

Medicare Myths vs Reality

Understanding the Truth About Medicare in Long Island

A Guide to Common Misconceptions

Educational Resource - Not Insurance Advice

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Medicare Made Simple

Medicare Myths vs Reality

Long Island Edition

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Understanding Medicare Myths

Medicare can be confusing, and misinformation often makes it more difficult to understand. Many people approaching Medicare age have heard various claims and stories that aren't entirely accurate.

Common misconceptions can lead to:

- Making decisions based on incomplete information
- Overlooking important coverage options
- Missing opportunities to reduce healthcare costs
- Feeling overwhelmed by choices that seem similar

This guide addresses 5 common Medicare myths with clear explanations and facts. Each myth includes what people commonly believe, why the belief exists, what the reality actually is, and how to get accurate information. Whether you're just starting to research Medicare or trying to make sense of options, understanding these myths can help you make more informed decisions about your healthcare coverage. Let's examine some of the most common Medicare misconceptions.

Myth #1: Too Complicated

MYTH: "Medicare is so confusing that only experts can understand it."

REALITY: While Medicare has many details, most people only need to understand a few key concepts to make informed decisions.

Part	Coverage	Cost
Part A	Hospital	\$0*
Part B	Medical	\$174.70/mo
Part C	Advantage	Varies
Part D	Drugs	\$30-80/mo

Key Points:

- Medicare has 4 main parts (see chart above)
- Choose between Traditional + Supplement OR Advantage
- · Licensed professionals can help explain options

Getting Clarity:

Start with the basics - what type of coverage fits your healthcare needs and budget? Many people find that breaking it down into simple choices makes Medicare manageable.

REAL EXAMPLE: "Once I understood that Medicare is really just about choosing between two main paths, it became much clearer. I didn't need to know every detail to make a good decision." - Maria, Huntington

Myth #2: All Plans Are The Same

MYTH: "All Medicare plans offer the same coverage since they're government-run."

REALITY: Medicare plans can have significant differences in costs, networks, and benefits, even when they appear similar.

What Varies	Range
Premiums	\$0 - \$400+/month
Networks	Open or Restricted
Extra Benefits	May include dental, vision, hearing
Out-of-Pocket Max	\$3,000 - \$10,000+

Key Differences:

See chart above for major variations. Medicare Advantage plans are offered by private companies, allowing different benefit packages. Traditional Medicare provides standard coverage, but supplements add varying protection levels.

What to Consider:

Do you want flexibility seeing any doctor, or are you comfortable with a network that might include extra benefits? Your location, health conditions, and budget help determine which plan type makes sense.

REAL EXAMPLE: "I assumed all Medicare plans were identical until I compared two Advantage plans. One had a \$0 premium but limited my doctor choices, while the other cost \$50/month but let me keep my preferred doctors and included dental coverage." - Robert, Bay Shore

Myth #3: You Need A Broker

MYTH: "You absolutely need a broker to understand Medicare, or you'll make a terrible mistake."

REALITY: While brokers can provide valuable assistance, many people successfully navigate Medicare on their own or with help from free resources.

When a Broker Can Help:

- Complex health conditions requiring specific medications
- Unsure about priorities and need guidance
- Want someone to handle paperwork and enrollment

When You Might Not Need One:

- Prefer researching options independently
- Healthcare needs are straightforward
- · Comfortable making decisions based on research

Getting Help:

Various resources are available including Medicare.gov, your local SHIP (State Health Insurance Program), and community counseling services. The key is getting information from multiple sources and taking time to make informed decisions.

REAL EXAMPLE: "I used a combination of Medicare.gov resources and spoke with a counselor at my local senior center. Between those free resources, I was able to understand my options and choose the right plan for my needs." - Patricia, Smithtown

Myth #4: Keep Current Insurance

MYTH: "My current health insurance is perfectly adequate - Medicare isn't necessary when I turn 65."

