

Medicare Part C Medicare Advantage

Medicare Advantage (MA) offers health plan options which are part of the Medicare program and provide you with all your Medicare Part A and Part B benefits.

Medicare Advantage (MA) plans include options such as HMOs, PPOs or Private Fee-for-Service Plans. Medicare services are covered through the plan and are not paid for under original Medicare.

Medicare Part D Prescription Drugs

Medicare Part D is administered by private insurance plans. You can join a Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug Plan (MAPD) for both medical services and prescription drugs. Both brand name and generic drugs are covered. If you have Medicare, you are eligible for Part D.

You may enroll during the three months before you turn 65 until three months after you turn 65. After that, the enrollment period is between November 15th and December 31st. A government imposed penalty may apply if you do not enroll when initially eligible.

The Prescription Drug Plan (PDP) premium will vary plan-to-plan.

Medicaid

Medicaid is a joint Federal and State program that helps with medical costs for some people with low incomes and limited resources.

Medicaid programs vary from state to state. Most health care costs are covered if you qualify for both Medicare and full Medicaid.

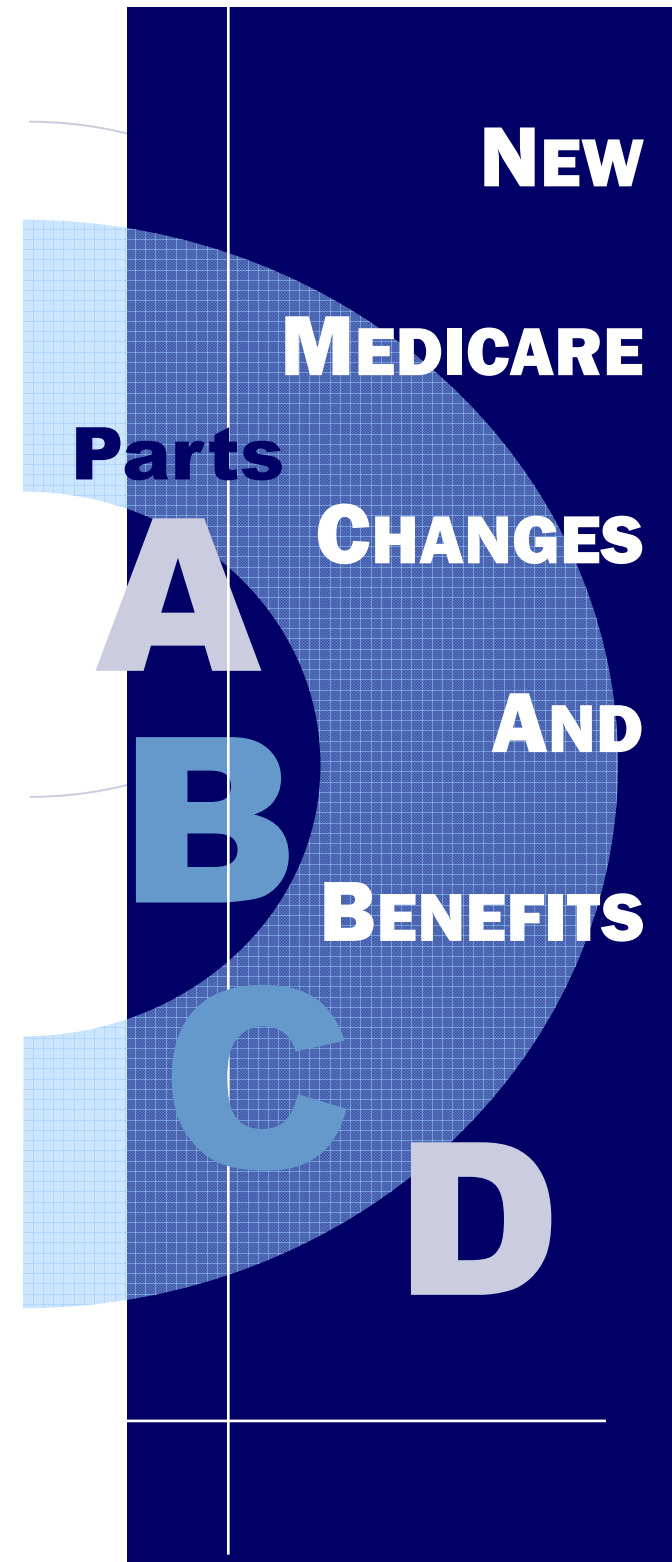
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NEW MEDICARE CHANGES AND BENEFITS

A Medicare changes have been enacted into law. The new benefit regulations are often complicated and not easy to understand.

B Medicare is made up of these primary parts:

- ◆ Part A which covers hospital care
- ◆ Part B which covers doctor visits, surgery and outpatient care
- ◆ Part C which is an option to replace Part A and Part B
- ◆ D prescription drug coverage

C Supplemental policies pay for medical bills the other parts don't cover.

D Generally, you are enrolled automatically in Part A if you are collecting Social Security. A month before turning 65, you should receive a copy of the Medicare handbook, "Medicare & You" in the mail.

Medicare Part B, which is optional, may be a concern because of its cost.

A Medicare Supplement policy might be considered if you have Part B, because such policies are designed to pay what Medicare Part A and B doesn't cover.

A person eligible for Medicare has some choices. There is the basic government-run program, which is a fee-for-service approach with co-payments, government set deductibles and payments to doctors and hospitals.

For expenses Medicare doesn't cover, there are private Medigap insurance policies known as Medicare Supplements.

There is also government subsidized private insurance, known as Medicare Advantage Part C, which combines benefits of basic Medicare and may offer some extra benefits such as dental, vision, and hearing coverage. These are available in two versions: (1) managed-care plans with limits on the choice of providers and (2) private fee-for-service plans, an option that has few restrictions.

Reference: www.Medicare.gov (2010)

Medicare Part A Hospitals

Medicare Part A covers most hospital charges for the first 60 days for in-patient care after a deductible. The next 30 days are also covered each year by Medicare Part A after a daily co-insurance payment. Then you have 60 non-renewable lifetime reserve days.

Medical care you receive in a skilled nursing facility is also covered for a limited period of time. Custodial care, like help with eating or dressing is not covered.

Medicare Part B Doctors

Medicare Part B covers up to 80% of your doctor bills at the Medicare approved rate, as well as most part-time skilled home care.

Medicare approved amounts may be considerably less than actual billed amounts.

There is not an out-of-pocket maximum on Part A or Part B of original Medicare.