

10 Most Frequently Asked Questions About Medicare

Welcome to our comprehensive guide to Medicare, updated for 2025. This presentation answers the most common questions beneficiaries have about this critical healthcare program. Whether you're approaching eligibility, already enrolled, or helping a loved one navigate their options, you'll find clear explanations of Medicare's complex rules, coverage details, and enrollment guidelines.



What Is Medicare, and Who Is Eligible?

Medicare is a federal health insurance program primarily designed for:

- People aged 65 and older
- Certain younger people with qualifying disabilities (after receiving Social Security Disability Insurance for 24 months)
- People with End-Stage Renal Disease (ESRD) requiring dialysis or transplant
- People with Amyotrophic Lateral Sclerosis (ALS/Lou Gehrig's disease) - eligible immediately upon SSDI approval

Your work history affects eligibility for premium-free Part A, while income may impact your monthly premiums for Parts B and D through income-related monthly adjustment amounts (IRMAA).



When Should I Enroll in Medicare?

Initial Enrollment Period (IEP)

1

Your 7-month window centered around your 65th birthday: 3 months before, your birthday month, and 3 months after. Enrolling before your birthday month ensures coverage begins the first day of your birthday month.

General Enrollment Period (GEP)

3

January 1–March 31 each year if you missed your IEP. Coverage begins July 1, and late enrollment penalties may apply, increasing your lifetime premiums.

2

Special Enrollment Period (SEP)

If you delayed enrollment due to active employer coverage (for employers with 20+ employees), you have an 8-month SEP when that coverage ends without facing penalties.

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Automatic Enrollment

If you're receiving Social Security benefits before age 65 or have been on SSDI for 24+ months, you'll be automatically enrolled in Parts A and B.

What Are the Different Parts of Medicare?

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Part A: Hospital Insurance

Covers inpatient hospital stays, skilled nursing facility care, hospice care, and some home health care. Most beneficiaries don't pay a premium if they or their spouse paid Medicare taxes while working.

2

Part B: Medical Insurance

Covers doctor visits, outpatient care, preventive services, medical supplies, and some home health services. Everyone pays a monthly premium (higher for those with higher incomes).

3

Part C: Medicare Advantage

An alternative to Original Medicare offered by private insurance companies that contract with Medicare. These bundled plans typically include Parts A, B, and usually D, plus additional benefits.

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Part D: Prescription Drug Coverage

Optional coverage for prescription medications, provided by private insurance companies. Can be purchased as a standalone plan or included in a Medicare Advantage plan.

What Does Original Medicare Cover?

Part A (Hospital Insurance) Covers:

- Inpatient hospital care
- Skilled nursing facility care (limited)
- Nursing home care (non-custodial)
- Hospice care
- Home health services (limited)

Part B (Medical Insurance) Covers:

- Doctor visits and services
- Outpatient care
- Preventive services (screenings, vaccines)
- Durable medical equipment
- Mental health services
- Clinical research studies
- Ambulance services

❏ Important: Original Medicare does NOT cover routine dental care, eye exams for glasses, hearing aids, long-term custodial care, most care while traveling outside the US, or cosmetic surgery.

What Is Medicare Advantage (Part C)?

All-in-One Alternative

Medicare Advantage plans are offered by private companies approved by Medicare to provide your Part A and B benefits. Most include prescription drug coverage (Part D) and many offer additional benefits not covered by Original Medicare.

Additional Benefits

Many plans include dental, vision, hearing, fitness memberships, and even transportation to medical appointments. Some plans now offer in-home support services, meal delivery, and home modifications.

Network Restrictions

Most plans require you to use doctors and facilities within their network (HMO) or charge more for out-of-network care (PPO). Plans may change their networks annually, so you need to verify your providers remain in-network.

Different Cost Structure

You pay your Part B premium plus possibly an additional premium. Instead of the 20% coinsurance of Original Medicare, you'll typically pay copays for services. Plans have an annual out-of-pocket maximum for covered services.

