However, if you get services from a military hospital or a federal health care provider, TRICARE will pay. Medicare typically does not pay for these services.

I'm An Active-Duty Service Member (or spouse/dependent of service member)

You do not have to enroll in Medicare Part B to keep your TRICARE coverage, so long as the service member remains on active duty.

Before the service member retires, they must enroll in Medicare Part B, to prevent a gap in coverage and avoid paying a Part B late enrollment penalty.



Pro Tip #1:

If you are active duty and enrolled in Medicare and TRICARE, TRICARE will pay for Medicare-covered services and items. It will also pay your Medicare deductible and coinsurance amounts and for any service not covered by Medicare, that TRICARE does cover.



Pro Tip #2:

Be sure to review your benefits through these programs, in order to decide if you need separate or additional Rx drug coverage.



Water Hazard:

In this scenario, you will pay the cost of services not covered by Medicare or TRICARE.



Move to hole #14 for next steps



I Have Veterans' Benefits

Veterans' Benefits

You should sign up for Medicare during your Initial Enrollment Period, as soon as you become eligible, to avoid paying a penalty and avoid any gap in coverage.



Sand Trap:

If you can get Medicare & Veterans' benefits for your health care, you must choose which benefit to use each time you receive healthcare. Medicare can't pay for the same service that was covered by your Veterans' benefits and vice versa. In order for the US Department of Veterans Affairs (VA) to pay for services, you must go to a VA facility or the VA must authorize services in a non-VA facility.



Pro-Tip #1:

Medicare might pay for the part of the services that the VA doesn't pay for if the following are true:

- The VA authorizes services in a non-VA hospital and
- The VA does not pay for all of the services you receive during your hospital stay



Pro-Tip #2:

Medicare may also be able to pay for all or some of your co-payment if you are billed for VA-authorized care by a doctor or hospital that is not part of the VA.

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Benefits

If you are eligible for Medicare Part A and CHAMPVA, you must enroll in Medicare Part B in order to keep your CHAMPVA coverage. You should enroll during your Initial Enrollment Period or as soon as you become eligible, to avoid penalties and a gap in coverage.



Pro Tip #1:

Be sure to review your benefits through these programs, in order to decide if you need separate or additional Rx drug coverage.



Pro Tip #2:

For more information about Veterans' benefits, visit the [Department of Veterans Affairs website](#).



[Move to hole #14 for next steps](#)



I Have Marketplace or Other Private Insurance

If you are eligible for Medicare Part A, with no premium, then you should enroll in Parts A & B as soon as you become eligible, during the Initial Enrollment Period, to avoid paying penalties and a gap in coverage.

I Have a Marketplace Plan (Individual or Family)

If you have an individual or family plan through the Marketplace, you should drop it so that the coverage ends when your Medicare coverage begins. Be sure to [call the Marketplace](#) or talk with an ACA Navigator for additional help or questions.

I Have a SHOP Marketplace Plan

This coverage is treated the same as if you have coverage in an employer group health plan (EGHP). [Move to hole #7 to learn about EGHP coverage.](#)



Sand Trap:

If you are receiving a reduced premium or tax credit, it will stop once your Medicare Part A becomes effective. If you receive these tax credits to help pay your Marketplace plan premium after beginning Medicare Part A, you may have to pay back the credits when you file taxes the next year, so plan accordingly. Be sure to consult your tax professional for additional guidance in this area.



Pro-Tip:

If you aren't eligible for premium-free Medicare Part A, you can choose to stay in the Individual Marketplace plan for your coverage. That coverage may cost less, so be sure to compare.



[Move to hole #14 for next steps](#)





HOLE 12

I Have End-Stage Renal Disease (ESRD)

You should sign-up for Medicare as soon as you become eligible for benefits based on the diagnosis. People who are eligible for Medicare based on having ESRD do not qualify for a Special Enrollment Period.



Pro-Tip #1:

If you qualify for Medicare Part A, you then have the option to sign up for Part B. However, you will need Parts A & B to get full benefits available under Medicare, to cover certain dialysis and kidney transplant services. You will get an exception to sign up for Part B, without a late enrollment penalty, if you apply for Medicare and are approved based on the diagnosis.



