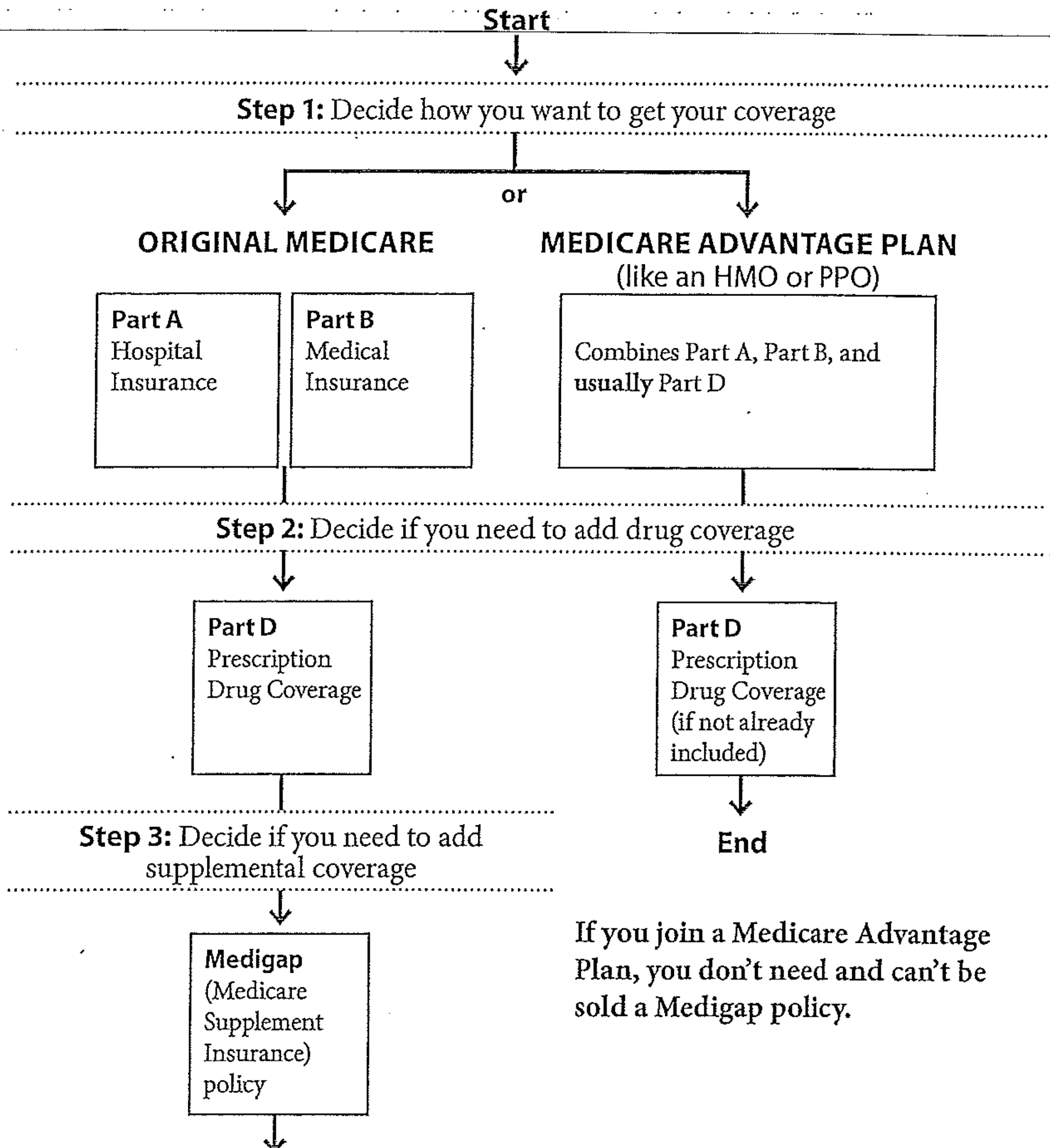
Your Medicare Coverage Choices at a Glance

There are two main ways to get your Medicare coverage: Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage.



