

2022 MEDICARE PART A

Part A is Hospital Insurance and covers cost associated with confinement in a hospital or skilled nursing facility



| Hospitalization Time | Medicare Covers | You pay | You Pay with Plan F | You Pay with Plan G | You Pay with Plan N |
|---|--|--|---------------------|---------------------|---------------------|
| 1-60 days | Most confinement cost after the required Medicare Deductible | \$1,556.00 Part A Deductible | \$0 | \$0 | \$0 |
| 61-90 days | All eligible expenses after patient pays a per-day copayment. | \$389 Day Copayment as much as \$11,281 | \$0 | \$0 | \$0 |
| 91-150 days | All eligible expenses after patient pays a per-day copayment (These are Reserve Days that may never be used again) | \$778 Day Copayment as much as \$46,680.00 | \$0 | \$0 | \$0 |
| 151 days + | N/A | You Pay All Costs | \$0 | \$0 | \$0 |
| SKILLED NURSING CONFINEMENT: Following an inpatient hospital stay of at least 3 days and enter a Medicare-Approved facility within 30 days after hospital discharge and receive skilled nursing care. | All eligible expenses for the first 20 days 21-100 after patient pays a per day copayment. | After 20 Days \$194.50 Copayment as much \$15,326 | \$0 | \$0 | \$0 |

NOTES: _____

2022 MEDICARE PART B

Part B is Medical Insurance and covers physician services, outpatient care, test and supplies.



| On Expenses Incurred For: | Medicare Covers | You pay | You Pay with Plan F | You Pay with Plan G | You Pay with Plan N |
|---|---|---|---------------------|--------------------------------|--|
| Annual Deductible | Incurred expenses after the required Medicare deductible | \$233 Annual Deductible | \$0 | \$233 Annual Deductible | \$233 Annual Deductible |
| Medical Expenses Physicians's services for inpatient and outpatient medical/surgical services; physical/speech therapy; and diagnostic tests. | 80% of approved amount | 20% of approved amount | \$0 | \$0 | Up to \$20/\$50 Copays-Emergency visit copay WAIVED if admitted |
| Clinical Lab Services Blood tests, urinalysis | Generally 100% of approved amount | Nothing for services | \$0 | \$0 | \$0 |
| Home Health Care Part-time or intermittent skilled care; home health aid services; durable medical supplies; and other services | 100% of approved amount 80% of approved amount for durable medical equip | Nothing for services 20% of approved amount* for durable med equip | \$0 | \$0 | \$0 |
| Outpatient Hospital Treat Hospital Services for the diagnosis or treatment of an illness or injury | Medicare payment to hospital, based on outpatient procedure payment rates | Coinsurance based on outpatient payment rates | \$0 | \$0 | \$0 |
| Blood | 80% of approved amount after first 3 prints. | First 3 pints plus 20% of approved amount for additional pints | \$0 | \$0 | \$0 |
| Excess Doctor Charges Above Medicare-approved amount | 0% above approved amount | All Costs | \$0 | \$0 | All Costs |

Age: _____ T/NT: _____ Current Carrier: _____

M/F: _____ Phone Number: _____ Carrier: _____