

Quick Summary of 2010 Medicare benefits

PART A Helps pay for medically necessary inpatient in a hospital or skilled nursing facility

Service	Benefit Period	What you pay	What Medicare Pays of Approved Amounts	Those Eligible	What's Not Covered
Hospital or skilled nursing care in-hospital Semi-private room.	Hospital Days; 1-60	Hospital Days \$1100 deductible	Balance	People age 65 or older.	Private rooms (unless medically necessary)
Meals and skilled nursing	61-90	\$275 per day	Balance	Some people under age 65 with disabilities. People with end-stage renal disease.	Private duty nursing
	91-150	\$550 per day "lifetime reserve"	Balance		Part B Medicare services
Mental Health Coverage as an inpatient in a mental hospital limited to 190 days in a lifetime.	151+	You pay 100%	\$0		Personal convenience items (TV, telephone)
	Same as above with a 190 day lifetime limit.	Same as above with a 190 day lifetime limit.	Benefit period begins on the first day of admission for the same condition. An admission on day 61 or later requires a new \$1100 deductible.		First three pints of blood then Medicare pays 20% for additional pints.
Post-hospital skilled rehabilitative care in a skilled nursing facility after a 3 day hospital stay.	Hospital Days 1-20 21-100 101+	\$0 \$137.50 per day You pay in full			
Home Health care		\$0 20% of the approved amount for durable medical equipment			
Hospice Care		Copayment of up to \$5 per prescription for outpatient prescription drugs and 5% of Medicare-approved amount for inpatient respite care (short-term) care given by another caregiver, so the usual caregiver can rest). You may have to pay room and board if you get hospice in a facility other than a short-term general inpatient care or respite care.			

PART B Helps pay for doctor services, preventive screenings, home healthcare, hospice, medical equipment and supplies

Physician visits and diagnostic consults, lab tests, outpatient physical, occupational and speech therapies*, approved chiropractic, X-rays including mammograms, outpatient surgical services, eyeglasses after cataract surgery, durable medical equipment and supplies including prosthetic devices and shoes for diabetics, ambulance transport, in-area emergency services. outpatient mental health care.	Not applicable as long as monthly \$96.40 premiums are paid.	\$155 annual deductible; yes (if income under \$80,000): monthly premium; 20% of Medicare approved amount; 50% for outpatient mental health care; all costs that exceed the approved amount.	80% of the Medicare approved amount after the \$155 deductible.	Enrollees paying the \$96.40 monthly part B premium.	Some preventative care routine physical exam, eye, foot care, dental, glasses, (except after cataract surgery) hearing aids, orthopedic shoes, private nursing, prescription drugs, immunizations (except those listed under preventative care) most medical costs incurred out of the USA.
Home Health Care includes doctor ordered skilled nursing care, hospice service, physical speech and occupational therapies, home health aide services and medical supplies.	Not applicable as long as monthly \$96.40 premiums are paid.	After \$155 annual deductible, nothing for services; 20% of the equipment and supplies cost.	Balance	Patient must be homebound and under a doctor's order for intermittent skilled care for terminally ill for hospice services.	Custodial care, including bathing, grooming, toileting, help getting out of bed. For hospice, treatments not related to pain relief.
Preventive care including annual mammograms, colorectal and prostate screenings, annual bone mass measurement, flu & pneumonia shots, hepatitis B for those at medium to high risk, pelvic exams every 24 mo's; pelvic exams and pap smears every 12 mo's for high-risk women.		After \$155 deductible, nothing for service, 20% of the equipment and supplies cost, 25% of colonoscopy if performed as an outpatient.	All costs for fecal occult blood test, Pap smear lab test, pelvic and breast exams, PSA test, flu and pneumonia shots. Balance (80%) of everything else.	Enrollees paying the \$96.40 monthly part B premium.	Cosmetic surgery. Routine or yearly medical exams. Other screening tests or shots except those listed on this Quick Summary.
Lab tests, biopsies, urinalysis	Not applicable	Nothing after \$155 deductible	All costs after \$155 deductible	Enrollees paying the \$96.40 monthly part B premium.	
Blood	Not applicable	First three pints unless you replace them; 20% of the rest		Enrollees paying the \$96.40 monthly part B premium.	