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*The following is a Summary of the New 2009 Medicaid & Medicare Benefits*

**Medicaid Update**

Resource Limit	\$13,800.00
Income Limit	\$ 745.00
Institutional Resident/Personal Needs	\$ 50.00
Community Spouse – MMMA (Minimum Monthly Maintenance Allowance)	\$ 2,739.00
Minimum Resource Spouse's Allowance 2009	\$74,820.00
Maximum Resource	\$109,560.00

**Medicare Update**

Medicare Part A Buy-in In Hospital	\$ 443.00 per month
Medicare Part B Monthly Premium (Medical Insurance)	

***If Your Yearly Income is...***

<u><b>File Individual Tax Return</b></u>	<u><b>Joint Tax Return</b></u>	<u><b>You Pay</b></u>
\$85,000 or below	\$170,000 or below	\$96.40
\$85,001 - \$107,000	\$170,001 - \$214,000	\$134.90
\$107,001 - \$160,000	\$214,001 - \$320,000	\$192.70
\$160,001 - \$213,000	\$320,001 - \$426,000	\$250.50
Above \$230,000	Above \$426,000	\$308.30

***An Elder Law, Trust & Estates, Estate Planning, Real Estate & Family Law Firm  
 With Offices located in Queens, Nassau & Manhattan***

### **Medicare Part A Costs for Covered Services & Items**

**Blood:** If the hospital has to buy blood for you, you must either pay the hospital costs for the first three pints of blood you get in a calendar year, or have the blood donated. In most cases, the hospital gets blood from a blood bank at no charge, and you won't have to pay for it or replace it.

**Home Health Care:** You pay \$0 for home health care services, and 20% of the Medicare-approved amount for the durable medical equipment.

**Hospice Care:** You pay \$0 for Hospice Care. A co-payment for up to \$5 per prescription for outpatient prescription drugs for pain and symptom management. You will also pay 5% of the Medicare approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest). Medicare does not cover room and board when you get hospice care in your home or another facility where you live (such as a nursing home).

**Hospital Stay:** You pay \$1068 deductible and no co-insurance for days 1-60, each benefit period; \$267 per day for days 61-90 each benefit period; \$534 per "lifetime reserve day" after day 90 each benefit period (up to 60 days over your lifetime); and all costs for each day after the lifetime reserve days. Inpatient mental health care in a psychiatric hospital is limited to 190 days in a lifetime.

**Skilled Nursing Facility Stay:** You pay \$0 for the first 20 days of each benefit period; \$133.50 per day for days 21 – 100 each benefit period; and all costs for each day after day 100 in a benefit period

**\*\*Note:** All Medicare Advantage Plans must cover these services. Costs vary by plan, but may be either higher or lower than those noted above. Please check with your plan.

### **Medicare Part B Costs for Covered Services & Items**

**Part B Deductible:** You pay the first \$135 yearly for Part B covered services or items.

**Blood:** If the provider has to buy blood for you, you must either pay the provider costs for the first 3 pints of blood you get in a calendar year, or have the blood donated. In most cases, the provider gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. You pay 20% of the Medicare-approved amount for additional pints of blood you get as an outpatient, and the Part B deductible applies.

**Clinical Laboratory Services:** You pay \$0 for Medicare-approved services.

**Home Health Services:** You pay \$0 for Medicare-approved services. You pay 20% of the Medicare approved amount for durable medical equipment.

**Medical & Other Services:** You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you are a hospital inpatient), outpatient therapy, most preventative services, and durable medical equipment.

**Mental Health Services:** You pay 50% for most outpatient mental health care.

Other Covered Services: You pay copayment or coinsurance amounts.

Outpatient Hospital Services: You pay coinsurance or copayment amount that varies by service for each individual outpatient hospital service. No copayment for a single service can be more than the amount of the Part A hospital deductible (\$1068 in 2009)

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