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## Medicare part b enrollment form

Jump to headerSkip a footerGet ready to be bombarded with mailings and TV ads for Medicare plans. Open enrollment for Medicare Part D and Medicare Advantage plans runs from October 15 to December 7, so this is your chance to re-evaluate your coverage for 2017. Even if you're satisfied with your plan, you may be taking a new drug or your plan coverage may have changed. You may have entered new plans, or your plan may have left your area's business. Or you can try Medicare Advantage, which provides health and drug coverage through a private insurer. Average monthly premiums for Part D prescription drug plans are rising slightly, from \$32 this year to \$34 in 2017, but that masks some of the biggest cost increases. As drug prices rise, insurers are trying to manage their costs by removing some drugs from their forms, which list covered drugs, or passing a greater portion of the cost to consumers. Such changes could make the plan that was your best offer this year a less than optimal plan next year. Some people with multiple chronic diseases don't want to upset the apple car, says Tatiana Fassieux, president of the Board of California Health Advocates and long-standing counselor with the state's health care program. But this year, we've found that the forms have changed significantly, not only in what they cover, but also in how much they charge. You may have to pay 30% or more of the price for expensive special medications, or up to 50% if you don't use a particular pharmacy. Some plans have been moving cancer drugs to a higher-cost price level, says Kirsten Sloan, senior policy director at the American Cancer Society. You may even have to pay a lot more for a few generic drugs, which can cost the same as brand-name drugs under some plans, Fassieux says. The bottom line: Your out-of-pocket costs might be very different depending on the plan you choose. You will receive the first clues about changes in the cost and coverage of your plan in the Annual Plan Change Notice, which must be mailed by the end of September. You can then compare your 2017 plans using the Medicare Plan Finder starting October 1. Enter your zip code, medications, and dosage, and the tool calculates your total costs (premiums plus out-of-pocket costs for your medications) for each plan in your area. The best plan for you may be different from what it is for your spouse. Your state health insurance assistance program can provide personalized assistance: find local contacts at [www.shiptcenter.org](http://www.shiptcenter.org) or by calling the to narrow your search based on total costs, go defund to find out about any restrictions on the coverage of the drugs you need. To control costs, some plans limit access to expensive drugs. They can only cover the medicine with prior authorization, which requires your doctor to explain why you need it. Unlike health plans, Part D plans generally have no information about their health conditions, says David Lipschutz, Lipschutz, Medicare Defense Center attorney. Or the plan can only cover an expensive drug if you've tried cheaper versions, called stepped therapy. There may be limits on how much you can receive from a certain medicine, even if you have been taking it for years. Most Part D plans now have preferred pharmacies that you'll need to use to get the lowest out-of-pocket price. For 2016, the Humana Walmart Part D plan, for example, charges a \$1 co-pay for generic drugs on your preferred list if purchased from Walmart or Sam's Club, and a \$0 co-pay through Humana's mail pharmacy, but a \$10 co-pay at other pharmacies. For brand-name drugs that are not on your preferred list, you would pay 35% of the cost at Walmart, Sam's Club or the Human Pharmacy, but you would pay 45% to 50% at other pharmacies. (Details of the 2017 plan will be available in October.) We've talked to people in rural areas who have to travel 50 miles or more to find a preferred pharmacy, Says Fassieux. Preferred pharmacies may change from year to year: Walgreens, for example, was added as a preferred pharmacy to some large plans last year. The coverage gap of the doughnut hole is changing slightly. For 2017, after a deductible of up to \$400, you will only be responsible for co-pays until your drug costs reach \$3,700 (including your share and the insurer's share of the costs). Once in the doughnut hole, you will have to pay 40% of the cost of brand name drugs and 51% of the cost of generic drugs yourself. During open enrollment, you can also switch from traditional Medicare to a Medicare Advantage plan. But if you decide to return to traditional Medicare after more than 12 months on a Medicare Advantage plan, health insurers may deny you coverage or charge you more because of your health. Find out if your state has any special enrollment