

Part A Costs 2011

Part A Cost Sharing	
Benefit	Medicare patient pays
<i>Inpatient hospital</i> Days 1-60 Days 61-90 Days 90-150 After 150 days	\$1,132 Deductible* No coinsurance \$283 a day \$566 a day No benefits – you pay full cost
<i>Skilled nursing facility (SNF)</i> Days 1-20 Days 21-100 After 100 days	No coinsurance \$141.50 a day No benefits – you pay full cost
<i>Home Health</i>	No deductible or coinsurance
<i>Hospice</i>	Copayment of up to \$5 for outpatient drugs; 5 percent coinsurance 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

- ◆ \$450 monthly for people who have less than 30 quarters of Medicare-covered employment
- ◆ \$248 monthly for people with 30-39 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 2011

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, or \$115.40*
\$85,001-\$107,000	\$170,001-\$214,000	\$161.50
\$107,001-\$160,000	\$214,001-\$320,000	\$230.70
\$160,001-\$214,000	\$320,001-\$428,000	\$299.90
Above \$214,000	Above \$428,000	\$369.10

*People who had Part B premiums deducted from their Social Security checks in 2009 will likely pay the lower amount. People who had premiums deducted in 2010 will likely pay \$110.50. Beneficiaries new to Medicare after Jan. 1, 2011 will pay \$115.40.

Part B Cost Sharing	
Benefit	Medicare patient pays
Deductible	\$162 yearly
Medical Services	20% of the Medicare-approved amount for most doctor services, many outpatient 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 \$1,870 per year in 2011. There is a separate yearly benefit limit of \$1,870 for outpatient occupational therapy.

Please note: The *Patient Protection and Affordable Care Act* has created exceptions to these caps until Dec. 31, 2011.

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Medigap Benefits 2011

2010 Medicare Supplement Benefit	A	B	C	D	F ¹	G	K	L	M	N
Part A hospital benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance	✓	✓	✓	✓	✓	✓	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			✓	✓	✓	✓			✓	✓
2011 out-of-pocket limit							\$4,620*	\$2,320*		

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

¹ Plan F has a high deductible \$2,000 option. The beneficiary pays all Medicare deductibles and coinsurance up to the \$2,000.

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

Medigap basic benefits:

- ◆ Hospital coinsurance for days 61-90 (\$283 per day) and days 91-150 (\$566 per day)
- ◆ Payment in full for 365 additional hospital days
- ◆ 20 percent coinsurance for physician and other Medicare Part B services
- ◆ Hospice Benefit covers all Part A eligible hospice and respite care expenses

Medicare deductibles

- ◆ Part A \$1,132 per benefit period
- ◆ Part B \$162 per year

Skilled Nursing Facility coinsurance

- ◆ \$141.50 a day for days 21-100

Medicare Part B excess charges

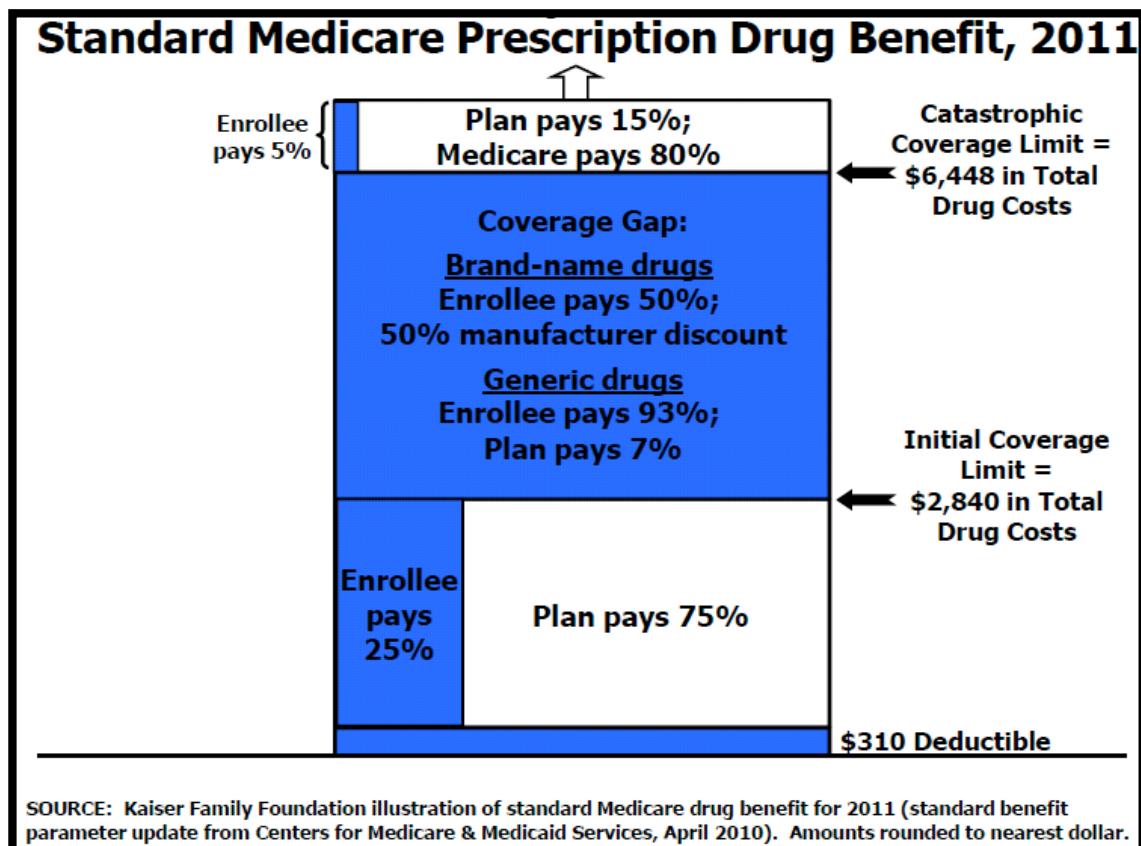
- ◆ Up to 15 percent above the Medicare approved charge

