

Understanding Medicare

A Covenant Living Resource



Medicare is the federal government's health insurance program for individuals age 65 and older, as well as some individuals with disabilities. Individuals 65 and older are eligible for Medicare benefits if they are entitled to or receive Social Security retirement benefits. There are several "parts" of the Medicare program.

- **Part A:** Sometimes known as "Hospital Insurance," this covers stays in a hospital or skilled nursing facility when skilled nursing services are required and when specific conditions are met.

- **Part B:** Primarily covers physician services as well as physical, occupational and speech therapies when ordered by a physician. Medicare Part B does not cover inpatient room-and-board charges in a skilled nursing community.
- **Part C:** Also referred to as "Medicare Advantage" or "Medicare Replacement" plans. Part C is effective when an individual entitled to Medicare voluntarily enrolls in a managed care insurance plan (such as an HMO or PPO). The Medicare Advantage plan is responsible for managing the individual's Medicare benefits—essentially, it becomes Medicare for the individual. Each Medicare Advantage plan is different, depending on your criteria and where you live.
- **Part D:** Known as "Prescription Drug Coverage," it assists with payment of pharmacy-related cost

Covenant Living Communities & Services looks forward to serving you for your rehabilitation needs following a hospitalization from a serious illness, injury or elective surgery. Please contact one of our Admission Specialists or visit our website at [CovLiving.org](https://www.covliving.org) to learn more.

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Part A Coverage

Medicare Part A provides coverage for services in a skilled nursing, post-acute location when certain criteria are met. When eligible, Medicare Part A covers a semi-private (shared) room and board, nursing and therapy services, meals and some medications and supplies.

- A maximum of 100 days of Part A medically necessary skilled care is covered, in each benefit period. Note: if you use skilled nursing care at the hospital, these days are included in the 100-day benefit window.
- The first 20 days of your stay at a skilled nursing location are covered by Medicare at 100 percent, provided you are making progress toward your rehabilitation goals or per Medicare's coverage guidelines.
- For days 21-100, a daily co-insurance applies. Individuals without a supplemental plan that covers this co-insurance will be responsible to pay it privately (or "out-of-pocket").
- Though there is a maximum of 100 days, an individual must continue to meet skilled nursing criteria to maintain Medicare Part A coverage. Individuals who are not ready to discharge home may opt to pay privately for further inpatient care.

Part B Coverage

Medicare Part B provides coverage for SELECT services in a skilled nursing, post-acute location when certain criteria are met—mainly certain skilled therapy services that meet eligibility criteria.

- There is an annual deductible determined by Medicare.
- 20 percent co-insurance amount for Medicare allowed services (rates determined by CMS).
- Deductible and co-insurance applies and may be paid privately, through a supplemental insurance or Medicaid if accepted by location.



How do I get my benefits?

- Be hospitalized as an inpatient (not for observation) for three consecutive midnights.
- Have a physician order to receive skilled care and rehabilitation services.
- If you are discharged to home but unable to recuperate on your own and are needing additional support, you may decide to be admitted to one of our skilled nursing and rehabilitation locations within 30 days to use your Medicare benefits.
- Have days remaining in your 100-day benefit period. (If you previously used all 100 days, you must have gone 60 days without any skilled services to regain another 100 days.)