



MASSACHUSETTS

Planning for Medicare

An Educational Resource from Blue Cross Blue Shield of Massachusetts

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.



Your Guide to Medicare

As you approach your 65th birthday, one of the most important things you'll likely need to do is make some decisions about your health insurance. As you know, Medicare is the primary insurer for most Americans once they turn 65.

Consider *Planning for Medicare* a primer on what you need to know about how Medicare works—and what you might need in terms of additional insurance to protect yourself. *Planning for Medicare* is full of vital information, including:

- Basics on the main parts of Medicare, including an optional prescription drug benefit
- A handy pullout with a timeline and checklist outlining the steps you need to take and when you need to take them
- Reputable contacts and resources for more information

Take the time to familiarize yourself with this important resource. Save and refer to it throughout your Medicare enrollment process. The sooner you complete your enrollment, the quicker you can get back to enjoying your life's journey.

Turning 65 means different things to different people.

Compared with previous generations, your needs may be a lot different.



What Is Medicare?

Medicare is a federal health insurance program for:

- People 65 or older
- People younger than 65 with certain disabilities
- People of all ages with end-stage renal disease or permanent kidney failure

The Different Parts of Medicare

Part A—Hospital Insurance

Most people don't pay a premium for Part A because they or their spouse already paid for it through their payroll taxes while working.

Part B—Medical Insurance

For this insurance, which covers care you'll receive from your doctors and other health care providers, most people pay a monthly premium.

Part C—Medicare Advantage Plans

Medicare Advantage Plans are a way to get the benefits and services covered under Part A and Part B. Most Medicare Advantage Plans cover Medicare prescription drug coverage (Part D). Most people pay a monthly premium plus their Part B premium.

Part D—Prescription Drug Coverage

Most people pay a monthly premium for this optional coverage.

Medicare Options

There are several ways people access Medicare. The primary ones are:

- **Original Medicare**—Original Medicare is our country's health insurance program for people who are Medicare-eligible. The program helps with the cost of health care, covering Medicare Parts A and B, but it does not cover all medical expenses or the cost of long-term care. Many people who choose this option also select a Medicare Supplement Insurance policy, or "Medigap" plan, called this because these plans can help protect you from some of the coverage gaps in Original Medicare's coverage.
- **Medicare Advantage Plans**—Types of plans include Medicare HMO and Medicare PPO plans. With a Medicare Advantage Plan, you receive the equivalent of Original Medicare coverage through your Medicare Advantage HMO or PPO plan—and other benefits as well.
- **Medigap Policy (Medicare Supplement Insurance)**—A Medigap policy is health insurance offered by private insurance companies to fill the gaps in Original Medicare coverage.

Medicare Enrollment: The Basics

When to Enroll

You're probably not there yet, but you should plan to apply for Medicare Parts A and B (if eligible) **during the three months before** the month you turn 65 if you aren't getting Social Security or Railroad Retirement Board benefits. You can apply during any of the seven months that make up what's called the **initial enrollment period**. This includes the three months before your birth month, the month of your birthday, and the three months after your birth month. But if you apply at any time during the three months before your birth month, you'll be covered by Original Medicare on the day you turn 65. Otherwise, you'll have to wait another month or more. Because Medicare has some limitations in coverage, **before you turn 65** is also a great time to line up your other Medicare coverage.

Who's Eligible?

Most people 65 or older who are citizens or permanent residents of the U.S. are eligible for Medicare Hospital Insurance (Part A) without paying a monthly premium, based on their own or their spouse's employment. In general, you're eligible for Part A if:

- You're 65 or older, or
- You have received disability benefits from Social Security or the Railroad Retirement Board for at least 24 months, or
- You have end-stage renal disease and meet certain requirements

If you don't qualify for premium-free Part A, you can still get Medicare Part A Hospital Insurance by applying for it through Social Security and paying a monthly premium, as long as you are 65 or older and a citizen or lawfully admitted alien who has lived in the U.S. for at least five years. If you are eligible for Part A, either for free or by paying for it, you can also enroll in Medicare Medical Insurance (Part B) by applying for it through Social Security and paying a monthly premium.

