AARP’S MEDICARE GUIDE FOR FAMILY CAREGIVERS
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If you are caring for family or friends with Medicare, it’s important that you know about this health insurance program. Getting to know how Medicare works and how to find information when you need it can help you and those you care for make informed health coverage decisions.
About Medicare

Medicare is a federal health insurance program that helps people age 65 and over. It also helps some younger people with disabilities and people with end-stage kidney disease pay for their health care.

You may have heard that Medicare is made up of different parts. Each part helps cover different types of health services. We’ve broken down the parts to help you and the person you are caring for understand the benefits and services Medicare helps pay for and some of the costs to consider.

Q: What about Part C?

A: Part C is not quite like parts A, B or D—it’s actually a health care plan. Learn more on page 6.

<table>
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<th>Parts</th>
<th>What It Helps Pay for</th>
<th>Premium Costs to Consider</th>
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<tr>
<td>Part A</td>
<td>Inpatient hospital care, some home health, hospice, and skilled nursing facility care.</td>
<td>Most people don’t pay a premium for Part A because they already paid for it through their payroll taxes while working. If you do not have premium-free Part A, you may be able to buy it under certain conditions.</td>
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<td>Part B</td>
<td>Doctor visits, some home health care, medical equipment, some preventive services, outpatient hospital care, rehabilitation therapy, lab tests, X-rays, mental health services, ambulance services, and blood.</td>
<td>You pay a monthly premium for Part B. If you don’t sign up for Part B when you are first eligible, and decide to sign up later, you may have to pay a monthly penalty for as long as you have Medicare.</td>
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<tr>
<td>Part D</td>
<td>Prescription drugs.</td>
<td>You pay a monthly premium for Part D. If you don’t sign up for a Part D plan when you are first eligible, and decide to sign up later, you may have to pay a monthly penalty for as long as you have Medicare Part D.</td>
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You have a choice of how you get your Medicare coverage. The decisions you make are important because they affect how you receive and pay for your health care. Comparing your choices and checking the prices is not that different from the way you shop for groceries.

Original **MEDICARE**

- You can go to any hospital and doctor that accepts Medicare.
- If you need prescription drug coverage, you can buy a separate plan.
- You can also buy supplemental insurance, called Medigap, to help cover some of the costs not covered by Original Medicare.

**MEDICARE Advantage**

- You might be limited to hospitals and doctors on your plan’s list.
- Most Medicare Advantage plans already include prescription drug coverage. If yours doesn’t, you can buy a separate plan.
- Many Medicare Advantage plans include additional benefits, such as vision, dental, or gym membership. You cannot add a Medigap plan to a Medicare Advantage plan.

Have more questions? Check out AARP’s Medicare Q&A Tool for answers at [www.aarp.org/MedicareQA](http://www.aarp.org/MedicareQA)
A Little More About Your Choices

You have a choice of how you get Medicare health and prescription drug coverage. You can get Medicare through the Original Medicare plan or you can choose a Medicare Advantage plan. The decisions about which plan you choose are important because they affect how much you pay for your health care and what is covered.

**Original Medicare**

Original Medicare, also known as traditional Medicare, is a fee-for-service health plan. This means you can choose any doctor or hospital that accepts Medicare, anywhere in the United States. Medicare will pay its share of the doctor or hospital bill and you pay the rest.

Original Medicare includes Part A (hospital) and Part B (medical). Part B is optional, but if you don’t sign up when you are first eligible and decide to get it down the road, you may have to pay a monthly penalty for as long as you have Part B coverage. To get drug coverage under Original Medicare, you have to also buy a Medicare-approved Part D prescription drug plan.

Because Medicare doesn’t cover all health care costs, you might want to find out about Medicare Supplemental Insurance, sometimes referred to as Medigap. Medigap is private health insurance that helps cover some of the costs not covered by Original Medicare. You have to buy and pay for Medigap on your own. For some people with low incomes, the Medicaid program, which is run by your state, can act like a Medigap plan by covering costs that Medicare doesn’t cover and possibly helping with Medicare premiums.

**Medicare Advantage**

Medicare Advantage plans are an alternative to Original Medicare. Medicare Advantage is also known as Medicare Part C. Medicare Advantage plans are offered by private insurance companies and pay for the same health care services as Original Medicare. Some plans also pay for additional health care services that aren’t covered by Original Medicare. Examples of Medicare Advantage plans include Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs).
In most Medicare Advantage plans, you can only go to doctors, specialists, hospitals and pharmacies on the plan’s list. Otherwise, you may pay more or you may not be covered for services at all. If you have a Medicare Advantage plan, you may have to choose one doctor to be your primary care doctor, or main health care provider. Usually, your primary care doctor will coordinate all of your health care, send you to a specialist when you need one, and admit you to the hospital if it becomes necessary.

Medicare Advantage plans may include extra benefits and services, like dental, vision, hearing, health club memberships, and coverage when traveling outside the U.S.

