



Medicare Made Simple

A guide to your health plan options



Introduction

When you're eligible for Medicare, comparing all of your health plan options can be confusing.

The truth is, it doesn't have to be.

In this guide, you'll find everything you need to know in order to choose the right plan for you, including:

- The different parts of Medicare
- Available health plan options
- When you can enroll

Plus, we've added an easy-to-use calendar to help you keep track of your personal enrollment dates.

Our goal is to help you find a plan that meets your needs and budget, and have you feel confident about your decision.

Let's get started.

The Different Parts of Medicare



Part A (hospital insurance) helps pay for inpatient hospital stays, skilled nursing facilities, home health care, hospice, and other related services.



Part B (medical insurance) helps pay for medically necessary doctors' services, lab work, and other outpatient care. You pay a premium (cost) if you want this coverage.



Part C (Medicare Advantage plans) is provided by private health plans and includes all of your Medicare-covered medical benefits (Parts A and B) plus extra benefits. You must be eligible for Medicare Parts A and B to apply for a Medicare Advantage plan.



Part D (prescription drug coverage) is offered through private health plans. It can be either a stand-alone prescription drug plan (PDP) or a Medicare Advantage prescription drug plan (MA-PD) that combines medical (Parts A and B) and drug coverage (Part D). You must be eligible for Medicare Parts A and B to qualify.



Coverage Choices

You have **4 basic choices** if you are eligible for Medicare:

- 1 You can rely on Original Medicare** (Parts A and B) to provide your coverage. Original Medicare is managed by the federal government, and provides Medicare Part A (hospital) coverage and Part B (medical) coverage. Usually a fee is charged for each health care service or supply that one gets. This fee is in addition to the Medicare Part B premium, which you must pay each month. Original Medicare is available to all people who are 65 years of age and older, or people who qualify through disability. What many people don't know is that Original Medicare doesn't cover everything. Original Medicare **only pays about 80% of your expenses**. The **remaining 20% is your responsibility**, and it could add up to thousands of dollars each year.
- 2 You can choose a Medicare Advantage plan** (Part C) and get all of the benefits you may be entitled to under Original Medicare **plus extra benefits** like annual physicals; vision; hearing; prescriptions; dental coverage; and reimbursements for eyewear, fitness, wellness programs, and acupuncture. **With some monthly premiums as low as \$0**, worldwide emergency and urgent care, and a **cap on your out-of-pocket medical expenses**, Medicare Advantage plans offer more predictability and peace of mind than relying on Original Medicare alone.
- 3 You can choose a Medicare Supplement plan** to provide all of the benefits you may be entitled to under Original Medicare plus extras. A Medicare Supplement plan is a health insurance plan that may be purchased in addition to Original Medicare coverage. Medicare Supplement plans are designed to **fill "coverage gaps"** in Original Medicare. With a Medicare Supplement plan, you must purchase a separate prescription drug plan if you want prescription drug coverage.
- 4 You can add a prescription drug plan** (Part D) to Original Medicare by joining a Medicare prescription drug plan. A Part D prescription drug plan can help you save money even if you don't take a lot of prescription drugs. Some Medicare Advantage (Part C) plans also include Medicare Part D coverage. Stand-alone prescription drug plans can be combined with Original Medicare or a Medicare Supplement plan. If you're eligible to join a Medicare prescription drug plan and choose not to enroll, you may have to pay a late enrollment penalty when you do join.

When You Can Enroll

The Centers for Medicare & Medicaid Services (CMS) have established various enrollment periods in which you can sign up for Original Medicare (Parts A & B), Medicare Advantage (Part C) and/or Medicare prescription drug (Part D) coverage, as well as make changes to your existing plan.

On this page, we will cover enrollment periods that may be specific to your circumstances. On the next page, we will cover the enrollment periods that take place at the same time each year.

Initial Enrollment Period:

If you are turning 65, you can sign up for Original Medicare and a Medicare Advantage plan in the 3 months before your birthday month, during your birthday month, or the 3 months after your birthday month. This is referred to as the **Initial Enrollment Period (IEP)**.

3 Months Before

**65th
Birthday Month**

3 Months After

Special Enrollment Period:

If you did not sign up for Medicare during your IEP, you may still be eligible to enroll during what Medicare refers to as a **Special Enrollment Period (SEP)**. You may qualify for an SEP under special circumstances, such as after your employment or group health insurance ends* (e.g. when you retire), you have a change in residence, etc. The length of the SEP and the effective date of your new coverage vary depending on the reason for the SEP, though most tend to take place two to eight months after your qualifying event.

*If your employer offers Medicare health plan coverage for retired employees, your enrollment period may be different.

**Special
Qualifying Event**

**Timing Varies
by Circumstance**

Medicare Supplement Open Enrollment Period:

Eligible individuals can join a Medicare Supplement plan any month during the year. However, the best time to purchase a Medicare Supplement plan is during the 6-month **Medicare Supplement Open Enrollment Period**. This period begins the first day of the month in which you are 65 or older and enrolled in Medicare Part B, and ends 6 months later.

