

# Medicare Marketplace



Brought to you by  
Denise Welch  
949-599-5236

October 27, 2016 at Clubhouse 5— 8:30am to 1pm

**TOPIC SERVICES OFFERED**

## SPECIAL INFORMATION BY SPONSOR

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

Daily Medicine: \_\_\_\_\_  
Daily Medicine: \_\_\_\_\_  
Daily Medicine: \_\_\_\_\_  
Daily Medicine: \_\_\_\_\_  
Daily Medicine: \_\_\_\_\_

FAMILY: \_\_\_\_\_

FRIEND: \_\_\_\_\_

DOCTOR 1: \_\_\_\_\_  
DOCTOR 2 \_\_\_\_\_  
MEDICARE: Provider: \_\_\_\_\_

**Join me at Medicare Marketplace  
Thursday October 27, 2016  
at CH5 from 8:30—1:00**



**Denise (Denny) Dowd Welch**  
ADVOCATE

(949) 599-5236 Mobile  
(949) 770-5760 Home  
dennywelch@comline.com  
Dennywelch42@gmail.com  
5517 PASEO DEL LAGO E UNIT 1C  
LAGUNA WOODS CA 92637-2653

# Medicare Marketplace



Brought to you by  
Denise Welch  
949-599-5236

October 27, 2016 at Clubhouse 5— 8:30am to 1pm

**TOPIC SERVICES OFFERED**

**Keeping your INDEPENDENCE  
when your MEDICAL CIRCUMSTANCES change**

### ITEMS TO HELP YOU AND YOUR FAMILY MANAGE YOUR MEDICARE CARE WHO TO CALL \_\_\_\_\_ (FILL IN PHONE NUMBERS)

Medicare brokers phone number \_\_\_\_\_  
Member Services phone \_\_\_\_\_  
Providers Transportation phone \_\_\_\_\_

City of Laguna Woods \_\_\_\_\_ (949) 639-0500  
Laguna Woods Village Social Services \_\_\_\_\_ (949) 597-4267  
Laguna Woods Watch Commander \_\_\_\_\_ (949) 597-4257  
Laguna Woods HICAP \_\_\_\_\_ 949-268- 2271  
(California Health Insurance Counseling & Advocacy Program)  
HICAP Main: \_\_\_\_\_ 800-434-0222

### WEBSITES TO GO TO FOR DETAILS

Medicare \_\_\_\_\_ <https://www.medicare.gov>  
Social Security \_\_\_\_\_ <https://www.ssa.gov/myaccount>  
HICAP \_\_\_\_\_ <http://www.coac.org/programs-and-services/hicap/>  
LWV Social Services \_\_\_\_\_ <http://www.lagunawoodsvillage.com/>

### KEEP YOUR INDEPENDENCE WHEN YOUR CIRCUMSTANCES CHANGE.

#### CHECK OUT THESE TOPICS:

- Advanced Care planning – YOUR MEDICARE RIGHTS
- Appeals
- Caregivers and Continuous Care
- End of Life and Hospice
- Family Members
- Laguna Woods Social Services
- Long-term Care Ombudsman Program
- Support Groups
- Transportation
  - Laguna Woods Bus
  - City of Laguna Woods Options
  - Rail and OCTA
  - Medicare Providers
  - Veterans

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**MY MEDICARE:** MyMedicare.gov is an optional, free, and secure site designed to help you check the status of **YOUR** eligibility, enrollment, and other Medicare benefits. It also lets you access your claims information almost immediately after your claims are processed by Medicare and provides your preventive health information 24 hours a day, seven days a week. MyMedicare.gov is part of the Medicare.gov website <https://www.mymedicare.gov> **Account services:** Get information about questions you may have about setting up your new “my medicare” account, including changing your username, what to do if you forget your password, and getting emails from Medicare. **Customer service:** Find out who to contact if you need any help with your MyMedicare.gov account, including issues with registration, not getting your password letter, or if you’re unable to register with MyMedicare.gov. **Security & privacy:** Review the online policies about website security and privacy, rules and regulations for using MyMedicare.gov, including how Medicare protects your personal information using the latest in security software. **Virtual tour:** MyMedicare.gov provides many online video demonstrations for help with a number of topics related to the many functions and features of the MyMedicare.gov website.

