

Hand Outs (enclosed)

Insurance Questions

Medicare Premiums and Rates for 2010

Who Pays First when you have other insurance?

Important Phone Numbers and Web Sites

ALS Association – Greater Philadelphia Chapter – 215-643-5434; www.alsphiladelphia.org

ALS Association – National Office - (800) 782-4747; www.alsa.org

Medicare – 1-800-MEDICARE (800-633-4227); www.medicare.gov

To get general Medicare information and a copy of MEDICARE AND YOU

Social Security – 800-772-1213; www.ssa.gov

To apply for Social Security Disability, replace a Medicare card, change your address or name, get information about Part A and/or B eligibility, entitlement and enrollment and to see if you qualify for Extra Help in paying premiums for drug plans.

ACCESS (Advocating for Chronic Conditions and Entitlements and Social Services)—1-888-700-7010

Assists persons with chronic medical illnesses, with state and federal entitlement programs such as Social Security Disability, eligibility for group health insurance under federal law (COBRA and HIPAA), and health insurance through state high-risk pools and other alternatives. Provides free Social Security representation, as well as helpful planning and referral services.

Coordination of Benefits Contractor – 800-999-1118

To get information on whether Medicare or your other insurance pays first and to report changes in your insurance information.

Office of Personnel management – 888-767-6738

To get information about the Federal Employee Health Benefits Program for current and retired Federal employees.

Medicare , Medigap and Part D Information Resources

Pennsylvania: Apprise helpline: 1-800-783-7067 or contact Apprise counselors at your county Area Agency on Aging

New Jersey: State Health Insurance Assistance Program (SHIP): 1-800-792-8820

Delaware: State Health Insurance Assistance Program (SHIP): 1-800-336-9500

General website: www.shiptalk.org

Other Medicare web sites of interest:

www.mymedicarematters.org

www.medicarerights.org

Paralyzed Veterans of America (PVA)

Western Pennsylvania: Dave Parkinson—800-795-3629

Pennsylvania (rest of) and parts of NJ: Lisa Langrehr – 215-842-2000 x 4232

New Jersey: Tom Ricks – 973-297-3228

Delaware: Daryl Johnson – 302-993-7252

WHAT TO FIND OUT ABOUT YOUR HEALTH INSURANCE POLICY

General Questions.

- Is there an annual deductible?
- Is there an annual out-of-pocket expense limit or maximum?
If I meet my limit, does my coverage increase? To what extent?
- Do I need to complete any claim forms?
- Is there a co-pay for office visits? For out-patient therapies?
- Are there maximum visits allowed for out-patient therapy per year?

Durable Medical Equipment (DME) Questions.

- Does my plan cover DME?
- Does this coverage include power mobility?
- What is the percentage of my coverage?
- Is there an annual cap? Is there a lifetime cap?
- Is there a preferred provider I must use?
- Is pre-authorization required?

Prescription Questions.

- Does my plan cover prescription drugs? What are the terms of this coverage? Is there different coverage for brand name vs. generic drugs?
- Is there a specific pharmacy/supplier network I must use?
- Is there a cap on the amount of prescription drugs I can get through this plan?
- Is there a formulary that must be followed? (A formulary is a listing of drugs which the insurance company *usually* covers)
- Does my plan offer a mail order pharmacy option? Describe this benefit.

Home Health Questions:

- Does my plan have home health coverage? Describe the benefit.
- Do I have coverage for a home health aide (for custodial care?)
- Is there a preferred provider for home health care that I must use?
- Is there private duty nursing coverage at home? Describe this benefit?
- Does my plan offer case management? How is this benefit initiated?

Questions for HMO-PPO Subscribers:

- Is my ALS neurologist and/or pulmonary specialist a member of the network or a participating provider?
- Explain the referral process.
 1. Do I need a referral from my primary care physician every time I go to a specialist?
 2. Is there a limit on the number or frequency of referrals? How do I obtain referrals?

QUICK TIPS FOR AVOIDING RED TAPE

- ❖ Know the name of your health insurance policy and if you have more than one policy, determine which is primary. Take your insurance cards with you to all physician visits.
- ❖ If your insurance plan changes IN ANY WAY, notify all your health care providers (*including physicians, home care agencies, social worker and durable medical equipment companies*) by calling them and taking your updated cards with you to your next appointment.
- ❖ Utilize your Human Resources Department as needed to assist you in answering these questions.

