

Medicare 101

If you're nearing retirement age, or are over 65 and still working, you may have questions about Medicare. Read on for the information you need to know.

What is Medicare?

Medicare sends you a questionnaire about three months before you're entitled to coverage. Your answers help Medicare set up your file and make sure your claims are paid correctly.

Medicare is health insurance for people who are age 65 or older, under 65 with certain disabilities, or any age with End-stage Renal Disease (permanent kidney failure).

Types of Medicare

There are four types of Medicare. *Medicare Part A* helps cover inpatient care in hospitals, skilled nursing facilities, and hospice and home health care. Generally there is no monthly premium if you qualify and paid Medicare taxes while working.

Medicare Part B helps cover medical services like doctors' services, outpatient care and other medically necessary services that Part A doesn't cover. You need to enroll in Medicare Part B and pay a monthly premium determined by your income, along with a deductible.

Many people also purchase a supplemental insurance policy, such as a Medigap plan, to handle any Part A and B coverage gaps.

Medicare Advantage Plans, also known as *Medicare Part C*, are combination plans managed by private insurance companies approved by Medicare. They typically are a combination of Part A, Part B and sometimes Part D coverage, but must cover medically necessary services. These plans have discretion to assign their own copays, deductibles and coinsurance.

Medicare Part D is prescription drug coverage and is available to everyone with Medicare. It is a separate plan provided by private Medicare-approved companies, and you must pay a monthly premium.

Getting Started

Medicare sends you a questionnaire about three months before you're entitled to Medicare coverage. Your answers to these questions, including whether you have group health insurance through an employer or family member, help Medicare set up your file and make sure your claims are paid correctly.

If your health insurance or coverage changes at any time after submitting the questionnaire, call the Medicare Coordination of Benefits Contractor at 800-999-1118 to update your file.

Once you start Medicare, you should schedule a free preventive visit within the first 12 months to assess your current health status and provide a health roadmap for the future.

Also, create an account on [Medicare.gov](https://www.medicare.gov) to access your information and keep track of claims. If you want your family or friends to be able to call Medicare on your behalf, fill out an Authorization Form to allow them to do so.

Coordination of Coverage

If you have Medicare and another type of insurance, the question of who should pay or who should pay first can be tricky. For example, generally a group health plan would pay before Medicare, but there are several exceptions. Contact the number above for specific answers for your situation, or visit www.medicare.gov for additional information.

We're here to help! [Contact Sentinel Benefits & Financial Group](#) for the guidance you need.

This article is not intended to be exhaustive nor should any discussion be construed as legal or financial advice.
