

Care Partner Information

Alzheimer's Disease and Related Dementia Caregiving Tips

Dealing with Health Insurance

Dealing with health insurance of a person with dementia is not easy. You need to know what kind of insurance they have and what it covers. You need to know if the doctor or hospital they are seeing accepts their insurance plan. Getting care from a doctor or hospital that doesn't accept the plan often means the insurance will pay nothing. You also need to keep track of what costs the insurance pays, and what it doesn't pay.

Medicare - What You Will Need

For most older adults with dementia, the insurance will be Medicare. To be in charge of someone's Medicare insurance, you will need several things. Most important, you will need their Medicare card. You may also need their date of birth, maiden name for married women, and you may need their Social Security number. Ideally, you should find out these things before their dementia worsens and they can't give you that information.

In many cases, you will need to be named as the person's guardian or "medical power of attorney" (also called health care proxy) before Medicare or other insurance companies will even talk to you. So again, it is best to deal with these things as soon as possible. Ideally, everyone should have another person selected as their medical power of attorney, even if they don't have dementia. This allows a choice of who will make medical decisions for someone if they can't make decisions themselves at a future time.

Many times, a person with dementia will move to a new location to be near family, so that family can take care of them. Moving to a new area sometimes means changing insurance plans. To change Medicare insurance, you will need the person's Medicare card, birth date, Social Security number, and medical power of attorney. So again, get this information in advance to make things easier later on.

Different Kinds of Medicare

There are two kinds of Medicare insurance. One is called "original Medicare." The other is called a "Medicare Advantage Plan." The chart on the next page shows how they differ.

This Care Partner Information page is part of a series on caregiving tips. They are written to help family and community caregivers, direct care workers and community health representatives care for someone with Alzheimer's disease or other types of dementia. Available in English and Spanish at www.aging.arizona.edu

Types of Medicare Health Insurance

Original Medicare

You can go to doctors and hospitals anywhere in the country, as long as they accept Medicare.

Original Medicare gives the most choices. Here are examples of what it covers:

- **Hospital care.** Covered for 60 days for free after paying a \$1260 yearly fee.
- **Hospice care.** Hospice care is free.
- **Doctor fees, lab tests, x-rays.** If you pay a monthly fee that varies depending on income, Medicare covers 80% of those costs. But, you have to pay the other 20% unless you have extra insurance through Medicaid or a “Medi-Gap” policy that you buy on your own.
- **Nursing home care.** Nursing home or rehab care after being in the hospital is covered for 20 days for free. After that, you have to pay a portion of the care.
- **Prescription medicine.** You can buy a special Medicare plan (called “Part D”) that covers medication. The cost of the plan varies depending on a person’s income. The cost of the medicine also varies, from very cheap to very expensive.
- **Does not cover** dental, vision, hearing, and/or special preventive care like gym memberships.

Medicare Advantage Plan (MAP)

These plans cost less than original Medicare. But, you can only get care from a specific list of doctors and hospitals, often just in your area. So, choices are limited. Advantage plans may differ from state to state, and sometimes within the same state. But in general, they cover:

- **Hospital care.** Hospital care is usually free.
- **Hospice care.** Hospice care is free.
- **Doctor fees, lab tests, x-rays.** Depending on the plan they are either free or covered with just a small co-pay.
- **Nursing home care.** It is covered at the same rate as for original Medicare (see above).
- **Prescription medication.** It is usually included for free, but in some plans there is an extra fee. If you don’t pay this fee, you have to pay the full cost of all medications.
- **Often covers** dental, vision, hearing, and/or special preventive care like gym memberships.

Long-Term Care Insurance

Check to see if the person has long-term care insurance. If they do, be sure to keep making payments to keep it active. That might be useful if they end up needing long-term nursing home care. As noted in the chart above, Medicare does not cover long-term nursing home care.

Useful Websites

Medicare: www.medicare.gov or your local area agency on aging.

Written by: Barry D Weiss, MD, University of Arizona College of Medicine

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Edited by an interprofessional team from the University of Arizona Center on Aging,
Alzheimer’s Association - Desert Southwest Chapter and Community Caregivers