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Phone: 803-545-5775 (Referrals to Genetic Counselor)

Hours: Monday–Friday, 8 a.m.–5 p.m.

**FACT SHEET**

**MEDICARE PART A & PART B:**

Getting started with Medicare: <https://www.medicare.gov/people-like-me/new-to-medicare/getting-started-with-medicare.html>

**What is Medicare?**

Medicare is the federal health insurance program for:

* People who are 65 or older
* Certain younger people with disabilities
* People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)

The different parts of Medicare help cover specific services: **Medicare Part A (Hospital Insurance)**

Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

**Medicare Part B (Medical Insurance)**

Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.

Refer to: <https://www.medicare.gov/sign-up-change-plans/decide-how-to-get-medicare/whats-medicare/what-is-medicare.html>

**How do I get Parts A & B?**

Some people get Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) automatically and other people have to sign up for it. In most cases, it depends on whether you’re getting Social Security benefits. Select the situation that applies to you to learn more.

Refer to: <https://www.medicare.gov/sign-up-change-plans/get-parts-a-and-b/when-how-to-sign-up-for-part-a-and-part-b.html#collapse-5776> or call 1-800-MEDICARE / (800) 633-4227

Note:

Medicare is managed by the Centers for Medicare & Medicaid Services (CMS). Social Security works with CMS by enrolling people in Medicare.

Note:

You don’t need to sign up for Medicare each year. However, each year you’ll have a chance to review your coverage and change plans.

**Part A & Part B sign up periods:**

When you're first eligible for Medicare, you have a 7-month Initial Enrollment Period to sign up for Part A and/or Part B.

Example:

For example, if you're eligible for Medicare when you turn 65, you can sign up during the 7-month period that:

* Begins 3 months before the month you turn 65
* Includes the month you turn 65
* Ends 3 months after the month you turn 65

**Between January 1–March 31 each year**

You can sign up for Part A and/or Part B during the General Enrollment Period between January 1–March 31 each year if both of these apply:

* You didn't sign up when you were first eligible.
* You aren’t eligible for a Special Enrollment Period (see below).

You must pay premiums for Part A and/or Part B. Your coverage will start July 1. You may have to pay a higher premium for late enrollment in Part A and/or a higher premium for late enrollment in Part B.

**Special circumstances (Special Enrollment Periods)**

Once your Initial Enrollment Period ends, you may have the chance to sign up for Medicare during a Special Enrollment Period (SEP). If you're covered under a group health plan based on current employment, you have a SEP to sign up for Part A and/or Part B anytime as long as:

* You or your spouse (or family member if you're disabled) is working.
* You're covered by a group health plan through the employer or union based on that work.

You also have an 8-month SEP to sign up for Part A and/or Part B that starts at one of these times (whichever happens first):

* The month after the employment ends
* The month after group health plan insurance based on current employment ends

Usually, you don't pay a late enrollment penalty if you sign up during a SEP.

Refer to: <https://www.medicare.gov/sign-up-change-plans/get-parts-a-and-b/when-sign-up-parts-a-and-b/when-sign-up-parts-a-and-b.html>

**What Part A covers:**

Note:

If you're in a Medicare Advantage Plan or other Medicare plan, you may have different rules. But, your plan must give you at least the same coverage as Original Medicare. Some services may only be covered in certain settings or for patients with certain conditions.

* Hospital care
* Skilled nursing facility care
* Nursing home care (as long as custodial care isn't the only care you need)
* Hospice
* Home health services

**Ways to find out if Medicare covers what you need:**

1. Talk to your doctor or other health care provider about why you need certain services or supplies. Ask if Medicare will cover them. You may need something that's usually covered but your provider thinks that Medicare won't cover it in your situation. If so, you'll have to read and sign a notice. The notice says that you may have to pay for the item, service, or supply.
2. Find out if Medicare covers your item, service, or supply.

**Medicare coverage is based on 3 main factors:**

1. Federal and state laws.
2. National coverage decisions made by Medicare about whether something is covered.
3. Local coverage decisions made by companies in each state that process claims for Medicare. These companies decide whether something is medically necessary and should be covered in their area.

Refer to: <https://www.medicare.gov/what-medicare-covers/part-a/what-part-a-covers.html>

**What Part B covers:**

Refer to: <https://www.medicare.gov/what-medicare-covers/part-b/what-medicare-part-b-covers.html>

Note: If you're in a Medicare Advantage Plan or other Medicare plan, you may have different rules. But, your plan must give you at least the same coverage as Original Medicare. Some services may only be covered in certain settings or for patients with certain conditions.

**Part B covers 2 types of services:**

1. Medically necessary services: Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice.
2. Preventive services: Health care to prevent illness (like the flu) or detect it at an early stage when treatment is most likely to work best.

You pay nothing for most preventive services if you get the services from a health care provider who accepts assignment.

**Part B covers things like:**

* Clinical research
* Ambulance services
* Durable medical equipment (DME)
* Mental health
* Inpatient
* Outpatient
* Partial hospitalization
* Getting a second opinion before surgery
* Limited outpatient prescription drugs

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**What Part A & Part B doesn't cover?**

Refer to: <https://www.medicare.gov/what-medicare-covers/not-covered/item-and-services-not-covered-by-part-a-and-b.html>

Medicare doesn't cover everything. If you need certain services Medicare doesn't cover, you'll have to pay for them yourself unless:

* You have other insurance that covers them
* You have a Medicare health plan that covers them

Even if Medicare covers a service or item, you generally have to pay your deductible, coinsurance, and copayments.

**Some of the items and services that Medicare doesn't cover include:**

* Long-term care (also called custodial care)
* Most dental care
* Eye exams related to prescribing glasses
* Dentures
* Cosmetic surgery
* Acupuncture
* Hearing aids and exams for fitting them
* Routine foot care

This fact sheet provides information but is not intended to be legal advice. This information was based on the website: <https://www.medicare.gov/>.

June 2018