Move to [hole #14](#) for next steps





HOLE 13

I Am Disabled and Eligible for Medicare

Under Age 65

You will automatically get Parts A & B after you have received 24 months of:

- Social Security disability benefits or
- Certain disability benefits from the Railroad Retirement Board

You can sign up for a Medicare Advantage Plan (Part C) or a Drug Plan (Part D) during a 7-month window that occurs 24 months after you get Social Security or Railroad Retirement Benefits. The window is 3 months prior to the 25th month that you receive your benefits, the month when you first receive benefits, and 3 months following the month you start receiving your benefits.

- If you join a plan during the 3 months **before** you get Medicare, your coverage will begin on the first day of the 25th month of your entitlement to disability payments.
- If you join a plan **during** the 25th month of getting disability, your coverage will begin on the first day of the month after you join the plan.
- If you join a plan during one of the 3 months **after** your 25th month of getting disability, your coverage will begin on the first day of the month after you join the plan.



Pro-Tip:

You should receive your Medicare card in the mail about 3 months prior to your 25th month of disability payments.



[Move to hole #14 for next steps](#)

I Turned 65, But I'm Already Eligible for Medicare Due to a Disability

If you have been on Medicare due to a disability, you have a brand new six-month Open Enrollment Period for purchasing Medicare supplemental insurance and/or a drug plan when you turn 65. The six-month window begins the month you turn 65.





Enrollment Periods



Automatic Enrollment

If you are already receiving benefits from Social Security, Railroad Retirement, or you are a Federal Retiree, your enrollment will happen automatically. Your Medicare card should arrive prior to your 65th birthday. Make sure your card shows you are enrolled in Parts A & B. You will have a six month window for purchasing supplemental insurance that begins the month your Part B goes effective. You will have three months after turning 65 to enroll in a prescription drug plan, in order to avoid paying a penalty.

Initial Enrollment

If you are not eligible for automatic enrollment, you have a 7-month window around your 65th birthday to sign up, and avoid any penalties. It begins 3 months before you turn 65, includes the month you turn 65, and ends 3 months after you turn 65.

[Move to hole #15 if this applies to you](#)

Once your Initial Enrollment Period ends, you may have the chance to sign up during a Special Enrollment Period. If you fell into one of the Unique Circumstance categories at Hole #6, you may be eligible for a SEP. The details for enrollment periods are to the right. Move to the Hole that coordinates with your circumstance to find out if you may qualify for a SEP, if you need to enroll during initial enrollment, or if you want to review the information on necessary steps for your situation.

- [Hole #7- Still Working](#)
- [Hole #8- Retiree Coverage](#)
- [Hole #9- TRICARE Coverage](#)
- [Hole #10- Veterans' Benefits](#)
- [Hole #11- Marketplace or Private Insurance](#)
- [Hole #12- End-Stage Renal Disease](#)
- [Hole #13- Disabled with Medicare](#)

Special Enrollment Period (SEP)

If you are covered under another plan (employer or other coverage) or have a qualifying unique circumstance found at Hole #6, you may be able to delay enrolling in Medicare Parts A & B, but most people should enroll in Part A as soon as they are eligible. The decisions around this will vary, and will depend on the type of coverage you have and in some cases the size of your employer that provides your group health coverage. Delaying your enrollment would mean that once you are no longer covered under the group plan, you get the SEP for your initial enrollment into Medicare Parts A & B. If you have a very unique situation that we did not cover, visit [Medicare's site](#) to review your next steps.



Enrollment Periods

Annual Open Enrollment Periods

General Enrollment Period

Between January 1- March 31 of each year, you have an opportunity to sign up for Parts A and/or B, if both of the following are true:

- You did not sign up when you first became eligible
- You are not eligible for a Special Enrollment Period

Open Enrollment for Medicare Advantage & Medicare Rx Drug Coverage

Between October 15 - December 7 of each year, you have an opportunity to:

- Join a drug plan, if you haven't had one previously
- Change your prescription drug plan or drop it completely
- Switch from Original Medicare to a MAP
- Switch from a MAP back to Original Medicare
- Change your MAP; this includes changing based on whether or not the plan offers prescription drug coverage

Open Enrollment Period for Medicare Advantage

Between January 1- March 31 of each year, you have an opportunity to:

- Drop your MAP and return to Original Medicare and then join a Medicare Prescription Drug Plan
- Change from one MAP to another (regardless of drug coverage in the plan)



Ready to sign-up?
Move to hole #15



Let's Get Signed-Up!

