

# Talking With Your Parents

ABOUT MEDICARE AND HEALTH COVERAGE

**Update 2003**



# UPDATE 2003

## \*NOTE

This guide, designed to help you and your parents sort through basic issues about Medicare and health coverage, was written by the Medicare Rights Center in collaboration with The Henry J. Kaiser Family Foundation and was updated in 2003.

The Henry J. Kaiser Family Foundation, based in Menlo Park, California, is a nonprofit, independent national health care philanthropy and is not associated with Kaiser Permanente or Kaiser Industries.

Medicare Rights Center is a national, not-for-profit consumer service organization that helps people understand Medicare rights, benefits, and options. Through hotline counseling, education, and public policy programs, Medicare Rights Center works to ensure that seniors and people with disabilities get the health care they need and the coverage they are due.

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Dear Reader,

Health insurance coverage matters to people of all ages, but is especially important as we grow older. Despite important breakthroughs in medical practice and advances in medical technology, the inescapable truth is that health problems, medical needs, and health care expenses climb with age—making health coverage decisions critical for older Americans.

For most of us—whether we're seniors or not—decisions about health insurance are difficult because they affect the kind of care you get and your financial security. These decisions sometimes seem overwhelmingly complex, so parents and grandparents often turn to their adult children for advice. Whether you are that adult child or a senior yourself, this guide will help answer your questions about Medicare, health coverage, and long-term care, including:

- ★ What does Medicare cover? Do people who have basic protection under Medicare need additional insurance?
- ★ What about joining a Medicare HMO? How do you choose among plans in your area?
- ★ Where can you turn for help with prescription drug costs?
- ★ Should your parents (or you) buy a long-term care policy? How can you tell a good policy from a bad one?

*Talking With Your Parents about Medicare and Health Coverage* is intended to help you think through basic issues and provide information that should better equip you and your family to discuss these topics. A state-by-state list of key agencies that can answer your specific questions about Medicare, Medicaid, supplemental health insurance, and long-term care is also included at the back of the booklet.

We hope this guide will be a useful tool for you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Drew Altman", with a long, sweeping horizontal line extending to the right.

Drew E. Altman, Ph.D.

President, Kaiser Family Foundation

# Talking about

MEDICARE



# Know

## THE BASICS ABOUT MEDICARE

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**Medicare is the federal health insurance program for almost all Americans age 65 and older and for many adults with disabilities. You need to know the basics about Medicare so that you can help your parents—or yourself, if you are on Medicare—with health care planning.**

### WHAT MEDICARE COVERS

Medicare consists of two parts: Part A and Part B. Together, the two parts provide coverage for basic medical services.

Americans age 65 and older are automatically entitled to benefits under Medicare Part A if they are eligible to receive Social Security. In addition to hospital inpatient care, Part A covers some skilled nursing facility (SNF), home health, and hospice care. For those who are entitled to Part A, there is no monthly or annual premium charge, but there is a deductible for each episode of hospital inpatient care, and daily coinsurance after a 60-day stay. Skilled nursing facility care coverage is limited to 100 days; people on Medicare do not pay coinsurance for the first 20 days, but do pay coinsurance for each day thereafter. There is

no coinsurance for Medicare home health services, or an absolute limit on the number of Medicare-covered home health visits. However, you must continue to meet specified eligibility requirements as a condition of receiving home health services.

Part B pays for doctors' services, outpatient hospital care, and home health visits not covered under Part A. It also covers laboratory tests—for example, X-rays and blood work; medical equipment, such as wheelchairs and walkers; outpatient physical therapy; mental health care; and ambulance services. Part B has an annual \$100 deductible and, for most services, 20 percent coinsurance. People enrolled in Part B must pay a monthly premium (\$58.70 in 2003), which is typically deducted from their Social Security checks.

## SUMMARY OF TRADITIONAL MEDICARE 2003

part a	
benefits	beneficiary pays
<b>Inpatient hospital</b> Days 1-60 Days 61-90 90+ days	Deductible of \$840 per benefit period* No coinsurance \$210 a day \$420 a day
<b>Skilled nursing facility</b> Days 1-20 Days 21-100 After 100 days	No coinsurance \$105 a day No benefits
<b>Home health</b>	No coinsurance
<b>Hospice</b>	Small payment for drugs and inpatient respite care
part b	
benefits	beneficiary pays
Deductible	\$100 a year
<b>Physician and other medical services</b> MD accepts assignment MD does not accept assignment	20% coinsurance 20% coinsurance plus up to 15% over Medicare-approved fee
<b>Outpatient hospital care</b>	20% coinsurance
<b>Ambulatory surgical services</b>	20% coinsurance
<b>X-rays; Durable medical equipment</b>	20% coinsurance
<b>Physical, Speech, and Occupational therapy</b>	20% coinsurance**
<b>Clinical diagnostic laboratory services</b>	No coinsurance
<b>Home health care</b>	No coinsurance
<b>Outpatient mental health services</b>	50% coinsurance
<b>Preventive services</b> Flu shots; Pneumococcal vaccines; Colorectal cancer screenings; Prostate cancer screening; Mammograms; Pap smears; Pelvic exams	The Part B deductible and 20% coinsurance are waived for certain preventative services. (See <i>Medicare &amp; You, 2003</i> for coverage details)
<b>Bone mass measurement, diabetes monitoring, glaucoma screening</b>	20% coinsurance

\* A benefit period begins when a person is admitted to a hospital and ends 60 days after discharge from a hospital or a skilled nursing facility.

\*\* Beginning July 1, 2003, a payment limit will be imposed on Medicare outpatient therapy services (\$1,590 in 2003).

SOURCE: *Centers for Medicare & Medicaid Services, Medicare & You, 2003.*





**\*FACT**

**Virtually all people on Medicare use prescription drugs on a regular basis, but Medicare does not generally pay for medications outside of the hospital.**

For a description of services covered under Medicare Part A and Part B, and how much people on Medicare must pay for each of these services, see the table [on opposite page.]

**WHAT MEDICARE DOES NOT COVER**

You and your parents should be aware that the basic Medicare plan does not cover all health care expenses—for example, it does not pay for out-patient prescription drugs, long-term custodial care at home or in a nursing home, eye exams, eyeglasses, hearing aids, or dental care. In addition, Medicare generally does not pay for care provided outside the United States. However, Medicare HMOs often provide some coverage of supplemental benefits, such as prescription drugs, in addition to the basic benefits covered in the traditional Medicare program, described in the table [on the preceding page.] See “Talking about Medicare HMOs and Other Medicare Options,” on page 6.

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## MEDICARE ENROLLMENT

**If your parents are receiving Social Security benefits when they turn 65, they are entitled to Medicare Part A and Part B, and will automatically be enrolled in both A and B on the first day of the month that they turn 65.**

**A Medicare card will arrive in the mail about three months before their birthday. Your parents can choose to decline Part B coverage, but they should take it if they want full Medicare benefits.**

If your parents are still working at age 65, and believe that they may not need Part B because they have health coverage under an employer plan, they should check with their local Social Security office before declining Part B to be sure they will not have to pay a penalty for late enrollment. Your parents may elect to delay Part B enrollment at age 65 if either of them is still working for a company with 20 or more employees and has health coverage under an employer plan. They will then avoid duplicating Part B coverage and paying the Part B monthly premium. Your parents will not incur any premium penalties for waiting to enroll in Part B, as long as they do so before they lose coverage under their employer plan or within eight months after losing their employer coverage.

If your parents are citizens or permanent residents, but not entitled to Medicare (for example, because your folks did not work enough years to qualify), they may still voluntarily enroll in Medicare. However, they must pay a monthly premium for Part A benefits (\$316 in 2003).

If your parents are entitled to, but not receiving, Social Security benefits, they must apply for Medicare, because they will not be enrolled automatically. They may apply at any Social Security office during the initial enrollment period, which begins three months before they turn 65, includes the month of their birthday, and the three months after.

