

## 2010 Medicare Part A Benefits and Gaps

(Chart outlines gaps in Medicare coverage. Refer to Medicare & You Handbook for more information)

Coverage	You Pay	Medicare Pays
<b>Medicare Part A</b>		
<b>Inpatient Hospital Care*</b> Day 1 up to 60 days Day 61 up to 90 days Day 91 up to 150 ( <i>lifetime reserve days</i> ) Beyond 150 days Semiprivate room and board, general nursing, and other hospital services and supplies.	\$1,100 deductible \$275 per day \$550 per day All costs	Balance Balance Balance "0"
<b>Skilled Nursing Facility Care*</b> First 20 days (after 3 hospital days) Day 21 up to 100 days All additional days after day 100 After three-day hospitalization and admitted to a skilled nursing facility approved by Medicare within 30 days of discharge.	"0" \$137.50 per day All costs	All costs Balance "0"
<b>Home Health Care**</b> Part-time or intermittent skilled care, home health aides, and <b>Durable Medical Equipment and Supplies</b>	"0"  20% of approved amount	Up to 35 hrs per week  80% of approved amount
<b>Hospice</b> Pain relief, symptom management and support services for the terminally ill. Hospice must be Medicare-certified.	\$5 co-payments for drugs. 5% of costs for up to 5 days/each time respite care in Medicare-certified facility – no limit to number of times	100%, except for limited costs for drugs and respite.
<b>Blood</b> In hospital or Skilled Nursing Facility	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 quarters	\$254/month in 2010
0-29 work quarters	\$461/month in 2010

Refer to Medicare & You Handbook for more information about Medicare benefits. Or call:

**1-800-MEDICARE (1-800-633-4227)**

## Medicare Part B Benefits and Gaps for 2010

(Chart outlines gaps in Medicare coverage. Refer to Medicare & You Handbook for more information)

Coverage	You Pay	Medicare Pays
<b>Medicare Part B</b>		
<b>Medical Expenses</b> <ul style="list-style-type: none"> <li>• Doctors' services</li> <li>• Inpatient and outpatient medical services and supplies</li> <li>• Physical and speech therapy</li> <li>• Diagnostic tests</li> <li>• Ambulance services</li> </ul> Medicare also pays for other medically necessary services, see Medicare Handbook.	\$155 deductible* plus 20% ** of Medicare's approved amount.  Limited charges above the approved amount may apply for some Part B providers.	80% of Medicare's approved amount after \$155 deductible has been met.  Reduced to 50% for most outpatient mental health services.
<b>Clinical Lab Tests</b> Blood tests, urinalysis, and more.	"0" for tests if they are medically necessary.	Generally 100% of approved amount.
<b>Home Health Care</b> Part-time or intermittent skilled care, home health aide services, and	"0"	Up to 35 hours per week
<b>Durable Medical Equipment and Supplies</b>	20% of approved amount	80% of approved amount
<b>Outpatient Hospital Treatment</b>	After \$155 deductible, you pay a co-payment according to the service	Medicare payment to hospital based fee schedule.
<b>Blood</b>	100% for first 3 pints, plus 20% of approved amount (after \$155 deductible).	80% of approved amount (after \$155 deductible and starting with the 4th pint).

\* Once you have incurred \$155 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 **\$155** for covered services in 2010. 20% coinsurance amount applies to most physician services. In 2010, the Medicare Part B monthly Premium for most people is **\$96.40** per month if individual's income is below \$85,000 or couple's is below \$170,000. However, the monthly premium for new beneficiaries in 2010 is **\$110.50**

**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, Routine Physicals, or Private Hospital Room.

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