

GLOSSARY OF TERMS

1. **Medicare:** The federal health insurance program for people over the age of 65. Those with certain diseases or who have been disabled for more than 23 months and are on Social Security disability may also qualify.
2. **Deductible:** The amount beneficiaries pay for health care before their insurance plan begins to cover costs.
3. **Copay:** A flat fee that beneficiaries pay for medical appointments, prescription drugs and other procedures.
4. **Premium:** A monthly fee beneficiaries pay for health coverage. Premiums do not count toward deductibles or out-of-pocket maximums.
5. **Co-insurance:** The percentage of the cost of healthcare services for which beneficiaries are responsible.
6. **Out-of-Pocket Maximum:** A cap on the amount of money that a beneficiary can spend out of pocket on health care in a given year. After this cap is reached, insurance covers all other charges for the rest of the year.
7. **Medicare Part A:** Part A covers inpatient hospital care, skilled nursing facility stay and hospice/home care. Part A coverage is free for beneficiaries who have worked and paid Social Security taxes for at least 40 calendar quarters. Those who have not may need to pay a premium.
8. **Medicare Part B:** Part B includes preventive care, doctor visits, outpatient surgeries, physical therapy, home care and medical tests, x-rays and equipment, emergency and ambulance services and more.
9. **Medicare Part C (Medicare Advantage):** Federally subsidized private insurance plans that cover Part A, Part B and often Part D services, as well as some supplementary benefits.
10. **Medicare Part D:** Part D provides prescription drug coverage.
11. **Medicare Supplement Insurance:** Also known as **Medigap**, these private insurance policies supplement original Medicare. They can cover things like copayments, coinsurance and deductibles that are not covered by Part A or Part B.



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