



LOCAL HELP FOR PEOPLE WITH MEDICARE

2015 Medicare Part A Benefits and Gaps

(Chart outlines gaps in Medicare coverage. Refer to Medicare & You Handbook for more Information about Medicare benefits.)

Coverage	Beneficiary Pays	Medicare Pays
Medicare Part A		
Inpatient Hospital Care* Days 1-60 Days 61-90 Days 91-150 (<i>lifetime reserve days</i>) All additional days Semiprivate room and board, general nursing, and other hospital services and supplies.	\$1,260 deductible \$315 per day \$630 per day All costs	Balance Balance Balance Nothing
Skilled Nursing Facility Care* Days 1-20 Days 21-100 All additional days After three-day hospitalization and admitted to a skilled nursing facility approved by Medicare within 30 days of discharge.	Nothing \$157.50 per day All costs	All costs Balance Nothing
Home Health Care Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
Durable Medical Equipment and Supplies	20% of approved amount	80% of approved amount
Hospice Care Pain relief, symptom management and support services for the terminally ill.	Small co-payments for inpatient respite and drugs	Balance
Blood	For first 3 pints	All but first 3 pints per calendar year

*A benefit period provides 90 days of hospital care, if needed. A new benefit period begins each time the beneficiary is out of the hospital or has not received skilled nursing care from any other facility for 60 consecutive days.

Part A Premiums for Voluntary Enrollee (individuals who must purchase Part A):

30-39 work quarters	\$224/month in 2015
0-29 work quarters	\$407/month in 2015

Refer to Medicare & You Handbook for more information about Medicare benefits. Or call Medicare at 1-800-633-4227 TTY: 1-877-486-2048

2015 Medicare Part B Benefits and Gaps

(Chart outlines gaps in Medicare coverage. Refer to Medicare & You Handbook for more information about Medicare benefits.)

Coverage	Beneficiary Pays	Medicare Pays
Medicare Part B		
Medical Expenses <ul style="list-style-type: none"> • Doctors' services • Inpatient and outpatient medical services and supplies • Physical and speech therapy • Diagnostic tests • Ambulance services Medicare also pays for other medically necessary services, see Medicare Handbook.	\$147 deductible* plus 20% **of Medicare's approved amount. Limited charges above the approved amount may apply for some Part B providers.	80% of Medicare's approved amount after \$147 deductible has been met.
Clinical Lab Tests Blood tests, urinalysis, and more.	Nothing for tests if medically necessary.	Generally 100% of approved amount.
Home Health Care Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
Durable Medical Equipment and Supplies	After \$147 deductible, you pay 20% of approved amount	80% of approved amount after \$147 deductible
Outpatient Hospital Treatment	After \$147 deductible, you pay a co-payment according to the service.	Medicare payment to hospital based fee schedule.
Blood	For first 3 pints, plus 20% of approved amount (after \$147 deductible).	80% of approved amount (after \$147 deductible and starting with the 4th pint).

* Once you have incurred \$147 of expenses for Medicare-covered services in any year, the Part B deductible does not apply to any further covered services you receive for the rest of the year.

** Part B Coinsurance is paid after you have met the annual Part B deductible of \$147 for covered services in 2015. Most beneficiaries will pay \$104.90 for the 2015 Part B premium. Beneficiaries with higher incomes will pay higher Part B premiums. The premium for these members will range from \$146.90- \$335.70.

Services Not Covered by Medicare (partial list only): Private Duty Nursing, Experimental Procedures, Care Outside of the U.S., Custodial Care at Home, Custodial Care in Nursing Home, Outpatient Prescription Drugs, Hearing Aids, Eyeglasses (generally), Most Chiropractic Services, Dental Care, Acupuncture, or Private Hospital Room.