What Is Medigap (Medicare Supplement) Insurance?

Medigap policies are private insurance plans designed to cover the "gaps" in Original Medicare coverage, such as deductibles, copayments, and coinsurance. These policies work alongside your Original Medicare (Parts A and B).

Key facts about Medigap:

- Standardized plans labeled A through N (plans C and F are no longer available to new Medicare beneficiaries)
- You must have Medicare Parts A and B to purchase
- Each covers a different set of benefits, but plans of the same letter offer identical coverage across different insurance companies
- Best time to buy is during your 6-month Medigap Open Enrollment Period (starts when you're 65+ and enrolled in Part B)



Important: Medigap policies do NOT include prescription drug coverage. You'll need to purchase a separate Part D plan if you want medication coverage.

How Does Medicare Prescription Drug Coverage (Part D) Work?

Enrollment

Part D is voluntary but comes with late enrollment penalties if you don't sign up when first eligible. You can get coverage through a standalone Prescription Drug Plan (PDP) or through a Medicare Advantage plan that includes drug coverage (MA-PD).

Cost Phases

Part D plans have several payment phases: deductible, initial coverage, coverage gap (donut hole), and catastrophic coverage. Your costs change as you move through these phases based on your total drug spending for the year.

Coverage Structure

Each plan has its own formulary (list of covered drugs) organized in tiers that determine your cost-sharing amount. Plans can change their formularies each year, so review your coverage annually during Open Enrollment.

Extra Help Program

Medicare beneficiaries with limited income and resources may qualify for Extra Help to pay for prescription drugs. This program can significantly reduce your Part D costs.

How Much Does Medicare Cost?

\$0

Part A Premium

Free for most beneficiaries with 40+ quarters (10 years) of Medicare-covered employment. Those with 30-39 quarters pay \$285/month, and those with fewer than 30 quarters pay \$518/month (2025 rates).

\$174.70

Part B Premium

Standard monthly premium for 2025 (higher for incomes above \$106,000 individual/\$212,000 couple). Annual deductible is \$257 before Medicare pays its share.

\$1,676

Part A Deductible

Per benefit period for 2025. A benefit period begins when you're admitted and ends when you haven't received inpatient care for 60 consecutive days.

20%

Part B Coinsurance

After meeting your deductible, you typically pay 20% of the Medicare-approved amount for most doctor services, outpatient therapy, and durable medical equipment.

Medicare Advantage and Part D plans have varying premiums, deductibles, copays, and coinsurance depending on the specific plan you choose and where you live.

Can I Have Medicare and Medicaid?

Dual Eligibility

Yes, you can qualify for both Medicare and Medicaid if you meet the eligibility requirements for both programs. These "dual eligible" beneficiaries receive comprehensive coverage through the combination of both programs.

Benefits of Dual Eligibility

- Medicaid may pay your Medicare premiums, deductibles, and coinsurance
- Coverage for services not covered by Medicare (long-term care, dental, vision)
- Lower prescription drug costs
- Access to Special Needs Plans (SNPs) designed specifically for dual eligibles



Medicaid Eligibility Factors

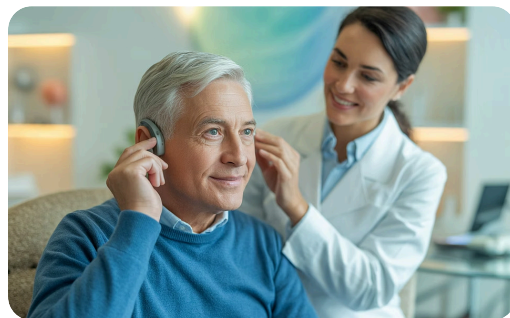
- Income below state thresholds
- Limited assets/resources
- State-specific requirements
- Categorical eligibility (age, disability, etc.)

What Is Not Covered by Medicare?



Dental Care

Routine dental care including cleanings, fillings, tooth extractions, dentures, and most dental procedures are not covered. Some Medicare Advantage plans offer limited dental benefits.



