



Turning 65! Now What?

Your Medicare
RoadMap Guide

We can help you on your journey

The thought of turning 65 can cause a lot of anxiety when it comes to understanding the Medicare process. Trying to decipher it all may be overwhelming to you. Below are a few helpful tips to help make the transition into Medicare easier. When you understand what Medicare is and how it works, it is not as intimidating and will eliminate some of the frustrations and questions you may have.



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What is Medicare?

Medicare is a federal health insurance program for people ages 65 and older. It's also available for people under 65 with a qualifying disability. To be eligible for Medicare you must be a US citizen or legal resident. Legal resident must live in the US for 5 years in a row including the five years prior to applying for Medicare.

What to do when I turn 65?

First, you will need to enroll in **Original Medicare Part A** and **Part B**.

You are automatically enrolled in Medicare when you turn 65 if you are getting Social Security benefits at least four months before you turn 65. You will also be automatically enrolled if you are already getting retirement from the Railroad Retirement Board.

If you are signed up for Medicare coverage automatically, your Medicare card will be mailed to you three months before your 65th birthday. Your Medicare coverage benefits will start on the first day of the month you turn 65. If your birthday is the first of the month, your benefits will start on the first day of the previous month.

If you don't get Medicare automatically, you can manually sign up for it by doing the following:

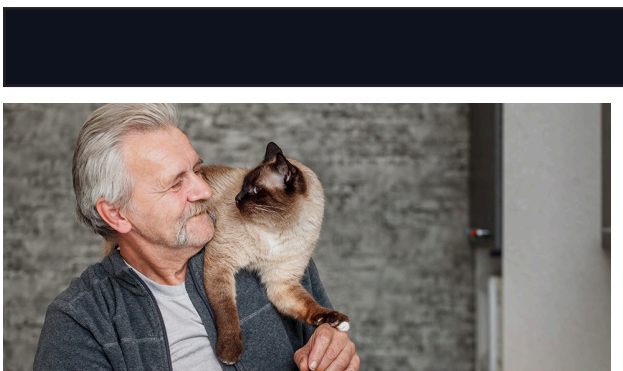
- Visit the Social Security Administration Office
- Call Social Security Administration Office at **1-800-772-1213** or toll free TDD service at **1-800-325-0778** from **7:00 a.m. - 7:00p.m. Monday-Friday.**
- Online at **www.SocialSecurity.gov**.

What documents do I need to apply for Medicare?

1. Social Security card
2. Your original birth certificate or certified copy
3. An alternate form of identification such as immunization records, medical records, insurance records or others in order to prove your age if you don't have your birth certificate.
4. Proof of U.S. citizenship such as a U.S. passport, a Naturalization Certificate, a Certificate of Citizenship, or a U.S. consular report of birth if you were born outside of the United States.
5. Proof of legal residency if you are not a U.S. citizen, including your Permanent Residency Card (Green Card).
6. A record of your service or discharge papers if you had served in the U.S Military before 1968.
7. A W-2 or self employment tax information.
8. Your Social Security statement or records of your earnings.

When do I enroll in Medicare?

Once you have received your Medicare, red, white and blue card you can enroll three months before your birthday, the month of your birthday and three months after your birthday. This period is called the **Initial Enrollment Period** or IEP. Enrolling within this time period will help you avoid late enrollment penalties.



What are the parts of Medicare?

ORIGINAL MEDICARE (PARTS A & B)

Original Medicare is provided by the federal government. When you turn 65 you must enroll in Medicare Parts A & Part B. If you are still working, you can enroll in Part A only if your employee coverage is better than Medicare. When you leave your job, you must enroll in Part B to avoid a late penalty. Parts A and B are often referred to as Original Medicare.

PART A (HOSPITAL INSURANCE)

Part A is provided by the federal government and is available at no cost if you or your spouse made payroll contributions to Social Security for at least 10 years or 40 quarters.

Part A covers:

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

PART B (MEDICAL INSURANCE)

Part B is provided by the federal government with a monthly premium based on your income.

Part B covers:

- Doctor visits
- Outpatient care
- Preventive screenings
- Ambulatory and emergency room
- Labs and Radiology
- Durable medical equipment such as wheelchairs, walkers etc.

You will pay 20% of the cost for services and Medicare will pay 80%. There is no yearly limit on what you pay out-of-pocket, unless you have supplemental coverage like Medicare Supplement Insurance or Medigap.

CONTINUE READING MORE ON NEXT PAGE >>



Are their alternatives to Original Medicare when you turn 65?

Yes. When you are eligible to sign up for Medicare coverage at 65 you can stick with Original Medicare (Part A & Part B) or get more coverage. These options may include the following:

PART C: MEDICARE ADVANTAGE PLANS

Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are health plans offered by private insurance companies approved by Medicare to provide you with all your Part A and Part B benefits.

Medicare Advantage plans serve as an alternative to Original Medicare. Along with covering doctors and hospitals, MA plans will oftentimes include coverage for prescription drugs. MA plans may also offer some extra benefits that Original Medicare doesn’t cover such as dental, vision, hearing, gym membership, and emergency response services. MA plans are built around a preferred network of doctors and hospitals, much like a group or individual plan you may have had prior to 65.

Medicare Advantage Plans have a yearly limit on what you pay out of pocket for services that Medicare Part A and Part B covers. Once you reach your plan’s limit, you’ll pay nothing for services Part A and Part B covers for the rest of the year.

CONTINUE READING MORE ON NEXT PAGE >>

PART D: MEDICARE PRESCRIPTION DRUG PLANS (PDP)

Medicare Part D (Prescription Drug Plan-PDP) covers most outpatient prescription drugs. Part D is offered through private companies approved by the federal government either as a stand-alone plan for those enrolled in Original Medicare, or as an added value benefit included with your Medicare Advantage Plan.

To get Medicare drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. All plans are not the same and can vary in cost, copays and specific drug coverage. The plan you choose should be as good as the approved Medicare model. You should check the drug plan that meets your specific needs yearly because the plans change every year.

You will add a Part D plan if you choose Original Medicare or Medicare Supplement and need prescription drug coverage.

MEDICARE SUPPLEMENT PLANS

Medicare Supplement Plans are offered by private insurance companies but are standardized by the federal government. They are sometimes called “Medigap”. These health plans help fill the gaps in Original Medicare.

Medigap can help pay some of the out-of-pocket cost not covered by Part A & Part B such as copayments, coinsurance and deductibles. These plans do not change from year to year.

Providers who accept Medicare will also accept Supplement plans. Medicare will pay covered benefits at 80% and the supplement policy you received will be billed the remaining balance.

Medigap Plans do not include prescription drug coverage (Medicare Part D or PDP), therefore you will need to purchase a stand-a-lone prescription drug plan.

Medigap policies generally don’t cover long-term care, vision or dental care, hearing aids, eyeglasses, or private-duty nursing. Therefore, you would have to purchase additional policies for those things.

THANKS FOR READING OUR GUIDE

Now You're Ready For The Next Step!

**One of our experts can help
you on your journey.**

For more information Contact us @
phone: 336-589-8777 or email: info@barnesinent.com



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