What are the Medicare premiums and coinsurance rates for 2010?

The following is a listing of the Medicare premium, deductible, and coinsurance rates that will be in effect in 2010:

Medicare Premiums for 2010:

Part A: (Hospital Insurance) Premium

- Most people do not pay a monthly Part A premium because they or a spouse has 40 or more quarters of Medicare-covered employment.
- The Part A premium is \$254.00 per month for people having 30-39 quarters of Medicare-covered employment.
- The Part A premium is \$461.00 per month for people who are not otherwise eligible for premium-free hospital insurance and have less than 30 quarters of Medicare-covered employment.

Part B: (Medical Insurance) Premium

Most beneficiaries will continue to pay the same \$96.40 premium amount in 2010. Beneficiaries who currently have the Social Security Administration (SSA) withhold their Part B premium and have incomes of \$85,000 or less (or \$170,000 or less for joint filers) will not have an increase in their Part B premium in 2010. For additional details, see our FAQ titled: "[Will my Medicare Part B premium increase in 2010?](#)"

For all others, the standard Medicare Part B monthly premium will be \$110.50 in 2010, which is a 15% increase over the 2009 premium. The Medicare Part B premium is increasing in 2010 due to possible increases in Part B costs. If your income is above \$85,000 (single) or \$170,000 (married couple), then your Medicare Part B premium may be higher than \$110.50 per month. For additional details, see our FAQ titled: "[2010 Part B Premium Amounts for Persons with Higher Income Levels](#)".

Medicare Deductible and Coinsurance Amounts for 2010:

Part A: (pays for inpatient hospital, skilled nursing facility, and some home health care) For each benefit period Medicare pays all covered costs except the Medicare Part A deductible (2010 = \$1,100) during the first 60 days and coinsurance amounts for hospital stays that last beyond 60 days and no more than 150 days.

For each benefit period you pay:

- A total of \$1,100 for a hospital stay of 1-60 days.
- \$275 per day for days 61-90 of a hospital stay.
- \$550 per day for days 91-150 of a hospital stay (Lifetime Reserve Days).
- All costs for each day beyond 150 days

Skilled Nursing Facility Coinsurance

- \$137.50 per day for days 21 through 100 each benefit period.

Part B: (covers Medicare eligible physician services, outpatient hospital services, certain home health services, durable medical equipment)

- \$155.00 per year. (Note: You pay 20% of the Medicare-approved amount for services after you meet the \$155.00 deductible.)

Additional information about the Medicare premiums, deductibles, and coinsurance rates for 2010 is available in the October 16, 2009 Fact Sheet titled, "CMS Announces Medicare Premiums, Deductibles for 2010" on the www.cms.gov website.

Who Pays First When You Have Other Insurance?

When you have other insurance (like employer group health coverage), there are rules that decide whether Medicare or your other insurance pays first. The insurance that pays first is called the “primary payer” and pays up to the limits of its coverage. The one that pays second, called the “secondary payer,” only pays if there are costs left uncovered by the primary coverage.

If your other coverage is from an employer or union group health plan, these rules apply:

If you are **retired**, Medicare pays first.

If your group health plan coverage is based on your or a family member’s **current employment**, who pays first depends on your age, the size of the employer, and whether you have Medicare based on age, disability, or End-Stage Renal Disease (ESRD):

- If you are under age 65 and disabled, your plan pays first if the employer has 100 or more employees or at least one employer in a multiple employer plan has more than 100 employees.
- If you are over age 65 and still working, your plan pays first if the employer has 20 or more employees or at least one employer in a multiple employer plan has more than 20 employees.

If you have Medicare because you have ESRD, your plan pays first for the first 30 months you have Medicare.

The following types of coverage usually pay first:

No-fault insurance (including automobile insurance)

Liability (including automobile insurance)

Black lung benefits

Workers’ compensation

Medicaid and TRICARE never pay first. They only pay after Medicare, employer group health plans, and/or Medigap have paid.

If you have other insurance, tell your doctor, hospital, and pharmacy. If you have questions about who pays first, or you need to update your other insurance information, call Medicare’s Coordination of Benefits Contractor at 1-800-999-1118. TTY users should call 1-800-318-8782. You may need to give your Medicare number to your other insurers (once you have confirmed their identity) so your bills are paid correctly and on time.

