Peter Scott

Licensed Health Insurance Agent
360-512-7094
healthplanpeter@gmail.com
www.healthplanpeter.com
NPN 19568907

Common Questions About Medicare & Medicaid

1. Will I be automatically enrolled when I turn 65?

Only if you are already receiving Social Security benefits. If you are collecting Social Security at least four months before your 65th birthday, the government will automatically enroll you in Medicare Parts A and B. If you aren't drawing Social Security yet, you have to actively sign up through the Social Security Administration.

2. When do I need to enroll to avoid a penalty?

Your Initial Enrollment Period (IEP) is a seven-month window around your 65th birthday. It includes the three months before you turn 65, your birthday month, and the three months after. Missing this window without having other "creditable" coverage (like a current employer's plan) can lead to lifelong late-enrollment penalties on your premiums.

3. Do I have to sign up at 65 if I am still working?

It depends on the size of your employer. If your company has 20 or more employees and you have group health coverage through your job (or your spouse's job), you can usually delay Medicare Parts B and D without penalty. If the company has fewer than 20 employees, you generally must sign up at 65, because Medicare becomes your primary insurance.

4. What is the difference between Original Medicare and Medicare Advantage?

This is the biggest fork in the road for applicants:

Original Medicare (Parts A & B): Run by the federal government. You can see any doctor in the U.S. that accepts Medicare. Most people pair it with a standalone Part D prescription plan and a private Medigap policy to help cover out-of-pocket costs.

Medicare Advantage (Part C): Run by private insurance companies approved by Medicare. These are "all-in-one" bundled plans (HMOs or PPOs) that usually include dental, vision, and drug coverage, but require you to use a specific network of local doctors.

5. How much does Medicare cost?

Medicare isn't entirely free. While Part A (Hospital Insurance) is premium-free for most people who have worked at least 10 years, Part B (Medical Insurance) has a standard monthly premium. Beyond that, you will still be responsible for deductibles, copays, and coinsurance depending on the specific plans you choose.

6. What do all the different "Parts" actually cover?

The program is split into four main categories:

Part A: Inpatient hospital stays, skilled nursing facility care, hospice, and some home health care.

Part B: Doctor visits, outpatient care, medical supplies, and preventive services.

Part C (Medicare Advantage): Private alternative plans that bundle A and B, often including extras.

Part D: Prescription drug coverage.

7. Does Medicare cover dental, vision, and hearing care?

Original Medicare does not cover routine dental, vision, or hearing care (like cleanings, eye exams, or hearing aids). If you want coverage for these services, you either need to enroll in a Medicare Advantage plan that includes them or buy separate, private insurance policies.

8. What is a Medigap (Medicare Supplement) plan?

Because Original Medicare only pays for about 80% of your outpatient medical costs, Medigap policies are private insurance plans designed to "fill the gaps" by paying the remaining 20% (like your coinsurance and deductibles). You cannot have both a Medigap plan and a Medicare Advantage plan at the same time.

9. Can I change my coverage if I don't like it?

Yes, but usually only during specific times of the year. The primary window is the Medicare Open Enrollment Period, which runs every year from October 15 to December 7. During this time, anyone can switch between Original Medicare and Medicare Advantage, or change their Part D drug plans for the upcoming year.

10. What is the difference between Medicare and Medicaid?

Though they sound similar, they are completely separate programs:

Medicare is an entitlement program tied to age (65+) or specific severe disabilities, regardless of income.

Medicaid is a joint state and federal assistance program for individuals and families with low income and limited assets. (People who qualify for both are known as "dual eligible.")

11. Can you have both Medicare and Medicaid?

Yes, you absolutely can have both. People who are enrolled in both programs are referred to as "dual eligibles." Because the two programs serve different purposes, they actually work together quite well to cover most of your healthcare costs:

- Medicare acts as your primary insurance, paying for medical care, doctor visits, and hospital stays first.
- Medicaid acts as the secondary insurance. It can help pay for Medicare premiums, deductibles, and copays, and it often covers critical services that Medicare doesn't, such as long-term nursing home care or extended home health services.

How much financial assistance you get from Medicaid while on Medicare depends on your income and asset levels and where you live, as states have different programs (like Medicare Savings Programs) to help bridge the gap.

Peter Scott

Licensed Health Insurance Agent

360-512-7094

healthplanpeter@gmail.com

www.healthplanpeter.com

NPN 19568907