**MEDICARE**

What is Medicare and who qualifies?

Medicare covers people aged 65 and older, people with disabilities, and people with end-stage renal disease.

Medicare is a federal health insurance administered by CMS (Centers for Medicare and Medicaid Services).

What are some of Medicare programs?

- **Part A** – Hospital Insurance that covers in-patient hospital stays, short-term care in skilled nursing facilities, hospice care, and some home health care. Part A is free if a person has paid into the Social Security trust fund for forty (40) quarter, or ten years;

- **Part B** – Medical Insurance that covers out-patient hospital care, doctors’ visits, laboratory fees; durable medical equipment, and some preventive care like mammograms. There is a monthly fee for Part B, call a premium;

- **Part C** – Medicare Managed Care or Medicare Advantage plans – allows beneficiaries to get more complete health insurance coverage through private plans. These programs replace the standard Part A and Part B coverage, and may include Part D coverage, usually by expanding the types of services that are covered. Most Medicare Advantage plans charge a monthly premium in addition to the Medicare Part B premium. Most plans require patients to use a limited network of providers;

- **Part D** – Prescription Drug Coverage is provided by private insurance companies, which are subsidized by Medicare. Coverage ranges from basic to extensive and from low-cost to more expensive;
• QMB – Qualified Medicare Benefits assists with your co-payments, annual deductibles, prescription drug costs, and Medicare premiums.
  A co-payment is the amount left for the patient to pay after Medicare pays for a service.
  A deductible is the amount the patient pays at the start of each year, before Medicare provides coverage.

What is Supplemental Medicare Insurance?

• Medigap (Supplemental Medicare Insurance) – fills some of the gaps in Medicare coverage, paying for some health care costs that Medicare does not pay. The more gaps that a Medigap plan covers; the more expensive the policy is to buy. Eligibility for Medigap policies can vary. Plans must offer “guaranteed issue” for new Medicare beneficiaries who are turning sixty-five (65) years of age: the plan cannot refuse to enroll a beneficiary, even if he or she is injured or sick.

Who do I contact for assistance in applying for Medicare benefits?

George Washington University Law
Health Insurance Counseling Project (HICP)
(202) 739-0668 (OFFICE)
(202) 973-1079 (TTY)