Once it is time for you to sign-up, based on your age (beginning 3 months prior to your 65th birthday) or based on when you lose/cancel your other health coverage based on your unique circumstance ([see hole #6 for more info on unique circumstances](#)), do the following:

If you were not automatically enrolled in Medicare, you may visit your nearest SSA office, call them at 800-772-1213 or you can enroll online at [socialsecurity.gov](https://www.socialsecurity.gov).

To join a prescription drug plan you can call the plan directly (see more info on [finding your drug plan](#) via Medicare's online tool) or call Medicare directly at 800-663-4227.

To purchase a Medicare supplement/Medigap policy you will need to contact the company that you want to do business with directly (see more info on [finding your supplement plan](#) via Medicare's online tool)



Pro-Tip:
You can verify your eligibility, enrollment status, benefits, etc. online by creating an account with "my Social Security" [here](#).



[Move to hole #16 for information about changing your Medicare Coverage Options](#)

[Move to hole #17 for information about changing your supplemental or drug plan](#)

[Move to hole #18 for additional information and resources](#)



When Can I Change My Medicare Coverage Choice?

October 15 - December 7 of each year, you have an opportunity to:

- Switch from Original Medicare to a Medicare Advantage Plan (MAP)
- Change from MAP to Original Medicare and get a drug plan

January 1 - March 31 of each year, you have an opportunity to:

- Change from one MAP to another (regardless of drug coverage in the plan)
- Change from MAP to Original Medicare and get a drug plan

 **Pro-Tip #1:**
To make these changes you will need to reach out to Medicare and/or the company that services your Medicare Advantage Plan during the enrollment periods listed.
Contact info for Medicare is at hole #18.



I Don't Want Medicare Part B:

- If you were automatically enrolled, and you have received your Medicare card already, follow the instructions on the card to send it back to Medicare and request that you not have Part B.
- If you signed up for Medicare through Social Security you will need to contact them directly.
- If your Medicare coverage has already started and you want to drop Part B, you will need to contact the SSA for guidance. It will require a signed request and your coverage will end the first day of the month after Social Security receives your cancellation request.

 **Pro-Tip #1:**
Contact info for SSA is at hole #18.



When and How Can I Change My Supplemental Plan or Drug Plan?

Supplemental/Medigap Plans

You can drop/change your supplement plan any time you wish



Pro-Tip #1:

If you want to buy a supplemental plan after your initial enrollment period has ended, you will have to go through medical underwriting to get approved for the plan/company that you want; as your age increases, so do premiums for this type of coverage. Some people may not qualify to buy a plan outside of open enrollment.



Preventable Bogey:

If you plan to change supplemental plans, make sure you are approved for the new company/plan before you cancel your existing coverage. Once you cancel, the company does not have to reinstate your coverage automatically; they may require you go through health questions and be approved for the supplemental plan.



Pro-Tip #2:

To change your supplemental coverage, you will need to decide which plan/company you wish to change to and contact them as well as your current company/plan provider to make the change. To look at [supplement options](#), visit Medicare's site.



[Move to hole #4 for more information about Supplement Plans](#)

Prescription Drug Plans

During open enrollment Oct. 15 - Dec. 7 you can:

- Change your prescription drug plan or drop it completely
- Join a drug plan, if you haven't had one previously



Pro-Tip #1:

To change your drug coverage, you will need to decide which plan/company you wish to change to and contact them as well as your current company/plan provider to make the change. To look at [prescription drug plan options](#), visit Medicare's site.



Preventable Bogey:

If you plan to change drug plans, make sure you are fully set-up with the new company/plan before you cancel your existing coverage to avoid a gap in coverage.