**65th
Birthday Month**

6 Months After

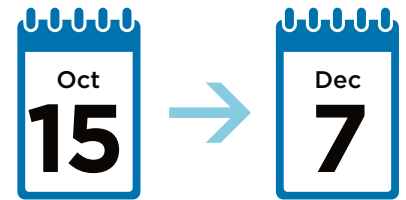
Annual Enrollment Periods

Below are the enrollment periods that happen annually. During these enrollment periods, individuals have an opportunity to sign up for Original Medicare, join a new Medicare Advantage or prescription drug plan, and make changes to their existing coverage.

Annual Election Period (AEP):

October 15–December 7

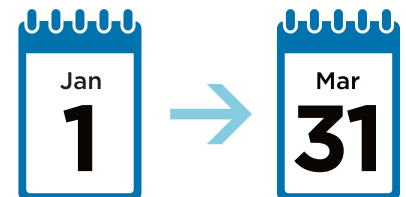
This is for anyone wishing to join a Medicare Advantage or prescription drug plan, or switch to a different plan. Your coverage will begin on January 1 of the following year.



Open Enrollment Period (OEP):

January 1–March 31

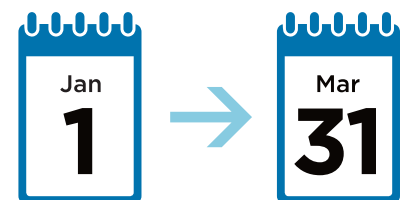
This is for Medicare Advantage plan members looking to disenroll from their current plan and make a one-time switch to a different Medicare Advantage plan. Your new coverage will begin on the first day of the following month after you make a change.



General Enrollment Period:

January 1–March 31

If you did not sign up for Original Medicare (Parts A and B) during your Initial Enrollment Period and you do not qualify for a Special Enrollment Period, you can still sign up during the General Enrollment Period and your coverage will begin on the first day of the following month. Please note: Failure to sign up for Medicare coverage during your Initial Enrollment Period can result in late enrollment penalties. See the FAQ page for more details.



Know Your Enrollment Dates

Complete the form below to keep track of when you will be eligible to enroll.

Initial Enrollment Period

Identify your Initial Enrollment Period by circling your 65th birthday month, as well as the three months before and three months after.

I will be turning 65 on: / / (Happy birthday!)

I can sign up for Original Medicare and a Medicare Advantage plan during:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Medicare Supplement Open Enrollment Period

Identify your Medicare Supplement Open Enrollment Period by circling the month in which you are 65 years old and enrolled in Medicare Part B, and then the six months after. Two simple ways to determine your Medicare Part B effective date is to refer to the lower right corner of your Medicare card or to refer to your letter from Social Security.

I enrolled in Medicare Part B on: / /

The best time to sign up for a Medicare Supplement plan is:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Special Enrollment Period

There are multiple circumstances that may qualify you for a Special Enrollment Period (SEP). This common example is for individuals who work past 65 and their (or their spouse's) employment or employer/group coverage ends. The SEP would take place the month in which employment/group coverage ends and then the two months after.

My employer/group coverage will be ending on: / /

I can sign up for Original Medicare and a Medicare Advantage plan during:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Frequently Asked Questions

Q. If I'm still working and on my employer's health plan when I turn 65, do I need to sign up for Part B during my Initial Enrollment Period?

A. No. You can wait until you're ready to move off your (or your spouse's) employer plan. When you do, you'll qualify for a Special Enrollment Period and have an 8-month window to sign up for Part B. It begins when your employer or union coverage ends, or when employment ends, whichever is first. Be sure to elect Part B at that time to avoid the late enrollment penalty.

Q. If I'm covered, is my spouse automatically covered?

A. No. Each person must sign up for Medicare individually.

Q. When I go on Medicare, do I need to stay with the same insurance company I have through my employer?

A. Absolutely not. You can choose any type of plan you want, from any insurance company you want—possibly for the first time in your life. It's best to look at available plans, speak with your employer group benefits administrator, compare your options, and choose the best value.

Q. How do I enroll in Medicare?

A. Call or visit your local Social Security office, or enroll online at ssa.gov.

Q. When I enroll for Parts A and B with Social Security, do I also enroll for Part D?

A. No. Part D enrollment is different. If you want Medicare prescription drug benefits (Part D), you must enroll in a private insurance plan that contracts with Medicare. You can join either a Medicare Advantage plan that offers combined health and drug coverage in one plan, or join a stand-alone plan that covers prescriptions only.

Q. What are late enrollment penalties?

A. If you fail to sign up for Medicare coverage during your Initial Enrollment Period, you may be subject to the following penalties:

Medicare Part A: 10% late enrollment penalty applied to your monthly premium for twice the number of years you did not have Part A despite being eligible. If you or your spouse paid Medicare taxes while employed, there is typically no Part A monthly premium. Otherwise the monthly premium is up to \$505 each month.

