Medicare Basics

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Disclaimer

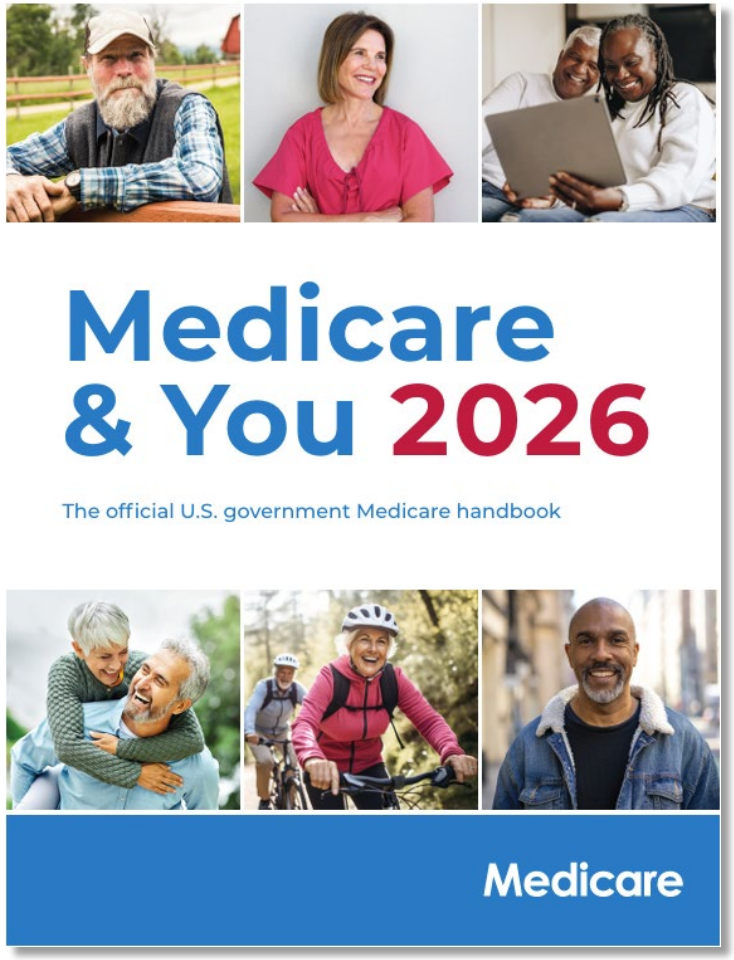
This information is current at the time of presentation, but Medicare, Medicaid and Marketplace policy is subject to change. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Medicare

Health insurance for:

- People 65 or older
- Certain people who are under 65 with disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

NOTE: To get Medicare you must be a U.S. citizen or national, a lawful permanent resident (green card holder), or satisfy specific requirements for lawful presence. Must reside in the U.S. for 5 continuous years.



CMS Product No. 10050

What Are the Parts of Medicare?

Part A
(Hospital Insurance)

Part B
(Medical Insurance)

Part D
(Drug coverage)

Your Medicare Options

Original Medicare

- ☑ Part A 
- ☑ Part B 

You can add:

- ☐ Part D 

You can also add:

- ☐ Supplemental coverage 

It can help pay some costs that other parts don't cover. This includes Medicare Supplement Insurance (Medigap). Or you can use coverage from a current or former employer or union, or Medicaid (if you qualify).

Medicare Advantage (also known as Part C)

- ☑ Part A 
- ☑ Part B 

Most plans include:

- ☑ Part D 
- ☑ Extra benefits

When to Sign Up or Make Changes to Your Medicare Coverage

If you don't already have Medicare:

- Initial Enrollment Period (IEP)
- Special Enrollment Period (SEP)
- General Enrollment Period (GEP)

If you already have Medicare and want to change how you get your coverage:

- Open Enrollment Period (OEP)
- Medicare Advantage OEP
- Open Enrollment Period for Institutionalized Individual (OEPI)
- Special Enrollment Period (SEP) (in certain circumstances)

