

Contacting Social Security

Our website is a valuable resource for information about all of Social Security's programs. There are a number of [things you can do online](#).

In addition to using our website, you can call us toll-free at **1-800-772-1213**. We treat all calls confidentially. We can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. We can provide information by automated phone service 24 hours a day. (You can use our automated response system to tell us a new address or request a replacement Medicare card.) If you are deaf or hard of hearing, you may call our TTY number, **1-800-325-0778**.

We also want to make sure you receive accurate and courteous service. That is why we have a second Social Security representative monitor some telephone calls.

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Medicare

This booklet provides basic information about what Medicare is, who is covered and some of the options you have for choosing Medicare coverage. For the latest information about Medicare, visit the website or call the toll-free number listed below.

Medicare	Website: www.medicare.gov Toll-free number: 1-800-MEDICARE (1-800-633-4227) TTY number: 1-877-486-2048
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What is Medicare?

Medicare is our country's health insurance program for people age 65 or older. Certain people younger than age 65 can qualify for Medicare, too, including those who have disabilities, permanent kidney failure or amyotrophic lateral sclerosis (Lou Gehrig's disease). The program helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.

Medicare is financed by a portion of the payroll taxes paid by workers and their employers. It also is financed in part by monthly premiums deducted from Social Security checks.

The Centers for Medicare & Medicaid Services is the agency in charge of the Medicare program. But you apply for Medicare at Social Security, and we can give you general information about the Medicare program.

Medicare has four parts

- Hospital insurance (Part A) helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), some home health care and hospice care.
- Medical insurance (Part B) helps pay for doctors' services and many other medical services and supplies that are not covered by hospital insurance.
- Medicare Advantage (Part C) plans are available in many areas. People with Medicare Parts A and B can choose to receive all of their health care services through one of these provider organizations under Part C.
- Prescription drug coverage (Part D) helps pay for medications doctors prescribe for treatment.

You can get more detailed information about what Medicare covers from *Medicare & You* (Publication No. CMS-10050). To get a copy, call the Medicare toll-free number, **1-800-MEDICARE (1-800-633-4227)**, or go to www.medicare.gov. If you are deaf or hard of hearing, you may call TTY **1-877-486-2048**.

A word about Medicaid

You may think that Medicaid and Medicare are the same. Actually, they are two different programs. Medicaid is a state-run program that provides hospital and medical coverage for people with low income and little or no resources. Each state has its own rules about who is eligible and what is covered under Medicaid. Some people qualify for both Medicare and Medicaid.

Who can get Medicare?

Hospital insurance (Part A)

Most people age 65 or older who are citizens or permanent residents of the United States are eligible for free Medicare hospital insurance (Part A). You are eligible at age 65 if:

- You receive or are eligible to receive Social Security benefits; or
- You receive or are eligible to receive railroad retirement benefits; or
- Your spouse is eligible; or
- You or your spouse (living or deceased, including divorced spouses) worked long enough in a government job where Medicare taxes were paid; or
- You are the dependent parent of a fully insured deceased child.

If you do not meet these requirements, you may be able to get Medicare hospital insurance by paying a monthly premium. Usually, you can sign up for this hospital insurance only during designated enrollment periods.

NOTE: *Even though the full retirement age is no longer 65, you should sign up for Medicare three months before your 65th birthday.*

Before age 65, you are eligible for free Medicare hospital insurance if:

- You have been entitled to Social Security disability benefits for 24 months; or
- You receive a disability pension from the railroad retirement board and meet certain conditions; or
- If you receive Social Security disability benefits because you have Lou Gehrig's disease (amyotrophic lateral sclerosis); or
- You worked long enough in a government job where Medicare taxes were paid and you meet the requirements of the Social Security disability program; or
- You are the child or widow(er) age 50 or older, including a divorced widow(er), of someone who has worked long enough in a government job where Medicare taxes were paid and you meet the requirements of the Social Security disability program.
- You have permanent kidney failure and you receive maintenance dialysis or a kidney transplant and:
 - You are eligible for or receive monthly benefits under Social Security or the railroad retirement system; or
 - You have worked long enough in a Medicare-covered government job; or
 - You are the child or spouse (including a

