

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 windows.

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

2 **MYTH: The Open Enrollment Period is the same every year.**

FACT: The dates of the Open Enrollment Period changed in 2011. This year, the Open Enrollment Period is Oct. 15-Dec. 7. To ensure beneficiaries do not miss their chance to make changes to their coverage, it is important that they pay attention to the enrollment period dates.

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 age 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. The Medicare premium is the fixed amount beneficiaries pay monthly for Original Medicare (Parts A and B) and/or plans offered by a private insurance company, 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 Medicare copayment, or “copay,” is the amount owed 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 2012, most people pay \$99.90 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 increases 10 percent for each year a person is eligible for Part B and does not enroll.

To learn more, visit www.Medicare.gov or take the “Ten Key Things About Medicare” quiz in the Getting Started section of MedicareMadeClear.com.

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.

