

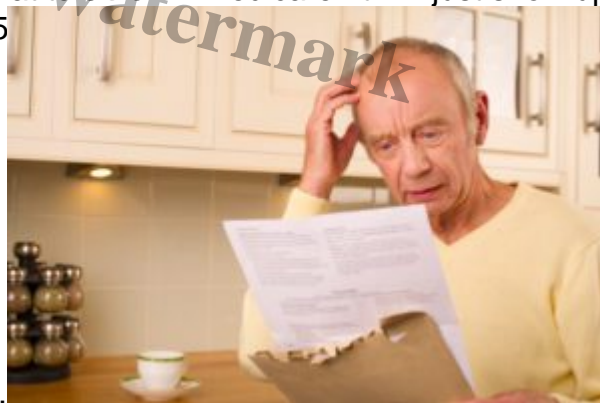
Common Medicare Questions: The Top 10 List

Description

We spend most of our days answering Medicare questions from clients and prospective clients. It's the biggest part of this job and one that we enjoy. We've put together a list of the Medicare questions (and answers to those questions!) that we have gotten most frequently over the past 16+ years because maybe, just maybe, you have those same questions too!

1. How Do I Sign Up for Medicare?

Signing up for Medicare is relatively easy to do. First of all, **if you are already receiving Social Security**, you will be enrolled into "original" Medicare ([Medicare Part A](#) and [Medicare Part B](#)) automatically. You will receive a red, white and blue Medicare card in the mail without you having to take any action prior to that to enroll in Medicare. It will just show up in your mailbox one day about 3 months before your 65th birthday. There's nothing else you need to do with Medicare



plan (if you are going to get those).

If, however, **you are NOT receiving Social Security yet**, enrollment into Medicare will take an action on your part. You will still be enrolled automatically into Medicare Part A, and you will receive a card indicating such about 3 months before the month of your 65th birthday. But you will need to sign up for Medicare Part B (which is the medical coverage part of Medicare). If you are turning 65, you can [sign up for Medicare online](#) or by visiting a local Social Security office.

NOTE: If you do not plan to USE Medicare i.e. you are covered by a group plan do NOT sign up for it, as enrollment into Medicare triggers your initial enrollment periods for Medigap and Part D.

For a more complete walkthrough, see our [Turning 65 Medicare Guide](#), which covers enrollment, costs, deadlines, and coverage choices in one place.

2. When Do I Sign Up for Medicare?

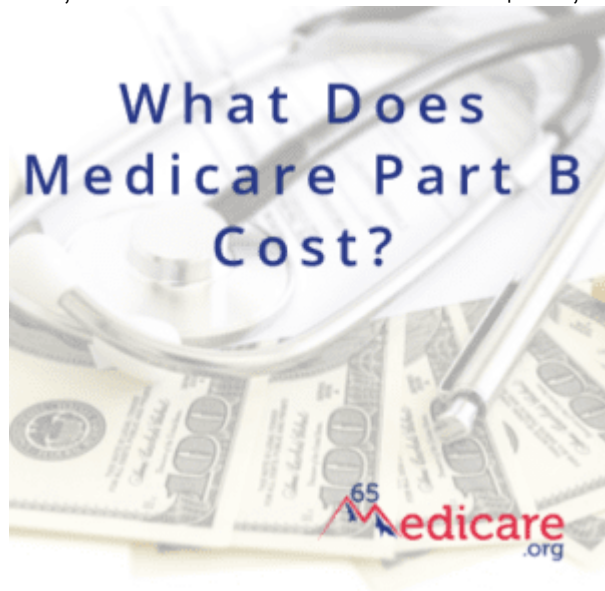
As discussed above, you will be automatically enrolled into Medicare if you are already receiving Social Security. If this is your situation, there is nothing else you need to do. Medicare will send you a card in the mail about 3 months in advance of the month in which you turn 65. Your Medicare will start on the 1st day of the month you turn 65 UNLESS your birthday is on the 1st day of the month, in which case it will start on the 1st day of the previous month.

If you are not receiving Social Security and need to sign up for Medicare, you should do it **2-3 months before the month that you turn 65**. You can do it online ([Apply for Benefits, Social Security \(ssa.gov\)](#)) or at a local Social Security office. It can take Social Security up to a month or more to process a new enrollment into Medicare.

3. How Much Will Medicare Cost Me?

There are a lot of variables in this question, but to give you an idea! Medicare Part A is premium-free for most people. If you have paid in to the system during your working life for 10 years (40 quarters), you would not have a premium for Part A. Well, you do, but you already paid it!

For Medicare Part B, the standard premium (for 2026) is **\$202.90/month**. This premium can change over time. Also, people in higher/lower income brackets can pay different amounts. For a resource on people in higher income brackets and how much they pay, read about [IRMAA](#). IRMAA which is the income-related monthly adjustment to Part B premiums starts at 109,000 in MAGI for individuals or \$218,000 MAGI for couples filing jointly.



The majority of people pay the \$202.90/month that is the standard Part B premium. That's just for Medicare itself. Then, many people elect to get a [Medigap plan](#), which fills in the "gaps" in Medicare. These plans range considerably in price depending on where you live, but the

national average for someone turning 65 is around **\$125/month**. Some states are \$20-40/month lower than that; some states are \$20-40/month higher than that.

Lastly, there is the Part D prescription plan premium cost. [Part D](#) is the part of Medicare that covers prescription drugs. Medicare itself (Parts A and B) and the Medigap plans provide NO coverage for prescription medications. Part D national average premiums are around **\$30/month currently (2026)**. But there are plans for as low as \$0-12/month in most geographic locations – rates vary by state.

4. What Are the Differences Between Medigap Plans and Medicare Advantage?

Medigap plans are NO different in how they work WITH Medicare &

CONCERNS OF SENIORS	MEDICARE SUPPLEMENT
Restrictive Network of Doctors and Hospitals	NO
Access to Providers	NO
Up to \$6,700 in Out-of-Pocket Costs	NO
Health Plan Decides Which Procedures are Approved for You	NO
Should You Choose One Over the Other?	
Are There Long-Term Risks with Medicare Advantage?	NO
Can Your Plan Be Cancelled?	Can be cancelled as long as premiums are paid
Ability to Travel the Country and Use ANY Doctor or Hospital	YES
Is Pre-Certification Required for Some Treatments?	NO
MAYO Clinic Included?	YES

sa. The two could not be any difference is that Medigap plans while Advantage plans work IN

PLACE OF Medicare.

Other differences include:

– Medigap plans do not have networks – they can be used anywhere that accepts Medicare. Advantage plans have a network (most are HMOs or PPOs). Read more: [Do All Doctors Accept Medicare Supplement Plans?](#)

– Medigap plans typically have higher premiums but fewer out of pocket costs than Advantage plans

– Medigap plans are guaranteed renewable – your plan can never be cancelled. Advantage plans are renewed on an annual basis. Medigap coverage does not change over time, whereas Advantage plan coverage, networks, etc. change on a calendar-year basis.

– You can switch from Medigap to Advantage without answering medical questions. But to go from an Advantage plan to a Medigap plan, you have to qualify medically (answer medical questions and be approved).

This article [Medigap vs. Medicare Advantage](#) explains the differences in more detail. Medicare Advantage can lead to some of the [hidden Medicare costs](#) that many people don't

expect.



5. How Can I Compare Part D Plans?

Comparing Part D plans is crucial to making sure that you have a plan that will cover your medications well, work at your preferred pharmacy and provide you with the lowest overall annual costs. There are 25+ Part D plans in most counties, and the plans vary tremendously both in terms of covered medications, co-pays, and preferred pharmacies. So, how do you compare them?

The easiest way to compare them is at [Medicare.gov](https://www.medicare.gov). Medicare's Plan Finder Tool allows you the ability to enter your zip code, medications and pharmacy. Then, it rates all available plans in terms of which plan would give you the lowest overall annual costs, taking into account premiums, deductibles and co-pays. [How to compare Part D plans on Medicare.gov](#).