If your parents have continuation health care coverage from a former employer, sometimes called COBRA, they should still enroll in Medicare Parts A and B during their initial enrollment period, because their health insurance under COBRA ends as soon as they are eligible for Medicare.

If your parents do not enroll in Medicare during the initial enrollment period, they must enroll during a general enrollment period, which is January 1st through March 31st of every year. Their coverage will begin on July 1st of the year they sign up. If they wait until the general enrollment period, they will incur a penalty for each year they delayed enrollment.

**\*FACT**

**If your parents are different ages, they will probably not go on Medicare at the same time. So, for example, if your dad turns 65 and becomes eligible for Medicare before your mom, your dad will go on Medicare. However, your mom will have to wait until she turns 65.**



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## YOUR PARENTS' MEDICARE OPTIONS

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More than 36 million people are covered under the traditional Medicare program, which has been available since 1966. Less than five million are enrolled in health maintenance organizations (HMOs), which have been available under Medicare since the mid-1980s. Your parents may also be able to choose among other Medicare private health plan options because of a program called Medicare+Choice.

To make an informed decision, you and your parents need to first understand how these health plans work and how they differ, then discuss which option is best.

Here is a brief description of each of the Medicare options.

### TRADITIONAL MEDICARE

If your parents choose coverage under the traditional fee-for-service program, they can generally get care from any doctor or hospital they want and receive coverage for their care anywhere in the country. However, traditional Medicare has high cost-sharing requirements and does not cover the costs of certain benefits, such as outpatient prescription drugs. To help pay for uncovered benefits, and to help with Medicare's cost-sharing requirements, many people on Medicare have supplemental insurance (see "Talking about Health Insurance to Supplement Medicare," on page 14 ).



## OTHER MEDICARE OPTIONS

**HMOs** Medicare HMOs cover the same doctor and hospital services as the traditional Medicare program. HMOs appeal to some people on Medicare because they often provide additional benefits, such as prescription drugs and eyeglasses, which are not covered by the traditional Medicare program. If your parents choose an HMO, they may be able to get some help with these additional benefits. Typically, Medicare HMOs charge a premium that your parents would need to pay in addition to the Part B monthly premium.

Your parents should be aware that Medicare HMO enrollees generally only can use doctors, hospitals, and other providers in their HMO's network. For an additional fee, some HMOs offer point-of-service (POS) benefits that partially cover care received outside the network. But neither Medicare nor the HMO will pay for unauthorized visits to specialists in the plan, or to providers outside the HMO's network, or for non-emergency care outside the HMO's service area.

If your parents join a Medicare HMO, they will select a primary care doctor who is responsible



### \* FACT

**Nearly seven out of ten Medicare HMO enrollees are in a plan that offers prescription drug benefits under their “basic” option, but the level of drug coverage offered by Medicare HMOs varies from plan to plan.**

for deciding when they should see a specialist, and which specialist they should see.

**Other Medicare Plans** There are four additional private plan options that may be available under the Medicare+Choice program. These include preferred provider organizations (PPOs), provider-sponsored organizations (PSOs), private fee-for-service (PFFS) plans, and medical savings accounts (MSAs) coupled with high-deductible insurance plans. To date, HMOs remain the primary alternative to traditional Medicare. However, a few companies currently offer PFFS plans in select markets, and a new demonstration to encourage PPO enrollment is currently underway. For additional information about M+C plans, call 1-800-Medicare, or get information about Medicare options in your area on the Medicare Compare Web site, [www.medicare.gov/mphcompare/home.asp](http://www.medicare.gov/mphcompare/home.asp).

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# Know

## WHAT YOUR PARENTS WANT FROM A MEDICARE PLAN

To help your parents decide what type of Medicare plan to choose, discuss with them whether traditional Medicare, a Medicare HMO, or another Medicare plan will meet their needs when they are healthy, and when they are sick. Find out what is most important to your folks when it comes to health care. Talk with them about their unique needs and circumstances. Here are some basic topics to cover:

### Receiving care from the doctor and hospital of their choice

Under traditional Medicare, your parents can use whatever specialists and hospitals they choose, whenever they need, and without a referral from another doctor. Other options could limit your parents' ability to get care from the doctor or hospital of their choice, or may charge a fee for out-of-network care.

### Getting coverage of additional benefits, such as prescription drugs

If your parents choose coverage under traditional Medicare, they may want supplemental coverage to help pay for additional benefits, such as prescription drugs (see "Talking about Health Insurance to Supplement Medicare," on page 14). If your parents choose a Medicare HMO, they may be able to get some coverage of benefits not covered under traditional Medicare

from their plan. It is important to review the scope and limits of additional benefits when choosing among available plans.

### Reducing out-of-pocket medical costs

If your parents are on a tight budget and are willing to limit their choice of doctors and hospitals, they may be able to reduce their health care expenses and get more benefits through a Medicare HMO. If provider choice is a priority, they should consider traditional Medicare with added protection from a Medicare supplemental insurance policy, sometimes known as Medigap, or from an employer-sponsored or union retiree health plan, if one is offered.

### Maintaining health care coverage while away from home

Under traditional Medicare, your parents will be covered for care anywhere in the



United States. While HMOs cover emergency care for enrollees outside the plan area, most do not cover other health care services.

**Keeping supplemental coverage from a former employer or union** If your parents are considering joining a new Medicare plan, they should talk to their employer or former employer to be sure they won't lose valuable retiree health benefits. Many employers offer retiree health coverage as a supplement to traditional Medicare, some also offer coverage through Medicare HMOs.

**Coordinating with Medicaid** benefits. If your parents' income and assets are quite modest, they may qualify for Medicaid or other special programs that will cover some of their health care costs. For those who qualify, Medicaid often pays for valuable benefits, such as prescription drugs and nursing home care, and also pays Medicare's premiums. If they are already covered by Medicaid and Medicare, they should find out what, if anything, they must pay out-of-pocket if they join an HMO. They should also check with their state Medicaid program to see if Medicaid will cover their Medicare plan copayments.

**Making a decision** If your parents are happy with their Medicare coverage, whether they have traditional Medicare, or are in a Medicare HMO, they can stick with it. If your parents enroll in a plan that stops serving people on Medicare, they can always return to traditional fee-for-service, or they can select another participating program HMO. Your parents are able to enroll in Medicare HMOs at any time when the plans are accepting new members. They may disenroll at any time for any reason.

**Knowing your rights** No matter which plan your parents choose—traditional Medicare, a Medicare HMO, or another Medicare+Choice plan—they need to understand their rights as patients and consumers. If your parents believe they have been unfairly denied any Medicare-covered benefits, they have the right to appeal. They should send a copy of the denial notice and, if possible, a letter from their doctor explaining their need for the denied service and a letter requesting a review to the company that issued the denial.

# Compare

## MEDICARE PLANS OFFERED WHERE YOUR PARENTS LIVE

Once you understand how traditional Medicare differs from Medicare+Choice plans, you need to determine which plans are actually offered where your parents live. Though traditional Medicare is available in all parts of the U.S., other plans may not be. For a list of plans in your parents' area and a copy of the Medicare handbook, *Medicare & You*, call Medicare at 1-800-Medicare or visit Medicare's Web site at [www.medicare.gov](http://www.medicare.gov). For free help in understanding differences among Medicare plans, your folks can call their State Health Insurance Assistance Program (SHIP), whose phone number is in the Medicare handbook and under "Getting More Information," on page 38.

If your parents decide on a Medicare+Choice plan, rather than traditional Medicare, they will have to find a company that offers it. For example, if they want to join a Medicare HMO, they may need to choose among multiple HMOs offered in their area. You and your parents should consider and discuss four important factors before signing on to a plan:

**I. Accessibility of doctors and hospitals** Can your parents continue to see the doctors they know if they join a certain plan? Their doctor or specialist might be in one plan's network, but not in another's. Even if their doctor is in an HMO's network, he or she can leave that network at any time.



