

MEDICARE 2020

\$0.00 Premium for most People
Up to: \$458.00 for less than 30 Quarters
\$252.00 for 30 - 39 Quarters

\$144.60 Premium

*More if your modified adjusted
gross income exceeds \$85,000
(or \$170,000 for a married couple).*

PART A (HOSPITAL)

PART B (MEDICAL)

\$1,408
Deductible per Stay

Day 1
↓
Day 60

\$352 x 30 = \$10,560
Per Day

61
↓
Day 90

\$704 x 60 = \$42,240
Per Day

91
↓
Day 150

**60 DAYS
LIFETIME RESERVE**

**MEDICARE STOPS
PATIENT PAYS ALL**

BLOOD (First 3 Pints)

HOSPICE CARE

You pay nothing for Hospice care.
You may need to pay a Copayment of no more than \$5 for each prescription drug and other similar products for pain relief and symptom control while you're at home.
You may need to pay 5% of the Medicare-approved amount for inpatient respite care.

SKILLED NURSING FACILITY

DAYS 1-20 NO COST
DAYS 21-100 \$176.00 Per Day = \$14,080
DAYS 101- ALL COSTS

\$198
Annual Deductable

80%
Approved

20%
Approved

15%
**BILLED
APPROVED
EXCESS**

BLOOD (First 3 Pints)

Typical price to patient is
\$343 per pint

**NURSING HOME COST
MEDICARE PAYS NOTHING**

**FOREIGN TRAVEL
MEDICARE PAYS NOTHING**