REALITY: Whether Medicare makes sense depends on your current coverage, health needs, and financial situation. It's worth comparing options.

Compare These	
Monthly Premium	✓
Annual Deductible	✓
Drug Coverage	✓
Doctor Network	✓

When Medicare Might Be Better:

- · Current plan has high deductibles or copays
- Want prescription drug coverage included
- Medicare premiums would be lower than current costs

When Current Coverage Might Be Preferable:

- Employer pays most or all of your premiums
- Current plan has very low out-of-pocket costs
- Have excellent coverage with comprehensive benefits

The Decision:

Medicare becomes available at age 65, but you can choose to keep your current coverage if it makes financial sense. However, many people find Medicare provides better value, especially for prescription drugs and preventive care.

REAL EXAMPLE: "I kept my employer's retiree coverage for the first year because they paid 80% of the premium. But when I compared costs, I realized Medicare with a supplement would actually save me money while providing better prescription coverage." - Thomas, Merrick

Myth #5: Medicare Covers Everything

MYTH: "Original Medicare covers all my healthcare needs without any additional insurance."

REALITY: Original Medicare (Parts A and B) covers many medically necessary services, but has several important gaps that may require additional coverage.

Service	Status
Hospital/Doctor	■ Covered
Preventive Care	■ Covered
Prescription Drugs	■ Need Part D
Dental/Vision	■ Not Covered
Hearing Aids	■ Not Covered

Coverage Summary:

See chart above for what's covered vs not covered. Original Medicare handles hospital stays, doctor visits, and preventive care but misses prescription drugs, dental, vision, hearing aids, and long-term care.

Filling the Gaps:

Medicare Advantage plans often include drugs plus dental/vision/hearing. Medicare Supplement plans help with Original Medicare's cost-sharing. The best approach depends on your health needs and budget.

REAL EXAMPLE: "I was surprised to learn that Medicare doesn't cover routine dental cleanings or hearing aids. After reviewing my healthcare expenses from the past year, I chose a Medicare Advantage plan that included these services for just \$25 more per month." - Linda, Farmingdale

Bonus Myth: Medicare Is Free

MYTH: "Medicare is completely free healthcare."

REALITY: Medicare involves various costs depending on which parts you enroll in and your income level.

Medicare Part	2024 Cost
Part A	Usually \$0*
Part B	\$174.70/mo
Part D	\$30-80/mo
Advantage	\$0-400+/mo

Cost Overview:

See chart above for 2024 premiums by part. Beyond premiums, you also pay 20% coinsurance for doctor visits, \$1,600 hospital deductible per benefit period, and up to \$400/day for skilled nursing (days 21-100).

Income-Based Assistance:

Many qualify for help through programs like Extra Help (Part D) or Medicare Savings Programs. If your income is limited, you may pay \$0 for Part B and D premiums.

REAL EXAMPLE: "I was surprised by my Part B premium, but since my income qualified me for assistance, I only pay \$20/month total for comprehensive coverage including prescription drugs." - George, Port Jefferson

Making Sense of It All

Medicare decisions are important and personal. The key is getting accurate information and taking time to understand your options.

Government Resources

- Medicare.gov Official website with plan comparisons
- 1-800-MEDICARE (1-800-633-4227) Free hotline
- State Health Insurance Programs (SHIP) Local counseling
- Medicare Plan Finder medicare.gov/plan-compare
- New York Medicaid health.ny.gov/medicaid
- EPIC (NY) Prescription assistance at health.ny.gov/epic

Additional Support

- Licensed Medicare advisors can help explain options
- Free counseling services in many communities
- Senior center resources and workshops

When You're Ready

- Compare specific plans in your area
- Review your healthcare needs and budget
- Consider speaking with a licensed professional
- Take advantage of the Annual Election Period

Remember: Medicare decisions aren't irreversible. You can make changes during specific enrollment periods if your needs change.

This guide is for educational purposes only and is not a complete description of Medicare benefits. For the most current and complete information, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



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