

1. What is Medicare and what are my options?

Original Medicare is made up of Medicare Part A and Medicare Part B and does not include prescription drug coverage.

- **Medicare Part A** covers you when you're in the hospital, staying at a skilled nursing facility, hospice or home health services.
- **Medicare Part B** covers medically necessary and certain preventive services. These include doctor and outpatient visits, ambulance services, durable medical equipment, outpatient mental health visits, and outpatient diagnostic procedures and tests.
- **Medicare Part C** is also called Medicare Advantage. It includes all of the benefits that Original Medicare Parts A and Part B offer and usually includes prescription drug coverage.
- **Medicare Part D** is prescription drug coverage.
- **Medicare Supplement plans** work together with Original Medicare to cover costs Original Medicare doesn't pay. Medicare Supplement plans do not offer prescription drug coverage, but you can add a Part D stand-alone Prescription Drug Plan.

2. Am I eligible?

You can first enroll in Medicare when you turn 65. You have three months before your birthday month, your birthday month and up to three months after your birthday month to enroll. You may also qualify to enroll if you have Medicare Parts A and B through qualifying disability.

The Social Security Administration determines if you're eligible for Medicare. If you have questions, contact your local Social Security Office. Or, call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

3. Can I enroll in my former employer's group Medicare Advantage plan?

If you have Medicare Part A and Part B and are retired, you may be eligible to enroll in a BlueMedicare Group PPO plan. Active employees cannot choose a BlueMedicare Group PPO plan.

4. What is EGWP (Employer Group Waiver Plans)?

Employer Group Waiver Plans or EGWP (sometimes called "egg whip") are Medicare Advantage plans offered through employers to their retirees. Like other Medicare Advantage plans, an EGWP plan may offer extras beyond what Original Medicare covers, such as dental, vision and hearing services.

5. If I enroll in this plan, can I go back to my previous group coverage?

This can vary, so ask your human resources or benefits department if you'd be allowed to switch.

6. What do I do if I have specific questions about the coverage?

We're happy to answer your questions. You can give us a call at **844-BLUE-MED** (844-258-3633). You can also send your questions to **egwpinfo@bcbsfl.com** and the Florida Blue Medicare team will get back to you within 24-48 hours.

Once you enroll, you'll get access to My Health Link™, which is your online member account. There, you'll be able to check your claims and out-of-pocket costs, see rewards you've earned, get reminders and more.

7. How do I sign up for an EGWP plan?

Talk to your human resources or benefits department. Let them know that you'd like to sign up for the BlueMedicare Group PPO Medicare Advantage plan. They'll give you an enrollment kit with an application and other information you'll need.

8. What happens once I enroll?

We'll send you a confirmation letter, your new plan ID card and a new member kit that includes your *Evidence of Coverage* (EOC) document.

The *Evidence of Coverage* booklet tells you how to get care and about drug coverage. It explains your rights and responsibilities, what is covered and what you pay as a member of the plan. We encourage you to set aside some time to look through this *Evidence of Coverage* booklet.