**MEDICARE PAYMENT:** All “Health Insurance Companies” offer multiple ways to pay your Monthly Premium. The most common being: **1**) Get a Bill **2**) Electronic Funds Transfer (EFT), **3**) Credit Card/Debit Card or **4**) Automatic deduction from you monthly Social Security. It is highly recommend 2,3 or 4 in the unfortunate case that you were unable to pay your monthly bill due to an extended illness. Failure to pay monthly premiums is not a “Special Election” to get back into your health plan. (Contact your Health Insurance Company or agent)

**LATE ENROLLMENT PENALTY:** **1**) In most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty for as long as you have Part B **2**) Avoid a Medicare Part D Late Enrollment Penalty. See <https://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-a-glance.html> for detailed information or ASK your Provider and work with your banker.

**MY SOCIAL SECURITY:** This is an optional, free, and secure site designed to help you **1**) Obtain a Social Security Card Replacement if your card has been lost, damaged or stolen **2**) Change the name on your card in case of marriage, divorce, adoption, or self-elected change **3**) Request information updates on your Card (i.e. date of birth, name, mailing address My Social Security is found at <https://www.ssa.gov/myaccount>. You can only create a my Social Security account using your own personal information and for your own exclusive use. You cannot create or

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portation could endanger the person’s health and that transportation by ambulance is medically required.

**VETERANS BENEFITS:** If you already have prescription drug coverage that is expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage. **Medicare calls this creditable drug coverage.** Please note: Creditable coverage could include drug coverage from a former employer or union, TRICARE, or the Department of Veterans Affairs. Your insurer or your human resources department will tell you each year if your drug coverage is creditable coverage. This information may be sent to you in a letter or included in a newsletter from the plan. Keep this information, because you may need it if you join a Medicare drug plan later. For additional information about creditable coverage, please look in your Medicare & You 2017 Handbook or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. Check the website for detailed information: [http://www.va.gov/HEALTHBENEFITS/access/medical\\_benefits\\_package.asp](http://www.va.gov/HEALTHBENEFITS/access/medical_benefits_package.asp)

**South Orange County Vet Center,** 26431 Crown Valley Parkway, Suite 100, Mission Viejo, CA 92691 **Phone: 949-348-6700** Or Fax: 949-582-5466 For assistance after hours, weekends, and holidays call: 1-877-WAR-VETS (1-877-927-8387)

**VISION SERVICES:** Medicare Part B (Medical Insurance) does cover some preventive and diagnostic eye exams, such as: **1**) Yearly eye exam, **2**) Macular degeneration. **3**) HIGH RISK Medicare covers people who are at high risk of glaucoma, such as people with a family history of glaucoma, people with diabetes, and African-Americans who are age 50 and older, glaucoma screening once per year. **4**) For people with diabetes, screening for diabetic retinopathy is covered once per year. **5**) Medicare does not cover routine eye exams (sometimes called "eye refractions") for eyeglasses or contact lenses. **Ask your provider for details.**

This document was compiled by Denise Welch from her personal and others experiences. Please make sure that your family is familiar with Medicare and how to manage your care. I strongly suggest sending this pamphlet to your family members.

If you have other questions call the Laguna Woods Social Service department. They are a “fountain” of knowledge and contacts.

I would like to Thank all the various people who helped me put this together.

Denny (Bubbles) Welch

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rent cost of this program is \$63 per year, per household. If you have any questions please call Kim Wishart at 714-288-3800. You can obtain an application for this plan in the Laguna Woods Village Social Service department.

