2022 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 $1,556 Part A Deductible**	**$1,556** Part A Deductible Per Benefit Period*
61 – 90 days	**All eligible expenses, after patient pays $389 per-day copay**	**$389** Per day
91 – 150 days	**All eligible expenses, after patient pays $778 per-day copay**	**$778** Per day
151 days or more	**NOTHING**	**100%** For additional 365 days
Skilled Nursing Confinement Must be at the hospital at least 3-days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge.	**All eligible expenses for the first 20 days; then all eligible expenses for days 21-100, after patient pays per-day copay**	After 20 Days **$194.50** Per day
Hospice Care: Must meet Medicare's requirements, including a doctor's certification of terminal illness	**All but very limited copayment for outpatient drugs and inpatient respite care**	**Any remaining copayments for outpatient drugs and inpatient respite care**
Blood	**100%** of approved amount after first 3 pints of blood	**First 3 Pints**

*A benefit period begins on the first day you receive service as an inpatient and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2022 Medicare Part B

Part B is Medical Insurance and covers costs associated with physician services, outpatient care, tests and supplies – per calendar year.

On Expenses Incurred For:	Medicare Covers	You Pay
Annual Deductible	**Incurred expenses after required $233 annual Part B deductible**	**$233** Part B Deductible
Medical Expenses Physicians' services for inpatient and outpatient medical/surgical services; physical/speech therapy; and diagnostic tests	**80%** of approved amount	**20%** of approved amount*
Excess Doctor Charges**	**0%** above approved amount	**ALL COSTS**
Clinical laboratory Services	Generally **100%** of approved amount	**NOTHING**
Home Healthcare	**100%** of approved amount for services;	**NOTHING**
	80% of approved amount* for durable medical equipment	**20%** of approved amount* for durable medical equipment
Outpatient Hospital Treatment	**Medicare payment to hospital, based on outpatient procedure payment rates**	**Coinsurance based on outpatient payment rates**
Blood	**0%** of first 3 pints of blood	**100%** of first 3 pints of blood
	80% of approved amount after first 3 pints of blood	**20%** of approved amount for additional pints

*On all Medicare-covered expenses, a doctor or other healthcare 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 a covered service. In 2022, the most a physician can charge for a service covered by Medicare is 115% of the approved amount for nonparticipating physicians (may vary by state). Note: In New York, the most a physician can charge for services covered by Medicare is 105% of the approved amount for nonparticipating physicians. For routine office visits covered by Medicare, a nonparticipating physician can charge up to 115% of the fee schedule amount.