

Medicare and its Provision for Religious Nonmedical Health Care Institutions (RNHCI) for Christian Scientists

**A guide to your care options as a Christian Scientist
using Medicare coverage**

*Prepared by Arden Wood
who graciously allowed Daystar Inc. to reproduce and share it.*

New information and Medicare features for 2017

CONTENTS

**Introduction: Medicare and its Provision for
Religious Nonmedical Health Care for Christian Scientists**

What is Medicare?

The Medicare Story

How to Apply for Medicare

What Medicare Covers

Sharing the Cost of Your Care (chart)

Bridging the “Medigap”

The Medicare Election

FAQs About Medicare Election

Words to Know

Important Contacts

Helpful Medicare Publications

Helpful Christian Science Publications

Admission for Christian Science Nursing Care at Daystar

Introduction

Medicare and its Provision for Religious Nonmedical Health Care for Christian Scientists

This booklet is a reference tool for anyone interested in Medicare coverage for Christian Science nursing care at a Religious Nonmedical Health Care Institution (RNHCI) (which includes accredited Christian Science nursing facilities). It has been prepared to help the reader make informed decisions related to the cost of Christian Science care. It is not intended to provide legal advice or as a substitute for information from official government sources, an attorney, or an insurance professional. Daystar Inc. does not offer a recommendation in favor or against the use of Medicare or private insurance. The Bible tells us, “God shall supply all your need according to his riches...” (Philippians 4:19), and each of us is demonstrating this fact in accord with our spiritual understanding and our obedience to God’s direction. The titles of several metaphysical articles on topics of health and supply are listed on pages 16 and 17.

Based upon an individual’s financial situation, Daystar offers financial assistance or benevolence grants to patients who may not have insurance or be able to afford the full cost of care.

What is Medicare?

Medicare is our nation's largest health insurance plan. Created in 1965, it is a federally funded program that pays for certain covered health care costs for people who are 65 years or older or considered legally disabled. The program is run by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services. Since its inception, Medicare has covered some Christian Science nursing services provided in Christian Science nursing facilities like Daystar. These facilities qualify as "religious nonmedical health care institutions" (RNHCIs) under the Medicare law. The United States is currently the only country in the world that provides government funded payment for these services. Of the twenty or so Christian Science nursing facilities in the United States, many are certified as Medicare RNHCI facilities, including Daystar.

The Medicare Story: Part A, Part B, Part C, and Part D

Medicare has four parts to its program, and understanding the difference between them is helpful.

Medicare Part A (Hospital Insurance) helps pay for institutional provider care, such as care in a hospital, a hospice or a RNHCI (religious nonmedical health care institution). Most people who are Medicare eligible receive Part A at no cost, although those who do not qualify may purchase it by paying a monthly premium. Daystar is considered a RNHCI under federal law and has been approved as a Medicare provider.

- Medicare Part A has deductible and coinsurance charges that you must pay out of your own pocket.

- Part A benefits are usable in a religious nonmedical health care institution (RNHCI).

Medicare Part B (Medical Insurance) helps pay for non-institutional health care services like physician visits, laboratory tests, durable medical equipment (e.g. wheelchairs, canes) and ambulance services. Part B also has deductible and coinsurance charges that you must pay out of your own pocket.

- Everyone who enrolls in Part B must pay for this coverage. The minimum premium for 2017 is \$134.00 a month. Some individuals with a higher income will be required to pay a higher premium. Details are available online:

<http://www.hhs.gov/answers/medicare-and-medicaid#>

- Part B benefits are not usable in a religious nonmedical health care institution (RNHCI).

Parts A and B benefits do not overlap or duplicate coverage. You can have just Part A, or both Parts A and B. Parts A and B together are called Original Medicare. Medicare Part C (Medicare Advantage) is an alternative to Original Medicare. If you choose this option, you agree to receive all of your Part A and Part B covered care through a private managed care organization that contracts with the federal government. Medicare Advantage plans sometimes cost less and/or cover additional services not covered under Original Medicare.

As a Medicare beneficiary, you may periodically receive information about the Medicare Advantage plans available in your area asking you to sign up (enroll). If you are considering doing so, review the plan's written materials carefully. Find out what the plan covers and whether it specifically mentions RNHCI care. Historically, it has been difficult to obtain payment for RNHCI services under Medicare Advantage plans because they can be very medically oriented and RNHCIs must obtain preauthorization from the health plan. There may also be negative financial consequences if a Medicare Advantage plan includes prescription drug coverage and you did not sign up for a Medicare Part D plan when you were first eligible for Medicare.

