**MASSBAR** 

MASSBAR er Adults Informed for 30+ Years			Mass	Return to HealthHELP.com
Part A	MEDICARE PART A: 2023			
all A	SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY*
	orivate room and board	First 60 days	All but \$1,600	\$1,600 (deductible)
Other h	<ul> <li>General nursing</li> <li>Other hospital services and supplies (Medicare payments based on benefit periods)</li> </ul>		All but \$400 per day	\$400 (co-insurance) per day
Hospitaliz	zation does NOT include Medicare-approved services; you will pay an additional 20% of unt while you are an inpatient.	91st to 150th day (lifetime)**	All but \$800 per day	\$800 (co-insurance) per day
Hospitalia with the 20% of thealth se	zation includes mental health inpatient stay, same benefits. Additionally, you will pay he Medicare-approved amount for mental ervices you get from doctors and other pronile you're a hospital patient.	Beyond 90 (or 150 if lifetime is used) days	Nothing	All costs
	Nursing Facility Care:  be inpatient for 3 days beforehand)  orivate room and board  nursing and rehabilitative services  services	First 20 days	100% of approved amount	Nothing
• Semi-p		Additional 80 days	All but \$194.50 per day	\$194.50/day (co-insurance)
• Other s		Beyond 100 days	Nothing	All costs
<ul> <li>Intermi</li> <li>Physics service</li> <li>Home I</li> <li>Durable hospita</li> <li>Other s</li> </ul>	<ul> <li>Home Health Care:</li> <li>Intermittent skilled nursing care</li> <li>Physical therapy, speech language, pathology services</li> <li>Home health aide services</li> <li>Durable medical equipment (e.g., wheelchairs, hospital beds, oxygen and walkers)</li> <li>Other services and supplies</li> <li>No custodial care — Must be recovering</li> </ul>		<ul> <li>100% of approved amount</li> <li>80% of approved amount for durable medical equipment</li> </ul>	<ul> <li>Nothing for services</li> <li>20% of approved amount for durable medical equipment</li> </ul>
Hospice • Pain ar	<ul> <li>Hospice Care:</li> <li>Pain and symptom relief</li> <li>Support services for the management of mental illness</li> </ul>		All but limited costs for outpatient drugs and inpatient respite care	Limited costs for outpa- tient drugs (\$5 co-pay) and inpatient respite care (5% of approved amount)
blood, the apply onl Blood pa during th	Blood: If the hospital or provider does not have to pay for the blood, there is no charge to the patient. The charges apply only if the hospital or provider has to pay. Blood paid for or replaced under Part A of Medicare during the calendar year does not have to be paid for or replaced under Part B and vice versa.		• Nothing • All	<ul> <li>Patient must pay for 1–3 pints or have them replaced (self or usually family member)</li> <li>Patient deductible is satisfied at 3 pints.</li> </ul>

Medicare "beneficiaries" receive "medically necessary and reasonable" (least expensive) treatment. Not all services/tests are provided under Medicare.

\*2023 Part A Monthly premium: Most people don't pay a monthly premium for Part A (sometimes called "premium-free Part A"). If you buy Part A, you'll pay up to \$506 each month in 2023. If you paid Medicare taxes for less than 30 quarters, the standard Part A premium is \$506 in 2023. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is \$278 in 2023. This premium is paid for the entire time the person is on Medicare Part A.

\*\*You must pay the amounts listed in the "You Pay" column; Medigap insurance will only pay the deductibles and co-insurance, but does not cover services Medicare itself doesn't cover. For example, Medigap will NOT add days to the skilled nursing benefit; when Medicare stops at 100, so does Medigap.