**2. Extra benefits** The supplemental benefits offered by most HMOs and other Medicare+Choice plans vary widely, and may change every year. If your parents want to join a plan because of the prescription drug benefit, make sure that the plan covers the drugs they need, and that you understand any limits that may apply.

**3. Cost** How much are the premiums and copayments? Is there a deductible? Keep in mind that costs generally change each calendar year.

**4. Quality and reputation** All Medicare plans are different. Besides reviewing the plan's written information, try to talk to plan members about their experiences. For objective information on quality and performance, visit Medicare's Web site at [www.medicare.gov](http://www.medicare.gov).

**\*FACT**

**Most beneficiaries—about 60%—live in an area with at least one Medicare+Choice plan available. These plans are found more commonly in urban areas than in rural areas. Only 13% of beneficiaries living in rural areas have a Medicare+Choice plan available in their area.**

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# Understand

## PRIVATE SUPPLEMENTAL HEALTH INSURANCE

If your parents want to stay in traditional Medicare, you should discuss options for supplemental coverage with them. Without such coverage, their out-of-pocket costs could be high if they require medical care. Supplemental insurance helps pay the deductibles and coinsurance costs that traditional Medicare does not cover. In some cases, it also covers extra benefits, such as outpatient prescription drugs.

Your parents may be able to get supplemental insurance from a former employer or union (retiree coverage). If not, they can buy Medicare supplemental insurance (Medigap) directly from an insurance company. Depending on their income and assets, they may also qualify for Medicaid.

### RETIREE HEALTH COVERAGE

As a rule of thumb, if your parents can get supplemental retiree coverage from a former employer or union, they should. Retiree policies are often more generous than Medigap, in terms of such benefits as prescription drugs. They also may be cheaper than Medigap policies, since employers tend to pay part of the cost. If your parents are not yet on Medicare, find out what benefits may be available from an employer or union to supplement Medicare and ask how these benefits coordinate with Medicare.



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If your parents want to buy a Medicare supplemental insurance policy, known as Medigap, they must decide which benefit package to buy and which insurer to use. Before making a decision, they should clearly understand what benefits are covered and how to compare plans. A good source of information about Medigap plans can be found at: [www.medicare.gov/mgcompare/home.asp](http://www.medicare.gov/mgcompare/home.asp).

Some Medigap policies provide only basic benefits, while others offer such extras as coverage for routine checkups and some prescription drugs. But no policy covers unlimited prescription drugs, long-term custodial care at home or in a nursing facility, vision and dental care, hearing aids, or private duty nursing.

**Compare Medigap Plans** Monthly premiums for Medigap plans average about \$100 a month, but the level of premiums varies widely. Premiums for Medigap policies that cover prescription drugs are often substantially higher. However, you and your folks can easily compare the premiums and benefits offered by Medigap insurers. By law, Medigap insurers can offer only 10 standardized Medigap

plans (see table on opposite page). Each plan has a different set of benefits, and, regardless of the insurer, the benefits in a given plan are the same. For example, Plan H always covers up to \$2,500 in annual prescription drug costs, subject to 50% coinsurance and a \$250 deductible everywhere it is sold.

At this time, no insurance policy fills gaps in coverage for Medicare HMOs or any of the Medicare+Choice plans. Should your parents select an HMO, PPO, or other type of plan, they should budget for any costs that the plan doesn't cover.

### \* FACT

**Nine out of ten people on Medicare rely on some form of insurance—retiree health coverage, Medigap, or Medicaid—to supplement Medicare. Find out what options are available to help fill gaps in coverage.**

## MEDIGAP PLANS AT A GLANCE

Medigap benefits	A	B	C	D	E	F	G	H	I	J
<b>basic benefits:</b> coinsurance for hospital days 61–150 and payment in full for 365 additional days; 20% coinsurance for physician and other Part B services after Part B deductible has been met; first three pints of blood.	★	★	★	★	★	★	★	★	★	★
<b>hospital deductible:</b> \$840 in 2003		★	★	★	★	★	★	★	★	★
<b>skilled nursing facility:</b> coinsurance of \$101.50 for days 21–100			★	★	★	★	★	★	★	★
<b>part b deductible:</b> \$100 in 2003			★			★				★
<b>part b excess charges:</b> up to 115% of Medicare's approved amount						★ 100%	★ 80%		★ 100%	★ 100%
<b>emergency care outside the United States:</b> 80% during the first two months of the trip, with \$250 deductible and lifetime up to \$50,000			★	★	★	★	★	★	★	★
<b>annual at-home recovery benefit:</b> up to \$40 a visit for 40 visits—\$1,600 per year				★			★		★	★
<b>preventive services:</b> up to \$120 a year if ordered by doctor					★					★
<b>prescription drug costs:</b> up to 50% of \$2,500, after a yearly \$250 deductible (up to \$1,250)								★	★	
<b>prescription drug costs:</b> up to 50% of \$6,000, after a yearly \$250 deductible (up to \$3,000)										★

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**Do Your Medigap Homework** After your parents have chosen a Medigap plan, they must select an insurance company that sells it. The following four steps will help them decide wisely.

1. Call the insurance department in the state where your parents live for a list of companies that offer Medigap. Compare the premiums; they may vary a lot and may rise at different rates each year.
2. Understand how premiums are calculated, since that could affect your parents' decision. Policies that base their annual premium on age may seem like a good deal when your folks are 65, but may be far costlier than other policies by the time they turn 75.
3. Determine whether the Medigap insurer has arranged for Medicare to file Medigap claims automatically. Automatic claims filing can save time and headaches.
4. Check the insurer's reputation with your parents' state insurance department. Generally, companies rated "A" or better are reputable.

**Plan for Medigap Enrollment** Once your parents turn 65, they can sign up for any of the 10 Medigap plans during a six-month open enrollment period. Once your parents are enrolled, the Medigap insurer must renew their policy for life, as long as your parents pay their premiums. Missing a premium payment may jeopardize coverage.

Under federal law, once the open enrollment period ends, Medigap insurers can refuse to offer certain Medigap plans because of someone's age or health status. However, the law offers some protections for those who return to traditional Medicare after disenrolling from a Medicare HMO or other Medicare+Choice plan. Your parents should look into these protections before disenrolling.

Because state laws on Medigap consumer protections differ, your parents should check with their state's insurance department about Medigap rights.



# Learn

## ABOUT PROGRAMS FOR PEOPLE WITH LOW INCOMES

**Like millions of seniors, your parents may be living on a limited income, unable to afford supplemental insurance. If so, they may be able to get assistance from Medicaid to help pay their medical expenses.**

If they qualify, Medicaid, a joint federal and state program, will cover many—if not all—of your parents' out-of-pocket Medicare costs, as well as such additional benefits as prescription drugs and

long-term care. To qualify for Medicaid, your parents must meet income and asset limits, which vary by state.

### \*FACT

**Medicaid makes Medicare coverage affordable for six million low-income people on Medicare. To qualify for Medicaid assistance, your parents must meet specific income and asset limits.**



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## **FULL MEDICAID BENEFITS TO SUPPLEMENT MEDICARE**

If your parents receive cash assistance under the Supplemental Security Income (SSI) program, they probably are eligible for full Medicaid benefits. To receive SSI, their income cannot exceed \$552 a month in 2003 (\$829 per couple), and their assets must be less than \$2,000 (\$3,000 per couple). However, even if their income or assets exceed the limit, large medical and long-term care expenses may make them eligible for full Medicaid benefits (see “Talking About Long-Term Care,” on page 24).

## **QUALIFIED MEDICARE BENEFICIARY PROGRAM**

Called QMB for short, the Qualified Medicare Beneficiary program is for people whose income is at or below 100% of poverty (up to \$748 a month for singles and \$1,010 a month for couples in 2003) and whose assets are limited (up to \$4,000 for singles and \$6,000 for couples in 2003). For those who qualify, the state will pay Medicare premiums, and may pay some or all of the deductibles, and coinsurance.

