

MEDICARE (PART A); HOSPITAL INSURANCE – COVERED SERVICES PER BENEFIT PERIOD (1)				
Services	Benefit	Medicare Pays*	QMB Pays**	Claimant Pays
HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous hospital services and supplies.	First 60 days	All but \$812	\$812	--
	61 st to 90 th day	All but \$203 a day	\$203 a day	--
	91 st to 150 th day	All but \$406 a day	\$406 a day	--
	Beyond 150 days	Nothing	Nothing	All Costs
POSTHOSPITAL SKILLED NURSING FACILITY CARE You must have been in a hospital for at least 3 days and enter a Medicare-approved facility generally within 30 days after hospital discharge. (2)	First 20 days	100% of approved amount	--	--
	Additional 80 days	All but \$101.50 a day	\$101.50 a day	Anything over approved amount
	Beyond	Nothing	Nothing	All costs
HOME HEALTH CARE	Medically necessary skilled care, home health aide services, medical supplies, etc.	Full cost of services; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment	Anything over approved amount
HOSPICE CARE Available to terminally ill	As long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	--	Limited cost for outpatient drugs and inpatient respite care
BLOOD	Blood	All but first 3 pints per calendar year	--	For first 3 pints***
<p>*60 reserve days may be used only once; days used are not renewable.</p> <p>**These figures are for 2002 and are subject to change each year.</p> <p>***To the extent the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.</p> <p>(1) A benefit period begins on the first day you receive services as an inpatient in a hospital 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.</p> <p>(2) Medicare and most private insurance will not pay for custodial care in a nursing home.</p>				