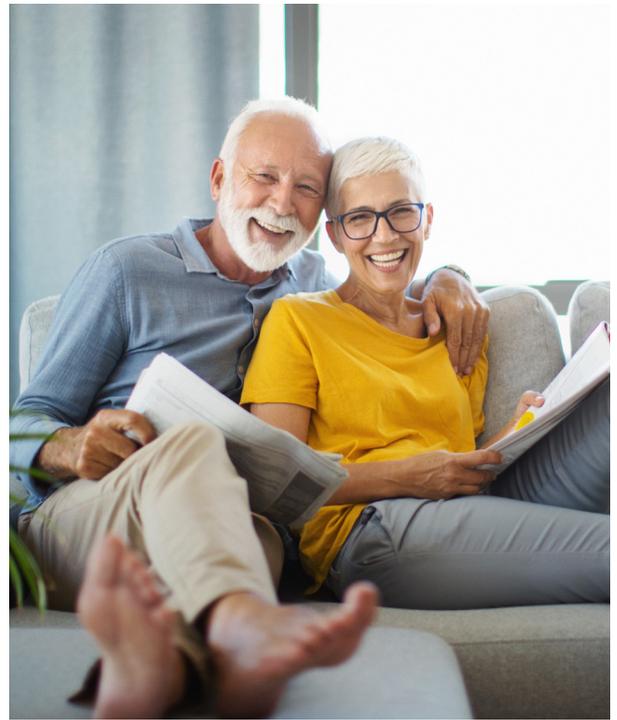


Medicare 101

Becoming eligible for Medicare is a significant milestone that opens up great new coverage options. But it also can prompt a lot of questions. From how to sign up for the program to selecting the plan that is best for you, there are important things to know and consider.

Our partner, eHealth, has valuable information to help you learn about Medicare. Below you'll find answers to some of the top questions seniors have about the program.



Your top 10 medicare questions answered:

1 Do I have to contact Social Security to enroll?

That depends. If you already receive Social Security retirement or disability benefits, the Social Security Administration will automatically enroll you in Medicare Parts A and B. Otherwise, if you are within three months of age 65 or older and not ready to start your monthly Social Security benefits yet, you can sign up for Medicare by [applying online at SSA.GOV](https://www.ssa.gov).

2 Do you have to sign up for Medicare when you turn 65?

Whether you should sign up for Medicare depends on your situation. Suppose you are still working when you turn 65 and have group health coverage. In that case, you may be able to delay Part A and Part B coverage without having to pay a lifetime late enrollment penalty if you enroll later. However, most people should apply for Medicare when they are 65 to avoid penalties and to access affordable coverage options.

3 What are my options if I continue to work past 65?

People working past 65 may have several options to consider. You may want to keep your employer's group health coverage. If you do, you should talk to

your benefits administrator to help you decide when to enroll in Part B. However, everyone's situation is different, and a licensed insurance agent can help you choose the best option for your particular situation.

4 What is the difference between Medicare Part A and B?

Medicare Part A is hospital insurance. It generally covers inpatient hospital stays, skilled nursing care, hospice care and limited home health care services. Medicare Part B is medical insurance. It covers medical services and supplies that are medically necessary to treat your health condition. This can include outpatient care, preventive services, ambulance services and durable medical equipment. Medicare Part B also covers part-time or intermittent home health and rehabilitative services, such as physical therapy, if they are ordered by a doctor to treat your condition.

5 If I purchase my own Medicare insurance only for me, does my spouse's income have to be considered?

That depends on whether you jointly file your taxes. If you file your taxes jointly, then your spouse's income will be considered when calculating the premium for Medicare Part B.

6 What if I spend part of the year living in another state?

Whether you often travel or spend time living in two different locations is an important consideration when selecting the right Medicare coverage. Medicare supplement insurance plans are a good option because they give you access to any health care provider who accepts Medicare. Some prescription drug and Medicare Advantage plans also include national networks. A licensed insurance agent can help you review your options and select the best coverage for your needs.

7 If I first enroll in Medicare Advantage, may I later switch to a Medicare supplement insurance plan (Medigap)?

Maybe; it depends on your situation. During your six-month Medigap open enrollment period, you can buy any Medigap policy sold in your state, even if you have health problems. And you generally will get better prices and more choices among policies during that initial open enrollment period. But suppose you don't have chronic health conditions or take regular prescription drugs. In that case, a Medicare Advantage plan could save you money. But keep in mind if you apply for Medigap coverage after your open enrollment period, there's no guarantee an insurance company will sell you a Medigap policy if you don't meet the medical underwriting requirements.

8 Does Medicare Advantage (Part C) follow an HMO or PPO model?

Medicare Advantage includes both HMO and PPO plans. The one that saves you the most money depends on your specific situation and preferences. If you don't want to be restricted by a provider network, you should select a PPO. HMO plans generally have lower premiums, but you may pay more if you get care outside of the plan's provider network.

9 What are the potential drawbacks to Medicare Advantage?

The drawbacks are very few and far between with Medicare Advantage plans. They do, however, include networks. So if you have a doctor you want to see, but he or she doesn't accept your Medicare Advantage plan, you either wouldn't be able to see that doctor, or you may pay higher costs.

10 Why do I see Medicare Advantage Plans with \$0 premiums? Who is paying for these?

Medicare Advantage plans are provided by private insurance companies. These plans cover what Original Medicare (Parts A and B) cover but may include extra benefits. Just like the federal government pays for Original Medicare, the federal government pays a fixed amount to the companies offering Medicare Advantage plans. Private insurance companies can set their own prices — including charging zero premiums — and must be approved by the federal government.

Questions? Contact eHealth for help or for help with enrolling in a plan.

844-929-2519 (TTY 711)

Weekdays, 8 a.m. to 8 p.m. EST

Speak to a licensed insurance agent at eHealth with no obligation to enroll.



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