## **SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PROGRAM**

The Specified Low-Income Medicare Beneficiary (SLMB) program pays Medicare's Part B premiums for people whose income is between 100% and 120% of poverty (up to \$898 a month for singles and \$1,212 a month for couples in 2003) and whose assets are limited. If your parents' income is slightly higher, they may be eligible for additional assistance through a program called QI-1 that is administered by the states.

Eligibility rules vary from state to state. To get additional information about whether your parents may qualify for these programs and to apply for them, contact the state agency that administers Medicaid, often the state welfare office or the department of social services (see “Getting More Information,” on page 38). Another option is to use the online tool provided by the National Council on Aging at [www.benefitscheckup.org](http://www.benefitscheckup.org).



**\*FACT**

**Find out about programs for low-income people on Medicare. Many low-income people on Medicare are eligible for financial assistance under Medicaid, but do not apply.**

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# Look Into

## PROGRAMS THAT HELP PAY FOR PRESCRIPTION DRUGS

**Because Medicare generally does not cover the cost of prescription drugs, people on Medicare often look to other programs for help in paying for their medications.**

The main sources of drug coverage for seniors are employer-sponsored (retiree health) plans, Medicare HMOs, Medicaid (generally for those with low incomes), and Medigap. These programs vary greatly in terms of how much help they provide, who may qualify for assistance, and the drugs they cover:

In addition, seniors with low incomes may qualify for help from state pharmacy assistance programs. More than half of all states have such programs that are mainly for lower-income beneficiaries who are not covered by Medicaid. Find out if your parents live in a state with a pharmacy assistance program either by contacting their state's health insurance counseling and assistance program or by referring to the state's health department website. If so, see if they

qualify for help with their drug bills under the state program. (See state references in the last section of this guide.)

Other options to consider are prescription drug discount card programs. These programs are offered by different types of organizations, including pharmacies and non-profit organizations, and are typically available to people of all income levels. Discount drug cards may help lower your parents' drug costs somewhat by offering discounts on retail and mail-order prices. In addition, your parents may want to explore discount cards offered by some drug companies. These cards tend to help only those with low incomes and limit discounts to the drugs that they manufacture.

Compare different programs to see which ones offer the best prices for your parents' medications. Remember that prices change frequently. In some cases, it may help if your parents sign up for more than one discount card program at the same time, depending on the specific medications they take. Be aware that discount cards vary quite a bit in terms of their enrollment costs and how much they actually save consumers.

Those with very low incomes may also want to consider programs that are offered directly by many pharmaceutical companies. Some companies have patient assistance programs that are available to low-income seniors who lack other sources of drug coverage. These programs tend to be limited to specific drugs or treatments

for particular conditions. For many of these programs, seniors need the help of their doctor to apply and qualify for assistance.

Understanding your parents' medication needs will be important in comparing programs and determining the best option for securing help with their prescription drug costs. Check the Prescription Drug Assistance Programs section of Medicare.gov at: [www.medicare.gov/Prescription/Home.asp](http://www.medicare.gov/Prescription/Home.asp) to see if your parents may be eligible for a state-funded pharmacy assistance program where they live or for assistance through a program sponsored by a drug company.

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# Talking About

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The idea of shouldering the cost of nursing home care, choosing between your kids’ education and your parents’ long-term care, or seeing your savings consumed by long-term care costs is daunting. The very possibility may already have prompted talks between you and your folks about long-term care coverage.

Long-term care may include care in a nursing home and medical and personal care at home. Medicare covers only a fraction of long-term care costs and, even then, only in certain situations. As a result, you and your parents must understand Medicare’s benefits and limits, and plan ahead for whatever expenses they may incur. You also need to discuss who will care for your folks when they need help, what kind of care they want, and where they will live as they age.

### DETERMINE THE LEVEL OF CARE NEEDED

When your parents are no longer able to live independently and appear to need some help taking care of themselves, the first step is to determine the type of care they need. Evaluating care options is easier once you know the range and extent of services they require. Often, you and other family members are best equipped to

make this assessment, since you know your parents’ situation and how much day-to-day help they really need. If you prefer, you can hire a geriatric care manager, nurse, or social worker for a professional evaluation. If your parents are eligible for Medicaid, a state social worker sometimes will do this assessment without charge.

## EXPLORE LONG-TERM CARE OPTIONS

There are a number of different ways to meet your aging parents' long-term care needs, ranging from a few hours of personal assistance in the home to skilled, round-the-clock care in a nursing home. Depending on your parents' needs and preferences, there are several home-, community-, and institutionally-based services available to them. You may especially want to discuss whether your parents want to stay in their own home or whether they would feel comfortable in an outside facility.

**Home-based care** Many older people prefer to remain in their own homes rather than move into a supervised facility when they need long-term care. If your parents elect to stay at home, you, and they, may need to consider how much care they will require. For example, will they need help in the middle of the night, or a few hours of personal assistance several days each week? You may need to put together a “patchwork” of formal and informal caregivers and services. Formal services may include visiting nursing services, home health aides, and such social service programs as “Meals on Wheels.” You can

look for services in your parents' community by calling the local Area Agency on Aging or the Eldercare Locator at 1-800-677-1116.

Quite often informal caregivers—family members and friends—end up providing a large share of assistance. To supplement caregiving in the home, some families use community-based services such as adult daycare and senior centers. Call your local Area Agency on Aging to find out about available services in your parents' neighborhood.

If home-based care is the most appropriate solution to your parents' long-term care needs, you should consider simple adaptations to the home to make it a safe and comfortable environment.

Improvements may include appropriate lighting, railings, well-secured carpeting, and quick access to emergency response if needed.

If it becomes too difficult or too expensive to provide long-term care at home, a supervised living facility, such as an assisted living facility or nursing home, may be an option.

**Continuing care retirement communities** These facilities offer long-term contracts that usually



provide lifelong shelter and access to specified health care services. To be admitted, large advance payments often are required. Eligibility for new residents is generally based on age, financial assets, income level, and physical health and mobility. Residents usually are expected to move into a continuing care community while they are still independent and able to care for themselves. Find out what happens when they become sick or frail and can no longer live independently. Does the retirement community have a nursing facility on the premises? What if the nursing facility is full when they require that level of care? What happens if your folks run out of money?

**Assisted living facilities** These facilities (also called “board and care” or “adult care”), are usually in a residential or home-like setting. Most provide meals, housekeeping, and some assistance with activities of daily living such as dressing and bathing. Some of these facilities care for people who require skilled nursing and 24-hour attentive supervision. Find out where your parents will get their health care, whether they will continue to see their doctors, and how they will get to their

appointments. Health care services may be delivered at the facility itself or elsewhere, through an arrangement with another provider such as a hospital. Ask what happens (both in terms of services and price) if your parents' condition declines after they enter an assisted living facility. Ask if the facility takes responsibility for making sure residents take their medicines properly. Some facilities may discharge your parents if their health care needs increase considerably.

**Nursing homes** These facilities provide custodial and skilled care prescribed by doctors and delivered by registered nurses, licensed practical nurses, and certified nurse assistants. Find out whether your folks can get physical, occupational, and other therapy, and whether Medicare or Medicaid will pick up the cost. Costs and quality of care can vary considerably. Be sure to ask if the nursing home meets Medicare and Medicaid quality standards. Information on every Medicare and Medicaid-certified nursing home in the U.S. is available on the Health Care Financing Administration's Nursing Home Database, at web site [www.medicare.gov/nhcompare/home.asp](http://www.medicare.gov/nhcompare/home.asp).