**TRANSPORTATION: THE CITY OF LAGUNA WOODS' SENIOR MOBILITY PROGRAM**

subsidizes the cost of taxi travel for Laguna Woods residents who are at least 60 years of age. All Senior Mobility Program transportation are provided by taxi cabs operated by California Yellow Cab. Core elements of the Senior Mobility Program include: **General Travel Vouchers** (“Taxi Bucks”), these vouchers save residents 50% of the cost of taxi trips. Taxi bucks are available in books valued at \$50 (sold for \$25) and \$100 (sold for \$50) and can be used for any trip beginning or ending in Laguna Woods to or from any point in Orange County with the exception of the John Wayne Airport. **“NEMT” Voucher**, (Non-Emergency Medical Transportation voucher). Non-emergency medical transportation by taxi can be **arranged by staff at City Hall** at deeply subsidized rates that save residents between 60% and 85%. NEMT travel vouchers are also available for select destinations. Service is available for any non-emergency medical trip beginning or ending in Laguna Woods to or from any facility in **Orange County or the Long Beach Veterans Hospital**. Depending on the length of the trip, resident costs range from \$4 to \$12 one-way.

● **Irvine Station Travel Voucher**. (Irvine Station Transportation Center) This special destination voucher is available for taxi trips beginning or ending in Laguna Woods to the Irvine Station at a rate that saves residents 67%. For \$6 one-way, residents are able to travel to the Irvine Station to connect with passenger rail and bus services provided by ● **Amtrak (800-USARAIL)**, ● **Metrolink (800-371-LINK)**, ● **OCTA (Orange County Transportation Authority) (714-636-RIDE)**, and others. **For more information, please contact City Hall at (949) 639-0500.**

**TRANSPORTATION BY MEDICARE PROVIDERS:** Several Medicare providers have their own transportation programs. **Ask your Medicare provider if they have a transportation plan and the details of their plans. Medicare has:** **Covered ambulance services** include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person’s health or if authorized by the plan. **Non-emergency transportation** by ambulance is appropriate if it is documented that the member’s condition is such that other means of trans-

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use an account on behalf of another person, even if you have that person’s written permission. You can never share the use of your account with anyone else under any circumstances. **Unauthorized** use of this service is a misrepresentation of your identity to the federal government and could subject you to criminal or civil penalties, or both.

**ORIGINAL MEDICARE:** You may choose to join a private health plan such as a Medicare Advantage Plan. If you don’t, you are covered under Original Medicare. **Under Original Medicare**, you may visit any doctor or hospital that accepts Medicare and is accepting new patients, and you will have to pay a deductible. Original Medicare does not include a prescription drug plan, and you will have to join a private plan to get the Medicare drug benefits. You also have the option of joining a **Medigap Insurance Plan** to cover any costs that Original Medicare does not cover. **See Medicare.gov**

**MEDICARE ADVANTAGE PLAN:** While the majority of people with Medicare get their health coverage from Original Medicare, some people (around one-third of beneficiaries) choose to get their benefits from a Medicare Advantage Plan, sometimes called a Medicare private health plan. Medicare Advantage Plans contract with the federal government and are paid a fixed amount per person to provide Medicare benefits. The most common types of Medicare Advantage Plan are: **Health Maintenance Organizations (HMOs)** **Preferred Provider Organizations (PPOs)** **Private Fee-For-Service (PFFS)** You still have Medicare if you enroll in a Medicare Advantage Plan. This means that you must still pay your monthly Part B premium (and your Part A premium, if you have one). Each Medicare Advantage Plan must provide all Part A and Part B services offered by Original Medicare, but can do so with different rules, costs, and restrictions that can affect how and when you receive care. **See Medicare.gov**

**WELLNESS VISITS WITH DOCTOR:** When you enroll in Medicare, you are entitled to a **“Welcome to Medicare”** visit with your doctor, and subsequently you can get annual wellness update visits, with no cost to you. These visits include things such as measuring your height, weight, blood pressure, and vision, personalized health advice, a discussion of your risks and treatment options, and a screening schedule for preventive services. Your doctor will also discuss advance care planning including what action you might want to take if you are ever unable to make decisions yourself. **See Medicare.gov**

**EMERGENCY SERVICES:** If you have a medical emergency, you follow the same procedure as you do now. You do not have to get special approval. You may **call 911**, go to the nearest emergency room or hospital, or call for ambulance. **See Medicare.gov**

