

Medicare 101

What to know before you turn 65

A plain-language guide from
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Medicare can feel like alphabet soup. This guide explains the basics in plain language.

The four parts of Medicare

Part	What it is	What it generally covers
Part A	Hospital insurance	Inpatient hospital stays, skilled nursing facility care, hospice, and some home health care. Most people pay no monthly premium if they or a spouse worked and paid Medicare taxes long enough.
Part B	Medical insurance	Doctor visits, outpatient care, preventive services, and some medical equipment. There is a monthly premium.
Part C	Medicare Advantage	An alternative way to get Parts A and B, offered by private insurance companies approved by Medicare. Most plans include drug coverage and may add extras. You still have Medicare and still pay your Part B premium.
Part D	Prescription drug coverage	Offered by private companies, either as a stand-alone plan or inside a Medicare Advantage plan. Each plan has its own list of covered drugs (a formulary). Medicare Advantage plans with prescription drug coverage generally cannot be combined with a separate stand-alone Part D plan.

Two main ways to get your coverage

Neither path is right for everyone. These are the things worth comparing.

	Original Medicare (Parts A and B)	Medicare Advantage (Part C)
Who runs it	The federal government	Private companies approved by Medicare
Doctors and hospitals	Any provider in the U.S. that accepts Medicare	Usually a plan network, so check that your doctors are in it
Drug coverage	Added separately with a Part D plan	Often included in the plan
Supplement coverage	You can add a Medicare Supplement (Medigap) policy	Medigap cannot be used with a Medicare Advantage plan
Yearly out-of-pocket limit	Original Medicare has no annual out-of-pocket maximum for Part A and Part B services. A Medicare Supplement policy may help pay certain out-of-pocket expenses.	Medicare Advantage plans have an annual out-of-pocket maximum for covered Part A and Part B services. Limits vary by plan and may differ for in-network and out-of-network services.
Plan changes	Medicare coverage rules, premiums, deductibles, and cost-sharing amounts may change annually.	Benefits, costs, and networks can change every year

What is a Medicare Supplement (Medigap) plan?

A Medigap policy is sold by private insurance companies and helps pay some costs that Original Medicare does not, such as deductibles, copays, and coinsurance. It works only with Original Medicare and does not include drug coverage. In most states, Medigap plans are standardized and labeled by letter, so the same letter offers the same basic benefits no matter which company sells it.

Timing matters: you generally get a 6-month Medigap Open Enrollment Period that starts when you are 65 or older and enrolled in Part B. After that window, companies may be allowed to ask health questions.

Good to know

Under 65? Some people qualify before 65, including those who have received Social Security disability benefits for 24 months and people with ALS or end-stage renal disease.	Medicare vs. Medicaid Medicare is federal health insurance, mainly for people 65 and older. Medicaid is run by the state and federal governments for people with limited income, and rules vary by state. Some people have both.	Protect your number Treat your Medicare number like your Social Security number. Medicare will not call you uninvited to sell something. Report suspected fraud to 1-800-MEDICARE.
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Key enrollment windows

Window	When	What you can do
Initial Enrollment Period	7 months: the 3 months before your 65th birthday month, the birthday month, and the 3 months after	For most individuals first eligible at age 65, this is the initial opportunity to enroll in Medicare Parts A and B. Different rules may apply based on individual circumstances.
General Enrollment Period	January 1 to March 31 each year	Sign up for Part A or B if you missed your first window. Coverage starts the month after you sign up, and a late penalty may apply
Annual Open Enrollment	October 15 to December 7 each year	Change your Medicare Advantage or Part D plan for the next year. New coverage starts January 1
Medicare Advantage Open Enrollment	January 1 to March 31 each year	If you are in a Medicare Advantage plan, switch to another Medicare Advantage plan or to Original Medicare
Medigap Open Enrollment	6 months, starting when you are 65 or older and enrolled in Part B	During this six-month period, insurers generally cannot deny Medigap coverage or charge more because of health conditions. Additional state protections may apply.
Special Enrollment Periods	After certain life changes	Losing employer coverage or moving can open a separate window. Ask before you assume you have missed your chance

Missing a deadline can cost you. If you delay Part B without a qualifying reason, you may pay a monthly late penalty for as long as you have Part B, and it goes up the longer you wait. Part D works similarly: going 63 days or more in a row without Part D or other creditable drug coverage after your first window can lead to a lifelong penalty. Ask if you are not sure whether your current coverage counts.

Turning 65? Your checklist

- Write down your 65th birthday and count out your 7-month Initial Enrollment Period.
- If you or your spouse still work, ask the employer whether to enroll in Part B and what happens to your current coverage.
- List your doctors, hospitals, and pharmacies, and note which ones you want to keep.
- List every prescription with its dose, so you can check drug coverage.
- Compare more than the premium: deductibles, copays, coinsurance, and the yearly out-of-pocket limit.
- Think about travel. If you spend time in other states, ask how coverage works away from home.
- Review your coverage every fall. Plans can change each year, so last year's plan may not fit this year.

Free, official help

Medicare.gov and **1-800-MEDICARE (1-800-633-4227)** for official plan information. **shiphelp.org** to find your state's free SHIP counseling program, which gives unbiased Medicare help.

About Jerel Johnson

I'm a licensed insurance agent serving clients across Utah. I spent 19 years as a special education teacher and program manager, where I learned to turn complicated rules into plain language families can use. I hold a Master of Public Health and have worked in insurance on and off since 1999. My goal is simple: help you understand your options so you can decide with confidence, without sales pressure.

Questions? Call or text

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We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE (TTY 1-877-486-2048) to get information on all of your options.