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## MEDICARE 2010

Hospital	Insurance	(Part	Δ)
HUSDITAL	Illoui ance	rrait	$\Delta$

Deductible:

\$1,100.00 per benefit period

Copayments:

Days 61-90

\$275.00 per day

Days 91-150

\$550.00 per reserve day

#### Medical Insurance (Part B)

Deductible:
Copayment:
Balance Limit:
Premium:1

\$155.00 per calendar year

20.00 percent 15.00 percent

\$96.40 per month 110.50 per month

Nursing Home (Part A)<sup>2</sup>

Deductible:

\$00.00

Copayments:

Days 01-20

\$00.00

Days 21-100

\$137.50 per day

Prescription Drugs (Part D)

Deductible:

\$310.00

Copayments:

\$295 - \$2,700 \$2,700 - \$6,154

25.00 percent

\$2,700 - \$6,154 \$6,154 and above 100.00 percent 5.00 percent

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\$40.70 per month

Premium:

 $<sup>^{1}\,</sup>$  For individuals with incomes under \$85,001 or couples under \$170,001.

<sup>&</sup>lt;sup>2</sup> Coverage is contingent on a hospital stay of at least three full days within 30 days of admission to the nursing home. The nursing home must be a Medicare provider and the patient must be occupying a Medicare certified bed. And, the patient must be receiving skilled care on a daily basis.

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# MEDICAID 2010

I. ELIGIBILITY	<u>INCOME</u>	<u>RESOURCES</u>	
A. SINGLE	\$2,022	\$2,000	
B. MARRIED	2,022	111,560	

- C. EXEMPT RESOURCES: Principal Residence, IRAs, Vehicle, Personal Effects, Burial Plots, Burial Space Items, Burial Funds, Funeral Contracts and Life Insurance
- II. <u>TRANSFERS</u>: Months of ineligibility = <u>Amount transferred</u> \$4,916.55

### III. PATIENT LIABILITY/COST SHARE:

Income - Personal Needs Allowance - Spousal Needs Allowance - Medical Insurance - Taxes Withheld

- IV. ALLOWANCES: Personal Needs \$50 Spousal Needs \$2,739
- V. <u>ESTATE RECOVERY</u> = Medicaid Rate Resident Liability