

# Medicare Out of Pocket Expenses

<b>Part A Deductible</b> <i>Per benefit period-similar to per admittance</i>	<b>\$1,676</b>
<b>Part A Hospital Copay</b> Days 61-90 (per day) Days 91+ (60 Reserve Days) 365 Lifetime Days	<b>\$419</b> <b>\$838</b> <b>100%</b>
<b>Skilled Nursing Facility Copay</b> Days 0-20 (per day) Days 21-100 (per day) Days 101+	<b>\$0</b> <b>\$209.50</b> <b>100%</b>
<b>Part B Deductible</b> <i>Per calendar year</i>	<b>\$257</b>
<b>Part B Coinsurance</b> <i>No Cap on Out of Pocket Risk</i>	<b>20%</b>
<b>Part B Excess Charges</b> <i>No Cap on Out of Pocket Risk</i>	<b>15%</b>
<b>Foreign travel emergency</b>	<b>100%</b>
<b>Out of Pocket Maximum</b>	<b>no cap</b>

## What is not Covered by Medicare?

- Dental
- Vision
- Hearing Aids & Fittings
- Long Term Care (Personal Needs)
- Routine Foot Care
- Cosmetic Surgery

Insurance Available

\*Acupuncture is now covered by Medicare but only for chronic back pain -- limits apply.

