

Medicare Myth Busters

Getting older has its perks. You might have paid off your house, have more time to travel or enjoy moments with your family. But it also comes with some risks—like being a target for Medicare fraud. The good news? You can protect yourself by learning what Medicare really covers. Let's clear up some common myths so you know what's true and what's not.

1. Medicare will pay if I need to go to a nursing home.

Medicare does not generally cover long-term care in a nursing home. Medicare Part A will only cover up to 100 days of skilled care in a nursing home under the following conditions:

- You were an inpatient in a hospital for a minimum of three midnights, and
- You admit to the skilled care facility within 30 days of discharge, and
- You need daily skilled care or therapy services.

2. Medicare will cover all my health care needs.

Generally, Medicare covers a person's basic health care needs, including some preventive services.

- Medicare does not cover most dental, hearing and vision services.
- Medicare also does not cover care outside the U.S. and most long-term care services.
- Medicare Advantage and Cost Plans may offer services not covered under Original Medicare.

3. You can enroll in Medicare any time after turning 65.

To enroll in Medicare outside your Initial Enrollment Period, you must be eligible for a Special Enrollment Period. If you are not, you must wait and enroll during the annual General Enrollment Period (January 1 through March 31).

- If you are not eligible for a Special Enrollment Period and you enroll during the GEP your coverage will start the first of the following month.
- If you delay enrollment, you could owe a late enrollment penalty.

4. Medicare is free.

Medicare is definitely not free.

- Medicare has premiums and people with higher incomes must pay more.
- Medicare also has out-of-pocket costs such as deductibles, copayments, and coinsurance. People who want additional coverage to pay these costs, need to buy it.
- People who delay enrollment may have to pay a late enrollment penalty.
- If you have a service not covered by Medicare, your Medigap policy, or your Medicare health plan, you will be responsible for paying the entire cost.
- Some Medicare health plan ads say people could qualify for a Medicare premium reduction. This is not available with all plans and typically the reduction is small.

5. When you become eligible for Medicare the federal government will let you know.

Medicare enrollment is only automatic if you are getting a check from Social Security or Railroad Retirement Board. All others need to actively enroll in Medicare by one of the following methods:

- Online at www.ssa.gov
- Call Social Security at 1-800-772-1213.
- Contact your local Social Security office.
- Call the Railroad Retirement Board at 1-877-772-5772.

Medicare Myth Busters

6. Medicare coverage through a private company is called a Medigap policy.

Many people are confused by the term Medigap policy and use this term when referring to any coverage through a private company.

- People who get their Medicare benefits through the federal government have Original Medicare. You can buy additional coverage to pay some of the Medicare out-of-pocket costs. These policies are called Medigap policies.
- Some people get their Medicare benefits through a private insurance company. The company has a contract with the federal government to provide the Medicare Part A, Part B and often times the Part D benefits for the people enrolled in their plan. These are Medicare health plans called Medicare Advantage or Cost Plans.
- Medicare health plans must at a minimum, cover the same benefits offered under Original Medicare. However, they can charge you different amounts and provide additional coverage.

7. Medicare will pay for housekeeping, meals and transportation.

Some commercials make it sound like you can get all sorts of non-medical benefits if you enroll in certain private Medicare plans.

- Original Medicare will not pay for housekeeping, meals at home and general transportation to medical appointments.
- People with a chronic illness who have a Medicare Advantage plan may get additional benefits not typically covered by Medicare. This could include things like, housekeeping, limited meals and some transportation. These benefits are not available to everyone and must be pre-approved by the plan.

8. I never need to reevaluate my Medicare coverage once I enroll.

People who have a Medicare Advantage, Cost or a Part D plan should reevaluate their coverage during the Medicare Open Enrollment, which is from October 15 – December 7.

- Plans can make changes from year to year which could greatly affect a person's benefits.
- Changes can include provider network benefits, covered medications and costs.

9. I must spend all my savings before I can get help paying for Medicare.

No, this is not true. There is help available through Social Security to pay your Medicare premiums and out-of-pocket costs if you have modest income and resources.

- Contact Minnesota Aging Pathways at 800-333-2433 to see if you are eligible.

10. I have to be at least age 65 to be on Medicare.

Some people with a disability are also eligible for Medicare.

- You are entitled to Social Security disability benefits for at least 24 months
- You have Lou Gehrig's disease (ALS)
- You have permanent kidney failure requiring regular dialysis or a kidney transplant