2017 MEDICARE PART A

Part A is Hospital Insurance and covers costs associated with confinement in a hospital or skilled nursing facility.

WHEN YOU ARE HOSPITALIZED FOR:	MEDICARE COVERS	YOU PAY
1-60 DAYS	Most confinement costs after the required Medicare deductible	**$1,316** DEDUCTIBLE
61-90 DAYS	All eligible expenses after patient pays a per-day copayment	**$329** A DAY COPAYMENT as much as: **$9,870**
91-150 DAYS	All eligible expenses after patient pays a per-day copayment (These are Lifetime Reserve Days that may never be used again)	**$658** A DAY COPAYMENT as much as: **$39,480**
151 DAYS OR MORE	NOTHING	**YOU PAY ALL COSTS**
SKILLED NURSING CONFINEMENT: Following an inpatient hospital stay of at least 3 days and enter a Medicare-approved skilled nursing facility within 30 days after hospital discharge and receive skilled nursing care	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100 after patient pays a per-day copayment	After 20 days **$164.50** A DAY COPAYMENT as much as: **$13,160**

F3095
UAI0136 **0117**

2017 MEDICARE PART B

Part B is Medical Insurance and covers physician services, outpatient care, tests, and supplies.

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
ANNUAL DEDUCTIBLE	Incurred Expenses after the required Medicare deductible	$183 Annual Deductible
MEDICAL EXPENSES Physicians' services for inpatient and outpatient medical/surgical services; physical/speech therapy; and diagnostic tests	80% of approved amount	20% of approved amount*
CLINICAL LABORATORY SERVICES Blood tests; urinalysis	Generally100% of approved amount	Nothing for services
HOME HEALTHCARE Part-time or intermittent skilled care; home health aide services; durable medical supplies; and other services	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount* for durable medical equipment
OUTPATIENT HOSPITAL TREATMENT Hospital services for the diagnosis or treatment of an illness or injury	Medicare payment to hospital, based on outpatient procedure payment rates	Coinsurance based on outpatient payment rates
BLOOD	80% of approved amount after first 3 pints of blood.	First 3 pints plus 20% of approved amount* for additional pints
EXCESS DOCTOR CHARGES (Above Medicare-approved amount)	0% above approved amount	All costs

*On all Medicare-covered expenses, a doctor or other healthcare provider may agree to accept Medicare assignment. This means the patient will not be required to pay any expense in excess of Medicare's approved charge. The patient pays only 20% of the approved charge not paid by Medicare.

Physicians who do not accept assignment of a Medicare claim are limited as to the amount they can charge for covered services. In 2017, the most a physician can charge for services covered by Medicare is 115% of the approved amount for nonparticipating physicians. *Note: In New York, the most a physician can charge for services covered by Medicare is 105% of the approved amount for nonparticipating physicians. For routine office visits covered by Medicare, a nonparticipating physician can charge up to 115% of the fee schedule amount.*

F3095
UAI0136 **0117**