MEDICARE OVERVIEW

What It Is

Medicare is our country's health insurance program, typically for people age 65 or older. It is financed by a portion of the payroll taxes paid by workers and their employers. It also is financed in part by monthly premiums deducted from Social Security checks.

What Benefits It Offers

The program helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.

How It Works

Who Qualifies?

Generally, Medicare is available for people aged 65 or older, however, younger individuals with disabilities and permanent kidney failure (requiring dialysis or transplant) can qualify as well.

When Can You Apply?

Generally, you can apply online for Medicare if you:

- Are at least 64 years and 9 months old;
- Want to sign up for Medicare but do not currently have ANY Medicare coverage;
- DO NOT want to start receiving Social Security benefits at this time; and
- Are not currently receiving Social Security retirement, disability or survivors

Even if you plan on delaying receipt of retirement benefits due to working, you should still sign up for Medicare three months prior to turning 65. Otherwise, Medicare medical insurance as well as prescription drug coverage could be delayed, while you could also be charged higher premiums. Later, you can apply online for the retirement benefits.

The Basics

What it is	What it covers	What you pay
PART A **Hospital Insurance**	▪ Hospitalization Benefits vary depending on length of stay ▪ Some nursing facilities Given qualifications ▪ Some home-based and hospice care Not long term	▪ No monthly premiums for most Americans ▪ Annual deductible for inpatient hospital and mental healthcare ▪ Co-pays at different levels, at different times for the first 150 days of care
PART B **Medical Insurance**	▪ Doctor's visits, services, tests ▪ Medical equipment ▪ Outpatient services ▪ Preventive medical care	▪ Standard monthly premium: $164.90, but can range higher depending on income ▪ $226 annual deductible ▪ 20% copay for most doctor services, outpatient therapy, and medical equipment
PART C **Medicare Advantage** Comprehensive medical plans offered by private insurance companies, approved by Medicare	▪ Everything in Parts A and B and typically Part D ▪ May also cover things Medicare doesn't, like hearing, dental and vision treatment	▪ Standard monthly premiums for Parts B and D ▪ Additional monthly premiums vary by plan ▪ Deductibles and co-pays vary by plan
PART D **Prescription Drug Coverage** Offered by private insurance companies, approved by Medicare	▪ Prescription drugs ▪ Benefits vary by plan	▪ Monthly premiums depend on the plan chosen plus an additional fee that ranges from $12.20 to $76.40 depending on your income ▪ Annual deductibles vary by plan ▪ Co-pays before and after a "coverage gap" vary by plan ▪ Discounted costs when you are in the "coverage gap" vary by plan
MEDIGAP **Medicare Supplemental Insurance** Offered by private insurance companies, approved by Medicare	▪ It can help pay for the portions of Parts A and B that you might otherwise be responsible for yourself ▪ Benefits vary by plan	▪ You pay an additional private insurance premium to help gain the coverage ▪ Deductibles and co-pays that vary by plan

Source: medicare.gov

What About Medicaid?

Medicaid provides health coverage to millions of low-income seniors and people with disabilities, nearly all of whom are also enrolled in Medicare. Individuals who are enrolled in both Medicaid and Medicare, by federal statute, can be covered for both optional and mandatory categories.

Medicaid is a federally mandated program that is administered by each individual state independently. For state specific questions logon to your state's website or contact their Medicaid office.