



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