Automatic Enrollment: Medicare Part A & Part B

Enrollment is automatic for people who:

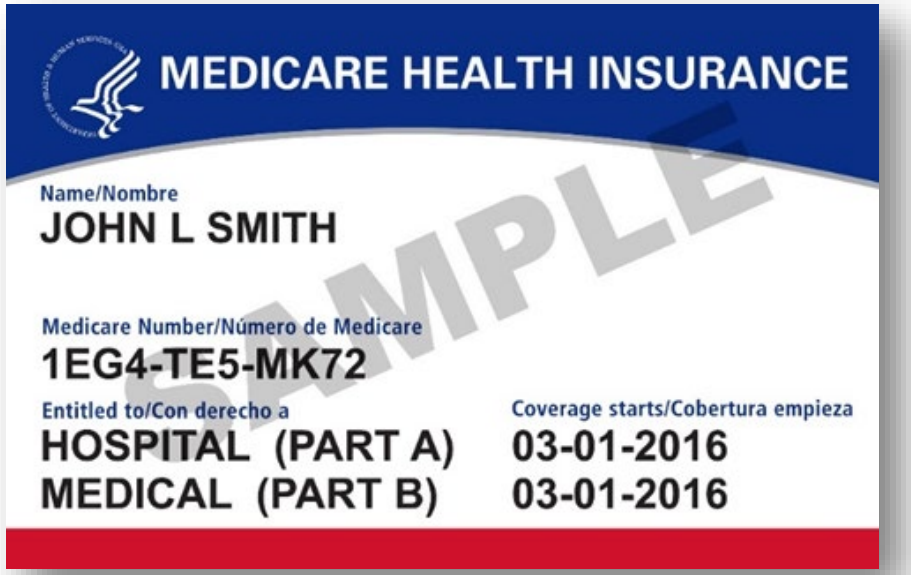
- Get Social Security or RRB Benefits
- Are under 65, have a disability, and getting disability benefits from Social Security or certain disability benefits from the RRB for 24 months

Look for your "Get Ready for Medicare" package

- Mailed 3 months before:
  - Your 65th birthday
  - Your 25th month of disability benefits
- Includes a letter, booklet, and Medicare card

Your Medicare Card

- Lists Medicare Part A (shown as HOSPITAL), Part B (shown as MEDICAL) along with the date your coverage begins
- To accept Part B, keep your card (and carry it when you're away from home)
- To refuse Part B, follow the instructions in the "Get Ready for Medicare" booklet



Need a replacement card?

- **Visit Medicare.gov/account** to log into your secure Medicare account and print an official copy
- **Call 1-800-MEDICARE** (1-800-633-4227) (TTY: 1-877-486-2048)

Initial Enrollment Period (IEP)

7-Month Period

If you sign up for Part A and/or Part B before you turn 65, your coverage starts the 1st day of your birthday month.

If you sign up the month you turn 65 or during the last 3 months of your IEP, your coverage begins the 1st day of the month after you sign up.

If you're under 65 and have a disability, you'll automatically get Part A and Part B after getting 24 months of disability benefits, either from Social Security or certain disability benefits from the RRB.

NOTE: Your 6-month Medigap Open Enrollment Period (OEP) begins the month you're 65 or older and enrolled in Part B (must also have Part A) and lasts at least 6 months (may be longer in your state).

Part A (Hospital Insurance) Covers

- **Inpatient care in a hospital, including:**
  - Semi-private room
  - Meals
  - General nursing
  - Certain drugs (including methadone to treat an opioid use disorder)
  - Other hospital services and supplies
- **Inpatient care in a skilled nursing facility (SNF)** after a related 3-day inpatient hospital stay

Part A
Hospital Insurance

Part A (Hospital Insurance) Covers (continued)

Part A also helps cover:

- Blood (inpatient)
- Hospice care
- Home health services
- Inpatient care in a religious nonmedical health care institution (RNHCI)

