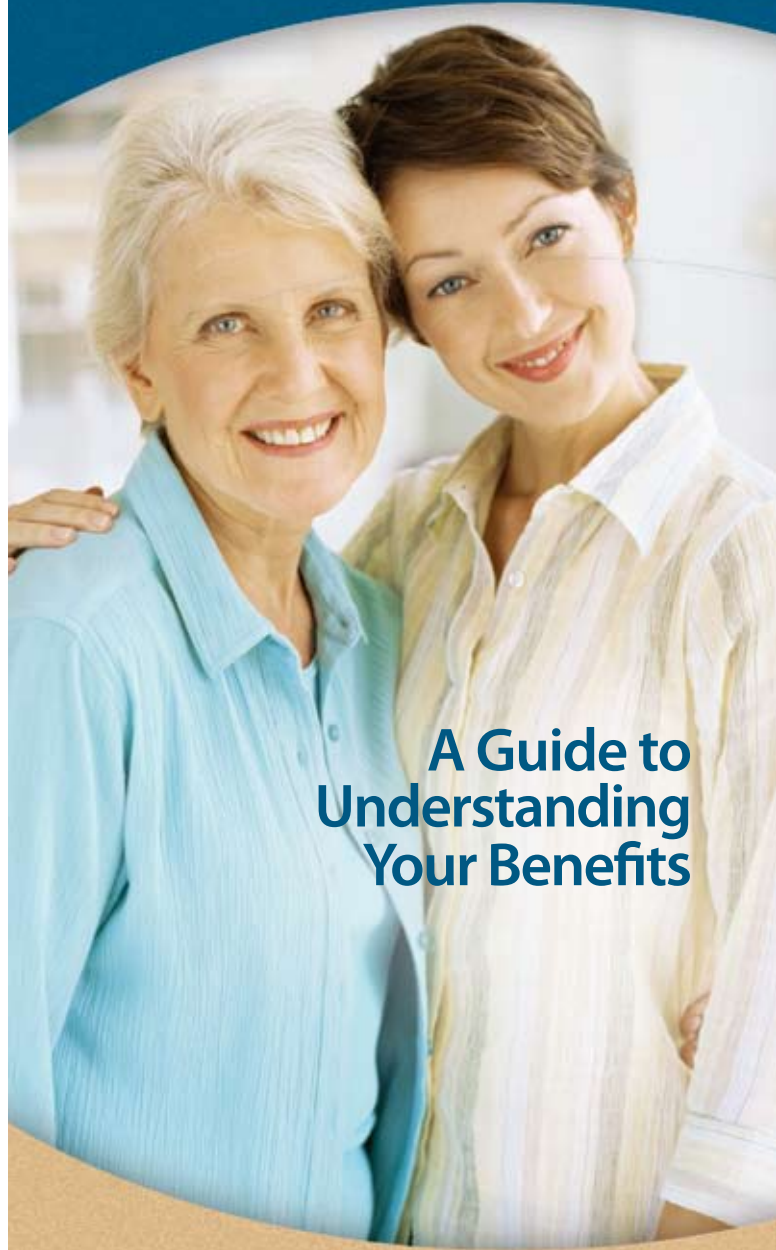


An Overview of Medicare



A Guide to Understanding Your Benefits

CareOne


A Senior Care Company

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What is Medicare?

Medicare is the federal government's health insurance program for people age 65 or older, and for many people living with disabilities.

There are two types of Medicare: Medicare A and Medicare B
This brochure will outline the benefits of Medicare A.

Medicare A

Covers hospital care, skilled nursing and sub-acute inpatient care, home health care and hospice care.

Medicare Hospital Coverage

For hospital coverage, patients are entitled to 60 days paid in full. The next 30 days of hospital coverage, Medicare pays all costs except a co-pay amount that is determined every year. There is no limit to the number of 90-day benefit periods a member can have.

Skilled Nursing Facility (or Sub-Acute Care) Coverage

For placement in a skilled nursing facility, Medicare requires a minimum of three (3) midnights in a hospital and you must require skilled services. The maximum benefit period is up to 100 days.

There is no guarantee of coverage in a skilled nursing facility.

A resident must meet clinical criteria to qualify for coverage. The coverage can vary from a few days to the full 100 days. It will be up to the clinical team within the facility to assess if each patient meets Medicare's guidelines for continued coverage.

Important points to remember about Skilled Nursing Facility Coverage:

- The resident must have a three (3) midnight hospital stay prior to admission into the skilled nursing facility
- If you have used some or all of your 100 days of Medicare time in a skilled nursing facility and you have returned to the community, you must be in the community setting for 60 days for your 100 days to be in effect again

Home Health Care

If you need nursing care or therapy services in the home setting, Medicare A pays for covered services including:

- Part-time Skilled Nursing or Home Health Aide
- Physical, Speech and Occupational Therapy
- Medical Social Services
- Medical Supplies

Hospice Care

Medicare pays the costs of medications/treatments related to the terminal diagnosis. Medicare does not cover the cost of room and board in a skilled nursing facility unless it is deemed an inpatient hospice.

Medicare HMO

Many people elect to participate in a Medicare HMO. Although many of the benefits are similar in the HMO plans, each plan varies regarding member requirements. Almost all HMOs require that you receive care from an "in-network" provider. CareOne participates in many HMOs and we will be happy to discuss your specific coverage prior to admission. It is also important to know that under most HMO plans, "pre-certification" is required. Medicare A covers only short-term care in a skilled nursing facility. For individuals interested in long-term care at CareOne, an application is required to determine long-term funding.

Other Funding Sources

There are several other funding sources for short-term and long-term care. These options include:

Managed Care and HMO Plans: If you are under 65, your health insurance will probably include benefits for skilled nursing facility care.

Private Pay: Patients have the option of paying privately for their stay in a skilled nursing facility if they have exhausted their Medicare coverage, or their insurance does not include a skilled nursing benefit.

Long-Term Care Insurance: For long-term care, many people have purchased private policies to cover their stay. Each policy/plan varies in coverage and we'll be happy to investigate your individual plan.

Medicaid– the state program for long-term care funding: Individuals must financially and medically qualify for this program.