

2020 MEDICARE OVERVIEW



| | Type of Service | Time Limits | You Pay | Medicare Pays | Eligibility | Not Covered |
|---|--|---|---|---|--|---|
| PART A | *Hospital Inpatient: Including semi-private room, meals, and regular nursing services | First 60 days | \$1,408 deductible | Balance | Over 65: Eligible for Social Security Under 65: Certain Disabilities | Private rooms, private nurses, doctors |
| | | Days 61-90 | \$ 352 per day | | | |
| | Lifetime Reserve | Lifetime limit of 60 days | \$704 copayment per day | Balance | Same as for hospital inpatient care | Same as for hospital inpatient care |
| | *Skilled Nursing Care: Facilities certified by Medicare | First 20 days | \$0 | 100% | Must be an extension of at least 4 days of hospital inpatient care and authorized by a physician | Same as for hospital inpatient care, including personal convenience items |
| | | Days 21-100 | \$176 per day | Balance | | |
| | Home Health Care: 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% copay (up to \$5) on each prescription related to terminal illness Respite care: 5% of respite rate | All care, equipment, and medication related to the hospice (terminal) diagnosis | Certified by the attending physician as terminally ill | Refer to your hospice provider | |
| *All services are based on benefit periods | | | | | | |
| PART B | 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 \$198 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 or ambulette |
| *Note: Outpatient therapies are subject to a cap. | | | | | | |

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

Skilled Residents

| Medicare Part A | Insurance | Medical Assistance |
|--|--|--|
| <p>Covered transports:</p> <ul style="list-style-type: none"> 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 <p>Non-covered transports:</p> <ul style="list-style-type: none"> Wheelchair van or ambulette Stretcher van not deemed medically necessary <p><i>Note: Dialysis clinic transports are not covered. Ambulance companies bill patients directly for these transports.</i></p> | <p>Covered transports:</p> <ul style="list-style-type: none"> Emergency ambulance trips to the ER – covered under insurance, subject to deductible as required Stretcher van deemed medically necessary: <ul style="list-style-type: none"> Physician statement required Ambulance company bills insurance directly Patient is responsible for copays as outlined by their contract <p><i>Note: Coverage for wheelchair van or ambulette transports varies according to patient insurance provider. Patient is responsible for copays.</i></p> <p><i>*Only insurance exceptions are the Medicaid HMOs (Gateway, BEST, and UPMC for You). Transports are covered under these providers.</i></p> | <p>All transports are covered for Medical Assistance patients that are approved in the facility, not the community.</p> |

UPMC Senior Communities Skilled Nursing and Rehabilitation Facilities

Asbury Heights†

700 Bower Hill Rd.
Pittsburgh, PA 15243
412-571-5182

Avalon Place Springs

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

Cranberry Place*

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

Jameson Care Center

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

Sherwood Oaks

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

Avalon Place

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

Canterbury Place**

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

Heritage Place*

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

Seneca Place*

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

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 Lebanon
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 Twp.

Assisted Living

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

Personal care memory care available at Asbury Heights and Sherwood Oaks

To learn more visit UPMCSeniorCommunities.com or call **1-800-324-5523**