

Medicare

What is Medicare?

Medicare is a Federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS) for those who are

- 65 and older
- Any age and disabled
- Diagnosed with End Stage Renal Disease

****Medicare was never intended to pay 100% of health care costs***

Original Medicare is made up of two parts, Parts A & B:

Parts C & D were added later.

Part A — Inpatient Hospitalization

- Skilled Nursing Facilities
- Home Health Care
- Hospice

Part B — Doctors/Provider

- Preventive Benefits
- Durable Medical Equipment
- Outpatient services
- Ambulance services

Part C — Advantage Plans

- Hospitalization
- Medical
- Prescription Coverage

Part D — Prescription Coverage

- Prescription Coverage

You can choose the type of coverage you would like to have:

**Parts A, B & D
or
Part C**

Both options cover all Medicare benefits
Medicare Part C is an alternative to the “ala carte” choices provided under original Medicare; it is an all inclusive Medicare package.

Medicare.gov

The Official U.S. Government Site for Medicare

2018 Medicare Part A (Hospital Insurance) costs

Hospital inpatient stay

- Days 1–60: \$1,340 deductible for each benefit period in 2018.
- Days 61–90: \$335 coinsurance per day of each benefit period in 2018.
- Days 91 and beyond: \$670 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) in 2018.
Beyond lifetime reserve days: all costs.

Mental health inpatient stay

- Days 1–60: \$1,340 deductible for each benefit period in 2018.
- Days 61–90: \$335 coinsurance per day of each benefit period in 2018.
- Days 91 and beyond: \$670 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) in 2018.
Beyond lifetime reserve days: all costs.

Skilled nursing facility stay

- \$0 for the first 20 days each benefit period (if admitted following a 3-day hospital qualifying stay).
- \$167.50 per day for days 21-100 each benefit period in 2018 (if no supplemental insurance).
- If no Medicaid, you are responsible for all costs for each day after day 101 in a benefit period.

Hospice care

- \$0 for hospice care and there is no deductible.
- Must choose a Medicare approved Hospice provider.
- Supplemental insurance may assist with co-payment of up to \$5 per prescription for outpatient prescription drugs for pain and symptom management.
- \$100 per day of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest ~ 5 days only).
- Your usual Part B deductible and coinsurance for your doctor's services *(if your attending doctor isn't employed by the hospice)*.
- Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).
- If you pay out-of-pocket for an item or service your doctor ordered, but the hospice refuses to give you, you can file a claim with Medicare. If your claim is denied, you may file an appeal.

NOTE: If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those noted above. Review the "Evidence of Coverage" from your plan.

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2018 Medicare Part B Medical Insurance Costs

Part B annual deductible

You pay \$183 per year for your Part B deductible in 2018.

Part B monthly premium

You pay a Medicare Part B (Medical Insurance) premium each month. Most people will pay the standard premium amount. However, if your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount, you may pay more.

Clinical laboratory services

- You pay \$0 for Medicare-approved services

Home health services

- \$0 for home health care services.
- 20% of the Medicare-approved amount for durable medical equipment.

Medical and other services

You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment.

NOTE: There may be limits on physical therapy, occupational therapy, and speech language pathology services. If so, there may be exceptions to these limits.

Outpatient mental health services

20% of the Medicare-approved amount for visits to a doctor or other health care provider to diagnose your condition or to monitor or change your prescriptions. Part B deductible applies.

20% of the Medicare-approved amount for outpatient treatment of your condition (such as counseling or psychotherapy) in a doctor's office setting. In a hospital outpatient setting, you pay a copayment.

Partial hospitalization mental health services

- You pay a percentage of the Medicare-approved amount for each service you get from a doctor or other mental health qualified professional. You also pay a copayment for each day of partial hospitalization services provided in a hospital outpatient setting or community mental health center, and the Part B deductible applies.

Outpatient hospital services

You generally pay 20% of the Medicare-approved amount for the doctor's services. For all other services, you pay a copayment for each service you get in an outpatient hospital setting.

For some screenings and preventive services, coinsurance, copayments, and the Part B deductible don't apply so you pay nothing.

Keep track of your preventive Medicare Preventative Benefits!

