
Medicare Information for Missouri and Illinois (Includes Medicare Part D Prescription Drug Coverage Information)

What is Medicare?

Medicare is a federal health insurance program designed to provide affordable health insurance coverage for people age 65 and above and for people below age 65 with a disability.

NOTE: Many people think that Medicaid and Medicare are the same. Actually, they are two different programs. Medicaid is a state-run program that provides hospital, medical and long term care coverage for people with low income and little or no resources. Each state has its own rules about who is eligible and what is covered under Medicaid. Some people qualify for both Medicare and Medicaid. For more information about the Medicaid program, see the Alzheimer's Association tip sheet on Medicaid for Missouri or Illinois or contact your local medical assistance agency, social services or welfare office.

The Four Parts of Medicare

(Medicare Publishes a yearly booklet titled "[Medicare and You](#)" with detailed information on all services and coverage details of Medicare (click on title to access the PDF document).

Medicare Part A: Hospital Insurance and Acute Care Services

- Inpatient hospitalization
- Short term skilled nursing care for rehabilitation after hospitalization
- Home health care services following hospitalization
- Hospice care

Medicare Part B: Medical Insurance

- Physicians' services
- Outpatient hospital services
- Physical, occupational and speech therapy
- Diagnostic x-rays
- Laboratory tests
- Durable medical equipment (walkers/wheelchairs/etc.)
- Home health care services
- Outpatient mental health services
- Preventative tests
- Ambulance services when medically necessary

Medicare Part C: (Medicare Advantage Plans; e.g. HMO or PPO)

- Health coverage run by private companies approved by Medicare
- An optional alternative to Medicare Parts A & B
- Many include prescription drug coverage

Medicare Part D: (Prescription Drug Coverage)

- Helps cover cost of prescription drugs
- May help lower prescription drug costs and protect against higher costs in the future
- Different plans are available in different regions

A Closer Look into the Benefits of Medicare

Medicare Part A

Enrollment:

- If you are receiving benefits from Social Security or the Railroad Retirement Board (RRB), you are automatically enrolled in Medicare part A beginning with the first day you turn 65.
- If you are under age 65 and have a disability, you will automatically begin receiving Part A after 24 months of receiving disability benefits through Social Security
- If you are not receiving Social Security or RRB benefits, you will need to sign up to receive Part A. You should contact Social Security 3 months before you turn age 65.

Part A Benefits

Inpatient Hospital Coverage

- Medicare covers up to 90 days of a hospital stay for a “spell of illness” period. A spell of illness begins on the first day of a hospital stay and ends 60 days after a discharge from a hospital or nursing home.
 - Includes semi-private room, meals, general nursing, medications as part of your inpatient treatment, and other hospital services and supplies.

Skilled Nursing Facility Care (*this does NOT include long-term care*)

- Medicare *may* cover up to 100 days of a skilled nursing facility for rehabilitation if the beneficiary:
 - Was admitted after a minimum of three days in the hospital and within 30 days of discharge from the hospital
 - Requires and receives daily skilled care for the condition for which the beneficiary was hospitalized
 - *Medicare does NOT cover long-term skilled nursing facility care*

Home Health Care

- Medicare may cover up to 100 visits of home health care if:
 - The home health care is ordered by a doctor
 - Service is delivered by a Medicare certified home health agency
 - The beneficiary is confined to home under a plan of treatment by a doctor
 - The beneficiary requires part-time or intermittent skilled nursing or physical or speech therapy
 - Medicare may also cover medical social services, part-time or intermittent home health aide services, durable medical equipment, and medical supplies for use at home.
 - *Medicare only covers medical care, not companion or housekeeping services*

Hospice Care

- Medicare covers hospice care for a terminally ill beneficiary who is expected to live 6 months or less and chooses to receive hospice benefits instead of most Medicare Part A and Part B benefits.
- Eligibility is reassessed after 90 days of hospice care. Beneficiary must re-qualify to continue receiving Hospice benefits.
- What is Hospice?
 - An approach to end-of-life care provided in a facility or at the patient’s home. Hospice programs provide care that relieves discomfort but does not aim to improve the patient’s condition or cure the disease. The goal of hospice care is to provide humane and compassionate medical, emotional, and spiritual care to the dying.
- Hospice services include:
 - Physician and nursing services
 - Physical, occupational and speech therapy
 - Social Work and Chaplain Services
 - Home Health Aide Services
 - Counseling for patient and family
 - Respite care for up to 5 days at a time
 - Medical equipment and supplies

Medicare Part B

Enrollment:

- *See enrollment for Part A above*
- If you do not want to receive Medicare Part B, follow the directions that come with your Medicare card and return your card. If you keep your card, you will continue receiving and paying for Medicare Part B.

Part B Benefits*

- Covered services include:
 - Medically necessary physician services
 - Outpatient hospital treatments
 - Diagnostic x-rays and laboratory tests
 - Physical, occupational and speech therapy
 - Durable medical equipment
 - Mental health services
 - Medically necessary ambulance services
 - Urgently needed care (non emergency)
- Preventative Services:
 - Mammograms
 - Pap smears and pelvic exams
 - Cancer screenings
 - Bone mass measurements for osteoporosis
 - Diabetes monitoring
 - Flu and pneumonia vaccinations

*This list is not exhaustive. For a full list of covered services, contact your local Medicare office. See the list of contacts at the end of this document.

