NATIONAL BLEEDING DISORDERS FOUNDATION
Formerly NHF

Medicare and Bleeding Disorders: What you Need to Know

What is Medicare? Medicare is a federal health insurance program for individuals aged 65 years and older and certain younger people who qualify due to disability (learn more on this below).

Medicare is typically referred to by its different parts – Part A, Part B, Part C, and Part D.

- **Part A is for hospital insurance** and helps cover things like inpatient hospital stays, home health care, and care in skilled nursing facilities.
- **Part B is for medical insurance** and helps cover things like doctors' services, outpatient care, preventive services and clotting factor and other bleeding disorders therapies.
- **Part C, also known as Medicare Advantage**, is an alternative to Traditional Medicare run by private health insurers.
- **Part D covers prescription drugs**, like medications you might take for other conditions besides your bleeding disorder. *See below for changes coming to Part D in 2025!

Learn more.

Types of Coverage

Traditional Medicare (or Original Medicare)	Medicare Advantage (Part C)
Includes Medicare Part A and Part B. Part D, prescription drug coverage, is optional coverage and must be added separately. You can use any doctor or hospital that takes Medicare, anywhere in the U.S. You can purchase Medicare supplement insurance (Medigap) to help cover out-of-pocket costs, such as copayments, coinsurance, and deductibles	An alternative to Traditional Medicare. MA plans are run by private health insurers that follow certain rules and are then paid by Medicare to provide services. MA plans are often cheaper than Traditional Medicare, but services and in-network providers are more limited, and you may face additional barriers like prior authorization or step therapy. You cannot purchase Medigap (supplement insurance) under Medicare Advantage.

Learn more about the differences between Traditional Medicare and Medicare Advantage.

Enrollment Basics

An individual becomes eligible for Medicare at age 65 (*see below for more information on qualifying for Medicare due to disability). If you do not have employer-sponsored insurance, you should enroll in Medicare at age 65 to avoid late enrollment penalties. If at age 65 you still have group coverage through your job or your spouse's job, you can wait to enroll in Part B. Medicare Open Enrollment is October 15 – December 7 every year! Learn more.

What will Medicare cost me?

Medicare is not free. Your costs may include premiums, a deductible, coinsurance and copayments. Out-of-pocket costs under Medicare will vary depending if you are covered under Traditional Medicare vs. Medicare Advantage, or based on the providers you see, and the services you receive. Some costs, such as Part B and Part D premiums, may depend on how much income you make each year. For Part B, you usually pay 20% of the cost for each Medicare-covered service after you've paid your deductible. Because there is no out-of-pocket maximum under Traditional Medicare, some form of supplemental coverage (Medigap, an employer plan, or Medicaid) is essential to help cover out-of-pocket costs, such as copayment, coinsurance and deductibles. Learn more about Medigap below. Read more about what Medicare costs.

Medicare Supplement Insurance or Medigap

Medicare supplement insurance or Medigap is extra insurance you can buy from a private health insurance company to help cover out-of-pocket costs (copays, coinsurance, deductibles) under Traditional Medicare. You cannot buy Medigap if you have a Medicare Advantage plan. The Medigap Open Enrollment Period starts the first month you have Medicare Part B (and you are 65 or older) and lasts for 6 months. It is important to enroll in Medigap during this time! After this time period, Medigap plans are able to charge more for things like pre-existing conditions. Learn more about Medigap.

Qualifying for Medicare due to Disability

Sometimes individuals living with bleeding disorders qualify for Medicare due to disability, meaning their bleeding disorder makes it difficult to perform daily tasks or to maintain a job. To access Medicare because of disability, an individual must first meet certain criteria outlined by the Social Security Administration (SSA). If you qualify, there is then a five-month waiting period prior to accessing Social Security Disability Insurance (SSDI), monthly payments, and then a subsequent 24-month waiting period to then access Medicare. Learn more.

*It is important to note that accessing supplemental insurance, or Medigap, can be harder when you qualify for Medicare due to disability. Availability of Medigap plans will vary by state and your age.

What is Medicare Part D?

- Part D is optional coverage for prescription drugs and must be added separately under Traditional Medicare.
- Under Medicare Advantage, all plans (except private fee-for-service plans) must offer an option that includes the Part D drug benefit, but not all MA plans cover prescription drugs.
- If you are choosing a Part D plan, it is very important to review plan formularies to make sure that the specific drugs you take are covered. Plans will vary in which drugs they cover and how much they charge you for out-of-pocket costs. Check out these tips for choosing Medicare prescription drug coverage.

What's New in 2025?

There are a number of changes coming to Medicare Part D – also known as the Medicare Prescription Drug Plan – for 2025. And while treatments for bleeding disorders are covered under Medicare Part B, often individuals are using Part D drugs to address other chronic illnesses, including treatments for HIV/AIDS. Here's what you need to know!

CAP ON OUT-OF-POCKET COSTS: Out-of-pocket costs under Part D will be capped: people will not pay more than $2,000 in out-of-pocket costs for Medicare Part D covered drugs in 2025.

MEDICARE PRESCRIPTION PAYMENT PLAN: Beginning in 2025, people will have the option to join the Medicare Prescription Payment Plan (MPPP) which will allow them to pay out-of-pocket drug costs under Part D in monthly installments over the course of the plan year, rather than at the pharmacy when they are incurred.

- Any individual enrolled in a Medicare Part D plan is eligible to enroll.
- Individuals must opt-into the MPPP and can choose to opt-out at any time.
- The first opportunity to enroll will be during the Medicare Open Enrollment Period (October 15 – December 7, 2024) but individuals can opt-in **anytime** throughout the plan year.
- Find information on the MPPP on Part D websites and in annual Medicare mailings.
- The MPPP is not right for everyone – it makes the most sense for individuals with high out-of-pocket costs early in the plan year. Use this tool to figure out if the MPPP is right for you.

Check out the CMS website and factsheet to learn more about this new program. The factsheet is also available in Spanish.