# **2018 MEDICARE** OVERVIEW

Type of Service	Time Limits	You Pay	Medicare Pays	Eligibility	Not Covered
*Hospital Inpatient: Including semi-private room, meals and regular nursing services	First 60 days	\$1,340 deductible	Balance		private nurses,
	Days 61-90	\$335 per day		Under 65: Certain Disabilities	
Lifetime Reserve	Lifetime limit of 60 days	\$670 co-payment per day	Balance	Same as for hospital inpatient care	Same as for hospital inpatient care
*Skilled Nursing Care: Facilities	First 20 days	\$0	100%	Must be an Sam	same as for hospital
certified by Medicare	Days 21-100	\$167.50 per day	Balance	extension of at least 4 days of hospital inpatient care and authorized by a physician	inpatient care, including personal convenience items
<b>Home Health Care:</b> Performed by nurses, therapists, and home health aides	Intermittent care recertified every 60 days by physician	No copayment 20% of Medicare Approved Amount for DME	100%	Homebound; authorized by your physician	Full-time, long-term nursing care at home, drugs, meals, and homemaker services
Inpatient Psychiatric Hospital Care	Lifetime limit of 190 days	Same as for hospital inpatient care	Balance	Same as for hospital inpatient care	Same as for hospital inpatient care
Hospice Care	Unlimited, provided the patient continues to be certified as terminally ill	5% co-pay (up to \$5) on each prescription related to terminal illness	All care, equipment and medication related to the hospice (terminal) diagnosis	Certified by the attending physician as terminally ill	Refer to your hospice provider
		Respite care: 5% of respite rate			
vices are based on benefit periods					ı
Doctor's fees including medical/surgical services, hospital outpatient services, emergency room treatment and outpatient treatment of mental illness; oxygen and wheelchair (home use only); outpatient physical and occupational therapy or speech pathology; ambulance	Unlimited during duration of eligibility	Annual \$183 deductible plus basic monthly premium as determined by your annual income; thereafter 20% of the approved Medicare Allowable	80% of the approved Medicare Allowable after your deductible has been met	Must enroll and pay monthly premium	Routine vision checkup, eye glasses, hearing aids, dental work, orthopedic shoes, cosmetic surgery, immunizations (except Hepatitis B, pneumonia, and influenza), private nurses, private room and certain prescription drugs, wheelchair/ van ambulette
	Lifetime Reserve  *Skilled Nursing Care: Facilities certified by Medicare  Home Health Care: Performed by nurses, therapists, and home health aides  Inpatient Psychiatric Hospital Care  Hospice Care  Vices are based on benefit periods  Doctor's fees including medical/surgical services, hospital putpatient services, emergency from treatment and outpatient treatment of mental illness; by year and wheelchair (home cuse only); outpatient physical and occupational therapy or	Lifetime Reserve  Lifetime Reserve  Lifetime Reserve  Lifetime Reserve  Lifetime Reserve  Lifetime limit of 60 days  First 20 days  Days 21-100  Lifetime limit of 60 days  Days 21-100  Lifetime limit of 190 days  Lifetime limit of 190 days  Unlimited, provided the patient continues to be certified as terminally ill  Lifetime limit of 190 days  Unlimited, provided the patient continues to be certified as terminally ill  Lifetime limit of 190 days  Unlimited during duration of eligibility  Lifetime limit of 190 days  Unlimited, provided the patient continues to be certified as terminally ill  Lifetime limit of 190 days  Unlimited, provided the patient continues to be certified as terminally ill  Lifetime limit of 190 days  Unlimited, provided the patient continues to be certified as terminally ill  Lifetime limit of 190 days  Unlimited, provided the patient continues to be certified as terminally ill  Lifetime limit of 200 days  Lifetime limit of 200 days  Days 21-100	Days 61-90   \$335 per day	deductible  Days 61-90 \$335 per day  Lifetime Reserve  Lifetime limit of 60 days  First 20 days Days 21-100 \$167.50 per day  Balance  Home Health Care: Performed pealth aides  Provided the patient continues to be certified provided the patient continues to be certified as a terminally ill  Days 21-100 \$167.50 per day  Days 21-100 \$167.50 per days  Days	deductible  Days 61-90  Days 670 co-payment per day  Days 670 co-payment per day  Days 21-100  Days 21

