



Medicare

Department of Health and Human Services
Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, Maryland 21244-1850

Important decisions about your new Medicare coverage

Welcome to Medicare! Because you're getting Social Security or Railroad Retirement Board benefits, **you're automatically enrolled in Medicare Part A. Your enclosed Medicare card shows what coverage you have and when it starts.**



Medicare Part A (Hospital Insurance): Helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and some home health care. **You don't need to pay a premium for Part A.**



Medicare Part B (Medical Insurance): Helps cover services from doctors and other health care providers, outpatient care, durable medical equipment, and many preventive services. **Part B is optional, and you pay a monthly premium for it.**

Make these 2 important decisions now:

Decision 1: Do I want to sign up for Part B?

If you want Part B, you have 7 months from the date on this letter to sign up.

- Medicare will automatically deduct the premium from your monthly Social Security benefits (or Railroad Retirement Board or federal retiree benefits). If you don't get benefits or don't get enough to cover your premium, you'll get a bill for your Part B premium every 3 months. Visit [Medicare.gov/basics/costs/pay-premiums](https://www.medicare.gov/basics/costs/pay-premiums) to learn about ways you can pay your bill.
- You need both Part A (Hospital Insurance) and Part B (Medical Insurance) to join a Medicare Advantage Plan or (in most cases) to buy a Medigap policy.
- If you don't want Part B, you don't need to do anything. Part B is optional. However, if you decide to sign up for Part B later, and you don't qualify for a Special Enrollment Period, **you may have to wait for your coverage to start and pay a monthly penalty** (that's added to your premium) for as long as you have Part B.

Important! Read pages 4-8 in the booklet to find out if you should sign up for Part B (based on your situation).

Decision 2: How do I want to get my Medicare health coverage if I sign up for Part B?

You have 2 main ways to get your Medicare coverage:

- **Original Medicare**—includes Part A and Part B. You can use supplemental coverage (like Medigap) to help pay your out-of-pocket costs. You can also add Medicare drug coverage (Part D).
- **Medicare Advantage**—a Medicare-approved plan from a private company that bundles your Part A, Part B, and usually Part D together. Medicare Advantage Plans may offer some extra benefits that Original Medicare doesn't cover.

How do I sign up for Part B?

You can sign up for Part B by:

- Downloading Form CMS-40B (Application for Enrollment in Medicare Part B) at **Medicare.gov/basics/forms-publications-mailings/forms/enrollment**. Complete the application and sign it. Return the completed application to your local Social Security office.
- Going to **SSA.gov/medicare/sign-up** or contacting your local Social Security office. Visit **SSA.gov/locator** to find your local office.

Important! Read pages 10-15 in the booklet for additional and important information to make your decision. Turn this page over for your options at-a-glance.

Soon, we'll mail your official "Medicare & You" handbook with more information. You can also visit us at **Medicare.gov/basics/get-started-with-medicare**.

Enclosures

CMS Product No. 11989

January 2025

Your Medicare options

There are 2 main ways to get your Medicare coverage:



Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also use or shop for and buy supplemental coverage.


Medicare Advantage

(also known as Part C)


- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These plans bundle your Part A, Part B, and usually Part D together.
- In many cases, you can only use doctors who are in the plan's network.
- In many cases, you may need to get approval from your plan before it covers certain drugs or services.
- Plans may have different out-of-pocket costs than Original Medicare or supplemental coverage like Medigap. You may also have an additional premium.
- Plans may offer extra benefits that Original Medicare doesn't cover.

<input checked="" type="checkbox"/>	Part A	
<input checked="" type="checkbox"/>	Part B	



You can add:

<input type="checkbox"/>	Part D	
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You can also add:

<input type="checkbox"/>	Supplemental coverage	
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This includes Medicare Supplement Insurance (Medigap). Or you can use coverage from a current or former employer or union, or Medicaid (if you have it).

