

2009 Medicare and Your Options:

Original Medicare Plan: Part A & B

Part A (Hospital Insurance: usually free)	Part B (Medical Insurance: \$96.40 per month)
<p style="text-align: center;"><u>Benefits & Your Costs:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inpatient Hospital: Days 1-60: \$1,068 ded; Days 61-90: \$267 / day; Days 91-150: \$534 / day; lifetime reserve days. <input checked="" type="checkbox"/> Skilled Nursing Facility Care: Day 1-20: no charge; Day 21-100: \$133.50 per day <input checked="" type="checkbox"/> Home Health Care: Skilled care only; no charge <input checked="" type="checkbox"/> Hospice Care <input checked="" type="checkbox"/> Blood: You pay first 3 pints or replace. 	<p style="text-align: center;"><u>Benefits & Your Costs:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Deductible: \$135 per calendar year. <input checked="" type="checkbox"/> You pay: 20% of Medicare-approved amount + excess charge. <input checked="" type="checkbox"/> Covered Services: <ul style="list-style-type: none"> ◆ Doctor services ◆ Physical Therapy ◆ Durable Medical Equipment (DME) ◆ Ambulance ◆ Chiropractic Care ◆ Clinical Lab: no charge ◆ Outpatient Hospital services ◆ Preventive Screenings

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Medigap (Medicare Supplement) Plans
12 Standardized Plans labeled A through L

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Part D (Medicare Rx Prescription Drug Plan)
51 plans in California

Medicare Advantage Plans: Part C

A + B = Part C
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> You assign your Medicare Parts A & B over to the Part C plan. <input checked="" type="checkbox"/> HMOs, PPOs, & SNPs have providers that you are restricted to using. PFFS plans do not.

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Part D
(Medicare Rx Prescription Drug)

Medicare & Government Plans

Part A & B +
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Federal Employee Health Benefits Program (FEHBP) 1-888-767-6738 <input checked="" type="checkbox"/> Military (TRICARE): 1-800-363-5433 <input checked="" type="checkbox"/> Veterans: 1-800-827-1000 * Your Military Service may make you eligible for coverage & drugs <input checked="" type="checkbox"/> Medi-Cal: Low-income limits on back

Medicare & Employer Group Health Plans (EGHP)

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> EGHP while Working: Medicare usually pays second; you may or may not need Part B or D * When EGHP coverage ends, you have 8 months to sign up for Part B & 2 months for Part D <input checked="" type="checkbox"/> Retiree Plans: Medicare usually pays first. Renew any prior authorizations. <input checked="" type="checkbox"/> COBRA Plans: If you have Medicare before COBRA, you can have both, and Medicare is primary A & B are required. <input checked="" type="checkbox"/> CalCOBRA Plan: You cannot have CalCOBRA when entitled to Medicare
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Compliments of **HICAP San Francisco**

(Health Insurance Counseling & Advocacy Program)

1-800-434-0222
or **local 415-677-7520**



2009 Low-Income Assistance:	What does it pay/cover?	Monthly Income Limit	Asset Limit	Where to Apply?
1 Medicare Saving Programs (MSP):				
a. Qualified Medicare Beneficiary (QMB) (E-001¹)	Pays Medicare's Monthly premiums: Part A: \$244 / \$443 Part B: \$96.40 plus deductibles and coinsurance amounts	\$903 single \$1,215 couple	\$4,000 single \$6,000 couple	Dept. of Health Care Services (DHCS): San Francisco Medi-Cal Office: 1440 Harrison Street San Francisco, CA94120 (415) 863-9892 Eligibility for Medicare Savings Programs Guidelines: www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c09-09.pdf (see above)
b. Specified Low-Income Medicare Beneficiary (SLMB)	Pays Part B premium of \$96.40	\$1,083 single \$1,457 couple		
c. Qualified Individual (QI)	Pays Part B premium of \$96.40	\$1,219 single \$1,640 couple		
d. Qualified Disabled Working Individual (QDWI)	Pays Part A premium \$244 / \$443	\$1,805 single \$2,428 couple		
e. California 250% Working Disabled (CWD) Program	While working you pay monthly premium for Medi-Cal between \$20 to \$375	\$2,257 single \$3,036 couple	\$2,000 single \$3,000 couple	
2 Medi-Cal (Medicaid): (E-002²) Note: Eff. 11/01/08, if SOC is \$501+, Medi-Cal no longer pays Medicare Part B monthly premium of \$96.40.	Pays Medicare deductibles, coinsurance / copays, Part B & D premiums	SSI: \$870 single \$1,524 couple A&D: \$1,133 single \$1,525 couple	\$2,000 single \$3,000 couple	(415) 543-6222 Email: aine@ilrcsf.org
3 Extra Help of Part D Costs: (E-003³) Low-Income Subsidy (LIS)	Lowers monthly premium, deductible, coinsurance, copays	\$1,354 single \$1,821 couple	\$12,510 single \$25,010 couple	Social Security Administration (SSA) Nationwide Phone #: 1-800-772-1213 Website: www.SocialSecurity.gov Eligibility for Extra Help Guidelines: http://www.ssa.gov/prescriptionhelp/10164.html

Note: To download Medicare Fact Sheets E-001¹, E002², and E003³, see www.CaHealthAdvocates.org.

For more resources for Seniors and Adults with Disabilities: ADRC (415) 487-3370 & DAAS Intake Unit (415) 355-6700

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