

Part A & B Medicare Services 2023



Medicare Part A

Original Medicare: Hospital Insurance Covered Services per Benefit Period*

Service	Benefit & What Medicare Pays
Hospitalization <ul style="list-style-type: none"> – Semi-private room and board – General nursing and miscellaneous – Hospital services and supplies 	Day 1 - 60: All but \$1,600/benefit period Day 61 - 90: All but \$400/day Day 91 - 150: All but \$800/day** Day 150+: Nothing
Post-Hospitalization Skilled Nursing Facility (SNF) Care Medicare covers semi-private rooms, meals, skilled nursing and rehabilitation services, other medically necessary services and supplies after a three-day minimum, and medically necessary inpatient hospital stay for a related illness or injury.	Day 1 - 20: 100% of approved amount Day 21 - 100: All but \$200/day Day 101+: No benefit paid
Home Health Care Medically necessary skilled care. Benefits can be used under Part A and/or Part B.	Part-time or intermittent care for as long as person meets Medicare conditions: <ul style="list-style-type: none"> – 100% of approved amount – 80% of approved amount for durable medical equipment (DME)
Hospice Care <ul style="list-style-type: none"> – Pain relief – Symptom management – Support services for those who are terminally ill 	As long as there is a doctor-certified need: All but limited costs for outpatient drugs and inpatient respite care
Blood	Blood: All but first three pints

*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
Medical Expense – Services from doctors and other medical health care providers – Outpatient care – Durable medical equipment (DME) – Physical and speech therapy	Medicare helps pay medically necessary covered services: Medicare pays 80% of approved amount (\$226 annual deductible). A person pays \$226 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 (\$226 annual deductible). A person is subject to \$226 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 1/1/23: Premium amount may vary for some based on the hold harmless clause, but for most the amount will be \$164.90 per month.
- For recipients with income above \$97,000 (individual) / \$194,000 (married filing jointly): In addition to the monthly premium, pay the Income-Related Monthly Adjusted Amount (IRMAA). Visit www.medicare.gov for 2023 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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