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**ADVANCED CARE PLANNING YOUR MEDICARE RIGHTS:** You have the right to give instructions about what is to be done if you are not able to make medical decisions for yourself. Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, if you want to, you can:  Fill out a written form to give someone the legal authority to make medical decisions for you if you ever become unable to make decisions for yourself.  Give your doctors written instructions about how you want them to handle your medical care if you become unable to make decisions for yourself. See Medicare.gov

**MEDICARE PERSONAL PROTECTION OPTIONS:** Medicare Section 1.6 supports your right to make decisions about your care.  You have the right to know your treatment options and participate in decisions about your health care.  You have the right to get full information from your doctors and other health care providers when you go for medical care.  Your providers must explain your medical condition and your treatment choices in a way that you can understand.  You also have the right to participate fully in decisions about your health care.  To help you make decisions with your doctors about what treatment is best for you, your rights include the following:  To know about all of your choices.  To know about the risks.  The right to say No.  To receive an explanation if you are denied coverage for care.  You have the right to give instructions about what is to be done if you are not able to make medical decisions for yourself. There are different types of advance directives and different names for them. Documents called living wills and power of attorney for health care are examples of advance directives. **Advanced health directives can be obtained in the Laguna Woods Village Social Services department.**

**APPEAL PROCESS:** If you have any questions about whether Medicare will pay for any medical service or care that you are considering, you have the right to ask Medicare whether they will cover it before you get it. You also have the right to ask for this in writing. If Medicare says they will not cover your services, you have the right to appeal the decision not to cover your care. Member Services, a department within YOUR plan, is responsible for answering your questions about your membership, benefits, grievances, and appeals. HICAP can also help you. **CALL Laguna Woods HICAP : 949-268- 2271**

**CALIFORNIA NEW LAWS:** The Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act is bipartisan legislation to modernize the Part B enrollment process recently introduced in the House of Representatives and the Senate. Developed by the Medicare Rights Center

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**REPORTS:** Ask your Doctor for copies of your medical records. You have the right to look at your medical records, and to get a copy of your records. They are allowed to charge you a fee for making copies. You also have the right to ask them to make additions or corrections to your medical records. If you need help call **HICAP 800-434-0222** or to **arrange an appointment to meet with a HICAP counselor, call Laguna Woods Community Center 949-268- 2271.**

**SUPPORT GROUP:** Ask your Doctors and Providers about their support groups. There are various support groups available in Laguna Woods Village. Ask **Laguna Woods Social Services** for a list of support groups. For general club information, please call **Recreation at (949) 597-4273**. Club contact information is private and distributed to Laguna Woods Village residents only. There are several clubs in the Village that have support services, see the Laguna Woods Village website <http://www.lagunawoodsvillage.com>. Some include:  Alzheimer's OC Club  The Foundation of Laguna Woods Village  Hearing Well Club  Vision Club  Neuropathy Support Group  Nicotine Anonymous Club  The Can Do Club, a support group for those with Parkinson's Disease,  AA Ladies Big Book. For an up to date list of clubs in the Village, refer to the website and select Clubs & Club Webpages.

**TRANSPORTATION LAGUNA WOODS BUS:** Call (949) 597-4659 for answers to transportation questions. The bus service provides transportation to nearby banking and restaurant facilities, shopping centers, houses of worship, and some of the most modern and complete medical and hospital facilities - all located in close proximity to the community. Rides are free to residents who show their resident ID Card to the driver. Every third Wednesday of the month, Laguna Woods Village Transportation Department conducts a **bus information meeting** at Clubhouse 1 Main Lounge at 1:00 p.m. for all residents in the community who would like to learn about the bus system available to them. NO meeting will be held in December. **Further inquiries please call (949) 597-4659.** A social worker from the Laguna Woods Village Social Services department can meet with you in your home or in the office to help you choose an option or offer other options that are most appropriate for you.

