

Byrd's Eye View
A Public Service Column by
Senator Robert C. Byrd

SOCIAL SECURITY HEALTH CARE PROGRAMS FOR THE AGED

Amendments to the Social Security Act have recently been passed by the Congress which represent major advancements in our national social security program.

Included in these are two health plans, geared to the needs of American citizens 65 years of age and over, providing for hospital and medical care. One of these is a basic hospital care plan for elderly citizens without regard to their eligibility otherwise for social security status. The second plan provides an opportunity to participate in a voluntary supplemental plan to pay for many kinds of doctors' bills and medical services for a small monthly premium.

The BASIC HOSPITAL INSURANCE PLAN, to become effective July 1, 1966, except for nursing care which becomes effective January 1, 1967, covers:

- (1) Benefit Duration--60 days of hospital care for each spell of illness, after the patient pays the first \$40 hospital charge, with an additional 30 days with a \$10 coinsurance for each day;
- (2) Posthospital Extended Care (in a skilled nursing home)-- a maximum per illness of 100 days, with a \$5-a-day coinsurance for each day in excess of 20;
- (3) Posthospital Home-health Visits--100 visits authorized after hospitalization;
- (4) Outpatient Diagnostic Services--available on a 20 percent coinsurance basis, with an allowance for a \$20 deductible as an incurred expense under the voluntary supplementary program (for deductible and reimbursement purposes);
- (5) Psychiatric Facilities--60 days of psychiatric hospital care with a 190-day lifetime limit;
- (6) Christian Science Services--Christian Science sanatoria

services for 60 days with a \$40 deductible, plus 30 additional days at \$10 coinsurance per day, as hospital service, plus an additional 30 days in a Christian Science sanatorium as extended-care facility services with a \$5 per day coinsurance feature;

(7) Scope of Specialists' Services--medical doctor services, excluding such services in the field of pathology, radiology, physiatry, or anesthesiology. These services are excluded under the basic hospital insurance plan but may be paid for under the supplementary medical insurance program;

(8) Drugs--certain standard drug formularies; those approved by hospital pharmacy and drug therapeutics committees; and the Homeopathic Pharmacopoeia.

The VOLUNTARY SUPPLEMENTARY MEDICAL INSURANCE PLAN, also to become effective July 1, 1966, makes available benefits to all persons 65 years and older who enroll in the plan and pay a \$3 monthly premium. Individuals eligible for social security payments (who elect to be covered by the plan) would have the premium deducted from their monthly checks.

The voluntary supplementary medical insurance program would provide for payment of physicians', surgeons', and certain dental surgeons' services, and some other medical and health services, including: diagnostic x-ray and laboratory tests whether in or out of a medical institution; x-ray, radium, and radioactive isotope therapy; some ambulance services; surgical dressings; splints; casts; and prosthetic devices; rental of iron lungs, hospital beds, oxygen tents, wheelchairs, etc., in patients' homes.

These are merely some of the major provisions of the two health plans for aged persons. For more specific details, and detailed information as to how to proceed in qualifying for participation in either, or both, plans, individuals should contact their local social security offices.