

# 2021 MEDICARE PART A (BLUE PAPER)

FURTHER INFORMATION IN: "MEDICARE AND YOU 2021" PAGES 22 & 25-28

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
<b>HOSPITAL CARE (INPATIENT CARE)</b>			
Semi-private room and board, general nursing, and other hospital services and supplies	First 60 days	All but \$1,484	<b>\$1,484 - deductible</b>
	61 <sup>st</sup> to 90 <sup>th</sup> day	All but \$371 a day	<b>\$371 a day - coinsurance</b>
	91 <sup>st</sup> to 150 <sup>th</sup> day	All but \$742 a day	<b>\$742 a day - coinsurance</b>
	Beyond 150 days	Nothing	<b>All Costs</b>
<b>SKILLED NURSING FACILITY CARE</b>			
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	<b>Nothing</b>
	Additional 80 days	All but \$185.50 a day	<b>\$185.50 a day-coinsurance</b>
	Beyond 100 days	Nothing	<b>All costs</b>
<b>HOME HEALTH SERVICES</b>			
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	<b>Nothing for services</b>
		80% of approved amount for durable medical equipment	<b>20% of approved amount for durable medical equipment</b>
<b>HOSPICE CARE</b>			
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	<b>Limited costs for outpatient drugs and inpatient respite care</b>
<b>BLOOD</b>			
When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited if medically necessary	Costs after the 4 <sup>th</sup> unit per calendar year	<b>For the first 3 units for each calendar year</b>

**To Purchase Part A:** ☞ **\$471/month for persons with 30 or less credits of MC covered employment**  
☞ **\$259/month for persons with between 30-39 credits of MC covered employment**

# 2021 MEDICARE PART B (BLUE PAPER)

FURTHER INFORMATION IN: "MEDICARE AND YOU 2021" PAGES 23 & 29-51

SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY
<b>DOCTOR AND HEALTH CARE PROVIDER SERVICES</b>			
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 \$203 deductible)	After the \$203 annual deductible and approximately 20% of billed amount
<b>LABORATORY SERVICES</b>			
Blood tests, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amounts	Nothing for services
<b>HOME HEALTH SERVICES</b>			
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 \$203 annual deductible and approximately 20% of billed amount
<b>OUTPATIENT HOSPITAL SERVICES</b>			
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 \$203 deductible, 20% for health care provider services, you usually pay the hospital a copayment for each service
<b>BLOOD</b>			
When furnished in a participating outpatient setting	Unlimited if medically necessary	80% of costs after \$203 deductible and starting with the 4th unit	For the first 3 units for each calendar year

**Medicare Part B Premium in 2021:** The standard Part B premium in 2021 will be \$148.50

- Some beneficiaries will pay more than the standard Part B premium in 2021, 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.cms.gov/files/document/2021-part-d-income-related-monthly-premium-adjustment.pdf>