Help for some low-income people

If you cannot afford to pay your Medicare premiums and other medical costs, you may be able to get help from your state. States offer programs for people who are entitled to Medicare and have low income. The programs may pay some or all Medicare premiums and also may pay Medicare deductibles and coinsurance. To qualify, you must be eligible for Part A (hospital insurance) and have limited income and resources.

You can go online to get more information about these programs from the Centers for Medicare & Medicaid Services (CMS) website. Visit www.medicare.gov and request *Get help with your Medicare costs* (Publication No. CMS-10126).

Only your state can decide if you qualify for help under these programs. To find out, contact your state or local medical assistance (Medicaid) agency, social services or welfare office.

You also may be able to get extra help paying for the annual deductibles, monthly premiums and prescription co-payments related to the Medicare prescription drug program (Part D). You may qualify for extra help if you have limited income (tied to the federal poverty level) and limited resources. These income and resource limits usually change each year, and you can contact us for the current numbers.

You automatically qualify and do not need to apply for extra help if you have Medicare and meet one of the following conditions:

- Have Medicaid with prescription drug coverage;
- Have Supplemental Security Income (SSI); or
- Participate in a state program that pays your Medicare premiums.

For more information about getting help with your prescription drug costs, call Social Security's toll-free number or visit our website. You also can apply online at Social Security's website.

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Signing up for Medicare

When should I apply?

If you are already getting Social Security retirement or disability benefits or railroad retirement checks, you will be contacted a few months before you become eligible for Medicare and given the information you need. If you live in one of the 50 states or Washington, D.C., you will be enrolled in Medicare Parts A and B automatically. However, because you must pay a premium for Part B coverage, you have the option of turning it down.

NOTE: Residents of Puerto Rico or foreign countries will not receive Part B automatically. They must elect this benefit.

If you are not already getting retirement benefits, you should contact us about three months before your 65th birthday to sign up for Medicare. You can sign up for Medicare even if you do not plan to retire at age 65.

Once you are enrolled in Medicare, you will receive a red, white and blue Medicare card showing whether you have Part A, Part B or both. Keep your card in a safe place so you will have it when you need it. If your card is ever lost or stolen, you can apply for a replacement card on the Internet at

www.socialsecurity.gov/medicarecard or call Social Security's toll-free number. You also will receive a *Medicare & You* handbook (Publication No. CMS-10050) that describes your Medicare benefits and plan choices.

Special enrollment situations

You also should contact Social Security about applying for Medicare if:

- You are a disabled widow or widower between age 50 and age 65, but have not applied for disability benefits because you are already getting another kind of Social Security benefit;
- You are a government employee and became disabled before age 65;
- You, your spouse or your dependent child has permanent kidney failure;
- You had Medicare medical insurance in the past but dropped the coverage; or
- You turned down Medicare medical insurance when you became entitled to hospital insurance (Part A).

Initial enrollment period for Part B

When you first become eligible for hospital insurance (Part A), you have a seven-month period (your initial enrollment period) in which to sign up for medical insurance (Part B). A delay on your part will cause a

Options for receiving health services

Medicare beneficiaries may have choices for receiving health care services.

You can get more information about your health care options from the following publications:

- *Medicare & You* (Publication No. CMS-10050)—This general guide is mailed to people after they enroll in Medicare and an updated version is mailed each year after that.
- *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* (Publication No. CMS-02110)—This guide describes how other health insurance plans supplement Medicare and offers some shopping hints for people looking at those plans.

To get a copy of these publications, call the Medicare toll-free number, **1-800-MEDICARE (1-800-633-4227)**, or go to www.medicare.gov. If you are deaf or hard of hearing, you may call TTY **1-877-486-2048**.

