



Hospital insurance

- Inpatient hospital care
- Inpatient mental health care
- Skilled nursing services
- Hospice care
- Some blood transfusions



Enrollment - you cannot be turned down because of your medical history or a pre-existing condition

PART A - focuses on the costs of health care at medical facilities, and providing coverage while you're receiving medically necessary inpatient-care at hospitals.

Under some circumstances, it also covers costs for home-health services, hospice care, and nursing facilities.

NOTE: Nursing Home costs are covered only for limited purposes and limited time periods.

Costs:

- Most people don't pay a monthly premium, if worked 10 years or 40 quarters in medicare covered employment, receiving social security or rail road benefits
- You only pay your annual deductible — the first **\$1,484** (in 2021) for a hospital stay of less than 60 days

Coverage:

- You can go to any qualified hospital in the U.S. that accepts New Medicare Patients
- Long hospital stays - more than 60 days can require a daily co-payment
- Multiple stays may mean multiple deductibles

NOTE: Hospital care outside the U.S. is Not usually covered

When you get admitted in the hospital

Your Medicare Part A - covers the hospital room and board, some other confinement cost, and skilled nursing facility or hospice.

- You must pay an out-of-pocket **Deductible** of \$1366, which covers your first 60 day **Benefit period**.
- Starting the 61st day – until the 90th day of hospital confinement
Medicare pays the cost of Medicare-Covered Services - *except a daily copayment of about \$325.*
- Starting the 91st day - until the 150th day referred to as “Lifetime Reserve Days” Medicare pays the costs – *except a daily copayment of about \$658.*
- Starting the 151st day in the hospital, you are responsible for 100 percent of all hospital charges.



NOTE: re-admitted after 60 days can incur another deductible