

A black and white photograph of a middle-aged couple smiling and looking at a document. The man is on the left, wearing a button-down shirt, and the woman is on the right, wearing a light-colored sweater. They are both smiling broadly. The document they are looking at is partially visible at the bottom of the frame.

Financial Information Resource Guide (FIRG) Abbreviated Handout

2020

Information contained within this handout is effective January 1, 2020 through December 31, 2020.

What is Medicare?

Medicare is a Federal Health Insurance Program administered by the Centers for Medicare and Medicaid Services (CMS) and is for:

- People 65 years of age and older* who are eligible to collect under Social Security;
- Certain younger people with disabilities; and
- People with end-stage renal disease.

Medicare is a pay-per-visit arrangement. You can go to any doctor, hospital or other health care provider who accepts Medicare. You must pay the deductible. Medicare then pays its share and you pay your share (co-insurance). Medicare is divided into two parts: Part A (hospital insurance) and Part B (medical insurance).

- * Eligibility begins on the first day of the month in which you turn 65.
- * If Medicare is approved retroactively, any amounts Resident/Patient paid for services reimbursed under Medicare will be refunded.
- * If you're under 65 and have a disability, you'll automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months. (If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.)

Medicare Part A:

Covered Services	What You Pay
Hospital Stays Semi-private room, meals, general nursing and other hospital services and supplies (but not private nursing, a television or telephone in your room, or a private room unless medically necessary).	(Each Benefit Period) <ul style="list-style-type: none"> • A total of \$1,408 for days 1-60 • \$352/day for days 61-90 • \$704/day for lifetime reserve days • All costs for each day beyond lifetime reserve days.
Skilled Nursing Center Care* Semi-private room, meals, skilled nursing and rehabilitation services, and other services and supplies (after a related three-day inpatient hospital stay).	(Each Benefit Period)* <ul style="list-style-type: none"> • Nothing for the first 20 days • \$176.00 per day for days 21-100 • All costs beyond the 100th day in the benefit period
Home Health Care* Part-time skilled nursing care, physical therapy, speech-language therapy, home health aide services, durable medical equipment (such as wheelchairs, hospital beds, oxygen and walkers), supplies and other services.	<ul style="list-style-type: none"> • Nothing for home health care services • 20% of approved amount for durable medical equipment (such as wheelchairs, hospital beds, oxygen and walkers).
Hospice Care* Support services and pain/symptom control for the terminally ill, usually in the home. Also covers necessary inpatient care and a variety of services otherwise not covered by Medicare.	<ul style="list-style-type: none"> • A co-payment up to \$5 for hospice related outpatient prescription drugs and 5% of the Medicare-approved amount for inpatient respite care (short-term care to a hospice patient so that the usual caregiver can rest).

* If you receive Medicaid, the Medicaid Program may pay for some or all of the payment you are responsible for under Medicare (may vary by state).

* Visit www.Medicare.gov for a comprehensive list of items and services covered under Medicare Part A and the coverage criteria.

Medicare Part B:

Covered Services	What You Pay
Medical Expenses Doctors' services (except routine medical exams); inpatient and outpatient medical and surgical services and supplies that are medically necessary; physical, occupational and speech therapy*; diagnostic tests; and durable medical equipment (DME). <i>* Limitations apply</i>	(Each Benefit Period) <ul style="list-style-type: none"> • A 2020 Part B monthly premium based on income (go to www.medicare.gov for more info.) • \$198 deductible (paid once per year) • 20% of approved amount after the deductible • 20% of all therapy services
Clinical Laboratory Service Blood tests, urinalysis and more.	(Each Benefit Period) <ul style="list-style-type: none"> • Nothing for Medicare-approved services
Home Health Care* (If you do not have Medicare Part A) Intermittent skilled care, home health aide services, durable medical equipment and supplies, and other services. <i>* Certain conditions apply</i>	<ul style="list-style-type: none"> • Nothing for Medicare-approved services • 20% of approved amount for durable medical equipment
Outpatient Hospital Services Services for the diagnosis or treatment of an illness or injury.	<ul style="list-style-type: none"> • A co-insurance or co-payment amount, which may vary according to the service

Medicare Part C: (Medicare Advantage Plans)

If you join a Medicare Advantage Plan, you are still in the Medicare Program and retain Medicare rights and protections. Medicare Advantage Plans bundle components of Medicare A, B, C & D coverage into one plan.

You can elect to join a Medicare Advantage Plan if:

- You have Medicare Part A and Part B
- You live in the service area of the plan you would like to join
- You don't have end-stage renal disease

Covered Services: You can get all the same coverage as Medicare and in some cases extra benefits depending on the plan.

Managed Care

Managed Care programs are designed to make healthcare more affordable for members. The managed care company contracts with certain doctors and hospitals, and to manage the cost of treatment. Covered and non-covered services vary by plan.

Medicaid

Medicaid is a state health care insurance program provided at no cost to qualifying low-income families, children and people who are elderly or have a disability. Although Medicaid benefits vary by state, the following provides a general overview of Medicaid. If you have questions, members of our staff will be able to help you or you can contact your local Medicaid agency.

Medicare Part D:

Medicare Part D is an optional prescription drug coverage for Medicare beneficiaries who do not have creditable prescription coverage through another program. There are two ways to get Medicare prescription drug coverage.

1. Medicare Prescription Drug Plans (PDP) or
2. Medicare Advantage Plans that offer drug coverage.

For a list of Prescription Drug Plans offered in your state, please ask your Center representative or go to the Medicare web site: www.Medicare.gov.

What's Covered: Medicaid will cover most of the costs associated with a nursing home stay for persons who apply and receive a grant for Medical assistance. Information about covered and non-covered items is available from the business office. If you are dually eligible for Medicare and Medicaid, you will be required to get your drug coverage through Medicare Part D.