

**PONCA TRIBE OF NEBRASKA  
CONTRACT HEALTH SERVICES**

**CHS ELDERLY CARE PLAN**

The CHS program offers additional benefits to those Ponca Tribal members who are age 65 and over who meet the following criteria:

**QUALIFICATIONS:**

You must be age 65 & over

- All alternate resources will be exhausted before authorization of services (i.e. Medicare, Medicaid or Insurance) If denied from Medicaid, you must submit the denial letter to the CHS office.
- If you choose not to take out Medicare Part B (physician services) or Part D (prescription benefits), you will not be eligible for primary care or prescription benefits through CHS. You will be referred to an IHS facility for these services.
- For those members who have private Insurance, CHS will pay for deductibles and co-pays/co-insurance.
- You are eligible for those services that are offered to all members regardless of your coverage. For example, if you do not have Medicare Part D (prescription drug coverage) and you access the emergency room for a life threatening illness and require medication, CHS WILL cover your medication on a one time basis only.

Important Notice: Medicare beneficiaries are penalized 10% each year for Part B and 1% each month for Part D if they opt not to enroll into Part B/D at the time they become eligible for the benefits.

Disabled

- Prescription co-payment coverage ONLY if the member is covered by Medicaid and/or Medicare because of disability – Proof will be requested)

## **SERVICES:**

### **Medical**

- May utilize a local (non-IHS) provider, CHS will cover the cost of the deductible and co-payments after Medicare has paid their portion
- If member has both Medicare and Private Insurance, CHS will cover the cost of the deductible and co-payments after Medicare and Private Insurance has paid their portion

### **Prescriptions**

- If prescribed medication from a local provider, CHS will cover the cost of the medication after the member's primary resource. This will include deductible or co-pays
- CHS requires that generic brands be utilized when available, and that the member makes every effort to obtain a cost effective medication

An elder with Original Medicare Part A and Part B in 2009, will receive the following benefits:

### **Part A (Hospital Insurance)**

- Most people do not pay a monthly Part A premium because they or a spouse has 40 or more quarters of Medicare-covered employment.
- You pay up to \$443.00 each month if you don't get **Premium-free** Part A.
- Pays for inpatient hospital, skilled nursing facility, and some home health care. For each benefit period Medicare pays all covered costs except the Medicare Part A deductible (2009=\$1068) during the first 60 days and coinsurance amounts for hospital stays that last beyond 60 days and no more than 150 days.

#### Inpatient facility

- A total of \$1068 for a hospital stay of 1-60 days
- \$267 per day for days 61-90 of a hospital stay
- \$534 per day for days 91-150 of a hospital stay
- All costs for each day beyond 150 days (“**Lifetime reserve days**” are 60 extra days of coverage you can use in your lifetime. In 2009, you pay \$534.00 per day during these 60 days of coverage.)

#### Skilled nursing facility

- \$0 for the first 20 days each benefit period
- \$133.50 per day for days 21 through 100 each benefit period
- All costs for each day after day 100 in the benefit period

### **Part B (Medical Insurance)**

- Premium \$ 96.40 (Deducted from elderly Social Security Check)
- Deductible is \$135.00 per year

Medicare recipient pays 20% of the Medicare approved amount for services after the deductible has been met (i.e. If the provider charges \$60.00 for the service, Medicare has contracted with the provider to accept a Medicare approved amount which lowers the cost significantly, so in this case, instead of paying 20% of 60.00, you will only pay 20% of the contracted amount. Within this same example, if the approved amount is adjusted to a \$32.00 charge, you will only pay \$6.40. Contract Health Services would then pay \$6.40 instead of \$60.00).

- Covers Medicare eligible physician services, outpatient hospital services, certain home health services, durable medical equipment

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