## Part A & B Medicare Services 2025



## Medicare Part A

Original Medicare: Hospital Insurance Covered Services per Benefit Period\*

Service	Benefit & What Medicare Pays
Hospitalization	Day 1 - 60: All but \$1,676/benefit period
<ul> <li>Semi-private room and board</li> </ul>	Day 61 - 90: All but \$419/day
General nursing and miscellaneous	Day 91 - 150:All but \$838/day**
<ul> <li>Hospital services and supplies</li> </ul>	Day 150+: Nothing
Post-Hospitalization Skilled Nursing Facility (SNF) Care	Day 1 - 20: 100% of approved amount
Medicare covers semi-private rooms, meals, skilled nursing	Day 21 - 100: All but \$209.50/day
and rehabilitation services, other medically necessary	Day 101+: No benefit paid
services and supplies after a three-day minimum, and	
medically necessary inpatient hospital stay for a related	
illness or injury.	
Home Health Care	Part-time or intermittent care for as long as
Medically necessary skilled care.	person meets Medicare conditions:
Benefits can be used under Part A and/or Part B.	<ul> <li>100% of approved amount</li> </ul>
	<ul> <li>80% of approved amount for durable</li> </ul>
	medical equipment (DME)
Hospice Care	As long as there is a doctor-certified need:
<ul><li>Pain relief</li></ul>	All but limited costs for outpatient drugs and
<ul> <li>Symptom management</li> </ul>	inpatient respite care
<ul> <li>Support services for those who are terminally ill</li> </ul>	

\*A benefit period begins on the first day a person receives services as an inpatient in a hospital. A benefit period ends after they have been out of the hospital or skilled nursing facility for 60 days in a row.

\*\*60 reserve days may be used only once. Days used are not renewable.

Part B information discussed on back.

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## Medicare Part B

Original Medicare: Medical Insurance Covered Services per Calendar Year

Service	Benefit / What Medicare Pays / What a Person Pays
<ul> <li>Medical Expense</li> <li>Services from doctors and other medical health care providers</li> <li>Outpatient care</li> <li>Durable medical equipment (DME)</li> <li>Physical and speech therapy</li> </ul>	Medicare helps pay medically necessary covered services: Medicare pays 80% of approved amount (\$257 annual deductible). A person pays \$257 deductible, plus 20% of approved Medicare amount.*
Preventative Care	A person pays nothing for most covered preventive services if they get the services from a doctor or other qualified health care provider who accepts assignment.
Outpatient Hospital Treatment	Unlimited as medically necessary:  Medicare pays 80% of approved amount (\$257 annual deductible).  A person is subject to \$257 deductible, plus 20% of approved Medicare amount.*
Home Health Care  Medically necessary skilled care.	Part-time or intermittent care for as long as person meets Medicare conditions:  Medicare pays 100% of approved amount and 80% of approved amount for DME.  A person pays nothing for services and 20% of approved amount for DME.
Blood	Medicare pays 80% of approved amount (after first three pints).  Person pays for the first three pints, plus 20% of approved amount.

\*A person may pay for more than the Medicare approved amount if they chose to use a non-participating provider. Non-participating providers have not signed agreements to accept the Medicare approved amount as payment in full.

## Medicare Part B Premiums:

- For recipients receiving Social Security Benefits and Medicare prior to 1/1/25: Premium amount may vary for some based on the hold harmless clause, but for most the amount will be \$185.00 per month.
- For recipients with income above \$106,000 (individual) / \$212,000 (married filing jointly): In addition to the monthly premium, pay the Income-Related Monthly Adjusted Amount (IRMAA). Visit www.medicare.gov for 2025 amounts. (Part D premiums are also subject to IRMAA.)

For local assistance with Medicare and other benefit questions, contact ADRC at (920) 448-4300.

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