

Top 25 Medicare FAQ's

1. Who is Eligible for Medicare?

To be eligible for Original Medicare, you must be a permanent legal resident ([green card holder](#)) or an American citizen who has lived in the United States for at least five years AND one of the following:

- Age 65 or older
- Under age 65 and receiving Social Security Disability Income for 24 months
- Diagnosed with End-Stage Renal Disease or Amyotrophic Lateral Sclerosis

To enroll in Original Medicare, you may be required to reach out to your local Social Security office in some circumstances.

2. Will I automatically be enrolled in Medicare when I turn 65?

You will automatically be enrolled in Medicare at age 65 if you are receiving Social Security benefits or railroad retirement board benefits at least four months before you enroll in Medicare.

However, suppose you are not receiving Social Security benefits or railroad retirement board benefits. In that case, you will need to contact your local Social Security office to enroll in Medicare up to three months before your 65th birth month.

If you must contact your local Social Security office, you can sign up for Part A and Part B at the same time. Once you complete the application and provide the required documentation, you will begin receiving benefits on the first day of your 65th birth month.

To complete the application, you can do so online, in person, or over the phone.

3. Do I need to enroll in Medicare if I work past 65?

While it is not mandatory, we recommend you enroll in Medicare Part A coverage as soon as you become eligible if you qualify for premium-free Part A coverage. However, if you delay Medicare Part A, you will be able to enroll later

during the General Enrollment Period or a Special Enrollment Period if you qualify. But, if you delay enrollment to the General Enrollment period, you will be required to pay late enrollment penalties.

If your employer offers [creditable health coverage](#), you do not need to enroll in Medicare Part B if you are working past age 65. Creditable coverage is healthcare coverage that provides at least equal benefits to Original Medicare. Suppose you do not have creditable coverage and do not enroll in Medicare Part B when you first become eligible. In that case, you may have to pay the Medicare Part B late enrollment penalty as long as you have Medicare Part B.

Remember that even if you have creditable coverage, it is essential to compare your current plan to Original Medicare with a Medigap plan and Part D. Often, combining these Medicare plans will provide you with the most comprehensive coverage possible.

4. Is Medicare Supplement and Medicare Advantage the same thing?

Medicare Supplement plans and Medicare Advantage plans are not the same things. While both Medicare Supplement and Medicare Advantage plans bring additional benefits to Original Medicare, they work very differently. Medicare Supplement plans, also known as Medigap plans, work as a secondary to Original Medicare (Medicare Part A and Part B). The plan will only pay after Original Medicare has paid its portion. These plans have no networks, no restrictions, and no referrals to see specialists.

Medicare Advantage plans, also known as Medicare Part C, on the other hand, become your primary coverage over Original Medicare. They often require you to follow a strict network of doctors and have higher out-of-pocket costs. However, they often provide additional benefits.

These additional benefits provided by Medicare Advantage plans often include dental, vision, hearing, and prescription drug coverage, as well as transportation assistance and gym memberships. However, not every plan or every carrier is required to offer these additional benefits.

5. I delayed Medicare at 65. How do I enroll now?

If you delayed Medicare coverage past age 65 with creditable coverage, you would need to contact Social Security to enroll in Original Medicare.

Since you have creditable coverage, you will receive a Special Enrollment Period to enroll in Medicare Part A and Medicare Part B benefits. From there, you can enroll in a Medicare Part D prescription drug plan and Medicare Part C or Medicare Supplement.

However, if you delayed Medicare coverage without creditable coverage, you would need to enroll in Original Medicare during the General Enrollment Period. This is an annual period that runs from January 1 to March 31 each year. Remember, coverage does not begin until July 1, when you enroll during the General Enrollment Period.

6. How much does Medicare cost?

For most, the Medicare Part A premium is \$0 per month. However, if you do not qualify for zero-premium Part A, the premium can be as high as \$506 in 2023 or \$505 in 2024. To qualify for zero premium, you must have worked at least 40 quarters or ten years paying Medicare taxes. If you did not meet this qualification, you would be required to pay the Medicare Part A premium.

The standard Medicare Part B premium is \$174.70 in 2024. This can increase based on income. This difference in premium reflects your Income Related Monthly Adjustment Amount (IRMAA).

For example, if you and your spouse make \$230,000 combined, you will each pay \$244.60 per month in 2024. If you are subject to [IRMAA](#), you will receive a determination letter with your new monthly premium.

7. Can I enroll in Medicare Advantage and Medigap?

It is illegal to enroll in both a Medicare Supplement plan and a Medicare Advantage plan. If you were to enroll in both plans, neither would become your primary coverage, leading to a denial of services. This could leave you paying out-of-pocket for all your healthcare services, regardless of having both coverages.

