

Medicare

OVERVIEW OF THE MEDICARE PROGRAM



Medicare is a National Health Insurance Program for:

- People 65 years of age and older
- Certain persons with disabilities under the age of 65
- People with end stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant)

Medicare is not an entitlement program and should not be confused with Medicaid. The income and assets of a Medicare beneficiary are not a consideration in determining eligibility or benefit payment.

Medicare has four components: Part A, Part B, Part C and Part D

Part A covers inpatient hospital care, hospice care, inpatient care in a skilled nursing facility, and home health care services. Individuals have either paid into Medicare over the course of their employment and automatically become enrolled at age 65, or, if they have been a legal resident for five years or more, they can buy into Medicare.

Part B covers medical care and services provided by doctors and other medical practitioners, durable medical equipment, some outpatient care and home health care services. Individuals choose to become enrolled in Part B when they become eligible for Medicare

and pay a monthly premium for that enrollment.

[Medicare & You 2018 Handbook](#)

[2017 Part A, B & D Premiums and Deductibles](#)

You can apply for Medicare online at: [Social Security Administration](#).

Part C also known as Medicare Advantage Plans are private insurance plans that contract with Medicare to provide healthcare coverage to Medicare beneficiaries in place of Medicare Parts A, B and D.

Part D is the prescription drug benefit and covers some prescription drug expenses.

- Is available to any Medicare beneficiary who has Medicare Part A or Part B or both.
- Part D drug plans are sold by private companies.
- There is a monthly premium, an annual deductible and co-payments for each prescription.
- Costs vary from plan to plan.
- For a Guide on choosing the Plan that is right for you and a list of Medicare Drug plans offered in the state of Connecticut click on: [Guide to Choosing a Medicare Prescription Drug Plan](#).
- Medicare beneficiaries with limited income & assets may be eligible for a subsidy (Extra Help) to help pay part or all of the costs. To apply, go to [Extra Help with Medicare Prescription Drugs](#).
- Enrollment in Part D is optional. But if do not sign up when you are first eligible & change your mind later on, you may have to pay a penalty of higher premium. However, there are some exceptions to the penalty.
- **The Annual Enrollment period is from October 15 to December 7th.** However, there are exceptions: If you first become eligible for Medicare, you can enroll into a Medicare Prescription Drug Plan the first day you become eligible for Part A or part B. You can also enroll in a Medicare Prescription Drug Plan when you first

become eligible for low income subsidy (Extra Help).

- For more information on Medicare Prescription Drug coverage, call [CHOICES](#) at 1-800-994-9422 or click on [Medicare](#).
- Helpful references for Part D. [FAQs for Open Enrollment](#). [Late Enrollment Penalty Guide](#).

Medicare Health Plans include:

- The Original Medicare Plan
- Medicare Advantage Plans (MA)

Original Medicare

Original Medicare is a “fee-for-service” plan. A beneficiary is usually charged a fee for each health care service or supply that he/she receives. The plan is managed by the Federal Government through the Centers for Medicare and Medicaid Services (CMS), is available nationwide & is available to ALL beneficiaries. If a beneficiary is in Original Medicare, he/she uses their red, white and blue Medicare card when he receives health care services. Coverage under Original Medicare pays a portion of the cost of medical care. Often, deductibles and co-insurance (partial payment of initial and subsequent costs) are required of the beneficiary, unless the beneficiary chooses to buy a [Supplemental or Medigap policy](#).

Medicare will pay for care that is medically “reasonable and necessary” for the treatment of an illness or injury. Medicare does not pay for services that are “routine or custodial” or inpatient care that can be provided by persons without professional skills/training. To

find out what medical services & supplies that Medicare would cover under the Original Medicare, click on [Medicare Coverage](#).

[Preventive Visit and the Annual Wellness Visit](#)

Medicare Advantage Plans (Part C)

[Medicare Advantage Plans](#) are private insurance plans that contract with Medicare to administer your healthcare costs. With Medicare Advantage, you may have a variety of choices that include Managed Care Plan (HMO), Preferred Provider Organization Plans (PPO) or Special Needs Plans (SNP).

For additional information on Medicare:

- Visit [Medicare](#) “Publications” and you will be able to read, print or order booklets regarding Medicare. Also available is a comparison of Medicare health plans, Nursing Homes, answers to your questions, a list of participating physicians and more. **(800) 633-4227**
- [The Center for Medicare Advocacy](#) can answer questions on patients’ rights, Medicare benefits and eligibility. **(800) 262-4414**.
- The [CHOICES](#) program at your local Area Agency on Aging **1 (800) 994-9422**.

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