

Informational Update Vol 13 #7

Hi everyone! I hope all is well...Here is some important information...

1. **Medicare Coverage Outside the USA** – Many of you are beginning to travel again, some taking cruises outside the USA, after being cooped up because of COVID. As a result, I thought it would be prudent to write about your Medicare coverage outside the USA, or the lack thereof.

In ***MOST*** cases, Medicare does not cover medical services or health supplies outside the USA, including using a doctor on a cruise ship. “Outside the USA” means anywhere outside the 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. However, like most rules there are exceptions.

There are 3 situations where Medicare may pay for health care services in a hospital outside the USA

- You're in the USA when a medical emergency occurs, and the foreign hospital is closer than the nearest U.S. hospital that can treat your medical condition.
- You're traveling **through** Canada ***without unreasonable delay*** by the most direct route between Alaska and another state when a medical emergency occurs, and a Canadian hospital is closer than the nearest USA hospital that treat your illness or injury. Medicare will determine whether your route is ***“without unreasonable delay.”***
- You live in the USA, but a foreign hospital is closer to your home than the nearest U.S. hospital, regardless of whether it is an emergency.

In some cases, Medicare may cover some medical situations on-board a cruise ship if Medicare does not cover any prescription drugs or dialysis outside the USA.

Remember, Medicare will pay only for Medicare–covered services you get in a foreign hospital.

Will Medicare pay for medically necessary health care services I get on a cruise ship?

Medicare may cover the following on a cruise ship:

- The doctor is allowed under certain laws to provide medical services on a cruise ship.
- You are in territorial waters adjoining the land areas of the USA and no further than 6 hours from the USA.

What do I pay for a Medicare-covered service outside the USA?

More than likely the full amount as if you had no coverage. Remember, the foreign hospital or doctor is not under any obligation to submit your charges to Medicare. However, when you get home, you can then submit an itemized bill to Medicare for your doctor, hospitalization and ambulance services.

If you received Medicare-covered services on a cruise ship under a situation as described above, the doctor must file a Medicare claim, which you should also do.

Do I Have Any Coverage Other Than Medicare Outside the USA?

Yes, you probably do. If you have Emblem Health as your secondary coverage, it will cover medical expenses as follows:

- Blue Shield Blue Cross will cover hospitalization.
- Emblem Health (GHI) will cover 100% of the amount it allows (which may not be much) for a medical expense after a \$200 deductible.

Procedure for Receiving Reimbursement: You must have an itemized bill in English. The money must be in dollars and cents. Submit the bill along with proof of payment to the CSA Retiree Welfare Fund, 40 Rector St., New York, NY 10006, Attention: Dr. Douglas Hathaway.

Because GHI offers minimal coverage in a foreign country and Medicare virtually none, I highly recommend you obtain travel insurance before traveling abroad

2. Questions of the Month –

Q. I have used a certified health aide for the past 5 years and paid him by cash. Only in the last month did I start paying by check. Am I entitled to a reimbursement for the 5 years I was paying by cash?

A. Unless you have receipts showing you paid cash to the aide, the cash payments are not reimbursable. The CSA Welfare Fund will not pay out a benefit unless there is evidence of payment. However, paying by check is reimbursable since your bank statement is evidence of payment.

Q. I am currently on Medicare and my doctor has started to charge an additional fee on top of my \$15 co-pay. Why is that?

A. While I cannot be certain (you should ask the office manager), your doctor may have stopped accepting the Medicare assignment, although he/she still is a participating provider. In this instance, he/she can charge you up to a maximum of 15% more than Medicare pays for the service.

For example, suppose a Medicare-approved amount for a check-up is \$120. Your doctor, who may no longer take an assignment, can charge 15% more for a total charge of \$138 (15% of 120 = 18). The \$18 is called an “excess” charge. So, your total-out-of-pocket-expense is \$15 (copay) + \$18 or \$33. Medicare or your secondary **DOES NOT** cover your \$15 co-pay or your “excess” charge of \$18.