

Medicare

Learn about Medicare basics

Getting Started



Medicare

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 (amyotrophic lateral sclerosis, also called Lou Gehrig's disease).

What are the parts of Medicare?

Part A (Hospital Insurance)

Helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

Part B (Medical Insurance)

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 or vaccines, and yearly "Wellness" visits)

Part D (Drug coverage)

Helps cover the cost of prescription drugs (including many recommended shots or vaccines).

Plans that offer Medicare drug coverage (Part D) are run by private insurance companies that follow rules set by Medicare.

What are my Medicare coverage 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:**

Original Medicare

- Includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).
- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- You can also use supplemental coverage that helps pay your out-of-pocket costs (like your 20% coinsurance). This includes buying Medicare Supplement Insurance (Medigap) or using coverage from a current or former employer or union, or Medicaid (if you have it).

Medicare Advantage (Part C)

- A Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These plans bundle together your Part A, Part B, and usually Part D.
- You may need to use doctors in its network and get approval for certain drugs or services.
- Usually have different out-of-pocket costs than Original Medicare, including a limit on out-of-pocket costs, so you don't need to buy supplemental coverage like Medigap.
- Most plans offer extra benefits that Original Medicare doesn't cover—like vision, hearing, dental, and more.

Does Medicare offer other ways to get health coverage?

Yes, Medicare may offer some other plans and programs in your area. Some provide both Part A and Part B coverage, while others provide only Part B coverage. Some also provide Part D. They have some (but not all) of the same rules as Medicare Advantage Plans. However, each has special rules and exceptions, so you should contact any plans you're interested in to get more details.

Examples of other plans and programs:

- Medicare Cost Plans
- Program of All-inclusive Care for the Elderly (PACE)
- Medicare innovation models (demonstrations and pilot programs)

Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to find plans in your area, or visit [Medicare.gov/health-drug-plans/health-plans](https://www.medicare.gov/health-drug-plans/health-plans) to learn more about other health plans.

Can I have other insurance with Medicare?

Yes. When you have other insurance (like group health plan, retiree health, or Medicaid coverage) and Medicare, there are rules for whether Medicare or your other insurance pays first. For more information on who pays first, visit [Medicare.gov/health-drug-plans/coordination](https://www.medicare.gov/health-drug-plans/coordination).

How does Medicare Supplement Insurance (Medigap) work?

Original Medicare doesn't pay all of the cost for covered health care services and supplies. Medicare Supplement Insurance (Medigap) policies sold by private insurance companies can help pay some of the remaining health care costs for covered services and supplies, like copayments, coinsurance, and deductibles.

Some Medigap policies also cover services that Original Medicare doesn't cover, like medical care when you travel outside the U.S. Generally, Medigap doesn't cover long-term care (like care in a nursing home), vision or dental services, hearing aids, eyeglasses, or private-duty nursing. For more information about Medigap, visit [Medicare.gov/health-drug-plans/medigap](https://www.medicare.gov/health-drug-plans/medigap).

When can I make changes to my coverage?

You can join, switch, drop or make changes to your Medicare health or drug coverage during Medicare Open Enrollment, each year from October 15–December 7. Your new coverage will start on January 1 (as long as the plan gets your enrollment request by December 7). If you decide to keep your existing coverage and your plan's costs or benefits changed, those changes also start on January 1.

Generally, you must stay in your plan for the entire year. But when certain life events happen, like if you move or lose other health insurance, you may be able to join, switch, drop, or make changes to your Medicare health or drug plan during a Special Enrollment Period.

For more information about joining a plan, visit [Medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan](https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan).

What do I pay?

- **Part A:** You usually don't pay a monthly premium for Part A coverage if you or your spouse paid Medicare taxes while working for a certain amount of time. This is sometimes called premium-free Part A. If you aren't eligible for premium-free Part A, you may be able to buy it.
- **Part B:** Most people pay the standard premium amount for Part B each month. The amount you pay can change each year depending on your income. Under Original Medicare, if the Part B deductible applies, you must pay all costs (up to the Medicare-approved amount) until you meet the yearly Part B deductible. After you meet your deductible, Medicare will pay its share and you typically pay 20% of the Medicare-approved amount.
- **Part D:** Most drug plans charge a monthly premium that varies by plan. If you have Part B, you pay this in addition to the Part B premium. If you're in a Medicare Advantage Plan or a Medicare Cost Plan with drug coverage, the monthly premium may include an amount for drug coverage.

How can I get help paying Medicare costs?

- To find out about programs that can help you pay your Medicare premiums and other costs, visit [Medicare.gov/basics/costs/help](https://www.medicare.gov/basics/costs/help).
- If you're struggling with your prescription costs, Extra Help is a Medicare program to help people with limited income and resources pay Part D premiums, deductibles, coinsurance, and other costs. Learn more at [Medicare.gov/ExtraHelp](https://www.medicare.gov/ExtraHelp) or visit [SSA.gov/extrahelp](https://www.ssa.gov/extrahelp) to apply online.

What are my Medicare rights?

All people with Medicare have certain rights and protections. You have the right to:

- Be treated with courtesy, dignity, and respect at all times.
- Be protected from unlawful discrimination.
- Have your personal and health information kept private.
- Get information or health care services in a way or language you understand from Medicare, health care providers, and, under certain circumstances, contractors.
- Learn about your treatment choices in clear language you can understand, and participate in treatment decisions.
- Get your Medicare information in an accessible format, like braille or large print.
- Get answers to your Medicare questions.
- Have access to doctors, specialists, and hospitals for medically necessary services.
- Get Medicare-covered services in an emergency.
- Get a decision about health care payment, coverage of items and services, or drug coverage.
- File an appeal if you disagree with the decision on your claim. You can ask for a review (appeal) of certain decisions about health care payment, coverage of items and services, or drug coverage.
- File a complaint (sometimes called a “grievance”) if you have concerns about the quality of care and other services you get from a Medicare provider.

How can I protect myself from fraud & medical identity theft?

Medical identity theft is when someone steals or uses your personal information (like your name, Social Security Number, or Medicare Number) to submit fraudulent claims to Medicare and other health insurance companies without your permission. When you get health care services, record the dates on a calendar. Save the receipts and statements you get from providers to check for mistakes.

If you think there’s an error, or a provider bills you for services you didn’t get, check your “Medicare Summary Notice” (MSN) to find out what was billed. If you’ve contacted the provider and you suspect that Medicare is being charged for a service or supply that you didn’t get, you don’t know the provider on the claim, or you think your Medicare Number has been used fraudulently, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

For information about Medicare fraud, visit [Medicare.gov/basics/reporting-medicare-fraud-and-abuse](https://www.medicare.gov/basics/reporting-medicare-fraud-and-abuse) or contact your local Senior Medicare Patrol by visiting [smpresource.org](https://www.smpresource.org) or calling 1-877-808-2468.

Where can I get more information?

- Visit [Medicare.gov](https://www.Medicare.gov), or call 1-800-MEDICARE.
- Contact your local State Health Insurance Assistance Program (SHIP) to get free, personalized health insurance counseling at [shiphelp.org](https://www.shiphelp.org).



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“Medicare: Getting Started” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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](https://www.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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