

Part A: Hospital Insurance

Service Provided	Medicare Pays	You Pay
Hospital Inpatient Days 1-60 Days 61-90 60 Reserve Days ¹ Beyond 150 Days	Everything after deductible Everything after co-payment Everything after co-payment Nothing	\$1,068 deductible \$267 per day co-payment \$534 per day co-payment All costs for each day past 150 days
Psychiatric Hospital	Same as hospital inpatient, but 190 day lifetime limit	All costs after 190 days
Skilled Nursing Facility (SNF) (If daily care is needed after a 3 day hospital stay) Days 1-20 Days 21-100 After 100 days	All All after co-payment Nothing	Nothing \$133.50 per day co-payment All costs after 100 days
Home Health Care	All except 20% of covered medical equipment	20% of Medicare Approved amount for medical equipment
Hospice (Care of terminal illness)	All except \$5 per prescription 95% of Medicare Approved amount for respite care per day	Co-payment of \$5 per prescription and for respite care, 5% of Medicare payment for a respite care day, not to exceed \$1,068.
Blood (Received during hospital or <u>SNF</u> stay)	After 3 pints of blood	The first 3 pints of blood each year

Part B: Medical Insurance

Service Provided	Medicare Pays	You Pay
Annual deductible		\$135 a year
Physician costs	80% of approved amount	20% of approved amount²
Outpatient hospital care	80% of approved amount	A maximum of \$1,068
Clinical lab services	Approved amount	Nothing
Medical equipment/supplies	80% of approved amount	All other costs
Some preventative services (Depending on the service, some are covered according to a time schedule, i.e. once a year.)	80% or 100%	20% of approved amount or nothing, depending on the service
Mental Health Services Partial hospitalization Outpatient	Same as inpatient hospital 50% of approved amount	See above under Part A 50% of approved amount

¹Each of the 60 reserve days may be used only **once in an individual's lifetime**.

²Plus up to an additional %15 of the Medicare approved amount if the doctor or supplier does not accept assignment.