

## ORIGINAL MEDICARE: 2017 MEDICARE RATES

Each year Medicare sets how much you pay for its premiums, deductibles, and copayments. Here are the rates for 2017:

### Part A Premiums

Most people do not pay for Part A because they have paid Medicare taxes while working. In 2017, you will pay \$413 each month if you didn't pay enough Medicare tax to qualify.

### Part B Premiums

If your yearly income in 2015 (for what you pay in 2017) was		You pay (in 2017)
Tax Return Income (Individual)	Joint Tax Return Income (Married Couples)	
\$85,000 or less	\$170,000 or less	\$134.00
above \$85,000 to \$107,000	above \$170,000 to \$214,000	\$187.50
above \$107,000 to \$160,00	above \$214,000 to \$320,000	\$267.90
above \$160,000 to \$214,000	above \$320,000 to \$428,000	\$348.30
above \$214,000	above \$428,000	\$428.60

**Part A Deductible:** The 2017 Part A deductible is \$1,316.

**Part B Deductible:** The 2017 Part B deductible is \$183.

**Part A Copayments:** The Part A deductible covers the first 60 days of a Medicare-covered hospital stay. Then you pay \$329 a day for days 61 through 90. After the 90th day, your co-pay for lifetime-reserve days is \$658 a day.

For more information call Medicare at 1-800-633-4227 or visit [www.medicare.gov](http://www.medicare.gov)

Source: [www.medicare.gov](http://www.medicare.gov)

### Free health insurance counseling service

The Senior Health Insurance Program (SHIP) is a FREE statewide health insurance counseling service in Illinois for Medicare beneficiaries and their caregivers.

SHIP is sponsored by the Illinois Division of Insurance. Counselors are trained volunteers to assist Illinois residents with their Medicare questions. The counselors meet with clients to provide objective information on health insurance, advocacy assistance or referral if appropriate. You may reach SHIP at 1-800-548-9034 or visit [www.insurance.illinois.gov/ship/](http://www.insurance.illinois.gov/ship/)

# MEDICARE FACTS 2.0.1.7

The Health Care Center  
at The Moorings  
of Arlington Heights  
(847) 956-4095

McGaw Care Center  
Evanston  
(847) 866-1600

Balmoral Care Center  
Lake Forest  
(847) 604-6704

 Presbyterian Homes

## ORIGINAL MEDICARE: GETTING THE CARE YOU NEED

Medicare Part A helps pay for inpatient care in hospitals and skilled nursing facilities. It also helps cover hospice care and some home-health care. You must meet certain conditions to get these benefits. Medicare does not pay all of these costs. You or your private insurance must pay some of these costs, too.

### Medicare Part A

Most people do not have to pay a monthly fee or premium for Part A. That is because they or their spouse paid Medicare taxes while they were working.

Medicare Part A helps pay for the cost of the following:

- Hospital stays
- Short-term skilled nursing home stays, following hospital stays
- Home health care, following a hospital stay
- Hospice care

Service	Medicare Part A helps pay for:
Hospital Care	Semi-private room, meals, general nursing and other hospital services and supplies.
Nursing Home Care (Skilled Nursing Facility)	Semi-private room, meals, skilled nursing and rehabilitative care and other services and supplies. Part A pays for this care only after you have been in a hospital for three or more days. Your care in the facility must begin within 30 days after you leave a hospital.
Home Health Care	Part-time skilled nursing care; physical, occupational, and speech therapy; some home health aides; medical social services; medical equipment (wheelchairs, hospital beds, walkers and oxygen); and other supplies and services.

Medicare Part A does not pay all of the costs of hospital, skilled nursing homes and hospice care. The following describes what your share of the costs will be.

Note: If you're in a Medicare Advantage Plan, costs vary by plan and may be higher or lower than those noted here. See your plan to get specific information.

### Care in a hospital

Medicare Part A helps pay for hospital stays. Here's how it works:

- Once you pay your Part A deductible (\$1,316 in 2017), Medicare pays the rest of your hospital bill for a stay of up to 60 days in a benefit period. A benefit period begins the day you go to the hospital and ends when you have been out of the hospital for 60 days in a row.
- If you go into the hospital again before you've been out 60 days, you continue in the "old" benefit period. If you go into the hospital again after you have been out at least 60 days, you begin a new benefit period. You pay a deductible for each new benefit period.
- If you stay in the hospital more than 60 days, you will pay a bigger part of the bill.

### How much you and Medicare pay for hospital care

Number of Days	You pay	Medicare pays
Days 1-60	\$1,316 deductible (per benefit period), then nothing	The rest
Days 61-90	\$329 per day	The rest
Days 91-150*	\$658 per day	The rest
Additional days	Everything	Nothing

\*Days 91-150 (60 days) are called "lifetime-reserve days." They can be used after you have been in the hospital 90 days. You don't need to use these lifetime-reserve days all at once. There are 190 lifetime-reserve days for stays in a psychiatric hospital.

In the hospital, Medicare Part A helps pay for:

- Semi-private room and meals
- General nursing services & drugs as part of your inpatient treatment
- Other hospital services and supplies

In the hospital, Medicare Part A does not pay for:

- Private-duty nursing (situations in which you hire your own private nurse)
- Private rooms (unless medically necessary)
- Television or telephone
- Personal care items like razors or slipper socks

### Care in a nursing home

Medicare Part A helps pay for some of your stay in a nursing home. A skilled nursing facility is a place where you get skilled nursing or rehabilitative care from licensed health professionals. Help from family members or care you give yourself is not considered skilled nursing care. You must meet the following conditions for Medicare to help pay for your care in a nursing home:

- You need to have been in the hospital for three or more days before you go to a skilled nursing home. Your care must begin within 30 days after you leave the hospital.
- Your doctor must order daily skilled nursing or rehabilitation services that you can get only in a skilled nursing home. "Daily" means seven days a week for skilled nursing services and five days a week or more for skilled rehabilitation services.
- You get these skilled services in a nursing home that has been approved by Medicare.

If you meet these conditions, Medicare pays up to 100 days in a benefit period. A benefit period begins the day you go into the hospital or skilled nursing home. The benefit period ends when you have been out of the hospital or skilled nursing home for at least 60 days in a row. You pay a Part A deductible (\$1,316 in 2017) for each new benefit period.

### How much you and Medicare pay in 2017 for skilled nursing home care

Number of Days	You pay	Medicare pays
Days 1-20	Nothing	Everything
Days 21-100	\$164.50 per day	The rest
Over 100 days	Everything	Nothing

If you need care in a skilled nursing home at a later time, you must again meet the same conditions for Medicare to help pay for your care. In a skilled nursing home, Medicare helps pay for:

- A semi-private room
- Meals
- Skilled nursing and rehabilitative services
- Medical social services
- Prescription drugs, medical supplies and equipment
- Possible ambulance service
- Dietary counseling
- Other services, such as lab tests and x-rays