<input checked="" type="checkbox"/>	Part A	
<input checked="" type="checkbox"/>	Part B	

Most plans include:

<input checked="" type="checkbox"/>	Part D	
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<input checked="" type="checkbox"/>	Some extra benefits	
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You have the right to get Medicare information in an accessible format, like large print, braille or audio. You also have the right to file a complaint if you feel you've been discriminated against.

Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.



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2025

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This product was produced at U.S. taxpayer expense.

Now's the time to make some important decisions about your Medicare coverage.

Read this booklet carefully before you make any decisions.

Medicare Overview

Medicare is health insurance for people 65 or older, certain people under 65 with disabilities, and people of any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).



Medicare Part A (Hospital Insurance)

helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and some home health care.



Medicare Part B (Medical Insurance)

helps cover services from doctors and other health care providers, outpatient care, durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment), and many preventive services (like screenings, shots or vaccines, and yearly “Wellness” visits).

Note: If you’re not lawfully present in the U.S., Medicare won’t pay for your Part A and Part B claims, and you can’t join a Medicare Advantage Plan (Part C) or a Medicare drug plan (Part D).

What does Part B cost?

You’ll pay a monthly premium for Part B. In 2025, the standard Part B premium is \$185. You’ll pay more if you have a higher income. The premium amount can change each year.

If you have limited income and resources, you may be able to get help with costs if you meet certain conditions. (Go to page 15.)

To learn more about what
Medicare Part A and Part B cover, visit:

[Medicare.gov/coverage](https://www.Medicare.gov/coverage)

or call:

1-800-MEDICARE (1-800-633-4227)

TTY users can call 1-877-486-2048



Decision 1: Do I want to sign up for Part B?

If you don't sign up for Part B and you don't have other coverage based on current employment, there are some risks:

- You'll likely have to pay all of the costs for doctors' services, outpatient care, medical supplies, and preventive services.
- If you change your mind and want to get Part B later, you may have to wait until the General Enrollment Period (January 1– March 31 each year) to sign up. This may cause a gap in your health coverage.
- In most cases, if you decide you want Part B later, you may have to pay a **late enrollment penalty** for as long as you have Part B coverage. The penalty amount is added to your monthly Part B premium, and it goes up the longer you go without Part B coverage. (Go to page 8.)

The best time to sign up for Part B depends on your situation. The next few pages cover common situations that may apply to you.

Common Situations

I'm still working and have coverage through my employer. Or, my spouse (or my family member, if I'm disabled) is still working and I have coverage through his or her employer:

- You may need to sign up for Part B right away if your employer has fewer than 20 employees. Check with your benefits administrator to find out if they require you to sign up for Part B. If you don't sign up for Part B and continue coverage with your employer, **you may be able to sign up for Part B during a Special Enrollment Period without a late enrollment period**, if:
 - You're 65 or older, you or your spouse is currently working, and you have employer or union group health coverage from that job.
 - You're under 65 and disabled, you (or a family member) are currently working, and you have employer or union group health coverage from that job. (If the group health plan coverage is based on the current employment of a family member, the employer must have 100 or more employees.)

If you're eligible for a Special Enrollment Period, you can sign up for Part B:

- Anytime while you have employer or union group health coverage from a job.
- For up to 8 months after the group health coverage or the job ends, whichever happens first.

I'm retired and have coverage through a former employer, or I have COBRA or VA coverage:

- You may need both Part A and Part B to get full benefits from this coverage, and your current coverage might not pay (or only pay a small portion of) your medical costs once you're eligible for Medicare, even if you haven't signed up for Medicare yet.
- Contact your State Health Assistance Program (SHIP) at shiphelp.org for free, personalized help deciding whether to sign up for Medicare.
- You aren't automatically eligible for a Special Enrollment Period when this coverage ends. That means:
 - You may have to wait until the General Enrollment Period (January 1–March 31 each year) to sign up for Part B.
 - In most cases, you'll pay a late enrollment penalty that's added to your monthly premium for as long as you have Part B coverage.