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If you have other health insurance

Medicare hospital insurance is free for almost everyone, but you do pay a monthly premium for medical insurance. If you already have other health insurance when you become eligible for Medicare, is it worth the monthly premium cost to sign up for Medicare medical insurance?

The answer varies with each person and the kind of other health insurance you may have. Although we cannot give you “yes” or “no” answers, we can offer information that may be helpful when you make your decision.

If you have a private insurance plan

Get in touch with your insurance agent to see how your private plan fits with Medicare medical insurance. This is especially important if you have family members who are covered under the same policy. And remember, just as Medicare does not cover all health services, most private plans do not either. In planning your health insurance coverage, keep in mind that most nursing home care is not covered by Medicare or private health insurance policies. One important word of caution: for your own protection, **do not cancel any health insurance you now have until your Medicare coverage actually begins.**

If you have insurance from an employer-provided group health plan

Group health plans of employers with 20 or more employees are required by law to offer workers and their spouses who are age 65 (or older) the same health benefits that are provided to younger employees.

If you are currently covered under an employer-provided group health plan, you should talk to your personnel office before you sign up for Medicare medical insurance.

If you have health care protection from other plans

If you have coverage under a program from the Department of Defense, your health benefits may change or end when you become eligible for Medicare. You should contact the Department of Defense or a military health benefits advisor for information before you decide whether to enroll in Medicare medical insurance.

If you have health care protection from the Indian Health Service, Department of Veterans Affairs or a state medical assistance program, contact the people in those offices to help you decide whether it is to your advantage to have Medicare medical insurance.

For more information on how other health insurance plans work with Medicare call the Medicare toll-free number **1-800-MEDICARE (1-800-633-4227)** and ask for *Medicare And Other Health Benefits: Your Guide To Who Pays First* (Publication No. CMS-02179) or visit www.medicare.gov. If you are deaf or hard of hearing, you may call TTY **1-877-486-2048**.

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Part A: (Hospital Insurance) Premium

- Most people get Part A automatically when they turn age 65. They don't have to pay a monthly payment called a premium for Part A because they or a spouse paid Medicare taxes while they were working.
- You pay up to \$450.00 each month if you don't get premium-free.
- The Part A premium is \$248.00 for those individuals having 30-39 quarters of Medicare covered employment.

Part B: (Medical Insurance) Premium

- Most Medicare beneficiaries will continue to pay the same Part B premium amount in 2011. Beneficiaries who currently have the Social Security Administration (SSA) withhold their Part B premium and have incomes of \$85,000 or less (or \$170,000 or less for joint filers) will not have an increase in their Part B premium for 2011.

For all others, the standard Medicare Part B monthly premium will be \$115.40 in 2011, which is a 4.5% increase over the 2010 premium. The Medicare Part B premium is increasing in 2011 due to possible increases in Part B costs. Some people will pay a higher premium based on their modified adjusted gross income. [Learn More](#)

Original Medicare Deductible and Coinsurance Amounts for 2011

Part A: (Hospital Insurance)

Deductible

- \$1,132.00 (Per Benefit Period)

Coinsurance

- \$283.00 a day for the 61st - 90th day each benefit period.
- \$566.00 a day for the 91st - 150th day for each lifetime reserve day (total of 60 lifetime reserve days - non-renewable).
- All costs for each day beyond 150 days.

Skilled Nursing Facility Coinsurance

- Up to \$141.50 a day for the 21st - 100th day each benefit period.

Part B: (Medical Insurance)

Deductible

- \$162.00 per year. (Note: You pay 20% of the Medicare approved amount for services after you meet the \$162.00 deductible.)
- Important Note: Most beneficiaries will continue to pay the same Part B premium amount they pay today. For additional details, see our FAQ titled: [**Will my Medicare Part B premium increase in 2011?**](#) See [**Medicare & You**](#) for additional information about Original Medicare coinsurance and copayment amounts.