Part A
Hospital Insurance

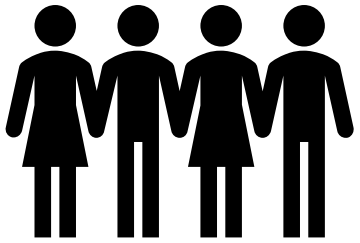
Paying for Part A (Hospital Insurance) in 2026

Most people don’t pay a premium for Part A

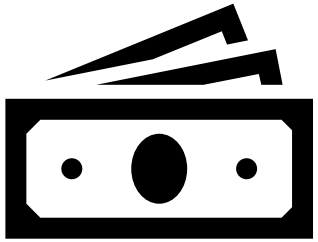
- If you or your spouse paid FICA taxes for at least 10 years, you get Part A without paying a **premium**
- You may have to pay a **penalty** if you don’t sign up when first eligible for Part A (if you have to buy it)
  - Your monthly premium may go up 10%
  - You'll have to pay the higher premium for twice the number of years you could’ve had Part A, but didn’t sign up

Decision: Do I Need to Sign Up for Part A?

Consider:



It's free for most people



You can pay for it if you or your spouse's work history isn't sufficient (there may be a penalty if you delay)

Talk to your benefits administrator if you (or your spouse) are actively working and covered by an employer plan

NOTE: To avoid Internal Revenue Service (IRS) tax penalties, stop contributions to your Health Savings Account (HSA) before Medicare starts.

Medicare Part B (Medical Insurance) Covers

- Doctors' services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health services
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services
- Limited number of outpatient prescription drugs under certain conditions

Part B
Medical Insurance

Part B: Preventive Services

- Abdominal aortic aneurysm screenings
- Alcohol misuse screenings & counseling
- Bone mass measurements
- Cardiovascular behavioral therapy
- Cardiovascular disease screenings
- Cervical & vaginal cancer screenings
- Colorectal cancer screenings
- Counseling to prevent tobacco use & tobacco-caused disease
- Covid-19 vaccines
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma screenings
- Hepatitis B shots
- Hepatitis B Virus infection screenings
- Hepatitis C Virus infection screenings
- HIV (Human Immunodeficiency Virus) screenings
- Lung cancer screenings
- Mammograms
- Medical nutrition therapy services
- Medicare Diabetes Prevention Program
- Obesity behavioral therapy
- Pneumococcal shots
- Prostate cancer screenings
- Sexually transmitted infection (STI) screenings & counseling
- “Welcome to Medicare” preventive visit
- Yearly “Wellness” visit

What You Pay in 2026: Part B Monthly Premiums

Standard premium is $202.90

Some people who get Social Security benefits pay less due to the statutory hold harmless provision

Your premium may be higher if you didn't choose Part B when you first became eligible or if your income exceeds a certain threshold

Monthly Part B Standard Premium: Income-Related Monthly Adjustment Amount (IRMAA) for 2026

If your yearly income in 2024 (for what you pay in 2026) was:

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay each month (in 2026)
$109,000 or less	$218,000 or less	$109,000 or less	$202.90
Above $109,000 up to $137,000	Above $218,000 up to $274,000	Not applicable	$284.10
Above $137,000 up to $171,000	Above $274,000 up to $342,000	Not applicable	$405.80
Above $171,000 up to $205,000	Above $342,000 up to $410,000	Not applicable	$527.50
Above $205,000 and less than $500,000	Above $410,000 and less than $750,000	Above $109,000 and less than $391,000	$649.20
$500,000 or above	$750,000 or above	$391,000 or above	$689.90

Decision: Should I Keep/Sign Up for Part B?

Consider:

- Most people pay a monthly premium
  - Usually deducted from Social Security/Railroad Retirement Board (RRB) benefits
  - Amount depends on income
- You can delay enrollment if you have group health plan (GHP) coverage based on your current employment, or the employment of a spouse or a family member if you're disabled
- You can apply for Part B at any time while working and continue for 8 months after employment ends or GHP ends, whichever comes first
- You should contact your employer or union benefits administrator to find out how your insurance works with Medicare and if you should sign up for Part B during your IEP
- Sometimes, you must have Part B

What's Not Covered by Part A & Part B?

