

# Perspectives on medicare

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Medicare Medicare Medicare is a medical policy established to cater for health needs of citizens. It mostly targets the elderly, as they are more prone to get sick or suffer from ailments that may require urgent medical attention. This policy is vital in ensuring that citizens have some form of medical cover at when need arises, so as to cater for any medical conditions that may arise. Medicare covers any individuals who are above 65 years of age, those below 65 year suffering from any form of disability as well as patients (not dependent on age) who may suffer from End-Stage Renal Disease (ESRD). (Hellinger, 1998)

The system (Medicare) is structured in four essential parts: Part A is based on Hospital Insurance, Part B caters for Medical Insurance, Part C deals with Medical Advantage and Part D relates to Drug coverage, which relates to Medicare prescription. Each part is important in establishing a Medicare plan for people, since there is a co-relation between each of the parts that provide Medicare benefits (Ball, 1995). The relation extends to the fact that if one component is of low quality, the other factors should be of a similar nature. Hospital insurance is designed to cover inpatient care in case of medical emergencies. It caters for home health care, a nursing facility and a hospice, which will address and cater for the requirements of an inpatient. These are essential in ensuring that a patient will have these important services that will enhance quick recovery from any injury, ailment or any other health hazard that may arise.

Medical insurance is implemented in order to provide cover for services administered by health care providers (such as doctors), outpatient care, home health care, and medication or medical equipment (Hellinger, 1998). It

also covers preventive measures that ensure the wellbeing of an individual, as well as limit or prevent any illnesses from becoming aggravated or causing fatal damage.

Medical Advantage is a component of Medicare that gives the option of using Medicare approved private companies, which provide various insurance policies. It has a formulated plan that ensures an individual receives any of the benefits that are provided in Part A and B. This aspect of Medicare provides additional advantages, which are provided at an additional cost (Ball, 1995). It (Medicare Advantage Plan) also provides cover that relates to drug prescription (Part D).

The Final part of Medicare benefits (Part D) provides cover for the prescribed drugs. It can be utilized as a plan to reduce the cost of purchasing drugs, as well as establish a plan to limit any effects that may arise from an increase of drug costs. Drug coverage is administered by private companies, which are deemed legal by the Medicare system.

In the case of long-term plans, implementing measures that relate to income tax is essential in alleviating costs. There are two forms of the income tax care plan; the tax qualified policies and the non-tax qualified policies. The former relates to providing care to an individual who cannot perform two or more daily activities for at least 90 days (Hellinger, 1998). In the case of the non-tax qualified policy, it involves a person having a person as doctor in conjunction with an individual from an insurance company. Both care plans are ideal for providing care that will monitor and regulate the condition of an individual.

## References

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Hellinger. F. J (1998). The effect of managed care on quality. Rockville: Archives Internal Medicine.