

**MEDICARE (PART A); HOSPITAL INSURANCE – COVERED SERVICES PER BENEFIT PERIOD**

| SERVICES  | BENEFIT   | MEDICARE PAYS **  | QMB PAYS **  | PARTICIPANT PAYS   |
|---|---|---|--|--|
| <b>HOSPITALIZATION</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies.  | First 60 days   | All but \$1156  | \$1156   | Nothing  |
|   | 61 <sup>st</sup> to 90 <sup>th</sup> day  | All but \$289 a day   | \$289 a day  | Nothing  |
|   | 91 <sup>st</sup> to 150 <sup>th</sup> day   | All but \$578 a day   | \$578 a day  | Nothing  |
|   | Beyond 150 days   | Nothing   | Nothing  | All costs  |
| <b>POSTHOSPITAL SKILLED NURSING FACILITY CARE</b><br>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  | Nothing  | Nothing  |
|   | Additional 80 days  | All but \$144.50 a day  | \$144.50 a day   | Anything over approved amount                                |
|   | Beyond  | Nothing   | Nothing  | All costs  |
| <b>HOME HEALTH CARE</b>   | 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                                |
| <b>HOSPICE CARE</b><br>Available to terminally ill  | As long as doctor certifies need  | All but limited costs for outpatient drugs and inpatient respite care       | Nothing  | Limited cost for outpatient drugs and inpatient respite care |
| <b>BLOOD</b>  | Blood   | All but first 3 pints per calendar year                                     | Nothing  | For first 3 pints ***  |

\*60 reserve days may be used only once; days used are not renewable.

\*\* These figures are for 2012 and are subject to change each year.

\*\*\*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.

(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.

(2)Medicare and most private insurance will not pay for custodial care in a nursing home.