

Medicare Information

Summary-2015

Medicare Part A: Hospital Insurance-Covered Services Premium, Deductible and Coinsurance Amounts for 2015

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
HOSPITALIZATION Semi-private room and board, general nursing, and other hospital services and supplies	1 ST to 60 th day	All but \$1260	\$1260
	61 st to 90 th day	All but \$315 a day	\$315 a day
	91 st to 150 th day ¹	All but \$630 a day	\$630 a day
	Beyond 150 days	Nothing	All costs
SKILLED NURSING FACILITY CARE Semi-private room and board, general nursing, skilled nursing, and rehabilitative services and other services and supplies ²	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$157.50 a day	Up to \$157.50 a day
	Beyond 100 days	Nothing	All costs
HOSPICE CARE Pain and relief, symptom management, and support services for the terminally ill	For as long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs and inpatient respite care

¹ This 60-reserve-days benefit may be used only once in a lifetime.

² Neither Medicare nor private Medigap insurance will pay for most nursing home care.

Source: www.medicare.gov

Medicare Requirements for a Nursing Home Stay

1. YOU MUST BE ADMITTED TO A HOSPITAL FOR AT LEAST THREE DAYS.
2. YOU MUST ENTER A MEDICARE APPROVED NURSING FACILITY.
3. YOU MUST BE IN A MEDICARE APPROVED BED WITHIN THE APPROVED FACILITY.
4. YOU MUST BE RECEIVING SKILLED CARE ON A DAILY BASIS.

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Medicare Part B: Medical Insurance-Covered Services Premium, Deductible and Coinsurance Amounts for 2015

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
MEDICAL EXPENSES Doctors' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment and other services	<i>Unlimited if medically necessary</i>	80% of approved amount (after \$147 deductible) 50% of approved charges for most outpatient mental health services	\$147 deductible ¹ , plus 20% of approved amount and limited charges above approved amount
CLINICAL LABORATORY SERVICES Blood test, urinalysis and more	<i>Unlimited if medically necessary</i>	Generally 100% of approved amount	Nothing for services
HOME HEALTH CARE Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies, and other services	<i>Unlimited if medically necessary</i>	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT Services for the diagnosis or treatment of illness or injury	<i>Unlimited if medically necessary</i>	Medicare payment to hospital based on hospital cost	20% of billed amount (after \$147 deductible) ¹
BLOOD	<i>Unlimited if medically necessary</i>	80% of approved amount (after \$147 deductible and starting with 4 th pint)	First 3 pints plus 20% of approved amount for additional pints (after \$147 deductible)
2015 Part B monthly premium for new applicants: \$104.90 (Premium can be higher based on household income)			

¹ Once you have had \$147 of expenses for covered services in 2015, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

Source: www.medicare.gov

2015 Medicaid Spend Down Requirements*

Married Couples: A spouse in a nursing home may transfer to the community-dwelling spouse up to a maximum of \$109,560 in assets (excluding a home and automobile). The spouse in a nursing home may transfer up to \$2,739 in monthly income to the community-dwelling spouse.

Singles: Federal law mandates that a single individual in a nursing home may keep \$2,000 in assets. Federal law states that a single individual may retain \$30 a month in income while in a nursing home.

Under OBRA 1993, all States are required to seek, from an estate, recovery of money paid by Medicaid.

***Source: IL Dept. of Healthcare and Family Services 12/14**

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