



Frequently Asked Questions about Medicare

Why do I need Medicare Supplement Insurance?

Medicare was never designed to completely cover all your medical costs. Unfortunately, the cost of items not covered by Medicare has grown to the point where it's often more than an individual can afford to pay out of pocket. Costs not covered by Medicare include the Part A deductible, hospital and medical care coinsurance, and much more. A Medicare Supplement plan can help with these costs, keeping down your out-of-pocket expenses.

Can I see my own doctor?

You're free to choose your doctors and your hospital. You don't even need a referral form to visit a specialist. That's because original Medicare and Medicare supplement plans do not limit you to a certain list of doctors and hospitals. Those important decisions about your health care are in your hands.

Which Medicare Supplement plan is best for me?

It all depends on your needs...and there are plenty of choices! All insurance companies must offer plans that provide basic services. Some plans cover more services than others. An agent can explain what's covered under each plan so you can select one that's right for you.

Can you explain the Medicare set up overall, and what all the different parts mean?

There are four different parts to the Medicare program. Parts A and B are often referred to as Original Medicare. Medicare Part C, or Medicare Advantage, is private health insurance, while Medicare Part D offers coverage for prescription drugs. The details below tell you more about Medicare insurance plans, with an overview of the four parts.

Medicare Part A

Medicare Part A is hospital insurance. Part A covers inpatient hospital care, limited time in a skilled nursing care facility, limited home health care services, and hospice care. Most Medicare Part A beneficiaries don't have to pay a monthly premium to receive coverage under this part of Original Medicare; this is called "premium-free Part A." Generally, if you've worked at least 10 years (40 quarters) and paid Medicare taxes while you worked, you're eligible for premium-free Part A. Otherwise, you pay a monthly premium.

Medicare Part A typically doesn't cover the full amount of your hospital bill, so you will probably be responsible for a share in the cost. You will also have to pay a deductible before Medicare benefits begin. Medicare will then pay 100% of your costs for up to 60 days in a hospital or up to 20 days in a skilled nursing facility. After that, you pay a flat amount up to the maximum number of covered days. Your Medicare Part A benefits cover some of the costs for a total of 90 days in a hospital and 100 days in a skilled nursing facility. Medicare also covers up to 60 "lifetime reserve days." These are days you stay in a hospital longer than 90 days in a row. You get a lifetime total of 60 reserve days.

Medicare Part B

Medicare Part B is medical insurance. Part B benefits cover certain non-hospital medical expenses like doctors' office visits, blood tests, X-rays, diabetic screenings and supplies, and outpatient hospital care. You pay a monthly premium for this part of Original Medicare. The fee can be higher for people with high incomes. A different government program, Medicaid, can help cover Medicare Part B premiums for low income beneficiaries.

Medicare Part B beneficiaries are usually responsible for a portion of their health care costs. You'll have to pay a deductible each year before your Medicare Part B benefits kick in, and then you'll generally pay 20% of the bill when you go to a participating Medicare doctor. Medicare pays the full cost of many lab tests and services requested by your doctor. Note- there is no cap or limit on the 20% Medicare does not cover for Part B without a Medicare supplement.

Medicare Part C

Medicare Part C, or Medicare Advantage, insurance often includes every type of Medicare coverage in one health plan. It's offered by private insurance companies contracted through Medicare to offer a benefits package as an alternative to Original Medicare. Enrolling into a Medicare Advantage plan is optional, but to obtain this private insurance, you must also have Original Medicare, Part A and Part B. You also may have to continue to pay your Part B premium if you have a Medicare Advantage plan.

While Medicare Advantage plans are required to provide all Medicare Part A and Medicare Part B benefits (except hospice care), plans can also include different additional benefits, which vary among the individual private health insurers. Many Medicare Advantage plans include prescription drug coverage known as Medicare Advantage Prescription Drug plans. Some plans might have a lower deductible, while also allowing you to pay a smaller share of the remaining costs.

Medicare Advantage plans may even cover certain health care services that Original Medicare, Part A and Part B, does not cover, like eye exams, hearing aids, dental care, or health care received while traveling outside the United States. If you choose Medicare Advantage for more than your first year and then later on decide to back to original Medicare you may or may not be able to do so. You would have to try to do it during the open enrollment period. And in most case you would have to be able to answer health questions to qualify. You could be denied this coverage at that time.

Medicare Part D

Medicare Part D is optional prescription drug coverage. Medicare Part D is available as a stand-alone prescription drug plan through private insurance companies, and the monthly fee varies among insurers. You will share in the costs of your prescription drugs according to the specific plan in which you're enrolled. Those costs can include a deductible, a flat copayment amount, or a percentage of the full drug cost (called "coinsurance").

If you want prescription drug coverage, you can get it through a Medicare Advantage Prescription Drug plan if there's one in your area that offers this coverage. You can use the simple form on this page and enter your zip code to view a list of Medicare Advantage Prescription Drug plans in your area.

If you have limited income and cannot afford your medications even though you receive Medicare Part D benefits, you may qualify for the Extra Help program, which offers financial assistance for your monthly premium, deductible, copayment, or coinsurance. There are 21 drug plans currently per zip code. Our agents can help you find the one that covers your medications the best.

I already have a Medicare supplement plan. Can I switch to one of your plans?

If you already have a Medicare Supplement plan that you wish to replace, you can apply for one of our plans. So there will be no gap in your coverage, just be sure not to cancel your current policy until you've received a new Medicare Supplement policy from us and have had a chance to review it. And remember, with a Medicare Supplement plan there is no waiting period for pre-existing conditions.

Can the carrier drop my coverage?

Most Medicare Supplement insurance policies are guaranteed renewable for life. If the company you choose has this provision in its policies then once insured, no matter how your health changes or how many claims you make, as long as you pay your premiums, you're the only one who can cancel your coverage. However, the amount of the premium is not guaranteed. An insurance company may raise your premium as often as once a year on a class but not individual basis.

How are Medicare Supplement claims handled?

Over 90% of Medicare Supplement claims are processed by the Medicare supplement insurance company's claims department within 5 days of receipt and nearly 100% are processed within 10 days of receipt. And with Medicare Supplement plans, most health care providers submit claims to the insurance company directly, so there's no paperwork for you to handle. If you do need to submit a claim, all we will need is a copy of the Explanation of Benefits form you will receive from Medicare ("EOMB"), along with your name and policy number.

How can I find out more about Medicare Supplements and get a quote?

The fastest way to get a quote is to call us at 561 981 6287 and ask to speak to an agent. Your agent can provide complete details and rates for all of our plans, plus answer any questions about service and claims.