

2024 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	\$1,632.00 Part A Deductible	\$0	\$0	\$0
61-90 days	All eligible expenses after patient pays a per-day copayment.	\$408 Day Copayment as much as \$12,240.00	\$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)	\$816 Day Copayment as much as \$48,960.00	\$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 \$204.00 Copayment as much as \$16,320	\$0	\$0	\$0

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2024 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	\$240 Annual Deductible	\$0	\$240 Annual Deductible	\$240 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: