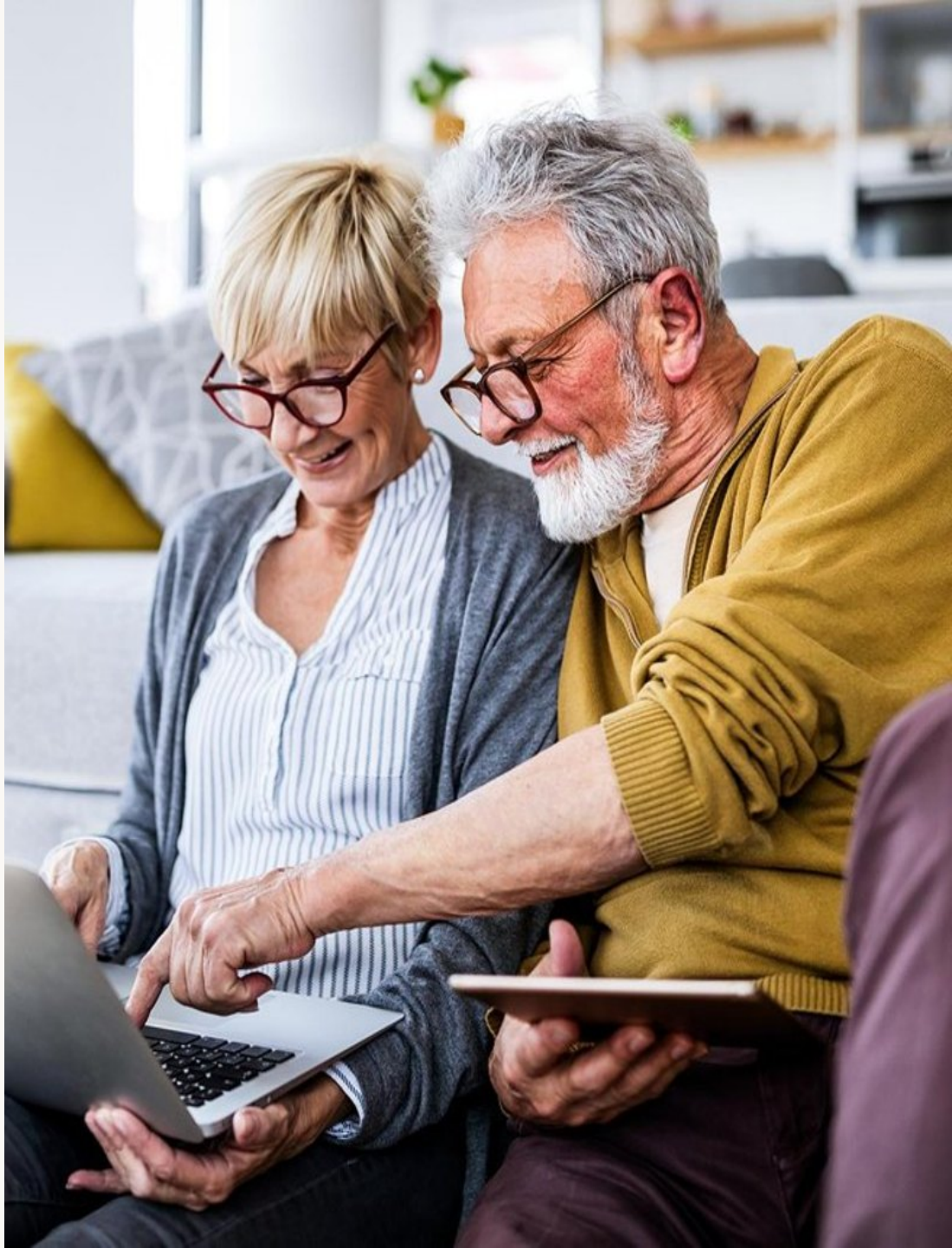
ELEVATE

Medicare 101

A Wisconsin guide to coverage, costs and enrollment.

Find out how the parts of Medicare fit together and what to ask before choosing coverage.



Elevate Advisors

What do Parts A and B cover?

Original Medicare includes Part A and Part B.

Part A · Hospital insurance	Helps pay for inpatient hospital care, certain skilled nursing facility stays, hospice and some home health services.
Part B · Medical insurance	Helps pay for doctor visits, outpatient care, medical equipment such as walkers, and many preventive services.

How do I get my Medicare benefits?

You can receive your Part A and Part B benefits in two ways.

Original Medicare	Use providers who accept Medicare anywhere in the U.S. You can add a separate Part D drug plan and may be able to buy a Medicare supplement.
Medicare Advantage · Part C	A Medicare-approved private plan provides your Part A and Part B benefits. Most plans include drug coverage. Check its network, service area and costs. You continue paying your Part B premium.

How does Medigap work in Wisconsin?

Medicare Supplement Insurance helps with your share of costs under Original Medicare.

Start with the Wisconsin benefits	Wisconsin standardizes supplements differently from most states. Its basic benefits include Part B coinsurance. Cost-sharing and high-deductible options are also available.
Ask about optional coverage	Insurers can offer riders for benefits such as the Part A deductible. Check the policy and premium for the specific coverage you want.
Review drug coverage separately	Medigap policies sold today do not include Part D. If you need drug coverage, consider a separate Medicare drug plan.

Will my prescriptions be covered?

Part D helps cover prescription drugs. Each plan has its own list of covered drugs, called a formulary.

Check each prescription

Look up the exact drug name, dose and form. Check its cost tier and whether the plan requires approval or limits the quantity.

Check your pharmacy

Compare the price at the pharmacy you use. A plan’s preferred in-network pharmacy may have lower copays than another in-network pharmacy.

What costs should I compare?

Compare the monthly bill with what you would pay when you get care.

Premium	The amount you pay each month to keep coverage, even if you use no services that month.
Deductible	The amount you pay for covered care before Medicare or your plan starts paying for services subject to that deductible.
Copayment and coinsurance	A copayment is a set dollar amount for a service. Coinsurance is a percentage of the covered amount. Check both for the care you use most.

When can I enroll or make a change?

The dates depend on whether you are new to Medicare or already have coverage.

First enrolling at 65	For most people, the window includes the three months before their birthday month, the birthday month, and the three months after.
October 15 to December 7	During annual Open Enrollment, you can change Medicare Advantage or Part D coverage for January 1 of the next year.
January 1 to March 31	If already enrolled in Medicare Advantage, you can make one change to another Advantage plan or return to Original Medicare and join a drug plan.

Can I keep my doctors?

Start with the doctors, clinics and hospitals you want to use.

With Original Medicare	Ask whether the provider accepts Medicare. You can generally see any provider in the U.S. who does.
With Medicare Advantage	Check the plan’s directory and confirm with the office using the exact plan name and clinic location. Ask about specialist referrals and approval for services you expect to use.

What should I bring to an appointment?

A short list helps your advisor compare coverage around your needs.

Your care team	Write down your doctors, specialists, clinic locations and preferred hospital.
Your prescriptions	Bring the names, doses and frequency of your medications, plus your preferred pharmacy.
Your questions	Bring any plan notices and the questions you want answered about costs, travel or upcoming care.