



CALIFORNIA HEALTH ADVOCATES

Original Medicare: An Overview

Medicare is a Federal health insurance program. It covers most people 65 years old and over, some people younger than 65 with disabilities, people diagnosed with amyotrophic lateral sclerosis (ALS), and those with end-stage renal disease (ESRD).

Medicare has 4 parts: A, B, C and D. This fact sheet discusses 2 parts, A and B, also referred to as Original Medicare. Part A covers Hospital Insurance, and Part B covers Medical Insurance. For more information on Medicare Part C (Medicare Advantage Plans) and Part D (the prescription drug benefit), please see our fact sheets Medicare Advantage Overview and Part D Overview at cahealthadvocates.org.

Part A: Hospital Insurance

Part A covers most in-patient hospital care, some in-patient skilled nursing facility care, some home health care, and hospice care.

There is no monthly Part A premium for people who have 40 or more quarters of Social Security credits (about 10 years of full-time work with 4 quarters per year) and who are eligible for Social Security or Railroad Retirement benefits. People with 30-39 Social Security quarters may buy Part A and pay a monthly premium of \$244. People with fewer than 30 Social Security quarters may purchase Part A and pay a monthly premium of \$443 in 2009.

Part B: Medical Insurance

Part B covers a portion of the Medicare approved costs for out-patient medical services such as

doctors' services, out-patient hospital care, laboratory tests, out-patient physical and speech therapy, some home health care, ambulance services, and some medical equipment and supplies.

Part B coverage is optional. If you or your spouse is still working and you are covered by your employer group health plan, you may not need this part of Medicare until you or your spouse retires. (See our fact sheet: "Coverage While You or Your Spouse Works").

For people who enroll in Part B and receive Social Security, the standard Part B monthly premium (\$96.40 in 2009 for most beneficiaries) is automatically deducted from their Social Security check every month. For people who do not receive Social Security, they will be billed quarterly for the Part B premium.

Medicare does not offer comprehensive coverage. Even though it pays for some preventive services and covers most medically necessary services, beneficiaries still have substantial premiums, deductibles and co-insurance, plus the cost of items/services that Medicare does not cover.

Some examples of items that Medicare will not pay for are: hearing aids, eyeglasses, dental care and long-term care at home or in a nursing home, when the care you need is primarily personal care services/custodial care.

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SUMMARY OF MEDICARE BENEFITS & COST-SHARING FOR 2009

Service Provided	Medicare Pays	You Pay
Part A: Hospital Insurance		
Hospital Inpatient		
Days 1-60	Everything after deductible	\$1,068 deductible
Days 61-90	Everything after co-payment	\$267 per day co-payment
60 Reserve Days	Everything after co-payment	\$534 per day co-payment
Beyond 150 Days	Nothing	All costs for each day beyond 150 Days
Psychiatric Hospital	Same as hospital inpatient but 190 day lifetime limit	All costs after 190 days
Skilled Nursing Facility (SNF) (if daily skilled care is needed after a 3 day hospital stay)		
Days 1-20	All	Nothing
Days 21-100	All after co-payment	\$133.50 per day co-payment
After 100 Days	Nothing	All
Home Health Care	All except 20% of covered medical equipment	20% of Medicare-approved amount for medical equipment
Hospice (care of terminal illness)	All except \$5 per prescription and 95% of Medicare approved amount for respite care per day	Co-payment of \$5 per prescription and for respite care, 5% of Medicare payment for a respite care day, not to exceed \$1,068.
Blood (received during hospital or SNF stay)	After 3 pints of blood	The first 3 pints of blood each year

1 - Each of the 60 reserve days may be used only once in an individual's lifetime.

Service Provided	Medicare Pays	You Pay
Part B: Medical Insurance		
Monthly Premium This is the amount of the monthly Part B premium for individuals who have an annual income ≤\$85,000, or ≤\$170,000 for couples.		\$96.40
For individuals with incomes >\$85,000 and ≤ \$107,000, or couples with incomes >\$170,000 and ≤\$214,000		\$134.90
For individuals with incomes >\$107,000 and ≤\$160,000 or couples with incomes >\$214,000 and ≤\$320,000		\$192.70
For individuals with incomes >\$160,000 and ≤\$213,000, or couples with incomes >\$320,000 and ≤\$426,000		\$250.50
For individuals with incomes >\$213,000 and couples with incomes >\$426,000		\$308.30
Annual Deductible		\$135/year
Physician Costs	80% of approved amount	20% of approved amount ²
Outpatient Hospital Care	80% of approved amount	A maximum of \$1,068
Clinical Lab Services	Approved amount	Nothing
Medical Equipment/Supplies	80% of approved amount	All other costs
Some Preventive Services (depending on the service, some are covered according to a time schedule, i.e. once a year)	80% or 100%	20% of approved amount or nothing, depending on the service
Mental Health Services		
• Partial Hospitalization	Same as inpatient hospital	See above under Part A
• Outpatient	50% of approved amount	50% of approved amount

2 - Plus up to an additional 15% of the Medicare approved amount if the doctor or supplier does not accept assignment.

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The Health Insurance Counseling and Advocacy Program (HICAP) provides free, objective information and counseling on Medicare and other related topics. You can call **1-800-434-0222** with your questions or to make an appointment at the HICAP office nearest you. To find the HICAP office in your area, visit cahealthadvocates.org.