

2023 MEDICARE DECISION GUIDE

A helpful resource for understanding benefits, choices, deadlines and more





WELCOME TO THE AGE OF MEDICARE!

As you're approaching age 65, you have a lot to celebrate — and a lot to start thinking about. Most important, you'll need to make sure you have the right coverage to take care of your health needs, minimize out-of-pocket expenses and enjoy real peace of mind.

Fortunately, you don't have to go it alone. BlueCross BlueShield of South Carolina is here to assist you.

Decide wisely - with help from us

We've prepared this special guide because we truly care about you. We want to make your Medicare journey as easy as possible, from understanding the basics to enrollment periods and choosing the right plan.

Wherever you live in the Palmetto State, count on us for reliable Medicare expertise along with friendly, local, personalized service.

"Medicare can be confusing. That's why I'm reaching out to BlueCross, the folks more South Carolinians trust." — Frank R., Summerville, 65

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WHAT IS MEDICARE?

Medicare is a government health insurance program designed to assist Americans aged 65 or older. It also helps younger people who have certain disabilities and who receive Social Security benefits.

Medicare currently has different coverage "parts." The first two, Part A and Part B, are often referred to as Original Medicare.

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Fact: Original Medicare doesn't cover everything.

Original Medicare covers some of the costs of hospital stays (Part A) and doctor visits (Part B). But it doesn't cover all the health expenses most people have. For example, you don't get coverage for prescription drugs. And you don't get coverage for dental, wellness, hearing or vision care.



If you think you'll need more health coverage

Depending on your expected health needs, finances and lifestyle, you may decide you'll need more coverage than what Original Medicare provides. If so, you can enroll in a health plan offered by a private insurer, like BlueCross BlueShield of South Carolina.

Now, let's take a closer look at each of Medicare's parts to understand coverage, costs and how you can combine them for a more complete Medicare health plan. >

Good to know: You must be enrolled in Original Medicare before you can purchase additional health coverage.

BUILDING BLOCKS OF MEDICARE

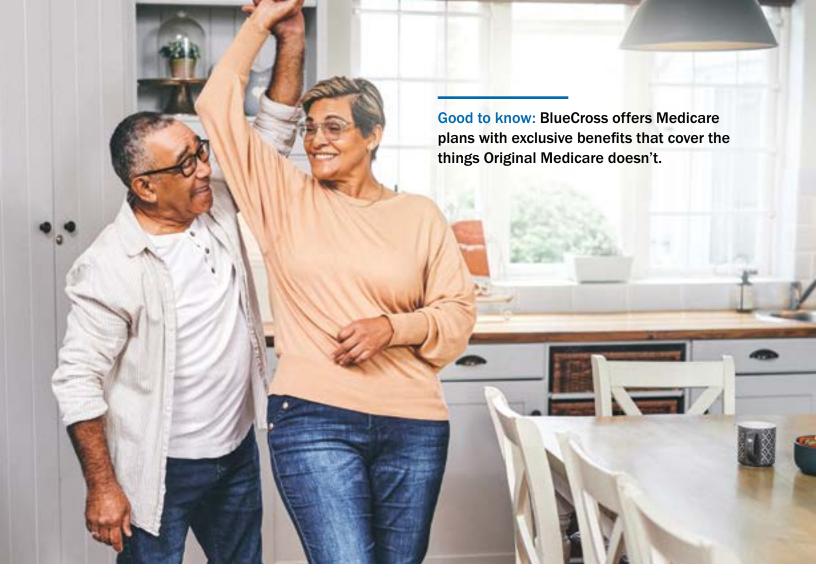
Original Medicare

Part A Hospital Insurance	Part B Medical Insurance	
What it covers:	What it covers:	
Inpatient care in hospitals	Doctor and specialist services	
Skilled nursing facility care	Outpatient care	
Hospice care	Durable medical equipment	
Home health care	Preventive services	
What you'll pay:	What you'll pay:	
\$0 premium if you've paid 40 quarters (10 years) worth of Medicare taxes. If fewer, premiums are determined by Social Security.	Standard 2023 premium is \$164.90, which is usually deducted from your Social Security check. It may be higher based on your income. ¹	

Other Coverage

Part C Medicare Advantage Plans	Part D Prescription Drug Coverage	Medicare Supplement Plans
 What they cover: All Original Medicare services, plus extra benefits: Dental, vision and hearing Gym memberships Over-the-counter items and more 	What it covers: Often included in a Medicare Advantage plan, it covers Medicare-approved prescription medicines.	What they cover: Medicare copays, coinsurance and deductibles. Benefits and premiums vary by plan type. Plans offer household, nonsmoking and automatic draft discounts to save you money.
What you'll pay: You must continue to pay your Part B premium, plus varying costs depending on the Medicare Advantage plan you choose.	What you'll pay: Stand-alone plans come with a monthly premium. You may also have a deductible and copay or coinsurance.	What you'll pay: Costs vary by insurance company and the plan you choose. You must continue to pay your Part B premium.

¹If your modified adjusted gross income is above a certain amount, you may pay an income-related monthly adjustment amount (IRMAA). If you aren't taking Social Security benefits, you will be responsible for paying Medicare premiums independently.



