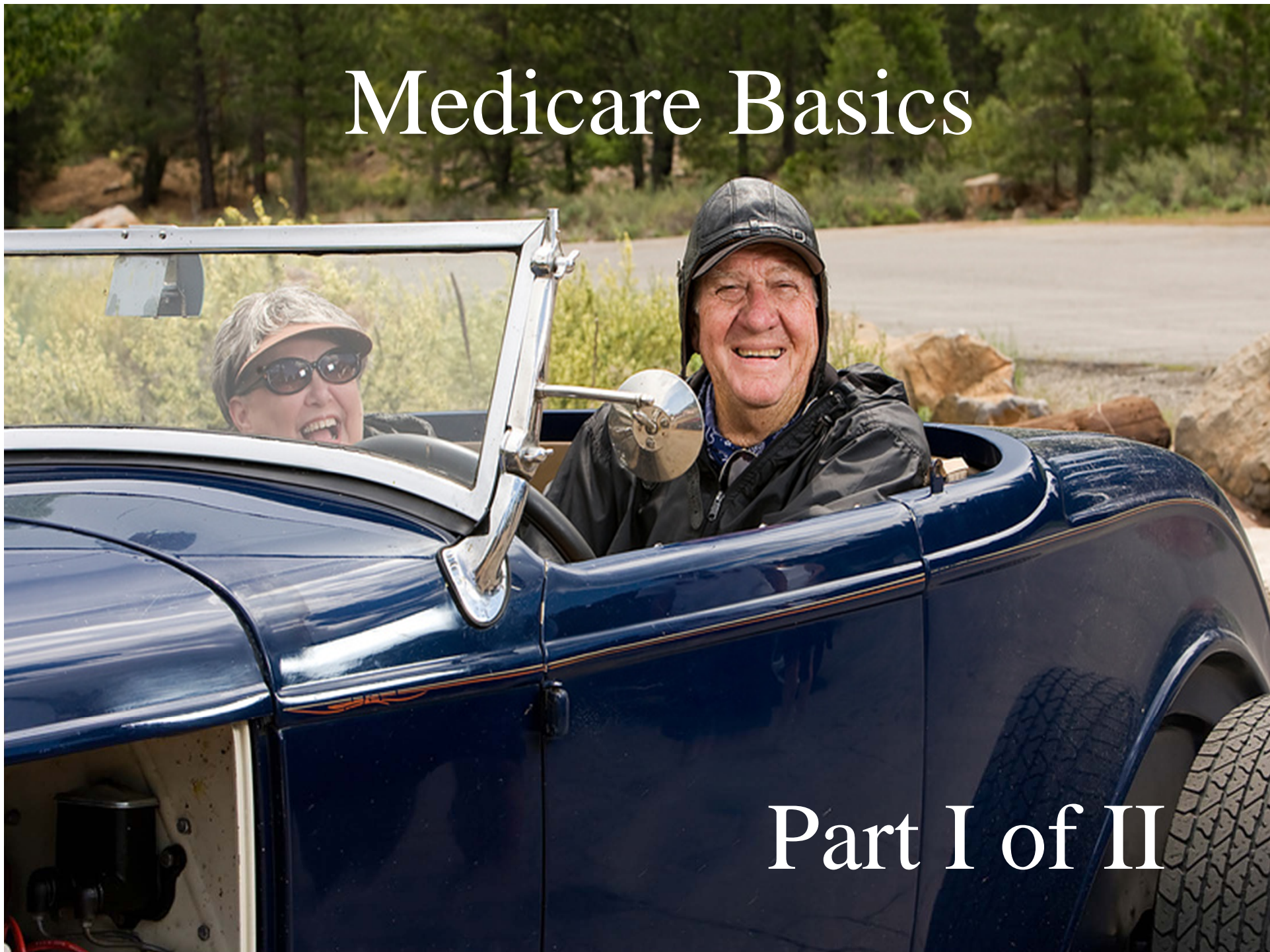


Medicare Basics

Part I of II



What are the Four Parts of Medicare?



Part A
Hospital
Insurance



Part B
Medical
Insurance



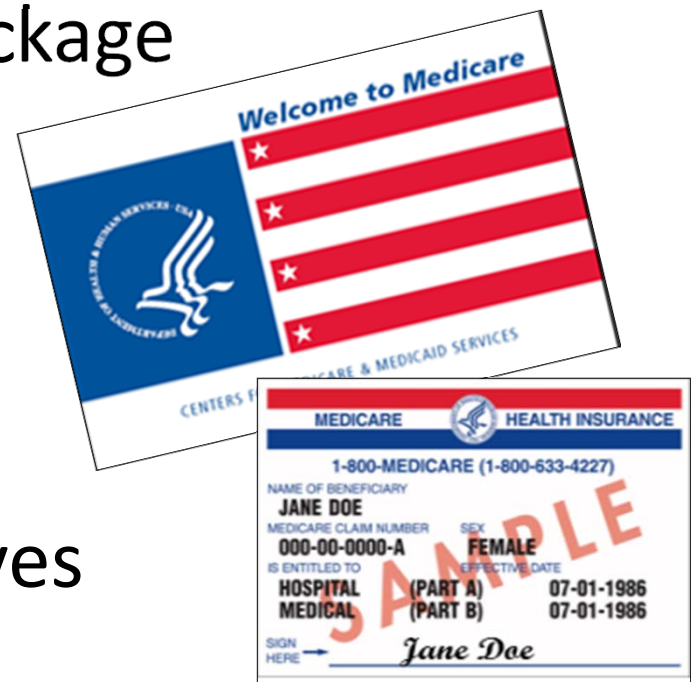
Part C
Medicare
Advantage
Plans , like
HMOs and
PPOs
Includes Part A
& B and usually
Part D
coverage



