

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 <u>after</u> the required Medicare Deductible.	\$776 DEDUCTIBLE
61-90 days	All eligible expenses, <u>after</u> the patient pays a per-day copayment.	\$194 A DAY COPAYMENT as much as: \$5,820
91-150 days	All eligible expenses, <u>after</u> patient pays a per-day copayment. (These are Lifetime Reserve Days which may never be used again.)	\$388 A DAY COPAYMENT as much as: \$23,280
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, <u>after</u> patient pays a per-day copayment.	After 20 days \$97.00 A DAY COPAYMENT as much as: \$7,760

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

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

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 2000, 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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