



Commonly Asked Questions (FAQ): Medicare

1. Who is eligible for Medicare?

Both U.S. citizens and qualified legal residents have to be one of the following:

- Age 65 or older
- Younger than 65 and on disability
- Any age with a diagnosis of End-Stage Renal Disease (ESRD) or ALS also called Lou Gehrig's Disease

To qualify as a legal resident, you must have lived in the United States for at least 5 years in a row before applying for Medicare.

2. What if I continue to work past age 65?

Even if you have coverage through your employer or your spouse's employer, you still need to consider Medicare. Depending on your situation, you may or may not be able to delay Medicare enrollment.

Depending on your employer coverage or your spouse's employer coverage:

- You may be required to enroll in Medicare (both Part A and Part B) by your/your spouse's employer, or
- You may only want to enroll in only Medicare Part A, then enroll in Medicare Part B and/or Part D at a later date.
- If you have coverage through an employer with less than 20 employees, you need to confirm whether you need to enroll in Part A & B.

3. What do I need to do when I'm eligible for Medicare

Most people are automatically enrolled in Original Medicare (Part A and Part B) once they're eligible. But not everyone is!

You'll be automatically enrolled in Original Medicare if:

- You are receiving Social Security or Railroad Retirement benefits prior to age 65
or
- You are eligible for Medicare because of a disability or medical condition

You must enroll in Original Medicare yourself if:

- You're not receiving Social Security benefits when you become eligible for Medicare.

There are two ways to enroll yourself in Medicare:

Online at www.SocialSecurity.gov or medicare.gov
Call Social Security at 1-800-772-1213





4. What are my coverage choices after I have Medicare?

Once you're enrolled in Medicare Part A and/or Part B you have a few choices to make. At this point, you can also choose additional coverage from private insurance companies.

When looking at coverage choices, there's a lot to consider.

Consider a Medicare Advantage plan (Part C), a Medicare prescription drug plan (Part D), or a Medicare Supplement insurance plan (Medigap) to complete your Medicare coverage.

Part A – helps pay for hospital stays and inpatient care

Part B – helps pay for doctors' visits and outpatient care

Then you can choose to add one or both of the below to Part A & B

- Medicare Supplement Insurance Plan
- Medicare Part D drug plan

OR

Choose to enroll in a Medicare Advantage Plan (combines Part A & B, Usually Part D and some additional benefits such as hearing, vision, dental

5. Do I have to sign up for Medicare?

If you are planning to continue working past age 65, you may be able to delay enrolling in Medicare. If you have credible health coverage from your employer or are covered under a spouse's employer plan, you may qualify for a Special Enrollment Period (SEP), and be able to delay enrolling without penalty.

In some situations, though, you may still be required to enroll in Part A & B of Medicare at age 65 even if you plan to keep working. One such example is when an employer has fewer than 20 employees.

6. When am I eligible to sign up for Medicare?

Around your 65th birthday (or 25th disability check), you will have a 7-month window of time when you can sign up for Medicare. This is your Initial Enrollment Period – or IEP for short. Your IEP includes your 65th birthday month, the 3 months before and the 3 months after.





7. What happens if I miss my initial enrollment period?

If you miss your Initial Enrollment Period, Medicare offers a General Enrollment Period (GEP – January 1 – March 31) for those who did not sign up around their 65th birthday. You could face late enrollment penalties if you wait too long to sign up. There is also a Special Enrollment Period (SEP) when you have a special event occur such as loss of group benefits.

8. Will I be penalized if I don't sign up for Medicare?

Usually, you will not pay a late enrollment penalty if you meet certain conditions that allow you to sign up for Medicare during a Special Enrollment Period. An example of this is if you lose coverage through an employer or spouse's employer.

If you do not sign up when you are eligible and not enrolled in a qualified plan your monthly premium may go up 10%

9. How much does Medicare cost?

Most people don't pay a monthly premium for Part A if you paid into Medicare for 40 quarters or 10 years. This is called "Paid up" or you have prepaid for Part A. Medicare Part B premium is based on your Modified Adjusted gross income (MAGI) as reported on your IRS tax return.

