



Hello and welcome to Hive80.com. Your number one online community for health, wellness and medicine. I'm Brian Banmiller a national business reporter on CBS news radio and a Hive80 member. Today we have a fact filled section on what you need to know about insurance.

What is Medicare?

Medicare is the federal health insurance program for:

- People who are 65 or older
- Certain younger people with disabilities
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis

or a transplant, sometimes called ESRD)

When you are able to obtain Medicare coverage, you have two choices. The first choice is original Medicare. Think of this as a PPO type of insurance where you can see any physician that will accept Medicare patients. The second choice is a Medicare Advantage plan. Often this type of plan has a narrower network of physicians that you can see. You will also likely need a referral from your primary care physician to see a specialist.

Original Medicare

- Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- If you want drug coverage, you can join a separate Medicare drug plan. A Medicare drug plan is known as (Part D).

- You can use any doctor or hospital that takes Medicare, anywhere in the U.S.
- If you choose Original Medicare, you can also decide to:
 - Join a Medicare Drug Plan (Part D) if you want drug coverage.
 - Add supplemental coverage, like insurance from a former employer or Medicare Supplemental Insurance, often referred to as Medigap, to help pay your out-of-pocket costs (like your 20% coinsurance).

Medicare Advantage (also known as Part C)

- Medicare Advantage is an "all in one" alternative to Original Medicare. These "bundled" plans include Part A, Part B, and usually Part D
- Plans may have lower out-of-pocket costs than Original Medicare.
- In many cases, you'll need to use doctors who are in the plan's network.
- One big difference in Medicare Advantage plans is that most plans offer extra benefits that Original Medicare doesn't cover. This often includes vision, hearing, dental, and more.

Medicare Part A - What's covered?

If you're in a Medicare Advantage Plan or other Medicare plan, your plan may have different rules. But, your plan must give you at least the same coverage as Original Medicare. Some services may only be covered in certain settings or for patients with certain conditions. In general, Part A covers:

- Inpatient care in a hospital
- Skilled nursing facility care
- Home Health care
- Hospice Care

Medicare Part B - What's covered?

If you're in a Medicare Advantage Plan or other Medicare plan, your plan may have different rules. But, your plan must give you at least the same coverage as Original Medicare. Some services may only be covered in certain settings or for patients with certain conditions.

Part B covers 2 types of services

- **Medically necessary services:** Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice
- **Preventive services:** Health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best. You pay nothing for most preventive services if you get the services from a health care provider who accepts assignment.

Part B covers things like:

- Clinical Research Trials
- Ambulance services
- Durable Medical Equipment, known as DME
- Mental health
- Inpatient
- Outpatient
- Partial hospitalization
- Limited outpatient prescription drugs Medicare coverage is based on 3 main factors:
 - 1. Federal and state laws.
 - National coverage decisions made by Medicare about whether something is covered.
 - Local coverage decisions made by companies in each state that process claims for Medicare. These companies decide whether something is medically necessary and should be covered in their area.

For more access to this valuable information go to the physician / wellness center on hive 80 dot com. Thanks for taking the time today. I'm Brian Banmiller