Your Medicare 101 Guide

TriState Med-Care

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What is Medicare?

Medicare, esablished July 30, 1965 by the Centers for Medicare and Medicaid Services (CMS), is a national social insurance program administered by the U.S. government that provides health insurance benefits for people who are 65 or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Who is Eligible for Medicare?

According to CMS, Medicare covers:

- People who are 65 or older.
- Certain younger people with disabilities.
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)

When Should You Contact an Agent to Review Your Medicare Options?

- 3 to 6 months prior to turning 65 or becoming Medicare eligible
- Several months before retirement



Did You Know?

Con artists may try to get your Medicare Number or personal information so they can steal your identity and commit Medicare fraud. Medicare fraud results in higher health care costs and taxes for everyone.

Original Medicare (Part A and Part B)

Original Medicare is a fee-for-service health plan that has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).

Medicare Part A is often referred to as "hospital coverage" because it coves medically necessary items, including an inpatient hospital stay, inpatient mental health services, skilled nursing services, hospice care, and some blood transfusions.

Medicare Part B covers the costs of other medically necessary care, such as physician services, outpatient hospital services, ambulance, outpatient mental health services, laboratory services, durable medical equipment (wheelchairs, oxygen, etc.), outpatient physical, occupational, and speech-language therapy, and some preventive care.

Medicare Advantage (Part C)

Medicare Part C, or Medicare Advantage, is part of the federal Medicare program, but is run by private insurers that are approved by Medicare. Medicare Advantage provides Part A and Part B coverage and often more, such as vision, hearing, dental, and/or health and wellness programs, at a lower cost than Original Medicare. Most Medicare Advantage programs also include prescription drug coverage (Part D).

Medicare Part D Prescription Drug Coverage

Medicare Part D is offered by private insurance companies to help with the cost of prescription drug costs. To receive these benefits, you must continue to pay your Part B premium.

Medicare Supplemental Insurance (Medigap)

Medicare Supplement plans are offered by private insurance companies to help pay some of the out-of-pocket costs that come with Original Medicare. Beneficiaries who choose a Medicare Supplement plan will also need a prescription drug plan.



Questions You Should Ask Your Agent About Your Policy

- 1. What is my monthly premium with this plan and how do I pay?
- 2. Are my doctors in network?
- 3. What is my prescription drug coverage like?
- 4. Do I receive any perks or additional benefits with this Medicare plan?



Did You Know?

Although uou can no longer contribute to a health savings account (HSA) while enrolled in Medicare, you can continue to take tax-free distributions from your HSA to pay for medical expenses.

TriState Med-Care is dedicated to being your life-long health insurance agency, helping you from plan selection to renewal and beyond.

Most importantly, we never charge you for our services. Why not work with us? Call us today at 513-785-0677 and let us take it from here.