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Learning About Medicare Health Plans...

...*Six Steps to Choosing a Medicare Health Plan*

HCFA
MEDICARE & MEDICAID
Health Care Financing Administration

Medicare & You

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Medicare & You 2000

This handbook explains...

- **Your Medicare benefits.**
- **Your Medicare plan choices.**
- **Where you can call for help.**

Get the basics on pages 1-3.

Keep this handbook for future reference.

HEALTH CARE FINANCING ADMINISTRATION

The Federal Medicare Agency

Medicare & You
The knowledge to make good decisions

¿Necesita Ayuda Para Pagar Los Costos del Cuidado de su Salud?

¿Dónde conseguiría yo ayuda para pagar los costos del cuidado de la salud?

Medicaid tiene programas que pagan algunas o todas las primas de Medicare e incluso puede ser que paguen deducibles y seguro complementario de Medicare para aquellas personas que califiquen para Medicare y tengan bajos ingresos. Usted tiene que tener Seguro de Hospital Medicare ("Parte A"). Si no está seguro de tener la "Parte A" mire en su tarjeta de Medicare (tarjeta roja, blanca y azul). La tarjeta dice "Hospital Insurance (Part A)" en la esquina inferior izquierda. También puede llamar a la oficina de la Administración del Seguro Social más cercana, o llamar al 1-800-772-1213.

Si usted tiene la "Parte A", sus ingresos son limitados (mire abajo la tabla) y sus recursos financieros, tales como cuentas de bancos, acciones y bonos no exceden los $4,000 dólares para un individuo, o $6,000 dólares para una pareja, usted podría calificar para asistencia como un Beneficiario Calificado de Medicare (QMB), Beneficiario de Medicare con Bajos Ingresos Específicos (SLMB), o Individuo Calificado (QI).

Para más información sobre estos programas, llame a su Estado, condado u oficina de asistencia médica local. Busque en cualquier directorio telefónico la oficina más cercana a usted. Encontrará estas oficinas bajo los titulares de Medicaid, Servicios Sociales, Asistencia Médica, Asistencia Pública, Servicios Humanos, o Servicios Comunitarios. También puede llamar a Medicare al 1-800-MEDICAR(E) (1-800-633-4227) (TTY: 1-877-486-2048 impedimento auditivo) para conseguir el número de teléfono en su Estado.

1999 Límite Mensual de Ingresos*

	Individual	Pareja	Beneficios - Paga Medicare
QMB	$ 707	$ 942	Primas, deducibles, y seguro complementario
SLMB	$ 844	$ 1,126	Primas mensuales "Parte B"
QI-1	$ 947	$ 1,265	Primas mensuales "Parte B"
QI-2	$ 1,222	$ 1,633	Una pequeña parte de la prima mensual de la "Parte B"

***Cantidades un poco más altas están permitidas en Alaska y Hawaii. Los límites de ingreso cambiarán un poco en el 2000, y estarán a su disposición a partir del 1 de abril del 2000.**

¿Tiene usted o alguien que conozca niños menores de 19 años que no estén cubiertos por un seguro médico? ¡Existe ayuda! Un nuevo Programa de Seguros para la Salud de los Niños se encuentra disponible en su Estado. Para averiguar sobre los requisitos del programa, puede llamar gratis al número nacional 1-877-KIDS-NOW (1-877-543-7669). Este número le conectará automáticamente con el programa asegurador para niños de su Estado.

HCFA
MEDICARE • MEDICAID
Health Care Financing Administration

Publication No. HCFA-11015
Revised May 1999

Medicare & You
The knowledge to make good decisions

Medicare Appeals and Grievances (Complaints)

Your Medicare Appeal Rights:
You have the right to appeal any decision about your Medicare services. This is true whether you are in the Original Medicare Plan or a Medicare managed care plan. If Medicare does not pay for an item or service you have been given, or if you are not given an item or service you think you should get, you can appeal.

Appeal Rights Under the Original Medicare Plan:
If you are enrolled in the Original Medicare Plan, you can file an appeal if you think Medicare should have paid for, or did not pay enough for, an item or service you received. If you file an appeal, ask your doctor or provider for any information related to the bill that might help your case. Your appeal rights are on the back of the Explanation of Medicare Benefits or Medicare Summary Notice that is mailed to you from a company that handles bills for Medicare. The notice will also tell you why your bill was not paid and what appeal steps you can take.

Appeal Rights Under Medicare Managed Care Plans:
If you are in a Medicare managed care plan, you can file an appeal if your plan will not pay for, does not allow, or stops a service that you think should be covered or provided. If you think your health could be seriously harmed by waiting for a decision about a service, ask the plan for a fast decision. The plan must answer you within 72 hours.

The Medicare managed care plan must tell you in writing how to appeal. After you file an appeal, the plan will review its decision. Then, if your plan does not decide in your favor, the appeal is reviewed by an independent organization that works for Medicare, not for the plan. See your plan's membership materials or contact your plan for details about your Medicare appeal rights.

If you have concerns or problems with your plan which are not about payment or service requests, you have a right to file a complaint. For example, if you believe your plan's hours of operation should be different, you can file a complaint.

You are protected when you are in the hospital:
This is true whether you are in the Original Medicare Plan or a Medicare managed care plan. If you are admitted to a Medicare participating hospital, you should be given a copy of *An Important Message From Medicare*. It explains your rights as a hospital patient. If you are not given one, ask for it.

The Message tells you:

- You have the right to get all of the hospital care that you need, and any follow-up care after you leave the hospital.
- What to do if you think the hospital is making you leave too soon.

If you have questions about this, call the Peer Review Organization (PRO). Their number is on the message. You may be able to stay in the hospital at no charge while they review your case. The hospital cannot force you to leave before the PRO makes a decision.

HCFA
MEDICARE • MEDICAID

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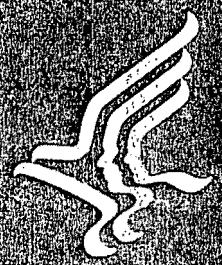
MEDICARE

Coverage of Kidney Dialysis and Kidney Transplant Services

A Supplement to Your Medicare Handbook



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION