

Part A Hospital Insurance—Covered Services

(Hospital deductibles and coinsurance amounts change each year. The numbers shown in this chart are effective for 2012)

Services	Benefits	Medicare Pays	You Pay (Other insurance may pay all or part)
Hospitalization Semiprivate room, general nursing misc. services	First 60 days 61st to 90th day 91st to 150th day Beyond 150 days	All but \$1,156 All but \$289 per day All but \$578 per day Nothing	\$1,156 \$289 per day \$578 per day All charges
Skilled Nursing Facility Care	First 20 days 21st to 100th day Beyond 100 days	100% of approved All but \$144.50 per day Nothing	Nothing if approved \$144.50 per day All costs
Home Health Care Medically necessary skilled care therapy	Part-time care as long as you meet guidelines	100% of approved	Nothing if approved; 20% of Durable Medical Equipment
Hospice Care for the terminally ill	As long as doctor certifies need	All but limited costs for drugs & respite care	Limited costs for drugs and respite care
Blood	As needed	All but first 3 pints	First 3 pints

Part B Medicare Insurance—Covered Services

Services	Benefits	Medicare Pays	You Pay (Other insurance may pay all or part)
Medical Expense Physician services and medical supplies	Medical services in and out of the hospital	80% of approved (after \$140 deductible)	20% of approved (after \$140 deductible) plus excess charges
Clinical Laboratory	Diagnostic tests	100% of approved	Nothing if approved
Home Health Care Medically necessary skilled care, therapy	Part-time care as long as you meet guidelines	100% of approved	Nothing if approved; 20% of Durable Medical Equipment
Outpatient Hospital Treat- ment	Unlimited if medically necessary	80% of approved (after \$140 deductible)	20% of approved (after \$140 deductible) plus excess charges
Blood	As needed	All but first 3 pints	First 3 pints