Hearing Services

Hearing aids and routine hearing exams are not covered by Original Medicare. Diagnostic hearing tests may be covered if ordered by a doctor to determine treatment for a medical condition.



Long-Term Care

Custodial care (help with bathing, dressing, eating) in a nursing home or at home is not covered. Medicare only covers skilled nursing facility care after a qualifying hospital stay.



Overseas Care

Medicare generally doesn't cover health care while traveling outside the USA, except in very limited circumstances. Some Medigap policies offer foreign travel emergency health care coverage.

What Happens If I Miss My Enrollment Window?

Late Enrollment Penalties

- **Part A:** 10% higher premium for twice the number of years you could have had Part A but didn't sign up (if you don't qualify for premium-free Part A)
- **Part B:** 10% for each full 12-month period you could have had Part B but didn't sign up; this penalty lasts for as long as you have Part B
- **Part D:** 1% of the national base beneficiary premium times the number of full months you went without coverage; this penalty lasts as long as you have Part D

⊗ These penalties aren't temporary—they generally last for as long as you have Medicare coverage, potentially costing thousands of dollars over your lifetime.

Enrollment Period Restrictions

If you miss your Initial Enrollment Period and don't qualify for a Special Enrollment Period, you'll have to wait for the General Enrollment Period (January 1–March 31) to sign up. Your coverage won't begin until July 1, leaving you potentially uninsured for months.

Can I Make Changes to My Medicare Coverage?

Medicare Advantage Open Enrollment Period

January 1 – March 31 each year. If you're already enrolled in a Medicare Advantage plan, you can:

- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and return to Original Medicare (with the option to join a Part D plan)

Annual Open Enrollment Period

October 15 – December 7 each year. During this period, you can:

- Switch from Original Medicare to a Medicare Advantage plan (or vice versa)
- Switch between Medicare Advantage plans
- Join, switch, or drop a Medicare Part D prescription drug plan

All changes take effect on January 1 of the following year.

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Special Enrollment Periods (SEPs)

Available when certain life events occur, such as:

- Moving to a new address outside your plan's service area
- Losing other health insurance coverage
- Your plan leaving Medicare or changing its service area
- Qualifying for Extra Help or Medicaid



Where Can I Get More Help or Information?

Medicare.gov

The official U.S. government website for Medicare offers:

- Medicare Plan Finder tool to compare plans in your area
- Online enrollment services
- Coverage information and cost calculators
- 1-800-MEDICARE (1-800-633-4227) phone support

State Health Insurance Assistance Programs (SHIPs)

Free, personalized counseling from trained volunteers who can:

- Help you understand your Medicare benefits and options
- Assist with enrollment decisions and appeals
- Explain how Medicare works with other insurance
- Provide local, in-person assistance

Additional Resources

- Social Security Administration: 1-800-772-1213 or [ssa.gov](https://www.ssa.gov)
- Licensed insurance agents specializing in Medicare
- Beneficiary and Family Centered Care Quality Improvement Organizations (BFCC-QIOs) for quality of care concerns
- Senior centers and community organizations

Key Takeaways and Expert Tips

1 Enroll on time to avoid penalties

Mark your calendar for your Initial Enrollment Period, which begins 3 months before your 65th birthday. Set reminders to review your coverage annually during Open Enrollment (October 15–December 7).

2 Consider your complete healthcare needs

When choosing between Original Medicare + Medigap + Part D versus Medicare Advantage, assess your provider preferences, prescription needs, travel plans, and budget constraints.

3 Get personalized assistance

Contact your local counselor for free, unbiased guidance tailored to your specific situation. Bring a complete list of your medications and preferred providers to any consultation.

Expert Tip: Keep all communications from Medicare and Social Security in a dedicated folder. These documents contain important information about your coverage and may be needed for appeals or enrollment changes.



Remember that Medicare rules and benefits can change annually. Stay informed by reading your Annual Notice of Change and Evidence of Coverage documents each fall, and reassess your coverage needs regularly.