

Frequently Asked Questions by Ohio's Medicare Beneficiaries

1. What is the difference between Medicare and Medicaid?

Medicare is federal health insurance for people age 65 or older, under 65 with certain disabilities and any age with End Stage Renal Disease (permanent kidney failure) requiring dialysis or a kidney transplant. Medicaid is a medical assistance program for low-income people. It is jointly funded by the federal government and the states, and its benefits vary from state to state. Most health care costs are covered if you qualify for both Medicare and Medicaid.

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2. What are my Medicare coverage options?

Medicare patients have two options in receiving their Medicare benefits: either through Original Medicare or a Medicare Advantage plan. Your out-of-pocket costs vary depending on your plan, coverage and the services you use.

Original Medicare contains what is called Part A (hospital) and Part B (medical) coverage. You can choose to purchase additional insurance such as Medicare supplement insurance (also known as MedSup or Medigap) and Part D prescription drug coverage. Medicare supplement insurance and prescription drug coverage each require a monthly premium in addition to your Part B premium.

Medicare Advantage plans are options approved by Medicare but run by private companies. They are part of the Medicare Program. With Medicare Advantage plans you generally get all your Medicare-covered health care through that plan. Coverage can include prescription drug coverage. You may get extra benefits, such as coverage for vision, hearing, dental, and/or health and wellness programs. You may have to use the plan's doctors and hospitals to get services. You don't need to buy a Medigap policy. These plans may require a monthly premium in addition to your Part B premium.

3. Am I eligible for Medicare?

Generally, you are eligible for Medicare if you or your spouse worked for at least 10 years in Medicare-covered employment and you are 65 years or older and a citizen or permanent resident of the United States. If you are not yet 65, you might also qualify for coverage if you have a disability or have End-Stage Renal Disease (permanent kidney failure requiring dialysis or transplant).

Most people on Medicare pay a premium for Part A. However, you can get Part A at age 65 without having to pay premiums if: you already get retirement benefits from Social Security or the Railroad Retirement Board, you are eligible to get Social Security or Railroad benefits but you haven't yet filed for them, you or your spouse had Medicare-covered government employment, if you are under 65, you can get Part A without having to pay premiums if you have: received Social Security or Railroad Retirement Board disability benefits for 24 months, end-Stage Renal Disease and meet certain requirements, while you do not have to pay a premium for Part A if you meet one of these conditions, you must pay for Part B if you want it.

4. How do I enroll in Medicare?

For some, enrollment is automatic. If you begin receiving Social Security income prior to age 65 or you receive Social Security disability income, your enrollment is automatic. Everyone else must apply through the Social Security Administration.

Those turning age 65 have a total of seven months to enroll. Your Medicare enrollment period starts three months before the month of your 65th birthday. Your enrollment period ends three months after the month of your 65th birthday. If you apply before your birth month, your Medicare coverage should start on the first day of your birth month.

If you don't enroll in Medicare during your initial seven-month enrollment period, you must wait to apply during the next general enrollment period (January through March each year). You may also owe a 10 percent penalty on your Part B premium for each year you delay Part B.

5. Why do I need Medicare supplement insurance?

Original Medicare does not pay all medical expenses. A Medicare supplement policy, also known as MedSup or Medigap insurance, fills most of Medicare's coverage gaps. You can choose from many standardized plans that cover various costs.

6. How do I determine the quality of a Medicare supplement policy?

By law, the Ohio Department of Insurance cannot rate policies. However, rating services such as A.M. Best Company, Fitch Investors' Service, Standard & Poor, Moody's Investor Service, or Consumer Reports Magazine provide financial and policy holder rating information. Consumers should also call 1-800-MEDICARE (1-800-633-4227) with questions and visit www.medicare.gov.

7. Are there Medicare Advantage plans in my county?

Each year, private companies offering Medicare Advantage plans must apply to the federal government and meet requirements in order to offer their plans in your area. Some companies choose not to re-apply. That's why it's important to review your options every fall.

8. Does Medicare cover diabetic supplies?

Medicare covers test strips, lancets, the machine used to test blood sugar levels and outpatient self-management education. It also covers replacement batteries and calibration solution for the machines that require it. Medicare also covers diabetic shoes. Check out Medicare's publication on diabetic coverage.

9. Does Medicare cover care in a nursing home?

Medicare does not cover long-term care in a nursing home. However, you may be covered for short stays in a skilled-care facility. You must meet certain pre-entrance requirements in order to qualify for benefits. If you're eligible, Medicare will cover skilled care for the first 20 days and a certain amount each day for days 21-100. After 100 days per benefit period, Medicare pays nothing.

10. Does Medicare cover home health care?

Yes, but only if your doctor orders part-time skilled care and you are homebound. If you meet Medicare's requirements for home health care, it is paid at 100 percent.

11. Will Medicare pay for outpatient prescriptions, hearing aids, dentures, eyeglasses, etc.?

Original Medicare (Part A and Part B) covers very little with regards to prescription medication. Medicare Part D, which was introduced in 2006, is Medicare's prescription drug benefit. This benefit is available through stand-alone plans or through most Medicare Advantage plans.

Original Medicare also does not cover hearing aids, dental procedures or routine eye exams. Some Medicare Advantage plans will provide some coverage for these extra benefits.

12. Does Medicare pay for physical therapy?

Yes, Medicare Part B pays 80 percent of the approved amount for outpatient physical therapy up to a maximum. Medicare Part A may also cover physical therapy during inpatient stays.

13. Can my doctor insist that I pay up front for services before Medicare pays?

Yes, but only if your doctor doesn't accept assignment. If your doctor doesn't accept assignment, he or she cannot charge you more than the Medicare approved amount. If your doctor participates with Medicare, he or she can collect the deductible and copayment.

Source: Ohio department of Insurance website

www.insurance.ohio.gov