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## **\* TIPS FOR CHOOSING A LIVING FACILITY**

If you and your parents decide that a facility of some type is needed, consider the following tips for choosing among facilities:

- ★ **Visit the facility unannounced at various times including at mealtime and on the weekends to see how the residents are treated. Is the staff respectful of the residents' wishes and privacy? Are the residents properly dressed and assisted with activities? Is the environment pleasant for residents?**
- ★ **Talk to residents and their family members. Most facilities have both a residents' council and a family council that may be helpful.**
- ★ **Ask to see the most recent survey of the facility made by the state licensing and regulatory agency. The survey spells out the facility's deficiencies.**
- ★ **Contact a long-term care ombudsman to discuss any concerns he or she may have about the long-term care facility. Every facility must post the ombudsman program's phone number in a visible place. Required by law, an ombudsman acts as an advocate for residents and helps resolve complaints. See "Getting More Information," on page 38.**

# Discuss

## WAYS TO PAY FOR LONG-TERM CARE

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The price tag for long-term care can be astronomical, beyond the resources of most families. At best, Medicare pays only a fraction of these costs. Extended nursing home stays for an individual requiring skilled care can easily cost in excess of \$5,000 a month, although fees vary widely. Although home care is generally far cheaper (in part because it does not include housing and food costs, which are factored into nursing homes' rates), it too can be very expensive to patients and their families. Costs may depend on the level of care needed, the number of hours of care per week, and where your parents live.

Before the need for long-term care becomes a reality, you and your parents should consider very carefully how to pay for it: through Medicaid if they qualify, with private long-term care insurance, or out-of-pocket. Often, the decision is about money. Here are some fundamentals to help guide this tough decision.

### BE AWARE OF MEDICARE'S LIMITS

While Medicare covers some home health, skilled nursing, and hospice care, it is not a long-term care program. For example, although Medicare covers relatively short-term, medically necessary home health care, it does not pay for custodial care services such as cleaning or cooking at home. Nor does the program pay for prolonged care in a nursing home.



**Home Health Care** Home health care is covered for homebound people who need the services of a skilled nurse or a skilled physical, speech, or occupational therapist. In these cases, Medicare will also cover home health aide services to help with bathing, toileting, feeding, other personal care, and medical social services. Home health benefits are only covered if your parents meet certain requirements: the visits must be prescribed by a doctor; and your parents must need intermittent or part-time skilled nursing care or therapy services and generally must be homebound. There is no copayment for home health services under Medicare, and no limit to the number of covered visits, as long as your parents continue to meet these criteria.

**Skilled Nursing Facility Care** Medicare covers up to 100 days of nursing home care, but only in limited situations. To qualify for this benefit, your parents must need daily skilled care (seven days a week of nursing care or five days a week of rehabilitative care). Moreover, they must have been hospitalized for at least three days within the 30 days preceding admission to the skilled nursing facility, or Medicare will not pay for their care. In

addition, a daily copayment (\$105 in 2003) is required of every patient for the 21st through the 100th day of their care.

**Medical Equipment** Medicare also helps cover some durable medical equipment for use at home, whether it is rented or purchased. These items include walkers, canes, wheelchairs, and commodes that could assist your parents with their long-term care needs.

**Hospice Care** Hospice care is available under Medicare for people with advanced illness and who are expected to live six months or less. It concentrates on improving quality of life, not on curing the condition. Medicare's hospice benefit covers a range of services, including care from doctors, nurses, therapists, and home health aides. It also covers services that Medicare usually does not, including some prescription drugs, respite care, and continuous nursing services for medical emergencies.

Hospice care is designed to help with pain management and other symptoms, so that you and your parents can make the most of the time that remains. In addition, it can provide emotional and spiritual support to you, your parents, and other family members.

## MEDICAID COVERAGE OF LONG-TERM CARE

Medicaid is the country's largest public payer for long-term care. If your parents qualify for Medicaid, it will pay for nursing home care, prescription drugs, and other costs that Medicare does not cover. Medicaid may also pay for some long-term care services provided at home.

There is more than one way your parents can qualify for Medicaid. If they receive Supplemental Security Income (SSI), they are likely to qualify for Medicaid automatically. If they don't have SSI, but have extremely limited income and assets, they may be able to qualify for Medicaid anyway. The exact income eligibility levels for Medicaid vary by state, so check Medicaid rules where your parents live. Medicaid also looks at assets such as savings accounts when determining eligibility, although assets generally don't include homes, cars, household furnishings, or burial plots.

If their income is higher than the state's Medicaid eligibility level, your parents may still be eligible for Medicaid coverage. In several states, people can qualify for Medicaid after spending their income and assets on nursing home and other health care expenses. This is called Medicaid "spend down."

Some people enter a nursing home as private-pay patients but become eligible for Medicaid over time because of the high cost of such care. Generally, states let nursing home residents covered by Medicaid keep \$2,000 in assets and an income of about \$30 per month.

Medicaid rules vary by state. If you or your parents have questions about Medicaid, contact the state Medicaid office or long-term care ombudsman in your area (see "Getting More Information," on page 38).



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## LONG-TERM CARE INSURANCE

Long-term care insurance covers some of the costs of long-term care and may help your parents preserve a portion of their assets. Today, more than 100 insurance companies sell private long-term care insurance that covers nursing home and home care, but only a small share of people on Medicare have a long-term care policy.

While long-term care insurance can limit costs for some people, it is not a good option for everyone. Such insurance is expensive, and the older you are when you buy it, the higher the cost of the monthly premiums. Policies purchased at age 65 average \$1,800 a year for four years of comprehensive coverage; at 79, they average \$5,900 a year. And if your folks have Alzheimer's or other serious health problems, they may not be able to buy a policy at any price.

**To Buy or Not to Buy?** A major reason for purchasing long-term care insurance is to avoid depleting life savings with a prolonged nursing home stay and to preserve savings and other assets for children and grandchildren. Another is to help offset the cost of long-term care for cou-

ples whose assets are limited, but whose income is fairly high (over \$35,000 a year). But, if your parents already qualify for Medicaid or would quickly spend down their assets to qualify, long-term care insurance might not be sensible. Nor is it a prudent investment if they can't afford to pay the premium for the rest of their lives. Even if they can, long-term care insurance may not be a wise choice if they can pay for their care out-of-pocket.

### Do Your Long-Term Care Insurance Homework

No two long-term care insurance policies are alike. Before your parents decide to buy a policy, consider these issues:

★ **Find out what the policy covers** Does it provide for care in a nursing home, in your parents' home, or in a community setting? Some policies will pay cash once your folks meet eligibility requirements and will allow them to spend the money for care in the location of their choice. Others will pay for care only in a specifically defined location. Be sure the policy covers the type of care your parents want.

★ **Be sure you and your parents can afford the premiums**

Check to see if, and by how much, the premiums will rise over time, and consider whether you and your parents can afford premium hikes in the future. Premiums are also affected by the number of years covered under the policy. Four years of coverage is a good compromise between lifetime coverage (which can be quite expensive) and the risk of less coverage. Consider this: people between age 65 and 94 who enter a nursing home stay, on average, two and a half years, while 90% stay less than four years.

★ **Examine the costs of elimination periods**

Many long-term care insurance policies have elimination periods, which are waiting periods that act as deductibles. Your parents must pay for their own care during that time. The longer the elimination period, the lower the premium. Whatever they decide, be sure your parents can afford the out-of-pocket costs they will incur before their policy begins paying.

★ **Consider the level of coverage you are buying**

Choose a policy with a benefit that will cover a

good portion of the daily cost of services your parents may need. Bear in mind that the cost of care will rise with inflation.

Your parents need coverage that keeps up with the rising cost of long-term care. Otherwise, a policy they buy today to cover 80% of these costs may cover only 40% later on, when they need such care. Inflation protection is often sold as a “rider” to long-term care products.

★ **Compare how companies determine eligibility for benefits**

Long-term care policies have different ways of determining if and when someone is eligible for benefits. For example, under some plans, policyholders qualify for coverage when they cannot perform activities of daily living on their own. These may include eating, walking, moving from a bed to a chair, dressing, bathing, and using the toilet. Make sure bathing is mentioned specifically, since people with long-term care needs are likelier to require help with this task than with any other activity. Read the fine print before purchasing a long-term care plan.