Some of the items and services that Part A and Part B don't cover include:

- Eye exams (for prescription eyeglasses)
- Long-term care
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting them
- Concierge care
- Covered items or services you get from a doctor or other provider that has opted out of participating in Medicare
- Most dental care

They may be covered if you have other coverage, like Medicaid or a Medicare Advantage Plan that covers these services.

When You Must Have Part A & Part B

- To buy a Medicare Supplement Insurance (Medigap) policy
- To join a Medicare Advantage Plan
- Eligible For TRICARE for Life (TFL)
- Eligible for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
- Employer coverage requires you to have it (has fewer than 20 employees)

How Part D Works

- **It's optional**
  - You can choose a plan and join
  - You may pay a lifetime penalty if you don't have other creditable drug coverage and join a Part D plan after you're first eligible
- **Plans have lists of covered drugs (formularies), which:**
  - Must include a range of drugs in each category
  - May change during the year—you'll be notified
- **If you have limited income and resources, you may get Extra Help**

Who Can Join Part D?

	To join a Medicare Drug Plan	To join a Medicare Advantage Plan with Drug Coverage	To join a Medicare Cost Plan with Drug Coverage or a PACE Program
You must have	Medicare Part A (Hospital Insurance) **and/or** Medicare Part B (Medical Insurance)	Part A **and** Part B	Part A and Part B **or** Part B only

NOTE: To join any Medicare drug or health plan you must be a United States citizen or lawfully present in the U.S.

Income-Related Monthly Adjustment Amount (IRMAA): Part D Premium for 2026

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay each month (in 2026)
$109,000 or less	$218,000 or less	$109,000 or less	Your plan premium (YPP)
Above $109,000 up to $137,000	Above $218,000 up to $274,000	Not applicable	$14.50 + YPP
Above $137,000 up to $171,000	Above $274,000 up to $342,000	Not applicable	$37.50 + YPP
Above $171,000 up to $205,000	Above $342,000 up to $410,000	Not applicable	$60.40 + YPP
Above $205,000 and less than $500,000	Above $410,000 and less than $750,000	Above $109,000 and less than $391,000	$83.30 + YPP
$500,000 or above	$750,000 or above	$391,000 or above	$91.00 + YPP

Part D Late Enrollment Penalty 2026

- **You may have to pay more if you wait to join, unless you have:**
  - Creditable prescription drug coverage
  - Extra Help
- **You'll pay the penalty for as long as you have coverage**
  - 1% for each full month eligible and without creditable prescription drug coverage
  - Multiply percentage by base beneficiary premium ($38.99 in 2026)
  - Amount changes every year

Decision: Should I Join a Part D Plan?

If you have creditable drug coverage, consider costs and coverage:

- Will you or your spouse or dependents lose your health coverage if you join a Part D plan?
- How do your out-of-pocket drug costs compare to out-of-pocket drug costs with a Part D plan?
- How will your costs change if you get Extra Help with Part D plan costs?

If you don't have creditable drug coverage, consider possible penalties:

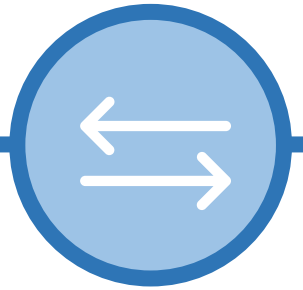
- Will joining when you're first eligible help you avoid a likely lifetime late enrollment penalty if you join a plan later?
- Do you qualify for Extra Help? If so, you may join a plan without penalty.

