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Medicare questions and answers

1. How Do I Sign Up for Medicare? You will be automatically enrolled in Medicare Parts A and B when you turn 65 if already receiving Social Security. No action needed, but you can proactively enroll in Part B through a local Social Security office, by calling 800.772.1213, or enrolling online. 2. How Much Does Medicare Cost? Medicare Part A has no premium as long as you've worked 40 quarters/10 years, but Part B has a \$134/month standard premium, which may be deducted from your Social Security check. Income affects premiums; however, if you started Medicare in a certain year, you might qualify for lower premiums. 3. Does Medicare Cover Preventive Care? Medicare covers a "Welcome to Medicare" physical within the first 12 months and annual wellness exams after that. It also covers various screenings/tests on established schedules, including bone mass measurements, cardiovascular screenings, and flu shots. 4. What is the Difference in Medigap and Medicare Advantage? Medigap offers supplemental coverage, while Medicare Advantage provides a single plan with various benefits. Key differences lie in coverage, out-of-pocket costs, and provider networks. Medicare Plans Explained: Understanding Medigap and Advantage Plans Medigap and Medicare Advantage plans are two types of health insurance options available to seniors and people with disabilities. Medigap plans supplement Medicare, while Medicare Advantage plans replace it. The key differences between the two lie in their coverage levels and premiums. Medicare Advantage plans have lower premiums but also offer less coverage and more restrictions, such as networks and annual plan changes. If you're not eligible for a Medigap plan during your initial open enrollment period or guaranteed issue period, you may be "stuck" on an Advantage plan without being able to switch to a Medigap plan if you have pre-existing conditions. It's essential to carefully consider which type of plan is best for your needs. Some people may not need Part D (prescription coverage) at all, but failing to enroll in one when eligible can result in a 1% monthly penalty on the standard premium. Conversely, enrolling early can save you money in the long run. When choosing a Part D plan, consider comparing plans based on your specific medications and co-pays. The Medicare.gov website offers a comparison tool that allows you to easily compare plans by entering your zip code, medications, and preferred pharmacy. Medigap plans are Federally-standardized, meaning coverage is the same across different companies for "like" plans. Therefore, the best Medigap company or plan for you depends on price since other comparative factors are equal. To find the best Medigap plan, get quotes from multiple providers. Compare Medigap plans, considering prices and company reputations/ratings to make an informed decision. Any doctor or hospital accepting Medicare patients will take a Medigap plan, eliminating the need for networks. This is different from Medicare Advantage plans, which have networks. To obtain a Medicare plan, you may be asked health questions when changing plans or enrolling outside of your initial open enrollment window. Enroll in a Medigap plan by comparing rates and plans for your area, using an independent agent to find the best option. Secure Medicare Solutions offers guidance on Medigap plans and provides additional features such as provider search, medical equipment supplier finder, coverage check, and live chat assistance. Medicare assistance is available 24/7, excluding some federal holidays, for TTY users who can call 1-877-486-2048. For personalized health insurance counseling, contact your local State Health Insurance Assistance Program (SHIP) - a free service not connected to any insurance companies or plans. SHIP staff and volunteers will help with Medicare-related questions such as complaints about medical care, comparing and joining plans, and finding help paying for healthcare costs. To access your information and check processed claims, create a secure Medicare account. When choosing Medicare coverage, it's essential to consider your personal health care needs and understand that you may need Part D prescription drug coverage through a stand-alone plan or a Medicare Advantage plan. You'll likely pay the Part B premium, plus other premiums, deductibles, co-pays, and co-insurance depending on your chosen plan and healthcare services used. If you plan to work past 65, you may be able to delay enrolling in Medicare, but it's crucial to understand your employer coverage and whether it's creditable. Some people choose to enroll in Part A when turning 65, which is premium-free if you or your spouse worked and paid Medicare taxes for at least 10 years. Note that if you get Part A, you can no longer contribute to your HSA. Original Medicare doesn't cover routine dental or vision care, but some Medicare Advantage plans do. These plans often include additional benefits like dental, vision, hearing, and gym memberships. While no part of Medicare is mandatory, enrolling in any part after the Initial Enrollment Period may result in financial penalties unless you qualify for a Special Enrollment Period with creditable employer coverage. Medicare Advantage HMO and PPO plans have different network requirements, and there are financial assistance programs available for people with limited income and assets, including Extra Help for prescription drugs, Medicare Savings Programs, and others. Qualifications and levels of assistance for various programs differ significantly. Your Medicare coverage options remain intact unless you choose to switch plans. Even if a plan is