

## Part A-Covered Services

<b>Hospital Stays (Inpatient)</b>	<p>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, <a href="#">critical access hospitals</a>, <a href="#">inpatient rehabilitation facilities</a>, <a href="#">long-term care hospitals</a>, inpatient care as part of a qualifying clinical research study, and mental health care. This <b>doesn't</b> 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 <a href="#">medically necessary</a>. If you have Part B, it covers the doctor and emergency room services you get while you are in a hospital.</p>
<b>Skilled Nursing Facility Care</b>	<p>Includes semi-private room, meals, skilled nursing and rehabilitative services, and other services and supplies (only after a 3-day minimum inpatient hospital stay for a related illness or injury). 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 <b>doesn't</b> cover long-term care or <a href="#">custodial care</a> in this setting.</p>

**Copayments**, **coinsurance**, and **deductibles** may apply for each service. See page 120 for specific costs and other information about these services.



If you join a Medicare Advantage Plan (like an HMO or PPO) or have other insurance (like a Medigap policy, or employer or union coverage), your costs may be different. Contact the plans you are interested in to find out about the costs.



## Definitions

**Benefit Period**—The way that Original Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods.

**Coinsurance**—An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

**Copayment**—An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit or a prescription. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription.

**Quality Improvement Organization (QIO)**—A group of practicing doctors and other health care experts paid by the Federal government to check and improve the care given to people with Medicare.

**Referral**—A written order from your primary care doctor for you to see a specialist or to get certain medical services. In many Health Maintenance Organizations (HMOs), you need to get a referral before you can get medical care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for the services.

**Service Area**—A geographic area where a health insurance plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally the area where you can get routine (non-emergency) services. The plan may disenroll you if you move out of the plan's service area.

**Skilled Nursing Facility (SNF) Care**—Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include, physical therapy or intravenous injections that can only be given by a registered nurse or doctor.

**TTY**—A teletypewriter (TTY) is a communication device used by people who are deaf, hard-of-hearing, or have a severe speech impairment. People who don't have a TTY can communicate with a TTY user through a message relay center (MRC). An MRC has TTY operators available to send and interpret TTY messages.

## What you pay if you have Original Medicare

### Part A Costs for Covered Services and Items

<b>Blood</b>	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.
<b>Home Health Care</b>	<p><b>You pay:</b></p> <ul style="list-style-type: none"> <li>▪ \$0 for home health care services</li> <li>▪ 20% of the Medicare-approved amount for durable medical equipment</li> </ul>
<b>Hospice Care</b>	<p><b>You pay:</b></p> <ul style="list-style-type: none"> <li>▪ \$0 for hospice care</li> <li>▪ A copayment of up to \$5 per prescription for outpatient prescription drugs for pain and symptom management</li> <li>▪ 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest)</li> </ul> <p>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).</p>
<b>Hospital Stay</b>	<p><b>In 2010, you pay:</b></p> <ul style="list-style-type: none"> <li>▪ \$1,100 deductible and no coinsurance for days 1–60 each benefit period</li> <li>▪ \$275 per day for days 61–90 each benefit period</li> <li>▪ \$550 per “lifetime reserve day” after day 90 each benefit period (up to 60 days over your lifetime)</li> <li>▪ All costs for each day after the lifetime reserve days</li> <li>▪ Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime</li> </ul> <p>See “Medical and Other Services” on page 121 for what you pay for doctor services while you are a hospital inpatient.</p>
<b>Skilled Nursing Facility Stay</b>	<p><b>In 2010, you pay:</b></p> <ul style="list-style-type: none"> <li>▪ \$0 for the first 20 days each benefit period</li> <li>▪ \$137.50 per day for days 21–100 each benefit period</li> <li>▪ All costs for each day after day 100 in a benefit period</li> </ul>

**Note:** If you are in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those noted above. Check with your plan.