Medicare Part D (Prescription Drug Coverage) is a program designed to help Medicare beneficiaries save money on prescription drugs. Everyone who enrolls in Part D must pay a monthly premium, which varies depending on which plan is chosen. Part D benefits are not usable for services in a RNHCI, where no drugs are used.

How to Apply for Medicare

As you near your 65th birthday, you should begin to receive mail regarding your Medicare benefits. The decision you make about your Medicare enrollment could have financial consequences down the road if you change your mind about the benefits you want to receive. It is important to be as informed as possible as you make your Medicare enrollment choice.

If you are close to the age of 65 and not yet receiving Social Security benefits, you must apply for Parts A, B and D. You may enroll beginning three months prior to the month in which you turn 65. People who are 65 or older and still working and covered under their employer's group health plan may have more time to enroll.

People who are under age 65 and are already receiving Social Security benefits will be automatically enrolled in Medicare Part A and B. They will receive their Medicare card in the mail around their 65th birthday. You will pay a premium for Part B unless you specifically decline the coverage.

To apply for Medicare Part A and/or Parts B and D benefits, you can

- Apply online at Social Security: <http://www.socialsecurity.gov/medicare/apply.html>
- Call Social Security Administration: 1(800) 772-1213
- Call if you have worked for a railroad: 1(877) 772-5772
- Visit your local Social Security office.

Enrolling in Part B and Part D is your choice. If you choose to enroll in Part B, there are three times when you can sign up:

- Initial Enrollment Period
- General Enrollment Period
- Special Enrollment Period

The Initial Enrollment Period begins three months before you turn 65 and ends three months after the month you turn 65.

If you do not enroll during your initial enrollment period but later decide you want Medicare, you can sign up during **The General Enrollment Period** (January 1 through March 31 each year). Be aware that there are adverse financial consequences if you do not enroll in Medicare Part B or D during your initial enrollment period, and change your mind later. The cost of Medicare Part B will increase 10% for each 12-month period you could have had Medicare Part B but did not take it. You will have to pay this extra amount for as long as you have Medicare Part B. Your Medicare Part B coverage will start on July 1 of the year in which you enroll.

The Special Enrollment Period is available if you are eligible for Medicare but waited to enroll in Medicare Part B because you or your spouse had group health plan coverage through an employer or union. In this case, you can sign up for Medicare Part B any time you are still covered by an employer or union group health plan, or during

the eight months following the month that the employer or union group health plan coverage ends, or when the employment ends — whichever comes first.

For additional information, please contact Social Security:
1(800) 772-1213

Once you enroll in Medicare, it is a lifetime enrollment. However, you may make changes to your benefits each year during the annual Open Enrollment Period (October 15 – December 7, 2017). For example, you can change from Original Medicare to Medicare Advantage, or change back to Original Medicare. Any changes made to your coverage will begin January 1. You may also change from Medicare Advantage (Part C) back to original Medicare (Part A and/or B) during the Medicare Advantage Disenrollment Period (January 1 – February 14 of each year).

Reminder!

Contact the Social Security Office to enroll in Medicare within three months of your 65th birthday.

What Medicare Covers

Medicare provides basic coverage, but it does not cover all health care costs. It was designed to help prevent major medical expenses from causing financial ruin. It was not designed to pay 100% of your health care bills or to pay for long-term care.

If you plan to use Medicare after age 65, you should know what type of care Medicare covers, and what you will be expected to pay.

Part A (Hospital Coverage): If you are admitted to a hospital or a religious nonmedical health care institution (RNHCI), such as Daystar, Part A helps pay for the following:

- Room and meals
- Christian Science nursing services (this does not include metaphysical support, such as practitioner fees)

Part B (Medical Coverage): Because Medicare Part B covers doctor's services, outpatient hospital services, durable medical equipment, and other medical services and supplies, you are not able to use your Part B benefits in a religious nonmedical health care institution (RNHCI).

