



**Medicare Part A:
Hospital-Insurance Covered Services for 2005**

Services	Benefit	Medicare Pays	You Pay
HOSPITALIZATION Semi-private room and board, general nursing, and other hospital services and supplies.	First 60 days 61 st – 90 th day 91 to 150 th day* Beyond 150 th day	All but \$912 All but \$228 a day All but \$456 a day Nothing	\$912 \$228 per day \$456 per day All costs
SKILLED NURSING FACILITY Semi-private room and board, general nursing, skilled nursing, and rehabilitative services and other services and supplies**	First 20 days Additional 80 days Beyond 100 days	100% of approved amount All but \$114.00 a day Nothing	Nothing Up to \$114.00 a day All Costs
HOME HEALTH CARE Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies, and other services.	Unlimited as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
HOSPICE CARE	For as long as doctor certifies need	All but limited costs for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs and inpatient respite care
BLOOD	Unlimited if medically necessary	All but first 3 pints per calendar year	First 3 pints***

2004 Part A monthly premium: Most people do not pay a premium because they or a spouse has 40 or more quarters of Medicare covered employment. However, the premium is \$343.00 per month if you are not otherwise eligible for premium-free hospital insurance and have less than 30 quarters of Medicare covered employment. The Part A premium is \$189.00 for those individuals having 30-39 quarters of Medicare covered employment.

Source: Health Care Financing Administration, www.medicare.gov

*This 60-reserve-days benefit may be used only once in a lifetime.

**Neither Medicare nor private Medigap insurance will pay for most nursing home care.

***Blood paid for or replaced under Part B of Medicare during the calendar year does not have to be paid for or replaced under Part A



**Medicare Part B:
Medical-Insurance Covered Services for 2005**

Services	Benefit	Medicare Pays	You Pay
MEDICAL EXPENSES Doctors services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, and other services	Unlimited if medically necessary	80% of approved amount (after \$110 deductible) 50% of approved charges for most outpatient mental health services	\$110 deductible* plus 20% of approved amount and limited charges above approved amount
CLINICAL LABORATORY SERVICES Blood tests, urinalyses and more	Unlimited if medically necessary	Generally 100% of approved amount	Nothing for services
HOME HEALTH CARE Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies, and other services.	Unlimited as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT Services for the diagnosis or treatment of illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital cost	20% of billed amount (after \$110 deductible)
BLOOD	Unlimited if medically necessary	80% of approved amount (after \$110 deductible and starting with 4 th pint)	First 3 pints plus 20% of approved amount for additional pints (after \$110 deductible)

2005 Part B monthly premium: \$78.20 (Premium may be higher if you enroll late.)

Source: Health Care Financing Administration, www.medicare.gov

*Once you have had \$110 of expenses covered services in 2005, the Part B deductible does not apply to any further covered services you receive for the rest of the year.