



**1-800-548-9034**

**TDD# 217/524-4872**

<b>2010 Medicare (Part A): Hospital Insurance</b>			
<b>Service</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>You Pay</b>
<b>Hospitalization</b> Semi-private room and board, general nursing, inpatient drugs and miscellaneous hospital services and supplies <i>(You begin a new Part A benefit period after you have been home for 60 consecutive days.)</i>	First 60 days	All but \$1,100.00	\$1,100.00
	61st to 90th day	All but \$275.00 a day	\$275.00 a day
	<b>Lifetime Reserve Days</b>		
	91st to 150th day (these 60 reserve days may be used only once in your lifetime)	All but \$550.00 a day	\$550.00 a day
	Beyond 150 days	Nothing	All Costs
<b>Skilled Nursing Facility Care (SNF)*</b> (Custodial care not covered)	First 20 days	Full cost of services	Nothing
	21st day through 100th day	All but \$137.50 a day	\$137.50 a day
	Beyond 100 days	Nothing	All costs
<b>Home Health Care</b> (After a prior hospital stay; up to 100 visits)	Visits limited to medically necessary part-time skilled care of a homebound individual	Full cost of services (See Durable Medical Equipment)	Nothing
<b>Hospice Care</b> Available to terminally ill	Unlimited renewable benefit period	All but limited costs for outpatient drugs and inpatient respite care	\$5.00 for each outpatient prescription drug and 5% of Medicare approved amount for respite care

\*Beneficiary must be hospitalized under Part A hospital coverage for at least **three consecutive days** for the same illness prior to admission to the Medicare-approved SNF.