

Who can get Medicare?

Hospital insurance (Part A)

Most people age 65 or older who are citizens or permanent residents of the United States are eligible for free Medicare hospital insurance (Part A). You are eligible at age 65 if:

- You receive or are eligible to receive Social Security benefits; or
- You receive or are eligible to receive railroad retirement benefits; or
- You or your spouse (living or deceased, including divorced spouses) worked long enough in a government job where Medicare taxes were paid; or
- You are the dependent parent of a fully insured deceased child.

If you do not meet these requirements, you may be able to get Medicare hospital insurance by paying a monthly premium. Usually, you can sign up for this hospital insurance only during designated enrollment periods.

NOTE: *Even though the full retirement age is no longer 65, you should sign up for Medicare three months before your 65th birthday.*

Before age 65, you are eligible for free Medicare hospital insurance if:

- You have been entitled to Social Security disability benefits for 24 months; or
- You receive a disability pension from the railroad retirement board and meet certain conditions; or
- If you receive Social Security disability benefits because you have Lou Gehrig's disease (amyotrophic lateral sclerosis); or
- You worked long enough in a government job where Medicare taxes were paid and you meet the requirements of the Social Security disability program; or
- You are the child or widow(er) age 50 or older, including a divorced widow(er), of someone who has worked long enough in a government job where Medicare taxes were paid and you meet the requirements of the Social Security disability program.
- You have permanent kidney failure and you receive maintenance dialysis or a kidney transplant and:
 - You are eligible for or receive monthly benefits under Social Security or the railroad retirement system; or
 - You have worked long enough in a Medicare-covered government job; or
 - You are the child or spouse (including a divorced spouse) of a worker (living or deceased) who has worked long enough under Social Security or in a Medicare-covered government job.

Medical insurance (Part B)

Anyone who is eligible for free Medicare hospital insurance (Part A) can enroll in Medicare medical insurance (Part B) by paying a monthly premium. Some beneficiaries with higher incomes will pay a higher monthly Part B premium. For more information, ask for [Medicare Part B Premiums: New Rules For Beneficiaries With Higher Incomes](#) (Publication No. 05-10161) or visit www.socialsecurity.gov/mediinfo.htm.

If you are not eligible for free hospital insurance, you can buy medical insurance, without having to buy hospital insurance, if you are age 65 or older and you are—

- A U.S. citizen; or
- A lawfully admitted noncitizen who has lived in the United States for at least five years.

Medicare Advantage plans (Part C) (Does not apply to retirees or their spouses who have continuation of healthcare coverage under the Universities health plans)

If you have Medicare Parts A and B, you can join a Medicare Advantage plan. With one of these plans, you do not need a Medigap policy, because Medicare Advantage plans generally cover many of the same benefits that a Medigap policy would cover, such as extra days in the hospital after you have used the number of days that Medicare covers.

Medicare Advantage plans include:

- Medicare managed care plans;
- Medicare preferred provider organization (PPO) plans;
- Medicare private fee-for-service plans; and
- Medicare specialty plans.

If you decide to join a Medicare Advantage plan, you use the health card that you get from your Medicare Advantage plan provider for your health care. Also, you might have to pay a monthly premium for your Medicare Advantage plan because of the extra benefits it offers.

People who become newly entitled to Medicare should enroll during their initial enrollment period (as explained under [Signing up for Medicare](#)) or during the annual coordinated election period from November 15 – December 31 each year. There also will be special enrollment periods for some situations.

Medicare prescription drug plans (Part D) (Does not apply to retirees or their spouses who have continuation of healthcare coverage under the Universities health plans)

Anyone who has Medicare hospital insurance (Part A), medical insurance (Part B) or a Medicare Advantage plan (Part C) is eligible for prescription drug coverage (Part D). Joining a Medicare prescription drug plan is voluntary, and you pay an additional monthly premium for the coverage. You can wait to enroll in a Medicare Part D plan if you have other prescription drug coverage but, if you don't have prescription coverage that is, on average, at least as good as Medicare prescription drug coverage, you will pay a penalty if you wait to join later. You will have to pay this penalty for as long as you have Medicare prescription drug coverage.

People who become newly entitled to Medicare should enroll during their initial enrollment period (as explained under [Signing up for Medicare](#)). After the initial enrollment periods, the annual coordinated election period to enroll or make provider changes will be November 15 – December 31 each year. There also will be special enrollment periods for some situations.