

Educating our clients on Medicare is our top priority.

Who Is Eligible for Medicare?

According to the Department of Health and Human Services, assuming residence qualifications are met and you've paid into the system, [Medicare is available](#) to the following individuals:

- People over the age of 65
- People with permanent disabilities
- People with end-stage renal disease (i.e., permanent kidney failure)
- People with [amyotrophic lateral sclerosis](#), or Lou Gehrig's disease

Medicare has two primary components:

- Part A, which is hospital insurance (inpatient)
- Part B, which is medical insurance (outpatient)

It also has two additional components:

- Part C, which is private insurance approved by Medicare (i.e., Medicare Plans) Part D, which is prescription drug coverage

And finally, folks can also opt to buy a Medicare supplement insurance policy (Medigap), which can help offset some of the deductibles and coinsurance costs that a Medicare patient might incur.

Those who are over the age of 65 and are either U.S. citizens or permanent legal residents of at least five years are eligible for Medicare. Of this group, those who have paid taxes into the Medicare system for at least 10 years are eligible for premium-free Medicare Part A.

Further, to qualify for Medicare Part C and Part D—or to buy Medigap coverage—people must already be enrolled in Medicare Part A and Part B.

Why it is Important to Understand Medicare

As you can see, simply explaining who's eligible for Medicare and what the different parts of Medicare are is a tall order in and of itself. Suffice it to say that the average person would probably have a somewhat difficult time figuring out what Medicare options are available to them and whether they qualify for additional coverage on their own.

Important: Prior to meeting with any Medicare eligible consumer, an agreement (Scope of Appointment) from the prospect must be obtained. A Scope of Appointment form lets you know beforehand what coverage options are open to discuss, and ensures that no other types of products will be discussed outside of what the beneficiary (you) originally requested.

During the appointment, we may discuss only those products that were agreed upon in advance.

With that in mind, here are some reasons why it is important that you understand Medicare.

1. Know what coverage options are available

How many people know the difference between Medicare Part A, Part B, Part C, and Part D? How many people can explain the difference between Medicare Advantage plans and Medigap insurance?

According to WellCare Health Plan, not too many.

Seniors, for example, are more likely to shop for cable and internet plans than search for Medicare coverage; only [40 percent of seniors review Medicare plans](#) each year—compared to the 44 percent who review cable plans.

This makes perfect sense: There are only so many hours in the day, and many seniors would probably prefer spending their time doing pretty much anything else—even having a colonoscopy, per that same study.

By educating our clients on Medicare, and having the right credentials to sell Medicare, we make sense of a complicated system. As a result, we can become the shortcut for all things Medicare moving forward.

2. Know what benefits come with coverage

Anyone who enrolls in Medicare gets access to a number of free services, including:

- Wellness visits (one per year)
- Flu shots
- Colonoscopies
- Bone mass measurements
- Obesity counseling
- Mammograms (one per year)
- Depression screenings
- Substance abuse/alcohol counseling
- Smoking cessation programs
- Diabetes screenings

Most of those who are eligible for Medicare, those who have Medicare plans, and those who administer them may not be privy to all this information. By us educating our clients on all of the free services that come with Medicare, we can help you get the care you need—and help you enjoy healthier lives because of it.

3. Know when the deadlines are for Medicare

Navigating Medicare enrollment deadlines can also be challenging for many Medicare beneficiaries and folks who administer their plans. A recent U.S. News article outlined some of the [deadlines for Medicare](#) that neither party will want to miss:

- Initial eligibility begins three months before the recipient turns 65 and lasts for seven months.
- Those who work past age 65 can sign up for Medicare within eight months of retiring.
- Those who are at least 65 and are enrolled in Medicare Part B have six months to enroll in Medigap coverage.
- Recipients can make changes to their Medicare coverage between Oct. 15 and Dec. 7.
- Those who have Medicare Advantage plans can switch plans between Jan. 1 and March 31.

It's important to know these deadlines because missing them can result in financial penalties or coverage ineligibility.

4. Know who helped you understand the complex web of Medicare

With so many moving parts, understanding the cacophony that is Medicare can be a seemingly insurmountable task to the average person. This is where trusted advisers like us come into play.

We proactively educate our clients on all things Medicare—and helping them understand what options are available to them and the deadlines they won't want to miss—we do them a tremendous service. Because Medicare coverage renews every year, we want you to keep coming back our way when the next enrollment period begins.

Now that you understand why it's important to be educated on Medicare, let's turn our attention to some myths that pervade the Medicare world.

Common Medicare Misconceptions: Ways You Can Educate Your Clients on Medicare

In addition to understanding what kinds of Medicare plans are available, who qualifies for Medicare, and what the Medicare deadlines are, our job as a trusted adviser should also include making sure our clients are aware of some of the more pervasive Medicare myths.

1. Medicare pays for everything

Although Medicare does pay for a lot of things, it doesn't pay for everything. And in many cases, beneficiaries will have to pay a premium and deductible.

At the same time, Medicare offers a number of free services, which we've outlined above. But it doesn't pay for prescription drugs (unless the individual has Part D), it doesn't pay for long-term care, and it doesn't cover dental or vision care (in most cases).

2. Medicare is free healthcare

Although Medicare can help lower healthcare costs considerably, it is not free healthcare. Beneficiaries still have to pay premiums, and—depending on their preferences—they may opt to pay for additional coverage on top of them.

That said, Medicare premiums and deductibles are generally much more affordable than traditional health insurance coverage.

3. Medicare enrollment is flexible

As noted above, there are several deadlines for Medicare that any recipient or plan administrator will need to consider. Generally speaking, people should enroll in Medicare when they turn 65, particularly if they don't have access to an employer-sponsored healthcare plan. Those who are working need to apply for Medicare within eight months of retiring.

These are just some of the deadlines to keep in mind.

The bottom line? Medicare enrollment—like any other health insurance enrollment—has strict deadlines and is not flexible.

4. Medicare costs the same for everyone

Simply not true! Although many Medicare beneficiaries won't pay a penny for Part A, Part B costs \$144.60 per month in 2020, with a \$198 deductible—and [those costs increase every year](#).

Plus, some beneficiaries might opt for Part C or Part D coverage, which costs money, and others may choose to get a Medicare Advantage plan or Medigap insurance. In other words, Medicare does not cost the same for everyone, especially when supplemental products are in the mix.

The Easiest Way to show you Medicare plans available in your area.

We have real time quoting platform that lets you compare many Medicare plans at your convenience. That way, you can find the plan that meets your need.

We are here happy to help and you can contact us in any fashion that works for you:

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