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 2011

Part D Standard Benefit	
Premium range	\$15 - \$119
National average / 1% penalty calculation	\$32.34 per month / \$0.32 per month
Deductible	\$310
Initial coverage period copayment	25%, up to \$2,840 in total drug costs
Coverage gap (donut hole)	\$2,841 to \$6,447.50 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



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Appeal Information 2011

Appeal Monetary Amounts in Dispute	
Level	Amount
One	None
Two	None
Three	\$130
Four	None
Five	\$1,300

Level Two Appeal Quality Improvement Contractors for Oregon

Part A (West): MAXIMUS Federal Services, Inc.
QIC Part A West Project
P.O. Box 62410
King of Prussia, PA 19406
Phone: 484-688-8900
<http://www.medicarepartaappeals.com/>

Part B (North): First Coast Service Options, Inc.
Phone: 1-800-MEDICARE (1-800-633-4227)
<http://www.fcso.com/index.asp>

DME: RiverTrust Solutions, Inc.
1 Cameron Hill Circle Ste 0011
Chattanooga, TN 37402-0011
423-535-4386
<http://www.rivertrustsolutions.com/>

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)

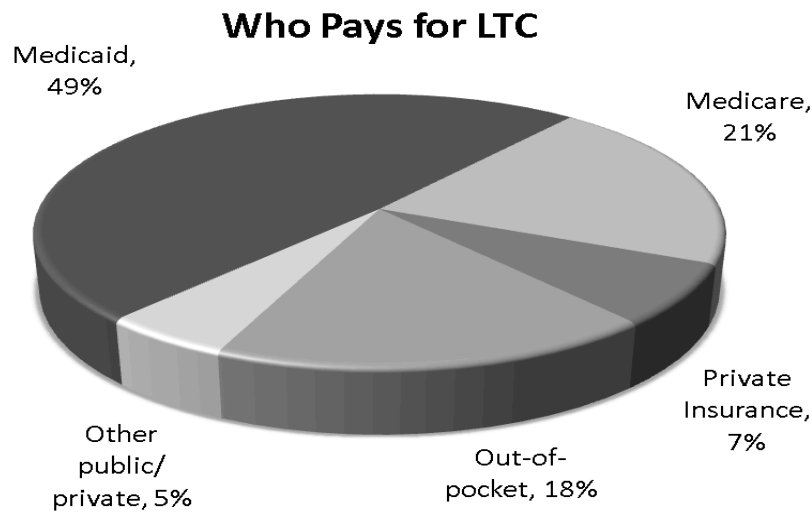
Online Information:

<http://www.acumentra.org/>

Communications@acumentra.org

Long-Term Care Costs 2011

Long Term Care Costs			
	Portland/ Eugene	Rest of State	National Average
Median daily nursing home rate: private	\$230/ \$221	\$225	\$219
Median daily nursing home rate: semi-private	\$216/ \$214	\$205	\$198
Median monthly cost in assisted living facility	\$3,226/ \$2,796	\$2,672	\$3,131
Home health aide median hourly rate	\$21/ \$17	\$28	\$21
Homemaker services median hourly rate	\$19/ \$16	\$20	\$19
Adult day services daily rate	\$72/ \$117	\$86	\$67
Sources: 2009 MetLife Market Survey of Long-Term Care Costs www.longtermcare.gov			



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