renewed, its benefits and costs may still change annually. It's recommended to review your Medicare choices each fall during the Medicare Annual Enrollment Period (Oct 15 - Dec 7). While Medicare and Medicaid are both government-funded healthcare programs, they cater to distinct groups of people. Generally, Medicare serves individuals aged 65 or older, or those with disabilities that meet specific criteria. On the other hand, Medicaid is a state-administered program for low-income individuals with limited resources. Some individuals qualify for both Medicare and Medicaid, known as dual-eligible beneficiaries who often have access to special Medicare plans. To learn more about these programs, you can explore the differences between Medicare and Medicaid, including dual eligibility. Typically, one becomes eligible for Medicare after receiving Social Security disability benefits for two years or meeting specific medical requirements. For those with disabilities, it's essential to determine their enrollment dates and understand how Medicare interacts with disability benefits. Due to the complexity of the system, navigating Medicare can be overwhelming, especially when selecting coverage for the first time. If you have further questions, refer to our comprehensive Medicare FAQ resource. It's common to encounter numerous Medicare-related queries; however, finding answers may require more effort than anticipated. To help alleviate this burden, we've compiled a list of the top 25 most frequently asked Medicare questions that our clients pose to our licensed Medicare agents. By reviewing this list, you might find it helpful in addressing your pressing Medicare concerns and even uncovering new information about which you were previously unaware. You need to contact your local Social Security office to register for Part A and Part B simultaneously. Once you complete the application with required documents, you'll start receiving benefits on the first day of your 65th birthday month. To sign up for Medicare plans, follow these three steps: 1. Complete the application online, in person or over the phone. 2. Enroll in Medicare if you're still working past 65. Although not mandatory, we recommend enrolling in Part A as soon as possible to avoid late fees. If you don't have creditable health coverage and delay Medicare Part B enrollment, you might face penalties until then. However, if your employer offers this type of coverage, you won't need to enroll in Medicare Part B. Medicare Supplement and Advantage plans are not the same thing. Advantage plans provide more comprehensive coverage but often require you to follow a specific network of doctors and pay higher costs out-of-pocket. To enroll in Medicare after delaying it past 65 with creditable coverage, contact your local Social Security office during the Special Enrollment Period. If you delayed signing up for Medicare without having creditable coverage, you'll need to enroll during the General Enrollment Period, which runs from January 1 to March 31 every year. Keep in mind that your coverage won't kick in until July 1 of the same year. Medicare costs vary, but most people pay nothing for Part A premiums, with a maximum cost of \$174.70 per month in 2024 or \$518 in 2025 if you don't qualify for zero-premium coverage. To get this waiver, you must have worked at least 40 quarters (10 years) paying Medicare taxes. If you didn't meet this requirement, you'll have to pay the Part A premium. The standard Medicare Part B premium is \$185 per month in 2025, which may increase based on your income level. This adjustment is known as the Income Related Monthly Adjustment Amount (IRMAA). For instance, if you and your spouse earn a combined \$230,000, you'll each pay \$244.60 per month. You can't enroll in both Medicare Advantage and Medigap plans simultaneously; doing so would make neither plan your primary coverage, potentially leaving you to foot the bill for healthcare services out of pocket. To avoid this, agents cannot enroll you in one plan if you're already enrolled in another without a valid exit strategy. Medicare Plans can be found in 3 Easy Steps: Let us help you navigate your Medicare journey Your Medicare plans are automatically renewable each year as long as you continue to pay the monthly premium for Original Medicare coverage. Medicare Supplement and Advantage plans work similarly, although you have the option to change your plan annually if you don't like its benefits. If you move to a new city or state, you'll need to update your address with Social Security because Original Medicare's federal program offers the same benefits nationwide. However, if you're in a Medicare Supplement or Advantage plan, you might be required to choose a new plan or pay a different monthly premium when moving. Our Medicare agents can assist you in quickly finding a top-rated plan in your area during this transition. Medicare has deductibles and costs that change annually, with the Medicare Part A per occurrence deductible costing \$1,676 in 2025 and the Part B annual deductible at \$257. You must meet these deductibles before each respective Medicare part covers its portion of healthcare services you receive. Medicare Deductibles: What You Need to Know Medicare deductibles are annual or per-occurrence fees that you may need to pay for medical services. Per occurrence deductibles can be paid multiple times in one year, while annual deductibles are only paid once per calendar year. For Medicare Part C plans, yearly deductibles vary between plans and must be reviewed individually. Medicare Part D plans also have annual deductibles, with a maximum deductible of \$590 in 2025. However, each plan can set its own deductible amount. Medicare does