



Common Questions About Medicare and Health Insurance

What is Medicare?

Medicare is a federal health insurance program for people aged 65 and older, as well as younger individuals with certain disabilities or medical conditions like End-Stage Renal Disease (ESRD) or ALS.

What are the different parts of Medicare?

Medicare is divided into four parts:

Part A: Hospital insurance (covers inpatient hospital stays, nursing facilities, etc.).

Part B: Medical insurance (covers doctor visits, outpatient care, preventive services).

Part C: Medicare Advantage (private plans that include Parts A and B, and often Part D).

Part D: Prescription drug coverage.

What does Medicare not cover?

Medicare generally doesn't cover dental care, vision, hearing aids, long-term care, or cosmetic surgery. You may need additional insurance for these services.

What is the difference between Original Medicare and Medicare Advantage?

Original Medicare includes Parts A and B, with the option to add Part D and Medigap (supplemental insurance).

Medicare Advantage (Part C) is an all-in-one alternative, offered by private insurers, that covers Parts A, B, and often D, with additional benefits like dental or vision care.

Do I need Medicare if I have employer insurance?

If you have insurance through your or your spouse's employer, you can delay Medicare Part B without penalty. Once the employer coverage ends, you'll have a special enrollment period to sign up for Medicare.

What is Medigap insurance?

Medigap is supplemental insurance that helps pay for costs not covered by Original Medicare, such as copayments, coinsurance, and deductibles. Medigap is only available to those with Original Medicare (not Medicare Advantage).

What are Medicare Part B premiums, and how much do they cost?

Part B premiums are monthly fees you pay for outpatient care (doctor visits, preventive services). The premium amount depends on your income. In 2024, most people will pay around \$174.70 per month, though higher earners may pay more.

When should I enroll in Medicare?

You should enroll during your **Initial Enrollment Period**, which starts 3 months before your 65th birthday, includes the month of your birthday, and ends 3 months after. If you don't sign up on time and don't have other coverage, you may face late enrollment penalties.

What happens if I don't sign up for Medicare on time?

If you miss your initial enrollment period and don't have other creditable coverage, you may have to pay higher premiums for Part B and Part D due to late enrollment penalties.

What is the difference between Medicare and Medicaid?

Medicare is a federal program mainly for seniors and those with certain disabilities, regardless of income.

Medicaid is a joint federal and state program that helps low-income individuals and families with healthcare costs. Some people can qualify for both (called "dual-eligible").

What is the Medicare donut hole?

The **donut hole** refers to a coverage gap in Medicare Part D prescription drug plans. After reaching a certain spending limit, beneficiaries pay a larger share of drug costs until they hit a catastrophic coverage threshold, after which Medicare resumes covering most costs.

What is a Medicare Advantage (HMO/PPO) plan?

A **Health Maintenance Organization (HMO)** plan requires you to see doctors and specialists within the plan's network and may require referrals.

A **Preferred Provider Organization (PPO)** plan offers more flexibility, allowing you to see out-of-network providers at a higher cost, without needing referrals.

What is the difference between a deductible, copayment, and coinsurance?

Deductible: The amount you must pay out of pocket before your insurance starts covering costs.

Copayment: A fixed amount you pay for a service (e.g., \$20 for a doctor's visit).

Coinsurance: The percentage of the cost you pay for services after the deductible (e.g., Medicare Part B covers 80%, you pay 20%).

Can I change my Medicare plan?

Yes, you can change your Medicare plan during the **Annual Enrollment Period** (October 15 to December 7), or in some cases during special enrollment periods (e.g., after moving or losing other coverage).

How does prescription drug coverage work under Medicare?

Medicare Part D provides prescription drug coverage. You can enroll in a standalone Part D plan or get it through a Medicare Advantage plan that includes drug coverage. Plans have different formularies (lists of covered drugs), premiums, and copays.

Do I need Medicare if I retire abroad?

Medicare generally doesn't cover healthcare outside the U.S. If you retire abroad, you may need to purchase international health insurance or consider local healthcare options.

Can I have both Medicare and private insurance?

Yes, you can have both, but Medicare will usually be the **primary payer** (pays first), and your private insurance will be the **secondary payer** (pays after Medicare).

What happens if I don't have creditable drug coverage and delay Part D enrollment?

You'll face a **late enrollment penalty** if you delay enrolling in Part D or don't have other creditable drug coverage (e.g., employer insurance). The penalty is added to your premium permanently.

Can I get financial help with Medicare costs?

Yes, programs like **Medicaid**, **Medicare Savings Programs**, and **Extra Help** assist low-income individuals with premiums, deductibles, and prescription drug costs.

What should I do if my Medicare claim is denied?

You can appeal a Medicare claim denial. Start by reviewing the **Medicare Summary Notice** (MSN) you receive and follow the steps to file an appeal. You have 120 days to submit an appeal after receiving the notice.

This list covers many of the common concerns people have about Medicare and health insurance, making it easier to navigate the system.



+1 831-750-3424

info@CamachoHealthSecurity.com