



Get Started with Medicare

What is Medicare?

Medicare is a federally funded health insurance program available to adults who are 65 and older, as well as certain disabled individuals.

When do I Enroll?

There are two enrollment periods, you need to sign up to get Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). You won't get Medicare automatically.

- a. The Initial Enrollment Period starts 3 months before you turn 65 and ends 3 months after you turn 65.
- b. The General Enrollment Period provides a period from January 1 to March 31 each year in which one can enroll for Medicare if her/she did not enroll during the initial enrollment period.
- c. You are not required to re-enroll in Medicare each year, but you can annually review and change plans if needed.

Where do I Enroll?

You sign up for Medicare through Social Security.

- a. Sign up on online at www.medicare.gov.
- b. Or, make an appointment with the Social Security Office and sign up in person.

When will I get my Medicare Card?

You will get your Medicare card in the mail about 2 weeks after you sign up. Your card is included in your official "Welcome to Medicare" packet.

What is Medicare Supplemental Insurance?

Medicare does **not cover 100%** of your medical costs.

- a. Private plans are designed to supplement Medicare coverage and follow the same guidelines as Medicare.
- b. These plans pay all or some of the Medicare deductible and coinsurance. These plans help fill the gaps in coverage.

When can I enroll in Medicare Supplemental Insurance?

There are 2 enrollment periods.

- a. The initial Enrollment Period.
 - a. You can enroll in Medicare Supplemental Insurance within the 1st 6 months of enrolling in Medicare **Part B**.



- b. Annual Open Enrollment is October 15th to December 7th each year.
 - a. You can review and change your coverage each year during annual open enrollment, compare plans and select the plan that best meets your needs.

How do I enroll in Medicare Supplemental Insurance?

Once you have Parts A & B, a licensed agent can help you find the coverage option that is best for you and guide you through the enrollment process.

- a. Call our licensed agent at 877-904-4902, GoMedicare *Powered by GoHealth*

What are the traditional parts of the Medicare?

There are two traditional parts to the Medicare program, both of which have amounts that the recipient must pay out-of-pocket, such as deductibles and coinsurance much like other medical expense plans. The two parts are:

- a. Part A – Hospital Insurance (Inpatient)
- b. Part B – Medical Insurance (Outpatient)

What does Part A, Hospital Insurance (Inpatient) cover?

- a. Part A – is premium free to those who qualify through Social Security or railroad retirement or government employment (financed by the payroll tax, FICA)
- b. A deductible is applied on a per benefit period basis.
- c. Part A claim payments are made directly to the provider for any of the **5 major services** received during a benefit period. A benefit period begins on the 1st day of hospitalization. It ends after a person is out of the hospital or skilled nursing facility for 60 consecutive days or remains in a skilled nursing facility without skilled care for 60 days. Part A provides an aggregate of 190 days of lifetime inpatient psychiatric care.
 1. **Hospitalization** – semiprivate room and board, general nursing and miscellaneous hospital services and supplies, including prescription drugs, but only while hospitalized.
 2. **Post-hospital Skilled Nursing Facility Care** – to qualify, one must have been hospitalized for at least 3 days, enter a Medicare approved facility generally within 30 days after hospital discharge and meet other program requirements. After 20 days of Skilled Nursing Care, the flat amount of coinsurance is paid through the 100th day. At that time, the patient must pay 100% of the cost.
 3. **Home Health Care** – medically necessary skilled care, home health aide services nurses' visits, medical supplies, etc., for a limited, specified period.
 4. **Hospice Care** – full scope of pain relief and support services available to the terminally ill.



5. **Blood** – except the 1st 3 pints per benefit period/annually.
- d. For more information on Part A go to www.medicare.gov.

What does Part B – Medical Insurance (Outpatient) cover?

- a. Part B is optional and offered to all applicants when they become entitled to Part A either by qualification or premium.
- b. All Part B recipients pay a monthly premium.
- c. Part B provides **5 major services** per calendar year.
 1. **Medical Expense** – physician’s, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, ambulance services, etc.
 2. **Clinical Laboratory Services** – blood tests, biopsies, urinalysis etc.
 3. **Home Health Care** – medically necessary **skilled care**, home health aide services, medical supplies, for those who are home bound in their personal residence.
 4. **Outpatient Hospital Treatment** – reasonable and necessary services for the diagnosis or treatment of an illness or injury.
 5. **Blood** – except the 1st 3 pints per benefit period/annually.
- e. Prescription Drugs are not covered under Part B.
- f. Part B – payments are based upon a national fee schedule. The schedule assigns a dollar value to each physician service based upon work, practice costs, and malpractice insurance costs. Under this payment system each physician service s covered by Medicare. It has an amount that Medicare will recognize for that service which is taken from the national fee schedule.
Medicare generally pays 80% of that amount.
 1. Medicare Supplemental Insurance are private plans designed to pay some or all of the gap in coverage. These plans follow the same guidelines as Medicare.
- g. Claim payments – are made in one of two ways:
 1. Medicare assignment, the claim is paid directly to the doctor or provider.
 2. If the provider does not take assignments, the claim is paid directly to the insured.
- h. Part B – does not cover routine physical exams or dental services but will cover kidney dialysis treatments and an annual Wellness exam.
- i. For more information on Part B go to www.medicare.gov.

What is Medicare Part C?

Part C is Medicare Advantage (formerly Medicare + Choice). Medicare Advantage plans include: managed care, preferred provider organization (PPO), private fee-for-service, and specialty plans.

- a. Medicare Parts A and B are both required to participate in Medicare Part C.



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- b.** Joining a Medicare Advantage plan requires premium payment for Part B as well as any premium required for additional benefits provided through the Medicare Advantage plan.
- c.** A Medigap plan is unnecessary with Medicare Advantage as these plans generally cover many of the same benefits that a Medigap policy covers.
- d.** For more information on Part C go to www.medicare.gov.

What is Medicare Part D?

Part D is Prescription Drug Insurance.

- a.** Under the provisions of Part D voluntary prescription drug coverage, anyone entitled to or enrolled in Part A and/or Part B of Medicare may enroll in the voluntary prescription drug program in his/her area. Beneficiaries must enroll with a participating approved Medicare Part D Prescription Drug Provider (PDP) or a Medicare Advantage plan that offers prescription drug coverage under Part C of Medicare.
- b.** Medicare prescription drug coverage and premium vary significantly between insurers approved by CMS to offer Prescription coverage.
- c.** For more information on Part D go to www.medicare.gov.

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