



LOCAL HELP FOR PEOPLE WITH MEDICARE

2017 Medicare Part A Benefits and Gaps

Updated 11/14/16

| 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. | \$1,316 deductible \$329 per day \$658 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 \$164.50 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 credits | \$227/month in 2017 |
| 0-29 work credits | \$413/month in 2017 |

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

2017 Medicare Part B Benefits and Gaps

| 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. | <p>\$183 deductible* plus 20% ** of Medicare's approved amount.</p> <p>Limited charges above the approved amount may apply for some Part B providers.</p> | <p>80% of Medicare's approved amount after \$183 deductible has been met.</p> |
| 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 \$183 deductible, you pay 20% of approved amount | 80% of approved amount after \$183 deductible |
| Outpatient Hospital Treatment | After \$183 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 \$183 deductible). | 80% of approved amount (after \$183 deductible and starting with the 4th pint). |

* Once you have incurred \$183 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 \$183 for covered services in 2017.

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.