MEDICARE PART D COSTS 2010

Your costs with your Medicare drug plan will change every year. Each fall, your plan will send you information tell you how costs will change for the next year. The chart below shows you **general** Medicare drug costs for 2010.

You Will Pay In 2010

Monthly Premium Varies by plan. Average national premium is **\$31.94**.

Annual Deductible Varies by plan. Cannot be more than **\$310** if you do not have Extra Help.

\$0 if you have Full Extra Help.

\$63 or your plan's standard deductible (whichever is cheaper) if you have Partial Extra Help.

Coinsurance/ Copayments If You Do Not Have Extra Help Varies by plan and by drug within plan.

After spending a pre-determined amount in total drug costs (usually **\$2,830**), you may have to pay 100 percent of the cost of your drugs until coverage begins again (coverage gap).

In all plans, after you have spent **\$4,550** out of pocket (not including premium or the costs of drugs not on your plan's list of covered drugs or that you bought in a pharmacy outside the plan's network), you will reach "catastrophic coverage" when you will pay **5 percent** of the cost of each drug, or **\$2.50** for generics and **\$6.30** for brand-name drugs (**whichever is greater**).

Coinsurance/ Copayments If You Have Extra Help If you have Medicaid and your income is below 100 percent of the Federal Poverty Level (\$10,836 a year in 2010 for individuals and \$14,580 a year for couples): **\$1.10** for generics and **\$3.30** for brand-name drugs. After your **total drug costs reach \$6,440**, you will get catastrophic coverage and pay \$0 for each drug for the rest of the calendar year.

If you have Full Extra Help: **\$2.50** for generics and **\$6.30** for brand-name drugs. After your **total drug costs reach \$6,440** you will get catastrophic coverage and pay **\$0** for each drug for the rest of the calendar year.

If you have Partial Extra Help: **15 percent** of each prescription or your plan's standard coinsurance (whichever is cheaper). After your **total drug costs reach \$6,440**, you will get catastrophic coverage and pay **\$2.50** for generics and **\$6.30** for brand-name drugs for the rest of the calendar year.

5 Ways to Lower Your Costs During the Coverage Gap

Consider Switching to Generics or Other Lower-Cost Drugs

You may wish to talk to your doctor about the drugs you are currently taking to find out if there are generic or less-expensive brand-name drugs that would work just as well as the ones you're taking now.

Cost savings information through the use of mail-order pharmacies, generic or less-expensive brand-name drugs is also available in the [Prescription Drug Plan Finder](#) section of www.medicare.gov

Explore National and Community-Based Charitable Programs

National and Community-Based Charitable Programs (such as the Rilutek Continuity Program, 1-800-745-8835, which can help with Rilutek or the Partnership for Prescription Assistance in PA, 1-888-4PPA-NOW, or www.pparx.org which may have programs that can help with your drug costs). Information on programs in your area is available on the www.benefitscheckup.org website.

Look into Pharmaceutical Assistance Programs

Many of the major drug manufacturers are offering assistance programs for people enrolled in Medicare Part D. You can find out whether a Patient Assistance Program is offered by the manufacturers of the drugs you take by visiting our [Pharmaceutical Assistance Program](http://www.medicare.gov/pap/index.asp) site (<http://www.medicare.gov/pap/index.asp>).

Look at State Pharmaceutical Assistance Programs

There are many states and a territory offering help with the paying of drug plan premiums and/or other drug costs. You can find out if your State has a program by visiting our [State Pharmaceutical Assistance Program](http://www.medicare.gov/spap.asp) site (<http://www.medicare.gov/spap.asp>).

Also, check if your county offers a prescription discount card.

Apply for Extra Help

If you have Medicare and have limited income and resources, you may qualify for extra help paying for your prescription drugs. If you qualify, you could pay between \$1-\$6 for each drug. Contact Social Security by visiting www.socialsecurity.gov or by calling 1-800-772-1213. TTY users should call 1-800-325-0778

For additional information, you can review the Bridging the Coverage Gap (PDF 132.71 KB)

The New health care reform law will close the coverage gap or doughnut hole by 2020:

- This year, people who enter the coverage gap will receive a \$250 rebate.
- In 2011, you will be responsible for 50% of the cost of brand-name drugs and 93% of the cost for generic drugs while you are in the coverage gap.
- The amount you are responsible for will continue to decrease until 2020, when you will be responsible for 25% of the cost for both brand-name and generic drugs, closing the gap completely.