

2024 MEDICARE PART A

Part A is Hospital Insurance for confinement in a hospital or skilled nursing facility per benefit period.

WHEN YOU ARE HOSPITALIZED* FOR:	MEDICARE COVERS	YOU PAY
1-60 DAYS	Most confinement costs <u>after</u> the required Medicare deductible	\$1,632 DEDUCTIBLE
61-90 DAYS	All eligible expenses <u>after</u> patient pays a per-day coinsurance	\$408 A DAY
91-150 DAYS	All eligible expenses <u>after</u> patient pays a per-day coinsurance (These are Lifetime Reserve Days that may never be used again)	\$816 A DAY
151 DAYS OR MORE	NOTHING	YOU PAY ALL COSTS
<p>*A benefit period begins on the first day you receive service as an inpatient and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.</p>		
SKILLED NURSING CONFINEMENT Following an inpatient hospital stay of at least 3 days and enter a Medicare-approved skilled nursing facility within 30 days after hospital discharge and receive skilled nursing care	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100 <u>after</u> patient pays a per-day coinsurance	After 20 days \$204 A DAY
HOSPICE CARE Must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment for outpatient drugs and inpatient respite care	MEDICARE CO-PAYMENT
BLOOD	100% of approved amount <u>after</u> first 3 pints of blood.	FIRST 3 PINTS

2024 MEDICARE PART B

Part B is Medical Insurance and covers physician services, outpatient care, tests, and supplies - per calendar year.

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
<p>ANNUAL DEDUCTIBLE</p>	<p>Incurred Expenses after the required Medicare deductible</p>	<p>\$240 ANNUAL DEDUCTIBLE</p>
<p>MEDICAL EXPENSES Physicians' services for inpatient and outpatient medical/surgical, physical/speech therapy, and diagnostic tests</p>	<p>80% of approved amount</p>	<p>20% OF APPROVED AMOUNT</p>
<p>EXCESS DOCTOR CHARGES <i>(Above Medicare Approved Amounts)</i></p>	<p>0% above approved amount</p>	<p>ALL COSTS</p>
<p>CLINICAL LABORATORY SERVICES</p>	<p>Generally, 100% of approved amount</p>	<p>Nothing for services</p>
<p>HOME HEALTHCARE</p>	<p>100% of approved amount. 80% of approved amount for durable medical equipment</p>	<p>Nothing for services; 20% of approved amount for durable medical equipment</p>
<p>OUTPATIENT HOSPITAL TREATMENT</p>	<p>Medicare payment to hospital, based on outpatient procedure payment rates</p>	<p>Coinsurance based on outpatient payment rates</p>
<p>BLOOD</p>	<p>80% of approved amount <u>after</u> first 3 pints of blood.</p>	<p>First 3 pints plus 20% of approved amount for additional pints</p>