6. Which is the Best Medigap Company?

The "best" Medigap company is what most people are looking for when comparing plans. It is a valid question, but the answer is not what you may expect, as Medigap plans are not like traditional health insurance.

All Medigap plans pay claims through the Medicare "crossover" system - this is Medicare's system that ensures that companies pay claims in the same amount and on the same time schedule. Additionally, the plan's coverage is Federally-standardized, so a Plan G, for example, has the exact same benefits with one company as it does with another. Lastly, all Medigap plans can be used at the same doctors/hospitals (anywhere that takes Medicare), so there are no variations there either ([Medigap comparison chart](#)).

For those reasons, the [best Medigap](#) is the one that comes from a reputable (highly rated) company and has the best rates. Many people get "hung up" on historical rate increases or future rates, but the reality is that all companies go up each year and there is no way to accurately know what future rates will be. Over the last 10+ years, the most accurate predictor of future rates is current rates. In other words, if you start with the best rates, there is a greater likelihood that your rate will still be the lowest, or one of the lowest, 5, 10 or 15 years down the road.



7. How Does a Medigap Plan Work?

As mentioned above, Medigap plans all are designed to work with Medicare itself. Because they are Federally-standardized, they are designed to fill in the gaps in Medicare. Plus, they all pay claims through the Medicare crossover system.

When you go to the doctor, you present your red, white and blue Medicare card in addition to your Medigap card. The provider files the claims to Medicare, which pays its portion and coordinates the payment from the supplemental (Medigap) company. It is, practically speaking, about the easiest insurance product to use that there is.

8. Where Can I Use My Medigap Plan?

Medigap plans do not have networks (except for Medicare SELECT plans, which only comprise a very small percentage of Medigap plans and are not available in most locations). On Medigap plans, you can go to any doctor or hospital that accepts Medicare. So, as long as your doctor accepts Medicare, they are required to accept your Medigap plan, regardless of which company that plan is with.

9. When Can I Change Medigap Plans?

It is a common misconception that you can only change Medigap plans during the annual election period (October 15-December 7). That is, however, not the case. The annual period only applies to Medicare Part D and Medicare Advantage.

After your initial [open enrollment period](#) the 6 months following the month of your 65th birthday or Medicare Part B start date you can change Medigap plans at any time. Now, in most cases, you do have to answer medical questions to be eligible to change from one company/plan to another. These health questions vary from company to company. But as far as time, there are no time period restrictions on when you can change Medigap plans.

REMEMBER: There is NO annual enrollment period for Medigap plans. You have to "qualify medically" if you wish to change plans after your initial 6-month window.

Does Medicare Cover Dental Care?

Medicare does not cover routine [dental care](#). There are very limited situations that Medicare covers anything dental-related. Likewise, Medicare does not cover routing vision or hearing. There are insurance plans that you can purchase to go with Medicare that cover dental, vision and hearing (or some combination of those). These plans are typically \$30-50/month and can be added to Medicare at any time (although some may have waiting periods for coverage).

11. ****BONUS**** How Do You Get Paid? How Do We Work with You?

We thought you'd never ask! One of the challenges of doing business the way we do is that many people we help with our information and resources ultimately do not end up using our services. However, the intangible benefits of clearing up your confusion and providing accurate information in a sea of solicitations far outweighs that downside.

In short, as an independent brokerage, we get paid when someone signs up for a plan with our help. There is not a cost to you what agents get paid is built in to the premiums, so you are already paying for us and companies like us, whether you use us or not. Our agency does not charge ANY fees to help you with Medicare and Medicare Supplement plans. [Should You Use a Fee-Based Medicare Advisor?](#)

What we do is:

- a. Help people understand Medicare itself and the supplement plan options
- b. Assist with comparing the options that are available in their area in a centralized, unbiased place
- c. Make recommendations based on our experience/expertise
- d. Facilitate the enrollment process from start to finish
- e. Serve as an ongoing resource for questions, problems and any future changes needed

To work with us, you can [contact us online](#) or call us at 877.506.3378.

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