Part D
Medicare
Prescription
Drug
Coverage

Automatic Enrollment – Part A and B

- Automatic for those receiving
 - Social Security benefits
 - Railroad Retirement Board benefits
- Initial Enrollment Period Package
 - Mailed 3 months before
 - Age 65
 - 25th month of disability benefits
- Others must enroll themselves



When Enrolling in Medicare is Not Automatic

- Some people need to sign up
 - Those not automatically enrolled
 - Even if you are eligible to get Part A premium-free
- Enroll through Social Security
 - Railroad Retirement Board for railroad retirees
- Apply 3 months before age 65
 - Don't have to be retired

If Not Automatically Enrolled

Your 7-Month Initial Enrollment Period

No Delay				Delayed Start			
If you enroll in Part B	3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	<i>The month you turn 65</i>	1 month after you turn 65	2 months after you turn 65	3 months after you turn 65
	Sign up early to avoid a delay in getting coverage for Part B services. To get Part B coverage the month you turn 65, you must sign up during the first three months before the month you turn 65.			If you wait until the last four months of your Initial Enrollment Period to sign up for Part B, your start date for coverage will be delayed.			

General Enrollment Period (GEP)



- January 1 through March 31 each year
- Coverage effective July 1
- Premium penalty
 - 10% for each 12-months eligible but not enrolled
 - Must pay as long as you have Part B
 - Limited exceptions

Enrolling in Part B if You Have Employer or Union Coverage

- You may want to delay enrolling in Part B if you or your spouse is actively employed and you carry active insurance coverage through your current employer.

When Employer or Union Coverage Ends



- When your employment ends
 - You may get a chance to elect COBRA. However, COBRA is not an “active employer” insurance coverage, so you must take out Part B to avoid any penalty for late enrollment
 - When employment ends, you will get a Special Enrollment Period
 - Make sure to sign up for Part B prior to retirement to avoid a penalty

Enrollment in Medicare if You Have TRICARE Coverage



- When you retire, you must enroll in Part B to keep your TriCare coverage
- If you are an Active-duty member, you do not have to enroll in Part B to keep TriCare

Medicare Part A Covered Services

Inpatient Hospital Stays	Semi-private room, meals, general nursing, and other hospital services and supplies. Includes care in critical access hospitals and inpatient rehabilitation facilities. Inpatient mental health care in psychiatric hospital (lifetime 190-day limit). Generally covers all drugs provided during an inpatient stay received as part of your treatment.
Skilled Nursing Facility Care	Semi-private room, meals, skilled nursing and rehabilitation services, and other services and supplies.
Home Health Care Services	Can include part-time or intermittent skilled care, and physical therapy, speech-language pathology, a continuing need for occupational therapy, some home health aide services, medical social services, and medical supplies.
Hospice Care	For terminally ill and includes drugs, medical care, and support services from a Medicare-approved hospice.
Blood	In most cases, if you need blood as an inpatient, you won't have to pay for it or replace it.

Paying for Inpatient Hospital Stays

For each benefit period in 2015	You Pay
Days 1-60	\$1,260 deductible
Days 61-90	\$315 per day
Days 91-150	\$630 per day (60 lifetime reserve days)
All days after 150	All Costs

Skilled Nursing Facility Care

- Must meet all conditions
 - Require daily skilled services
 - Not just long-term or custodial care
 - Hospital inpatient 3 consecutive days or longer
 - Admitted to SNF within specific timeframe
 - Generally 30 days after leaving hospital
 - SNF care must be for a hospital-treated condition
 - Or condition that arose while receiving care in the SNF for hospital-treated condition
 - MUST be a Medicare-participating SNF

Paying for Skilled Nursing Facility Care

For each benefit period in 2015	You Pay
Days 1-20	\$0
Days 21-100	\$157.50 per day
All days after 100	All Costs

Benefit Periods



- Measures the number of days of inpatient care (hospital or skilled nursing facility).
- Begins the day you first receive inpatient care.
- Benefit period ends when you have been out of the hospital or skilled nursing facility for 60 days in a row.
- You pay the Part A deductible for each benefit period, which is \$1,260.00 for 2015.
- No limit to number of benefit periods