[Move to hole #3 for more information about Drug Plans](#)

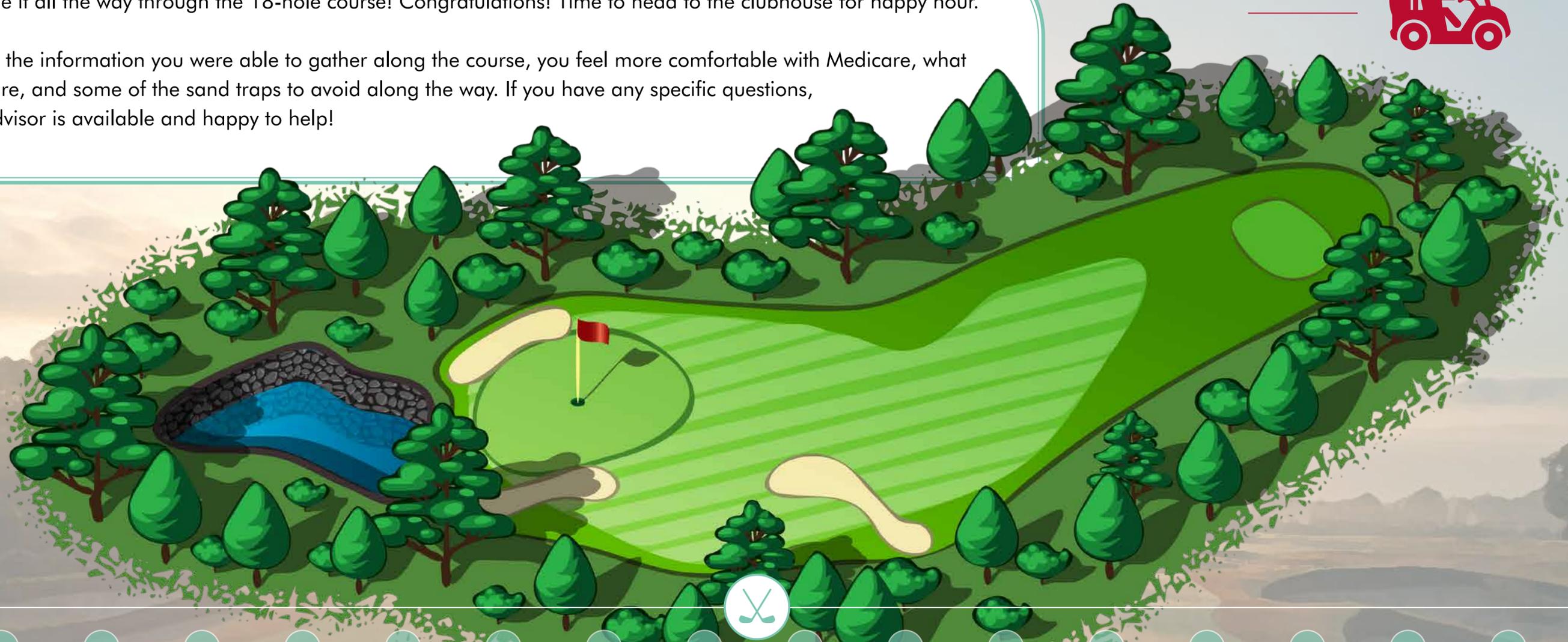



HOLE 18

Congrats - You Made Par!

You have made it all the way through the 18-hole course! Congratulations! Time to head to the clubhouse for happy hour.

Hopefully with the information you were able to gather along the course, you feel more comfortable with Medicare, what your choices are, and some of the sand traps to avoid along the way. If you have any specific questions, your Parsec advisor is available and happy to help!



HELPFUL RESOURCES

Medicare: [medicare.gov](https://www.medicare.gov) or 800-633-4227

Social Security: [ssa.gov](https://www.ssa.gov) or 800-772-1213

TRICARE for Life: [tricare.mil](https://www.tricare.mil) or 866-773-0404

The Department of Veterans' Affairs: [va.gov/health-care](https://www.va.gov/health-care) or 877-222-8387

For North Carolina Residents:

NC Department of Insurance SHIP 855-408-1212 or

ncdoi.gov/consumers/medicare-and-seniors-health-insurance-information-program-ship

For Non-North Carolina Residents:

Call 877-839-2675 to get the phone number to the SHIP center in your state.