

Glossary

Coinsurance	The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the cost of the service (like 20%). For instance, if Medicare approves a payment of \$100 for an X-ray, your coinsurance payment may be \$20.
Copayment	In some Medicare health plans, this is the amount you pay for each medical service you get, like a doctor visit. In the Medicare program, a copayment is usually a set amount you pay for a service, like \$5 or \$10 for a doctor visit.
Deductible	The amount you must pay before Medicare begins to pay. There is a deductible for each benefit period for Part A, and each year for Part B. These amounts can change every year.
Dual Eligibles	Persons who are entitled to Medicare (Part A and/or Part B) and who are also eligible for some form of Medicaid benefit.
Medicaid	A joint federal and state program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify. The name of the program varies by State but is commonly referred to as the medical assistance program.
Medicare	The federal health insurance program for people 65 years of age and older; certain younger people with disabilities; and people with End-Stage Renal Disease (those with permanent kidney failure who need dialysis or a transplant), sometimes called ESRD.
Medicare Part A	The part of Medicare that covers hospice care, home health care, skilled nursing facilities, and in-patient hospital stays.

Glossary *continued*

Medicare Part B

The part of Medicare that covers doctors' services, out-patient hospital care, durable medical equipment and other medical services that Part A doesn't cover, such as physical and occupational therapy. Other examples include X-rays, medical equipment or limited ambulance service.

Premium

Your monthly payment for health care coverage to Medicare, an insurance company or a health care plan.

Breakdown of Dual Eligible Population

Qualified Medicare Beneficiary

Frequently called QMB. People who qualify for the QMB program must:

- Have Medicare Part A
- Be an individual with a monthly income of \$796* or less or a couple with a monthly income of \$1,061* or less
- Be an individual with resources of \$4,000** or less or a couple with resources of \$6,000** or less

Medicaid pays their Medicare Part A premiums, Medicare Part B premiums, Medicare deductibles, and coinsurance for Medicare services provided by Medicare providers.

QMB Plus

Same as a QMB; however, the individual is also eligible for full Medicaid benefits.

Specified Low-Income Medicare Beneficiary

Frequently called SLMB. People who qualify for the SLMB program must:

- Have Medicare Part A
- Be an individual with a monthly income greater than \$796* but less than \$951* or a couple with a monthly income greater than \$1,061* but less than \$1,269*
- Be an individual with resources of \$4,000** or less or a couple with resources of \$6,000** or less

Medicaid pays their Medicare Part B premiums only.

SLMB Plus

Same as a SLMB; however, the individual is also eligible for full Medicaid benefits.

Qualified Disabled and Working Individual

Frequently called QDWI. These disabled individuals lost their Medicare Part A benefits because they returned to work and are eligible to purchase Medicare Part A benefits. People who qualify for the QDWI program must:

- Be an individual with a monthly income of less than \$3,189* or a couple with a monthly income of less than \$4,249*

*2003 rates (Income limits increase slightly each year.)

** Individual states may have more generous requirements.

Breakdown of Dual Eligible Population *continued*

- Be an individual with resources of \$4,000** or less or a couple with resources of \$6,000** or less
- Not be otherwise eligible for Medicaid benefits

Medicaid pays the Medicare Part A premiums only.

Qualifying Individual

Frequently called QI. People who qualify for the QI program must:

- Have Medicare Part A
- Be an individual with a monthly income of at least \$951* but less than \$1,068* or a couple with a monthly income of at least \$1,269* but less than \$1,426*
- Be an individual with resources of \$4,000** or less or a couple with resources of \$6,000** or less
- Not be otherwise eligible for Medicaid benefits

Medicaid pays their Medicare Part B premiums only. The program is different from the SLMB program because there is an annual cap on the amount of money available. This may limit the number of people in the group. This program is scheduled to end on September 30, 2004.

*2003 rates (Income limits increase slightly each year.)

** Individual states may have more generous requirements.

Breakdown of Dual Eligible Population *continued*

Medicaid Only Dual Eligibles

People who qualify for this group must:

- Have Medicare Part A and /or Part B
- Be eligible for full Medicaid benefits
- Not be eligible for Medicaid as QMB, SLMB, QDWI, or QI.

Medicaid provides full Medicaid benefits, which may include payment of Medicare Part B premiums.

For a more comprehensive glossary, look on the Internet at www.medicare.gov