

Turning 65? Here's what you need to know about Medicare



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Here's what you need to know if you have turned, or will soon turn 65 and become eligible for Medicare:

You have seven months to enroll. That period extends from three months before your birth month to three months after. So, if you were born on Aug. 7, 1952, your enrollment window opened on May 1 and will close on Nov. 30.

Medicare is not free. If you or your spouse has worked for at least a decade, you qualify for free hospital coverage, but outpatient medical services, from doctor visits to lab tests, come with a current monthly premium of \$134 per person. This premium is usually automatically deducted from your Social Security check if you receive one.

You must choose. There are two basic ways to receive your Medicare benefits: Original and Advantage. Original Medicare allows you to see pretty much any doctor you want, but comes with deductibles and co-insurance percentages that many find too high. Medicare Advantage plans have private companies administer your Medicare benefit. These plans often have a small or no copays and lower deductibles than Original Medicare, but they do require members to use a specified list of contracted doctors, hospitals and other providers.

It's expensive to ignore. If you're healthy, you might be tempted to skip Part B coverage, the part that covers services like doctor visits, and avoid monthly premiums. The government assesses a 10 percent premium penalty for each year you go without Part B coverage beyond your 65th birthday. There are also penalties if you go without prescription drug coverage.

Consider the drugs. Original Medicare coverage does not pay for prescription drugs, meaning you'll pay out-of-pocket for all of your medications unless you purchase a separate Part D plan, which will have its own monthly premium. Medicare Advantage plans usually include prescription drug programs.

Know your exposure. Original Medicare covers only 80 percent of a person's medical bills. So, a week in the hospital could end up emptying your bank account unless you're relatively rich. Most seniors mitigate this risk by buying supplemental insurance, often called "Medigap" insurance, which covers the 20 percent and, usually, other associated deductibles. Medicare Advantage plans, while they often charge lower monthly premiums, all have specific deductibles, co-pays and co-insurance amounts that you must make sure you understand in order to know how much you could end up paying each year.

Don't forget your doctor. If you're considering a Medicare Advantage plan and you like the doctor you're currently seeing, make sure he or she participates in that program. If you are shopping for a doctor, a good way to start is to ask your prospects which plans they accept. It's doubly important to do this if you're currently

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receiving treatment for a specific illness, and this advice applies not just to primary care physicians but also to specialists.

David Weil, program manager of San Diego's Health Insurance Counseling & Advocacy Program, fact checked this list.