periods open. For more information, see The Attraction of Advantage Plans.Debt After Death: What You Should KnowdebtAlconses types of debts are forgiven when you die, and others might pursue your family until they are paid. November 2, 2020Ax Wrinkles for Home Work Employees During COVID-19taxes Are your home office expenses deductible? How does your tax photo affect leaving the state for work? There are some interesting wrinkles... November 9, 2020Ring: It all starts with a Budgetpersonal fundingWhen you meet with your financial planner, are you talking about your budget? If not, you should. November 10, 2020Cother Medicare FinishMaking your money ultimately poured ways to fill the gap with health insurance before you are eligible for Medicare enrollment. November 20, 2020 Editor Lisa Gerstner runs through the new variables of the 2020 open enrollment season. In addition, hosts Sandy Block and David Muhlbaum speak... November 17, 2020 What does the new president mean for his money President-elect Biden wants more consumer protections and advantages for the middle class and seniors. November November 2020In big likely changes for Social Security, Medicare Under a Bidenoda Presidency Makes your money lastThe new president and a new Congress sooner or later will have to face the twin safety net programs, both badly in need of help. November 10, 2020 Medicare Part B is the portion of Medicare best known for covering doctor visits and other outpatient medical services. In 2020, most people pay a monthly premium of \$144.60. This premium is adjusted each year and may vary depending on your income. You are eligible for Medicare Part B at age 65 and need to register for a seven-month period around your birthday. It is important to reach the deadline. If you're late, you may face an expensive fine. It's important to remember that Medicare, including Medicare Part B, won't take care of all of your health care costs. There are premiums, deductibles and co-payments. And some elements of health care, including long-term care, are not covered at all by Medicare. Even people who have made the best retirement plans don't always consider health care costs, including the costs associated with Medicare, in their retirement budget, says Phil Moeller, author of Get What's Yours for Medicare: Maximize Your Coverage, Minimize Your Costs. Here's what you need to know about Medicare Part B Which covers and doesn't cover what covers the original Medicare Part B coverage consists of two parts: Part A and Part B.While Part A generally covers hospital stays and some specialized nursing facilities, Part B generally covers the following: .Medically necessary servicesThe free medical care includes doctor visits, laboratory tests and x-rays. These services are subject to the Part B deductible and the 20% co-payment. Medicare Part B covers 100% of wellness tests and many types of preventive tests, as well as flu shots. See Medicare.gov for a complete list of covered preventive care. Durable medical equipment If your doctor determines that you need certain equipment, such as a walker, cane, or wheelchair, Medicare will cover the cost minus your deductible or a 20% co-pay. Prescription drugs given in a doctor's office or in a clinical setting, such as chemotherapy drugs, are covered by Medicare Part B. This is true regardless of whether or not you have purchased Medicare Part D prescription drug coverage. Medicare Part B also covers the ambulance service. What Medicare Part B doesn't cover: Long-term care (also called custody care). Eye exams related to the prescription of glasses. Hearing aids and tests to adapt them. What You'll PayPremiumsPremiums vary depending on your income. In 2020, most people pay Medicare Part B monthly premiums of \$144.60. (Premium amounts are adjusted each year.) High-income seniors can pay more than that. Beneficiaries whose income exceeds \$87,000 will pay what is known as an income-related monthly adjustment amount, or IRMAA, in addition to the standard Monthly Part B premium. Total premium payments for people whose income exceeds \$87,000 range from \$202.40 to \$491.60, \$491.60, income. For a complete list of adjusted premium costs, visit Medicare.gov.Deductibles and copaysPart B comes with an annual deductible. In 2020, it's \$198.After meeting the deductible for the year, you typically pay 20% of the Medicare-approved amount for medical services and other Medicare benefits. This assumes that your doctor or other provider accepts the assignment. In other words, your provider will accept the amount Medicare agrees to pay for treatment or service. Some providers who charge more than the amount allocated by Medicare will bill patients for the difference. Always check with a new doctor or other health care provider who accepts the amount Medicare pays. Many Enrollees in Original Medicare purchase Medicare