

# OVERVIEW OF MEDICARE A & B

## B

**Key:**  
Shaded areas - Medicare pays  
White areas - you pay

**\$183 Deductible**  
(per calendar year applies first)

**20%**  
**Coinsurance**

### In-patient hospital

First 60 days \$1,316 deductible

Days 61-90 \$329 per day coinsurance

Lifetime Reserve  
Days 91-150 \$658 per day coinsurance

### Skilled Nursing Facility

First 20 days 100% (no co-pay)

Days 21-100 \$164.50 per day coinsurance

**80%**

Physician's charges  
(in or out of hospital)

Durable medical equipment

Ambulance

Outpatient hospital charges

Blood - the first 3 pints

Lab services

Free Preventive services

flu shots

mammogram

pap test and pelvic exam

prostate exam

### 100% Services

Home health

Hospice

\*Benefit period ends when patient is out of the hospital or skilled nursing facility for 60 consecutive days.

**Excess Charges**  
**15% over**  
**Medicare charges**