How Medicare Advantage Plans Work

In a Medicare Advantage Plan, you:

Are still in Medicare with all **rights and protections**

Still get **services** covered by Part A and Part B



Can't be **charged** more than Original Medicare for certain services, like chemotherapy, dialysis, and skilled nursing facility (SNF) care

May choose a plan that includes **drug coverage** and/or **extra benefits** like vision, dental or fitness and wellness benefits

Have a yearly limit on **out-of-pocket costs**

How Medicare Advantage Plans Work (continued)

In a Medicare Advantage Plan:

Each plan has a **service area** in which its enrollees must live

You (or a provider acting on your behalf) can request to find out if an item or service will be covered by the plan in advance (called an **organization determination**)

Medicare pays a fixed amount for your coverage each month to the **companies** offering Medicare Advantage Plans

Each plan can charge different out-of-pocket costs and have different **rules** for how you get services (which can change each year)

Original Medicare covers hospice care, some new Medicare benefits, and some costs for clinical research studies

Medicare Supplement Insurance (Medigap) Policies

- Help pay out-of-pocket costs in **Original Medicare**
- Sold by **private health insurance companies**
- Some policies also cover benefits Original Medicare doesn't cover, like medical care when you travel outside the U.S.
- All **standardized** Medigap policies offer the same basic benefits no matter where you live or which insurance company you buy the policy from
- Medigap policies in Minnesota, Massachusetts, and Wisconsin are standardized in a different way
- Another type of Medigap policy called Medicare SELECT is available in some states

Medicare Supplement Insurance (Medigap)

When's the Best Time to Buy a Medigap Policy?

Medigap Open Enrollment Period (OEP):

- Begins the month you're 65 or older **and** enrolled in Part B (must also have Part A)
- Lasts at least 6 months (may be longer in your state)

During your Medigap OEP, companies can't:

- Refuse to sell you any Medigap policy they offer
- Make you wait for coverage
- Charge more because of a past/present health problem

NOTE: You can also buy a Medigap policy whenever a company agrees to sell you one.

How to Buy a Medigap Policy

Decide on a **Medigap plan (A–N)**

Find **insurance companies** that sell Medigap policies in your state

Check on **Medigap protections** in your state

Shop around (consider plan and price)

Choose the insurance company and the Medigap policy

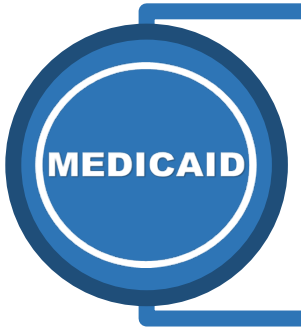
Apply for the policy

Decision: Do I Need a Medigap Policy?

Can I get a Medigap policy if I have a Medicare Advantage Plan, but plan on returning to Original Medicare?	What if I have other supplemental coverage, like from an employer?	Medicare deductibles and copayments?	What does the monthly Medigap premium cost?
Yes.	You might not need Medigap.	Weigh this against how much the monthly Medigap premium costs.	It can vary.

