



GOLDENCARE

Planning Today For A Secure Tomorrow

AN INTEGRITY COMPANY

2022 Medicare Part A

Part A is Hospital Insurance and covers cost associated with confinement in a hospital or skilled nursing facility.

When you are hospitalized for:	Medicare Covers	You Pay
1 - 60 Days	Most confinement costs <i>after</i> the required Medicare Deductible	\$1,556.00 Part A Deductible
61 - 90 Days	All eligible expenses, <i>after</i> the patient pays a per-day copayment	\$389 A Day Copayment as much as: \$11,281.00
91 - 150 Days	All eligible expenses, after patient pays per-day copayment. <i>(These are Lifetime Reserve Days which may never be used again.)</i>	\$778 A Day Copayment as much as: \$45,902
151 Days or More	NOTHING	YOU PAY ALL COSTS
Skilled Nursing Confinement: When you are hospitalized for at least 3 days and enter a Medicare Approved skilled nursing facility within 30 days after a hospital discharge and are receiving skilled nursing care.	All eligible expenses for the first 20 days; then all eligible expenses (if you qualify), for days 21 - 100, <i>after</i> patient pays a per-day copayment	\$194.50 A Day Copayment (for 21 - 100 Days) as much as: \$15,365.50

Questions? Contact your licensed insurance agent.



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2022 Medicare Part B

Part B is Medical Insurance and covers physician services, outpatient care, tests and supplies.

In 2022 the monthly Part B premium is \$170.10

On Expenses incurred for:	Medicare Covers	You Pay \$233 Annual Part B Deductible <i>PLUS</i>
Medical Expenses Physicians services, inpatient, outpatient medical/surgical services, physical/speech therapy, diagnostic tests.	80% of approved amount	20% of approved amount
Clinical Laboratory Services Blood Test, Urinalysis.	Generally 100% of approved amount	Nothing for Services
Home Health Care Part-time of intermittent skilled care, home health aide services, durable medical supplies and other services.	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for Services; 20% of approved amount for durable medical equipment
Outpatient Hospital Treatment Services for the diagnosis or treatment of an illness or injury.	Medicare payment to hospital based on hospital cost	20% of Billed Amount
Blood	After first 3 pints of blood, 80% of approved amount	First 3 pints plus 20% of approved amount for additional pints

On all Medicare-covered expenses, a doctor or other health care provider may agree to accept Medicare “assignment.” This means the patient will not be required to pay any expense in excess of Medicare’s “approved” charge. The patient pays only 20% of the “approved” charge not paid by Medicare.

Physicians who do not accept assignment of a Medicare claim are limited as to the amount they can charge for covered services. The provider can only charge you up to 15% over the amount that non-participating providers are paid. Non-participating providers are paid 95% of the fee schedule amount.

Questions? Contact your licensed insurance agent.