

HOME HEALTH CARE

If you are confined at home and meet certain other conditions, Medicare can pay the full approved cost of home health visits from a Medicare-participating home health agency. There is no limit to the number of covered visits you can have.



If you need one or more of the covered services, then Part A also covers part-time or intermittent services of home health aides, occupational therapy, medical social services, and medical supplies and equipment. A 20 percent co-payment applies to covered durable medical equipment.

MORE ABOUT MEDICARE PART C

This insurance is supposed to provide the same benefits as the Medicare fee-for-service program, but many people find this is not the case. Enrollees are limited as to which facilities are included in their HMO, as well as the types of coverage.

MEDIGAP

Medigap is a supplemental health insurance which will provide coverage for Medicare deductibles and co-payments. There are numerous insurance companies which sell these policies. The plans range from "Plan A" through "Plan L" and vary in terms of coverage.

MORE ABOUT MEDICARE PART D

Choosing a Medicare Drug Plan requires evaluating the following factors:

1. Formulary (the list of drugs the plan covers) – Does the plan include any particular prescription drug you currently need?
2. Utilization Management Tools – To what extent does the plan attempt to steer beneficiaries to lower-cost drugs? Does the plan require you to try certain medications before covering a more costly drug prescribed by your doctor?
3. Quantity Limitations – Is there a limit on the number of prescriptions you may receive in any one month? Are there limits on the number of pills or other dosages available in a single prescription?
4. Pharmacy – Will you be able to buy drugs covered under the plan at your customary pharmacy? If you reside in a long term care facility, is the facility's pharmacy included in the plan's network?
5. The Donut Hole – As of 2009, beneficiaries are responsible for these out-of-pocket expenses:
 - a. The first \$295 in drug costs;
 - b. The plan pays 75% and the beneficiary pays 25% of drug costs up to \$2,700 (including the \$295 deductible);
 - c. For drug costs between \$2,700 and \$4,350, the beneficiary is in the "Donut Hole" and is responsible for all costs;
 - d. Once a beneficiary exceeds \$4,350, he/she pays \$2.40 for each generic drug and \$6.00 for each name-brand drug.

Elder Law Associates PA (ELA) is a boutique elder law firm that practices exclusively in elder law, wills and trusts, Medicaid planning and applications, disability planning, special needs trusts, guardianship, asset preservation and elder law litigation. ELA assists clients in planning for the possibility of disability, incapacity, home health care and/or nursing home placement. The firm enables its clients to avoid impoverishment caused by the escalating cost of long term care, to maintain their right to make health care decisions and to avoid unnecessary medical treatment.



ELA's partners, **Ellen S. Morris, Esq.** and **Howard S. Krooks, Esq., CELA**, are experienced and accomplished in handling a diverse range of issues affecting seniors, persons with disabilities and their families. The partners' combined legal experience enables the firm to provide a high degree of service and to interpret and translate complex legal issues for the benefit of our clients. ELA has received an AV® Peer Review Rating, the highest rating afforded attorneys, from Martindale-Hubbell.

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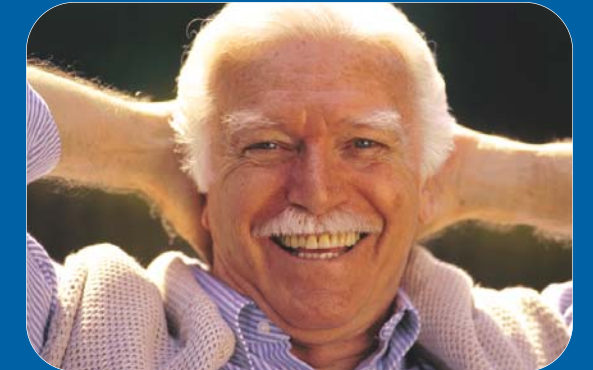
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Navigating Medicare Parts A, B, C & D



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MEDICARE 101

Medicare is our country's health insurance program for people age 65 or older, certain people with disabilities who are under 65, and people of any age who have permanent kidney failure or ALS (Lou Gehrig's Disease). It provides basic protection against the cost of health care, but it does not cover all your medical expenses, nor the cost of most long term care.

