

## Listed below is some general information concerning Medicare that we hope you find helpful.

### **How do I get a new Medicare card if my card is lost, stolen, or damaged?**

You can now request a replacement red, white, and blue Medicare card online on Social Security's web site. Your card will be mailed within 30 days to the address SSA has on record. This service can be accessed during the following hours:

**Monday-Friday: 5 a.m. until 1 a.m.**

**Saturday : 5 a.m. until 11 p.m.**

**Sunday : 8 a.m. until 10 p.m.**

**Holidays : 5 a.m. until 11 p.m.**

To make an online request, you will need the following information:

**Your last (exact) payment amount or the month and year you last received a payment if you have received benefits in the last 12 months.**

**Your name as it appears on your most recent Social Security card**

**Your Social Security Number**

**Your Date of Birth**

**Your phone number in case we need to contact you about your request**

**Your e-mail address (optional)**

You may also need:

**Your Place of Birth**

**Your Mother's Maiden Name (to help identify you)**

This new service can be accessed via the Social Security Administration website. If you prefer, or if you are unable to use the online request to obtain a replacement Medicare card, call Social Security's toll-free number, 1-800-772-1213. Their representatives there will be glad to help you. You can also visit a local social security office. For the office closest to you try their Field Office Locator.

### **How can I get my name address changed?**

You may report a change of name or address by calling the Social Security Administration at 1-800-772-1213 or by visiting your local field office. Addresses and directions to the Social Security field offices may be obtained from the Social Security Office Locator. You can get more information on changing your name on Social Security's web site. If you get benefits from the Railroad Retirement Board, call your local RRB office, or call 1-800-808-0772.

### **How do I report the death of a beneficiary?**

A family member or other person responsible for the beneficiary's affairs should do the following:

Promptly notify Social Security of the beneficiary's death by calling SSA toll-free at 1-800-772-1213.

If monthly benefits were being paid via direct deposit, notify the bank or other financial institution of the beneficiary's death. Request that any funds received for the month of death and later be returned to Social Security as soon as possible.

If benefits were being paid by check, DO NOT CASH any checks received for the month in which the beneficiary died or thereafter. Return the checks to Social Security as soon as possible.

## **What is "assignment" in the Original Medicare Plan and why is it important?**

Assignment is an agreement between Medicare and doctors, other health care providers, and suppliers of health care equipment and supplies (like wheelchairs, oxygen, braces, and ostomy supplies).

*Doctors and suppliers who agree to accept assignment accept the Medicare-approved amount as payment in full for Part B services and supplies.*

You pay the coinsurance and deductible amounts. In some cases (such as if you have both Medicare and Medicaid), your health care providers and suppliers must accept assignment.

If assignment is not accepted, charges are often higher. This means you may pay more. In addition, you may have to pay the entire charge at the time of service. Medicare will then send you its share of the charge.

There is a limit on the amount your doctors and providers can bill you. The highest amount of money you can be charged for a covered service by doctors and other health care providers who don't accept assignment is called the limiting charge. The limit is 15% over Medicare's approved amount. The limiting charge only applies to certain services and does not apply to supplies or equipment.

## **What is a Medicare deductible?**

A deductible is the amount you must pay each year before Medicare begins paying its portion of your medical bill. There are deductibles for both the Part A (Hospital Insurance) and Part B (doctor services) portions of Medicare. Your deductible is taken out of your claims when Medicare receives them. Medicare will not start paying on your claims until you have met your annual deductible. The Medicare Part A deductible for 2021 is \$1,484.00 per benefit period. The Medicare Part B deductible for 2021 is:

Income: Single Tax Filer	Income: Joint Tax Filer	Income: Married Filing Separately	Monthly Part B Premium for 2021
\$88,000 or less	\$176,000 or less	\$88,000 or less	\$148.50
Over \$88,000 up to \$111,000	Over \$176,000 up to \$222,000	Not applicable	\$207.90
Over \$111,000 up to \$138,000	Over \$222,000 up to \$276,000	Not applicable	\$297.00
Over \$138,000 up to \$165,000	Over \$276,000 up to \$330,000	Not applicable	\$386.10
Over \$165,000 and less than \$500,000	Over \$330,000 and less than \$750,000	Over \$88,000 and less than \$412,000	\$475.20
\$500,000 and above	\$750,000 and above	\$412,000 and above	\$504.9

If you have any questions on the status of your deductible please contact 1-800-MEDICARE (1-800-633-4227).

## What is Durable Medical Equipment?

Durable Medical Equipment (or DME) is equipment which meets all of the following requirements:

**Can withstand repeated use**

**Is primarily and customarily used to serve a medical purpose**

**Is generally not useful to a person in the absence of an illness or injury**

**Is appropriate for use in the home**

Often a physician will prescribe special equipment for use by a beneficiary in his/her home. The equipment may provide therapeutic benefits or enable the beneficiary to perform certain tasks that s/he is unable to undertake due to certain medical conditions and/or illnesses.

## **Do I need a prescription to get a supply?**

Yes, for items to be covered items can be reimbursed by Medicare only if the doctor has furnished the supplier with a written prescription for the item before delivery.

The capped rental program enables beneficiaries to spread their share of the rented item's cost (i.e. coinsurance) over an extended time period rather than paying in a lump sum. This also protects the beneficiary from making an incorrect purchase decision.

## **Resupply Requirements:**

Before a DME supplier can legally ship you your resupply items, they must first obtain authorization from you. While it can be somewhat inconvenient at times, Medicare is trying to protect the Medicare Trust Fund from the wasteful and costly impacts of over supplying patients. Therefore, your DME supplier must call and confirm which products and quantities you need to refill and obtain your authorization, or authorization from an authorized agent that you choose, before they can ship your supplies. DME Suppliers can **contact you** 14 days prior from product exhaustion to take your order and can **ship your order** up to 10 days to product exhaustion.