

Medicare — Frequently Asked Questions

You're not the only one with questions about Medicare. Here are some of the more common topics where extra guidance is helpful.



Q. What is Medicare?

A. Medicare is the Federal government health care program designed for people ages 65 and over. Most U.S. citizens earn the right to enroll in Medicare by working and paying their taxes for a minimum of 10 years. Under certain circumstances, people under 65 may be eligible for Medicare. There are four parts of Medicare related to specific services:

Part A — Hospital coverage.

Part B — Medical coverage.

Part C — Medicare Advantage Plans (private insurers like Blue Cross and Blue Shield of Texas that contract with the government to provide Medicare coverage through a variety of insurance products).

Part D — Prescription drug coverage.

To participate in a Group Medicare Advantage Plan (which is a Part C plan), you must be enrolled in Parts A and B.

Q. What's the very first thing I should do when I start thinking about Medicare?

A. First, check with your employer to see if you have a group retiree Medicare plan option. If the answer is YES, you'll want to meet with your benefit administrator before doing anything else. And you'll still need to sign up for Original Medicare.

Q. What if I retire early or lose my employer's insurance before age 65?

A. If you are no longer covered under your employer's health insurance plan, you should get new insurance. Blue Cross and Blue Shield of Texas may be able to provide you with another plan.

Q. What if I plan to work past age 65 and want to stay on my employer's plan?

A. If you're approaching Medicare age, you should talk to your benefit administrator to understand how your health plan will work with Medicare.

Since Medicare Part A is free for most people, you might want to sign up for Part A when you turn 65 and Part B when you retire. Just remember that signing up for Part A and/or Part B means you can no longer add funds to a health savings account.

The size of your employer's business and its health insurance plan will affect how Medicare works for you. And it will depend on if you're turning 65, already 65, or under 65 with a disability.

For more details on these situations, you can review the employer coverage section at www.medicare.gov.

Q. Should I sign up for Medicare Part A and/or B and when?

A. Most people should enroll in Medicare Part A (hospital coverage) during their Initial Enrollment Period. If you're receiving Social Security benefits, you will be automatically enrolled in Medicare Part A at the start of your Initial Enrollment Period. This is the period during which you can enroll in Medicare for the first time. It is a 7-month period that begins three months before the month you turn 65, includes the month you turn 65, and runs for three months after the month you turned 65.

For example, if you were born in June, your window to enroll is March 1 through September 30.

If you plan to enroll in an employer-sponsored Medicare plan, you will need to enroll in both Parts A and B.

Some people may delay Medicare Parts A and B past age 65. Much depends on whether you're still covered by an employer health plan, and how large your employer is. For a detailed answer based on your circumstances, visit www.medicare.gov and select the situation that applies to you.

Q. How do I enroll in Medicare Parts A and B?

A. Enrollment in Medicare Part A and B is done through the Social Security Administration (SSA). If you are already receiving Social Security benefits, you will be automatically enrolled in Medicare Part A at the start of your Initial Enrollment Period (IEP). However, you will need to contact SSA to sign up for Part B. Contact the Social Security Administration: Visit SSA online at www.ssa.gov, visit in person at your local SSA office, or call SSA at **1-800-772-1213 (TTY 1-800-325-0778)**.

Because enrollment takes time to process, if you plan to retire at 65 we recommend enrolling at the very beginning of your IEP, which is three months prior to your 65th birthday.

IMPORTANT: And if you do not enroll in Medicare Parts A and B when you are first eligible, you can be subject to late enrollment penalties.

HMO and PPO plans provided by Blue Cross and Blue Shield of Texas, which refers to Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), HCSC Insurance Services Company (HISC) and GHS Insurance Company (GHSIC). HMO and PPO employer/union group plans provided by HCSC. HCSC, HISC and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, HISC and GHSIC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.

Prescription drug plans provided by Blue Cross and Blue Shield of Texas, which refers to Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.

BlueStages, a retiree group supplemental medical plan, is offered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Not connected with or endorsed by the U.S. Government or Federal Medicare Program.