The Center for Medicare and Medicaid Services (CMS) is the agency responsible for administering the Medicare program. You may enroll in the program at your local Social Security Office, by calling 1-800-MEDICARE, or online at www.medicare.gov.

If you are already receiving Social Security retirement, disability benefits or railroad retirement checks, Social Security will contact you a few months before you become eligible for Medicare and provide you with the information you need to enroll. If you are not receiving checks, you should contact Social Security about three months prior to your 65th birthday to enroll for Medicare. You can sign up for Medicare even if you don't plan to retire at 65.



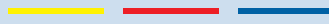
THE FOUR PARTS OF MEDICARE

Medicare Part A is hospital insurance and is financed by a portion of your payroll (FICA) tax that also pays for Social Security.

Medicare Part B is the medical insurance which is partly financed by monthly premiums paid by people who choose to enroll.

Medicare Part C (Advantage plans) is an alternative to Parts A and B. Under Part C, private health insurance companies can contract with the federal government to offer Medicare benefits through their own policies. They can offer private fee-for-service (PFFS) plans, managed care plans (such as HMOs) and preferred provider organizations (PPOs).

Medicare Part D is the prescription drug program. (See back panel for more information.)



You are automatically enrolled in Part B when you become entitled to Part A. However, because you must pay a monthly premium for Part B coverage, you have the option of paying for the coverage or refusing the coverage.

Medicare Part A also covers up to 100 days of skilled or restorative nursing home benefits. If you qualify, the first 20 days are paid in full. The following 80 days are paid at 80% (resulting in a \$133.50 per day co-insurance amount). Most recipients do not receive the full 100 days.

Skilled or restorative services have specific requirements such as the amount of days and



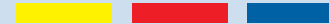
hours you must attend your therapy sessions. Goals must be set and met in a certain time limit and a team meeting will be held within the first 10 days of your admission to discuss your treatment with you or your family.

Medicare will not pay for personal comfort items, such as a telephone or television in your hospital room, nor will it cover routine foot care, services outside the U.S., testing for, and/or the cost of, eye-glasses, hearing aides, dental care, dentures and custodial care.

Medicare Part A will help pay for inpatient care at a hospital or skilled nursing facility, home health care, and at-home hospice care. You cannot collect skilled nursing facility benefits and hospice care at the same time. Except for home health care, each is subject to a benefit period, which measures your use of services covered by Medicare Part A.

A benefit period starts the day you enter a hospital. It ends when you have been out of the hospital or other facility primarily providing skilled care for 60 consecutive days.

If you need inpatient care, hospital insurance helps pay up to 90 days in any Medicare-participating hospital during each benefit period. Part A pays for all covered services for the first 60 days, except for a one time deductible of \$1,068. For days 61 through 90,



Part A pays for all "covered services" except for a daily co-insurance amount, which is \$267 in 2009.

You are entitled to 60 "lifetime reserve days," which are in addition to the 90 days of coverage for any benefit period. However, once you use a lifetime reserve day, it is never replenished.

If you are out of the hospital for at least 60 days and then hospitalized again, a new benefit period begins - your 90 days of coverage starts all over again and you pay another deductible.

If you are in a nursing home and again use a portion of/or all of your 100 days and you are skilled-free for 60 days, you will earn a new 100 days of coverage. You cannot become eligible for these new benefit days until you have a three-day hospital stay, not including the discharge day.

Individuals with annual incomes above \$85,000 and married couples with annual incomes above \$170,000 pay higher premiums.

FOR MORE INFORMATION

The Center for Medicare and Medicaid Services
www.cms.hhs.gov

Medicare Service Center
(800) MEDICARE / (800-633-4227)

Report Medicare Fraud & Abuse
(800) HHS-TIPS / (800-447-8477)

Information for Social Security, Disability Issues, or Supplemental Security Income
Social Security: (800) 772-1213

The Senior Resource Center for Medicare Info.
www.medicare.org

