



Family Care Connections, LLC

ELDERCARE GUIDE

MEDICARE HEALTH INSURANCE



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MEDICARE HEALTH INSURANCE

Understanding the Medicare Health Insurance Program

Medicare is a Federal Health Insurance Plan for people who are over 65 or suffering from a certified disability under the Social Security Program or suffering from end stage renal disease.

There are different parts to the Medicare Program:

- Part A covers Hospital Insurance
- Part B covers other Medical Insurance including doctors' services, outpatient care, medical supplies and preventative care
- Part C covers the Medicare Advantage Plans. These are health plans that are offered by private insurance companies that contract with Medicare to provide all of the Part A and Part B benefits. They include Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), private fee for service plans, special needs plans, and Medicare medical savings account plus. Once enrolled in these plans the services are covered through the plan including prescription drugs (with most plans).
- Part D covers prescription drugs. These plans are offered through insurance companies approved by Medicare and Medicare Advantage Plans.

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How to Apply for Medicare

When applying for Medicare, recipients can sign up for Part A and Part B coverage. Part B requires payment of a standard premium in the amount of \$144.60. There is also a deductible of \$198/year (2020). The premium for Part B, called a deductible, can be found on the Medicare website at <https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html>.

- Check updates for additional adjustments attached to this publication

Note: If Part B is not elected there may be a late enrollment penalty later on. The penalty will be up to 10% for each 12-month period the recipient was eligible for Part B but elected to defer unless the recipient qualified for a special enrollment period. As stated on the United States Government Site for Medicare, the special enrollment period is defined as “A time outside the yearly Open Enrollment Period when you can sign up for health insurance...You qualify for a Special Enrollment Period if you’ve had certain life events, including losing health coverage, moving, getting married, having a baby, or adopting a child.”

For individuals eligible at 65 the initial enrollment period begins 3 months prior to their 65th birthday including the month of the recipient’s birthday and ends 3 months after their birthday.

Example #1:

Ms. Jones turns 65 on July 31, 2020. She is eligible for enrollment from May 1, 2018 and the enrollment ends October 31, 2020.

Individuals who do not enroll in Part B during the initial enrollment period will have the opportunity each year to sign up during the General Enrollment period from January 1 to March 31. Coverage will begin on July 1 of the year of enrollment. Individuals who are already enrolled in Medicare Part A and want to sign up for Part B must complete the CMS-40-B Application for Enrollment in Medicare Part B (Medical Insurance). Once completed it can be taken or mailed to the local Social Security office.

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Note: Anyone who has Medicare can get Medicare prescription drug coverage. People with limited income and resources may also be eligible for extra help through Medicaid and EPIC (see discussion on Medicaid and EPIC)

Application for Medicare Online

Certain individuals can apply for Medicare Benefits online. These individuals include:

- Individuals who are at least 64 years and 9 months old
- Individuals who want to sign up for Medicare but do not currently have any Medicare coverage
- Individuals who do not want to start receiving Social Security benefits at this time, and
- Individuals who are not currently receiving Social Security retirement, disability or survivor's benefits

For more information on Medicare Benefits please contact <https://www.ssa.gov/benefits/medicare/> or call Family Care Connections at (516) 248-9323 (LI) or (718) 470-6300 (NYC).

What is the Scope of Coverage under Medicare?

Medicare is the country's Health Insurance Program for people age 65 or older, certain people younger than 65 who are chronically disabled or people suffering from end stage renal disease. Medicare **does not** cover 100% of the actual In Hospital (Part A) and Medical (Part B) costs associated with care. There are certain deductibles and co-payments that apply. A discussion of the deductibles and co-payments is explained below.

A deductible is the portion of the cost the patient is responsible for. Medicare recipients should consider purchasing a Medicare Supplemental Insurance Policy (Medigap) Insurance plan to cover the deductibles/gaps. A review of the deductibles/gaps is explained below.