To avoid this, it is illegal for an agent to enroll you in one plan if you are already enrolled in the other and do not have a valid way out of the plan.

8. Do I need to renew Medicare every year?

Original Medicare coverage is automatically renewable each year you are eligible. Thus, you do not need to renew your Medicare parts each year.

[Medicare Supplement plans](#) work the same way, once you are accepted, the plan is automatically renewable as long as you continue to pay the monthly premium.

Medicare Advantage plans work similarly. However, you have the option to change your plan each year if you do not like the benefits of your current plan.

9. What happens to my Medicare plans when I move?

If you move to a new city or state, you will need to change your address with Social Security.

Because Original Medicare is a federal program, benefits are the same nationwide. So, your benefits will not change.

However, if you enroll in a Medicare Supplement or Medicare Advantage plan, you may be required to choose a new plan or pay a higher (or lower) monthly premium. If you are in the process of moving, our Medicare agents will be able to help you quickly find a new top-rated plan in your area.

10. What is the Medicare deductible?

Medicare Part A and Medicare Part B have deductibles and [costs](#) that change annually.

For 2024, your Medicare Part A per occurrence deductible is \$1,632 with your Part B annual deductible costing \$240.

You must meet these deductibles before the respective Medicare part covers its portion of the services you receive. The Medicare Part A deductible is per occurrence, meaning you could pay that cost multiple times in one year. The Medicare Part B deductible, on the other hand, is annual. Thus, you will only pay it once per calendar year.

Medicare Part C plans often have an annual deductible that can be different for each plan. You will need to review your plan information to find your yearly deductible. Lastly, Medicare Part D plans have an annual deductible as well. In 2024, the maximum deductible is \$545, a slight increase from the year prior. However, each plan can set its deductible.

11. Does Medicare cover prescription medications:

Original Medicare does not cover prescription drugs. If you wish to have coverage for prescription Medications, you will need to enroll in Medicare Part D. Medicare Part D helps cover the cost of prescription medications. Additionally, some Medicare Advantage plans provide prescription drug coverage as well.

If you do not enroll in Medicare Part D, you may be subject to the Medicare Part D late enrollment penalty. This penalty is for those who delay Part D benefits without creditable coverage. You will be required to pay the additional cost as long as you have Medicare Part D.

12. How do I change my address with Medicare?

To change your address with Medicare, you must contact your local Social Security office and verify your identity. From there, they can change your address on file by answering a few simple questions and providing supporting documentation.

If you have multiple addresses, you must provide your permanent residence. This is determined by where you spend most of your time throughout the year.

13. What if I lose my Medicare Card?

If your Medicare card is lost or stolen, it is essential to report the missing card to Social Security as soon as possible.

To report a lost or stolen card and request a replacement, you can log into (or create) a MyMedicare account through Medicare.gov. From there, you can print a temporary replacement card.

To receive a new card in the mail, you will need to contact Medicare at 1-800-633-4227

14. Does Medicare cover dentures?

Original Medicare does not offer coverage for dentures.

However, some Medicare Advantage plans may provide this benefit.

If you would instead enroll in a Medicare Supplement plan or stick to Original Medicare, you can always enroll in a separate dental plan that offers coverage for dentures.

These plans are designed to work with Medicare to create full-circle benefits for you.

15. Will Medicare cover hearing aids?

Original Medicare does not offer coverage for hearing aids.

However, some Medicare Advantage plans may provide this benefit. CMS does not deem hearing aids medically necessary, so they are not covered by the federal healthcare program.

If you need hearing coverage but do not want to enroll in a Medicare Advantage plan, there are several options. You can enroll in a stand-alone benefits plan that allows hearing coverage to work alongside your Medicare plan.

16. Do I need Medicare if I have VA benefits?

It is not required for you to enroll in Medicare if you have [VA benefits](#). However, if you ever receive coverage outside of the VA system, you will need medical coverage to cover these costs.

Remember, if you have VA coverage and delay Medicare Part B enrollment, you will have to pay the Medicare Part B penalty if you decide to enroll in Medicare coverage later in life. Once you enroll in Medicare, it pays primary, and the VA pays secondary.

17. Can Medicare drop you for health reasons?

Original Medicare, Medicare Advantage, and Medicare Supplement plans are NOT able to drop you based on your health status.

Original Medicare, Medicare Advantage, Medicare Part D, and Medicare Supplement plans are guaranteed renewable as long as you continue to pay the monthly premiums.

Keep in mind if you want to change plans, there may be restrictions or roadblocks due to health. Medicare Supplement plans can deny your application based on pre-existing conditions. Medicare Part D and Medicare Advantage plans do not review your health history. However, you can only apply during certain times of the year.

