



Medicare Facts 2010

Original Medicare: Getting the care you need

Medicare Part A helps pay for inpatient care in hospitals and in skilled nursing facilities. It also helps cover hospice care and some home health care. You must meet certain conditions to get these benefits. Medicare does not pay all of these costs. You or your separate insurance must pay some of these costs, too.

Medicare Part A

Most people do not have to pay a monthly fee or premium for Part A. That is because they or their spouse paid Medicare taxes while they were working. Medicare Part A helps pay for the cost of the following:

- Hospital stays
- Short-term skilled nursing home stays, following hospital stays
- Home health care, following a hospital stay
- Hospice care

Service	Medicare Part A helps pay for
Hospital Care	Semi-private room, meals, nursing care, and other hospital services and supplies.
Nursing Home Care (Skilled Nursing Facility)	Semi-private room, meals, skilled nursing and rehabilitative care, and other services and supplies. Part A pays for this care only after you have been in a hospital for three or more days. Your care in the facility must begin within 30 days after you leave a hospital.
Home Health Care	Part-time skilled nursing care; physical, occupational and speech therapy; some home health aides; medical social services; medical equipment (wheelchairs, hospital beds, walkers, and oxygen); and other supplies and services.

Medicare Part A does not pay all of the costs of hospital, skilled nursing homes and hospice care. The following describes what your share of the costs will be.

Care in a hospital

Medicare Part A helps pay for hospital stays. Here's how it works:

- Once you pay your Part A deductible (\$1,100 in 2010), Medicare pays the rest of your hospital bill for a stay of up to 60 days in a benefit period. A benefit period begins the day you go to the hospital and ends when you have been out of the hospital for 60 days in a row.
- If you go into the hospital again before you've been out 60 days, you continue in the "old" benefit period. If you go into the hospital again after you have been out at least 60 days, you begin a new benefit period. You pay a deductible for each new benefit period.
- If you stay in the hospital more than 60 days, you will pay a bigger part of the bill.

How much you and Medicare pay for hospital care

Number of days	You pay	Medicare pays
Days 1-60	\$1,100 deductible (per benefit period), then nothing	The rest
Days 61-90	\$275 per day	The rest
Days 91-150*	\$550 per day	The rest
All additional days	Everything	Nothing

*Days 91-150 (60 days) are called "lifetime-reserve days." They can be used after you have been in the hospital 90 days. You don't need to use these lifetime-reserve days all at once. There are 190 lifetime-reserve days for stays in a psychiatric hospital.

In the hospital, Medicare Part A helps pay for:

- Semi-private room and meals
- Resident and intern services
- Nursing services
- Medical social services
- Drugs, shots and blood for use in the hospital
- Equipment, such as wheelchairs, and medical supplies
- Physical therapy
- Planning for follow-up care

In the hospital, Medicare Part A does not pay for:

- Private-duty nursing (situations in which you hire your own private nurse)
- Private rooms (unless the doctor says you need a private room for your health)
- Television or telephone



Care in a nursing home

Medicare Part A helps pay for some of your stay in a nursing home. A skilled nursing facility is a place where you get skilled nursing or rehabilitative care from licensed health professionals. Help from family members or care you give yourself is not considered skilled nursing care. You must meet these conditions for Medicare to help pay for your care in a nursing home:

- You need to have been in the hospital for three or more days before you go to a skilled nursing home. Your care must begin within 30 days after you leave the hospital.
- Your doctor must order daily skilled nursing or rehabilitation services that you can get only in a skilled nursing home. "Daily" means seven days a week for skilled nursing services and five days a week or more for skilled rehabilitation services.
- You get these skilled services in a nursing home that has been approved by Medicare.

If you meet these conditions, Medicare pays for up to 100 days in a benefit period. A benefit period begins the day you go into the hospital or skilled nursing home. The benefit period ends when you have been out of the hospital or skilled nursing home for at least 60 days in a row. You pay a Part A deductible (\$1,100 in 2010) for each new benefit period.

Medicare Part A does not pay all of the costs of hospital, skilled nursing homes and hospice care. The following describes what your share of the costs will be.

How much you and Medicare pay for skilled nursing home care (in 2010)		
Number of days	You pay	Medicare pays
Days 1-20	Nothing	Everything
Days 21-100	\$137.50 per day	The rest
Over 100 days	Everything	Nothing

If you need care in a skilled nursing home at a later time, you must again meet the same conditions for Medicare to help pay for your care. In a skilled nursing home, Medicare helps pay for:

- A semi-private room
- Meals
- Skilled nursing and rehabilitative services
- Medical social services
- Prescription drugs, medical supplies and equipment
- Possible ambulance service
- Dietary counseling
- Other services, such as lab tests and x-rays

Original Medicare: 2010 Medicare Rates

Each year Medicare sets how much you pay for its premiums, deductibles and copayments. Here are the rates for 2010:

Part A Premiums

Most people do not pay for Part A, because they have paid Medicare taxes for 40 or more quarters while working. Those with 30 to 39 quarters of covered employment can buy Part A coverage. It costs \$254 a month. Those who have less than 30 quarters of covered employment will pay \$461, if they are not otherwise eligible for premium-free hospital insurance.

Part B Premiums

Most people on Medicare will pay \$96.40 a month for Part B in 2010 (no increase from the 2009 rate).

Tax return income (individual)	Joint tax return income (married couples)	2009 monthly Part B premium
Up to \$85,000	Up to \$170,000	\$96.40/\$110.50*
\$85,001 to \$107,000	\$170,001 to \$214,000	\$154.70
\$107,001 to \$160,000	\$214,001 to \$320,000	\$221.00
\$160,001 to \$213,000	\$320,001 to \$426,000	\$287.30
Over \$213,000	Over \$426,000	\$353.60

*Beneficiaries who do not currently have the Part B Premium withheld from their Social Security benefit will pay \$110.50

Deductibles and copayments

Part A Deductible

The 2010 Part A deductible is \$1,100 per illness.

Part B Deductible

The 2010 Part B deductible is \$155 per year.

Part A Copayments

The Part A deductible covers the first 60 days of a Medicare-covered hospital stay. Then you pay \$275 a day for days 61 through 90. After the 90th day, your co-pay for lifetime-reserve days is \$550 a day.

For more information, call Medicare at 1-800-633-4227 or visit www.medicare.gov.

Source: www.Medicare.gov

Free health insurance counseling service

The Senior Health Insurance Program (SHIP) is a FREE statewide health insurance counseling service in Illinois for Medicare beneficiaries and their caregivers.

SHIP is sponsored by the Illinois Division of Insurance, and offers counselors who are trained volunteers to assist Illinois residents with their Medicare questions. The counselors meet with clients to provide objective information on health insurance, advocacy assistance or referral, if appropriate. You may reach SHIP at 1-800-548-9034.

