

The ABCs—And D—Of Medicare

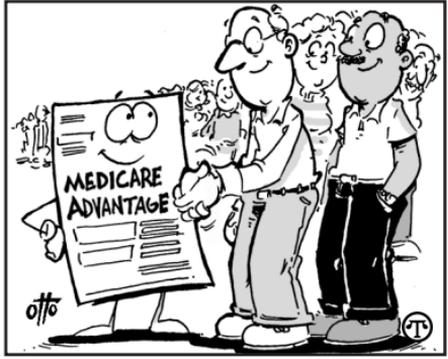
(NAPSA)—It's as simple as ABC: If you or someone you care for is a senior citizen, it may pay to learn the Medicare alphabet. Knowing how the different parts of the program work could mean more money saved and possibly even better care.

Medicare Parts A and B have been around since the beginning of Medicare in the 1960s. Part A covers hospital visits, skilled nursing facilities and some home health care. Part B covers doctor visits, outpatient visits and durable medical equipment. Together, Parts A and B are referred to as “traditional” fee-for-service (FFS) Medicare, or sometimes as “Original Medicare.” It is estimated that FFS Medicare only covers about 50 percent of the health care costs incurred by beneficiaries. That is why some people who choose FFS Medicare also obtain a Medicare Supplemental plan. This type of health insurance is also known as Medigap coverage. Medigap plans do just that—cover the “gaps” that FFS Medicare does not cover. However, Medigap plans can be extremely costly. As a result, many seniors are attracted to the broader coverage and more predictable costs of Medicare Part C, commonly called Medicare Advantage.

Extra Benefits

Medicare Advantage plans may offer extra benefits such as vision and hearing coverage, annual physicals and worldwide emergency coverage and many also include coverage for medications. These plans help with your coordination of care across the provider spectrum.

Explains Scott R. Kelly, chief government programs officer, Health Net, Inc., “With the wide array of Medicare options, you have the ability to customize your coverage to really meet your needs.” He offers another alphabetical aid, saying, “In reviewing your options, the most important



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factors are often the 4 Cs—Cost, Customer Service, Convenience and Coverage.”

Part D is prescription drug coverage, which started in early 2006 and has turned out to be more popular than expected. Both Part D and Medicare Advantage plans are offered through private health care companies, either as separate options or together in one plan. Some of the plans do not have premiums while others do have monthly fees. Those plans can vary depending on where you live and the services covered.

Dates To Keep In Mind

In addition to the Medicare alphabet, there are some numbers you should keep in mind as well. You are eligible to join Medicare on the first day of the month in which you turn 65.

Once you are on Medicare, you can change your Medicare Advantage or prescription drug plan each year during the Annual Election Period, which runs from November 15 to December 31. During this period, you can pick any plan that is offered in your area. Most beneficiaries can choose between dozens of plans. For more information, please go to www.medicare.gov, visit the Health Net Web site at www.abetterdecision.com, or call Health Net at 1-800-935-6565 (TTY/TDD) 1-800-929-9955.