

The MEDICARE Open Enrollment is usually October to December. If you are helping to manage your health care needs and/or a loved one's health care, things can get confusing. We have put together this brochure with information to help you to better understand your choices, where to find more help, and find the best plans for your budget and health needs.

Q: WHAT DO THOSE LETTERS MEAN?

Part A: Part of Original Medicare, which covers hospital insurance.

Part B: The other piece of Original Medicare, which covers medical insurance (doctor's visits, preventive care, etc.). This will cost about \$185 per month in 2025.

Part C: Also known as Medicare Advantage, these plans include all the coverage of Original Medicare, plus additional benefits such as access to a nurse helpline, hearing, dental and/or vision coverage, or a gym membership. All Medicare Advantage plans also have a maximum out-of-pocket limit, so you can better predict how much your loved one may have to pay for health care services each year.

Part D: In 2025 annual out-of-pocket costs will be capped at \$2,000 for people with Medicare Part D which may be included in Medicare Advantage plans but must be purchased separately for those with Original Medicare.

Q. WHAT IS ORIGINAL MEDICARE?

A. It is the health insurance program offered by the federal government, and generally covers 80 percent of medical expenses, with the individual responsible for the other 20 percent. Most people sign up for both Part A (Hospital Insurance) and Part B (Medical Insurance) when they're first eligible (usually when they turn 65). Generally, there are risks to signing up later, like a gap in your coverage or having to pay a penalty.

Q. WHAT IS A MEDIGAP POLICY?

A. Medigap is private insurance that you can purchase to supplement and cover some out-of-pocket costs. You must be enrolled in ORIGINAL Medicare in-order to purchase a Medigap Policy. There are 10 types of policies that are standardized by law. Insurance companies charge different premiums so it may benefit you to do your homework and shop around to get the best price. This is also known as a "Supplement".

Q. WHAT IS THE DIFFERENCE BETWEEN ORIGINAL MEDICARE & MEDICARE ADVANTAGE?

A. Advantage plans are NOT supplemental or Medigap plans -- they are considered "REPLACEMENT" Policies for traditional /original Medicare. Advantage plans are PRIVATE HEALTH PLANS that are often HMO's or PPO's. These plans may offer the same benefits that traditional Medicare covers **but there are many differences**, restrictions, and out of pocket costs.

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These are some of the ways they are different from Original Medicare:

- You may have to pay the plan's premium in addition to the monthly Medicare Part B premium.
- There may be additional Co-Payments & deductibles.
- You are usually required to go to doctors and health care settings in their service network.
- You may have to choose a new primary care physician. With some plans, you don't have *any coverage* if you use a doctor that isn't in the network. You have to get referrals for specialists and have pre-authorization for certain services.
- You cannot purchase Medigap supplemental insurance to help pay for your out-of-pocket costs.
- Paying for doctor visits, emergency room, ambulance, and hospital stays can add up to a **lot** of money.

For example, an Ambulance ride may cost \$800. The ambulance is usually paid by original Medicare. BUT, if you have an HMO "Advantage" plan, please check your plans' coverage page to see what is allowed, or is there co-pay (usually about \$250) in an emergency, and non-emergency situation.

→ The "Advantage" plan annual enrollment period is **October 15, through December 7**. The changes go into effect January 1. You can always go back to Original Medicare.

SPECIAL NOTES:

1. Original Medicare does NOT cover these services: vision, dental, assisted living facilities or nursing home care.
2. Be very wise when choosing your plans. Consider if you have a lot of health issues. How much can you afford to pay for co-pays, and you may not be able to remain with your established doctors. You may also have to have rehab in a facility that is not your first choice or even in your neighborhood, simply because it is "in Network" with your "Advantage" plan and that is your "choice".

→ Visit this website for more information:

<https://www.medicare.gov/publications/12026-understanding-medicare-advantage-plans.pdf>

Q. IS MEDICARE AND A SUPPLEMENT (MEDI GAP POLICY) BETTER THAN AN "ADVANTAGE" (Replacement Policy) PLAN?

A. In most cases YES. You will be able to choose your health providers, have no pre-authorizations, and little or no co-pays. Be pro-active and look at deductibles, doctor and healthcare facility restrictions, and anticipated plan costs before you have to choose healthcare and hospitalization in a stressful or emergency situation and find out your plan may be "out of network" or the co-pays are more than you can afford.

Q. HOW DOES THIS WORK IF I AM A "SNOWBIRD" OR TRAVELING?

A. It can get very tricky if you have an Advantage plan and you travel. Most of the time you are limited to "In Network" doctors and services, and the plan will only pay for Approved Emergency care. If you have Original Medicare, you will not have to worry -- you will be covered anywhere in the country.

Q. HOW DO I FIND THE BEST PLAN FOR MY NEEDS? A. Go to Medicare.gov to find out who offers plans in your zip code. There are "Navigators" who will assist you if you call the SHIP program through your county Area Agency on Aging. They can assist with the right choices based on your medical history, finances, and other factors.

SHINE (Serving the Health Insurance Needs of Elders) is a free, volunteer-based health insurance counseling program funded by the Florida Department of Elder Affairs and your local Area Agency on Aging. Specially trained volunteers can assist you with your Medicare, Medicaid, and health insurance questions. Contact SHINE at: 1(800)963-5337 information@elderaffairs.org

Don't be afraid to ask for help.

Understanding Medicare is only one part of the challenge you face as a caregiver and there are resources available to help you.

FOR FURTHER INFORMATION:

MEDICARE and SHIP

(State Health Insurance Assistance Programs) Medicare SHIP is a **free, one-on-one counseling service to help answer your questions about Medicare coverage and plan options.** The service is available to anyone who is eligible for Medicare. SHIP counselors are trained, local advisors who do not work for insurance companies. Medicare.gov

1-800-MEDICARE (1-800-633-4227)



Formerly the National Association of Area Agencies on Aging

(202)872-0888

<https://www.usaging.org/aaastitlevi>

DEMENTIA CAREGIVER RESOURCES, Inc.



ANSWERS YOUR IMPORTANT



Medicare QUESTIONS

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