

# 2024 MEDICARE PART A

Hospital Insurance for confinement in a hospital  
or skilled nursing facility, per benefit period<sup>1</sup>

WHEN HOSPITALIZED FOR:	MEDICARE COVERS	YOU PAY
<b>1-60 DAYS</b>	Most confinement costs <u>after</u> required deductible	<b>\$1,632</b> DEDUCTIBLE
<b>61-90 DAYS</b>	All eligible expenses <u>after</u> beneficiary pays a daily coinsurance	<b>\$408</b> A DAY COINSURANCE up to: <b>\$12,240</b>
<b>91-150 DAYS</b> (Lifetime Reserve Days that can only be used once per lifetime)	All eligible expenses <u>after</u> beneficiary pays a daily coinsurance	<b>\$816</b> A DAY COINSURANCE up to: <b>\$48,960</b>
<b>151 + DAYS</b>	<b>NOTHING</b>	<b>ALL COSTS</b>
<b>SKILLED NURSING CONFINEMENT:</b> (Must meet Medicare's requirements)	All eligible expenses for the first 20 days; All eligible expenses for days 21-100 <u>after</u> beneficiary pays a daily coinsurance	<b>\$204</b> A DAY COINSURANCE After 20 days up to: <b>\$16,320</b>
<b>HOSPICE CARE:</b> (Must meet Medicare's requirements)	All, except for very limited copayment for outpatient drugs and inpatient respite care	Medicare COPAYMENT
<b>BLOOD</b>	100% of approved amount <u>after</u> first 3 pints	First 3 pints



<sup>1</sup>Benefit period begins on the first day you receive service as an inpatient and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

# 2024 MEDICARE PART B

Medical insurance for physician services,  
outpatient care, tests, and supplies, per calendar year

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
<b>ANNUAL DEDUCTIBLE</b>	All eligible expenses incurred <u>after</u> required Medicare deductible	<b>\$240</b> ANNUAL DEDUCTIBLE
<b>MEDICAL EXPENSES</b>	<b>80%</b> of approved amount	<b>20%</b> of approved amount <sup>1</sup>
<b>EXCESS DOCTOR CHARGES<sup>2</sup></b>	<b>0%</b> above approved amount	<b>ALL COSTS</b>
<b>CLINICAL LAB SERVICES</b>	Generally 100% of approved amount	Nothing for services
<b>HOME HEALTH CARE</b>	<ul style="list-style-type: none"> <li>• 100% of approved amount</li> <li>• 80% of approved amount for durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing for services</li> <li>• 20% of approved amount for durable medical equipment</li> </ul>
<b>OUTPATIENT TREATMENT</b>	Medicare payment to hospital based on outpatient procedure payment rates	Coinsurance based on outpatient payment rates
<b>BLOOD</b>	80% of approved amount <u>after</u> first 3 pints	First 3 pints plus 20% of approved amount for additional pints

<sup>1</sup>If a health care provider agrees to accept Medicare assignment on all Medicare-covered expenses, the patient will not be required to pay any expense in excess of Medicare's approved charge.

<sup>2</sup>If physicians do not accept assignment of a Medicare claim, the most they can generally charge for a service covered by Medicare in 2024 is 115% of the approved amount. This amount may vary by state.

