

Medicare FAQs

As listed on <https://senior-2-senior.com/medicare-faqs>

Note: the below answers are general and may not cover every individual situation. For information specific to your situation, please [contact me](#) for assistance, or visit [Medicare.gov](https://www.Medicare.gov) for personalized and up-to-date information based on your specific circumstances.

Question: What is Medicare?

Answer: Medicare is a federal health insurance program in the United States for individuals aged 65 and older, as well as certain younger individuals with disabilities or specific medical conditions.

Question: When can I enroll in Medicare?

Answer: You can enroll in Medicare during the Initial Enrollment Period (IEP), which begins three months before you turn 65 and extends for seven months (three months before, the month of, and three months after your 65th birthday).

Question: What are the different parts of Medicare and what do they cover?

Answer: Medicare has four parts: Part A (hospital insurance), Part B (medical insurance), Part C (Medicare Advantage), and Part D (prescription drug coverage). Part A covers inpatient hospital stays, Part B covers outpatient services, Part C combines Parts A and B through private insurers, and Part D provides prescription drug coverage.

Question: Do I need both Part A and Part B?

Answer: Most people enroll in both Part A and Part B. Part A is usually premium-free if you or your spouse paid Medicare taxes while working. Part B typically requires a monthly premium, but it covers a range of outpatient services.

Question: I tried to use my Humana spending account card, and I don't see my monthly \$50 incentive. Where is it?

Answer: Yes, they removed the \$50 incentive for 2024. BUT, they adjusted the copay for a specialist visit to \$0 (from \$20.) Other competing plans often charge up to \$35 copay for a specialist visit.

Question: What are Go365 Rewards by Humana?

This program allows you to earn rewards for having an annual wellness visit, mammogram, colorectal screening, bone density screening, and more. When you choose and track healthy activities, you can earn rewards to redeem for gift cards.

Question: What is OTC?

OTC stands for "Over-the-Counter. In the context of healthcare and insurance, it often refers to medications and products that are available without a prescription. Over-the-counter items are typically found on store shelves, and consumers can purchase them directly without needing a prescription from a healthcare provider.

In the realm of Medicare, some Medicare Advantage plans offer Over-the-Counter benefits. This means that plan members may receive a specific allowance or credit to use on over-the-counter health-related items, such as pain relievers, cold medications, vitamins, and first aid supplies. The exact items covered and the amount of the allowance can vary by plan, so it's advisable for individuals to review the details of their specific Medicare Advantage plan or contact their plan provider for accurate and detailed information about OTC benefits.

Question: If I have an insurance policy from my employer, should I remain with that plan or get Medicare instead?

Answer: You should compare your policy from your employer against Medicare to decide which coverage will be best for your needs.

Question: Can I change my Medicare plan after enrolling?

Answer: Yes, during certain periods, you can make changes to your Medicare coverage. The Annual Enrollment Period (AEP) occurs from October 15 to December 7 each year, during which you can switch plans.

Question: What is the Medicare Advantage Open Enrollment Period?

Answer: The Medicare Advantage Open Enrollment Period runs from January 1 to March 31. During this time, you can switch from one Medicare Advantage plan to another or switch back to Original Medicare and, if needed, enroll in a stand-alone Part D prescription drug plan.

Question: Does Medicare cover long-term care?

Answer: Medicare provides limited coverage for skilled nursing facility care and home health care but does not cover most long-term care services, such as assisted living. For more extensive long-term care coverage, additional insurance may be needed. Read more in [this blog post](#).

Question: How does Medigap work with Original Medicare?

Answer: Medigap, or Medicare Supplement Insurance, is private insurance that helps cover some of the out-of-pocket costs associated with Original Medicare, such as copayments, coinsurance, and deductibles.

Question: What is the Medicare Income-Related Monthly Adjustment Amount (IRMAA)?

Answer: IRMAA is an additional amount added to your Medicare Part B and Part D premiums if your income exceeds certain thresholds. Higher-income individuals may pay more for their Medicare coverage.

Question: How do I get help with Medicare costs if I have a limited income?

Answer: If you have a limited income, you may qualify for programs that help with Medicare costs, such as Extra Help for prescription drugs or Medicare Savings Programs that assist with premiums and other expenses. Contact your state's Medicaid program for more information, [click here](#) for the Virginia Department of Medical Assistance Services.

Question: Can I delay enrolling in Medicare if I have other health coverage?

Answer: In some cases, if you have health coverage through an employer or union, you may be able to delay enrolling in Medicare Part B without facing penalties. It's essential to understand the rules and speak with your benefits administrator.

Question: Are my prescription drugs covered by Medicare?

Answer: Medicare Part D provides prescription drug coverage. To get this coverage, you can either enroll in a standalone Part D plan or choose a Medicare Advantage plan that includes prescription drug coverage.

Question: Can I use Medicare if I travel outside the United States?

Answer: Original Medicare has limited coverage for international travel. However, some Medicare Advantage plans offer emergency coverage abroad. It's advisable to check your plan's coverage or consider additional travel insurance. Read more about this in [this blog post](#).

Question: What is the "Welcome to Medicare" preventive visit?

Answer: The "Welcome to Medicare" visit is a one-time appointment with your doctor within the first 12 months of enrolling in Medicare Part B. It includes a review of your medical history, certain screenings, and personalized health advice.

Question: How do I appeal a Medicare decision?

Answer: If you disagree with a Medicare decision, you have the [right to appeal](#). The process includes several levels, starting with a redetermination by the company that processed the original claim. If needed, you can escalate the appeal to higher levels.

Question: What is the Medicare donut hole, and how does it affect prescription drug costs?

Answer: The Medicare Part D coverage gap, often referred to as the "donut hole," is a temporary limit on what your drug plan will cover. While in the donut hole, you may pay more for your prescription drugs until you reach catastrophic coverage.

Question: Can I change my Medicare plan if I move to a different state?

Answer: If you move to a new state, you may have a Special Enrollment Period to change your Medicare Advantage or Part D plan. It's crucial to notify Medicare of your change of address and explore available options in your new location.

Question: How does Medicare cover preventive services?

Answer: Medicare covers a range of preventive services, such as screenings, vaccinations, and annual wellness visits, at no cost to you. These services are designed to detect potential health issues early and promote overall well-being.

Question: Are vision and dental services covered by Medicare?

Answer: Original Medicare generally does not cover routine vision and dental care. However, some Medicare Advantage plans may offer additional benefits for these services. Standalone vision and dental plans are also available for purchase.

Question: What is the difference between Medicare and Medicaid?

Answer: While both are government-sponsored health programs, Medicare is a federal program primarily for individuals aged 65 and older, while Medicaid is a joint federal and state program that provides health coverage for individuals and families with low income.

Important Phone Numbers

Often the fastest way to get an answer about any specific coverage your policy may have is to call the number listed on the back of your insurance card. In case you don't have that handy, these numbers should point you in the right direction.

- **Humana** - (800) 457-4708
- **Aetna** - (800) 872-3862
- **Anthem (Blue Cross Blue Shield)** - (855) 875-7181
- **Medicare** - (800) 633-4227
- **Virginia Department of Medical Assistance Services** - (804) 786-7933