# Medicare Basics

## Who

Anyone 65 or older, or who has a qualifying disability for 2 or more years is eligible for Medicare.

## What

Medicare is Federal Health Insurance Plans for those who qualify vs Medicaid which is Federal Health Insurance given to those with qualifying low incomes.

## When

Medicare Open Enrollment is October 15th-December 7th. Private insurance representatives receive a commission for signing you up for plans.

## Where

You can receive help with Medicare using public resources like Nebraska Area Agency on Aging, who's contact information is on the attached sheet.

# Parts of Medicare

**Understand the A,B,Cs of Medicare Coverage**

Cozad Community Health System

## Part A

**Hospital Stays (inpatient), Skilled Nursing, Hospice**

## Part B

**Doctor Visits (outpatient), Screenings and Vaccines, Home Health Care, Durable Medical Equipment**

## Part C

**Medicare Advantage: Part A & B, some extra benefits, and exceptions.**

## Part D

**Prescription Drug Coverage**

# Know the Difference

## Traditional Medicare vs Medicare Advantage

Medicare Advantage is not the same as traditional Medicare. There are key differences that can have a real impact on how, when and where you get the medical care you might need.

Cozad Community HEALTH SYSTEM

| Traditional Medicare | | Medicare Advantage |
|---|---|---|
| Most doctors participate in traditional Medicare. You can see any doctor, anywhere in the U.S. | ACCESS TO DOCTORS | Most plans limit the doctors you can see. A needed specialist might not participate in your plan. |
| No referrals required to see a specialist. | SPECIALISTS | Referrals or prior plan approval are almost always required before you can see a specialist. |
| Services are covered no matter where you are in the U.S. | ACCESS TO CARE WHEN TRAVELING | Coverage is usually limited to doctors and services in the plan's network and geographic area. |
| No limit. A doctor decides how long you need to stay based on condition and needs. | HOSPITAL STAY LIMITS | A plan can limit a hospital stay and make decisions that are different from a doctor's recommendations. |
| Your doctor decides with you if you need a diagnostic procedure. | LAB, X-RAY, & DIAGNOSTIC SERVICES | Most plans require approval for services that can take up to 3 days and be denied, even if a doctor orders the procedure. |
| Your doctor decides with you if you need home health or medical equipment. | HOME HEALTH & MEDICAL EQUIPMENT | Most plans require pre-approval for home health or medical equipment. Approval can take up to 3 days and be denied. |
| Services are covered. | Physical/ Occupational/ Speech Therapy | Requires authorization, potential delay in care waiting for decision. Limited number of visits and out-of-pocket copays required per visit. |

**"Even though they are supposed to follow the same rules and regulations as Traditional Medicare, we are finding additional barriers to care." - Robert Dyer, CEO CCHS**

# Medicare Resources

## Nebraska Area Agency on Aging

NEBRASKA SHIP
Local help for Nebraskans with Medicare

(308)535-8195
Vicki Gleason
vicki.gleason@wcnaaa.org

## CCHS Staff

Cozad Community HEALTH SYSTEM

(308)784-2261
Dranoel Fleharty
dranoelf@cozadhealthcare.com
Miranda Pickinpaugh
mpickinpaugh@cozadhealthcare.com