Medicare doesn’t automatically enroll you in a Medicare Advantage plan. You need to choose a plan and sign up directly. If selecting a Medicare Advantage plan, you must live in the plan’s service area to enroll. The Medicare Advantage plan you choose will let Medicare know that you have enrolled in one of their plans. Medicare Advantage plans are available in most parts of the United States. You must have both Part A and Part B with a Medicare Advantage plan. Many Medicare Advantage plans also include Part D. People with end-stage kidney disease are not eligible to enroll in a Medicare Advantage plan.

**Medicare Prescription Drug Coverage**

Medicare prescription drug coverage (Part D) helps pay for some of the costs of prescription drugs. Medicare Part D plans are sold by private insurance companies that have been approved by Medicare to offer prescription drug coverage.

For more information about the types of Medicare plans, visit AARP’s Medicare Q&A Tool at [www.aarp.org/MedicareQA](http://www.aarp.org/MedicareQA).
Where to Start

Not sure where to begin? There are a number of things you can do to make helping someone with Medicare easier.

**Check Current Coverage**

If you don’t know what kind of coverage the person you’re caring for has, now is the time to find out. First, check if the person currently has Medicare. If so, find out if he or she has Medicare Part A (hospital coverage) and/or Medicare Part B (medical coverage). This information should be listed on the person’s red, white, and blue Medicare card.

You will also want to find out if the person you’re caring for is in a Medicare plan like a Medicare Advantage plan or a Medicare Prescription Drug plan. If the person has Original Medicare, check to see if he or she has a Medigap plan (Medicare Supplemental Insurance).
It’s important to find out if the person you’re caring for also has other health coverage, such as a health plan with a former employer, Veteran’s benefits, Military benefits (TRICARE), Medicaid, or other insurance that can help pay for health care. If he or she has other health coverage, find out how that coverage works with Medicare.

If the person doesn’t have Medicare, find out if he or she is eligible, what decisions he or she will need to make, and how to sign up.

Important: The person you care for needs to let Medicare know that you are calling Medicare to find out information about his or her insurance coverage. The person can do this by filling out an “Authorized Representative” form. You can find the form at www.Medicare.gov or by calling Medicare at 1-800-633-4227.

Find a Doctor or Provider

If you’re helping someone you care for choose a doctor or provider, it’s important to know how he or she gets Medicare coverage.

If the person has Original Medicare, he or she can go to any doctor or health facility that accepts Medicare, but you should always check to make sure.

Medicare Advantage plans usually have different rules for how to get services.
For example, a person who has Medicare Advantage may have to go to certain doctors, hospitals, or providers that belong to the plan in order for the plan to pay for services. Medicare Advantage also may require a referral to see a specialist.

**Help with Billing**

If the person you care for has Original Medicare, he or she will get a Medicare Summary Notice (MSN) in the mail when he or she had a Medicare-covered service. The notices are available online at [www.MyMedicare.gov](http://www.MyMedicare.gov). The notice lists the services received and the amount billed by a hospital, doctor, or other provider. These notices are sent by companies that handle bills for Medicare. For help reading an MSN go to [www.aarp.org/decoders](http://www.aarp.org/decoders).

Notices and bills for Medicare Advantage Plans and Medigap policies will look different than the MSN for people with Original Medicare. If you have a question about a Medicare Advantage Plan or Medigap policy, you will need to call the benefits coordinator at the company or health plan that offers the plan. To locate telephone numbers, you can look at the notice or bill from the plan. Or, you can call 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048.

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**MEDICARE TIPS:**

No matter how the person you’re caring for gets their Medicare coverage, it’s always a good idea to ask a doctor or provider these questions:

- Are you accepting new Medicare patients?
- Do you accept the person’s Medicare plan?
- Do you provide and monitor preventive services, like flu shots and screenings?
- What are your office hours?
- Which hospitals do you use?

If you need help finding a doctor or provider that accepts Medicare, you can call Medicare directly. If the person you’re caring for has a Medicare Advantage plan, call the plan directly or check the plan’s materials for more information.
Appeals
A person with Medicare has the right to appeal any decision about Medicare services. This is true whether the person has Original Medicare, a Medicare Advantage plan, or a Medicare prescription drug plan. If the person doesn’t agree with the amount that Medicare paid, or thinks that a service has been unreasonably denied, the person can appeal.

Information on how to file an appeal is on the Medicare Summary Notice (MSN), in the health plan materials, or in the drug plan materials. If the person you care for decides to file an appeal, ask the doctor or provider for any information that may help the case. You can also call the State Health Insurance Assistance Program (SHIP) for help filing an appeal.

If the person you’re caring for wants you to file an appeal on his or her behalf, you will need to complete a Medicare “Appointment of Representative” form. You can get this form by calling Medicare directly 1-800-Medicare (1-800-633-4227) or visiting www.Medicare.gov.
Get Answers to Your Medicare Questions

We hope this booklet has helped you get to know how your Medicare works. If you still have questions, check out the resources listed below. And don’t forget to grab a pen and paper to jot down important notes!

