Medicare for People Under 65

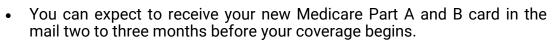
What You Need to Know About Receiving Medicare Due to Disability

Who Qualifies?

- A person under age 65 is eligible for Medicare after receiving 24 months of Social Security (or Railroad Retirement) disability benefits.
- Individuals with End Stage Renal Disease (ESRD) have different qualifications.

When does Medicare begin?

- Generally, individuals receiving Social Security disability benefits are automatically enrolled in Medicare Part A and Part B.
- Coverage will begin the 25th month the person receives Social Security disability benefits. If you receive retroactive SSDI benefits, those months count towards your 25 months.





Persons under age 65 who have Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)
 receive Medicare benefits the first month they receive Social Security disability benefits.

Do I have to take Medicare benefits?

 People receiving Social Security monthly benefits must enroll in Medicare Part A when they become eligible.



- If you, or your spouse, are working and you can get insurance from the employer, you
 MAY be able to delay the other parts of Medicare including Medicare Part B, Part D,
 or a Medicare Advantage plan.
- It is important to compare both Medicare options and employer insurance options to see which is the best fit for you.

Will I be penalized for not enrolling in Medicare Part B or D?

 If you choose not to enroll in Medicare Part B, and do not have coverage from a current employer, a premium penalty will apply if you enroll in Part B later.



- Enrollment in insurance that is NOT from a current employer will NOT prevent Part B penalties. Common non-employer coverage includes Marketplace coverage, COBRA, VA benefits and retiree coverage.
- If you choose to not enroll in Part D, and do not have creditable drug coverage from another source, a premium penalty will apply if you enroll in Part D later.
- When you turn 65, any penalties that you accrued prior to this age will end.



For more specific details on Medicare coverage, please see our Medicare Basics brochure.

Other Insurance Options

What if I have employer coverage?

- If you, or your spouse, are currently working and you get your health insurance from that employer, you may be able to continue this coverage.
- If the employer has 100 or more employees, they are required to continue to offer insurance.
- Be sure to compare your employer coverage with the options Medicare offers to determine which one is the best fit for your situation.
- If you have a Health Savings Account (HSA) through your employer, be sure to speak with your benefits department to find out how Medicare enrollment will impact this savings account.

Can I keep my Marketplace plan?

 Yes, but it may be more expensive than Medicare. When a person is eligible for Medicare, they do not qualify for assistance to pay for premiums and out-of-pocket costs. This means you would be responsible for the full cost of the insurance.

Can I get a Medicare Supplement?

 In Nebraska, supplement plans are not required to sell to individuals under the age of 65.
 For this reason, supplements are not typically available to those under age 65.



Medicare Advantage Plans

What is a Medicare Advantage Plan?

Medicare Advantage, or Part C, is an alternative to Original Medicare coverage. Medicare Advantage Plans are health plan options that are approved by Medicare and offered by private companies.



What do Medicare Advantage Plans cover?

With a Medicare Advantage plan, you receive all of your coverage in one plan. Medicare Advantage Plans cover the same services as Part A (hospital) and Part B (medical) coverage. Most plans also include drug coverage (Part D). Some also offer extra benefits like dental and vision.

Can I get a Medicare Advantage Plan under age 65?

Medicare Advantage plans accept **ALL** Medicare beneficiaries and cannot have a waiting period for pre-existing conditions. To be eligible for these plans, you must first enroll in Medicare Parts A and B.

When can I enroll in a Medicare Advantage Plan?

You can join a Medicare Advantage Plan when you first become eligible for Medicare. Medicare allows you up to three months after your eligibility date to enroll in a plan.

Can I change Medicare Advantage Plans?

You can join, drop or change your existing plan every year during open enrollment (October 15-December 7).

What should I consider before joining a Medicare Advantage Plan?

- You are responsible for co-payments. Under Medicare Advantage, you must pay co-payments for each Medicare-covered service. These co-pays vary by plan.
- Your provider may or may not accept your plan. Medical
 providers are not required to accept Medicare Advantage
 Plans. If the provider does not accept the plan, you may
 be responsible for the entire payment.

This project was supported, in part by grant number 90SAPG0078, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20211. Neither the SHIP nor the Nebraska Department of Insurance endorses any specific agent, company, product or plan of insurance.

Revised 4/2021 0UT96094