

2020 MEDICARE PART A (BLUE PAPER)

FURTHER INFORMATION IN: "MEDICARE AND YOU 2020" PAGES 21 & 25-28

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
HOSPITAL CARE (INPATIENT CARE)			
Semi-private room and board, general nursing, and other hospital services and supplies	First 60 days	All but \$1,408	\$1,408 - deductible
	61 st to 90 th day	All but \$352 a day	\$352 a day - coinsurance
	91 st to 150 th day	All but \$704 a day	\$704 a day - coinsurance
	Beyond 150 days	Nothing	All Costs
SKILLED NURSING FACILITY CARE			
Semi-private room and board, skilled nursing and rehabilitative services, and other services and supplies are covered following a 3-day hospital stay as long as you meet Medicare conditions	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$176 a day	\$176 a day-coinsurance
	Beyond 100 days	Nothing	All costs
HOME HEALTH SERVICES			
Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Up to 100 visits following a 3-day hospital stay as long as you meet Medicare conditions	100% of approved amount	Nothing for services
		80% of approved amount for durable medical equipment	20% of approved amount for durable medical equipment
HOSPICE CARE			
Pain relief, symptom management and support services for the terminally ill	For as long as doctor certifies need	All but limited costs and for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs and inpatient respite care
BLOOD			
When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited if medically necessary	Costs after the 4 th unit per calendar year	For the first 3 units for each calendar year

To Purchase Part A:☞ \$458/month for persons with 30 or less credits of MC covered employment
☞\$252/month for persons with between 30-39 credits of MC covered employment

2020 MEDICARE PART B (BLUE PAPER)

FURTHER INFORMATION IN: "MEDICARE AND YOU 2020" PAGES 22 & 29-49

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
DOCTOR AND HEALTH CARE PROVIDER SERVICES			
Covers medically necessary doctor and other specified health care provider services including outpatient mental health services	Unlimited if medically necessary	80% of approved amount (after \$198 deductible)	After the \$198 annual deductible and approximately 20% of billed amount
LABORATORY SERVICES			
Blood tests, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amounts	Nothing for services
HOME HEALTH SERVICES			
Part-time or intermittent skilled care, home health aide services	Unlimited as long as you meet Medicare conditions	100% of approved amount	Nothing for services
Durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare conditions	80% of approved amount for durable medical equipment	After the \$198 annual deductible and approximately 20% of billed amount
OUTPATIENT HOSPITAL SERVICES			
Services for the diagnosis or treatment of illness or injury provided in a participating hospital outpatient setting	Unlimited if medically necessary	Medicare payment to hospital based on hospital cost	After \$198 deductible, 20% for health care provider services, you usually pay the hospital a copayment for each service
BLOOD			
When furnished in a participating outpatient setting	Unlimited if medically necessary	80% of costs after \$198 deductible and starting with the 4 th unit	For the first 3 units for each calendar year

Medicare Part B Premium in 2020: The standard Part B premium in 2020 will be \$144.60

- Some beneficiaries will pay more than the standard Part B premium in 2020, if a beneficiaries has a higher income, the law requires an adjustment to their monthly Part B premium. Higher-income beneficiaries will pay higher premiums for Part B we call the additional amount the income-related monthly adjustment amount (IRMAA). Only 7% are in the income related adjusted amount group. <https://www.ssa.gov/pubs/EN-05-10536.pdf>