

does not offer dental, vision, or hearing coverage, something most Medicare Advantage Plans offer.

- Medicare Advantage plans can be a convenient way to bundle all your coverage, but you may be limited to a network of providers. It can be less expensive than Original Medicare, in that some plans have zero premiums attached to them.
- Original Medicare is available without any medical qualifications only at the time of initial enrollment. Though you can choose to transfer from a Medicare Advantage Plan to Original Medicare, in most states such a switch is conditioned on the enrollee being in good health.

Supplemental Insurance (Medigap)

If you choose Original Medicare, you can buy Medigap insurance to help pay for some of the out-of-pocket costs not covered by Parts A and B, like copays, coinsurance, and deductibles.

How to Enroll

You're typically first eligible to sign up for Medicare three months before you turn 65 and can do so through the Social Security Administration. If you're still working or have other coverage, you may be able to delay enrollment without a penalty.

For more information, visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE to explore your options and ensure you're making the best choice for your health care needs.

The Role of an Elder Law Attorney

Medicare can be complex and mistakes sometimes happen. If you've been denied coverage, you have the right to appeal the decision. An experienced elder law attorney may be able to help guide you through the appeals process and improve your chances of success. Since not all lawyers specialize in Medicare, it's a good idea to ask a prospective attorney about their experience with Medicare beneficiary rights to ensure they can effectively assist you.

National Academy of Elder Law Attorneys

The National Academy of Elder Law Attorneys (NAELA) is a professional association of more than 4,000 attorneys dedicated to improving the quality of legal services provided to older adults and people with disabilities.

The information in this brochure is provided as a public service and is not intended as legal advice. Such advice should be obtained from a qualified elder law attorney.

For more information about NAELA and a directory of NAELA attorneys in your area, go to www.NAELA.org.



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The Law and Aging

Understanding Medicare



What Is Medicare?

Medicare is a federal health insurance program designed to provide coverage for individuals 65 and older, as well as younger people with certain disabilities or specific conditions like end-stage renal disease (permanent kidney failure). Medicare consists of several parts — A, B, C, and D — that cover different aspects of available health care services. This brochure breaks down each part of Medicare to help you understand each option.

Medicare Part A: Hospital Insurance

Medicare Part A covers hospital-related costs. It helps pay for:

- **Inpatient hospital stays** — Coverage includes room, meals, and general nursing care.
- **Skilled nursing facility care** — Covers short-term skilled nursing services, typically after a hospital stay of at least three days.
- **Home health care** — Can cover certain types of home health care, like part-time skilled nursing or therapy services, if you're homebound and need care after a hospital stay.
- **Hospice care** — If you're terminally ill, Part A covers hospice care to help manage symptoms and provide support, either at home or in a facility.

Costs: Most people do not pay a monthly premium for Part A if they or their spouse have worked and paid Medicare taxes for at least 10 years (40 quarters). However, you'll still have costs like a deductible for hospital stays and coinsurance after certain periods.

Medicare Part B: Medical Insurance

Medicare Part B covers medical services that are not hospital-based. It helps pay for:

- **Doctor visits** — Including regular checkups, specialist visits, and preventive services like flu shots or cancer screenings.

- **Outpatient care** — Includes services like outpatient surgery or physical therapy.
- **Durable medical equipment** — Covers items like walkers, wheelchairs, or oxygen equipment.
- **Preventive care** — Part B covers preventive services like vaccines, diabetes screenings, and yearly wellness visits.

Costs: Unlike Part A, Part B requires most beneficiaries to pay a monthly premium and may be higher based on income.

Medicare Part C: Medicare Advantage Plans

Medicare Part C, or Medicare Advantage, is an alternative way to get Medicare benefits. These plans are offered by private insurance companies and must provide actuarially equivalent coverage as Original Medicare (Part A and Part B). Many Medicare Advantage plans may also include additional benefits such as:

- Prescription drug coverage (Part D)
- Vision and dental care
- Hearing aids
- Wellness programs like gym memberships

Costs: Medicare Advantage plans often have networks, meaning you'll need to use doctors and hospitals within the plan's network. Costs can vary depending on the plan, but some have lower premiums than Original Medicare. You'll still need to pay your Part B premium, and some plans may have an additional premium.

Key benefits: Medicare Advantage plans can be a good choice if you want lower premiums or extra benefits beyond what Original Medicare offers. These plans often bundle hospital, medical, and prescription drug coverage into one, making it more convenient for many people.

Medicare Part D: Prescription Drug Coverage

Medicare Part D helps pay for prescription drugs. You can get this coverage by enrolling in either a stand-alone Medicare Part D plan (to go with Original Medicare) or through a Medicare Advantage plan that includes prescription drug coverage.

Each plan has its own list of covered drugs (called a formulary) and costs can vary based on the plan, the pharmacy you use, and the specific medications you need. Generally, you'll pay a monthly premium for Part D, along with copays or coinsurance for medications.

Costs: Part D premiums vary by plan and may be higher based on income. Additionally, there may be an annual deductible before your coverage kicks in, and you'll also have copays for prescription drugs. Some plans offer coverage during the "donut hole" (the gap in coverage), but costs can increase during this period.

If you've been denied coverage, you have the right to appeal the decision.

Key Points to Consider

Original Medicare vs. Medicare Advantage

- Original Medicare (Parts A and B) offers flexibility in choosing health care providers but does not cover prescription drugs (you need Part D for that). With Original Medicare, you generally can see any physician who accepts Medicare, won't need a referral to see a specialist, won't be out of network if care is needed while on travel, and may not have to worry about deductibles or copayments (depending on the plan you enroll in). But Original Medicare