NOTE: *If you plan to purchase additional insurance to supplement your Medicare coverage, the insurance company may require that you have Part B coverage before it will offer you the supplemental policy. (See "Bridging the 'Medigap,'" page 10)*

Part C (private managed care Medicare Health Care Plans): These are an alternative to Medicare Parts A and B and are required to cover, at a minimum, the services included in Medicare Part A and Part B. The premiums for these plans may cost less

than the premiums under Medicare Parts A and B, and the plans sometimes also cover services that would not be covered under Original Medicare. Each Medicare Advantage plan has its own schedule of coverage, **so it is important to review any written coverage materials carefully and ask any questions you may have before enrolling.** As explained elsewhere in this booklet, it has historically been difficult to obtain payment for RNHCI services from Medicare Advantage plans.

Part D (Prescription Drug Coverage): This helps cover self-administered prescription drug costs. Part D is not usable at a RNHCI such as Daystar. If you have other insurance coverage in addition to Medicare, you should check with your insurance carriers to find out whether they require you to be enrolled in Part D.

To enroll in or un-enroll from Part D or for more information about Part D, call **1 (800) MEDICARE (1-800-633-4227)** or visit the website: www.medicare.gov.

Online: www.MyMedicare.gov

MyMedicare.gov provides you with direct internet access to your Medicare benefits, eligibility, and preventive health information — 24 hours a day, 7 days a week. Visit the site, sign up, and Medicare will mail you a password to allow you access to your personal Medicare information. MyMedicare.gov will also include access to information on your Medicare claims. (This is in addition to all the general information that can be found: www.medicare.gov)

Expenses Not Covered by Medicare

The following are some examples of care that Medicare does not pay for:

- Christian Science practitioner fees
- Christian Science nursing care at home or as an outpatient
- Private duty Christian Science nurses
- Long-term care
- Custodial care to help with daily living activities
- Hairdresser or other personal needs
- Dental care and dentures (with only a few exceptions)
- Care received outside the USA

Sharing the Cost of Care

Your share of the cost is in the form of deductibles and co-payments. Check the chart (page 9) to see how much your share of typical expenses could be. Medicare usually raises its deductible and co-payments every January 1. Each year's new deductible and co-payment amount can be obtained by calling Medicare: 1(800) 633-4227 or by visiting their website: www.medicare.gov.

Medicare benefits may be used more than once, but Medicare will not cover your care for longer than 90 days without a 60-day break in coverage. An exception to this is the Lifetime Reserve Days election for care beyond the 90th day of a stay. An individual has

60 Lifetime Reserve Days which they may use for additional care. Once all 60 days are used, that benefit is exhausted and may not be used again.

Even with Medicare paying a large portion of your care, there are still charges that you will need to pay yourself. As shown in the chart below, Medicare requires you to pay a deductible amount, and if your stay goes beyond 60 days, Medicare requires you to pay a coinsurance amount. Medicare sets new deductible and coinsurance amounts each year, and payment for these, as well as other services not covered by Medicare, are the patient's responsibility.

Reminder!

Medicare excludes some types of care and requires you to pay for a portion of the care it does cover.

MEDICARE COVERAGE AT DAYSTAR

START (60 DAYS)

\$1316/Deductible, which the patient must pay.*

Medicare is billed for the balance by Daystar. **

***NOTE:** Insurance can be purchased, called "Indemnity Insurance" or Medicare Supplement Insurance", to pay all or part of these three deductibles.

61st DAY (30 DAYS)

\$329/day Co-Insurance, which the patient must pay.*

Medicare is billed for the rest.

****NOTE:** Medicare is sent the bill for the patient's stay, but Medicare may not pay all of it to Daystar. The patient does need to pay the deductibles and for non-Medicare covered supplies and services.

**91st DAY (60 DAYS)
"LIFETIME RESERVE"**

\$658/day Co-Insurance, which the patient must pay. *

Medicare would then be billed for any amount over \$658 per day. ***

*****NOTE:** Remember, Daystar's daily charge level may be less than this deductible. Therefore, in effect, Christian Scientists may not get any benefit from the "Lifetime Reserve" days provided for in the Medicare program. However, some Medicare Insurance Policies require that you use the "Lifetime Reserve" days to receive continued coverage.

Bridging the “Medigap”

Medicare will not pay 100% of your health care bills. Medicare’s deductibles, coinsurance, non-covered charges, and exclusions could cause your share of your health care bills to add up quickly. The difference between what Medicare pays and the actual cost of your health care is often called the “medigap.” Should you be interested in supplementing your Medicare coverage, the following are brief descriptions of the most widely known types of supplemental insurance coverage.

