

Compliments of



MEDICARE INFORMATION FOR 2015

| Kind of Service | Requirements | Time Limit | You Pay | Medicare Pays | Not Covered |
|---|--|---|---|--------------------------------------|---|
| <p>Inpatient Hospital Care (Acute)</p> <p>Semi-private room accommodations, meals and regular nursing services. Includes drugs, supplies, appliances, equipment and ordinarily furnished laboratory and x-ray services.</p> <p>ADDITIONAL LIFETIME RESERVE</p> | <p>65 and over, eligible for Social Security; under 65, if having a valid HIC number, in a participating hospital certified by Medicare.</p> <p>AVAILABLE FOR HOSPITAL STAYS ONLY</p> | <p>First 60 days</p> <hr/> <p>Next 30 days of continuous hospital care</p> <hr/> <p>Lifetime limit of 60 days</p> | <p>\$1,260</p> <hr/> <p>\$315 a day (co-pay)</p> <hr/> <p>\$630 a day (co-pay)</p> | <p>Balance</p> | <p>Private-duty nurse, first 3 pts of blood, all services covered by the Medical Insurance part of Medicare. (See Medicare Part B below.)</p> |
| <p>Post-Hospital Care (Skilled)</p> <p>Skilled care facilities that are certified by Medicare.</p> | <p>Must occur within 30 days after a minimal 3-day hospital confinement. Must be a condition requiring daily skilled nursing care or skilled therapy services.</p> | <p>First 20 days</p> <hr/> <p>Next 80 days of continuous post-hospital care</p> | <p>Nothing</p> <hr/> <p>\$157.50 a day (co-pay)</p> | <p>100%</p> <hr/> <p>Balance</p> | <p>Same as above and all personal convenience items such as barber, beautician, private telephone and television. (See Medicare Part B below.)</p> |
| <p>Medicare Part B (Medical Insurance)</p> <p>Services of physicians and surgeons, and reimbursement for cost of artificial eyes and limbs; X-ray therapy; physical, speech, & occupational therapies; diagnosis lab & X-ray services, certain ambulance fees, enteral/parenteral nutrition supplies, some medical supplies, medical supplies and drugs administered by a doctor or nurse that can't be self-administered.</p> | <p>Must enroll and pay the current monthly premium.</p> | <p>Unlimited</p> | <p>\$147/year plus 20% of the balance of reasonable charges</p> <hr/> <p>Monthly premium is based on the beneficiary's income and ranges from \$96.40 to \$238.40</p> | <p>Balance of reasonable charges</p> | <p>Routine checkup, eye glasses, hearing aids, dental work, orthopedic shoes, cosmetic surgery, immunizations except flu, pneumonia and hepatitis B, private duty nurses, first 3 pts. of blood, prescription drugs and patented medicines. (Usually covered by Medicare Part D.)</p> |