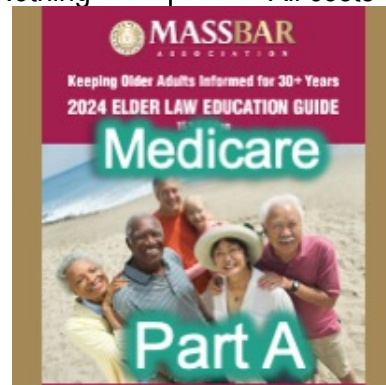


4. Chart — Medicare Part A 2024

MEDICARE PART A: 2024 and 2005			
SERVICES	BENEFIT	MEDICARE PAYS	YOU PAY*
Hospitalization: • Semi-private room and board • General nursing • Other hospital services and supplies (Medicare payments based on benefit periods) Hospitalization does NOT include Medicare-approved doctors' services; you will pay an additional 20% of that amount while you are an inpatient. Hospitalization includes mental health inpatient stay, with the same benefits. Additionally, you will pay 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital patient.	First 60 days	All but \$1,632	\$1,632 (deductible)
	61 st to 90 th day	All but \$408/day \$419/day in 2025	\$408 co-ins/day \$419/day in 2025
	91 st to 150 th day (lifetime)**	All but \$816/day \$838/day in 2025	\$816 co-ins/day \$838/day in 2025
	Beyond 90 (or 150 if lifetime is used) days	Nothing	All costs
Skilled Nursing Facility Care: (Have to be inpatient for 3 days beforehand) • Semi-private room and board • Skilled nursing and rehabilitative services • Other services	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All but \$204/day \$209.50 in 2025	\$204/day co-ins \$209.50/day in 2025
	Beyond 100 days	Nothing	All costs
Home Health Care: • Intermittent skilled nursing care • Physical therapy, speech language, pathology services • Home health aide services • Durable medical equipment (e.g., wheelchairs, hospital beds, oxygen and walkers) • Other services and supplies • No custodial care — Must be recovering	Unlimited as long as you meet Medicare conditions	• 100% of approved amount • 80% of approved amount for durable medical equipment	• Nothing for services • 20% of approved amount for durable medical equipment
Hospice Care: • Pain and symptom relief • Support services for the management of mental illness • DNR	For as long as doctor certifies need (6 months to live or less)	All but limited costs for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs (\$5 co-pay) and inpatient respite care (5% of approved amount)
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.	• Pints 1–3 • Pints 4 and over	• Nothing • All	• Patient must pay for 1–3 pints or have them replaced (self or usually family member) • Patient deductible is satisfied at 3 pints.



[illegible]