**TRANSPORTATION AMBULANCE SERVICES:** If you have a medical emergency, get help as quickly as possible. Call **911** for help or go to the nearest emergency room or hospital. You do not need to get approval or a referral first from your primary care physician (PCP). **For Laguna Woods residents, The Care Ambulance 911 Membership Program** acts as an additional benefit to your existing insurance by eliminating or significantly reducing your copay or deductible. The cur-

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**HOSPITAL CHANGES - CHANGES TO THE PROVIDER NETWORK:** It is important that you know that Medicare may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections. Even though the network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists. When possible, Medicare will provide you with at least 30 days notice that your provider is leaving the plan so that you have time to select a new provider. Medicare will assist you in selecting a new qualified provider to continue managing your health care needs. If you are undergoing medical treatment you have the right to request, and Medicare will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted. If you believe Medicare has not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal. If you find out your doctor or specialist is leaving your plan, please contact Medicare. **If you need help call HICAP at 800-434-0222**

**LAGUNA WOODS SOCIAL SERVICES:** This is a local Village service that can provide counseling, resources and help to navigate the many questions and concerns you may have. **Services are provided to the residents of Laguna Woods Village and their family members. They can be reached at (949) 597-4267.**

**LONG TERM CARE INSURANCE:** Ask your plan if and when you are covered. Inpatient hospital stays includes: inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. **ASK** what else they cover for Medicare patients.

**LONG-TERM CARE OMBUDSMAN PROGRAM** – Advocates for the rights of Orange County's older and disabled adults living in skilled nursing and residential care facilities **Call the Council on Aging Ombudsman Program at 1-800-300-3222.**

**PREVENTION DEVICES:** Ask if they provide devices. Medical alert systems or fall prevention systems, **Ask Laguna Woods Social Services Department** for many other options. **Several HMO's have options so Ask them.** Make sure that they have a fall detection and/or a GPS system. *"The Fall Detection saved my life" - Denny Welch*

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and championed by Congressmen Raul Ruiz (D-CA) and Patrick Meehan (R-PA) as well as Senators Bob Casey (D-PA) and Chuck Schumer (D-NY), the bill aims to prevent costly Part B enrollment mistakes. **ASK Your doctors, providers or assemblyman about new laws and how they could affect YOU.**

**CAREGIVERS / CONTINUOUS CARE:** Ask the **Laguna Woods Village Social Services Department** for list of caregiver agencies who are licensed and registered with the CA Department of Social Services.

**CLINICAL RESEARCH STUDY:** A clinical research study (also called a "clinical trial") is a way that doctors and scientists test new types of medical care, like how well a new cancer drug works. They test new medical care procedures or drugs by asking for volunteers to help with the study. This kind of study is one of the final stages of a research process that helps doctors and scientists see if a new approach works and if it is safe. **ASK IF MEDICARE OR YOUR PROVIDER** cover the costs of this study.

**DENTAL SERVICES:** Original Medicare covers some dental procedures **performed in a hospital**. In general, it does not cover preventative office procedures such as: cleaning, routine dental exams, and dental x-rays. **Ask your private plan** if their plan covers dental.

**DEPRESSION SCREENING:** Medicare covers one screening for depression per year. The screening must be done in a primary care setting that can provide follow-up treatment and referrals. **ASK YOUR HMO IF THEY HAVE ADDITIONAL BENEFITS.**

**DOCTORS - ORIGINAL MEDICARE PART A AND PART B:** Original Medicare ("Traditional Medicare" or "Fee-for-service" Medicare) – Original Medicare is offered by the government, and not a private health plan like Medicare Advantage Plans and prescription drug plans. Under Original Medicare, Medicare services are covered by paying doctors, hospitals, and other health care providers payment amounts established by Congress. You can see any doctor, hospital, or other health care provider that accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share. **Original Medicare has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance) and is available everywhere in the United States.**

**DOCTORS PRIVATE HEALTH PLANS:** As a plan member,  You have the right to get appointments and covered services from the plans network of providers within a reasonable amount of time. This includes the right to get timely services from specialists when you need that care.  You also have the right to get your prescriptions filled or refilled at any of our

network pharmacies without long delays. **Call your Member Services to learn which doctors are accepting new patients.**

**DOCTORS HOME HEALTH PLANS: ASK YOUR DOCTOR.** Prior to receiving home health services, a **doctor must certify that you need home health services** and will order home health services to be provided by a home health agency. You must be homebound, which means leaving home is a major effort. Covered services include, but are not limited to:  Part-time or intermittent skilled nursing and  Home health aide services (To be covered under the home health care benefit, your skilled nursing and home health aide services combined must total fewer than 8 hours per day and 35 hours per week),  Physical therapy,  Occupational therapy, and  Speech therapy,  Medical and  Social Services,  Medical equipment and supplies.

