Five Medicare Myths

1. **MYTH:** People can enroll in Medicare at any time.

**FACT:** While most people are automatically enrolled in Medicare Part A when they become eligible at age 65, they may enroll in Medicare Parts B, C (also known as Medicare Advantage) and D, or change their coverage, only during specific enrollment periods.

The Initial Enrollment Period begins three months before their 65th birthday, includes their birthday month, and ends three months after.

2. **MYTH:** Medicare plans are available on HealthCare.gov and/or state health insurance marketplaces.

**FACT:** HealthCare.gov and the state health insurance marketplaces (also called exchanges) were created so that people under the age of 65 who are impacted by the Affordable Care Act’s “individual mandate” can purchase health insurance. Medicare beneficiaries are not impacted by the individual mandate because people who have Medicare are already considered covered under the law.

To enroll in a Medicare plan, seniors or other beneficiaries can visit www.Medicare.gov, call 1-800-MEDICARE (TTY 1-877-486-2048; 24 hours a day, seven days a week) or contact a company that offers Medicare plans.

3. **MYTH:** Medicare and Medicaid are the same program.

**FACT:** While Medicare and Medicaid have similar names, they are actually very different programs. Medicare provides health insurance for people ages 65 and older and for those with certain disabilities or end stage renal disease. Medicaid provides health insurance for those with limited income and resources. Some beneficiaries, known as Medicare-Medicaid enrollees, or dual eligibles, are eligible for both programs but must apply separately for each.

4. **MYTH:** Medicare is free.

**FACT:** Like other insurance plans, Medicare requires some cost-sharing. Medicare out-of-pocket costs include premiums, deductibles and copayments. Most beneficiaries pay a monthly premium for Medicare Part B and/or plans offered by private insurance companies, such as Part C (Medicare Advantage), Part D prescription drug plans and Medicare supplement plans. A deductible is the set amount beneficiaries must pay out of pocket before Medicare begins to pay for their health care costs. The copayment, or “copay,” is the amount charged each time beneficiaries use a service or purchase a product.

When comparing Medicare plans, beneficiaries should consider all out-of-pocket costs to find the option that best fits their budget and lifestyle.

5. **MYTH:** Everyone pays the same amount for Medicare.

**FACT:** Medicare costs can vary based on income and choice of plan. In 2014, most people pay $104.90 a month for their Part B premium. Those with higher incomes may be required to pay more, while people of limited income and resources may qualify for assistance with their monthly premium and other out-of-pocket costs. Monthly premiums vary by plan for Medicare Advantage, prescription drug and Medicare supplement plans.

Additionally, the premium may increase if beneficiaries choose not to enroll when they first become eligible. For example, the Part B premium could increase 10 percent for each year a person is eligible for Part B and does not enroll.

To learn more, visit MedicareMadeClear.com or www.Medicare.gov.

To arrange an interview with an expert who can discuss common Medicare myths vs. facts, please contact Sarah Bearce, UnitedHealthcare, 952-931-4732, Sarah_Bearce@uhc.com.