I have coverage through a private insurance plan (not through the Marketplace or an employer):

If you get Part B, Medicare will pay its part of the costs for any health care services you get, and then any amount Medicare doesn't cover is submitted to your private plan.

If you choose to sign up for Part B later, you may not be eligible for a Special Enrollment Period. This means you'll have to wait for the General Enrollment Period (January 1–March 31 each year) to sign up, and you may

have to pay a late enrollment penalty for as long as you have Part B coverage. (Go to page 9.)

I have TRICARE or CHAMPVA coverage:

You generally need Part A and Part B to keep TRICARE. However, if you're an active duty service member or the spouse or dependent child of an active duty service member, you don't need to sign up for Part B to keep TRICARE. If you have CHAMPVA, you must sign up for Part A and Part B to keep it.

I have Medicaid:

You should sign up for Part B. Medicare will pay first, and Medicaid will pay second. You may be able to get help with costs. (Go to page 15.)

I don't have other medical insurance:

You should consider signing up for Part B, so you have coverage for things like doctors' services and preventive services. Be aware of the risks for not signing up for Part B. (Go to page 4.)

Exceptional situations:

You may be eligible for a Special Enrollment Period without a late enrollment penalty if you miss an enrollment period because of certain exceptional circumstances, like being impacted by a natural disaster or an emergency, incarceration, employer or health plan error, or losing Medicaid coverage. For more information, visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

How much is the penalty if I sign up later?

If you sign up for Part B later and you aren't eligible for a Special Enrollment Period, you'll pay 10% more for each full 12-month period you could've had Part B but didn't take it. In most cases, you'll have to pay this late enrollment penalty each time you pay your premiums, for as long as you have Part B. The penalty increases the longer you go without Part B coverage.

Visit [Medicare.gov/basics/costs/medicare-costs/avoid-penalties](https://www.Medicare.gov/basics/costs/medicare-costs/avoid-penalties) to learn more.





Decision 2: Choose how you get Medicare health coverage.

If you signed up for Part B, you have 2 main ways to get your Medicare coverage:

- Original Medicare
- Medicare Advantage

Original Medicare

Original Medicare includes Part A and Part B. You generally pay a set amount for your health care (deductible) before Medicare begins to pay its share. Once Medicare pays its share, you typically pay 20% of the cost of the Medicare-approved service under Part B.

The deductible for Part B is \$257 in 2025.

Visit [Medicare.gov/basics/costs/medicare-costs](https://www.Medicare.gov/basics/costs/medicare-costs) for Part A and other Medicare costs.

With Original Medicare, you:

- Can go to any doctor or hospital that takes Medicare, anywhere in the U.S.
- Don't need a referral to see a specialist, in most cases.
- Generally pay a portion of the cost for each covered service. There's no yearly limit on what you pay out of pocket, unless you have supplemental coverage (like a Medigap policy, Medicaid, or employer or union coverage).
- May be able to get supplemental coverage (like a Medigap policy) to help pay your remaining out-of-pocket costs (like your 20% coinsurance). (Go to page 14.)

- Can join a separate Medicare drug plan (Part D). (Go to page 12.)

When you sign up for Part B, you'll have Original Medicare unless you join a Medicare Advantage Plan.

Medicare Advantage (also known as Part C)

You must have both Part A and Part B to join a Medicare Advantage Plan.

Medicare Advantage bundles your Part A, Part B, and usually Part D coverage together. Plans may offer some extra benefits that Original Medicare doesn't.

Medicare Advantage Plans are offered by Medicare-approved private companies that follow rules set by Medicare. Each plan can have different rules for how you get services, like needing referrals to see a specialist. Costs for monthly premiums and services you get vary depending on which plan you join.

Plans must cover all emergency and urgent care, and almost all medically necessary services Original Medicare covers. Some plans offer additional benefits for specific conditions

With Medicare Advantage, you:

- Generally need to use providers who are in the plan's network (for non-emergency or non-urgent care).
- May pay a premium for the plan in addition to the monthly Part B premium. Plans may have a \$0 premium or may help pay all or part of your Part B premiums.
- Can't buy or use Medicare Supplement Insurance (Medigap). (Go to page 14.)

