

Part A Costs 2010

Part A Cost Sharing	
Benefit	Medicare patient pays
<i>Inpatient hospital</i> Days 1-60 Days 61-90 Days 90-150 After 150 days	\$1,100 deductible* No co-insurance \$275 a day \$550 a day No benefits – you pay full cost
<i>Skilled nursing facility (SNF)</i> Days 1-20 Days 21-100 After 100 days	No co-insurance \$137.50 a day No benefits – you pay full cost
<i>Home Health</i>	No deductible or co-insurance
<i>Hospice</i>	Copayment of up to \$5 for outpatient drugs; 5 percent co-insurance for inpatient respite care

*The deductible is required for each “benefit period.” This starts when a person is admitted to a hospital and ends once the person is out of the hospital or SNF for 60 consecutive days.

Part A Premium

- ◆ \$461 monthly for people who have less than 30 quarters of Medicare-covered employment
- ◆ \$254 monthly for people with 30 to 39 quarters of Medicare-covered employment

Late Enrollment Penalty: 10 percent, if enrollment is delayed a full 12 months after the Initial Enrollment Period. This is payable for a period twice the duration of years delayed. For example, if enrollment is delayed for two years, a 10 percent penalty is paid for four years. This applies only to people who have to pay a premium.

Limited Income: The state may help people with limited income and resources pay for Part A. For more information, contact the local office of Seniors and People with Disabilities for an application. See Section 7 on Medicaid for further details.

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Part B Costs 2010

Part B (Medical Insurance) Monthly Premium		
If your yearly income is		You pay
File individual tax return	File joint tax return	
\$85,000 or below	\$170,000 or below	\$96.40-\$110.50*
\$85,001-\$107,000	\$170,001-\$214,000	\$154.70
\$107,001-\$160,000	\$214,001-\$320,000	\$221.00
\$160,001-\$214,000	\$320,001-\$428,000	\$287.30
Above \$214,000	Above \$428,000	\$353.60

*People who had Part B premiums deducted from their Social Security checks in 2009 will likely pay the lower amount. Beneficiaries new to Medicare after Jan. 1, 2010, will pay \$110.50.

Part B Cost Sharing	
Benefit	Medicare patient pays
Deductible	\$155 yearly
Medical Services	20% of the Medicare-approved amount for most doctor services, most preventive services, and durable medical equipment.

Outpatient physical therapy and speech pathology limits

Medicare limits how much it pays for outpatient therapy services per year. This is called an annual financial limitation or cap. The Medicare benefit for outpatient physical therapy and speech-language pathology services (combined) is limited to \$1,860 per year in 2010. There is a separate yearly benefit limit of \$1,860 for outpatient occupational therapy.

Please note: The Affordable Care Act has created exceptions to these caps until Dec. 31, 2010.

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Medigap Benefits 2010

2010 Medicare Supplement Benefit	A	B	C	D	F ¹	G	K	L	M	N
Part A hospital benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B co-insurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ ²
Blood	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Hospice benefit	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing			✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible			✓		✓					
Part B excess charges					✓	✓				
Foreign travel emergency			✓	✓	✓	✓			✓	✓
2010 out-of-pocket limit							\$4,620*	\$2,310*		

*Once the out-of-pocket limit is reached, the plan pays 100 percent.

¹ Plan F has a high deductible \$2,000 option.

² Plan N's Part B co-insurance is less \$20 per physician visit and \$50 per emergency room visit, unless the patient is admitted.