Medicare Part B: 10% late enrollment penalty applied to your monthly premium for each full 12-month period that you did not have Part B despite being eligible. In most cases, this penalty will be added to your monthly premium for the remainder of your enrollment in Medicare. The Part B monthly premium is generally \$174.70 for most people, but Social Security will tell you the exact amount you'll pay for Part B.

Resources

Medicare

1-800-MEDICARE (**1-800-633-4227**) (TTY: **1-877-486-2048**)

24 hours, 7 days a week

Medicare is the federal health insurance program for people 65 or older, some people under age 65 with disabilities, and people with end-stage renal disease.

[medicare.gov](https://www.medicare.gov)

Social Security Administration

1-800-772-1213 (TTY: **1-800-325-0778**)

8 a.m.–7 p.m., Monday–Friday

Social Security is responsible for determining eligibility and handling enrollment for Medicare. If you are already getting Social Security checks, enrollment into Medicare is automatic.

[ssa.gov](https://www.ssa.gov)



Medicare as easy as



Getting ready for Medicare doesn't have to be difficult.

Use this checklist to simplify the process and you'll be ready for the road ahead!



Research Coverage Options.

6-12 months before Medicare eligibility

Medicare has 4 separate parts. Parts A and B make up Original Medicare, while Part C (Medicare Advantage plans) and Part D (prescription drug coverage) provide additional coverage. To understand what each part provides, you can read more at carepartnersct.com/what-medicare.



Compare Coverage Costs.

4-5 months before Medicare eligibility

Relying just on Original Medicare for coverage would only cover approximately 80% of Part B expenses. The remaining amount is your responsibility and could add up to thousands of dollars each year. To have enough coverage, many people choose to add a Medicare Advantage plan (Part C) that includes prescription drug coverage (Part D).

CarePartners of Connecticut offers both PPO and HMO Medicare Advantage plans starting at \$0 a month with prescription drug and dental coverage included. Our Access PPO plan includes a Visa® Flex Advantage spending card with \$1,500 of dental coverage¹, and \$408 a year to spend on over-the-counter health items². Plus, a \$250 annual Wellness Allowance³, and more. Our Preferred HMO plan includes a \$3,000 built-in dental benefit⁴, a \$500 annual Wellness Allowance, a \$300 annual eyewear benefit⁵, \$560 a year to spend on over-the-counter health items, plus more. Compare plans at carepartnersct.com/compare-plans.



Start Your Enrollment.

3 months before the month of your 65th birthday

Enroll in Parts A and B

Contact the Social Security Administration at socialsecurity.gov or **1-800-772-1213**.

Add Parts C and D

Compare our plan options and enroll in one of our \$0 CarePartners of Connecticut Medicare Advantage (HMO or PPO) plans today at carepartnersct.com/madesimple.




Because connected is better.

Our \$0 monthly premium Medicare Advantage plans remove barriers to provide easier, affordable access to the doctors and care you want. As the only local, not-for-profit Medicare Advantage plan in the state, our plans were created by Connecticut doctors to connect you to the high-quality care you deserve.



If you have questions about how Medicare works or about our plan options, please call or visit our website.

Speak with a Medicare Expert

 **1-844-345-0966 (TTY: 711)**

Get more info online

 **carepartnersct.com/madesimple**

Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30). ¹Dental services covered under the Flex Advantage spending card are limited to non-cosmetic, non-Medicare covered dental procedures. Coverage is up to the annual benefit limit, and the member is responsible for all costs above this amount. ²Quarterly OTC credit is for the purchase of Medicare-approved OTC items from participating retailers and plan-approved online stores. Unused balance at the end of a calendar quarter does not roll over. Under certain circumstances, items may be covered under your Medicare Part B or Part D benefit. ³\$500 (HMO)/\$250 (PPO) is the total reimbursement amount each year (Jan. 1–Dec. 31) whether used for health clubs, fitness classes, nutritional counseling, or wellness programs, alternative therapies, massage therapy, fitness tracking devices and heart rate monitors, and additional types of fitness clubs and classes. ⁴Benefit limits and cost shares apply. Cost shares do not apply towards the member's MOOP. ⁵You can get up to \$300 (HMO) or \$250 (PPO) toward the full retail price (not sale price) for eyeglasses, prescription lenses, frames, and/or contact lenses including upgrades. You can purchase from providers in the EyeMed Vision Care Network or from a provider not in the EyeMed network. If you use a non-EyeMed provider, you would need to pay out of pocket and submit for reimbursement. Discounts can't be combined. Benefits eligibility requirements must be met. Not all may qualify. CarePartners of Connecticut is an HMO and PPO plan, both with a Medicare contract. Enrollment in CarePartners of Connecticut depends on contract renewal. CarePartners of Connecticut complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) (TTY: 711). Y0151_2025_73_M