Five Conditions for Home Health Care



1. Must be homebound
2. Must need skilled care on intermittent basis
3. Must be under care of a doctor
 - Receiving services under a plan of care
4. Have face-to-face encounter with doctor
 - Prior to start of care
5. Home health agency must be Medicare-approved

Paying for Home Health Care



- Fully covered by Medicare
- Plan of care reviewed every 60 days
 - Called episode of care
- In Original Medicare you pay
 - Nothing for covered home health care services
 - 20% of Medicare-approved amount
 - For durable medical equipment (covered by Part B)

Hospice Care



- Special care for the terminally ill and family
 - Expected to live 6 months or less
- Focus on comfort and pain relief, not cure
- Doctor must certify each “benefit period”
 - Two 90-day periods
 - Then unlimited 60-day periods
 - Face-to-face encounter
- Hospice provider must be Medicare-approved

Paying for Hospice Care

- In Original Medicare you pay
 - Nothing for hospice care
 - Up to \$5 per Rx to manage pain and symptoms
 - While at home
 - 5% for inpatient respite care
- Room and board may be covered
 - Short term respite care or for pain/symptom management
 - If you have Medicaid and live in nursing facility

Blood (Inpatient)

- If hospital gets blood free from blood bank
 - You won't have to pay for it or replace it
- If hospital has to buy blood for you
 - You pay for first 3 units per a calendar year, or
 - You or someone else donates to replace blood

Medicare Part B Coverage

Doctors' Services

Services that are **medically necessary** (includes outpatient and some doctor services you get when you're a hospital inpatient) or covered preventive services.

Except for certain preventive services, you pay 20% of the Medicare-approved amount (if the doctor accepts assignment), and the Part B deductible (\$147) applies.

Outpatient Medical and Surgical Services and Supplies

For approved procedures (like X-rays, a cast, or stitches). You pay the doctor 20% of the Medicare-approved amount for the doctor's services if the doctor accepts assignment. You also pay the hospital a copayment for each service. The Part B deductible applies.

Assignment

- Doctor, provider, supplier ***accepts assignment***
 - Signed an agreement with Medicare
 - Accept the Medicare-approved amount
 - As full payment for covered services
 - Only charge Medicare deductible/coinsurance amount
- ***Don't accept assignment***
 - May charge you more
 - The limiting charge is 15% more
 - May have to pay entire charge at time of service

Medicare Part B Coverage

Home Health Care Services

Medically necessary part-time or intermittent skilled nursing care, physical therapy, speech-language pathology services, occupational therapy, part-time or intermittent home health aide services, medical social services, and medical supplies. Durable medical equipment and an osteoporosis drug are also covered under Part B.

You pay nothing for covered services.

Durable Medical Equipment

Items such as oxygen equipment and supplies, wheelchairs, walkers, and hospital beds for use in the home. Some items must be rented.

You pay 20% of the Medicare-approved amount, and the Part B deductible applies.

Medicare Part B Coverage

**DMEPOS
Round 2
July 1, 2013**

Austin-Round Rock-San Marcos
Beaumont-Port Arthur
El Paso
Houston-Sugarland-Baytown
McAllen-Edinburg-Mission
San Antonio-New Braunfels

**DMEPOS
Round 2
Categories**

Oxygen, oxygen equipment, and supplies
Wheelchairs, scooters, and related accessories
Enteral nutrients, equipment, and supplies
CPAP devices, RADS and related supplies
Hospital beds and related accessories
Walkers and related accessories
Support surfaces (mattresses and overlays)
Negative Pressure Wound Therapy pumps

Medicare Part B Coverage

**DMEPOS
Round 2
July 1, 2013**

National Mail-Order Program for diabetic testing supplies.

Includes all part of the United States.

**Other
(including
but not
limited to)**

Medically necessary medical services and supplies, such as clinical laboratory services, diabetes supplies, kidney dialysis services and supplies, ***mental health care***, limited outpatient prescription drugs, diagnostic X-rays, MRIs, CT scans, and EKGs, transplants and other services are covered.

Costs vary.

Part B Covered Preventive Services

- “Welcome to Medicare” visit
- Annual “Wellness” visit
- Abdominal aortic aneurysm screening*
- Alcohol misuse screening and counseling
- Behavioral therapy for cardiovascular disease
- Bone mass measurement
- Cardiovascular disease screenings
- Colorectal cancer screenings
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots
- Glaucoma tests
- Hepatitis B shots
- HIV screening
- Mammograms (screening)
- Obesity screening and counseling
- Pap test/pelvic exam/clinical breast exam
- Pneumococcal pneumonia shot
- Prostate cancer screening
- Sexually transmitted infection screening (STIs) and high-intensity behavioral counseling to prevent STIs
- Smoking cessation

*When referred during Welcome to Medicare physical exam

NOT Covered by Part A and Part B

- Long-term care
- Routine dental care
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting hearing aids
- Other – check on www.medicare.gov