Medicare Supplements (Medigap plans)

Many individuals enrolled in Medicare also carry a separate insurance policy to supplement their Medicare benefits. These insurance plans are referred to as “Medigap” or “Medicare supplement” policies because they are designed to help fill the specific gaps left after Medicare has paid its share of your bill. The front of the Medigap policy must clearly identify it as “Medicare Supplement Insurance.”

- Medicare supplement benefits can help pay your Part A deductible and your inpatient co-payment, known as coinsurance.
- The extent of coverage varies from plan to plan.
- If you buy a Medigap policy, you will pay a monthly premium to the private insurance company that sells you the policy.
- Although a great number of companies offer this type of insurance, legislation that went into effect in 1990 standardized the benefits these plans can offer.
- Medigap plans do not cover services that would not otherwise be covered by Medicare, although they may provide coverage for covered services once Medicare benefits have been exhausted (e.g., additional days of inpatient hospital or RNHCI care).
- In all states except Massachusetts, Minnesota, and Wisconsin, a Medigap policy must be one of twelve standardized policies (Plans A–L), so you can compare them easily. See the following online link: <https://www.medicare.gov/supplement-other-insurance/compare-medigap/compare-medigap.html>
- You may only purchase a Medigap plan if you have Original Medicare (Parts A and B)—not if you have a Medicare Advantage plan.
- You may need to enroll in Medicare Part B in order to purchase a Medigap or Medicare Supplement policy. (See “The Medicare Story, Part A, B, C, and D,” page 4)

Employer Group Insurance for Retirees

Private insurance through your or your spouse’s former employer may sometimes be continued or converted into a supplemental policy after retirement. Premiums may even be paid, in whole or in part, by the employer. Converted employer group insurance policies, however, do not have to comply with federal standards for Medicare supplements. This makes it important to check the specific benefits your retirement policy provides and to understand how it works with Medicare.

PLEASE NOTE:

- *Be sure to review the written plan materials carefully and ask any questions you have to determine if your insurance meets your needs, including whether the plan covers care in a RNHCI.*
- *Historically, it has been difficult to obtain payment from managed care employer group health plans (e.g., health maintenance organizations), even if the plan contains a specific reference to RNHCI care.*

The Medicare Election (choice)

** Definition of Medicare Election: A written statement signed by a Medicare beneficiary or the beneficiary's legal representative (using a valid Power of Attorney or an Advance Health Care Directive) indicating the beneficiary's choice to receive nonmedical care or treatment as they are conscientiously opposed to the receipt of nonexcepted (voluntary) medical treatment for religious reasons.*

In order to receive Medicare benefits at a Christian Science nursing facility (or RNHCI), you must specifically choose or "elect" to receive care in a RNHCI based on your religious convictions, and the facility's Utilization Review Committee must determine that you need a Medicare- covered level of care. The beneficiary must have a valid election* (in writing and notarized) in effect to receive Medicare payment for any RNHCI services. All Medicare beneficiaries sign an election form upon admission Daystar.

Revocation of an Election

Patients may revoke an election at any time if for any reason they decide to pursue medical care.

Revocation is the cancellation of the religious nonmedical health care institution election. This cancellation can be achieved in two ways:

- By submitting a written statement to the Centers for Medicare and Medicaid Services (CMS) indicating a desire to cancel the election, or
- By using Medicare to pay for medical treatment, which is defined as any treatment provided under the care of or ordered by a physician. This includes eye exams, glasses, and the purchase of medical equipment like wheel chairs.

Unintentional Revocation of an Election

It is easy to unintentionally revoke your Medicare Election (decision) to use your Part A Medicare benefits to cover care at a Christian Science care facility (RNHCI). This has occurred hundreds of times in the past when Christian Scientists chose to use their Part B coverage for eye exams, wheelchair rentals, and so on. (The federal government considers such a decision to be, in effect, revoking a choice to rely on spiritual means alone for healing.) Essentially, if you use Medicare to pay for any medical expense not provided by a RNHCI, your Medicare Election to use your Part A Medicare benefits to cover care at a Christian Science care facility (RNHCI) will be revoked. An explanation of the consequences of revoking the RNHCI election is provided in the next section.

Frequently Asked Questions About the Medicare Election

Q: *When should I sign the election form?*

A: The form should be signed and notarized when you are admitted to a Christian Science nursing facility and require Christian Science nursing care at a level of care that qualifies for Medicare coverage.

