

General Tips on Medicare

Which Parts Cover What?

Part A: Hospital Coverage or Acute Coverage

For those eligible for the Medicare benefit, Part A covers inpatient care in hospitals, critical access hospitals, hospice care, and some home health care.

*Certain conditions apply for skilled nursing facilities or assisted living.

The amount of benefit provided, and monthly premiums are affected by the personal finances of the individual applying for benefits. Usually the amount of retirement funds and other sources of income an individual has are used to determine qualification for these benefits. There are restrictions on how much of the coverage you can use. The federal government has set yearly limits on coverage. It may still be necessary to use some of your own personal money when those limits have been reached. There are programs available through federal and state government with funding based on availability and necessity.

Part B: Medical Insurance or Provider Coverage

Helps cover doctors' services, outpatient hospital care, and some other medical services that Part A does not cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. The Part B premium is paid out of pocket.

The freedom to continue to use doctors in your network or continue the level of care that you are currently receiving depends on the type of coverage that you choose. Speak with your current health care providers and ask if they accept the coverage you plan to choose prior to making any final decisions on your coverage or changing a health insurance plan you already have in place.

Part C: Medigap (Medicare Supplement)

This coverage is offered by private insurance and managed care companies. It helps cover the medical expenses that are not covered or only partially covered by Medicare Part A and out-of-pocket Part B.

Part A and Part B coverage together pay only about half of all medical expenses for seniors. Medigap insurance policies or Part C plans fill some of these gaps by covering some costs and services that Part A and Part B do not. Following is a partial list of items not covered by Part A and Part B.

- Acupuncture
- Deductibles, coinsurance, or copayments when you get health care services
- Dental care and dentures (in most cases)
- Custodial care (help with bathing, dressing, using the bathroom, and eating) at home or in a long term care setting.
- Health care while traveling outside of the United States (some exceptions apply)
- Hearing aids and hearing exams
- Orthopedic shoes
- Outpatient prescription drugs (some exceptions apply)
- Routine eye care and most eyeglasses
- Routine or yearly physical exams
- Certain shots (vaccinations)

Part D: Prescription Coverage

Anyone who is entitled to join Part A or enrolled in Part B can join a Part D prescription drug plan. This can be a stand-alone plan that complements Part A and Part B coverage. It is important to note that while Part D is optional, if you fail to register for Part D you will be penalized and lose 1% of your total monthly Part A benefit allotment.

To register for benefits or verify if you are eligible for benefits, you can go to www.medicare.gov and fill out the eligibility questionnaire online. The Social Security Administration will make the final decision on your eligibility and enrollment status.

If you plan to delay receiving benefits because you are working and have health coverage through your employer, you should still register for benefits three months before reaching age 65, regardless of when you plan to retire and begin receiving benefits. Otherwise, your Medicare medical insurance as well as prescription drug coverage could be delayed and you could be charged higher premiums as a result of not registering.