



MEDICARE CHARGES SUMMARY

PART A

In-Patient Hospital

Free if you have a minimum of 40 quarters.

Deductible Cost:

\$ _____ **YOU PAY**

Skilled Nursing Care

Days 1-20 \$ _____ **MEDICARE PAYS**

Days 21-100 \$ _____ **YOU PAY**

Days 101+ \$ _____

PART B

Doctors, E.R., Miscellaneous

Monthly Premium:

\$ _____ **YOU PAY**

*Can vary based on income.

Coinsurance Cost:

_____ % **MEDICARE PAYS**

_____ % **YOU PAY**

Deductible Cost:

\$ _____ **YOU PAY**