Q: *What does an election form say?*

A: Upon admission to a religious nonmedical health care institution (RNHCI) such as Daystar, you or your legal representative will be required to sign and have notarized an “election form” stating that:

1. You elect to receive Medicare benefits for nursing services furnished in a RNHCI.
2. You are conscientiously opposed to acceptance of non-excepted medical treatment.*
3. You acknowledge that acceptance of non-excepted medical treatment* is inconsistent with your sincere religious beliefs.
4. You acknowledge that receipt of non-excepted medical treatment* constitutes a revocation of any election form you have previously signed and may limit your further receipt of services in a RNHCI.
5. You acknowledge that any previously signed election may be revoked by submitting a written statement to the Centers for Medicare and Medicaid.
6. You acknowledge that revocation of the election will not prevent or delay access to medical services available under Medicare Part A in facilities other than religious nonmedical health care institutions (RNHCI).

** Non-excepted medical treatment is defined as medical treatment furnished by or under the direction of a licensed physician, for which Medicare payment is requested, unless such care or treatment is received involuntarily or required under federal, state, or local laws.*

Q: *If I received Christian Science nursing care several months ago and signed an election form at that time, and I am being admitted for care again, do I need to sign another election form?*

A: No, as long as the earlier election has not been revoked.

Q: *What does “Medicare covered level of care” mean?*

A: Medicare is intended to provide payment for short-term health care costs for people experiencing an acute illness. By law, Medicare only covers care in a RNHCI for an individual who would require care in a hospital or a skilled nursing facility but for his or her election of RNHCI care based upon sincerely held religious beliefs. Skilled nursing facilities provide a higher level of care than nursing homes, which typically provide long-term or “custodial” care.

Q: *How do I know if I need a Medicare covered level of care?*

A: Our URC (Utilization Review Committee) periodically reviews each patient’s nursing needs to determine whether a Medicare covered level of care is needed. They will

provide you with a written record for your review and signature indicating the level of care needed at the time.

Q: After signing an election form at a Christian Science nursing facility, I voluntarily received medical care or equipment paid for by Medicare. What does this mean in terms of my eligibility for Medicare benefits at a Christian Science facility at a later time?

A: Medicare will pay for medical care voluntarily received by a patient receiving care in a RNHCI at any time. However, the voluntary receipt of medical care or equipment paid for by Medicare will revoke the RNHCI election. Privately paying for any medical equipment or services received allows you to avoid revoking your election. However, should you revoke your election, and it is the first time you have done so, you are entitled to execute a new election when you are readmitted to a Christian Science facility. Medicare will then pay for your care as long as you need a covered level of care.

Q: What happens if I revoke the second election?

A: If you revoke your second election, you must wait one year before a third election will be allowed. This does not mean you cannot receive care at a Christian Science facility; it only means that Medicare will not pay for the care.

Q: If I revoke an election for the third time by voluntarily seeking medical care or equipment that is paid for by Medicare, what will happen?

A: Medicare will not pay for care at a Christian Science facility for a period of five years following your third (or subsequent) revocation of an election.

Q: What happens if I am taken to the hospital against my wishes?

A: Any medical care or treatment you receive involuntarily does not constitute a revocation of an election. The purpose of the revocation is to discourage patients from going back and forth between medical and nonmedical care, and asking Medicare to pay for it.

Q: Should I tell the staff at the care facility if I have other insurance coverage in addition to Medicare?

A: Absolutely. The more information you provide to us regarding your health insurance coverage, the better we will be able to work for you in obtaining insurance coverage to pay for your stay.

If you have questions regarding the election process, please contact our Christian Science Nursing Department **954-473-0167 x110**.

Words to know

Advance Health Care Directive

(aka Durable Power of Attorney for Health Care): A document that you sign giving another person, whom you designate as your “attorney-in-fact,” trustee, or agent, the

power to make health care or placement decisions for you if you are incapacitated or cannot make the decisions for yourself. You may provide instructions in these documents regarding your care or placement that will be required to be honored. Otherwise, the “attorney-in-fact” or agent will be expected to exercise his or her judgment in making care and placement decisions in your best interest.

