



Q: What is Medicare?

A: Medicare is a federal health insurance program for people who are age 65 and over and for those younger who qualify due to a disability, end-stage renal disease (permanent kidney failure requiring dialysis or transplant) or ALS (Lou Gehrig’s disease).

Q: What are the various parts of Medicare?

A: Medicare has four parts, each offering a different type of coverage: Part A (hospital insurance), Part B (medical insurance), Part C (Medicare Advantage—Parts A and B benefits administered by a private health plan) and Part D (prescription drug coverage).

Q: What is the difference between Medicare and Medicaid?

A: Medicare is a federal health insurance program for people age 65 and over and younger people who qualify due to a disability. Medicaid is a state-run program that provides health coverage for people with low incomes, regardless of age. It is possible to qualify for both.

Q: How do I qualify for Medicare?

A: You can qualify for Medicare two ways. First, Individuals become eligible for Medicare when they turn 65. Individuals may also become eligible at a younger age due to a disability, a diagnosis of end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease).

Q: Do I automatically receive Medicare when I turn 65?

A: Some Medicare enrollments are automatic (if you’re receiving Social Security or Railroad Retirement Board benefits, or have ESRD or ALS) but most are not. If you do not qualify for automatic enrollment in Medicare, you need to apply when you become eligible or during one of the various enrollment periods. It depends on your specific circumstance. You may visit www.ssa.gov or call Social Security at 800-772-1213 for more information.

Q: How do I enroll in Medicare?

A: You can apply for Medicare online, by phone or in person. You can file for Medicare online at www.ssa.gov when you file for Social Security retirement benefits or If you prefer to apply in person, you can make an appointment by calling Social Security at 800-772-1213. If you are already receiving Social Security benefits, you will automatically be enrolled in Medicare parts A and B. However, because you must pay a premium for Part B coverage, you have the option of turning it down. You will be contacted by mail a few months before you become eligible and given all the information you need.

Q: The Medicare eligibility and enrollment processes can be confusing to navigate. Is help available to me?

A: The Medicare eligibility and enrollment processes can sometimes be difficult to navigate due to the amount of information and options to consider. There are trusted resources available to help individuals ensure they have a full understanding of what is available to them. These include the following:

- State Health Insurance Assistance Programs (SHIPs)
- Area Agencies on Aging (AAA)
- Medicare.gov's Plan Finder

Q: Original Medicare is comprised of Part A and Part B, but what does that cover?

A: Under Part A, beneficiaries are responsible for a deductible and coinsurance for certain types of inpatient stays. Part A typically covers the following:

- Hospital care
- Skilled nursing facility care
- Some nursing home care
- Hospice
- Home health services

Under Part B, beneficiaries are responsible for a deductible, and most beneficiaries pay 20 percent coinsurance for Part B services. Part B covers medications administered by a physician, like certain vaccinations or chemotherapy that are injected or infused. Part B also typically covers the following:

- Doctor visits
- Preventive care
- Lab tests, x-rays and more
- Ambulance services
- Durable medical equipment
- Mental health
 - Inpatient
 - Outpatient
 - Partial hospitalization
- Getting a second opinion before surgery
- Limited outpatient prescription drugs

Q: What is Medicare Advantage?

A: While Medicare Parts A and B are administered by the federal government, beneficiaries can opt to receive their benefits through Part C (Medicare Advantage). These plans are run by private insurance companies and are required to offer, at a minimum, the same coverage benefits as Parts A and B. Some Medicare Advantage plans may also provide prescription drug coverage or additional benefits like dental or vision. Beneficiaries who choose a Medicare Advantage plan must see physicians and visit healthcare facilities considered in-network to their specific plan or pay for the full costs associated with that physician or service.

Q: How do I find out what Medicare Advantage plans are available to me?

A: Medicare Advantage plan offerings vary by region. To see what is available to you, visit www.medicare.gov/find-a-plan.

Q: Are my prescription drugs covered by Medicare?

A: Individuals may choose to enroll in Medicare Part D, which covers outpatient prescription drugs through private plans that are approved by Medicare. These plans can be offered as stand-alone plans for beneficiaries enrolled in Part A and Part B, or combined with a Medicare Advantage plan. Individuals can search Part D plan

options to see which plans cover their medications and find a plan that best meets their needs.

Q: How much does Medicare Part D cost?

A: The Part D plans set their own cost structures, and they vary from plan to plan. Beneficiaries pay monthly premiums and cost sharing for their medicines. It is best to find out what plan options are available to you to determine what they may cost you. It is important to note that the Extra Help program is available to help those with lower income levels.

Q: Does Medicare cover all my healthcare costs?

A: Medicare does not cover all your healthcare costs. You are required to pay premiums, deductibles and copays or coinsurance, which vary according to the type of Medicare coverage you choose and, in some cases, your income.

Q: What are the costs associated with Medicare that I am responsible for?

A: There are some costs that the beneficiary is responsible to pay for once they are covered by Medicare. These include:

- Premium – the monthly amount you pay to Medicare or a private insurance plan for your healthcare and/or your prescription drug coverage.
- Deductible – the amount you must pay for healthcare or prescriptions before Medicare begins to pay its share.
- Co-Insurance – the amount you may be required to pay for services after you pay any deductibles, as a percentage of the cost of the service or item.
- Co-Payment – the fixed dollar amount you pay for each medical service, such as a doctor's visit, or prescription.

Q: Can I buy supplemental insurance such as Medigap?

A: Yes, you have the right to buy any Medicare supplemental insurance policy available where you live during the six months after you turn 65 and first enroll in Medicare Part A and Part B. You may not be able to purchase it after this period ends or a company may charge you a higher premium based on your health if you miss this window. It's also important to note that Medigap policies are not available to those choosing a Medicare Advantage plan and Medigap does not provide supplemental coverage insurance for Part D prescription drug coverage.

Q: What resources are available to me if I need help paying for my Medicare costs?

A: There are several resources available to Medicare beneficiaries who qualify for them, usually based on income level and/or resources. The Medicare Savings Program helps with these costs and can be contacted by calling 800-633-4227 or visiting www.medicare.gov. Assistance specific to Part D is also available through the Low Income Subsidy (Extra Help Program). Local SHIPs and Area Agencies on Aging can help in identifying these assistance programs and provide guidance on qualifications for each.

Q: How can I protect myself from Medicare fraud?

A: It is important to keep your information safe. Don't give your information to anyone who comes to your home (or calls you) uninvited, selling Medicare-related products. Only give personal information when you have initiated the contact with a plan. For example, you call or visit the websites of plans that are approved by Medicare. Call 1-800-MEDICARE if you aren't sure if a plan is approved by Medicare.