

2023 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 \$1,600 Part A Deductible	\$1,600 Part A Deductible Per Benefit Period*
61 – 90 days	All eligible expenses, after patient pays \$400 per-day copay	\$400 Per day
91 – 150 days	All eligible expenses, after patient pays \$800 per-day copay	\$800 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 \$200 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 <u>after</u> 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.

2023 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 \$226 annual Part B deductible	\$226 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.