

COMMON MEDICARE QUESTIONS

Here are some common questions people have about Medicare. For more in-depth information, join us for our Medicare events.

1. How and when do I enroll in Medicare?

Medicare is federal health insurance for people age 65 and over and those on disability for 24 months. You can enroll 3 months before and up to 3 months after your 65th birthday.

2. If I am still working and have insurance, do I have to enroll in Medicare?

If you or your spouse is currently employed and have medical insurance that is primary to Medicare, you can delay your Medicare enrollment until your coverage ends.

3. What do Medicare Parts A, B, and D cover?

Medicare Part A is hospital insurance and covers stays for skilled care in nursing homes. Part B is medical insurance which covers things like doctor office visits, durable medical equipment, and some vaccinations. Medicare Part D is prescription drug coverage.

4. How much will Traditional Medicare cost me?

Most people will not pay a premium for Part A if they have worked full time and paid into Medicare for 40 quarters or 10 years. Deductibles and copays will vary depending on the type of coverage you choose. There is a premium for Part B which was \$144.60 per month in 2020. There is also a copay for services covered under Part B. Premiums and costs for Part D will vary by plan choice.

5. What are my coverage options?

There are 2 coverage options when enrolling in Medicare. You can choose Traditional Medicare or join a Medicare Advantage Plan. Costs for services and medications will vary depending on which type of coverage you choose.

6. What are some of the main differences between Traditional Medicare and Medicare Advantage Plans?

With Traditional Medicare, you can go to any Medicare provider you choose. This is often not the case with Medicare Advantage coverage. You will have to use in-network providers in most

Medicare Advantage Plans. When choosing prescription coverage with Traditional Medicare, you will need a separate Part D plan. In contrast, most Medicare Advantage Plans include prescription coverage. In addition, many Medicare Advantage plans give you access to extra benefits like vision, dental or hearing coverage, which Traditional Medicare does not. There are also limits on what you will have to pay out-of-pocket each year with Medicare Advantage plans.

7. What is supplemental coverage?

Supplemental coverage is private insurance you can purchase to cover your out-of-pocket costs with Traditional Medicare. There are several plans to choose with varying coverage, and many insurance companies sell these plans. The plans are standardized throughout most of the US. The plans do not offer extra benefits outside Traditional Medicare.

8. Do I need prescription drug coverage through Medicare?

If you currently have prescription coverage that is the same as or better than Medicare Part D coverage, you do not need a Part D plan. Or, if you are covered by the VA, you do not need a Medicare prescription drug coverage. However, if you have no prescription coverage when you enroll in Medicare, you should enroll in a Medicare Part D plan or join a Medicare Advantage plan that includes Part D. If you do not enroll when you should, and later try to enroll, you will be charged a penalty.

9. What factors do I need to consider when selecting Medicare coverage?

You should consider costs for medical services you use most, provider networks, coverage and costs for your prescriptions, and star ratings if you choose Medicare Advantage coverage. You can view star ratings and compare costs at www.medicare.gov.

10. Can I get assistance paying for my Medicare coverage?

There are programs to help person of modest means pay for their Part B premiums and copays and extra help for prescription drug coverage. You can find out how to apply for these programs by calling Direction Home Akron Canton Area Agency on Aging & Disabilities at 1-800-421-7277.