

At a Glance: 2011 Medical Coverage for Seniors and Persons with Disabilities

Co-Pay Medicare

1. **Hospice care:** under Medicare A charges \$5.00 for prescriptions and 5% of Medicare approved rate for in patient respite care amount
2. **Medicare B:** Medicare sets a payment rate for medical procedures. Reimbursement after the deductible is 80% of the Medicare payment rate. Original Medicare enrollees pay 20% of the Medicare Payment rate as co-pay if the provider accepts Medicare payment. Example: the Office Visit is billed as \$125. The provider accepts Medicare. The Medicare rate for the OV is set at \$60. Medicare pays the doctor \$48 and you owe 20% of the \$60 or \$12. As of January 2011 there are many preventative services available with no copayment.
3. **Medicare Advantage/Part C:** This is available through private insurance companies. The amount of co-pay is set by each plan. There are usually different co-pay amounts for primary care, specialists and Rx. Different plans offered by the company vary in price and coverage offered. So when selecting a plan make sure you explore the full cost to you.

Part A Deductible:

1. Hospital 0-60days : \$1132
2. Hospital 61-90 days: \$283/day
3. Hospital 90+ days: \$566/day
4. Skilled Nursing: 21-100 days: \$141.50/day

* Basic Benefits Medicare Advantage coverage

1. Part A Hospital Coinsurance
 - a. Days 61-90 in each Medicare benefit period
 - b. Days 91-150 Medicare will only pay for these 60 days once during your lifetime
 - c. Additional Part A Hospital Benefits : An extra 365 days of inpatient hospital care after you use your Original Medicare hospital benefits
2. Part B Coinsurance: Pays for the Part B coinsurance after you meet your annual deductible
3. Part A and B Blood Coverage : Pays for the first three pints of blood per calendar year
4. Part A Hospice Coinsurance
5. Pays for outpatient prescriptions drug and inpatient respite care coinsurance

Part D costs:

1. **Initial Deductible:** \$310
2. **Initial Coverage Limit:** \$2,840
3. **Out-of-Pocket Threshold:** \$4,550
4. **Coverage Gap (donut hole):** begins once you reach your Medicare Part D plan's initial coverage limit (\$2,840) and ends when you spend a total of \$4,550.
Starting in 2011, Part D enrollees receive a 50% discount on the total cost of their **brand-name** drugs while in the donut hole. The full retail cost of the drugs still applies to getting out of the donut hole. Enrollees will pay a maximum of 93% co-pay on **generic** drugs while in the coverage gap.
5. **Minimum Cost-sharing in the Catastrophic Coverage Portion of the Benefit:** the greater of 5% or \$2.50 for generic or preferred drug that is a multi-source drug and the greater of 5% or \$6.30 for all other drugs
6. **Maximum Co-payments below the Out-of-Pocket Threshold for certain Low Income Full Subsidy Eligible Enrollees:** will remain \$2.50 for generic or preferred drug that is a multi-source drug and \$6.30 for all other drugs
7. There are certain drugs that Medicare drug plans aren't required to cover, such as benzodiazepines, barbiturates, or drugs for weight loss or gain.

Co Pay Illinois Cares Rx:

1. On Medicare: \$5.00 Generic (Tier 1), \$15.00 preferred/brand name(Tier 2); \$20.00 non-preferred (Tier 3); \$15.00 specialty, during Donut Hole 25% plus co-pay (\$5, \$15, \$20). Medicare D premium is paid up to average rate if enrolled in a Medicare D plan that coordinates with Illinois Cares Rx.
2. Without Medicare: \$5.00 Generic, \$15.00 Brand name, After Illinois Cares Rx pays \$1750 25% plus co-pay (\$5, \$15)
3. Pays Part D premium cost up to average rate and covers Part D deductible cost

MSP: If enrolled in Medicaid, Medicaid Spenddown and HBWD and also meets MSP criteria a person also is automatically enrolled in the correct MSP plan. This is called being DUAL ELIGIBLE.

If you have a Medicare Advantage plan you are not able to enroll in a MSP