2001 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
1-60 days	Most confinement costs after the required Medicare Deductible.	**$792** DEDUCTIBLE
61-90 days	All eligible expenses, after the patient pays a per-day copayment.	**$198** A DAY COPAYMENT as much as: **$5,940**
91-150 days	All eligible expenses, after patient pays a per-day copayment. (These are Lifetime Reserve Days which may never be used again.)	**$396** A DAY COPAYMENT as much as: **$23,760**
151 days or more	NOTHING	YOU PAY ALL COSTS
SKILLED NURSING CONFINEMENT: When you are hospitalized for at least 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, after patient pays a per-day copayment.	After 20 days **$99.00** A DAY COPAYMENT as much as: **$7,920**

2001 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 $100 Annual Deductible PLUS
Medical Expenses Physician's services for inpatient and outpatient medical/surgical services; physical/speech therapy, diagnostic tests	80% of approved amount	20% of approved amount
Clinical Laboratory Services Blood tests, urinalysis	Generally 100% of approved amount	Nothing for services
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical supplies and other services	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 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
Blood	After first 3 pints of blood, 80% of approved amount	First 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 a Medicare claim are limited as to the amount they can charge for covered services. In 2001, the most a physician can charge for services covered by Medicare is 115% of the fee schedule amount for nonparticipating physicians.

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