

The Medicare questions every HR team asks first.

6 ANSWERS

Q ·01

Why should an employer understand Medicare?

1 in 4 Americans plan to work past 65. When you give eligible employees the right resources to understand Medicare, they often gain more coverage choices at a lower cost.

That can mean thousands of dollars a year in savings for the company and better coverage for employees.

Q ·03

When should an employee start thinking about Medicare?

At least 3 months before turning 65. That leaves ample time to weigh options and file paperwork. Employees who keep working but pay a large share of their group premium should compare Medicare-based options for potential savings.

Earlier is always better, the paperwork and decisions take time.

Q ·05

Can employers pay for Medicare?

For companies with 20 or more employees, you generally can't subsidize or pay for Medicare coverage for active employees.

The one exception: if you actively sponsor an ICHRA.

Q ·02

When is someone eligible for Medicare?

Most employees become eligible at 65, regardless of their full Social Security date. A few situations qualify someone earlier:

At 65 Standard eligibility for nearly everyone.

Under 65, disabled Eligible after 24 months on disability.

ESRD or ALS Certain conditions qualify before 65.

Q ·04

Can employees keep working while on Medicare?

Yes. You can't require an employee to leave the group plan for Medicare (unless you have fewer than 20 employees). Employees may voluntarily choose Medicare for lower costs or better benefits and keep working, and with premiums rising, many people 65+ are now self-electing Medicare.

Q ·06

Isn't Medicare all from the government?

Medicare is a program subsidized by the federal government. Part A (covers hospitalizations) and Part B (covers outpatient) are administered by the government.

However, supplemental plans that cover costs not covered by Parts A and B, as well as Part D prescription plans, are administered by private insurance companies. Also, there are Advantage Plans (Part C), which are typically managed care plans subsidized by the federal government but administered through a number of private health insurance companies.

REACH OUT FOR A PROPOSAL



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