How to Enroll

To sign up for Medicare, call Social Security toll-free at **1-800-772-1213 (TTY: 1-800-325-0778)**. You can set up an appointment at your local Social Security office or handle matters on the phone. You'll need to either mail or bring proof of age, such as a birth certificate.

The retirement age for Social Security benefits is increasing; however, you will still be eligible for Medicare upon turning 65. Due to the change in the Social Security retirement age, you must contact a Social Security administrator to determine when you will be eligible for Social Security benefits. The administrator will also be able to advise you on how to enroll in Medicare and pay the Medicare Part B premium, if eligible.

Medicare Part D Prescription Drug Coverage

Medicare's prescription drug program is called Medicare Part D. It is offered through private companies. Part D plans cover both brand-name and generic prescription drugs at participating pharmacies in your area. You should consider joining a Part D plan unless you will already have drug coverage that is at least as good as Medicare's standard prescription drug coverage¹.

Cost

For most people, Medicare Part A Hospital Insurance is free. Part B Medical Insurance, which is optional and you can decline, requires a monthly premium. Part D plans, unless they are offered as part of a Medicare Advantage Plan, also require a monthly premium; the cost varies according to the plan you choose. Medicare Advantage Plans and Medicare Supplement insurance policies require you to continue to pay your Medicare Part B premium in addition to your monthly plan premium.

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227). TTY/TDD 1-877-486-2048**, 24 hours a day/seven days a week
- The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday **TTY/TDD 1-800-325-0778**
- Your state Medicaid Office.

¹ Costs and coverage vary by plan, and these plans have limitations and exclusions.

Overview of Medicare

When it comes to health care coverage, you have several options. The key is to explore them thoroughly and make the choice that best fits your lifestyle and health needs.

You Can Get Your Medicare Health Care Coverage in One of Two Ways:

Original Medicare Plan

Part A (Hospital Insurance):

No premium for most

+

Part B (Medical Insurance):

Optional at a standard monthly premium

+

Medigap Policy (Medicare Supplement Insurance)

This optional policy can be purchased from private insurance companies to fill in gaps in Original Medicare coverage.

+

Part D Drug Coverage

This optional prescription drug coverage can be purchased from private insurance companies. A late penalty may apply if you don't enroll in a Medicare drug plan when you're first eligible.

OR

Medicare Advantage (MA) Plans

- Provide Medicare Part A and B benefits and may include extra benefits.
- Can be purchased from private insurance companies.
- Your out-of-pocket cost for covered benefits may be lower.
- Network and benefits vary by plan types and insurance companies.
- Medicare Advantage Plans include:
 - HMO
 - PPO
 - PFFS
- Most Medicare Advantage Plans include Part D drug coverage.
- Your monthly premium = Part B premium + Medicare Advantage Plan premium.

This information is not intended to be comprehensive. For more information, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** or refer to *Medicare & You*, available at **www.medicare.gov**.

Bridging the Gaps in Medicare

While Original Medicare offers extensive coverage, it won't cover all your health care costs or prescription drugs. To bridge these gaps, you have several options:

Medicare Supplement Insurance policies—These insurance plans, also known as Medigap policies, help cover extra health care costs, including coinsurance, copayments, and deductibles—“gaps” in Original Medicare coverage.

There are two Medicare Supplement Insurance policies available in Massachusetts. Besides filling in some of the coverage gaps, some Medicare Supplement Insurance policies provide benefits that Original Medicare does not cover, such as emergency health care while traveling outside the U.S.

