

SACRED HEART SENIOR LIVING: WHAT SERVICES DOES MEDICARE COVER?

MEDICARE	TYPE OF COVERAGE	INSURER	DEDUCTIBLES/COPAYS
PART A	<p>Hospitalization- inpatient, skilled nursing home, skilled home health care, hospice care. NOT COVERED-long term care in a skilled nursing facility, assisted living or personal care home. Long term home care to assist with activities of daily living (ADL'S) such as bathing, dressing, toileting, meal preparation and medication administration. NOTE: You are NOT covered when you travel outside the United States or its territories.</p>	Federal Government	<p>ZERO premium. Funded through payroll deductions. \$1288 deductible per benefit year. In-patient hospital: Days1-60/Zero co pay Days 61-90/\$322 per day co pay. Day 91>/\$644 per day co pay. Skilled Nursing Stay: Days 1-20/Zero co pay Days 21-100/\$161 co pay per day. Day 101>/ NO COVERAGE</p>
PART B	<p>MEDICAL COVERAGE- doctors visits ,outpatient hospital care, therapy (PT,OT,ST), laboratory tests, durable medical equipment (canes, walkers, wheelchairs, oxygen) NOT COVERED: most dental care, dentures, eye exams for glasses, hearing aids and exams to fit them, prescription drugs NOTE: You are NOT covered when you travel outside the United States or its territories.</p>	Federal Government	<p>Premium is deducted monthly from social security if you choose to enroll in PART B. \$104.90/premium if enrolled prior to 2016. \$121.80/premium for enrollees new to PART B in 2016. Deductible is \$166 per benefit year. Copay is 20% of all Medicare approved charges.</p>
PART C	<p>Part C plans are called MEDICARE ADVANTAGE PLANS. They are alternatives to traditional Medicare, but cover everything that traditional Part A and Part B cover. Part C plans almost always cover prescriptions and some offer dental and vision coverage. Some plans will cover you if you travel outside of the United States. NOT COVERED: Services provided out of network. Some plans will allow out of network services but at an increased cost to the insured in the form of higher co pays or coinsurance.</p>	Various private insurance companies	<p>Part C plans are often HMO modeled. Some limit personal choice in selection of primary care physicians, specialist and hospitals. Some HMO plans mandate use of network primary care doctors and does not cover out of network care. Some are PPO modeled and allow for more choice including out of network care covered at a higher co pay or higher coinsurance.</p>
<p>Part D- use with traditional Medicare Part A and Medicare Part B</p> <p>NOTE: IF YOU HAVE MEDICARE PART C ADVANTAGE PLAN IT MOST LIKELY PROVIDES PERSCRIPTION DRUG COVERAGE</p>	<p>Prescription Drug Coverage Coverage for drugs varies by plan. NOT COVERED: PART D has a DONUT HOLE. When your prescription cost is between \$3,310 - \$7,062 in 2016 you are in the donut hole. During that time you are Eligible for a 55% discount on brand name drugs and a 42% discounts on generics. You pay the additional cost out of pocket. After exceeding \$7062 in prescription cost for the year, your plan again covers the cost after co pays and coinsurance.</p>	Various private insurance companies	<p>Premiums vary by plan and by your income. 2016 deductible is \$360.00. Co pays vary by plan. Best idea is review each plan and costs in relationship to the medications you are taking.</p>

<p>MEDIGAP POLICIES A,B,C,D,F,G,K,L,M,N Also known as Medicare Supplemental Insurance NOTE: IF YOU HAVE MEDICARE PART C ADVANTAGE PLAN YOU DO NOT NEED A MEDIGAP POLICY SOME RETIREES ALSO HAVE INSURANCE PROVIDED BY A FORMER EMPLOYER THAT COVERS HEALTHCARE EXPENSES NOT FULLY COVERED BY MEDICARE. ALTHOUGH THEY ARE NOT MEDIGAP INSURANCE THEY MAY PROVIDE COVERAGE SIMILAR TO A MEDIGAP POLICY.</p>	<p>Additional coverage that picks up the cost that traditional Medicare Part A and Medicare Part B do not cover. Examples are deductibles and co pays. Each Medigap Plan (A,B,C,D,F,G,K,L,M,N) provides different coverage. Some plans will cover medical expenses when you travel outside the United States.</p>	<p>Various private Insurance companies. All providers must provide the same coverage per plan. Example: There may be 10 Medigap Plan A providers. All providers must provide the same coverage in their Plan A. NOTE: Only three states, MA., MI. and MN. have different rules on what coverage is contained in Medigap policies in those states.</p>	<p>Premiums, coinsurance and co pays vary by plan.</p>
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