Do I need Medicare drug coverage (Part D)?

If you don't have prescription drug coverage, or the coverage you have isn't at least as good as Medicare drug coverage (called creditable coverage), you should consider joining Medicare drug coverage (Part D). If you have other drug coverage, your plan must tell you each year if it counts as creditable drug coverage.

Creditable prescription drug coverage could include drug coverage from a current or former employer or union, TRICARE, Indian Health Service, the Department of Veterans Affairs, or individual health insurance coverage.

If you don't get drug coverage when you're first eligible for Medicare, and you don't have other creditable drug coverage, you may have to pay a Part D late enrollment penalty if you get Medicare drug coverage later. Generally, you'll pay this penalty for as long as you have Medicare drug coverage. And, the penalty goes up the longer you wait to get coverage.

If you want Medicare drug coverage, you can join a separate Medicare drug plan or a Medicare Advantage Plan with drug coverage.

Choosing and joining a plan

Learn more about your coverage options at [Medicare.gov/basics/get-started-with-medicare/get-more-coverage](https://www.Medicare.gov/basics/get-started-with-medicare/get-more-coverage). You can also find and compare plans by visiting [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare).

If you didn't join a Medicare Advantage Plan or a Medicare drug plan when you were first eligible, you'll have at least one chance each year to make changes to your Medicare coverage:



October 15–December 7: You can join, switch, or drop a Medicare Advantage Plan or a Medicare drug plan during this period each year. Your new coverage will begin on January 1 of the next year.



January 1–March 31:

If you're in a Medicare Advantage Plan, you can change to a different Medicare Advantage Plan or switch back to Original Medicare (and join a stand-alone Medicare drug plan) once during this time. Any changes you make go into effect the month after the plan gets your request.



Special Enrollment Periods: You may be able to join, switch, or drop Medicare Advantage or Medicare drug plans when certain events happen in your life (like if you move, lose other insurance coverage, and other situations).

For more information about when you can join a plan, visit [Medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan](https://www.Medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan).

Do I need Medicare Supplement Insurance (Medigap)?

Original Medicare pays for much, but not all, of the cost for covered health care services and supplies. If you choose Original Medicare, you might be able to buy a Medicare Supplement Insurance (Medigap) policy from a private company to help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance). **In most cases, you need both Part A and Part B to buy a Medigap policy.**

Medigap policies:

- Can cover costs like coinsurance, copayments, and deductibles.
- May offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S.
- Generally don't cover long-term care (like care in a nursing home), vision, dental, hearing aids, private-duty nursing, or prescription drugs.

Medicare and the Health Insurance Marketplace®

Medicare isn't part of the Marketplace. Since you live in Puerto Rico, you aren't eligible to use the Marketplace to enroll in health coverage. If you move to the continental U.S., you generally don't need to enroll in a plan through the Marketplace for individuals or families, and may not be able to do so. If you're able to enroll through the Marketplace for individuals or families, you won't be eligible for financial help paying your premiums.

When can I get Medigap?

The best time to buy a Medigap policy is during your Medigap Open Enrollment Period. This 6-month period begins on the first day of the month in which you're 65 or older **and** have Part B. (Some states have additional Open Enrollment Periods.) During this time, you can buy any Medigap policy sold in your state and the insurance company can't deny you because of pre-existing health problems. **After the Medigap Open Enrollment Period, you might not be able to buy a Medigap policy, or it may cost more.**

If you're under 65, you might not be able to buy the Medigap policy you want, or any Medigap policy, until you turn 65.