With these policies, you can go to any doctor or hospital that accepts Medicare. Medicare will first pay its share of your costs; then your Medigap policy will pay its share of your costs. In addition to the monthly Part B premium, you will pay a monthly premium to the private insurance company providing you the policy. Often these plans are a good companion plan with a Prescription Drug Plan (PDP).

Medicare Advantage Plans—You will get your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage from the Medicare Advantage Plan and not Original Medicare. Usually, there are extra benefits and lower copayments than in Original Medicare. However, you may have to get your care from primary care doctors, specialists, or hospitals in the plan's network except in an emergency. These plans may include Part D prescription drug coverage.

Medicare Advantage HMOs are ideal for people who practice preventive care and work with a primary care physician to coordinate care with specialists and hospitals. A Medicare Advantage HMO may offer coverage for services such as routine dental and vision care.

Medicare Advantage PPOs allow you to choose which doctor or specialist to visit and to go out of the network for covered services. You may have higher out-of-pocket costs when you receive out-of-network services.

Medicare Part D prescription drug coverage—Medicare Part D helps cover your costs for prescription drugs. To receive this benefit, you must enroll in a private plan either through a Medicare Advantage Plan that includes Part D or you can join a stand-alone Medicare Prescription Drug Plan. This is an option for people who want drug coverage but still want Original Medicare alone or with a Medicare Supplement Insurance policy.

Group coverage—If your employer offers to continue your group health coverage after you retire, carefully weigh your options. You should compare the costs and benefits of your group health coverage vs. Original Medicare and a Medicare Supplement Insurance policy or a Medicare Advantage Plan.

If you opt for your employer's plan, you can sign up later for Medicare Part B. To avoid any financial penalties, you must do so during the eight-month period that starts when your group coverage, or employment through which you received the coverage, ends. Your Medicare Supplement six-month open enrollment period begins the first month you're 65 and enrolled in Part B.

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. Contact the Department of Defense or a military health benefits adviser for information before you decide to enroll in Medicare Part B Medical Insurance.
- **The Indian Health Service, the Department of Veterans Affairs, or state medical assistance:** Contact staff in those offices to help you decide whether you should have Medicare Part B Medical Insurance.



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Countdown to 65!

Here is a handy pullout with specific steps you will need to check off to ensure the smoothest health coverage transition once you turn 65. Your birthday might seem far off, but it's best to get started now.

Figuring out your Medicare health care options is like all the other important decisions you've made in your life, whether they involved choosing where your children should go to school, buying a house, or deciding where to put your retirement savings.

The more time you take to familiarize yourself with your options, the more you're likely to choose the best plan for you. And if you use this checklist as a guide, the more confident and comfortable you'll feel that you've made the right choice when your 65th birthday arrives.

Enrolling in Medicare

If you are already getting Social Security benefits, you will automatically be enrolled in Medicare Parts A and B starting the first day of the month that you turn 65. You will receive your Medicare card about three months before you turn 65. This card will show you the date your coverage begins. If you decide you don't want Part B coverage, follow the instructions on the card.

If you are close to 65 and haven't filed for Social Security, you must enroll. To do this, contact the Social Security Administration at **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Enrolling in Medicare Part B

If you are nearing 65, there's a seven-month period during which you can get Medicare Part B. This seven-month period includes the three months before your 65th birthday, the month of your 65th birthday, and the three months after your 65th birthday.

The best time to sign up for Medicare is during the three months **before** your 65th birthday. Remember, enrollment in Medicare Parts A and B is not always automatic.

Medicare Part B Enrollment Timeline

If You Enroll in This Month:	Your Coverage Starts:
3 months before your birthday month	Your birthday month
2 months before your birthday month	Your birthday month
1 month before your birthday month	Your birthday month
Your birthday month	1 month after you enroll
1 month after your birthday month	2 months after you enroll
2 months after your birthday month	3 months after you enroll
3 months after your birthday month	3 months after you enroll

Your Medicare Countdown to 65!

Check off each item as you complete the task

8

months before
your birthday,
have you ...

