

ORIGINAL MEDICARE 2024

Your costs in Original Medicare

MEDICARE PART A

Hospital Care

days 1-60 = \$1632

days 61-90 = \$408 per day

days 91-150 = \$816 per day

Skilled Nursing

days 1-20 = \$0*

days 21-100 = \$204 per day

day 100+ = No LTC coverage

Home Health Services

\$0

Hospice

Generally covered \$0

5% co-pay for Rx

MEDICARE PART B

\$174.70 Premium per month**

\$240.00 annual deductible

20% co-insurance after deductible

Physician services

Laboratory services

Diagnostic Testing

Durable Medical Equipment

Physical Therapy

Ambulance Transport

Emergency services

Outpatient services

Clinical Rx

* Skilled Nursing Benefit requires 3 night admitted stay at a hospital

** Part B premium is income driven - listed cost is the standard premium



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