Blue Cross Blue Shield of Massachusetts is a HMO and PPO Plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal. Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities that have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal. You must continue to pay your Medicare Part B Premium. Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. ATENCION: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-200-4255 (TTY: 711). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-200-4255 (TTY: 711).

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Age 63-64 is the time you should be gathering information and starting to plan.

Age 65 is when most Americans are eligible for Medicare. If you plan to start using your benefits at 65, follow the dark blue “Ready for Medicare” tab at left.

Age 66-70 Some people (for example, those continuing to work) MAY opt to put off using their Medicare benefits until after age 65. However, they still may need to sign up, plus, there’s still lots to consider. To find out more, follow the green/blue “Not Ready for Medicare” tab at left.

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Ask if you can keep any coverage you currently have.

Determine what your costs might be.

Go to someone who’s familiar with the details of the coverage you have now.

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• Customer service at the insurance company.

If you’re working and plan to keep your employer’s group health coverage, your benefits specialist can help you decide when to enroll in Medicare Part B. You may be able to enroll later during a Special Enrollment Period and avoid paying a penalty.

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LET’S GET STARTED.

If you’ve decided to enroll in Medicare at 65, you need to understand the plan options available to you, as well as know whether or not you need to contact Social Security to register for Medicare.

Many people turning 65 get Part A and Part B automatically. Basically, if you’re already getting Social Security, you’ll get the Medicare “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. Read this package carefully to help you make your decisions about Medicare.

You may need to call Social Security to sign up. If you're not already getting Social Security benefits, you won't get any Medicare enrollment information. You'll need to call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. Hours are 7 a.m. – 7 p.m., Monday – Friday. If you worked for the railroad, contact the Railroad Retirement Board to sign up.

STILL WORKING? TAKING “PART A” MAY MAKE SENSE.

Even if you’re still working, you may want to consider enrolling in Medicare Part A (Hospital Insurance), because it’s FREE if:

• You are eligible to get retirement benefits from Social Security or Railroad Retirement, but haven’t filed for them yet.
• You or your spouse had Medicare-covered government employment.

While you’re working, Medicare Part A may not pay as much toward your health insurance, and it generally pays after your employer’s insurance.

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YOU HAVE A 7-MONTH WINDOW.

If you enroll in Medicare at the wrong time, it could create gaps in your medical coverage, as well as cost you extra money! You should enroll in your “Initial Enrollment Period,” a 7-month window consisting of the 3 months before you turn 65, the month in which you turn 65, and the 3 months that follow.

Also, even if you don’t want Medicare Part B when you’re first eligible for it, you may consider signing up for it anyway. Depending on your situation, if you choose to enroll later, you may have to pay a late enrollment penalty for as long as you have Medicare.

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DELAYING MEDICARE: WHAT YOU NEED TO KNOW.

Even if you’re not ready to start using your Medicare benefits at age 65, there are important decisions to make now. You may need to sign up for at least part of Medicare at age 65 to avoid gaps in coverage or paying future penalties.

Here’s what you need to know if you are:

Keeping your employer group benefits
- You may accept your employer’s (or your spouse’s) coverage.
- The plan will pay first for any of your hospital and medical bills.
- Medicare may pay some of the remaining expenses, helping you avoid gaps in coverage.

Delaying Medicare Part B (Medical Insurance)
- If you wait to sign up for Part B because you already have insurance through your employer or spouse, there’s no penalty.
- If you don’t sign up for Part B when you’re first eligible, you may have to pay a higher monthly premium for the life of your Part B coverage.

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Getting ready for Medicare means understanding the ins and outs of the different plan options available to you, then finding the one that best fits your needs. At a very basic level, take a look at the two possibilities below.

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**Medicare Advantage (Part C)**
- A single plan to cover your medical, hospital and, in some cases, prescription drug costs.
- Medicare Part C plans (also known as Medicare Advantage) sometimes offer additional coverage like hearing, vision and dental care along with your Medicare Part A and Part B benefits.

**Costs in the “Donut Hole” Are Shrinking.**
Most Medicare prescription drug plans have a gap in coverage called the “donut hole.” This is a temporary limit on the amount a plan will pay for covered drugs. Because of the Affordable Care Act, the amount a beneficiary pays while in the “donut hole,” is gradually shrinking, so that by 2020 beneficiaries will pay just 25% of the costs of their generic and brand name drugs while in the coverage gap.

**You Now Get More Free Preventive Services.**
Health care reform also increased the number of free preventive services available to Medicare beneficiaries. You get an annual free “wellness” visit—a review of your medical history plus education and counseling on preventive services, including certain screenings, shots and referrals for other care, if needed.

You’re also entitled to:
- A free cardiovascular screening every 5 years.
- Annual mammograms and flu shots.
- Screenings for diabetes, cervical, prostate and colorectal cancers and more.

**You’ll Pay More.**
If you choose traditional Medicare and your income is above a certain threshold, you’ll pay more for Parts B and D. Premiums for both parts can come with a surcharge when your adjusted gross income (plus tax-exempt interest) is more than $85,000 if you are single or $170,000 if married filing jointly.

**High Income?**

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Determine if you need Medicare Part D prescription drug coverage or other extra coverage.

• Do you need a prescription drug plan or do you have one from your employer or your spouse?
• Do you want a plan that helps cover the costs Original Medicare leaves you to pay?

Choose the Medicare health plan that best meets your overall needs.

• Are you interested in a Medicare Supplement plan and/or a Medicare prescription drug plan?
• Do you want all-in-one coverage through a Medicare Advantage plan?

When ready to start considering specific plans, visit bluecrossma.com/medicare.

THINGS YOU NEED TO KNOW ABOUT COST.

When reading about Medicare, you will continually run into these four words. Understanding what each means is an important first step to truly understand who pays what and when.

Premium is a fixed amount you have to pay for your plan each month.

Deductible is a preset amount that you pay first before Medicare benefits help with your costs.

Copayment (or “a copay”) is a fixed amount that you pay for a service or product.

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READY FOR MEDICARE

Not Ready for Medicare

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