

What Veterans and Their Spouses Need to Know About Medicare Coverage

The annual enrollment period for Medicare Advantage and Prescription Drug Plans is open Oct. 15-Dec. 7

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If you are one of 8.3 million veterans in the United States age 65 or older or the spouse of a veteran, you may have questions about healthcare coverage, especially if you have VA healthcare benefits and you are eligible for Medicare.

The annual enrollment period for Medicare Advantage and Prescription Drug Plans is open Oct. 15-Dec. 7, making now an important time for veterans to reassess their coverage needs. Scott Mathis, a U.S. Army veteran who works for Humana, answers some of the top questions veterans ask when deciding about Medicare coverage.

Do I need Medicare if I have healthcare benefits through the Department of Veterans Affairs?

Mathis: If you are a veteran who receives VA healthcare benefits, the VA still encourages you to enroll in Medicare when you are eligible. Medicare can provide coverage if you need care from a non-VA hospital or doctor, if you want a second opinion, or if you'd like care closer to home. If you are at a VA authorized care facility, Medicare may cover services the VA can't.

What's the difference between Medicare and Medicare Advantage?

Mathis: Original fee-for-service Medicare is the government-managed program – it includes Part A (hospitals) and Part B (doctors and outpatient services). Medicare Advantage plans, offered through private insurance companies, include Parts A and B and often include additional benefits like prescription drug coverage. For example, Humana USAA Honor Giveback plans, inspired by veterans, include dental, vision and hearing benefits along with a Part B giveback that adds money back to your Social Security check every month – and has a \$0 monthly plan premium. These plans do not interfere with VA benefits, in fact, they

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work alongside them to help close gaps in healthcare. You don't have to be a veteran to select one of these plans.

Do I need prescription drug coverage?

Mathis: For many people, this depends on how far they live from a VA care facility. With Medicare Part D, only available through private insurers as a part of a Medicare Advantage plan or a stand-alone prescription drug plan, you can get medication prescribed by non-VA doctors and pick up at your local pharmacy. If you are satisfied with your prescription coverage through the VA, there are Medicare Advantage plans without prescription drug coverage.

When do I enroll in Medicare?

Mathis: You are eligible for Medicare when you turn 65. Your initial enrollment period opens three months before the month you turn 65 and closes three months after. Individuals with certain disabilities are eligible before age 65. Every year, you will be able to change or select a Medicare Advantage or Prescription Drug Plan during Medicare's annual enrollment window Oct. 15-Dec. 7.

If I like the plan I have, do I need to do anything during open enrollment to keep my coverage?

Mathis: If you are happy with your plan, you don't have to do anything. The coverage will continue into the next year as long as the plan you have is still available. Keep in mind, though, that plan benefits and costs can change annually, so I always recommend reviewing the information you receive from your insurance carrier to be sure you get the coverage that meets your needs. At Humana, we make adjustments to our plans every year to ensure we're delivering affordable care and the benefits our members say matter most to them.

Where can I get more information?

Mathis: Look to credible sources, like licensed sales agents or [Medicare.gov](https://www.medicare.gov), to compare plans. At Humana, our Customer Care specialists have collaborated with USAA to receive special training to better serve the unique healthcare needs of veterans. Visit [Humana.com/Medicare/Veterans](https://www.humana.com/Medicare/Veterans) or call 1-833-585-8387 (VETS) (TTY: 711) 8 a.m.-8 p.m., seven days a week to speak to a Customer Care specialist or connect with a licensed agent.

Disclaimers: Humana is a Medicare Advantage HMO, PPO, and PFFS organization and a stand-alone PDP prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal. The Part B Giveback Benefit pays part or all of your Part B premium and the amount may change based on the amount you pay for Part B. The Humana USAA Honor Giveback plans are available to anyone eligible for Medicare, and veterans should consider all of their health plan options.