## **PAYING FOR LONG-TERM CARE YOURSELF**

Because Medicare's coverage is limited, and many don't qualify for Medicaid or are unable to afford a long-term care policy, often elderly people and their families must tap into savings to pay for care. You and your parents need to think about how much care may cost over an extended period of time, and as your parents become increasingly frail.

The cost of institutional care depends heavily on the amount of time it is used. Find out about nursing home care costs in your parents' area. Then, calculate how much money they would need for a four-year stay. If they can set aside enough to cover four years of residential care, they should consider simply paying for it themselves. But realize that actual costs can't be predicted.

If your parents suffer from Alzheimer's or other forms of dementia, they may need care for many more years.

Home care often costs much less than residential care. Since people with long-term care needs often wish to continue living in their own homes, you may want to research the costs of home and community-based services in your area. Such services, along with home adaptations, can help your parents stay in their own home.

Don't wait until your parents need long-term care to begin discussing it. Talking about their preferences and needs now can help you plan how to pay for their care. Depending on the decisions you and your parents make together, purchasing a long-term care insurance policy, relying on savings, or using Medicaid may be right for you.





**\*FACT**

Women are more likely than men to use long term care services. Nearly three out of four nursing home residents age 65 and older are women.

# Planning for

YOUR PARENTS' CARE  
WHEN THEY CANNOT



# Planning

## FOR YOUR PARENTS' CARE WHEN THEY CANNOT

**Advance directives are written instructions stating your parents' wishes about medical care if they cannot communicate because they are too ill. It's important to discuss advance directives now because having such instructions can comfort your parents, if they become incapacitated. They can also save you and other family members from having to make difficult decisions without knowing what your parents want. Ask if your parents have put their wishes in writing, and where they keep important documents, such as wills and advance directives.**

### HEALTH CARE PROXIES

A health care proxy allows your parents to appoint someone they trust (called an agent) to make their medical decisions if they are unable to do so. Generally, the agent may make health care decisions not only at the end of life, but whenever your parents cannot speak for themselves.

### LIVING WILLS

Through a living will, your parents state in writing their wishes about which medical treatments they do and don't want should they be unable to communicate for themselves. Typically, living wills direct health care personnel whether or not to prolong life if the patient is suffering from an incurable or irreversible condition. Be sure your parents' living wills comply with laws of the state in which they live, and that their doctors, lawyers,

and other trusted persons have copies. Health personnel can follow the directions of the living will only if they have it.

Your parents must execute advance directives while they are still mentally competent. To obtain forms that are valid in their state, contact the state ombudsman program or a hospital or medical society in the area (see "Getting More Information," on page 38).

#### \*FACT

**Thirty percent of adults say they do not know where their parent keeps important papers such as their health insurance card, financial statements, or will.**

**—Family Circle and  
Kaiser Family Foundation**

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# Getting



There are a number of places to turn for information about Medicare and health care coverage for your parents. Since different agencies supply different types of information, you might have to contact several before finding one that can help.

## HERE ARE SOME PLACES TO START

Get basic Medicare information by calling the National Medicare Hotline at 1-800-Medicare; TTY/TDD: 1-877-486-2048. You can also order *Medicare and You*, an overview of Medicare, by calling the hotline or by writing to Medicare Publications, Health Care Financing Administration, 7500 Security Blvd., Baltimore, MD 21244-1850.

Get information on Medicare enrollment and eligibility by calling the National Social Security Hotline at 1-800-772-1213. Also call this number to report lost Medicare cards and a change of address.

Find out about Medicaid eligibility requirements and enrollment procedures at your parents' state or local welfare office, social service, or Medicaid agency.

Get referrals for local agencies that can help you obtain information and services in your parents' community on issues including home health care, nursing home care, and long-term care insurance by calling the Eldercare Locator at 1-800-677-1116.

Request detailed information in English or Spanish about the Medicare+Choice plans available in your folks' area by calling the automated Medicare Special Information number at 1-800-Medicare (1-800-633-4227).

## ADDITIONAL RESOURCES

A variety of state and local agencies can provide more specific information about Medicare, Medigap, and long-term care. The following state-by-state lists include some of these sources.

**State Health Insurance Assistance Programs** For information and free counseling related to Medicare, Medigap, M+C plans, and long-term care, call your parents' state health insurance assistance program. These are federally funded programs established to help beneficiaries with their health insurance choices.

**State Medicaid Agencies** To answer questions about eligibility and enrollment in Medicaid, call your parents' state Medicaid agency. It administers Medicaid benefits, including QMB, SLMB, and QI-I programs.

**Long-Term Care Ombudsmen** For questions about nursing homes and other long-term care facilities in your area, call this number: Your state long-term care ombudsman protects the rights of nursing home residents and responds to questions about facilities.

**State Pharmacy Assistance Programs** Many states have programs that help low-income Medicare beneficiaries who are not eligible for Medicaid pay for their prescription medications. To find out where there is a program in your parents' state, see [www.medicare.gov](http://www.medicare.gov) and follow the link for prescription drug assistance programs.

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## STATE-BY-STATE RESOURCES

	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	STATE MEDICAID AGENCIES	LONG-TERM CARE OMBUDSMEN	STATE PHARMACY ASSISTANCE PROGRAMS <sup>†</sup>
<b>Alabama</b>	800-243-5463 or 334-242-5743	800-362-1504 or 334-242-5000	877-425-2243 or 334-242-5743	
<b>Alaska</b>	800-478-6065 or 907-269-3680	800-211-7470 or 907-465-3355	800-730-6393 or 907-334-4480	
<b>Arizona</b>	800-432-4040 or 602-542-6595	800-523-0231 or 602-417-4000	800-367-8936 or 602-542-4446	
<b>Arkansas</b>	800-224-6330 or 501-371-2782	800-482-8988 or 501-682-8233	501-682-8952	
<b>California</b>	800-434-0222	916-636-1980	800-231-4024 or 916-323-6681	800-434-0222
<b>Colorado</b>	888-696-7213 or 303-899-5151	800-221-3943 or 303-866-3513	800-288-1376 or 303-722-0300	
<b>Connecticut</b>	800-994-9422 or 860-424-5245	800-842-1508 or 860-424-4908	866-388-1888 or 860-424-5200	800-423-5026 or 860-832-9265
<b>Delaware</b>	800-336-9500 or 302-739-6266	800-372-2022 or 302-577-4900	800-223-9074 or 302-453-3820	800-996-9969
<b>District of Columbia</b>	202-739-0668	202-724-5506	800-424-2277 x2120 or 202-434-2120	
<b>Florida</b>	800-963-5337 or 850-414-2060	888-419-3456	888-831-0404 or 850-414-2323	888-419-3456 or 850-487-4441
<b>Georgia</b>	800-669-8387 or 404-657-5334	800-766-4456 or 404-298-1228	888-454-5826 or 404-463-8383	
<b>Hawaii</b>	888-875-9229 or 808-586-7299	808-587-3521	808-586-0100	
<b>Idaho</b>	800-247-4422 or 208-334-4350	877-200-5441 or 208-334-5747	877-471-2777 or 208-334-3833	
<b>Illinois</b>	800-548-9034 or 217-785-9021	800-252-8635 or 217-782-0963	800-252-8966 or 217-524-6911	800-252-8966 or 800-624-2459
<b>Indiana</b>	800-452-4800 or 317-232-5299	800-622-4932 or 317-232-4966	800-288-1396 or 800-622-4484 or 317-232-7000	866-267-4679 or 317-234-1381
<b>Iowa</b>	800-351-4664 or 515-281-6867	800-972-2017 or 515-281-8621	800-532-3213 or 515-242-3333	866-282-5817 or 515-327-5405
<b>Kansas</b>	800-860-5260 or 316-337-7386	800-766-9012 or 785-291-4144	877-662-8362 or 785-296-3017	800-432-3535 or 785-296-1299
<b>Kentucky</b>	877-293-7447	800-635-2570 or 502-564-6885	800-372-2991 or 502-564-6930	
<b>Louisiana</b>	800-259-5301 or 225-342-5301	888-342-6207 or 225-342-5716	800-259-4990 or 225-342-7100	
<b>Maine</b>	800-750-5353 or 207-623-1797	800-452-1926 or 207-624-8200	800-499-0229 or 207-621-1079	888-321-5557 or 207-287-2674
<b>Maryland</b>	800-243-3425 or 410-767-1100	800-492-5231 or 410-767-5800	800-243-3425 or 410-767-1100	800-492-1974 or 410-767-5394
<b>Massachusetts</b>	800-243-4636 or 617-727-7750	800-841-2900 or 617-210-5000	800-243-4636 or 617-727-7750	800-243-4636 or 617-727-7750
<b>Michigan</b>	800-243-4636 or 617-727-7750	800-642-3195 or 517-335-5477	866-485-9393 or 517-485-9393	517-241-3424
<b>Minnesota</b>	800-333-2433 or 651-296-2770	800-657-3659 or 651-296-8517	800-657-3591 or 651-296-0382	651-296-8517 or 800-657-3659 or 800-333-2433