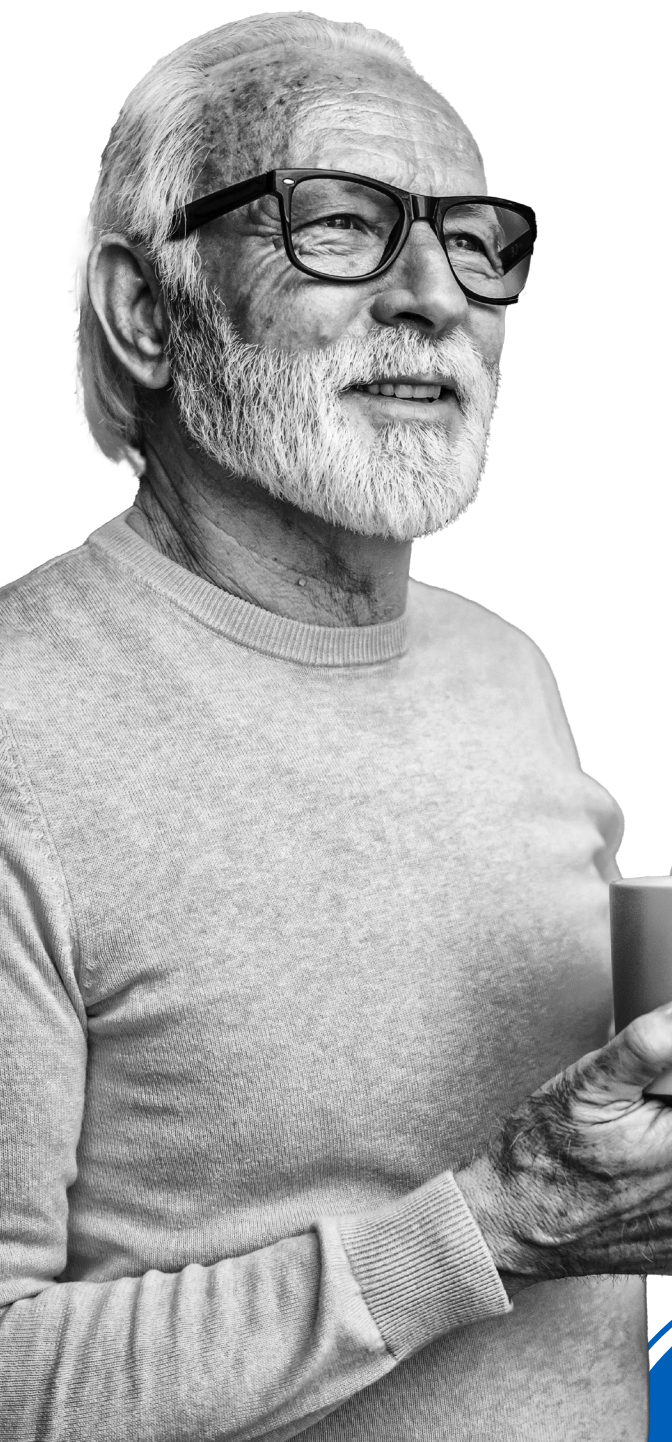
If you're able to buy one when you're under 65, it may cost more.

Visit [Medicare.gov/health-drug-plans/medigap](https://www.Medicare.gov/health-drug-plans/medigap) to learn about Medigap.

You can also visit [Medicare.gov/medigap-supplemental-insurance-plans/](https://www.Medicare.gov/medigap-supplemental-insurance-plans/) to compare the types of Medigap policies in your area, or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Help with Costs

Puerto Rico has programs available to help people with limited income and resources to pay for Medicare costs. For more information, visit Puerto Rico's Department of Health Medicaid Program at [Medicaid.pr.gov](https://www.Medicaid.pr.gov) or call 787-641-4224. TTY users can call 787-625-6955.



For more information

About signing up for Medicare:

Visit [SSA.gov/medicare/sign-up](https://www.ssa.gov/medicare/sign-up).

About Medicare:

Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

For free, personalized health insurance counseling, visit [shiphelp.org](https://www.shiphelp.org) to contact your State Health Insurance Assistance Program (SHIP).



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