

2018 Medicare Changes

Medicare Part A - Deductible \$1,340

Daily coinsurance: 61-90 \$335/day & lifetime reserve 91-150 \$670/day

Skilled Nursing Facility - Copay \$164.50 per day (days 21-100)

Medicare Part B - Deductible \$183.00

Medicare Supplement Plan “High Deductible F” (F+) - Deductible \$2,240

Part D Deductible - Up to \$405 (not all plans have deductibles)

- Phase I - up to \$3,750; comprised of deductible, copayments and the amount the Part D plan pays
- Phase II - coverage gap (also known as donut hole); Medicare Beneficiary pays their Rx costs at 35% Brand / 44% Generic
- Phase III - once the Medicare Beneficiary pays a total of \$5,000 out-of-pocket (includes deductible, copays, and the cost of their percentage of Rx in coverage gap), the Part D plan pays approximately 95% of costs thereafter

Medicare Parts B & D Premiums - Income Related Monthly Adjustments Amount (IRMAA)

Yearly Income in 2016		2018 Part B Premium	2018 Part D Extra Premium
Individual Tax Return	Joint Tax Return		
Under \$85,000	Under \$170,000	\$134.00	0
\$85,001 - \$107,000	\$170,001 - \$214,000	\$187.50	\$13.00
\$107,001 - \$133,500	\$214,001 - \$267,000	\$267.90	\$33.60
\$133,501 - \$160,000	\$267,001 - \$320,000	\$348.30	\$54.20
Above \$160,000	Above \$320,000	\$428.60	\$74.80

2018 Medicare Part A

Part A is Hospital Insurance and covers costs 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 <u>after</u> the required Medicare deductible	\$1,340 DEDUCTIBLE
61-90 DAYS	All eligible expenses <u>after</u> patient pays a per-day copayment	\$335 A DAY COPAYMENT as much as: \$10,050
91-150 DAYS	All eligible expenses <u>after</u> patient pays a per-day copayment (These are Lifetime Reserve Days that may never be used again)	\$670 A DAY COPAYMENT as much as: \$40,200
151 DAYS OR MORE	NOTHING	YOU PAY ALL COSTS
SKILLED NURSING CONFINEMENT: Following an inpatient hospital stay of at least 3 days and enter a Medicare-approved skilled nursing facility within 30 days after hospital discharge and receive skilled nursing care	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100 <u>after</u> patient pays a per-day copayment	After 20 days \$167.50 A DAY COPAYMENT as much as: \$13,400

2018 Medicare Part B

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

ON EXPENSES INCURRED FOR:	MEDICARE COVERS	YOU PAY
ANNUAL DEDUCTIBLE	Incurred Expenses after the required Medicare deductible	\$183 Annual Deductible
MEDICAL EXPENSES Physician's services for inpatient and outpatient medical/surgical services; physical/speech therapy and diagnostic tests	80% of approved amount	20% of approved amount*
CLINICAL LABORATORY SERVICES Blood tests; urinalysis	Generally 100% of approved amount	Nothing for services
HOME HEALTHCARE Part-time or intermittent skilled care; home health aide services; durable medical supplies; and other services	Medicare payment to hospital, based on outpatient procedure payment rates	Coinsurance based on outpatient payment rates
BLOOD	80% of approved amount <u>after</u> first 3 pints of blood	First 3 pints plus 20% of approved amount* for additional pints
EXCESS DOCTOR CHARGES (Above Medicare-approved amount)	0% above approved amount	All costs

*On all Medicare-covered expenses, a doctor or other healthcare 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 charges 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. In 2018, the most a physician can charge for services covered by Medicare is 115% of the approved amount for nonparticipating physicians. *Note: In New York, the most a physician can charge for services covered by Medicare is 105% of the approved amount for nonparticipating physicians. For routine office visits covered by Medicare, a nonparticipating physician can charge up to 115% of the fee schedule amount.*