See page 49 for more details.

Medicare Costs

Your Monthly Premiums for Medicare

Part A (Hospital Insurance) Monthly Premium

Most people don't pay a Part A premium because they paid Medicare taxes while working.

In 2011, you pay up to $450 each month if you don't get premium-free Part A. If you pay a late enrollment penalty, this amount is higher.

Part B (Medical Insurance) Monthly Premium (See page 25.)

Most people will continue to pay the same Part B premium they paid last year.

If Your Yearly Income in 2009 was		You Pay
File Individual Tax Return	File Joint Tax Return	
$85,000 or less	$170,000 or less	$115.40
above $85,000 up to $107,000	above $170,000 up to $214,000	$161.50
above $107,000 up to $160,000	above $214,000 up to $320,000	$230.70
above $160,000 up to $214,000	above $320,000 up to $428,000	$299.90
above $214,000	above $428,000	$369.10

If you have questions about your Part B premium, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Note: If you don't get Social Security, RRB, or Civil Service benefit payments and choose to sign up for Part B, you will get a bill. If you choose to buy Part A, you will always get a bill for your premium. You can mail your premium payments to the Medicare Premium Collection Center, P.O. Box 790355, St. Louis, MO 63179-0355. If you get a bill from the RRB, mail your premium payments to RRB, Medicare Premium Payments, P.O. Box 9024, St. Louis, MO 63197-9024.

What You Pay if You Have Original Medicare

Part A Costs for Covered Services and Items

Blood	In most cases, the hospital gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated.
Home Health Care	**You pay:** ▪ $0 for home health care services ▪ 20% of the Medicare-approved amount for durable medical equipment
Hospice Care	**You pay:** ▪ $0 for hospice care ▪ A copayment of up to $5 per prescription for outpatient prescription drugs for pain and symptom management ▪ 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest) Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).
Hospital Inpatient Stay	**You pay:** ▪ $1,132 deductible and no coinsurance for days 1–60 each benefit period ▪ $283 per day for days 61–90 each benefit period ▪ $566 per "lifetime reserve day" after day 90 each benefit period (up to 60 days over your lifetime) ▪ All costs for each day after the lifetime reserve days ▪ Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime See "Medical and Other Services" on page 133 for what you pay for doctor services while you're a hospital inpatient.
Skilled Nursing Facility Stay	**You pay:** ▪ $0 for the first 20 days each benefit period ▪ $141.50 per day for days 21–100 each benefit period ▪ All costs for each day after day 100 in a benefit period

Note: If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those noted above. Review the Evidence of Coverage from your plan.

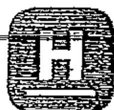
What You Pay if You Have Original Medicare (continued)

Part B Costs for Covered Services and Items

Part B Deductible	You pay the first $162 yearly for Part B-covered services or items.
Blood	In most cases, the provider gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. However, you will pay a copayment for the blood processing and handling services for every unit of blood you get, and the Part B deductible applies. If the provider has to buy blood for you, you must either pay the provider costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else. You pay a copayment for additional units of blood you get as an outpatient (after the first 3), and the Part B deductible applies.
Clinical Laboratory Services	**You pay** $0 for Medicare-approved services.
Home Health Services	**You pay** $0 for Medicare-approved services. You pay 20% of the Medicare-approved amount for durable medical equipment.
Medical and Other Services	**You pay** 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy*, and durable medical equipment.
Mental Health Services	**You pay** 45% of the Medicare-approved amount for most outpatient mental health care.
Other Covered Services	**You pay** copayment or coinsurance amounts.
Outpatient Hospital Services	**You pay** a coinsurance (for doctor services) or a copayment amount for most outpatient hospital services. The copayment for a single service can't be more than the amount of the inpatient hospital deductible.

*In 2011, there may be limits on physical therapy, occupational therapy, and speech-language pathology services. If so, there may be exceptions to these limits.