Benefit Period: The way Medicare measures your use of hospital or religious nonmedical health care institution (RNHCI) services. A benefit period begins the day you go to a hospital or RNHCI (Christian Science nursing facility). The benefit period ends when you haven’t received hospital or religious nonmedical health care for 60 days in a row. If you go into the hospital or facility after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Coinsurance: The amount you have to pay for inpatient care after your 60th day of care in a benefit period.

Deductible: The amount you must pay for health care before Medicare begins to pay, either each benefit period for Part A or each year for Part B. These amounts can change every year.

Inpatient Care: Health care you receive when you are admitted to a hospital or religious nonmedical health care institution (RNHCI).

Legal Representative: Any individual “who, as determined by applicable State law, has the legal authority” to act on behalf of the beneficiary [42 C.F.R. §405.400]. This is usually accomplished via a Power of Attorney (including, in Florida, an Advance Health Care Directive) without court intervention, or by a court appointed guardian or conservator.

Lifetime Reserve Days: The 60 days that Medicare will pay for when you are in a hospital or religious nonmedical health care institution (RNHCI) more than 90 days during a benefit period. These 60 days can be used only once during your lifetime, and they accumulate from one care time to another for a total of 60 days.

Medicare-Approved Amount: This is the Medicare payment amount for a covered item or service.

Medicare Part C (Medicare Advantage): An alternative to Original Medicare. If you choose this option, you agree to receive all of your Part A and Part B covered care through a private managed care organization that contracts with the federal government. Medicare Advantage plans sometimes cost less and/or cover additional services not covered under Original Medicare. There are different types of Medicare Advantage plans, such as HMOs and PPOs (see below for definitions).

Medigap Policy: A Medicare supplemental insurance policy sold by private insurance companies to fill “gaps” in the original Medicare plan coverage, such as the gap created by your Medicare deductible or coinsurance. Medigap policies will pay whenever the care received is Medicare covered, including care at a religious non-medical healthcare institution (RNHCI).

Medicare Summary Notice (MSN):

A notice you get after the provider files a claim for Part A services in the Original Medicare Plan. It explains what the provider billed for, the Medicare approved amount, how much Medicare will pay, and what you must pay.

HMO: Health Maintenance Organization (such as Kaiser). This is a type of managed care plan that requires you to use only its member providers in order to receive covered care.

PPO: Preferred Provider Organization (such as Blue Cross/Blue Shield of Florida). This is a type of managed care plan that is less restrictive than an HMO. A patient enrolled in a PPO is free to see any physician within the PPO’s “network” without referral.

Important Contacts

Telephone **1(800) MEDICARE** or **1 (800) 633-4227** twenty-four hours a day with questions about Medicare (in general), Medicare health plans, ordering Medicare booklets, Medigap policies, or assistance programs (including help paying health care costs, and telephone numbers for local organizations who work with Medicare).
<https://www.medicare.gov>

Social Security Administration 1 (800) 772-1213 with questions about address/name changes, enrolling in Medicare, Medicare replacement cards, or Social Security benefits. <https://www.ssa.gov>

SHINE (Serving Health Insurance Needs of Elders) www.floridashine.org

Phone: 800-963-5337

About: SHINE is Florida’s state health insurance assistance program for elder Floridians. SHINE provides educational materials and free unbiased insurance counseling to Florida elders, caregivers and family members. The goal is to help elders understand and receive the health insurance coverage they need through Medicare, Medicaid, Prescription Assistance, Long-Term Care Planning & Insurance, and other health care issues. Contact SHINE if you have questions by dialing the Elder Helpline at 1-800-963-5337.

Department of Veterans Affairs 1 (800) 827-1000 with questions regarding Veteran’s benefits. <http://www.benefits.va.gov/benefits>

Railroad Retirement Board (RRB) 1 (877) 772-5772 with questions about Railroad Retirement benefits and all other services listed for the Social Security Administration for people who get RRB benefits. <https://secure.rrb.gov>

List of health plans (nonexclusive) that may provide payment for Christian Science care. <http://www.christianscience.com/member-resources/committee-on-publication/u.s.-federal-office/insurance-and-christian-science>

Helpful Medicare Publications

To receive copies of any of the following publications, call Medicare at 1(800) 633-4227 or you can find them at the Medicare website: www.medicare.gov

Publication #10050, Medicare and You 2016 — a summary of Medicare benefits, rights, obligations, and answers to frequently asked questions about Medicare. Online PDF: <https://www.medicare.gov/pubs/pdf/10050.pdf>

