



MEDICARE

Medicare is a federal health insurance program that provides benefits for seniors 65 and over and certain disabled persons. Part A provides coverage for hospitalization and limited skilled nursing care. Part B provides coverage for doctor's visits and other outpatient medical care. Medicare also covers durable medical equipment and home health services.

Who is eligible?

- Persons 65 or older who are eligible for Social Security or Railroad Retirement Benefits based on their own or a spouse's employment can qualify for "original" Medicare or enroll in a Medicare HMO
- Persons 65 or older who don't have the work history to qualify for retirement benefits can pay premiums and purchase Medicare, or they can have their Medicare premiums paid through the Medi-Cal program, if they are low-income
- Persons who have received Social Security Disability Insurance or Railroad Retirement disability payments for 24 months
- Persons who have end-stage renal disease.

What are the income and resource limits?

- There are no limits for Medicare.

What does it cost?

PART A (Inpatient Care)

1. No monthly premium if has 40 or more quarters of covered employment and applies during initial enrollment period, (i.e., 7 months beginning 3 months before age 65). Late enrollment fee charged otherwise.
2. For individuals with less than 30 quarters work history, premium charged is \$423.00 per month. For individuals with 30-39 quarters of work history, the premium is \$244.00 per month.
3. Annual benefit period deductible - \$1,068 (Benefit period begins on first day inpatient services is received and ends after being out of hospital or skilled nursing facility for 60 consecutive days. There is no limit to number of benefit periods).
4. Coinsurance - \$0 first 60 days, \$267 per day for 61st – 90th day each benefit period, and \$534 per day for 91st – 150th day for each lifetime reserve day (total of 60 lifetime reserve days-non-renewable).
5. Skilled nursing facility coinsurance - \$133.50 per day for 21st – 100th day each benefit period.

PART B (Outpatient Coverage)

1. \$96.40 monthly premium unless late enrollee. For late enrollee, premium goes up 10% for each 12 months the individual did not enroll. Singles with income over \$80,000 and couples with income over \$160,000 may pay more, to a maximum of \$238.40.

2. Deductible - \$135 per year.
3. Coinsurance - 20% of Medicare approved charge.
4. Qualified Medicare Beneficiary and Special Low-Income Medicare Beneficiary Programs available for some low-income Medicare recipients to pay for premiums, deductibles, and coinsurance.

Does immigration status matter?

- If someone qualifies for Medicare because of their Social Security retirement or disability payments, their immigration status does not matter.
- Otherwise, a person must be a legal resident in the U.S. (for five years in order to “buy-in”) or a U.S. citizen to qualify for Medicare.

What papers are needed to apply?

- Social Security card and immigration document/birth certificate.

How does someone apply?

- Call 800-772-1213 or visit the nearest Social Security office or check the SSA website at www.ssa.gov. For railroad retirement benefits, see also www.rrb.gov. The Social Security TTY-TDD number for hearing/speech impaired is 1-800-325-0778.

How/where can someone get services?

- This depends on whether someone chooses a provider through "Original" Medicare or enrolls in a Medicare health plan. If a person has “original” Medicare, he/she should obtain services from a Medicare contracting provider. If someone is enrolled in a Medicare HMO, he/she must receive all his/her medical care from the HMO unless it is a medical emergency.

What services are offered?

- Medicare Part A covers hospital stays, certain skilled nursing facility care after a three-day hospital stay, home health care services and supplies, including durable medical equipment, and hospice care.
- Medicare Part B covers certain preventive services, doctor's services (except for routine physicals), outpatient medical and surgical services, supplies and tests, and durable medical equipment (like wheelchairs, hospital beds, oxygen and walkers). Also covers outpatient physical and occupational therapy, mental health services, clinical lab services, some home health care, and outpatient hospital services.
- "Original" Medicare Part A and B does not cover prescription drugs, routine physicals, dental care or eye examinations. Medicare Advantage/managed care plans may provide these services.
- Medi-Care Part D covers part of the cost of prescription drugs for Medi-Care beneficiaries. Participants may sign up for a Prescription Drug Plan (PDP). Premiums and co-pays vary depending on the plan. Medi-Care/Medi-Cal beneficiaries no longer receive their drugs through Medi-Cal and are auto-assigned a PDP.

What should be done if someone has a problem getting services?

- People can call the Center for Health Care Rights at 1-800-824-0780
- People can also call the Health Consumer Center of Los Angeles at 800-896-3203 for help that includes free legal assistance.