Help for People with Limited Income & Resources

Medicare Savings Programs



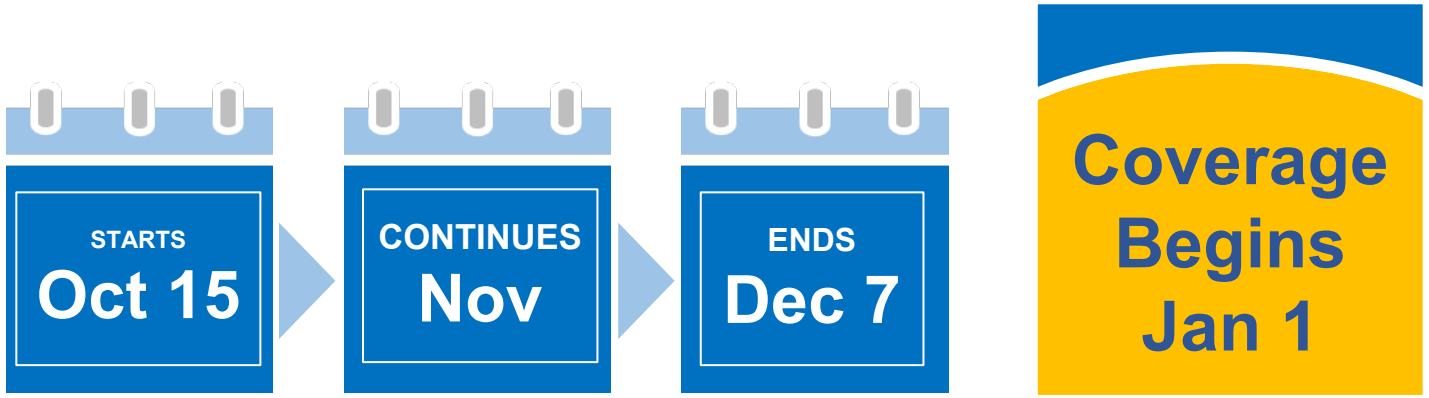
Medicaid

Extra Help

Children's Health Insurance Program (CHIP)

Yearly Open Enrollment Period (OEP) for People with Medicare

7-Week Period



- 7-week period each year where you can join, drop, or switch Medicare Advantage Plans or Medicare drug plans
- This is a time to review health and drug plan choices

Medicare Resources

Centers for Medicare & Medicaid Services (CMS)	▪ 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048) ▪ CMS.gov ▪ Medicare.gov ▪ Medicare.gov/basics/get-started-with-medicare
Social Security	▪ 1-800-772-1213 (TTY: 1-800-325-0778) ▪ SSA.gov
State Health Insurance Assistance Programs (SHIP)	▪ shiphelp.org ▪ **Texas SHIP (1-800-252-9240)**
Children's Health Insurance Program	▪ InsureKidsNow.gov

SHIP
State Health Insurance Assistance Program
Navigating Medicare

How People with Medicare & Medicaid Can Fight Fraud

Beware of Marketing Fraud

Medicare.gov and 1-800-MEDICARE are the official sources of Medicare information. Watch out for people who:

- Pressure you to join their plan
- Say they represent Medicare or give you a service for free
- Call your home without permission
- Say that you'll lose your Medicare benefits if you don't sign up for their plan
- Require you to provide contact information at a plan event

Medicare is taking quick actions to prevent health care fraud, waste, and abuse. Visit CMS.gov/fraud to learn about success stories fighting fraud.

Go Digital with Medicare

- Get Medicare resources at your fingertips! Log into (or create) your secure Medicare account at Medicare.gov/account. You can save your prescriptions and preferred pharmacy, get electronic Medicare Summary Notices (MSNs), and more at any time.
- If you need to save, print, or share Medicare information with a trusted representative (like a close family member), you'll have control over that information with your online account.
- Now's also a great time to sign up for official Medicare email at Medicare.gov:
  - Get information on how to get the most out of Medicare
  - Get important reminders about Medicare Open Enrollment
  - Stay informed with health & wellness information

Electronic Medicare Summary Notice (eMSN)

You can sign up to get your MSNs electronically

- You'll get an email every month when your MSNs are available in your Medicare account
- You don't have to wait 6 months for a paper copy
- You'll no longer get the mailed paper copy

Explanation of Benefits (EOB)

- Provided by Medicare Advantage Plans and Medicare drug plans
- Gives enrollees clear and timely information about their medical and/or drug claims

Birchwood
Medicare Plus

PO Box 789
Anytown, USA 12345-6789

THIS IS NOT A BILL

JENNIFER WASHINGTON
123 EXAMPLE STREET
APARTMENT A
ANYTOWN, USA 12345-6789

Notice for Jennifer Washington

Your Medicare Number	**2CG5BJ6KS70**
Date of This Notice	**April 15, 2024**
Claims for	**March 2024**

Your Medicare Part D Explanation of Benefits (EOB)

This is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Your EOB shows the prescriptions you filled, what we paid, what you and others have paid, and what counts towards your Out-of-Pocket Costs and your Total Drug Costs.

- **Your EOB is not a bill.**
  If you paid a co-pay or coinsurance for your drug, the EOB should show the amount you paid.

Birchwood Member Services

If you have questions or need help, call us toll-free Monday through Friday from 8 a.m. to 5 p.m.