\* Note: Some 800 numbers may apply for in-state use only.

† State Pharmacy Assistance Programs are not available in all states.

	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	STATE MEDICAID AGENCIES	LONG-TERM CARE OMBUDSMEN	STATE PHARMACY ASSISTANCE PROGRAMS†
<b>Mississippi</b>	800-948-3090 or 601-359-4929	800-421-2408 or 601-359-6050	800-948-3090 or 601-359-4929	
<b>Missouri</b>	800-390-3330 or 573-893-7900	800-392-2161 or 573-751-3221	800-309-3282 or 573-526-0727	866-556-9316
<b>Montana</b>	800-332-2272 or 406-444-4077	800-362-8312 or 406-441-1545	800-332-2272 or 406-444-4077	
<b>Nebraska</b>	800-234-7119 or 402-471-2201	800-430-3244 or 402-471-9147	800-942-7830 or 402-471-2307	
<b>Nevada</b>	800-307-4444 or 702-486-3478	800-992-0900x4776 or 775-684-0800	800-243-3638 or 702-486-3545	800-262-7726
<b>New Hampshire</b>	800-852-3388 or 603-225-9000	800-852-3345x4344 or 603-271-4344	800-442-5640 or 603-271-4375	888-580-8902
<b>New Jersey</b>	800-792-8820 or 609-943-3437	800-356-1561 or 609-588-2600	877-582-6995 or 609-943-4023	800-792-9745
<b>New Mexico</b>	800-432-2080 or 505-827-7640	888-997-2583 or 505-476-6800	800-432-2080 or 505-255-0971	480-595-7462
<b>New York</b>	800-333-4114	800-541-2831 or 518-486-9057	800-342-9871 or 518-474-7329	800-332-3742
<b>North Carolina</b>	800-443-9354 or 919-733-0111	800-662-7030 or 919-857-4019	919-733-8395	866-226-1388
<b>North Dakota</b>	800-247-0560 or 701-328-2440	800-755-2604 or 701-328-2321	800-451-8693 or 701-328-8910	
<b>Ohio</b>	800-686-1578 or 614-644-3458	800-324-8680	800-282-1206 or 614-466-1221	614-466-6525 or 800-422-1976
<b>Oklahoma</b>	800-763-2828 or 405-521-6628	800-522-0310 or 405-522-7171	800-211-2116 or 405-521-6734	
<b>Oregon</b>	800-722-4134 or 503-947-7263	800-273-0557 or 503-945-5772	800-522-2602 or 503-378-6533	503-945-6530
<b>Pennsylvania</b>	800-783-7067	800-692-7462 or 717-787-3119	717-783-7247	800-225-7223 or 717-652-9028
<b>Rhode Island</b>	800-322-2880 or 401-222-2880	401-462-5300	401-785-3340	800-322-2880 or 401-222-2858
<b>South Carolina</b>	800-868-9095 or 803-898-2850	800-868-9095 or 803-898-2850	800-868-9095 or 803-898-2850	877-239-5277
<b>South Dakota</b>	800-822-8804 or 605-773-3656	605-773-4678	866-854-5465 or 605-773-3656	
<b>Tennessee</b>	877-801-0044 or 901-324-6333	800-669-1851 or 615-741-4800	877-236-0013 or 615-741-2056	
<b>Texas</b>	800-252-9240 or 512-424-6840	888-834-7406 or 512-438-3280	800-252-9240 or 512-424-6840	
<b>Utah</b>	800-541-7735 or 801-538-3910	800-662-9651 or 801-538-6155	800-541-7735 or 801-538-3910	
<b>Vermont</b>	800-642-5119 or 802-748-5182	800-250-8427 or 802-241-2880	800-917-7787 or 802-863-2316	800-250-8427 or 802-241-2992
<b>Virginia</b>	800-552-3402 or 804-662-9333	804-786-6145	800-552-3402 or 804-644-2804	
<b>Washington</b>	800-397-4422	800-562-3022	800-562-6028 or 253-838-6810	
<b>West Virginia</b>	877-987-4463 or 304-558-2917	304-558-1700	304-558-3317	877-987-3646 or 304-558-3317
<b>Wisconsin</b>	800-242-1060 or 608-267-3298	800-362-3002 or 608-221-5720	800-815-0015 or 608-266-7159	800-657-2038
<b>Wyoming</b>	800-856-4398 or 307-856-6880	800-251-1269 or 307-772-8401	307-322-5553	800-777-6032

\* Note: Some 800 numbers may apply for in-state use only.

† State Pharmacy Assistance Programs are not available in all states.



# State Health Insurance Counseling and Assistance Program (SHIP)

## WEBSITES

Alabama — [www.aldoi.org/](http://www.aldoi.org/)

Alaska — [www.dced.state.ak.us/insurance/](http://www.dced.state.ak.us/insurance/)

Arizona — [www.id.state.az.us/index.html](http://www.id.state.az.us/index.html)

Arkansas — [www.state.ar.us/insurance/srinsnetwork/seniorshlth\\_pl.html#Helpful](http://www.state.ar.us/insurance/srinsnetwork/seniorshlth_pl.html#Helpful)

California — [www.aging.ca.gov/](http://www.aging.ca.gov/)

Colorado — [www.dora.state.co.us/insurance/](http://www.dora.state.co.us/insurance/)

Connecticut — [www.state.ct.us/cid/](http://www.state.ct.us/cid/)

Delaware — [www.state.de.us/inscom/eldindex.htm](http://www.state.de.us/inscom/eldindex.htm)

District of Columbia — [www.disr.washingtondc.gov/information/rights/insurance\\_rights3.shtm](http://www.disr.washingtondc.gov/information/rights/insurance_rights3.shtm)

Florida — [www.doi.state.fl.us/](http://www.doi.state.fl.us/)

Georgia — [www.inscomm.state.ga.us/](http://www.inscomm.state.ga.us/)

Hawaii — [www.state.hi.us/dcca/ins/](http://www.state.hi.us/dcca/ins/)

Idaho — [www.doi.state.id.us/](http://www.doi.state.id.us/)

Illinois — [www.ins.state.il.us/](http://www.ins.state.il.us/)

Indiana — [www.ai.org/idoi/shiip/index.html](http://www.ai.org/idoi/shiip/index.html)

Iowa — [www.shiip.state.ia.us/premgd.html](http://www.shiip.state.ia.us/premgd.html)

Kansas — [www.ksinsurance.org/](http://www.ksinsurance.org/)

Kentucky — [www.doi.state.ky.us/kentucky/](http://www.doi.state.ky.us/kentucky/)

Louisiana — [www.ldi.state.la.us/](http://www.ldi.state.la.us/)

