## **OVERVIEW OF MEDICARE A & B**



Key: Shaded areas - Medicare pays White areas - you pay

## **In-patient hospital**

First 60 days \$1,260 deductible

Days 61-90 \$315 per day coinsurance

Lifetime

Reserve \$630 per day coinsurance

Days 91-150

## **Skilled Nursing Facility**

First 20 days 100% (no co-pay)

Days 21-100 \$157.50 per day coinsurance

## 100% Services

Home health Hospice

\*Benefit period ends when patient is out of the hospital or skilled nursing facility for 60 consecutive days.



\$147 Deductible (per calendar year applies first)

20% Coinsurance

80%

Physician's charges (in or out of hospital)

Durable medical equipment

**Ambulance** 

Outpatient hospital charges

Blood - the first 3 pints

Lab services

Free Preventive services
flu shots
mammogram
pap test and pelvic exam
prostate exam

Excess Charges 15% over Medicare charges