

Medicare 101 Frequently asked questions

There's a lot to learn about Medicare. We're here to help you understand the Medicare basics, your different coverage options, enrollment and more.

What is Medicare?

Medicare is a federal health insurance program for eligible U.S. citizens and legal residents. It is funded in part by taxes you pay while working.

Who can get Medicare?

U.S. citizens and legal residents that have lived in the U.S. for at least 5 years in a row, including the 5 years just before applying for Medicare. You must also be 65 or older, younger than 65 with a qualifying disability, or any age with a diagnosis of end-stage renal disease or ALS.



What do I need to know about Medicare?

There are four basic parts of Medicare: A, B, C and D. Medicare Part A and Part B together make up what's known as Original Medicare. You get this from the federal government. Part C (Medicare Advantage) and Part D (prescription drug coverage) are private Medicare plan options offered by Medicare-approved private insurance companies. Different parts of Medicare cover different health care services, and each comes with certain costs you may have to pay. Your Medicare costs will depend on what coverage you choose and on what health care services you use.

MEDICARE



What does Original Medicare cover?

Original Medicare includes Part A (hospital insurance) and Part B (medical insurance).



Part A Includes

- Premium free if you or your spouse worked and paid taxes for 10 years or longer
- You can't be denied coverage
- Coverage is nationwide, including any qualified hospital in the U.S.

Part B Includes

- Monthly premium, adjusted for income
- You can't be denied coverage
- Coverage is nationwide, including any provider who accepts Medicare

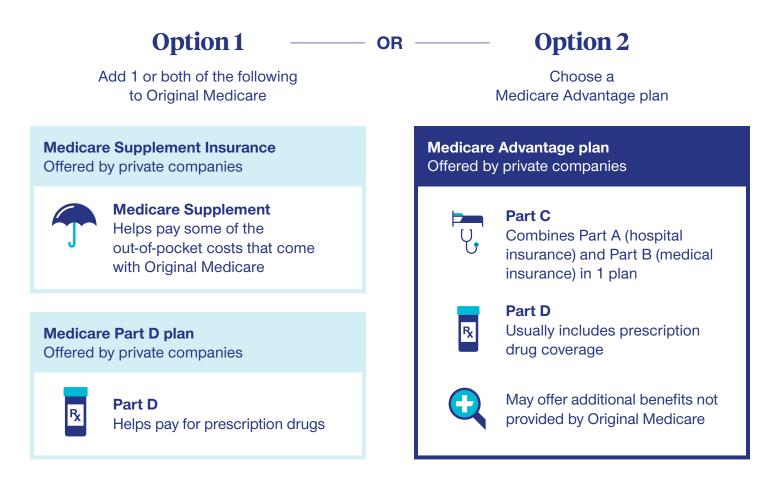
Not Covered*

- Some of the cost of your care you have out-of-pocket costs, with no limit
- **X** Prescription drugs
- Routine dental, vision or hearing care
- Eyeglasses, contacts or hearing aids
- Long-term or custodial care (help bathing, eating, dressing)
- Excess charges for services by doctors who don't accept Medicare
- X Care received outside the U.S., except for certain circumstances

*These items may be covered by a Medicare Advantage, Part D or Medicare-related plan.

How can I get more coverage?

One option to get more coverage is to add a Part D prescription drug plan. Another option would be to choose a Medicare Advantage plan which combines both Parts A & B, usually has an out-of-pocket maximum, and may include prescription drugs. You could also choose to add a Medicare supplement insurance plan (Medigap plan) for help paying some of the out-of-pockets Medicare Parts A and B don't cover.



What is a Group Medicare Advantage plan?

It is a plan designed just for a former employer or plan sponsor, like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan. This plan is different and should not be confused with individual UnitedHealthcare Medicare Advantage plans advertised on TV that might be available in your area.

When can I enroll?

You can enroll in Medicare up to 3 months before and after your 65th birthday. You will be enrolled in Part A and Part B automatically if you are receiving Social Security benefits at age 65, or after receiving Social Security disability benefits for 24 months. If you aren't already receiving Social Security benefits when eligible, you need to enroll in Medicare online at www.SSA.gov/medicare, or visit your local Social Security office.







Talk to your former employer or plan sponsor for more information regarding your specific plan.



Call 1-800-MEDICARE (1-800-633-4227), TTY 1-877-486-2048, 24 hours a day, 7 days a week or visit www.Medicare.gov.