- ☐ Begun educating yourself about Medicare and Social Security?
- ☐ Called Social Security to determine your eligibility for both?
- ☐ Considered your options for coverage to help protect yourself from costs not included in Medicare coverage?
- ☐ Talked with family and friends, your doctors, and others about these options?
- ☐ Asked your doctors whether they accept Medicare?

5

months before
your birthday,
have you ...

- ☐ Spoken with your employer to see whether group health coverage is an option?
- ☐ Begun to identify the type of extra Medicare coverage that is right for you?
- ☐ Begun narrowing your choices of insurers? If you've already made your decision on a Medicare Supplement Insurance plan, you can enroll now.

3

months before
your birthday,
have you ...

- ☐ Applied for your Medicare benefits through the Social Security Administration? (This is the first month you are eligible to apply.)
- ☐ Determined how the plans that you are considering cover you if you plan to travel throughout the U.S. or abroad?
- ☐ Determined how these plans would affect your selection of doctors?
- ☐ Asked about the plans' Medicare Part D coverage, including:
 - Monthly premiums?
 - Copayments/coinsurance?
 - Coverage for the drugs you currently take?
 - Possible conveniences such as mail-order pharmacy services?
- ☐ Asked whether the plans offer hearing and vision benefits or dental coverage options?
- ☐ Signed up for Social Security if you've decided to take early Social Security benefits? (It usually takes three months after you sign up before you begin receiving benefits.)

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Questions?

The Centers for Medicare & Medicaid Services can help. Call 1-800-MEDICARE (TTY users, call 1-877-486-2048) or go to www.medicare.gov.

2

months (or one month) before your birthday, have you ...

- Decided whether you want Medicare Part B Medical Insurance? If not, have you returned the form that Medicare sent you indicating that you decline Part B coverage? (Most people take Part B.)
- Checked to see if your doctor participates in Medicare and in Medicare Advantage Plans, if appropriate?
- Selected and signed up for an insurance policy that supplements Medicare or otherwise covers you if you think you need more protection?
- Checked with your benefit coordinator at your job to be sure that both your retirement and health insurance transitions will go smoothly?

Your 65th Birthday

During the month of your 65th birthday, make sure you:

- **Discuss your situation with your employer.** If you are still covered by your employer's health care plan after your 65th birthday, you should compare your premiums and other costs with that plan vs. the costs of paying for Medicare Part B and a Medicare Supplement Insurance policy or Medicare Advantage Plan. Surprisingly, the latter may be more economical. Even if you continue to be covered by your employer, you should apply for Medicare Part A to supplement your employer's plan. You will receive a guide, *Medicare & You*, from the Centers for Medicare & Medicaid Services that explains your options and how they work. In addition, call **1-800-MEDICARE (1-800-633-4227)** or **TTY: 1-877-486-2048** to request *Enrolling in Medicare*, or go to **www.medicare.gov**, "Search Tools," and then "Find a Medicare Publication." This guide explains your rights if you wish to enroll in Medicare Part B later.
- **Have received your Medicare card.** Make sure you check it to verify your name and the coverage you want. Sign the card, make a copy for your files, and keep it in a safe place.
- **Sign the form that Medicare sent along with the card and return it if you don't want Part B.** You'll get another card indicating that you have only Part A coverage. Sign it, make a copy for your files, and keep it in a safe place.
- **Ask your physicians whether they participate in Medicare or your selected Medicare Advantage Plan option.**
- **Tell your physicians to send your bills to Medicare if you sign up for Original Medicare or to any new Medicare plan you may have.**
- **Make arrangements for your spouse.** This is particularly important if he or she was covered by your employer's health plan. Such coverage is still a possibility.
- **Consider signing up for a Medicare Supplement Insurance policy or Medicare Advantage Plan.** This is key. These policies can help reduce your out-of-pocket expenses.