Per medicare regulations, benefit amounts are subject to change without notice



### **2018 TRANSPORT** COVERAGE OVERVIEW

### **Skilled residents:**

#### **Medicare Part A**

#### 1. Covered transports:

- Emergency Ambulance trips to the ER

   covered under consolidated billing if deemed a true emergency
- Stretcher van deemed medically necessary – physician statement required. Ambulance company bills Medicare Part B

#### 2. Non-covered transports:

- · Wheelchair van or ambulette
- Stretcher van not deemed medically necessary

Note: Dialysis clinic transports are not covered. Ambulance companies bill patients directly for these transports.

#### Insurance

#### 1. Covered transports:

- Emergency ambulance trips to the ER

   covered under insurance, subject to deductible as required
- Stretcher van deemed medically necessary:
  - > Physician statement required
  - Ambulance company bills insurance directly
  - > Patient is responsible for copays as outlined by their contract

Note: Coverage for wheelchair van or ambulette transports varies according to patient insurance provider. Patient is responsible for copays.

\*Only insurance exceptions are the Medicaid HMOs (Gateway, BEST, and UPMC for you).

Transports are covered under these providers.

#### **Medical Assistance**

(Residents approved in the facility,

not the community)

1. All transports are covered

### **UPMC Senior Communities Skilled Nursing and Rehabilitation Facilities**

#### **Asbury Heights**

700 Bower Hill Road Pittsburgh, PA 15243 412-571-5182

#### **Avalon Place**

3410 W. Pittsburg Rd. New Castle, PA 16101 724-658-4781

#### **Avalon Place Springs**

745 Greenville Rd. Mercer, PA 16137 724-662-5400

#### Canterbury Place\*

310 Fisk St. Pittsburgh, PA 15201 412-622-9000

#### Cranberry Place\*

5 St. Francis Way Cranberry Twp., PA 16066 724-772-5350

#### Heritage Place\*

5701 Phillips Ave. Pittsburgh, PA 15217 412-422-5100

#### **Jameson Care Center**

3349 Wilmington Rd New Castle, PA 16105 724-598-3300

#### Seneca Place\*

5360 Saltsburg Rd Verona, PA 15147 412-798-8000

#### **Sherwood Oaks**

100 Norman Dr. Cranberry Township, PA 16066 724-776-8100

#### **Sugar Creek Station**

351 Causeway Dr. Franklin, PA 16323 814-437-0100

\*Transitional Rehabilitation Units (TRUs) in partnership with the UPMC Rehabilitation Institute for short-term patients. Canterbury Place also offers a second Heart and Vascular Institute TRU specifically for cardiac-specific post-acute complex cardiology and cardiac surgical patients in partnership with the UPMC Heart and Vascular Institute.

Skilled memory care available at Asbury Heights, Canterbury Place, and Sugar Creek Station.

For information and questions regarding skilled nursing and rehabilitation referrals call the Central Admissions Office (CAO) at **412-688-3900** 

## **Other UPMC Senior Communities Facilities**

#### Independent Living

Asbury Heights — Mount Lebano
Avalon Springs Place — Mercer
Beatty Pointe Village — Monroeville
Cumberland Woods Village — Allison Park
Hampton Fields Village — Hampton
Lighthouse Pointe Village at
Chapel Harbor — Fox Chapel
Seneca Hills Village — Penn Hills
Sherwood Oaks — Cranberry Twp.
Strabane Trails Village — Washington

Sugar Creek Station — Venango

Vanadium Woods Village — Bridgeville

#### **Personal Care**

Asbury Heights — Mount Lebanon
Canterbury Place — Lawrenceville
Jameson Place — New Castle
Sherwood Oaks — Cranberry Township
(memory care also)

#### **Assisted Living**

Cumberland Crossing Manor — Allison Park Seneca Manor — Penn Hills Strabane Woods — Washington Weatherwood Manor — Greensburg

Persona Care memory care available at Asbury Heights and Sherwood Oaks

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