

MEDICARE 2020

\$0.00 Premium for most People
 Up to: \$437.00 for less than 30 Quarters
 \$240.00 for 30 - 39 Quarters

\$135.50 Premium More if your modified adjusted gross income exceeds \$85,000 (or \$170,000 for a married couple).

PART A (HOSPITAL)

PART B (MEDICAL)

VARIES

\$1,364

Deductible per Stay

ALL

\$341 x 30 = \$10,230

Per Day

ALL

\$682 x 60 = \$40,920

Per Day

60 DAYS Add 365 days

LIFETIME RESERVE

**MEDICARE STOPS
 PATIENT PAYS ALL**

ALL

BLOOD (First 3 Pints)

ALL

HOSPICE CARE

Outpatient Presc Drugs: \$5.00

Inpatient Respite Care: 5%

VARIES

SKILLED NURSING FACILITY

DAYS 1-20

NO COST

DAYS 21-100

\$170.50 Per Day = \$13,640

DAYS 101-

ALL COSTS

Day 1



Day 60



Day 90



Day 150
~~Day 150~~
 Day 515

VARIES

\$185

Annual Deductable

80%

Approved

ALL

20%

Approved

VARIES

15%

BILLED

APPROVED

EXCESS

ALL

BLOOD (First 3 Pints)

VARIES

FOREIGN TRAVEL EMERGENCY

NOT COVERED

NURSING HOME COST

MEDICARE PAYS NOTHING

ALL

All Medicare Supplement Plans offer this feature

VARIES

Not All Medicare Supplement Plans offer this feature