

	overview	how you qualify	when to enroll	cost
MEDICARE PART A (Hospital Insurance)	Helps cover inpatient hospital care, home health services, skilled nursing facility care, and hospice care.	All U.S. citizens and permanent residents age 65 and over are eligible for Medicare Part A.	Your Medicare Initial Enrollment Period is the 7-month period around your 65th birthday. If you are already receiving a form of Social Security when you become eligible for Medicare at age 65, you will be automatically enrolled in Parts A and B.	For most people, Part A plans are free if an individual or their spouse has worked and paid taxes for at least 40 quarters (10 years). If they or their spouse has worked and paid taxes for 30-39 quarters, their monthly Part A premium for 2018 will be \$232. If they or their spouse has worked and paid taxes for less than 30 quarters, their monthly Part A premium for 2018 will be \$422. The specific amount paid will be determined by income and assets.
MEDICARE PART B (Medical Insurance)	Helps cover physician visits, outpatient services, preventive services, medical equipment, and some home health visits.	All U.S. citizens and permanent residents age 65 and over are eligible for Medicare Part B.	Your Medicare Initial Enrollment Period is the 7-month period around your 65th birthday. If you do not sign up during your Initial Enrollment Period, you will likely be charged higher monthly Part B premiums once you do enroll.	In most cases, if an individual chooses to buy Part A, they must also have Medicare Part B (Medical Insurance). Most Part B plans require out-of-pocket copayments, coinsurance, and monthly premiums. In 2018, premiums will vary between \$134 and \$428.60 per month, based on income. The deductible for every Part B plan in 2018 will be \$183 per year regardless of income. After the deductible is met, patients typically pay 20% of the Medicare-approved cost of service.
MEDICARE PART C (Medicare Advantage)	Includes most Part A and B benefits, as well as prescription drug coverage, vision, hearing, and dental services. Part C plans are administered by private insurance providers, but are regulated by the government.	You must have Medicare Parts A and B to be able to join a Part C plan.	You can sign up for a Part C plan during your Medicare Initial Enrollment Period when you turn 65. If you already have Parts A and B, you can join, switch, or drop a Part C plan during the yearly Open Enrollment Period (October 15 - December 7 each year).	Costs vary by plan and may include premiums (from \$0 to over \$200 per month), deductibles, copayments, and coinsurance <u>in addition to the Part B premium</u> . There are different out-of-pocket costs for in-network vs out-of-network providers with Medicare Advantage plans.
MEDICARE PART D (Prescription Drug Coverage)	Provides prescription drug coverage not included in Parts A and B. Part D plans are administered by private insurance providers, but are regulated by the government.	You must have either Medicare Parts A and B or a Medicare Part C plan that does not include drug coverage to be able to enroll in a Part D plan.	You can sign up for Medicare Part D during your Initial Enrollment Period when you turn 65. If you do not enroll then and wait to join Part D during one of the yearly Open Enrollment Periods (October 15 - December 7), it is likely that a late enrollment penalty will be added to every monthly premium.	Part D premiums, deductibles, copayments, and coinsurance vary by plan. Monthly premiums for 2018 range between a base premium up to an additional \$74.80 per month for higher incomes. The yearly deductible for Part D plans is \$405. Part D plans have a coverage gap, sometimes call a donut hole, between \$3,750 and \$5,000 (in 2018) spent out-of-pocket on medications in which patients pay all costs within that gap.
MEDIGAP (Medicare Supplement Insurance)	Help pay for Medicare Part A and B costs. They are administered by private insurance providers, but are regulated by the government. Medigap plan options for 2015 can be seen on medicare.gov .	You must have Medicare Parts A and B to be able to enroll in a Medigap plan. If you have health problems, there is no guarantee that a plan will accept you if you do not enroll when you are first eligible.	You can sign up for Medigap during the 6-month period beginning the first day of the month in which you are 65 and are enrolled in Part B. If you wait to enroll until after this period, you can still apply at any time, but you may have limited options and you may need to pay higher fees.	Medicare and Medigap share the cost of your health care services. Medigap plans require additional monthly premiums, and many plans do not have out-of-pocket limits on what you can pay. Different insurance companies may charge different premiums for the same plan, so it is important to compare policies carefully.
MEDICAID (Income-Based)	Health insurance provided through states to help with costs not covered by other plans. Not all states use "Medicaid" as the name of their coverage plan.	Medicaid eligibility varies state to state. You may qualify based on your household size, income, age, or disability. Specific eligibility guidelines are available at medicare.gov .	You can enroll in Medicaid any time of year. There is no limited enrollment period for these plans. If you qualify you can enroll with your state agency immediately.	Medicaid plans must follow federal guidelines, but coverage and costs may be different from state to state. Some Medicaid programs pay for your care directly. Others use private insurance companies to provide Medicaid coverage.