Medigap Basic Benefits:

- ◆ Hospital co-insurance for days 61 to 90 (\$275 per day) and days 91 to 150 (\$550* per day)
- ◆ Payment in full for 365 additional hospital days
- ◆ 20 percent co-insurance for physician and other Medicare Part B services
- ◆ Hospice Benefit covers all Part A eligible hospice and respite care expenses

Medicare Deductibles

- ◆ Part A \$1,100* per benefit period
- ◆ Part B \$155* per year

Skilled Nursing Facility Co-insurance

- ◆ \$137.50* a day for days 21 to 100

Medicare Part B Excess Charges

- ◆ Up to 15 percent above the Medicare approved charge

Foreign Travel Emergency

- ◆ Pays 80 percent of the cost of emergency care during the first two months of each trip after a \$250 deductible
- ◆ Lifetime maximum of \$50,000

Part D Costs 2010

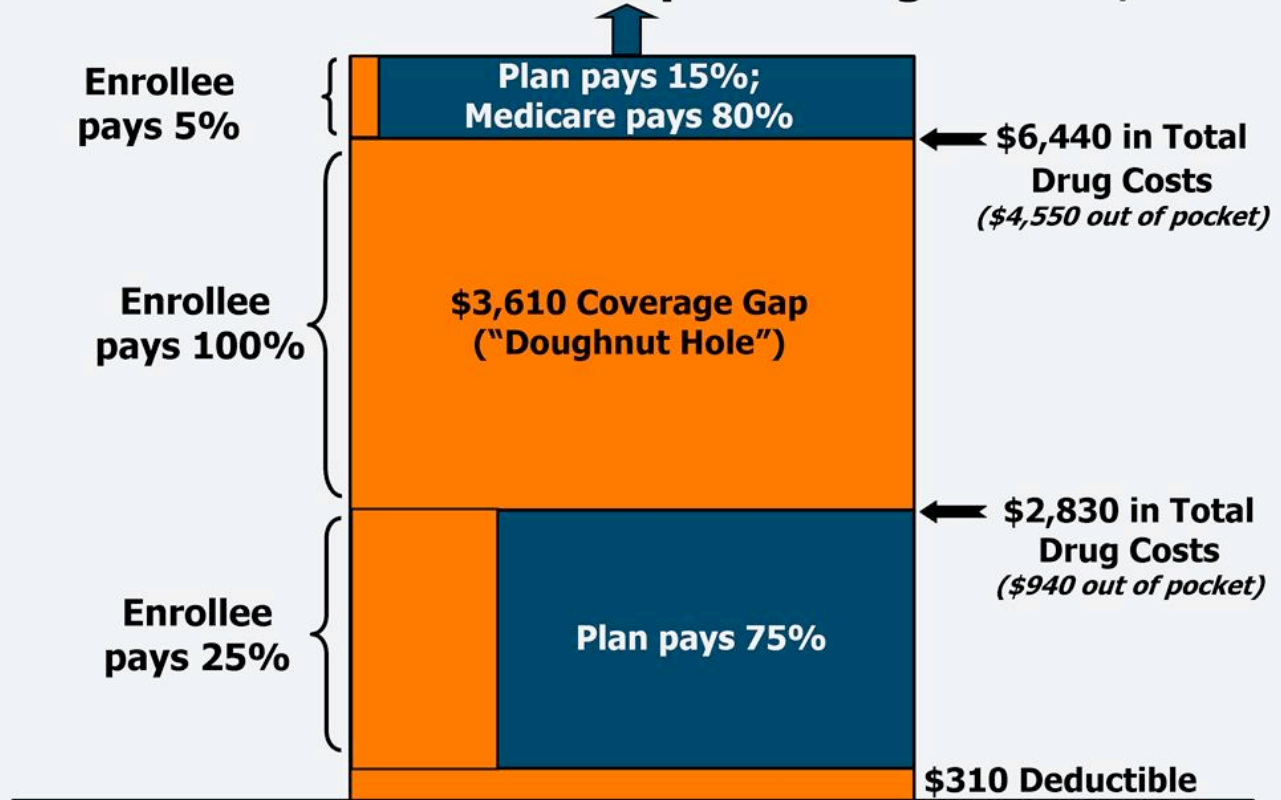
Part D Standard Benefit	
Premium Range	\$9 - \$109
National Average / 1% Penalty Calculation	\$31.94 per month / \$0.32 per month
Deductible	\$310
Initial Coverage Period Copayment	25%, up to \$2,830 in total drug costs
Coverage Gap (Donut Hole)	\$2,831 to \$6,440 in total drug costs
Total Out-Of-Pocket Limit Before Catastrophic Coverage	\$310 deductible + \$630 initial period copayment + \$3610 paid in the gap = \$4,550 Total
Catastrophic Coverage	Above \$4,551 out-of-pocket
Catastrophic Copayment	\$2.50 generics, \$6.30 brand-name or 5% copay

* The home the beneficiary lives in and their car do not count as assets. In 2010, life insurance policies will not count as a resource.