1-800-222-3333
1-888-444-5555 for TTY/TDD only

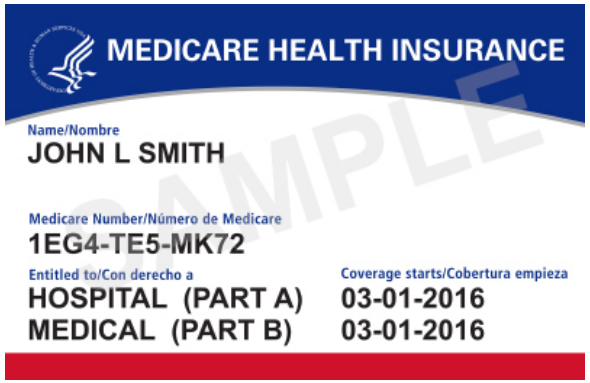
Or visit our website:
www.birchwood.com

For languages other than English:

Español 1-800-331-2345 (Spanish)
Русский 1-800-331-5678 (Russian)
tiếng Việt 1-800-331-7777 (Vietnamese)

Need large print or another format?

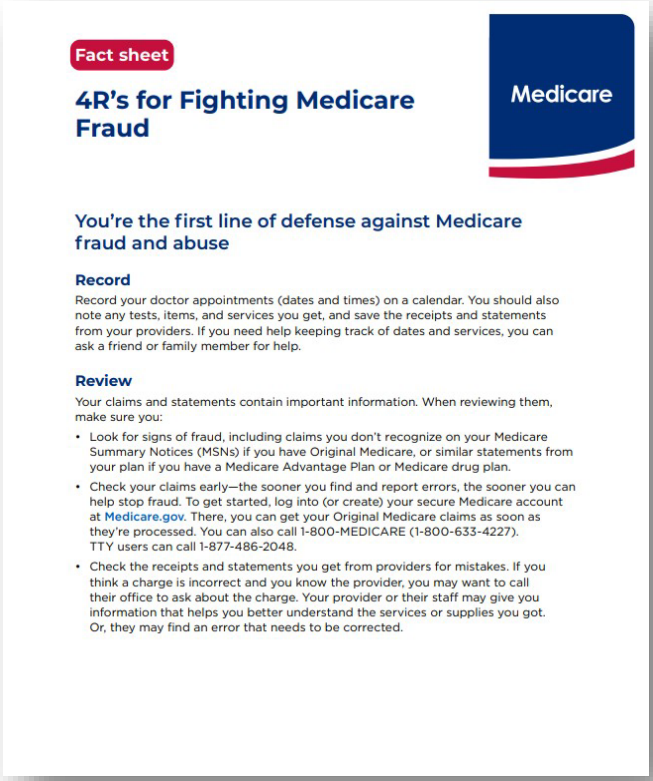
Protecting Personal Information



- Your Medicare card has a number that's unique to you
- Only share personal information with people you trust:
  - Doctors, other health care providers, and plans approved by Medicare
  - Insurers who pay benefits on your behalf

“4 Rs” for Fighting Medicare Fraud

- **Record** appointments and services
- **Review** services provided
- **Report** suspected fraud
- **Remember** to protect personal information (“guard your card”)



Fact sheet

4R’s for Fighting Medicare Fraud

Medicare

You’re the first line of defense against Medicare fraud and abuse

Record

Record your doctor appointments (dates and times) on a calendar. You should also note any tests, items, and services you get, and save the receipts and statements from your providers. If you need help keeping track of dates and services, you can ask a friend or family member for help.

Review

Your claims and statements contain important information. When reviewing them, make sure you:

- Look for signs of fraud, including claims you don’t recognize on your Medicare Summary Notices (MSNs) if you have Original Medicare, or similar statements from your plan if you have a Medicare Advantage Plan or Medicare drug plan.
- Check your claims early—the sooner you find and report errors, the sooner you can help stop fraud. To get started, log into (or create) your secure Medicare account at Medicare.gov. There, you can get your Original Medicare claims as soon as they’re processed. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Check the receipts and statements you get from providers for mistakes. If you think a charge is incorrect and you know the provider, you may want to call their office to ask about the charge. Your provider or their staff may give you information that helps you better understand the services or supplies you got. Or, they may find an error that needs to be corrected.