**DOCTORS HOME HEALTH AIDE: ASK YOUR DOCTOR.** A home health aide provides services that don't need the skills of a licensed nurse or therapist, such as help with personal care (e.g., bathing, using the toilet, dressing, or carrying out the prescribed exercises). Home health aides do not have a nursing license or provide therapy. **A doctor has to prescribe this service.**

**DRUGS:** When you come home from the Hospital co-ordinate your home medicines and those you bring home. **Changes to the Pharmacy Network -** Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of the network pharmacies.  Medicare strongly suggest that you review the current Pharmacy Directory to see if your pharmacy is still in the network. **CALL Your Health Plan Medical Services.**

**END-OF LIFE: Starting January 1, 2016,** Medicare will cover advance care planning as a separate service **provided by physicians and other health professionals** (such as nurse practitioners who bill Medicare using the physician fee schedule). Medicare will cover advance care planning provided in medical offices and facility settings. Advance care planning involves multiple steps designed to help individuals:  **a)** learn about the health care options that are available for end-of-life care;  **b)** determine which types of care best fit their personal wishes; and  **c)** share their wishes with family, friends, and their physicians. In some cases, patients who have already considered their options may need only one advance care planning conversation with their physician. However, experts state that frequently, beneficiaries may require a series of conversations with their physician or other health professionals to clearly understand and define their end-of-life wishes.

**END-OF LIFE HOSPICE:** You may receive care from any Medicare-certified hospice program. You are eligible for the hospice benefit when your doctor and the hospice medical director have given you a terminal prognosis certifying that you're terminally ill and have 6 months or less to live if your illness runs its normal course. Your hospice doctor can be a network provider or an out-of-network provider.  When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare. Covered services include:  Drugs for symptom control and pain relief  Short-term respite care  Home care. **Ask if there are any other benefits that your plan covers. See Medicare.gov**

**FAMILY MEMBERS:** Make sure that your family knows your Medicare Health Plan representative and their phone number. Give this information to your family members for YOUR protection. Also make sure that your family have a **Laguna Woods Village Annual Gate Pass** to enable them to get into the Village in an emergency situation. For any gate pass questions, please call the Community Access Department at (949) **597-4443**, Monday – Friday, 8:00 AM – 4:30 PM. After hours call the Watch Commander at **597-4257**

**GROCERIES:** Home-delivered meals are not covered by Medicare. Have your caregiver help you or ask the **Laguna Woods Social Services** Department for a list of options available.

**HEARING SERVICES:** Original Medicare covers diagnostic hearing and balance evaluations. It does not cover routine hearing exams, hearing aids, or exams to fit hearing aids. Medicare covers diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment. These services are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. Ask Your Private Plan. **Ask to see if they have any other coverage's.**

**HOSPITAL - HOW TO CHOOSE:** In general, Medicare pays for any hospital you choose. However, if you have a private plan, it may have its own hospital, or your private doctor may prefer a specific hospital. The booklet "Guide to Choosing a Hospital" ([https://www. Medicare.gov/ Pubs/pdf/10181.pdf](https://www.Medicare.gov/Pubs/pdf/10181.pdf)) has some helpful suggestions for choosing a hospital. If you believe you are not getting the required care at a hospital under Medicare, **you can appeal to HICAP** (California's State Health Insurance Assistance Program SHIP) **HICAP 800-434-0222 or to arrange an appointment to meet with a HICAP counselor, call Laguna Woods Community Center 949-268- 2271.**