

5 Tips for Those New to Medicare

Are you newly eligible for Medicare? The following tips will help you seamlessly access all the benefits Medicare offers. Always keep in mind your own health care needs when making Medicare decisions, and know that you can turn to the Medicare Rights Center or your local State Health Insurance Assistance Program (SHIP) for guidance.

1. Know whether you qualify, and enroll when you become eligible. Medicare is the federal health insurance program for people who are <u>65 and over</u>, some people <u>under 65 with a disability</u>, and people with <u>End-Stage Renal Disease</u> (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Those turning 65 should enroll in Medicare during the <u>Initial Enrollment Period (IEP)</u>. This 7-month period includes 3 months before you turn 65, the month you turn 65, and 3 months after you turn 65. Those under 65 with disabilities will begin receiving Medicare after they have been receiving Social Security Disability Insurance (SSDI) for 24 months. Different rules apply for people eligible because of ESRD and ALS - contact SSA for more information.

- 2. Understand what Medicare covers. Different parts of Medicare cover different services:
 - Part A: Covers inpatient services and is also called <u>hospital insurance</u>.
 - Part B: Covers outpatient services and is also called <u>medical insurance</u>.
- Part D: Covers prescription drugs and is only offered through private insurance companies. It's best to get your medications at a preferred, in-network pharmacy that works with your <u>Part D plan</u>.
- 3. Know your coverage options. Which Medicare coverage option is right for you depends on your health care needs. Original Medicare is coordinated by the federal government, and consists of Part A and Part B. You pay Medicare premiums, deductibles, and coinsurances (usually 20 percent of the Medicare-approved cost for outpatient care). If you want Medicare drug coverage (Part D) with Original Medicare, you will need to actively choose and join a stand-alone Medicare private drug plan (PDP). What happened to Part C? Medicare Advantage Plans allow you to get Parts A, B, and D through one private plan. You pay the Part B premium, and you may pay a separate premium for the plan. Medicare Advantage plans come in many different forms, with different cost-sharing and network rules.

- **4.** Pay attention to how Medicare works with other types of health insurance. Medicare can either be primary or secondary to employer insurance. This usually depends on the size of the employer and whether or not someone is currently working. You should talk to your employer and Medicare to find out how your employer insurance will work with Medicare. If you have retiree insurance from you or your spouse's former employer, in almost all cases, you should enroll in both Medicare Parts A and B to have full coverage of doctors' services and other medical care.
- 5. Get screened for programs that can help pay for Medicare costs. There are a number of government programs that may help if you qualify. Extra Help is a federal program that helps you pay for some or most of the costs of Medicare prescription drug coverage (Part D). You can apply for the Extra Help program through the Social Security Administration or your local Medicaid office. Contact your State Health Insurance Assistance Program (SHIP) at 877-839-2675 to be screened for additional programs within your state.

What's Next?

Check out MI Pro.

Medicare Interactive Pro (MI Pro) is a web-based curriculum designed to empower any professional to help their clients, patients, employees, retirees, and others navigate Medicare questions.



View Courses

Available only through the <u>Medicare Rights Center</u>, Medicare Interactive (MI) is a free and independent online reference tool thoughtfully designed to help older adults and people with disabilities navigate the complex world of health insurance.