



2010 Medicare Hospital Insurance (Part A) Covered Services

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
HOSPITALIZATION Semi-private room and board, general nursing and other hospital services and supplies (Medicare payments based on benefit periods) <i>(See comments 1 & 2)</i>	First 60 days	All but \$1,100	\$1,100
	61st to 90th day	All but \$275/day	\$275/day
	91st to 150th day <i>(60 reserve days may be used only once)</i>	All but \$550/day	\$550/day
	Beyond 150 days	Nothing	All costs
SKILLED NURSING FACILITY CARE Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies (Medicare payments based on benefit periods) <i>(See comments 1 & 2)</i>	First 20 days	100% of approved amount	Nothing
	Next 80 days	All but \$137.50/day	up to \$137.50/day
	Beyond 100 days	Nothing	All costs
HOME HEALTH CARE Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements for home health care benefits	100% of approved amount 80% of approved amount for durable medical equipment	Nothing for services 20% of approved amount for durable medical equipment
HOSPICE CARE Pain relief, symptom management and support services for the terminally ill	For as long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
BLOOD****(see Part B) When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited during a benefit period if medically necessary	All but first 3 pints per calendar year	For first 3 pints

1 - Neither Medicare nor Medigap insurance pay for most nursing home care.

2 - A benefit period starts the first day you receive a Medicare-covered service in a qualified hospital. It ends when you have been out of a hospital (or other facility that provides skilled nursing or rehab services) for 60 days in a row. It also ends if you stay in a facility (other than a hospital) that provides skilled nursing or rehab services, but do not receive any skilled care there for 60 days in a row. If you enter a hospital again after 60 days, a new benefit period starts.

Premium for Part A: If you have fewer than 30 quarters of coverage, you pay \$461/mo. For 30-39 quarters of coverage, you pay \$254/mo.



2010 Medicare Medical Insurance (Part B) Covered Services

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
MEDICAL EXPENSES Physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment and other services	Unlimited if medically necessary	80% of approved amount (after \$155 deductible) 55% of approved amount for most outpatient mental health services	\$155 deductible,* plus 20% of approved amount and limited charges above approved amount** 45% for most outpatient mental health services
CLINICAL LABORATORY SERVICES Blood test, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
HOME HEALTH CARE*** Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare requirements	100% of approved amount: 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT Services for the diagnosis or treatment of an illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital costs	20% of billed amount (after \$155 deductible)*
BLOOD****	Unlimited if medically necessary	80% of approved amount (after \$155 deductible and starting with 4th pint)	First 3 pints plus 20% of approved amount for additional pints (after \$155 deductible)****

* After you pay \$155 for covered services, the Part B deductible does **not** apply to any other covered services you receive for the rest of the year.

** Federal law limits charges for physician services.

*** Part B pays for home health care only if you do not have Medicare Part A.

**** The 3-pint blood deductible (donated or paid for) may be met by inpatient (Part A) or outpatient (Part B) care and is required only once in a calendar year.

Monthly Part B premium: \$96.40 or \$110.50 – Based on income, some clients will pay \$154.70, \$221.00, \$287.30, or \$353.60.

We attempt to provide the most current information possible. Due to frequent changes, always check with Medicare at www.medicare.gov or at 1-800- MEDICARE (1-800-633-4227) for the latest premiums and deductibles. If you want personalized help, call SHIBA at 1-800-562-6900 and ask to speak with a SHIBA counselor in your area.