



2021 Original Medicare (Part A) Inpatient Hospital Insurance

(Without Medigap or Secondary coverage)

| Service | Benefit | Medicare Pays | Beneficiary Pays (Per benefit period) |
|--|--|---|--|
| Inpatient Hospitalization 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 \$1,484.00 | \$1,484.00 |
| | 61st to 90th day | All but \$371.00 a day | \$371.00 a day |
| | Lifetime Reserve Days | | |
| | 91st to 150th day (these 60 reserve days may be used only once in your lifetime) | All but \$742.00 a day | \$742.00 a day |
| | Beyond 150 days | Nothing | All Costs |
| Skilled Nursing Facility Care (SNF)* (Custodial care not covered) | First 20 days | Full cost of services | Nothing |
| | 21st day through 100th day | All but \$185.50 a day | \$185.50 a day |
| | Beyond 100 days | Nothing | All costs |
| Home Health Care (After a prior inpatient 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 |
| Hospice Care 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 inpatient hospital coverage for at least **three consecutive days** for the same illness prior to admission to the Medicare-approved SNF.



SHIP

1-800-252-8966

TTY # 1-888-206-1327

Reference: <https://www.cms.gov/newsroom/fact-sheets/2021-medicare-parts-b-premiums-and-deductibles>