* QMB is a state program that helps pay for Medicare Part B premiums. Resources are evaluated differently. Please contact your Aging Services/SPD local branch with questions and to apply.

* As of April 2010, the new FPL have not been released. These numbers may change.

Standard Medicare Prescription Drug Benefit, 2010



SOURCE: Kaiser Family Foundation illustration of standard Medicare drug benefit for 2010 (standard benefit parameter update from Centers for Medicare & Medicaid Services April 2009).

Appeal Information 2010

Appeal Monetary Amounts in Dispute	
Level	Amount
One	None
Two	None
Three	\$130
Four	None
Five	\$1,260

Level Two Appeal Quality Improvement Contractors for Oregon

Part A & B: First Coast Service Operations, Inc.

DME: RiverTrust Solutions, Inc.

Part A Quality Improvement Organization (QIO) contact information

Acumentra Health

2020 SW Fourth Avenue, Suite 520

Portland, OR 97201

Beneficiary hotline:

1-800-633-4227 (1-800-MEDICARE)

1-800-344-4354 (Toll Free)

503-279-0100 (Local)

503-279-0190 (Fax)

Online Information:

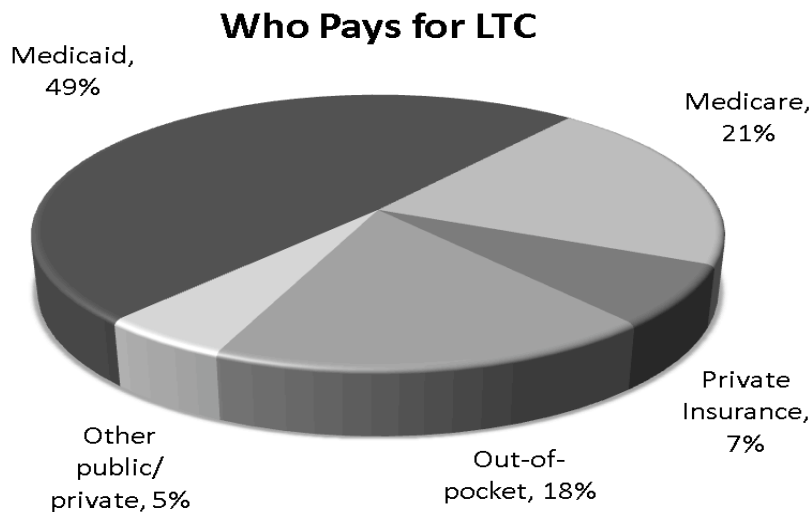
Acumentra.org

Communications@acumentra.org

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Long-Term Care Costs 2010

Long Term Care Costs			
	Portland	Rest of State	National Average
Median Daily Nursing Home Rate: Private	\$234	\$212	\$203
Median Daily Nursing Home Rate: Semi-Private	\$208	\$196	\$183
Median Monthly Cost in Assisted Living Facility	\$3,000	\$2,900	\$2,825
Home Health Aide Median Hourly Rate (Licensed)	\$20	\$22	\$19
Home Health Aide Median Hourly Rate (Medicare Certified)	\$70	\$99	\$46
Homemaker Services Median Hourly Rate	\$20	\$21	\$17
Adult Day Services Daily Rate	\$78	\$71	\$54
Sources: 2008 Cost of Care Survey, Genworth Financial, March 2008 and www.longtermcare.gov			



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