Medicare Part C

Medicare Advantage Plans (similar to an HMO or PPO)

- Health plan options approved by Medicare and offered by a private company
- Medicare pays a set amount to company every month and company must follow rules set by Medicare
- All Medicare Advantage Plans **MUST** cover all of the services covered in Medicare Parts A & B
- Select Medicare Advantage Plans offer additional coverage such as dental, vision, hearing, and/or health & wellness programs
- Some Advantage Plans include drug coverage. For those that do not, Medicare Part D can be added
- Medicare Advantage Plans may charge additional out-of-pocket costs
- Like any medical insurance, Part C has benefits and downfalls. The benefit of Medicare Part C is that it gives the beneficiary choice in their coverage plan. However, there are a great number of plans to choose from, which can make choosing the most appropriate plan difficult. In addition, the added out-of-pocket costs for Medicare Part C plans may make this option more costly.
- Each plan is different. Contact Medicare at www.medicare.gov or **1-800-Medicare** to learn about plans in your area

Medicare Part D

Prescription Drug Coverage

- Covers both brand name and generic prescription drugs
- For Alzheimer's drugs, all Part D Plans cover at least two of the three cholinesterase inhibitors (Aricept, Exelon, Razadyne) and also Namenda (Memantine).
- To join a Medicare prescription drug plan you must be enrolled in Medicare Part A and/or Part B
- You can enroll in a prescription drug plan when you first become eligible for Medicare or from November 15 to December 31 each year during Open Enrollment.
- The beneficiary pays a monthly premium, which varies by plan, and a yearly deductible. You also pay a part of the cost of your prescriptions, including a co-payment or coinsurance. Costs will vary depending on which drug plan you choose.
- If you have limited resources you may qualify for extra help paying for Medicare Prescription Drug Coverage. You can apply Online by visiting the "Help With Medicare Prescription Drug Plan Costs" section on the Social Security Administration website at <http://www.ssa.gov> and click on Retirement/Medicare.
- Each Medicare Prescription drug plan is different. Contact Medicare at www.medicare.gov or **1-800-Medicare** to learn about plans in your area and how to enroll.

Additional Information and Resources

Alzheimer's Association Community Resource Lists

The St. Louis Chapter Alzheimer's Association has community resource lists of Elder Law Attorneys that can help you sort through Medicare. In addition, the St. Louis chapter has lists of health care agencies and physicians that may accept Medicare. Stop into our office at 9370 Olive Boulevard in St. Louis or call 1-800-272-3900.

Government Resources:

- Medicare: www.medicare.gov or 1-800-Medicare (TTY/TDD 1-877-486-2048)
- Social Security Administration: 800-772-1213 (TTY: 800-325-0778) or www.ssa.gov
- Prescription information: www.ssa.gov and click on Retirement/Medicare.

For assistance in your area:

Missouri:

CLAIM (Community Leaders Assisting the Insured of Missouri) -- Missouri's Medicare and Insurance counseling program.

- Local assistance to help work through health care issues and understand Medicare options or changes
- 1- 800-390-3330
- www.missouricclaim.org

Local Area Agencies on Aging (AAA):

- *St. Louis City* AAA: 314-612-5918 or 1-877-612-5918 www.slaaa.org (email) slaaa@stlouiscity.com
- *Mid-East* AAA: 636-207-1323 or 800-243-6060 (St. Louis, St. Charles, Franklin & Jefferson Counties) www.mid-eastaaa.org (email) info@mid-eastaaa.org
- *Southeast* AAA: 573-335-3331 or 1-800-392-8771 www.semoaaa.org (email) dockins1@semoaaa.org
- *Northeast Missouri* AAA: 660-665-4682 or 800-664-6338 www.nemoaaa.com (email) nemoaaa@sbcglobal.net
- *Central Missouri* AAA: 573-443-5823 or 800-369-5211 www.cmaaa.net (email) cmaaa@cmaaa.net
- To find other Missouri Area Agencies on Aging or for more information on their services visit www.moaging.com or call 800-497-0822

Illinois:

SHIP (Senior Health Insurance Program) – Illinois Medicare and Insurance counseling program.

- Local assistance to help work through health care issues and understand Medicare options or changes
- 1- 800-548-9034 (TDD 1-217-524-4872)
- www.idfpr.com (email) dol.ship@illinois.gov

Local Area Agencies on Aging (AAA):

- AAA of Southwestern Illinois: 800-326-3221 or 618-222-2561 (Serves: Clinton, Madison, St. Clair, Washington, and Monroe counties) www.answersonaging.com (email) ask@answersonaging.com
- Midland AAA: 877-532-1853 or 618-532-1853 (Serves: Clay, Jefferson, and Marion counties) www.midlandaaa.org (email) office@midlandaaa.org
- AAA for Lincolnland: 800-252-2918 or 217-787-9234 (Serves: Jersey County) www.aginglinc.org (email) info@aginglinc.org
- West Central Illinois AAA: 800-252-9027 or 217-223-7904 (Serves Calhoun County) www.wciagingnetwork.org (email) lynn@wciagingnetwork.org
- To find other Illinois Area Agencies on Aging or for more information on their services visit www.state.il.us/aging/ or call the senior HelpLine at 1-800-252-8966