

Medicare Parts A and B

Consider What Medicare Does and Does Not Cover

Medicare is a health insurance program operated by the federal government. Benefits are available to qualifying individuals age 65 or older, certain disabled individuals under age 65, and those suffering from end-stage renal disease. The traditional Medicare program consists of two main parts: Part A, Hospital Insurance and Part B, Medical Insurance. There are clearly defined limits as to what Medicare will, and will not, pay.

Medicare (Part A) 2018 Hospital Insurance Covered Services per Benefit Period

Service	Benefit	Medicare Pays	You Pay
Hospitalization: Semiprivate room and board, general nursing and miscellaneous hospital services and supplies. Includes meals, special care units, drugs, lab tests, diagnostic X-rays, medical supplies, operating and recovery room, anesthesia and rehabilitation services.	Medicare pays all covered costs for first 60 days, except the first \$1,340. For the 61 st through 90 th days, it pays all except \$335 per day. There are also 60 nonrenewable reserve days that can be used when the 90 days are past. Medicare pays all except the first \$670 for each reserve day.		
Post-hospital skilled nursing facility care (in a facility approved by Medicare): You must have been in a hospital for at least three days in a row and enter the facility within 30 days after having been discharged from the hospital.	First 20 days	All costs	Nothing
	Next 80 days	All but \$167.50 per day	\$167.50 per day
	Medicare and private insurance will not pay for most nursing home care, and you pay for custodial care.		
Home health care: Post-institutional care. You must have been in a hospital for at least three days in a row or have been in a skilled nursing facility following a hospital stay.	Pays the cost of 100 home visits, if made under a physician's treatment plan.	Full cost	Nothing for services; 20% of approved amount for durable medical equipment
Hospice care: May exceed the 210 days of care if recertified as terminally ill.	Two 90-day periods and one 30-day period	All but limited costs for outpatient drugs and inpatient respite care	Limited cost sharing for outpatient drugs and inpatient respite care
Blood	Blood	All but first three pints	For first three pints

**Medicare (Part B) 2018 Medical Insurance Covered Services per
Calendar Year Standard Monthly Premium: \$134.00**

Service	Benefit	Medicare Pays	You Pay ¹
Medical expense: Doctor's services, inpatient and outpatient medical services and supplies, physical and speech therapy, ambulance, etc.	Medicare pays for medical services in or out of hospital. Some insurance policies pay less (or nothing) for hospital outpatient medical services in a doctor's office.	80% of approved amount (after \$183.00 deductible). 50% of approved charges for most outpatient mental health services.	\$183.00 deductible plus 20% of approved amount and limited charges above approved amount. ² 50% of approved charges for mental health services.
Home health care ³	Unlimited, if made under a physician's treatment plan.	Full cost	Nothing for services; 20% of approved amount for durable medical equipment.
Outpatient hospital treatment	Unlimited if medically necessary	80% of approved amount (after \$183.00 deductible)	\$183.00 deductible plus 20% of balance of approved amount
Blood: Any blood deductibles satisfied under Part B will reduce the blood deductible requirement	Blood	80% of approved amount (after first 3 pints)	\$183.00 deductible plus first three pints plus 20% of balance of approved amount

Note: If the period of hospitalization covers two calendar years, no new deductible is required for the new year. These figures are for 2018 and are subject to change each year.

¹You pay for charges higher than the amount approved by Medicare, unless the doctor or supplier agrees to accept Medicare's approved amount as the total charge for the services rendered. Federal law limits charges for physician services. Source: Centers for Medicare & Medicaid Services (CMS).

²Once you have had \$183.00 of expenses for covered services in 2018, the Part B deductible does not apply to any further covered services you receive the rest of the year. Source: Centers for Medicare & Medicaid Services (CMS).

³Home health care is provided under Part B only if not covered under Part A. Source: Centers for Medicare & Medicaid Services (CMS).

Part B Premium for Certain Beneficiaries

Pursuant to one provision of the Bipartisan Budget Act of 2015, certain Medicare beneficiaries will pay a higher Part B premium in 2018. The minimum premium for those in this group will be \$134.00. Individuals in this group include:

- Medicare beneficiaries not receiving Social Security benefits.
- Those who enroll in Part B for the first time in 2018.
- Those who have both Medicare and Medicaid, and Medicaid pays the Medicare premiums.
- Those whose income in 2016 exceeded certain limits. The total premium for those in this group will also include an income-related monthly adjustment amount. Based on their filing status and income.⁴

The table below shows the 2018 Part B premiums for these Medicare beneficiaries.

Unmarried Individuals	Married Filing Jointly	Married Filing Separately	Total Monthly Premium
Equal to or less than \$85,000	Equal to or less than \$170,000	Equal to or less than \$85,000	\$134.00
\$85,001 to \$107,000	\$170,001 to \$214,000		\$187.50
\$107,001 to \$133,500	\$214,001 to \$267,000		\$267.90
\$133,501 to \$160,000	\$267,001 to \$320,000		\$348.30
More than \$160,000	More than \$320,000	More than \$85,000	\$428.60

⁴ The measure used is modified adjusted gross income. Generally adjusted gross income plus any tax free interest or any excluded foreign earned income. An appeals process is available in case of a major life change such as the death of a spouse, divorce, or marriage. Source: Centers for Medicare & Medicaid Services (CMS).

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