Supplemental Insurance, also called Medigap, to help pay for out-of-pocket costs associated with Medicare Part B. If you choose not to enroll in Part B at the age of 65 when you are eligible and later change your mind, you will pay an additional 10% above the standard cost of the premium for each 12-month period you have delayed. In addition, you will pay more for as long as you are covered by Medicare. That additional premium can add up to a significant amount over the course of your retirement. How Medicare Part B works with employer-sponsored insurance You will not pay the Medicare Part B fine if you are covered by employer-sponsored insurance (yours or that of your spouse) of a company with more than 20 employees. In such cases, unless you are already receiving Social Security or Railroad Retirement Board benefits, you do not have to do anything when you turn 65. (If you are receiving Social Security or those benefits, and want to delay Medicare Part B, follow the instructions on the Medicare card you will receive near your 65th birthday.) If you choose to continue employer-sponsored coverage, it is always wise to confirm with your employer's benefit manager that your coverage will continue beyond age 65. IMPORTANT: You need to take action when your employer-sponsored insurance ends. You have eight months to enroll in Part B before incurring the penalty. When you must enrollSeguro, if you are already receiving Social Security or Railroad Retirement Board benefits, you will automatically start receiving Original Medicare, Part A and Part B, the month that turns 65.Everyone else must choose from these enrollment period options:Initial enrollment period This is the seven-month period that begins three months before the month that turns 65 , including her birthday month and ends three months after her birthday month. So if you turn 65 in July, you'll have April 1st to October 31st sign up. Special enrollment period This is for people who are still health insurance benefits from a large employer or a spouse's large employer when they turn 65. You have a period of eight months from the month after your job ends or the month after you lose your employer insurance, whichever comes first, to enroll in Medicare Part B without paying the late fine. General enrollment period This runs from January 1st to March 31st of each year. This is the time when people who are already receiving Medicare benefits can make limited changes to their coverage. This is also when people who don't have the deadline for initial enrollment can enroll. Nerd Tip: You still need to enroll in Medicare Part B if you are receiving continuation coverage of health care under COBRA. Otherwise, you will pay the Part B penalty. COBRA beneficiaries are not eligible for the special enrollment period. In other words, COBRA is not the same as if it were covered by a large employer health plan. That said, you may want to be able to maintain COBRA coverage to cover services Medicare doesn't have, such as dental insurance. You will need to contact your COBRA group insurance plan for more information and to help calculate the costs involved. In addition, your spouse and dependents can maintain your COBRA coverage when you enroll in Medicare.Si choose Medicare AdvantageManchas enrolling in Medicare choose a Medicare Advantage plan, also known as Medicare Part C.Medicare-approved by private insurers administer Medicare Advantage plans. These policies must provide the same coverage in Part A and Part B of Original Medicare. These policies often include Medicare Part D prescription drug coverage and additional benefits not covered by Original Medicare, such as dental, vision, wellness, and some home care benefits. In order to offer these additional benefits and keep costs down, Medicare Advantage plans often negotiate with a network of providers that plan members must use. This is different from Original Medicare in which beneficiaries can receive treatment from any Medicare provider. If you choose Medicare Advantage, it's important to compare total costs, including premiums, cost-sharing, and out-of-network charges, between plans and versus Original Medicare. Keep in mind that the cost-sharing and benefits of the plan you choose may change from year to year, so you should evaluate coverage during each Medicare open enrollment period. Medicare.gov offers a tool to help compare Medicare Advantage Plans.Consider this important caveat: If you choose Medicare Advantage, then you decide to return to Original Medicare with Medicare Supplemental Insurance, you can pay more than you expected. This is because in all but four states, if you do not enroll in a Medigap policy within six months of the time your Part B Medicare insurance begins insurers may deny you coverage based on pre-existing conditions, such as asthma, heart disease, diabetes, or pending surgery. Surgery.