



LOCAL HELP FOR PEOPLE WITH MEDICARE

## 2018 Medicare Part A Benefits and Gaps

Updated 11/20/17

| Coverage  | Beneficiary Pays  | Medicare Pays                            |
|---|---|--|
| <b>Medicare Part A</b>  |   |  |
| <b>Inpatient Hospital Care*</b><br>Days 1-60<br>Days 61-90<br>Days 91-150 ( <i>lifetime reserve days</i> )<br>All additional days<br><br>Semiprivate room and board, general nursing, and other hospital services and supplies. | \$1,340 deductible<br>\$335 per day<br>\$670 per day<br>All costs | Balance<br>Balance<br>Balance<br>Nothing |
| <b>Skilled Nursing Facility Care*</b><br>Days 1-20<br>Days 21-100<br>All additional days<br><br>After three-day hospitalization and admitted to a skilled nursing facility approved by Medicare within 30 days of discharge.    | Nothing<br>\$167.50 per day<br>All costs                          | All costs<br>Balance<br>Nothing          |
| <b>Home Health Care</b><br>Part-time or intermittent skilled care, home health aide services  | Nothing   | Up to 35 hours per week                  |
| <b>Durable Medical Equipment and Supplies</b>   | 20% of approved amount  | 80% of approved amount                   |
| <b>Hospice Care</b><br>Pain relief, symptom management and support services for the terminally ill.   | Small co-payments for inpatient respite and drugs                 | Balance                                  |
| <b>Blood</b>  | For first 3 pints   | All but first 3 pints per calendar year  |

\*A benefit period provides 90 days of hospital care, if needed. A new benefit period begins each time the beneficiary is out of the hospital or has not received skilled nursing care from any other facility for 60 consecutive days.

Part A Premiums for Voluntary Enrollee (individuals who must purchase Part A):

|                    |                     |
|--------------------|---------------------|
| 30-39 work credits | \$232/month in 2018 |
| 0-29 work credits  | \$422/month in 2018 |

Refer to Medicare & You Handbook for more information about Medicare benefits. Or call Medicare at 1-800-633-4227 TTY: 1-877-486-2048

## 2018 Medicare Part B Benefits and Gaps

| Coverage   | Beneficiary Pays  | Medicare Pays   |
|--|---|---|
| <b>Medicare Part B</b>   |   |   |
| <b>Medical Expenses</b> <ul style="list-style-type: none"> <li>• Doctors' services</li> <li>• Inpatient and outpatient medical services and supplies</li> <li>• Physical and speech therapy</li> <li>• Diagnostic tests</li> <li>• Ambulance services</li> </ul> Medicare also pays for other medically necessary services, see Medicare Handbook. | \$183 deductible* plus 20% **of Medicare's approved amount.<br><br>Limited charges above the approved amount may apply for some Part B providers. | 80% of Medicare's approved amount after \$183 deductible has been met.          |
| <b>Clinical Lab Tests</b><br>Blood tests, urinalysis, and more.  | Nothing for tests if medically necessary.   | Generally 100% of approved amount.  |
| <b>Home Health Care</b><br>Part-time or intermittent skilled care, home health aide services   | Nothing   | Up to 35 hours per week   |
| <b>Durable Medical Equipment and Supplies</b>  | After \$183 deductible, you pay 20% of approved amount  | 80% of approved amount after \$183 deductible                                   |
| <b>Outpatient Hospital Treatment</b>   | After \$183 deductible, you pay a co-payment according to the service.  | Medicare payment to hospital based fee schedule.                                |
| <b>Blood</b>   | For first 3 pints, plus 20% of approved amount (after \$183 deductible).  | 80% of approved amount (after \$183 deductible and starting with the 4th pint). |

\* Once you have incurred \$183 of expenses for Medicare-covered services in any year, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

\*\* Part B Coinsurance is paid after you have met the annual Part B deductible of \$183 for covered services in 2018.

**Services Not Covered by Medicare (partial list only):** Private Duty Nursing, Experimental Procedures, Care Outside of the U.S., Custodial Care at Home, Custodial Care in Nursing Home, Outpatient Prescription Drugs, Hearing Aids, Eyeglasses ( generally), Most Chiropractic Services, Dental Care, Acupuncture, or Private Hospital Room.