

Understanding Health Benefit Programs *For Seniors*

*A guide to Medicare, Medicaid
and other insurance options*



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www.BethesdaSeniorCare.org

If you were facing a serious medical problem, would your government health benefits be enough to see you through the long haul?

Unfortunately, many older adults overlook the importance of their government entitlements and other benefits before a health emergency occurs. As a result, they may be ill-prepared to meet the financial demands that extended care often places on individuals and families.

If you're uncertain about the scope and limitations of your health care benefits, this guide will provide some of the basic information you'll need to better evaluate your current and future coverage needs and alternatives.

Medicare Part A provides automatic hospital coverage, as long as you have worked at least 10 years in Medicare-covered employment.



Medicare Part A & B

Benefits for Your Retirement Years



Medicare is a two-part program underwritten by the U.S. Department of Health and Human Services that provides basic hospitalization and medical coverage for people age 65 and over. It also serves people under the age of 65 with certain disabilities. Medicare Part A provides automatic hospital coverage, as long as you have worked at least 10 years in Medicare-covered employment. Part B helps cover medical and doctors' bills, and helps pay for rental or purchase of necessary medical equipment such as prostheses, wheelchairs and post-surgical supplies. If you qualify for Medicare and have a non-working spouse, he or she can also get Medicare Parts A and B at age 65.

While Part A is yours free of charge, Part B is considered elective coverage and requires monthly contributions from you. There are also several health care options available to Medicare beneficiaries, that come under the label of Medicare Advantage. Most people receive a Medicare Enrollment Package just prior to reaching their 65th birthday. At that point, they may choose whether or not to opt for Medicare Part B benefits and pay the required premiums for that coverage. If you have reached the age of 65 and have NOT received a Medicare Enrollment Package, you must call your local Social Security Office in order to determine your eligibility.

Medicare Part D

Cost-Effective Prescription Drug Benefits

First offered in 2006, Medicare Part D is a prescription drug coverage program available to all Medicare beneficiaries. Under the program, most people who qualify pay reduced or no premiums and deductibles, and lower co-payments for their medications, depending on their incomes and circumstances. Since private health insurance companies administer the program, monthly costs and coverage will also vary according to the company and plan you choose, as well as your state of residence. Premiums are in addition to the Part A and/or Part B premiums you may already be paying.

Medicare Advantage Plans

Versatile Managed Care Options

Approved by Medicare and run by private insurance companies, Medicare Advantage Plans are sometimes called "Part C." Managed care plans, like HMOs and PPOs, require you to use the doctors, hospitals and other health care providers who participate in the plans' networks in return for more comprehensive coverage. In addition to all Part A and Part B benefits, Advantage plans typically offer extra benefits such as vision, hearing, dental and/or wellness programs. Most also offer Medicare prescription drug coverage options. Plans can charge different co-payments, co-insurance and deductibles, so it's important to check with any plan you're considering before joining.

If you are currently taking prescription medication or think you may in the future, you should explore your Part D options. Contact Social Security at 800-772-1213 (www.ssa.gov) or Centers for Medicare and Medicaid Services at 877-267-2323 (www.cms.gov).



Under financial hardship, Medicaid may also be used to pay your Medicare premiums, deductibles and co-insurance

Medicaid

Benefits for Low Income Households

Medicaid is a combined federal-state program usually operated by state welfare or health departments, and designed to furnish several basic services to low-income individuals of all ages. These include inpatient and outpatient hospital care, physicians' services, nursing home services, and laboratory and X-ray services. Under financial hardship, Medicaid may also be used to pay your Medicare premiums, deductibles and co-insurance.

Medicaid qualifications vary from state to state and asset limitations are based on whether the individual is single or married. In order to qualify for this benefit program, you must be a resident of Illinois, a U.S. national, citizen or permanent resident in need of healthcare/insurance assistance, whose financial situation would be characterized as low income.

For questions or to apply for Medicaid, please visit www.illinois.gov/hfs.

Choosing Post-Acute Care

If you are covered by Medicare and require a period of rehabilitation or post-acute care following a hospital stay, you may be surprised to learn that you have many options regarding where you can receive such care. Although many patients believe they are obligated to follow the suggestion of their discharge planner or risk losing coverage, this is not the case.

Medicare is accepted by many providers, giving you a broad range of options to select from without jeopardizing your coverage. As a result, you can generally choose to have post-acute care in a variety of settings, including:

- ▶ A post-acute, nursing and rehab center such as Bethesda Rehab & Senior Care
- ▶ A specialty or sub-acute care center
- ▶ An outpatient rehab facility
- ▶ Home care by a visiting therapist

Of course, individual needs, capabilities and limitations vary greatly and will largely determine the environment that is safest, most appropriate and most effective in producing the best possible rehab results. This is particularly important for older adults, or those with complex medical conditions, who require a range of integrated clinical, therapeutic and support services, with careful monitoring by experienced staff. If, or when, the time comes, discuss all available options with your hospital discharge planner as well as your personal physician before deciding.



Long-Term Care Insurance

Planning Ahead for Sudden Continuing Health Care Expenses

Many people mistakenly believe that Medicare covers long-term care expenses such as nursing home and home health services. The program only pays short-term benefits for rehab and care in a skilled nursing facility and for part-time skilled nursing visits at home. As for Medicaid, it does not generally pay for long-term care at home or assisted living. If a person needs extended care outside of a nursing home, the only solution may rest with his or her ability to pay privately. That's where long-term care insurance becomes a consideration.

Long-term care insurance is designed to pay for sudden, large, continuing healthcare expenses, whether care is provided in a nursing home, hospice, at home or elsewhere. Policies are sold through licensed insurance agents and brokers, and paid for from the policy holder's private funds. It's important to note that coverage is not limited to care for the elderly. As you would expect, premiums are considerably higher for older applicants who are at greater risk.

Understand that most government entitlements are **NOT automatic**.

Be an Educated Health Care Consumer

What You Don't Know Can Hurt You

You have to apply and meet all government requirements for coverage. Always familiarize yourself with the details of your medical coverage, and consider filling any gaps with an established supplementary plan. Consult an attorney or government counselor to help you make sense out of complex requirements or limitations in your coverage.

We're Here For You

For over 100 years, Bethesda Rehab & Senior Care has been a community leader in senior health and wellness. Our care extends beyond the walls of our building, which is why we began this senior education initiative. We are happy to answer any questions you may have.

Please call **773-622-6144**.

To order additional complimentary copies, call 773-836-3215 or visit www.BethesdaSeniorCare.org/Resources.

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