What's Medicare?

Medicare is health insurance for:
• People 65 or older
• People under 65 with certain disabilities
• People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) or ALS (also called Lou Gehrig’s disease)

What are the parts of Medicare?

Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). A Medicare Advantage Plan is another way to get your Medicare Part A and Part B coverage. Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are Medicare-approved plans offered by private companies that must follow rules set by Medicare.

Medicare Part A helps cover:
• Inpatient care in hospitals
• Skilled nursing facility care
• Hospice care
• Home health care

Medicare Part B helps cover:
• Services from doctors and other health care providers
• Outpatient care
• Home health care
• Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
• Many preventive services (like screenings, shots, and yearly “Wellness” visits)

Medicare Part D (drug coverage) helps:
• Cover the cost of prescription drugs (including many recommended vaccines)
• With your costs of drugs not covered by Part B

You can join a Medicare drug plan in addition to Original Medicare, or you get it by joining a Medicare Advantage Plan with drug coverage. Plans that offer Medicare drug coverage are run by private insurance companies that follow rules set by Medicare.
Your Medicare Options

When you first sign up for Medicare, and during certain times of the year, you can choose how you get your Medicare coverage. There are 2 main ways to get Medicare:

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<th>Original Medicare</th>
<th>Medicare Advantage</th>
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<tr>
<td>• Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).</td>
<td>• Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D.</td>
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<td>• You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).</td>
<td>• In many cases, you can only use doctors who are in the plan’s network.</td>
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<tr>
<td>• You can use any doctor or hospital that takes Medicare, anywhere in the U.S.</td>
<td>• In many cases, you may need to get approval from your plan before it covers certain drugs or services.</td>
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<td>• To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage.</td>
<td>• Plans may have different costs than Original Medicare. You may also have an additional premium.</td>
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<th>You can add:</th>
<th>Plans may offer some extra benefits that Original Medicare doesn’t cover—like certain vision, hearing, and dental services.</th>
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<tr>
<td>□ Part A</td>
<td>☑ Part A</td>
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<td>□ Part B</td>
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You can also add:

| □ Supplemental coverage | | |
|--------------------------| | |
| This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a current or former employer or union, or Medicaid. | | |

Most plans include:

| □ Some extra benefits | | |
|------------------------| | |
What’s Medicaid?
Medicaid is a joint federal and state program that helps cover medical costs for some people with limited income and resources. Medicaid offers benefits not normally covered by Medicare, like nursing home care and personal care services. The rules around who’s eligible for Medicaid are different in each state. If you qualify for Medicaid in your state, you automatically qualify for Extra Help. Extra Help is a program to help people with limited income and resources pay Medicare drug coverage (Part D) out-of-pocket costs.

How do I qualify for Medicaid?
To qualify for Medicaid in your state, you must be a resident of that state. Each state has different rules about eligibility and applying for Medicaid. Generally, you must meet your state’s rules for your income and resources.

You may be eligible for Medicaid if you have limited income and are:

• 65 or older
• A child under 19
• Pregnant
• Living with a disability
• A parent or adult caring for a child
• An adult without dependent children (in certain states)

You might be able to get Medicaid if you meet your state’s resource limit, but your income is too high to qualify. Some states let you “spend down” the amount of your income that’s above the state’s Medicaid limit. You do this by paying non-covered medical expenses and cost sharing (like Medicare premiums and deductibles) until your income is lowered to a level that qualifies you for Medicaid.

To get more details on help for people with limited resources, call your State Medical Assistance (Medicaid) office or visit Medicaid.gov/about-us/beneficiary-resources/index.html#statemenu for your state’s contact information.

Can I have both Medicare and Medicaid?
Yes, it’s possible to have both Medicare and Medicaid if you qualify. People who have both Medicare and full Medicaid coverage are “dually eligible.” Medicare pays first when you’re dually eligible and you get Medicare-covered services. Medicaid pays last, after Medicare and any other health insurance you have.

If you’re dually eligible, Medicare covers your prescription drugs. You’ll automatically be enrolled in a Medicare drug plan that will cover your drug costs instead of Medicaid. Medicaid may still cover some drugs that Medicare doesn’t cover.

For more information on how Medicare and full Medicaid coverage work together visit, Medicare.gov/basics/costs/help/Medicaid.
Where can I get more information?

Find general Medicare information:
- Visit Medicare.gov to get detailed information about the Medicare health and drug plans in your area, find participating health care providers and suppliers, get quality of care information, and more.
- **Look at your most recent “Medicare & You” handbook** to learn what’s new, find out your Medicare costs, and get information about what Medicare covers.

Get personalized help:
- Talk or live chat with a real person, 24 hours a day, 7 days a week (except some federal holidays):
  1. Call us at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. If you need free help in a language other than English or Spanish, say “Agent” to talk to a customer service representative.
  2. Live chat with us at Medicare.gov/talk-to-someone.
- Contact your local State Health Insurance Assistance Program (SHIP) to get free personalized counseling on Medicare coverage, claims, appeals, and help for people with limited income and resources. Visit shipphelp.org, or call 1-800-MEDICARE to get the phone number for your local SHIP.
- Visit the Eldercare Locator at eldercare.acl.gov to find local resources, check for benefits, and plan for long-term care.
- Visit Medicare.gov/basics/costs/help/medicaid, for more information about Medicaid.
You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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