

2021 MEDICARE PART A

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

When you are hospitalized for:

Medicare Covers

You Pay

	Medicare Covers	You Pay
1 – 60 days	Most confinement costs <u>after</u> the required Medicare Deductible	\$1,484 Deductible
61 – 90 days	All eligible expenses <u>after</u> the patient pays a per day co-payment	\$371 A DAY COPAYMENT as much as \$11,130
91 – 150 days	All eligible expenses <u>after</u> patient pays a per day co-payment. (These are Lifetime Reserve Days which may never be used again.)	\$742 A DAY COPAYMENT as much as \$44,520
151 days or more	NOTHING	YOU PAY ALL COSTS
SKILLED NURSING CONFINEMENT: When you are hospitalized for at least three (3) days and enter a Medicare-approved skilled nursing facility within 30 days after hospital discharge and are receiving skilled nursing care.	All eligible expenses for the first 20 days; then all eligible expenses for days 21 – 100 <u>after</u> patient pays a per day co-payment.	After 20 days \$185.50 A DAY COPAYMENT as much as \$14,840

2021 MEDICARE PART B

Part B is Medical Insurance

and covers physician services, outpatient care, tests and supplies

On expenses
incurred for:

Medicare Covers

**You pay \$203 Annual
Deductible PLUS**

<p>Medical Expenses Physicians services for in-patient, outpatient medical/surgical services; physical/speech therapy, diagnostic tests</p>	80% of approved amount	20% of approved amount
<p>Clinical Laboratory Services Blood tests, urinalysis</p>	Generally 100% of approved amount	Nothing for services
<p>Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical supplies and other services.</p>	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
<p>Outpatient Hospital Treatment Hospital services for the diagnosis or treatment of an illness or injury.</p>	Medicare payment of hospital, based on outpatient procedure payment rates	Co-insurance based on outpatient payment rates
<p>Blood</p>	After first three (3) pints of blood, 80% of approved amount	First three (3) pints plus 20% of approved amount for additional pints

On all Medicare covered expenses, a doctor or other health care provider may agree to accept Medicare "assignment." This means the patient will not be required to pay any expense in excess of Medicare's "approved" charge. The patient pays only 20% of the "approved" charge not paid by Medicare.

Physicians who do not accept assignment of Medicare claim are limited as to the amount they can charge for covered services. In 2008, the most a physician can charge for services covered by Medicare is 115% of the approved amount for non-participating physicians.

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