18. What do I do if I cannot afford my Medicare premiums?

If you cannot afford your Medicare premiums, there are several assistance programs available to help cover these costs.

First, you should visit your local Medicaid office to see if you qualify. If so, Medicaid will cover your monthly premiums and provide you with extra benefits.

Additionally, there are several Medicare Savings Plans available to help cover low-income earners. These plans help pay your Medicare premiums and out-of-pocket costs.

19. What is the difference between Medicare HMO and Medicare PPO?

Medicare [HMO and PPO](#) plans are Medicare Advantage plans.

HMO plans are the most restrictive with tight networks and require referrals to see specialists. PPO plans are more lenient and have a more comprehensive network of doctors and hospitals you can utilize. HMO plans typically cost less than PPO plans.

However, both types of plans have restrictions and guidelines you must follow to receive care.

20. Does Medicare have a network?

Original Medicare does not have a typical network of doctors and hospitals. Instead, doctors and hospitals can opt in or opt out of accepting Medicare. In 2024, nearly 93% of doctors and hospitals nationwide will accept Medicare.

When you enroll in a Medicare Advantage plan, you will have to follow the network of doctors who accept your plan. This is one of the downsides of enrolling in an Advantage plan. You lose the freedom to choose your care team thoroughly.

However, with a Medicare Supplement plan, you will be able to see any doctor nationwide. This is a bonus if you often travel or have dual residency.

21. Am I required to enroll in Medicare?

Enrolling in Medicare coverage is not mandatory. So, you are not required to have coverage at any point. However, if you delay Medicare enrollment without creditable coverage, you may be required to pay late enrollment penalties that do not go away. Thus, it is often more cost-effective in the long run to enroll in Medicare coverage when you are first eligible.

Medicare Part A is typically zero-premium for those who qualify, and delaying Medicare Part B can end in a significant penalty if you do not have creditable coverage. The Medicare Part B penalty adds 10% to the base premium for each 12-month period you go without coverage.

22. Will Medicare cover all my medical bills?

Original Medicare does not cover 100% of your medical costs once you enroll in coverage. Medicare Part A requires you to pay a per occurrence deductible and copayments. Then, Medicare Part B requires an annual deductible and a coinsurance of 20%.

If you wish to be covered entirely, you will need to enroll in a Medicare Supplement plan to help cover these gaps in coverage left by Original Medicare. By doing so, you will reduce your out-of-pocket spending with Medicare.

23. Can I change my Medicare Part D Plan?

If you enroll in [Medicare Part D](#), you have the opportunity once per year to enroll in a new plan during the Annual Enrollment Period each fall.

Medicare Part D plans do not require you to answer health questions, so you can enroll in any plan you wish during this enrollment period. Keep in mind, any

changes made to your Medicare Part D plan during the Annual Enrollment Period go into effect on January 1 of the following year.

Each year, Medicare Part D plan formularies change to reflect the needs of the majority consumer. Your plan may change how it covers your specific drugs, and your copayments and deductibles may change each year.

So, even if you are satisfied with your benefits, it is essential to review the changes for the upcoming year and ensure that your drugs will still be adequately covered.

24. I enrolled in Medicare Advantage and want a Medigap plan. How can I switch plans?

If you have a Medicare Advantage plan and wish to switch to a Medicare Supplement (Medigap) plan, you may have to wait until the Annual Enrollment Period.

Unlike Medicare Supplement plans, Medicare Advantage plans require you to enroll for one year unless you have a life-changing event that would allow you to leave the plan early. This means you cannot change plans whenever you wish throughout the year. Except for your first year on Medicare, Medicare Advantage plans are a 12-month term lasting from January to December.

To change your plan for the upcoming year, you will need to enroll during the Annual Enrollment Period. By doing so, you must answer underwriting health questions to enroll in a Medicare Supplement plan. This means that your application for coverage may be denied depending on your answers to the health questions.

25. Do Medicare benefits change each year?

Original Medicare benefits do not change each year. However, the premiums, deductibles, and covered services may change each year.

New prices are generally released in October and reflect changes for the upcoming year. Also, if there is a change in covered services, you will receive notice in advance that Medicare will no longer provide coverage.

Medicare Advantage plan benefits do change every year. Thus, it is essential to review the changes to your plan each year during the [Annual Enrollment Period](#). During this time, you do have the option to change your plan if you do not like the new changes for the year.

Any changes made during this enrollment period will be effective on January 1 of the upcoming year.

Medicare Supplement plans do not typically change yearly. However, the deductible and premium costs may differ each year.

Source: [25 Medicare Q&As You Should Know in 2024 | MedicareFAQ](#)