

2008 MEDICARE PART A

Part A is Hospital Insurance and covers costs associated with confinement in a hospital or skilled nursing facility.

WHEN YOU ARE HOSPITALIZED FOR:	MEDICARE COVERS	YOU PAY
1-60 DAYS	Most confinement costs <u>after</u> the required Medicare Deductible	\$1,024 DEDUCTIBLE
61-90 DAYS	Most confinement costs <u>after</u> the required Medicare Deductible	\$256 A DAY CO-PAYMENT as much as: \$7,680
91-150 DAYS	All eligible expenses, <u>after</u> patient pays a per-day co-payment (These are Lifetime Reserve Days which may never be used again.)	\$512 A DAY CO-PAYMENT as much as: \$30,720
151 DAYS OR MORE	NOTHING	YOU PAY ALL COSTS
<p>SKILLED NURSING CONFINEMENT:</p> <p>When you are hospitalized for at least 3 days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge and are receiving skilled nursing care.</p>	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100, <u>after</u> patient pays a per-day co-payment	After 20 days \$128 A DAY CO-PAYMENT as much as: \$10,240

2008 MEDICARE PART B

Part B is Medical Insurance and covers physician services, outpatient care, tests, and supplies.

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY \$135 ANNUAL DEDUCTIBLE PLUS
<p>MEDICAL EXPENSES Physicians' services for inpatient and outpatient medical/surgical services; physical/speech therapy, diagnostic tests</p>	80% of approved amount	20% of approved amount
<p>CLINICAL LABORATORY SERVICES Blood tests, urinalysis</p>	Generally 100% of approved amount	Nothing for services
<p>HOME HEALTH SERVICES Part-time or intermittent skilled care, home health aide services, durable medical supplies, and other services</p>	100% of approved amount for services; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
<p>OUTPATIENT HOSPITAL TREATMENT Hospital services for the diagnosis or treatment of an illness or injury</p>	Medicare payment to hospital, based on outpatient procedure payment rates	Coinsurance based on outpatient payment rates
<p>BLOOD</p>	After first 3 pints of blood, 80% of approved amount	First 3 pints plus 20% of approved amount for additional pints



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On all Medicare-covered expenses, a doctor or other healthcare provider may agree to accept Medicare "assignment." This means the patient will not be required to pay any expense in excess of Medicare's "approved" charge. The patient pays only 20% of the "approved" charge not paid by Medicare.

Physicians who do not accept assignment of a Medicare claim are limited as to the amount they can charge for covered services. In 2008, the most a physician can charge for services covered by Medicare is 115% of the approved amount for non-participating physicians. *Note: In New York, the most a physician can charge for services covered by Medicare is 105% of the approved amount for non-participating physicians. For routine office visits covered by Medicare, a non-participating physician can charge up to 115% of the fee schedule amount.*