2025 MEDICARE PART A

($0 premium-40 QTRS - $285 30-39 QTRS - $518 <30 QTRS)

Part A is Hospital Insurance and covers costs 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 costs after the required Medicare deductible.	**$1,676.00 Part A Deductible**	**$0**	**$0**	**$0**
61-90 days	All eligible expenses after patient pays a per-day copayment.	**$419 Day Copayment as much as $12,570**	**$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).	**$838 Day Copayment as much as $50,280**	**$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 dischar and receive skilled nursing care.	All eligible expenses for the first 20 days; then all elivgible expenses for 21-100 days after patient pays a per day copayment.	**After 20 Days $209.50 Copayment as much ***$16,760**	**$0**	**$0**	**$0**

NOTES:

2025 MEDICARE PART B

($185.00 premium <106k - (up to $628.90 based on income)

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.	**$257 Annual Deductible**	**$0**	**$257 Annual Deductible**	**$257 Annual Deductible**
Medical Expenses Physicians' 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 $50 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 Treatment 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 pints.	**First 3 pints plus 20% of approved amount for additional pints**	**$0**	**$0**	**$0**
Excess Doctor Charges Above Medicare-approved amount. **(Max 115%)**	**0%** above approved amount.	**All Costs**	**$0**	**$0**	**All Costs**

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

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