### Overview of Medicare Parts A & B

#### A

**In-patient hospital**
- **First 60 days**
  - $1,408 deductible
- **Days 61-90**
  - $352 per day coinsurance
- **Days 91 and on per Lifetime reserve**
  - $704 per day coinsurance

**Skilled nursing facility**
- **First 20 days**
  - 100% (no copay)
- **Days 21-100**
  - $176 per day coinsurance

**Home health hospice**
- 100% Services
  - *Benefit period ends when patient is out of the hospital or skilled nursing facility for 60 consecutive days.*

#### B

**$198 deductible**
- (the amount you must pay before any coverage from the insurer)
- **20% coinsurance**

**80% of costs**
- (after deductible is met)
  - Provider’s charges (in or out of hospital)
  - Durable medical equipment
  - Ambulance
  - Outpatient hospital charges

**Excess charges**
- If providers do not accept Medicare’s reimbursement rate, they are allowed to charge up to 15 percent more for covered services. If the doctor you visit is one of these, you will be responsible for paying that 15 percent above what Medicare covers.

<table>
<thead>
<tr>
<th>Amount you pay</th>
<th>Amount Medicare pays</th>
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*Source: 2020 Medicare.gov*