10. How does Medicare work with my group coverage?

If you have Medicare and other health insurance (like group health plan or retiree plan), each type of coverage is called a "payer." When there's more than one payer, "coordination of benefits" rules decide which one pays first. The "primary payer" pays what it owes on your bills first, and then sends the rest to the "secondary payer" (supplemental payer) to pay. As an example if you have coverage through an employer that has more than 20 employees the group plan pays as primary and Medicare pays as secondary.

11. What will happen to coverage for my spouse and dependents if I am on a group plan and move onto Medicare?

In most instances if you choose to voluntarily drop the group health benefits the plan will no longer provide coverage for your spouse or dependents.

12. Do I need to be on Social Security to get Medicare coverage?

While the two programs are interrelated, participation in one doesn't necessarily hinge on being signed up for the other.

13. What are the difference between Medicare and Medicaid?

Medicare is a federal government-sponsored healthcare program for those 65 and over, and for younger people who are disabled.





Medicaid is a healthcare program for low-income individuals who could not otherwise afford health insurance.

14. Is Medicare's coverage as good as my employer-sponsored insurance?

If you opt for Part A & B plus a Part D Prescription Drug Plan and a Medicare supplement, the coverage is likely to be just as good as what you have from your employer. Depending on which Medicare supplement and Part D Prescription drug plan you choose, your out-of-pocket expenses could be very minimal.

There are Medicare supplements that cover all or nearly all of Original Medicare's out-of-pocket charges, with the exception of prescriptions, which are covered by Part D plans.

Original Medicare paired with a Medicare Part D Prescription Drug Plan and a Medicare supplement provides very solid coverage, and it also gives you access to most doctors and hospitals. When compared with the provider networks that group health insurance plans typically have, the access to doctors and hospitals under Medicare is likely to be same or very similar.

15. Does Medicare cover dental care expenses?

Dental coverage isn't included in Part A & B or Medicare supplemental plans.

16. Does Medicare include coverage for Nursing Home or Long term Care?

Medicare does not pay for any custodial care, commonly referred to as personal care such as bathing, dressing, transferring etc. Medicare does generally pay for skilled care including custodial care provided in an approved skilled nursing facility for a limited time if it is preceded by a hospital stay. Medicare Advantage plans often offer additional benefits for this type of care.

17. What free preventive services does Medicare cover?

Medicare offers a "welcome to Medicare" physical Exam. A one-time review of your health, education and counseling about preventive services, and referrals for other care if needed. You can only get this within 12 months of signing up for Medicare Part B.

"Annual Wellness Visit" – If you have had Part B for longer than 12 months, you can get a yearly wellness visit

There are also several free tests and screenings available that are listed on the Medicare website.





18. Will all doctors accept Medicare coverage?

The answer depends on what type of Medicare coverage you have, and whether you're already a current patient.

19. Are social security and Medicare the same thing?

They are not the same thing, but they do have many similarities, and older Americans receive benefits simultaneously from both programs.

Some of the confusion stems from the fact that the Social Security Administration (SSA) is responsible for determining eligibility for Medicare and handling many of the program's administrative functions, including enrollment. The SSA also handles the administration of Social Security benefits.

Social Security is a government-run income benefit for retirees who have worked – and paid Social Security taxes – for at least ten years. Social Security also provides spousal and survivor benefits, and people under 65 are eligible for benefits if they're disabled.

Medicare is also a government-run program for older Americans, designed to provide health insurance coverage for anyone 65 or older who has worked – and paid Medicare taxes – for at least ten years.

20. Will Medicare cover the cost of Coronavirus testing and treatment?

Test - The federal government has mandated coverage at no cost under Medicare and Medicare Advantage plans

Treatment - If you're enrolled in Medicare, you'll be protected from most of these costs. What you'll pay depends on whether you have Part A & B, plus a supplemental plan or an Advantage plan.

For questions:

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