not cover prescription medications under Original Medicare. To get coverage for prescription drugs, you need to enroll in Medicare Part D. Some Medicare Advantage plans offer prescription drug coverage as well, but delaying enrollment may result in a late enrollment penalty. To change your address with Medicare, contact your local Social Security office and verify your identity. You can also update your address online through the My Medicare account on Medicare.gov. If you lose your Medicare card, report it to Social Security immediately and request a replacement by logging into your My Medicare account. A temporary replacement card will be available for printing, but a new card may take time to arrive via mail. Medicare does not cover dentures under Original Medicare, but some Medicare Advantage plans offer this benefit. If you need dental coverage, consider enrolling in a separate plan designed to work with Medicare. You should consider getting medical coverage to cover these costs so you won't get stuck with huge bills later on. Just remember that if you've already got VA coverage and delay signing up for Medicare Part B, you'll be hit with a penalty fee down the line. Once you do sign up for Medicare, it takes care of most of your medical bills first, and then the VA covers any remaining costs. Now, about dropping you from their plans: original Medicare, Medicare Advantage, and Supplement plans can't drop you because of health issues. You'll have coverage as long as you keep paying those monthly premiums on time. Now, if you want to switch to a different plan, there might be some restrictions due to your health history, especially with Supplement plans. These other types of Medicare - Part D and Advantage plans - don't review your past medical conditions when you apply. But, you can only sign up for these at certain times of the year. If you're struggling to pay those Medicare premiums, there are programs available that might be able to help cover some or all of them, especially Medicaid if you qualify. Some Medicare Savings Plans can also chip in to help with your out-of-pocket costs. Now, let's talk about Medicare HMO and PPO plans. These are types of Advantage plans, but they work a bit differently. HMOs tend to have more restrictions on the doctors and hospitals you can visit without a referral from your primary care physician. PPOs give you more freedom to choose your healthcare providers with less hassle. However, keep in mind that PPOs generally cost more than HMOs. One thing to consider is whether Medicare has its own network of doctors and hospitals you can use. Original Medicare doesn't have the same kind of network restrictions like some private insurance plans do - instead, doctors and hospitals can choose to take on Medicare patients or not. But by 2025, nearly all of them will be accepting it. When you sign up for a Medicare Advantage plan, you'll usually only get coverage from within its specific network. However, with a Supplement plan, you're free to visit any doctor in the country without worrying about whether they take your insurance. Lastly, remember that enrolling in Medicare isn't mandatory - it's entirely voluntary. But delaying your enrollment might result in penalties down the line, especially if you don't have other health coverage to fall back on. It might be more cost-effective to sign up for Medicare right away, especially since Part A is usually zero-premium and Part B won't give you a penalty if you get creditable coverage first. Medicare Coverage Explained: Understanding Original Medicare, Part D, and Supplements Original Medicare does not cover all medical costs once you enroll in coverage. You'll need to pay a per occurrence deductible and copayments through Medicare Part A, followed by an annual deductible and 20% coinsurance with Medicare Part B. To fill the gaps left by Original Medicare, consider enrolling in a Medicare Supplement plan, which can help reduce your out-of-pocket spending. During the Annual Enrollment Period, you can change your Medicare Part D plan without answering health questions, but keep in mind that any changes will take effect on January 1 of the following year. If you're currently enrolled in a Medicare Advantage plan and want to switch to a Medigap (Supplement) plan, you may need to wait until the Annual Enrollment Period. This is because Medicare Advantage plans are subject to one-year terms unless you experience a life-changing event. Medicare benefits do change each year, with premiums, deductibles, and covered services adjusting annually in October. Additionally, changes in covered services will be communicated to you in advance. To navigate your Medicare journey effectively, it's essential to review the changes to your plan each year during the Annual Enrollment Period, where you may have the option to switch plans if needed. Medicare Resources Can Help You Navigate the Program Medicare can be complex, but there are several great resources available to help you understand your options and make informed decisions. Here are some key resources: Medicare.gov: This website is a one-stop shop for all things Medicare. It offers information on costs, coverage, eligibility, enrollment, and supplemental policies. Medicare Plan Finder: This tool allows you to compare costs and coverage for different parts of the Medicare program. Social Security Administration (SSA): The SSA handles Medicare enrollment and can answer questions about eligibility, enrollment, and other topics. State Health Insurance Assistance Programs (SHIPs): These programs provide free counseling and resources on all Medicare issues. They are available in every state and offer personalized help over the phone, in person, or online.