

Medicare Information
1-866-859-6167

Frequently Asked Questions about Medicare

For more information on Medicare coverage, visit www.medicare.gov or call 1-800-Medicare (1-800-633-4227). TTY for the hearing impaired 1-877-486-2048. 24 hours a day, seven days a week. Another useful resource is the CMS publication *Medicare and You*. This publication is located at www.medicare.gov and www.medicare.gov/publications

Who does Medicare cover?

- People age 65 and over
- People under 65 with certain disabilities
- People of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

What does Medicare Cover?

Part A is insurance covering most inpatient hospital care or hospitalization, skilled nursing facility care, home health care, and hospice care. Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. **99% of all people don't pay for part A. (\$443 per month) for those who don't qualify**

Part B is insurance for outpatient and doctors' services. Part B also covers some physical and occupational therapist services, and some home health care. Most people pay a monthly premium for Part B which is deducted from your Social Security check. **The monthly premium is \$96.40 per month for 2010 and you must apply for Part B.**

Part C refers to Medicare Advantage plans. Part C plans provide additional benefits to Parts A and B. This means you will have all Part A and B benefits and possible Part D benefits with a range of premium options.

Prescription Drug Coverage, also known as Medicare Part D, provides coverage for some of your prescription drugs. Most people will pay a monthly premium for this coverage.

What is the Original Medicare Plan?

The Original Medicare Plan is one of your health plan choices as part of the Medicare Program. You will stay in the Original Medicare Plan unless you choose to join a Medicare Advantage Plan or other Medicare Health Plan.

The Original Medicare Plan is a fee-for-service plan that is managed by the Federal Government. The rules for how the Original Medicare Plan works are below.

- You use your red, white, and blue Medicare card when you get health care
- If you have Medicare Part A, you get all Part A-covered services
- If you have Medicare Part B, you get all Part B-covered services. You usually pay a monthly premium for Part B
You can go to any doctor or supplier that accepts Medicare and is accepting new hospital or other facility.
- You pay a set amount for your health care (deductible) before Medicare pays its part. Then, Medicare pays its share, and you pay your share (coinsurance or copayment) for covered services and supplies (unless you have additional insurance such as a

Medicare Advantage Plan).

- For more detailed information about Medicare-covered items and services, visit www.medicare.gov on the web, or call 1-800-MEDICARE (1-800-633-4227) to get a free copy of *Your Medicare Benefits* (CMS Pub. No. 10116).

What are some of the costs I can expect to pay with the Original Medicare Plan

- **Additional costs for part Part A—**
- An Annual in - patient hospital deductible of \$1,100 in 2010 for day 1-60. Days 61-90 \$275 per day . Days 91-150 \$550 per day.
Skilled nursing facility coinsurance is \$137.60 per day for days 21-100
- **Additional costs for part Part B—**
- Annual Deductible of \$155.00. Doctors Visits including Podiatry and Chiropractic 20%. Co-pay. Additional 20% co-pays for all the following services, Outpatient Services/Surgery, Ambulance Services, Emergency Care, Urgently needed Care, Outpatient Rehabilitation, Durable Medical Equipment & Prosthetic Devices, Diabetic Self Monitoring Training and Supplies, Diagnostic Tests/X-Rays/Lab Services, Preventive Care Services (Mammograms/Digital Rectal exams etc
- **Prescription Drugs Part D—**
- Most drugs are not covered.

What isn't covered by the Original Medicare Coverage A & B?

