

Medicare Fact Sheet

Medicare is federal health insurance run by the Social Security Administration. You must be a U.S. citizen or legal resident residing in the United States. for five continuous years to qualify for Medicare.

Someone qualifies for Medicare if they are one of the following:

- Age 65 or older
- Any age with End-Stage Renal Disease (ESRD)
- Under age 65 with certain disabilities (Amyotrophic Lateral Sclerosis, also known as ALS or Lou Gehrig's disease) or people with a qualifying disability who have received Social Security Disability Insurance for 24 months.

Medicare Enrollment and Contacts

- You are automatically enrolled if you are already getting Social Security Disability Insurance benefits for 24 months.
- If you are not receiving Social Security benefits, you must enroll yourself in Medicare with Social Security four months before your 65th birthday.
- Visit www.ssa.gov or www.medicare.gov.
- Call the Social Security Administration at (800) 772-1213 or Medicare at (800) 633-4227 or the Illinois Senior Help Line at (800) 252-8966.
- To find a local Social Security office, visit www.ssa.gov/locator/.

Medicare and Other Insurance

- If you have private insurance, Medicare is often secondary. It depends on some factors of how you get your private insurance. Talk to your private insurance and Medicare about coordination of benefits.
- If you have Medicaid, Medicare is primary coverage. Medicaid will pay second.

Medicare Savings Program

- The state of Illinois will help people with limited income and resources pay Medicare costs, which include Medicare premiums, deductibles, and coinsurance.
- You can apply for the Medicare Savings Program through the Department of Human Services (DHS) online at ABE.illinois.gov. You can also call the DHS Helpline at (800) 843-6154 or visit a local DHS office. To find the nearest office, visit the DHS Office Locator at www.dhs.state.il.us.

Extra Help Program

- The Social Security Administration will help some people with limited resources and income pay for Part D prescription drug costs. This includes premiums, annual deductibles, and prescription copayments.
- Apply by contacting the Social Security Administration.

Medicare Coverage and Costs

Part A - Hospital Insurance

- Inpatient hospital care
- Skilled nursing facility (SNF) care
- Hospice care
- Home health care
- Blood work/transfusion inpatient

Part A may have a small premium, but in most cases, recipients don't have to pay a premium.

Part B - Medical Insurance

- Outpatient care
- Home health care
- Durable medical equipment (DME)
- Preventive services
- Ambulance
- Mental health

Part B requires a premium of around \$170-180 a month.

Part C - Medicare Advantage Plans

- Medicare Advantage Plans are plans from private companies that are approved by Medicare. These plans include Part A, Part B, and usually Part D coverage together as one plan.
- The member must use providers in the plan's network.
- Plans may have lower out-of-pocket costs than Original Medicare but will have a higher monthly premium.
- Plans may offer some extra benefits that Original Medicare doesn't cover — like vision, hearing, and dental services.

Part C plans can vary in costs. There is usually a high monthly premium.

Part D - Prescription Drug Coverage

- Helps cover prescription drugs.
- Medicare-approved private insurance companies run Part D plans.
- If Medicare is primary and Medicaid is secondary, Medicaid cannot not pay for medications covered by Medicare.

Part D has a premium of around \$30-60 a month depending on the plan selected.