

2024 *Medicare*

41st Edition



What you need to know about Medicare in simple, practical terms.

2024 Medicare contents

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2 The Original Medicare Plan

When you enroll in Medicare, you are automatically in the Original Medicare Plan unless you choose to join a Medicare Advantage plan (page 26). Original Medicare is a fee-for-service plan offered by the federal government. It is available anywhere in the U.S. Under Original Medicare, you can go to any doctor or hospital that accepts Medicare patients. Original Medicare generally does not cover prescription drug costs. You may want to buy a Medicare stand-alone prescription drug plan to help with drug costs (page 29).

Many Medicare beneficiaries in the Original Plan have supplemental coverage from an employer- or union-sponsored retiree plan or from one of the standard Medigap Plans (pages 22-25) to help pay deductibles and coinsurance and to fill in the gaps in coverage.

Part A (Hospital Insurance) Eligibility and Enrollment

You are eligible for premium-free Medicare Part A Hospital Insurance if you are age 65 or over and are eligible for any type of monthly Social Security benefit. It is available on the first day of the month that you attain age 65, and your enrollment is automatic if you are already receiving a Social Security or Railroad Retirement benefit. Your Medicare card will be mailed to you about three months before your 65th birthday. You establish your entitlement with the Social Security Administration. Your eligibility can be retroactive for up to six months.

Important!

The full retirement age for Social Security is gradually rising to age 67, but the Medicare eligibility age is not scheduled to increase, so you will still need to apply for Medicare three months before your 65th birthday.

If your spouse, widow(er), or divorced spouse does not qualify for Medicare based on his or her own work history, he or she can qualify for premium-free Part A at age 65 based on your work record. You must be at least age 62 and eligible for monthly Social

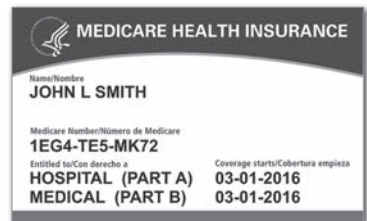
Medicare will not pay for some outpatient procedures and surgeries, so you will have to pay the full charge for the service. You should ask your doctor or the hospital if Medicare will pay for the outpatient procedure. If the procedure is not covered, ask if you can be admitted as an inpatient and have the procedure covered under Part A.

Medicare pays for some outpatient services under separate Medicare payment systems. These include:

- ambulance services
- clinical diagnostic laboratory services
- dialysis for permanent kidney failure (end-stage renal disease)
- orthotics, non-implantable prosthetics, or durable medical equipment
- outpatient hospital services at “critical access hospitals” (small facilities in rural areas with limited services to people)
- outpatient services you get in any hospital in the State of Maryland (hospitals are paid under Maryland’s all-payer hospital payment system)
- physical therapy, speech-language therapy, or occupational therapy services

Original Medicare Plan Card

You will receive a Medicare Health Insurance Card with your name, Medicare number, and the effective dates of your coverage for Parts A and B. If you are in the Original Medicare Plan, you will need to present your Medicare card when you receive medical services. If you are in a Medicare Advantage plan or a Medicare Part D prescription drug plan, the plan will give you a membership card.



How Claims Are Paid

Claims are processed by fiscal intermediaries and carriers – look at your Medicare Summary Notice or Explanation of Medicare Benefits for the contact name and address. These are insurance companies or other organizations under contract to the government.

4 Medicare Advantage (MA)

Part C (Medicare Advantage)

Many Medicare beneficiaries receive healthcare services from a Medicare Advantage (MA) plan rather than the Original Medicare Plan. MA plans include Health Maintenance Organization plans, Preferred Provider Organization plans, Private Fee-for-Service plans, and Special Needs Plans. Two less common MA plans include Medical Savings Accounts and HMO Point-of-Service Plans. When you enroll in Medicare, you are automatically in Original Medicare unless you join an MA plan.

If you join an MA plan, you are still in Medicare and have coverage for all of the medical services covered by Parts A and B. Some MA plans provide coverage for additional items or services such as extra covered days in the hospital or foreign travel. They may charge an additional monthly premium for these extra services. MA plans are available in many areas of the country. The features and costs of plans vary depending on where you live.

MA plans **cannot** charge you more than Original Medicare for certain services like chemotherapy, dialysis, and skilled nursing facility care. MA plans have an annual cap on how much you pay for Part A and Part B services. This annual maximum out-of-pocket amount can be different between MA plans.

Starting in 2020, MA plans may offer more telehealth benefits than Original Medicare. These benefits will be available no matter where you are located, and you can use them at home instead of going to a healthcare facility. Check with your plan to see what telehealth benefits are offered.

Part C Enrollment

To join an MA plan, you must be enrolled in Medicare Parts A and B, continue to pay the Part B premium, and live in the plan's service area. Special rules apply if you have end-stage renal disease (ESRD or kidney failure).

You can only join or leave an MA plan at certain times. You can generally join during your Part B initial enrollment period (page 8) or during the annual election period from October 15 through December 7 with coverage beginning on the next January 1. If you have ESRD, you can enroll during the annual election. Some MA plans, however, limit the number of members. You typically must stay in your plan for the year.