Medicare has a toll-free help line you can call to get answers to your Medicare questions on coverage, costs, appeals and more. Help is also available in Spanish.

> Call: **1-800-MEDICARE (1-800-633-4227)**
  or **TTY 1-877-486-2048 (hearing and speech impaired)**

> Visit: **www.Medicare.gov**

Your State Health Insurance Assistance Program (SHIP) offers free one-on-one health insurance counseling for people with Medicare. To find the number for your state SHIP office:

> Call: **1-877-839-2675**

> Visit: **www.shiptacenter.org**

Social Security has a toll-free number you can call if you are ready to sign up for Medicare or if you want to contact your local Social Security office. Help is also available in Spanish.

> Call: **1-800-772-1213**


AARP’s Medicare Q&A Tool is an easy-to-use tool that provides answers to your most frequently asked questions about Medicare. The tool is also available in Spanish.

> Visit: **www.aarp.org/MedicareQA**
MEDICARE GLOSSARY

**Appeal**
An appeal is the action you can take if you disagree with a coverage or payment decision made by Medicare or your Medicare health plans.

**Authorized Representative**
The person authorized to take action on behalf of an individual who has Medicare.

**Coinsurance**
An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (e.g., 20%).

**Co-payment**
A fixed amount (e.g., $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Deductible**
The amount you owe for health care services your health plan covers before your health plan begins to pay. For example, if your deductible is $1,000, your plan won’t pay anything until you’ve met your $1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

**Employer-sponsored Health Insurance**
Health coverage an individual gets through his or her, or a spouse’s job, as either an active or retired employee.

**Extra Help**
A program that helps some people with Medicare who have limited resources and income to pay for prescription drugs.

**Home Health Care**
Health care services and supplies a doctor decides you may receive in your home under a plan of care established by your doctor. Medicare only covers home health care on a limited basis as ordered by your doctor.

**Hospice Care**
A special way of caring for people who are terminally ill. Hospice care involves a team-oriented approach that addresses the medical, physical, social, emotional, and spiritual needs of the patient.

**Inpatient Care**
Health care that you get when you are admitted to a hospital or skilled nursing facility.

**Medicaid**
A joint federal and state program that helps with medical costs for some people who have limited income and resources. Medicaid programs vary from state to state, but most health care costs are covered at little or no cost.

**Out-of-pocket Costs**
Health care or prescription drug costs that you must pay yourself because they are not
covered by Medicare or other insurance. Out-of-pocket costs include deductibles, co-payments, and coinsurance for covered services. They also include costs for services that are not covered by a health plan.

**Outpatient Care**
Medical or surgical care you get from a hospital when your doctor hasn’t written an order to admit you to the hospital as an inpatient. Outpatient hospital care may include emergency department services, observation services, outpatient surgery, lab tests, or X-rays. Your care may be considered outpatient hospital care even if you spend the night at the hospital.

**Penalty**
An amount added to your monthly premium for Part B or Part D (Medicare prescription drug plan) if you don’t join when you’re first eligible. You pay this higher amount as long as you have Medicare. There are some exceptions.

**Premium**
The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

**Preventive Care**
Health care to prevent health problems or catch an illness at an earlier stage, such as diabetes screenings, flu shots, or mammograms.

**Primary Care Doctor**
The doctor you often see first for most of your health problems. Some plans may require you to see your primary care doctor before you see a specialist, such as an orthopedist (bone doctor) or a cardiologist (heart doctor).

**Referral**
A written order from your primary care doctor for you to see a specialist or get certain services. In many HMOs, you need to get a referral before you can get care from anyone except your primary care doctor. If you don’t get a referral first, the plan may not pay for your care.

**Service Area**
A geographic area where a health insurance plan accepts members, if it limits membership based on where people live.

**SHIP**
State Health Insurance Counseling and Assistance Programs. These provide local, one-on-one counseling and assistance on Medicare and other health plan issues for people with Medicare and their families.

**Skilled Nursing Facility**
A nursing facility with the staff and equipment to give skilled nursing care, skilled rehabilitation services, and other related health services.

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For more definitions that may be helpful as you get to know Medicare, visit [www.Medicare.gov](http://www.Medicare.gov).
AARP is a nonprofit, nonpartisan organization, with a membership of nearly 38 million, that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse. We advocate for individuals in the marketplace by selecting products and services of high quality and value to carry the AARP name as well as help our members obtain discounts on a wide range of products, travel, and services. A trusted source for lifestyle tips, news and educational information, AARP produces AARP The Magazine, the world's largest circulation magazine; AARP Bulletin; www.aarp.org; AARP TV & Radio; AARP Books; and AARP en Español, a Spanish-language website addressing the interests and needs of Hispanics. AARP does not endorse candidates for public office or make contributions to political campaigns or candidates. The AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. AARP has staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Learn more at www.aarp.org.

VISIT: www.aarp.org/MedicareQA
WRITE: AARP, 601 E Street, NW
       Washington, DC 20049
CALL: 1-888-OUR-AARP
       (1-888-687-2277)
       TTY 1-877-434-7598