Researching Medicare

As you reach your final decisions regarding Medicare, Medicare Advantage Plans, and Medicare Supplement Insurance policies, you may want to consult:

The Social Security Administration (SSA)

For information and publications about signing up for both Social Security benefits and Medicare, talk with an expert at your local SSA office by calling toll-free **1-800-772-1213 (TTY: 1-800-325-0778)**.

Recorded information is available 24 hours a day. Service representatives and the TTY number are available from 7 a.m. to 7 p.m. on business days. You can ask about getting a Social Security statement and benefit verification or when you should apply for a Social Security or Medicare card. Or visit them online at **www.ssa.gov**. Here you will find the answers to many frequently asked questions. The website also offers a retirement planner that you can download.

Medicare

You can find information about Medicare and your other choices. Publications include *Medicare & You* and *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*. Call **1-800-MEDICARE (1-800-633-4227)** or **TTY: 1-877-486-2048** to request them. Or visit the website at **www.medicare.gov**, where you will find many of these publications online so that you can compare the Medicare Supplement and Medicare

Advantage Plans, as well as the Medicare Part D Prescription Drug Plans, available in your area.

SHINE

(Serving Health Information Needs of Elders)

You can contact the SHINE program, Massachusetts' state health insurance program that provides free, one-on-one health insurance information, counseling, and assistance to Medicare beneficiaries of all ages. Call SHINE toll-free at **1-800-AGE-INFO (1-800-243-4636)**, and press 2 (TTY: 1-800-872-1066).

Benefit Coordinators Where You Work

These coordinators can explain the Medicare process and other retirement issues and discuss whether you should continue with your group coverage.

Your Doctor

He or she may be a good source of information. The insurance coordinator in your doctor's office may also be able to discuss health care coverage choices.

How to Choose the Right Coverage for You

There are a number of different ways you can receive Medicare and coverage that works together with Medicare to give you even more protection.

The right plan for you depends on a number of factors. As you familiarize yourself with your Medicare options, consider the following:

- **Cost**—What will you pay out of pocket, including premiums? Don't forget to factor in deductibles, copayments, and coinsurance—and how much, if any, of these are covered by a particular plan.
- **Benefits**—Are extra benefits and services, such as routine eye exams or hearing aids, covered? (These may be covered by some plans.)
- **Doctor and hospital choice**—Can you see the doctor(s) you want to see? Do you need a referral to see a specialist? Can you go to the hospital you want?
- **Convenience**—Where are the doctors' offices located? What are their hours? Are they accepting new patients? Do you spend part of every year in another state? If so, how would you be covered?
- **Prescription drugs**—Are your prescription medications on the plan's list (formulary) of covered drugs?
- **Pharmacy choice**—Can you use the pharmacies you want? Are the pharmacies convenient? Is there a mail-order drug program?
- **Quality of care**—How is the quality of the plans in your area? Information about quality is available at www.medicare.gov.

Be a Smart Consumer

In reviewing any plan that supplements or replaces Medicare, make sure you check the following:

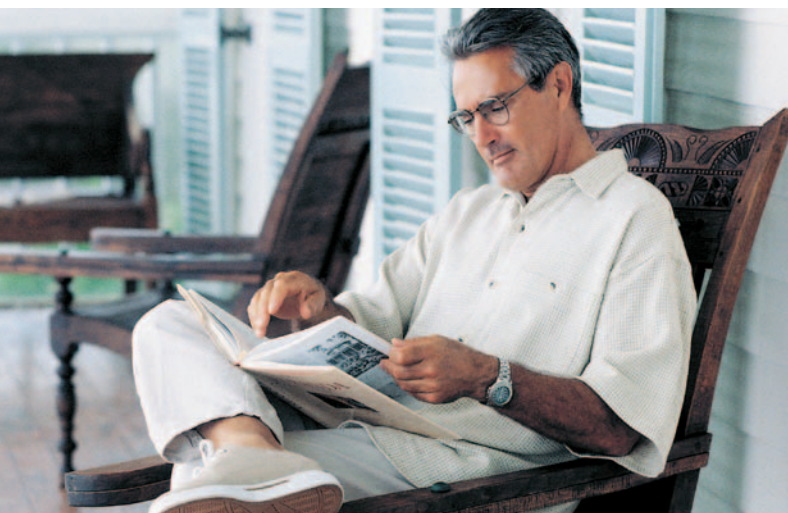
Avoid Duplication

If you prefer to remain in Original Medicare and want to fill in the coverage gaps, you need only one Medicare Supplement Insurance policy to work with your Medicare coverage. Federal law actually prohibits any company from selling you a second Medicare Supplement Insurance policy unless you state, in writing, that you are going to cancel the first policy. A single comprehensive policy is more likely to give you the coverage you need rather than several policies with overlapping or duplicate coverage.

Duplicate coverage is costly and unnecessary. If you have some other kind of private insurance besides Original Medicare and a Medicare Supplement, check with your insurance plan. Ask how your private plan fits with Medicare insurance—and if insured through your employer or union, check to see how any changes you make might affect other members of your family who are also covered under the private insurance. Do not cancel any private health insurance you have until your Medicare Supplement coverage becomes effective.

Take Advantage of Your Free Review Period

You legally have at least 30 days to review a Medicare Supplement Insurance policy. If you decide you don't want the coverage, you can get a full refund of any premiums you've paid during this "free-look" period.



Medicare on the Go

As you approach 65, you may have more time to travel. If you do, you'll want health insurance that travels as well as you do, which means you'll probably want more than just Original Medicare coverage.

The good news is, Original Medicare covers you anywhere in the U.S., even if you're away from home or in another state for months at a time.

If you want to travel outside the country, however, be aware that Original Medicare covers you only within the U.S. and its territories, such as Puerto Rico and the U.S. Virgin Islands. With only a few exceptions, Medicare will not cover you if you're outside the U.S.

But you can help protect yourself with a Medicare Supplement Insurance plan or Medicare Advantage HMO or PPO plan that provides coverage for emergency care whether you're in the U.S. or a foreign country. Typically, Medicare Advantage PPO plans pay for plan-covered services anywhere in the U.S. at out-of-network cost-share levels.



Medicare Q and A: Some Things to Consider

Q. What are the benefits of signing up for Medicare before or around my 65th birthday?

A. If you're eligible, you will be covered automatically by Medicare Part A Hospital Insurance when you turn 65. But if you wait to sign up for the Part B Medical Insurance after your initial seven-month enrollment period ends, you'll have to wait until the general enrollment period from January 1 through March 31 each year. However, your Medicare Part B coverage won't begin until July 1 of the year you apply. And for each 12-month period you skip Part B coverage, your monthly premium will increase 10 percent. There are some exceptions such as: If you're covered by a group plan after you turn 65, you can delay enrolling in Part B without paying the 10-percent-per-year premium surcharge.

Q. What does it mean if my doctor accepts "Medicare assignment?"

A. Assignment means that your doctor, provider, or supplier agrees (or is required by law) to accept the Medicare-approved amount as full payment for covered services. Some health care providers who are enrolled in Medicare have signed an agreement to accept assignment for all Medicare-covered services. They are called "participating" providers. Other health care providers haven't signed an agreement to accept assignment for all Medicare-covered services, but they can still choose to accept assignment for individual services. These providers are called "non-participating."

Most doctors, providers, and suppliers accept assignment, but you should always check to make sure. Find out how much you have to pay for each service or supply before you get it.