What you could pay out of pocket with Original Medicare alone:

- Annual physical exams
- Part A hospital deductibles
- Most prescription drugs
- Routine vision care
- Routine dental care
- Hearing aids
- Twenty percent of medical costs



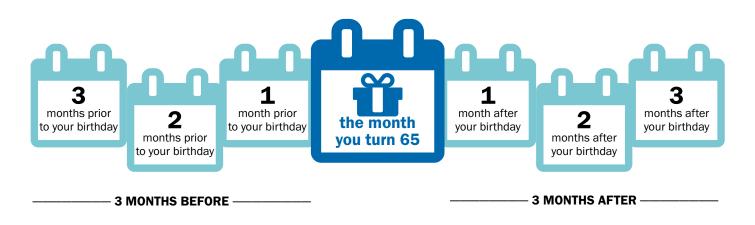
WHEN YOU CAN ENROLL IN MEDICARE

After you understand Medicare and decide on the coverage you need, it's time to turn your attention to enrollment. We can help you avoid penalties by enrolling in the right plan at the right time. Read on!

Know your initial enrollment period

If you're new to Medicare, your enrollment period begins three months before you turn 65 and ends three months after your birth month, for a seven-month enrollment window. It's best to enroll during the first three months to make sure you're covered right when you turn 65.

Your Medicare Timeline



About special enrollment periods: Your second chance at Medicare

If you don't enroll in Medicare during your initial enrollment period, you still may be able to if you or your spouse worked past age 65 and were covered by group insurance when you first became eligible. You usually won't pay a penalty if you sign up during this special enrollment period.

PLANNING TO WORK PAST AGE 65?

If your company has more than 20 employees and you're covered by its health insurance, you may be able to delay enrolling in Medicare Part A and Part B.

If your company has fewer than 20 employees, you may have to sign up for Medicare when you turn 65. Medicare will become your primary coverage, and your employer's plan will be secondary.

Talk with your company's benefits manager to learn more.

Avoid a Part D penalty

If you don't sign up for a Medicare Part D plan when you're first eligible and you don't have drug coverage that is at least as good as standard Medicare prescription drug coverage, you'll pay a late enrollment penalty if you sign up later.

Even if you don't take prescription drugs now, consider enrolling when you're first eligible.

YOUR MEDICARE ENROLLMENT DECISION AT A GLANCE

You're turning 65. Now what?

Even with a full understanding of how Medicare works, knowing what to do when you become eligible to enroll can still be tricky. It all depends on your individual situation.

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Plan to retire at age 65 or are not working and don't already receive Social Security benefits:	 You need to sign up for Medicare Part A and/or Part B. Contact Social Security three months before your 65th birthday. Phone: 1-800-772-1213, TTY: 1-800-325-0778 Visit: SocialSecurity.gov
Already receive Social Security retirement, disability or Railroad Retirement Board benefits:	 You automatically get Medicare Part A and Part B, and you should receive your Medicare card in the mail three months before your 65th birthday. You may still want to think about additional coverage through BlueCross.
Plan to keep working past age 65 and/or your spouse is currently covered by an employer group health plan:	• Contact your employer or union benefits administrator to find out how your coverage works with Medicare. You may want to delay enrolling in Part B.

Good to know: BlueCross is the only health plan located in and run by people living in South Carolina, and we've served the state for more than 75 years.

"I worked well past age 65. The people at BlueCross helped me make the right decisions to stay covered and avoid Medicare penalties."

– Alvin G., 67, Greenville

"Wow! BlueCross answered all my questions and made my transition to Medicare surprisingly easy." — Francis R., Greenville, 65

THINGS TO THINK ABOUT

Most people have questions like these as they approach Medicare age. Depending on your answers, BlueCross can help you make the right Medicare decision — and answer any other questions you may have.

- Do you and/or your spouse plan to keep working past age 65?
- Do you work for a small or large employer?
- What are your expected long-term health needs?
- Would you benefit from prescription drug coverage?
- Do you understand all the Medicare enrollment deadlines and potential penalties?
- Will you miss not having hearing, vision and dental coverage?
- Will Original Medicare provide enough coverage to handle your health needs and prevent high out-of-pocket medical expenses?
- Are you ready to make an informed decision about Medicare in the next few months? If not, how can you prepare?

Your Medicare Planning Checklist

- Learn the ins and outs of Medicare.
- Determine your budget for health care.
- □ Consider costs for your expected health care services.
- Review current prescriptions.
- Research doctors and hospitals.
- □ Reach out to BlueCross BlueShield of South Carolina.

When you are new to Medicare, you have a **limited time to use your guaranteed issue (GI) rights**.

GI rights allow you to enroll in even the most comprehensive Medicare Supplement plan without pre-existing conditions or health problems raising your rates or causing you to be denied coverage.



DO MEDICARE WITH US

There's a lot to learn about Medicare before you're ready to enroll. The good thing is you have people like us on your side to answer your questions and provide valuable information, guidance and support.

We're the only South Carolina-based company serving people just like you for more than 75 years. Here, you're a neighbor, not a number.

WHY CHOOSE BLUECROSS BLUESHIELD OF South Carolina

- Local, personalized service
- Great health coverage
- Low costs
- Exclusive benefits and health care extras
- Broad provider networks
- More than 75 years serving South Carolina

We're with you on your entire Medicare journey



LIFE'S BETTER WHEN WE DO MEDICARE TOGETHER

Prepare now. Reach out to me today.

Business Card Diecut Here

BlueCross BlueShield of South Carolina is a Medicare Advantage PDP, PPO and HMO plan with a Medicare contract. Enrollment in BlueCross BlueShield of South Carolina depends on contract renewal.

Out-of-network/noncontracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross Blue Shield Association.

BlueCross BlueShield of South Carolina does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

