



THE BASICS

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Medicare

Medicare (Title XVIII of the Social Security Act) is the federal health insurance program administered by the Centers for Medicare & Medicaid Services for Americans aged 65 and older and for younger adults with permanent disabilities and persons of any age with end-stage renal disease. Medicare consists of four parts.

- **Part A**, the Hospital Insurance program, pays for hospital stays, skilled nursing facility care, hospice, and some home health care.
- **Part B**, the Supplementary Medical Insurance program, pays for physician services, laboratory and blood tests, wheelchairs and other medical equipment, outpatient hospital services, some home health care, and other services.
- **Part C**, known as Medicare Advantage, covers Part A and B services and most often prescription drugs for beneficiaries who enroll in private health insurance plans.
- **Part D** provides prescription drug coverage through private drug plans.

Since Medicare began in 1965, the number of people served by the program has more than doubled; over 48.6 million Americans are projected to be covered in 2011. Medicare spending is expected to total over \$556 billion in 2011, according to the Medicare actuary.

WHO IS ELIGIBLE?

Individuals who receive Social Security cash benefits on the basis of age or disability are automatically entitled to Medicare Part A benefits. Others may pay a monthly premium to enroll. Part B enrollment is voluntary, and about 93 percent of those eligible do enroll. Beneficiaries must pay a monthly premium (\$115.40 in

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2011; more for beneficiaries with incomes over \$85,000 for a single person and \$170,000 for a couple) for Part B coverage.

Individuals eligible for Part A or enrolled in Part B may voluntarily enroll in Part D. Beneficiaries enrolled in Part D pay a monthly premium, the amount of which varies depending on the Part D plan chosen, and more for beneficiaries with higher incomes.

- **At age 65**, individuals become eligible if they or their spouse paid Social Security taxes for at least 40 calendar-year quarters (or about 10 years of work) or if they qualify for Railroad Retirement Benefits. In 2009, 38.7 million beneficiaries aged 65 and older participated in Medicare.
- Individuals **under age 65** can become eligible for Medicare if they received Social Security Disability Insurance (SSDI) payments for at least 24 months. In most cases, to qualify for SSDI, an applicant’s medical condition must be evaluated and determined

SERVICES COVERED BY MEDICARE

Part A	Inpatient hospital care; blood for transfusions; home health care that follows a minimum three-day hospital stay; hospice care; religious nonmedical health care institutions; skilled nursing facility care for 100 days per benefit period following a minimum three-day hospital stay
Part B	Physician services (including office visits); durable medical equipment; clinical laboratory and diagnostic services; outpatient hospital services; physical, occupational, and speech therapy; home health care that is not preceded by a hospital stay; blood for transfusions; one-time “Welcome to Medicare” preventive physical exam and annual wellness exam; some screening tests, such as mammograms and pap smears, and tests for diabetes, glaucoma, prostate and colorectal cancers, and cardiovascular disease; some types of orthopedic shoes and inserts for those with severe diabetes; some outpatient mental health care services; certain prescription drugs that are not self-administered by the beneficiary; ambulance services; kidney dialysis; occupational and physical therapy; smoking cessation; physician visits and tests under clinical research studies; ambulatory surgery center services; some services provided by nonphysicians, such as physician assistants and nurse practitioners
Part D	Outpatient prescription drugs

SERVICES NOT COVERED BY MEDICARE

	Routine or annual physical exams after the initial “Welcome to Medicare” exam; long-term custodial care at home or in a nursing home; hearing aids; most routine eye care and most eyeglasses; dental care and dentures (in most cases); routine foot care (with limited exceptions); most health care services obtained outside the United States; acupuncture; most chiropractic services; cosmetic surgery
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to be a total and permanent disability as defined by the Social Security Administration. In addition to workers who are disabled, Medicare also covers certain disabled widows and widowers and disabled adult children of retired, deceased, or disabled workers. In 2009, 7.6 million beneficiaries qualified through disability.

- Individuals **under age 65 with end-stage renal disease** are eligible for Medicare if they or their spouse paid into the Social Security system for at least 40 quarters or if they qualify for Railroad Retirement Benefits. About 100,000 nondisabled persons with this disease were enrolled in Medicare in 2009.

WHAT ARE THE COST-SHARING REQUIREMENTS FOR BENEFICIARIES?

Beneficiaries are responsible for cost-sharing requirements, including deductibles, coinsurance, and copayments on most services. For example, in 2011, beneficiaries pay a \$1,132 inpatient hospital deductible and a \$162 annual deductible for Part B-covered services.

Under Medicare Advantage, private plans must cover both Part A and B services. The cost-sharing requirements may differ as long as the average projected liability per person is no greater than under the traditional program. Beneficiaries who enroll in Medicare Advantage may also receive some benefits and services not covered by traditional Medicare.

HOW IS MEDICARE FINANCED?

Part A is financed primarily through payroll taxes; in 2011, employees and employers each pay 1.45 percent of wage earnings (self-employed individuals pay 2.9 percent). Revenue from the payroll tax is held in the Hospital Insurance Trust Fund and is used to pay Part A benefits.

Part B is financed by beneficiary premiums and by federal general revenues. Premiums collected from beneficiaries cover about 25 percent of total annual costs for Part B services.

Part D is financed through general revenues, premiums paid by Part D enrollees, and state contributions to Medicare drug costs.

FOR MORE INFORMATION

- Centers for Medicare & Medicaid Services (CMS), *2010 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds*, August 5, 2010; available at www.cms.hhs.gov/ReportsTrustFunds/downloads/tr2010.pdf
- CMS, *Medicare & You 2011*; available at www.medicare.gov/Publications/Pubs/pdf/10050.pdf

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