Note: All Medicare Advantage Plans must cover these services. Costs vary by plan and may be either higher or lower than those noted above. Review the Evidence of Coverage from your plan.



Part A-Covered Services

Blood	In most cases, the hospital gets blood from a blood bank at no charge, and you won't have to pay for it or replace it. If the hospital has to buy blood for you, you must either pay the hospital costs for the first 3 units of blood you get in a calendar year or have the blood donated by you or someone else.
Home Health Services	Limited to medically-necessary part-time or intermittent skilled nursing care, or physical therapy, speech-language pathology, or a continuing need for occupational therapy. A doctor enrolled in Medicare, or certain health care providers who work with the doctor, must see you before the doctor can certify that you need home health services. That doctor must order your care, and a Medicare-certified home health agency must provide it. Home health services may also include medical social services, part-time or intermittent home health aide services, and medical supplies for use at home. You must be homebound, which means that leaving home is a major effort. For durable medical equipment information, see pages 34–35.
Hospice Care	For people with a terminal illness. Your doctor must certify that you're expected to live 6 months or less. Coverage includes drugs for pain relief and symptom management; medical, nursing, and social services; certain durable medical equipment and other covered services as well as services Medicare usually doesn't cover, such as spiritual and grief counseling. A Medicare-approved hospice usually gives hospice care in your home or other facility where you live like a nursing home. Hospice care doesn't pay for your stay in a facility (room and board) unless the hospice medical team determines that you need short-term inpatient stays for pain and symptom management that can't be addressed at home. These stays must be in a Medicare-approved facility, such as a hospice facility, hospital, or skilled nursing facility which contracts with the hospice. Medicare also covers inpatient respite care which is care you get in a Medicare-approved facility so that your usual caregiver can rest. You can stay up to 5 days each time you get respite care. Medicare will pay for covered services for health problems that aren't related to your terminal illness. You can continue to get hospice care as long as the hospice medical director or hospice doctor recertifies that you're terminally ill.

Part A-Covered Services

Hospital Stays (Inpatient)	Includes semi-private room, meals, general nursing, drugs as part of your inpatient treatment, and other hospital services and supplies. Examples include inpatient care you get in acute care hospitals, critical access hospitals, inpatient rehabilitation facilities, long-term care hospitals, inpatient care as part of a qualifying clinical research study, and mental health care. This **doesn't** include private-duty nursing, a television or telephone in your room (if there is a separate charge for these items), or personal care items like razors or slipper socks. It also doesn't include a private room, unless medically necessary. If you have Part B, it covers the doctor's services you get while you're in a hospital. **Note: Staying overnight in a hospital doesn't always mean you're an inpatient.** You're considered an inpatient the day a doctor formally admits you to a hospital with a doctor's order. Being an inpatient or an outpatient **affects your out-of-pocket costs.** Always ask if you're an inpatient or an outpatient. For more information, view the publication "Are You a Hospital Inpatient or Outpatient? If You Have Medicare—Ask!" at http://go.usa.gov/im9. You can also call 1-800-MEDICARE (1-800-633-4227) to find out if a copy can be mailed to you. TTY users should call 1-877-486-2048.
Religious Nonmedical Health Care Institution (Inpatient care)	Medicare will only cover the non-medical, non-religious health care items and services (like room and board) in this type of facility for people who qualify for hospital or skilled nursing facility care, but for whom medical care isn't in agreement with their religious beliefs. Non-medical items and services like wound dressings or use of a simple walker during your stay don't require a doctor's order or prescription. Medicare doesn't cover the religious aspects of care.
Skilled Nursing Facility Care	Includes semi-private room, meals, skilled nursing and rehabilitative services, and other services and supplies that are medically necessary after a 3-day minimum **inpatient** hospital stay for a related illness or injury. An inpatient hospital stay begins the day you're formally admitted with a doctor's order and doesn't include the day you're discharged. To qualify for care in a skilled nursing facility, your doctor must certify that you need daily skilled care like intravenous injections or physical therapy. Medicare **doesn't** cover long-term care or custodial care.