

OVERVIEW OF MEDICARE A & B

A

B

\$170.10
premium

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

**\$233 Deductible
(per calendar applies first)**

**20%
Coinsurance**

In-patient hospital

First 60 days **\$1,556 deductible**

Days 61-90 **\$389 per day coinsurance**

Lifetime
Reserve Days **\$778 per day coinsurance**
91-150

Skilled Nursing Facility

First 20 days **100% (no co-pay)**

Days 21-100 **\$194.50 per day 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

100% Services

Home health
Hospice

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

Excess Charges

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