OVERVIEW OF MEDICARE A & B



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

In-patient hospital

First 60 days

\$1,632 deductible

Days 61-90 \$408 per day coinsurance

Lifetime Reserve Days \$816 per day coinsurance 91-150

Skilled Nursing Facility

First 20 days

100% (no co-pay)

Days 21-100 \$204 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.



2024 Base Premium: \$174.70 / month

\$240 Deductible (per calendar 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

If providers do not accept Medicare's reimbursement rate, they are allowed to charge up to 15% more for covered services



Questions about Medicare eligibility or coverage? Contact Debra Wood, CFP[®] at 785-309-5850 or 785-392-2147, or email dwood@ksu.edu.