Medicare doesn't cover everything. Items and services that aren't covered include, but aren't limited to:

- Acupuncture.
- Deductibles, coinsurance, or copayments when you get health care services.
- Dental care and dentures (with only a few exceptions).
- Cosmetic surgery.
- Custodial care (help with bathing, dressing, using the bathroom, and eating) at home or in a nursing home.
- Eye refractions.
- Health care you get while traveling outside of the United States (except for emergencies)
- Hearing aids and hearing exams for the purpose of fitting a hearing aid.
- Hearing tests (other than for fitting a hearing aid) that haven't been ordered by your doctor.
- Long-term care, such as custodial care in a nursing home.
- Orthopedic shoes (with only a few exceptions).
- **Prescription drugs — most prescription drugs aren't covered.**
- Routine foot care such as cutting of corns or calluses (with only a few exceptions).
- Routine eye care and most eyeglasses.
- Routine or yearly physical exams. (Medicare will cover a one-time physical exam within the first six months
you have Part B.)
- Screening tests and screening laboratory tests except those specifically identified by Medicare. See *Medicare and You* for more details www.medicare.gov.
- Shots (vaccinations) except those specifically identified by Medicare. See *Medicare and You* for more details –
www.medicare.gov.
- Some diabetic supplies, such as syringes or insulin (unless the insulin is used with an insulin pump)

What things should I consider when choosing additional Medicare coverage

- **Cost**—What will you pay out-of-pocket, including premiums?
- **Benefits**—Are extra benefits and services, like drug coverage, eye exams or hearing aid.) covered? (These may be covered by some plans)
- **Doctor and hospital choice**—Can you see the doctor(s) you want to see? Do you need a referral to see a specialist? Can you go to the hospital you want?
- **Convenience**—Where are the doctors offices? What are their hours? Is there paperwork? Are they accepting new patients? Do you spend part of each year in another state?
- **Prescription drugs**—Are they covered? Are your prescription drugs on the plan's list of covered drugs (formulary)?
- **Pharmacy choice**—Can you use the pharmacy you want? Are the pharmacies convenient?
- **Quality of care**—How is the quality of the plans in your area? Information about quality is available at www.medicare.gov on the web

Helpful Information

Pennsylvania Department of Aging

Prescription Drug Assistance

State Number 800-225-7223

Allegheny

Allegheny County AAA

441 Smithfield Street

Second Floor

Pittsburgh, PA 15222-2219

Senior Line: (412) 350-5460

Toll Free: (800) 344-4319

Tel: (412) 350-4234

Fax: (412) 350-3091

TDD/TTY: (412) 350-2727

Web site: www.alleghenycounty.us/dhs/olderadults.aspx

E-mail: SeniorLine@dhs.county.allegheny.pa.us

PACE (Prescription Assistance) – Who is eligible:

To be eligible for PACE, you must be 65 years of age or older, a Pennsylvania resident for at least 90 days prior to the date of application, and you cannot be enrolled in the Department of Public Welfare's Medicaid prescription benefit.

For a single person, your total income must be \$14,500 or less. For a married couple, your combined total income must be \$17,700 or less.

PACENET – Who is eligible:

To be eligible for PACENET, you must be 65 years of age or older, a Pennsylvania resident for at least 90 days prior to the date of application, and you cannot be enrolled in the Department of Public Welfare's Medicaid prescription benefit. A single person's total income can be between \$14,500 and \$23,500. A couple's combined total income can be between \$17,700 and \$31,500

Supplemental Security Income

Social Security 1-800-772-1213

Supplemental Security Income (SSI) is a federal program that makes monthly payments to people who

have limited income and resources if they are 65 or older or if they are disabled. Receiving Supplemental Security Income in Pennsylvania means that you can receive the following benefits and services.

- Medicaid
- Food stamps
- Medicare premiums are paid

To learn more about the SSI program, call the Social Security Administration toll free at **1-800-772-1213** or visit the **Social Security Administration**.

Contact Information for People with Medicare

Telephone numbers and web link information related to specific Medicare questions.

- Medicare Service Center: 800-MEDICARE (800-633-4227)
- Medicare Service Center TTY: 877-486-2048
- Report Medicare Fraud & Abuse: 800-HHS-TIPS (1-800-447-8477)

If you would like to further discuss your Medicare Benefits and options

Please Call 1866.859.6167