

2024 MEDICARE PART A (BLUE PAPER)

FURTHER INFORMATION IN: "MEDICARE AND YOU 2024" PAGES 25 & 25 - 29

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 \$1,632	\$1,632 - deductible
	61 st to 90 th day	All but \$408 per day	\$408 per day co-insurance
	91 st to 150 th day	All but \$816 per day	\$816 per day co-insurance
	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 \$204 per day	\$204 per day co-insurance
	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: \$505/month for persons with 30 or less credits of MC covered employment
\$278/month for persons with between 30-39 credits of MC covered employment**

2024 MEDICARE PART B (BLUE PAPER)

FURTHER INFORMATION IN: "MEDICARE AND YOU 2024" PAGES 25 & 29 - 56

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 \$240 deductible)	\$240 annual deductible and 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	\$240 annual deductible and 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	\$240 annual deductible, 20% of billed amount. Note: health care provider services and hospital may be billed separately
BLOOD			
When furnished in a participating outpatient setting	Unlimited if medically necessary	80% of costs after \$240 deductible and starting with the 4th unit	For the first 3 units for each calendar year

Medicare Part B Premium in 2024: The standard Part B premium in 2024 will be \$174.70

- Some higher-income beneficiaries will pay more than the standard Part B premium in 2024. This adjustment to the Part B premium is called the income-related monthly adjustment amount (IRMAA). Only 7% of beneficiaries are in the IRMAA group. <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>
- Reminder: Certain Medicare beneficiaries who are 36 months post kidney transplant can elect to continue Part B coverage of immunosuppressive drugs by paying a premium of \$103.00