Q. How can I maximize my Medicare benefits and minimize my out-of-pocket expenses?

A. There are several basics:

- Always present your plan identification card whenever you visit a doctor, hospital, or other health care provider.
- Remember to carry your Medicare Part D Prescription Drug Plan ID card and present it at the pharmacy or wherever you obtain prescription drugs.
- If you have a Medicare Supplement Insurance or Medicare Advantage Plan that involves a network of health care providers such as doctors and/or hospitals, use those providers when you need care.
- If you are uncertain whether Medicare covers a service, call your plan or Medicare first.
- If you are unsure about anything, call Medicare. If it concerns your Medicare Supplement, Medicare Advantage, or Prescription Drug Plan, call your plan.
- Keep abreast of changes by taking the time to read information that Medicare and your plan send you.
- Stay fit and active, and maintain a strong social life.

If You Don't Retire: Planning to Continue Working?

Many people are planning to work right through 65.

If that describes you, you should know that group health plans of employers who have 20 or more employees must offer workers who are 65 or older the same health benefits they provide for younger employees. Regardless of your age, if your spouse is 65 or older, such plans must also offer him or her the same health benefits they give younger spouses.

If you accept your employer's coverage, that plan will pay first on your hospital and medical bills, and Medicare may pay some of the remaining expenses. If you decline the employer's coverage, Medicare will be your primary health insurer.

If your employer has fewer than 20 employees, he or she may suggest or prefer that you sign up for Medicare as your primary health insurer once you turn 65. Your employer may then provide additional coverage for you.

The best advice: Talk with your employer or union ahead of time to learn about your options.

What About Your Spouse?

Ask your employer about health care options that may be available for your spouse after you retire or turn 65.

What About Social Security?

Medicare isn't the only federal benefit you must consider. Obviously, there's Social Security as well. Just because you become eligible for Medicare when you turn 65 doesn't mean you have to start taking Social Security benefits then.

Because you can begin collecting Social Security retirement benefits at 62, you may already be

receiving Social Security. But if you haven't yet turned 65, you won't be eligible to collect full Social Security benefits as soon as you are eligible for Medicare.

If you were born in 1941, the full retirement age for Social Security benefits is 65 and 8 months. If you were born in 1942, the full retirement age creeps up to 65 and 10 months. For those born between 1943 and 1954, the full retirement age is 66.

The choice is completely up to you. If you elect to take Social Security before your full retirement age, your monthly Social Security payments will be slightly reduced. But as a general rule, early retirement will give you about the same total Social Security benefits as full retirement over your lifetime. You just get them in smaller amounts to take into account the longer period you will receive them.

Should You Keep Working?

If you work after you reach your full Social Security retirement age, you can keep all your benefits—no matter how much you earn.

If you are younger than full retirement age, there is a limit to how much you can earn and still receive your full Social Security benefits. Contact the Social Security Administration for more information.

But working may be more important to you—from either a financial and/or satisfaction standpoint—than benefit deductions required by Social Security. Again, the choice is all yours.

One More Factor to Consider

The amount of your Social Security benefit is based on the average of your 35 highest years of earnings. Every year Social Security reviews the records of all Social Security recipients who work. If your latest year of earnings turns out to be one of your highest years, your benefit will be automatically increased accordingly. The calculations are usually completed by October of the following year.

Age to Receive Full Social Security Benefits

Year of Birth	Full Retirement Age
1941	65 and 8 months
1942	65 and 10 months
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

Note: People born on January 1 of any year should refer to the previous year.

If you are already getting Social Security benefits

When you turn 65, your Medicare starts automatically. If you are not getting Social Security, you should sign up for Medicare before your 65th birthday, even if you are not ready to retire.

*Live your passions.
Enjoy the journey.*

Helpful Contact Information

If you have any questions while considering your decisions about Medicare and related issues, contact the following reputable sources:

Centers for Medicare & Medicaid Services

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

TTY: 1-877-486-2048

www.medicare.gov

Serving Health Information Needs of Elders (SHINE)

1-800-AGE-INFO (1-800-243-4636)

Social Security Administration

1-800-772-1213

TTY: 1-800-325-0778

www.ssa.gov



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