Medicare-covered preventive service	I need Yes/No	Medicare-covered preventive service	I need Yes/No
“Welcome to Medicare” preventive visit (one-time)		Depression screening	
Yearly “Wellness” visit		Diabetes screening	
Abdominal aortic aneurysm screening		Diabetes self-management training	
Alcohol misuse screening and counseling		Flu shots	
Bone mass measurement		Glaucoma tests	
Breast cancer screening (mammogram)		Hepatitis B shots	
Cardiovascular disease (behavioral therapy)		HIV screening	
Cardiovascular disease screenings		Medical nutrition therapy services	
Cervical and vaginal cancer screening		Obesity screening and counseling	
Colorectal cancer screenings		Pneumococcal shot	
Screening fecal occult blood test		Prostate cancer screenings	
Screening flexible sigmoidoscopy		Sexually transmitted infections screening and counseling	
Screening colonoscopy		Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)	
Screening barium enema			

Part B Deductible and Coinsurance is waived for most preventive care services.

To Contact Medicare call 1-800-MEDICARE (1-800-633-4227)

24 hours, 7 days a week, including some federal holidays.

TTY/TDD users can call 1-877-486-2048.

The interactive phone system is available 24 hours every day of the year.

Medicare Part D is a comprehensive drug benefit not a discount program!

Medicare Part D Annual Coordinated Election Period October 15 through December 7

- Any person who does not have a Medicare drug plan can enroll
- Any person who currently has a Medicare drug plan can switch
- The change will become effective January 1

Most Medicare Prescription Drug Plans charge a monthly fee that varies by plan. You pay this in addition to the Medicare Part B premium. If you belong to a Medicare Advantage Plan (Part C) or a Medicare Cost Plan that includes Medicare prescription drug coverage, the monthly premium you pay to your plan may include an amount for drug coverage.

Most Medicare Prescription Drug Plans have a coverage gap (also called the "donut hole"). This means there's a temporary limit on what the drug plan will cover for drugs.

Not everyone will enter the coverage gap. The coverage gap begins after you and your drug plan have spent a certain amount for covered drugs. In 2018, once you and your plan have spent \$3,310 on covered drugs (the combined amount plus your deductible), you're in the coverage gap until \$4,850 (this amount may change each year.) Also, people with Medicare who get Extra Help paying Part D costs won't enter the coverage gap.

Once you reach the coverage gap in 2018, you'll pay 47.5% of the plan's cost for covered **brand-name prescription drugs**. You get these savings if you buy your prescriptions at a pharmacy or order them through the mail. The discount will come off of the price that your plan has set with the pharmacy for that specific drug.

Although you'll only pay 45% of the price for the brand-name drug, the entire price (including the discount the drug company pays) will count as out-of-pocket costs which will help you get out of the coverage gap.

Choose a Medicare Part D Plan that meets your needs

Use the Medicare Plan Finder Tool • Call 1-800-MEDICARE (1-800-633-4227)
TTY users call 1-877-486-204 • Call OSHIIP 1-800-686-1578
Attend local community event • Join plan through plan sponsor
Enroll through www.medicare.gov
Contact plan and enroll directly
Contact Buckeye Hills at 1-800-331-2644



OSHIIP
Answers to your
Medicare questions

Help with Medicare Expenses

Seniors, you may be eligible for:

MEDICARE SAVINGS



Medicare Savings Programs

You can get help from your state paying your Medicare premiums. In some cases, Medicare Savings Programs may also pay Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) deductibles, coinsurance, and co-payments if you meet certain conditions.

Four Kinds of Medicare Savings Programs

If you have income from working, you may qualify for these 4 programs even if your income is higher than the designated income limits.

If you qualify for a QMB, SLMB, or QI program, you automatically qualify to get Extra Help paying for Medicare prescription drug coverage.

1. Qualified Medicare Beneficiary (QMB) Program
2. Specified Low-Income Medicare Beneficiary (SLMB) Program
3. Qualifying Individual (QI) Program
You must apply every year for QI benefits. QI applications are granted on a first-come, first-served basis, with priority given to people who got QI benefits the previous year. (You can't get QI benefits if you qualify for Medicaid.)
4. Qualified Disabled and Working Individuals (QDWI) Program
5. The QDWI program helps pay the Part A premium. You may qualify if any of these apply to you:
 - You're a disabled person under 65
 - You lost your premium-free Part A when you went back to work
 - You aren't getting medical assistance from your state
 - You meet the income and resource limits required by your state

Contact Buckeye Hills at 1-800-331-2644 to see if you qualify for Medicare Savings Programs. You may also contact the Ohio Senior Insurance Information Program at 1-800-686-1578.