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Part A (In Hospital)

- Day 1-60 = \$1,408 (2020)
- Day 61-90 = \$341/day (2020)
- Day 91-150 = \$704/day (2020)
- Beyond 150 days = 100% cost paid by patient or supplemental insurance
- Life time Reserve days (60 days for lifetime)

Note: Inpatient psychiatric treatment is limited to lifetime reserve days.

Other Part A Deductibles

Skilled Nursing Care in a Skilled Nursing Facility is as follows:

- Day 1-20 = Each benefit period is \$0
- Day 21-100 = \$176.00/day (2020)
- Beyond 100 days = 100% cost paid by patient or supplemental insurance

Medicare covers Skilled Nursing Facilities if the facility conditions are met: 3 consecutive days in a hospital, not including the day of discharge.

Note: Observation **does not** count towards the 3 days of stay

Example #1

Mr. Johnson (86) is brought to the local hospital ER because he is having difficulty anxiety and disorientation. While at the hospital he is not admitted but held in the ER for 3 days for observation, ultimately going home. This stay will not qualify Mr. Johnson for post hospital coverage in the Skilled Nursing Facility.

Medicare Part B

Medicare Part B has two types of services. The first type of service is Medically Necessary Services. This includes support and services that are necessary to diagnose and treat a medical condition according to the Acceptable Standard of Care. There is usually a co-pay deductible for these services. The second type of service is Preventative Services. These services include healthcare necessary to prevent illness such as a Flu Vaccine or to detect an illness at an early stage when treatment will be most effective.

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Note: If a healthcare provider accepts assignment then these services will be provided without cost to the patient.

Part B also covers additional services and equipment such as clinical research, ambulance services, durable medical equipment (i.e. hospital beds, walker, wheelchair, etc.), mental health services (Inpatient/Outpatient), partial hospitalization, second opinions, for surgery, and limited outpatient prescription drugs.

How to Choose the Right Medigap (Medicare Supplement Insurance) Plan to Cover the “Gaps” in Medicare Coverage?

As previously discussed, Medicare does not cover all cost of healthcare. For many Medicare recipients, one solution is to purchase a Medigap or Medicare Supplement Insurance Policy. These policies are underwritten by private insurance companies with strict requirements under State and Federal Law. These policies are designed to fill some of the “gaps” in Medicare Part A and Part B.

Note: These policies do not supplement the Medicare Advantage Plans. Before deciding on a Medigap policy it is important to review what other health insurance the Medicare recipient has in addition to Medicare.

If a person has a comprehensive retirement health plan, a Medigap may not be necessary. However, if there is no additional health insurance it would be prudent to look at Medigap policies that cover the following:

- Part A deductibles + co-insurance (the 20% that Medicare does not cover) for in hospital stays
- The patient co-insurance for doctor visits under Part B services as well as lab visits
- First three pints of blood annually
- Hospice co-insurance
- Post hospital rehabilitation co-payments after day 20. Co-insurance applies for days 21-100 and 100% after day 100.
- Coverage for durable medical equipment and other services

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Note: Medigap policies do not cover long term care that includes attention to activities of daily living (ADL) such as bathing, dressing, eating and toileting. Also excluded is vision care, eyeglasses, hearing aids, dental care, private daily nurses and prescription drugs above Part D coverage.

Enrollment

The time to enroll in a Medigap policy plan without penalty is during a six-month period that begins on the first day of the month in which you turn 65 or older and are enrolled in Medicare Part B.

Example #1

If your birthday is September 14 the best time to enroll is September through February.

During this one time period you **cannot** be turned down for a Medigap policy based on a preexisting condition. After the enrollment period a person can be turned down for a preexisting condition under a Medigap policy.

Finally, when shopping for a policy look to insure that 20% of doctor visits is covered, 20% of lab tests and other outpatient services are covered, all deductible for in hospital stays and post rehabilitation and the deductible for each time the patient is admitted to the hospital. Look to see if there is any cost sharing and how much out of pocket costs there will be. Generally, Medigap Plan F is the most popular. However, there are many plans including A, B, C, D, F, G, K, L, M or N that cover some or all of the above gaps. A thorough evaluation of your personal finances and healthcare needs is essential to choose the right plan.