For more information, visit Medicare.gov/publications to review “4 Rs for Fighting Medicare Fraud” (Medicare Product No. 11610)

Contact Medicare

- Call to make a complaint and report fraud
- Have this information ready:
  - Provider's name and any identifying number you have
  - Information about the item or service, including date and payment amount
  - Date on your MSN
  - Your name and Medicare Number

If you have concerns call Medicare at
1-800-MEDICARE (1-800-633-4227);
TTY: 1-877-486-2048

The Senior Medicare Patrol (SMP)

- **Educates people with Medicare** on preventing, identifying, and reporting health care fraud
- **Seeks volunteers** to represent their communities
- **Hears complaints** from people with Medicare

SMP
Senior Medicare Patrol
Preventing Medicare Fraud

NOTE: SMP has active programs in all states, the District of Columbia, Puerto Rico, U.S. Virgin Islands, and Guam

Reporting Suspected Medicaid Fraud

You can report suspected Medicaid fraud to:

- Medicaid Fraud Control Unit (MFCU)
- Office of Inspector General (OIG)
- State Medical Assistance (Medicaid) office

Medicare & Medicaid Fraud & Abuse Resource Guide

Centers for Medicare & Medicaid Services (CMS)	▪ Call 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048 ▪ Medicare.gov/fraud ▪ CMS.gov/fraud ▪ CMS.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Program/Education ▪ CMS.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/beneficiary-education-toolkits/beneficiary-toolkit.html ▪ Medicaid.gov/medicaid/program-integrity
Social Security	▪ SSA.gov/fraud
Senior Medicare Patrol (SMP)	▪ Call 1-877-808-2468 ▪ smpresource.org
National Health Care Anti-Fraud Association	▪ nhcaa.org

Medicare & Medicaid Fraud & Abuse Resource Guide (continued)

U.S. Department of Health & Human Services (HHS) Office of the Inspector General (OIG)	▪ Call 1-800-HHS-TIPS (1-800-447-8477); TTY: 1-800-377-4950 ▪ tips.OIG.HHS.gov
PPI MEDIC and I-MEDIC Parts C and D Fraud Investigations Contractor	▪ Call 1-877-7SAFERX (1-877-772-3379) ▪ I-MEDICComplaints@qlarant.com ▪ I-MEDIC_OIG_Hotline@qlarant.com
“Protect Yourself from Enrollment Fraud” (CMS Video)	youtube.com/watch?v=K8WOkSlqRNI
“Medicare Fraud: Don’t Give Them a Chance” (Guard Your Medicare Card Campaign)	youtube.com/watch?v=vScAG7rtPe8&list=PLaV7m2-zFKpiuxlWwMfKHNUrQ2Mxhay4b

Medicare Fraud & Abuse Resource Guide (continued)

To review the Medicare products listed in this table and other helpful products, visit Medicare.gov/publications and search by keyword or product number.

"4 Rs for Fighting Medicare Fraud"	CMS Product No. 11610
"Protecting Yourself from Fraud"	CMS Product No. 10111
"Medicare Rights & Protections"	CMS Product No. 11534
"The Medicare Beneficiary Ombudsman Works for You"	CMS Product No. 11173

To order multiple copies (partners only), visit Productordering.cms.hhs.gov. You must register your organization.

Your Feedback is Important!

We appreciate your time you have spent with us. We are always trying to improve our level of service to our partners and stakeholders. You can help us do that by providing your feedback on today's session. Please take a few moments to complete this brief, voluntary post-engagement evaluation. Just click on the link or use the QR code below. Your answers will help us improve our collaboration with you.

https://recon.my.salesforce-sites.com/act/Evaluation

Olli at UNT 6/15/26, Region 6

Stay Connected

Contact us at:

Catherine Snow

catherine.snow@cms.hhs.gov

Centers for Medicare & Medicaid Services
Dallas Regional Office

Q&A