Publication #10116, Your Medicare Benefits — an explanation of Part A and Part B benefits. Online PDF: <https://www.medicare.gov/Pubs/pdf/10116.pdf>

Publication #02110, Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare — Describes how to choose a Medigap policy to supplement the Original Medicare Plan. Online PDF: <https://www.medicare.gov/Pubs/pdf/02110-Medicare-Medigap.guide.pdf>

The information in this booklet was obtained from the publications listed above as well as from “Your Medicare Rights and Protections,” “Focus on Medicare — An AARP Options Program Publication,” “Medicare State Operations Manual,” “The Department of Health and Human Services Federal Register/Vol. 64, No. 229,” “Morningside Presents Unlocking the Mysteries of Medicare & Health Insurance as It Applies to Care Received at Christian Science Nursing Facilities,” “The Leaves – Medicare, A Roadmap for Christian Scientists” and the Social Security Administration.

Helpful Christian Science Publications

In addition to the Bible and Mary Baker Eddy’s published writings, numerous articles from *The Christian Science Journal* and *The Christian Science Sentinel* have been helpful to people in dealing metaphysically with issues regarding health, health care, supply, insurance, individual responsibility, brotherly love, and benevolence.

“The Vastness of Christian Science” by Robin Hoagland, *The Christian Science Journal*, July 2016

“Plenty to consider” by Kim Crooks Korinek, *The Christian Science Journal*, July 2015

“Christian Science healing—more than just health care” by Constance Wallingford, *The Christian Science Sentinel*, May 18, 2015

“Medicare and God’s Care” by Beverly Goldsmith, *The Christian Science Sentinel*, June 12, 2006

“Reliable medicine” by Barbara Vining, *The Christian Science Sentinel*, August 29, 2016

“Questions & Answers” by Rob Gilbert, Suzanna Penn, Brian Talcott, and Committee on Publication, Boston, *The Christian Science Journal*, November 2010

“Healthcare Reform in Plain English”

by Peter Grier, *The Christian Science Monitor* (weekly), April 5, 2010. See online link: <http://www.csmonitor.com/USA/Politics/2010/0326/Health-care-reform-bill-101-Will-it-make-health-care-more-effective>

“The Theology of Care” by Geraldine Schiering, *The Christian Science Journal*, July 1982

“Simplicity and Power of Divine Science, Theology, and Medicine” by Barbara M. Vining, *The Christian Science Journal*, January 1997

“How is Your Health Insurance?” by James Robert Corbett, *The Christian Science Sentinel*, August 17, 1992

“Supply — and Going Into the Public Practice of Christian Science” by Timothy A. MacDonald, *The Christian Science Journal*, March 1990

The Committee on Publication – U.S. Federal Office website offers excellent and current information:

<http://christianscience.com/member-resources/committee-on-publication/u.s.-federal-office/insurance-and-christian-science>

Mary Baker Eddy’s practical wisdom is heartening as we seek to rely on God alone for healing and care, as understood and demonstrated in Christian Science:

“Everyone should be encouraged not to accept any personal opinion on so great a matter, but to seek the divine Science of this question of Truth by following upward individual convictions, undisturbed by the frightened sense of any need of attempting to solve every Life-problem in a day” (*Unity of Good*, by Mary Baker Eddy, p. 5:9).

Admission for Christian Science Nursing Care at Daystar, Inc.

For admission to our Christian Science nursing services program, we require that:

- The patient is expectantly and fully relying on Christian Science for healing.
- The patient is working with a Christian Science practitioner listed in *The Christian Science Journal*.
- The patient is free from the use of medication.

Please call our Christian Science Nursing Department: 954-473-0167 x 110 for additional information regarding admission.

Note:

The information contained in this brochure is intended for educational purposes only. It provides a general explanation of how Medicare works in regard to Daystar as of January 2017. You should use it for general guidance with the understanding that the Medicare rules may change and that a summary cannot always explain exactly how they will apply in particular circumstances. If you need assistance with respect to your own situation, please consult a knowledgeable personal advisor, such as an attorney or benefits specialist who is familiar with the topic. For authoritative guidance on any Medicare questions, you or your personal advisor should contact Medicare at the telephone numbers or e-mail addresses given in this brochure, or review official Medicare publications, which are available online: www.medicare.gov.

Daystar, Inc.
3800 South Flamingo Road
Davie, FL 33330
954-473-0167

© Copyright Arden Wood 2016