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Frequently Asked Questions Regarding Medicare and its “Gaps”

Q: Does Medicare cover 100% of all medical expenses?

A: No, Medicare covers approximately 80% of the approved costs of healthcare.

Q: What can the consumer do to cover the “gaps”?

A: Consumers can purchase a medical supplemental insurance policy to cover the “gaps” that Medicare does not cover.

Q: Can a medical supplemental insurance policy be purchased at any time?

A: No, these policies can be purchased when a person becomes eligible for Medicare and during the enrollment period.

Q: Is there a limitation for pre-existing conditions when buying a supplemental insurance policy?

A: Yes, during the initial enrollment a person cannot be turned down for coverage (this period is for the first six months when a person becomes eligible for Medicare). There after a person can be turned down for pre-existing conditions. Therefore, individuals should give serious consideration to purchasing a plan when they first become eligible.

Q: Are there specific “gaps” that the policy should cover?

A: The policy should cover the following -
Part A In-Hospital deductibles and co-pays
Part B co-insurance of 20% for doctor and lab costs
Post hospital rehabilitation for day 21-100
3 pints of blood
Hospice co-insurance
Prescription drug co-insurance

Also, if a person travels frequently outside of the United States his/her coverage for care outside of the United States is advisable



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Dear Reader,

Thank you for taking the time to review the Family Care Connections Eldercare Guide. Please note the information contained in this publication is to be used for information and educational purposes only. This publication is not intended to provide legal, financial or healthcare advice to any one individual. The information should be used as a resource to supplement all professional advice. Do not rely on this publication solely when confronting the issues addressed in the publication. Rather, seek the advice of knowledgeable and reputable professionals who can advise and guide you regarding your particular needs and concerns.

We hope you have found this publication helpful and we invite your feedback. Please contact us with any questions, concerns or to set up an appointment.

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Family Care Connections, LLC

ABOUT US

Family Care Connections, LLC, founded, owned and operated by Dr. Ann Marie D'Angelo and Frank G. D'Angelo, J.D., provides Senior Living Planning, Eldercare & Medicaid Consulting Services, as well as Comprehensive Health Care Management including PRI/SCREEN, Nursing Home Placement, Advanced Practice Nurse Care Management and Geriatric Care Management, Supportive Counseling and Advocacy. We also provide educational information in the context of seminars and written publications. The firm has offices in Garden City and New York City. In addition, home visits, as well as hospital and nursing home consultations may be arranged by appointment.

Dr. Ann Marie D'Angelo, is a Doctor of Nursing Practice and a Board-Certified Clinical Nurse Specialist with expertise in both geriatrics and psychiatric mental health. She received her Doctorate in Nursing Practice from Chatham University (2016), Masters in Psychiatric Mental Health Nursing from Columbia University (1990), Bachelor of Science in Nursing from Adelphi University (1987), and Associate Degree in Nursing from Nassau Community College (1980)

Dr. Ann Marie has been in private practice for over 30 years. She is an adjunct professor at Adelphi University in Garden City, New York. She has lectured and published in the areas of geriatric nursing, nurse care management, psychiatric/mental health and aging at home.

Frank G. D'Angelo, J.D., is a graduate of Brooklyn Law School Juris Doctor (1985), and Brooklyn College CUNY BS in Psychology (1981). For 30 years Frank was a practicing attorney in New York State concentrating in Elderlaw, Trusts and Estates, Estate Planning and Real Estate. Frank is Co-Founder of Family Care Connections, LLC and now serves full time as Director of Medicaid, Medicare & Eldercare Consulting Services. A licensed Real Estate Broker, he also coordinates on issues involving Housing Options for Aging. Frank has lectured and published extensively on the many challenging aspects of eldercare and aging.

Call for our complete list of free information brochures.

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