Maine — [www.state.me.us/pfr/ins/ins\\_index.htm](http://www.state.me.us/pfr/ins/ins_index.htm)

Maryland — [www.mdinsurance.state.md.us/](http://www.mdinsurance.state.md.us/)

Massachusetts — [www.state.ma.us/consumer/](http://www.state.ma.us/consumer/)

Michigan — [www.mymmap.org/](http://www.mymmap.org/)

Minnesota — [www.state.mn.us/cgi-bin/portal/mn/jsp/home.do?agency=Commerce](http://www.state.mn.us/cgi-bin/portal/mn/jsp/home.do?agency=Commerce)



Mississippi — [www.doi.state.ms.us/](http://www.doi.state.ms.us/)

Missouri — [www.dss.state.mo.us/da/index.htm](http://www.dss.state.mo.us/da/index.htm)

Montana — [www.dphhs.state.mt.us/sltc/index.htm](http://www.dphhs.state.mt.us/sltc/index.htm)

Nebraska — [www.nol.org/home/NDOI/](http://www.nol.org/home/NDOI/)

Nevada — <http://doi.state.nv.us/>

New Hampshire — [www.nhhelpline.org/hiceas/hiceas/index.cfm](http://www.nhhelpline.org/hiceas/hiceas/index.cfm)

New Jersey — [www.state.nj.us/dobi/index.shtml](http://www.state.nj.us/dobi/index.shtml)

New Mexico — [www.nmaging.state.nm.us/benes.html](http://www.nmaging.state.nm.us/benes.html)

New York — [www.ins.state.ny.us/caremain.htm](http://www.ins.state.ny.us/caremain.htm)

North Carolina — [www.ncdoi.com/Consumer/Shiip/Shiip.asp](http://www.ncdoi.com/Consumer/Shiip/Shiip.asp)

North Dakota — [www.state.nd.us/ndins/consinfo/medicare.html](http://www.state.nd.us/ndins/consinfo/medicare.html)

Ohio — [www.ohioinsurance.gov/](http://www.ohioinsurance.gov/)

Oklahoma — [www.oid.state.ok.us/consumer/](http://www.oid.state.ok.us/consumer/)

Oregon — [www.oregonshiba.org/](http://www.oregonshiba.org/)

Pennsylvania — [www.aging.state.pa.us/](http://www.aging.state.pa.us/)

Rhode Island — [www.dbr.state.ri.us/](http://www.dbr.state.ri.us/)

South Carolina — [www.doi.state.sc.us/](http://www.doi.state.sc.us/)

South Dakota — [www.state.sd.us/social/ASA/SHIINE/index.htm](http://www.state.sd.us/social/ASA/SHIINE/index.htm)

Tennessee — [www.state.tn.us/commerce/](http://www.state.tn.us/commerce/)

Texas — [www.tdi.state.tx.us/consumer/hicap/issues.html](http://www.tdi.state.tx.us/consumer/hicap/issues.html)

Utah — [www.insurance.state.ut.us/](http://www.insurance.state.ut.us/)

Vermont — [www.bishca.state.vt.us/](http://www.bishca.state.vt.us/)

Virginia — [www.state.va.us/scc/division/boi/webpages/senior.htm](http://www.state.va.us/scc/division/boi/webpages/senior.htm)

Washington — [www.insurance.wa.gov/shibahelpline.htm](http://www.insurance.wa.gov/shibahelpline.htm)

West Virginia — [www.state.wv.us/insurance/WVICOnline/default.htm](http://www.state.wv.us/insurance/WVICOnline/default.htm)

Wisconsin — [www.oci.wi.gov/oci\\_home.htm](http://www.oci.wi.gov/oci_home.htm)

Wyoming — [www.insurance.state.wy.us/](http://www.insurance.state.wy.us/)

MEDICARE

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MORE INFORMATION

# State Pharmacy Assistance Program

## WEBSITES

Colorado — [www.dora.state.co.us/insurance/senior/senior.htm](http://www.dora.state.co.us/insurance/senior/senior.htm)

Connecticut — [www.connpace.com/](http://www.connpace.com/)

Delaware — [www.state.de.us/dhss/dss/prescription.html](http://www.state.de.us/dhss/dss/prescription.html)

Florida — [www.floridahealthstat.com/silversaver.shtml](http://www.floridahealthstat.com/silversaver.shtml)

Idaho — [www2.state.id.us/dhw/index.htm](http://www2.state.id.us/dhw/index.htm)

Illinois — [www.state.il.us/aging/circtbkr.htm](http://www.state.il.us/aging/circtbkr.htm)

Indiana — [www.in.gov/fssa/hoosierx/](http://www.in.gov/fssa/hoosierx/)

Iowa — [www.iowapriority.org/](http://www.iowapriority.org/)

Kansas — [www.agingkansas.org/kdoa/programs/pharmassistprog.htm](http://www.agingkansas.org/kdoa/programs/pharmassistprog.htm)

Maine — [www.state.me.us/dhs/beas/resource/lc\\_drugs.htm](http://www.state.me.us/dhs/beas/resource/lc_drugs.htm)

Maryland — [www.dhmf.state.md.us/mma/mpap/](http://www.dhmf.state.md.us/mma/mpap/)

Massachusetts — [www.800ageinfo.com/info/contactus.asp](http://www.800ageinfo.com/info/contactus.asp)

Michigan — [www.miepic.com/](http://www.miepic.com/)

Minnesota — [www.dhs.state.mn.us/HealthCare/asstprog/prescription\\_drugs.htm](http://www.dhs.state.mn.us/HealthCare/asstprog/prescription_drugs.htm)

Missouri — [www.missouriseniorx.com/](http://www.missouriseniorx.com/)

Nevada — [www.nevadaseniorrx.com/](http://www.nevadaseniorrx.com/)

New Hampshire — [www.nh-rxdiscountprogram.com/index.html](http://www.nh-rxdiscountprogram.com/index.html)

New Mexico — [www.newmexicorx.com/](http://www.newmexicorx.com/)

New York — [www.health.state.ny.us/nysdoh/epic/faq.htm](http://www.health.state.ny.us/nysdoh/epic/faq.htm)

North Carolina — [www.ncseniorcare.com/faq.htm](http://www.ncseniorcare.com/faq.htm)

Ohio — [www.state.oh.us/age/buckeye.html](http://www.state.oh.us/age/buckeye.html)

Oregon — [www.omap.hr.state.or.us/seniorrx.html](http://www.omap.hr.state.or.us/seniorrx.html)

Pennsylvania — [www.aging.state.pa.us/aging/cwp/view.asp?a=293&Q=173876](http://www.aging.state.pa.us/aging/cwp/view.asp?a=293&Q=173876)

South Carolina — [www.silverxcard.com/](http://www.silverxcard.com/)

Rhode Island — [www.dea.state.ri.us/socialservices.htm](http://www.dea.state.ri.us/socialservices.htm)

Vermont — [www.healthyvermonters.info/](http://www.healthyvermonters.info/)

West Virginia — [www.state.wv.us/seniorservices/](http://www.state.wv.us/seniorservices/)

Wisconsin — [www.dhfs.state.wi.us/seniorcare/](http://www.dhfs.state.wi.us/seniorcare/)

Wyoming — <http://64.82.65.67/health/WY-pharm.html>

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## **\*TEN TIPS TO REMEMBER**

When talking to your parents about their health care coverage:

1. Plan ahead.
2. Find out how your parents want to fill gaps in Medicare coverage, including prescription drugs, home care, and nursing home care.
3. Discuss how your parents want to manage their health care costs and address their health care needs.
4. Determine who will care for your parents when they need help.
5. Ask your parents where they keep important documents ...
6. ... and how to contact their doctor in case of an emergency.
7. Discuss where they want to live as they grow old...
8. ...and how they want to die.
9. Don't be afraid to raise these issues.
10. Continue the conversation as your parents age.

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Washington, DC 20005**

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[www.kff.org/docs/parents](http://www.kff.org/docs/parents).**