



LOCAL HELP FOR PEOPLE WITH MEDICARE

## 2021 Medicare Part A Benefits and Gaps

Updated 11/6/2020

Coverage	Beneficiary Pays	Medicare Pays
<b>Medicare Part A</b>		
<b>Inpatient Hospital Care*</b> Days 1-60 Days 61-90 Days 91-150 ( <i>lifetime reserve days</i> ) All additional days Semiprivate room and board, general nursing, and other hospital services and supplies.	\$1,484 deductible \$371 per day \$742 per day All costs	Balance Balance Balance Nothing
<b>Skilled Nursing Facility Care*</b> Days 1-20 Days 21-100 All additional days After three-day hospitalization and admitted to a skilled nursing facility approved by Medicare within 30 days of discharge.	Nothing \$185.50 per day All costs	All costs Balance Nothing
<b>Home Health Care</b> Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
<b>Durable Medical Equipment and Supplies</b>	20% of approved amount	80% of approved amount
<b>Hospice Care</b> Pain relief, symptom management and support services for the terminally ill.	Small co-payments for inpatient respite and drugs	Balance
<b>Blood</b>	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 credits	\$259/month in 2021
0-29 work credits	\$471/month in 2021

Refer to Medicare & You Handbook for more information about Medicare benefits. Or call Medicare at 1-800-633-4227 TTY: 1-877-486-2048

## 2021 Medicare Part B Benefits and Gaps

Coverage	Beneficiary Pays	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.	\$203 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 \$203 deductible has been met.
<b>Clinical Lab Tests</b> Blood tests, urinalysis, and more.	Nothing for tests if medically necessary.	Generally 100% of approved amount.
<b>Home Health Care</b> Part-time or intermittent skilled care, home health aide services	Nothing	Up to 35 hours per week
<b>Durable Medical Equipment and Supplies</b>	After \$203 deductible, you pay 20% of approved amount	80% of approved amount after \$203 deductible
<b>Outpatient Hospital Treatment</b>	After \$203 deductible, you pay a co-payment according to the service.	Medicare payment to hospital based fee schedule.
<b>Blood</b>	For first 3 pints, plus 20% of approved amount (after \$203 deductible).	80% of approved amount (after \$203 deductible and starting with the 4th pint).

\* Once you have incurred \$203 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 \$203 for covered services in 2021.

**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, or Private Hospital Room.