



**MMAP, Inc.**

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LOCAL HELP FOR PEOPLE WITH MEDICARE

## Area Agency on Aging 1-B Michigan Medicare Medicaid Assistance Program (MMAP)

**1-800-803-7174**

### MEDICARE PART A: 2016

Services	Benefit	Medicare Pays	You Pay
<b>HOSPITALIZATION</b> Semiprivate room and board, general nursing and other hospital services and supplies	First 60 days 61 <sup>st</sup> to 90 <sup>th</sup> day 91 <sup>st</sup> to 150 <sup>th</sup> day Beyond 150 days	All but \$1,288 All but \$322 a day All but \$644 a day Nothing	\$1,288 \$322 a day \$644 a day All Costs
<b>SKILLED NURSING FACILITIES</b> Semiprivate room and board, skilled nursing and rehabilitative services and other services and supplies	First 20 days Additional 80 days Beyond 100 days	100% of approved amount All but \$161 a day Nothing	Nothing Up to \$161 a day All costs
<b>HOME HEALTH CARE</b> Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Up to 100 visits following a 3-day hospital stay as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
<b>HOSPICE CARE</b> Pain relief, symptom management and support services for the terminally ill.	For as long as doctor certifies need	All but Limited costs and for outpatient drugs and inpatient respite care	Limited costs for outpatient drugs and inpatient respite care
<b>BLOOD</b> When furnished by a hospital or skilled nursing facility during a covered stay	Unlimited if medically necessary	All but first 3 pints per calendar year	For the first 3 pints

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**MEDICARE PART B: 2016**

<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>You Pay</b>
<b>MEDICAL EXPENSES</b> Doctors' services, preventive services, physical therapy, diagnostic tests, durable medical equipment and other services.	Unlimited if medically necessary	80% of approved amount (after \$166 deductible).	\$166 deductible, plus 20% of approved amount and limited charges above approved amount
<b>CLINICAL LABORATORY SERVICES</b> Blood tests, urinalysis, and more	Unlimited if medically necessary	Generally 100% of approved amounts	Nothing for services
<b>HOME HEALTH CARE</b> Part-time or intermittent skilled care, home health aide services, durable medical equipment and supplies and other services	Unlimited as long as you meet Medicare conditions	100% of approved amount; 80% of approved amount for durable medical equipment	Nothing for services; 20% of approved amount for durable medical equipment
<b>OUTPATIENT HOSPITAL TREATMENT</b> Services for the diagnosis or treatment of illness or injury	Unlimited if medically necessary	Medicare payment to hospital based on hospital cost	20% of billed amount (after \$147 deductible)
<b>BLOOD</b>	Unlimited if medically necessary	80% of approved amount (after \$147 deductible and starting with the 4 <sup>th</sup> pint)	For the first 3 pints plus 20% of approved amount for additional pints

**2016 PART B MONTHLY PREMIUM: \$121.80 for new Medicare beneficiaries; \$104.90 for most people. UNLESS annual income is above \$85,000 (individual)/\$170,000 (married)**