



Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

2008 GENERAL MEDICARE AND RETIREMENT BENEFITS INFORMATION

Medicare is a federal health insurance program for people 65 or older and for certain disabled people. It is administered by the Health Care Financing Administration of the U. S. Department of Health and Human Services.

There are four parts to the Medicare program:

- **Hospital Insurance (Part A)** - pays some of the cost of hospitalization, certain related inpatient care, skilled nursing facility care, hospice care, and home health services.
- **Medicare Insurance (Part B)** - Supplementary Medical Insurance – primarily covers doctor fees, most outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not covered by the hospital insurance part of Medicare.
- **Medicare Insurance (Part C)** – Medicare Advantage Program - a private Medicare plan, typically offers more comprehensive benefits in exchange for managed care, i.e. Kaiser SeniorAdvantage Plan.
- **Medicare Insurance (Part D)** - Known as “Medicare Prescription Drug, Improvement, and Modernization Act of 2003”. Effective January 1, 2006, the program covers prescription drug benefits plus coverage for preventative screenings and tests.

A. Who Qualifies for Medicare Hospital Insurance (Part A)? Generally, people aged 65 and older can get premium-free Medicare Part A benefits automatically on the basis of their own or their spouse’s past employment. This means that either spouse must have paid taxes into the social security system for at least 10 years or 40 quarters.

As a rule, Medicare becomes available at the beginning of the month in which you turn 65, whether you are retired or still working. However, if you or your spouse are still working, Medicare will always pay secondary to any other plan.

Non-working spouses could qualify for Medicare if the retiree meets the requirements for Medicare benefits. Divorced retirees or surviving spouses who may otherwise not qualify on their own could qualify for Medicare by being the ex-dependent of a qualified beneficiary. In both situations, Medicare eligibility is based on a minimum age of 62 plus at least 10 years of