

Medicare Part A and Part B
Deductibles, Coinsurance, and Copayments – 2025

Part A		
Inpatient hospital stay – Semiprivate room, meals, general nursing, other hospital services, and supplies. This includes care in critical access hospitals, but does not include private duty nursing, television, or telephone service in the room if billed separately. It also does not include a private room, unless medically necessary. Inpatient mental healthcare in an independent psychiatric facility is limited to 190 days in a lifetime.	Days 1 through 60*: ♣ Part A current year inpatient deductible *Renewable during the next benefit period	\$1,676 per spell of illness
	Days 61 through 90*: ♣ Part A coinsurance (1/4 or 25% of current year inpatient deductible) *Renewable during the next benefit period	\$419 per day
	Days 91 through 150*: ♣ Part A lifetime reserve (LTR, 1/2 or 50% of current year inpatient deductible) *Nonrenewable; hospitals alert patients when they have 5 days of coinsurance left so they can choose whether to use their LTR days	\$838 per day
SNF care – Semi-private room, meals, skilled nursing and rehabilitative services, and other services and supplies. (Patients need three midnights as an inpatient to qualify for Medicare coverage in a SNF.)	Days 1 through 20: ♣ No deductible or coinsurance	\$0 per benefit period
	Days 21 through 100: ♣ 1/8 of current year inpatient deductible	\$209.50 per day
Home health care – Part-time skilled nursing care, physical therapy, occupational therapy, speech-language therapy, home health aide services, Durable Medical Equipment (DME, such as wheelchairs, hospital beds, oxygen, and walkers) and supplies, and other services.	Home health care services: ♣ No deductible or coinsurance	\$0
	DME: ♣ Coinsurance (20% of Medicare-approved amount)	Depends on value of DME
Hospice care – Medically necessary services and supplies to care for terminal conditions when care is received through a Medicare-approved hospice program. A hospice patient can only receive palliative treatment, which is treatment to control	Hospice care: ♣ No deductible or coinsurance	\$0
	Outpatient prescription drugs: ♣ Current year prescription copayment	Up to \$5 per prescription

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<p>symptoms and manage pain, not to cure the illness. Hospice care is meant to keep patients as comfortable as possible. This does not include room and board when hospice care is provided in the home or another facility in which the patient lives, such as a nursing home.</p>	<p>Inpatient respite care: ♣ Current year respite care coinsurance</p>	<p>5% of Medicare-approved amount</p>
<p>Blood – Blood received at a hospital or SNF during a covered stay.</p>	<p>Blood: ♣ Current blood deductible (unless the patient or someone else donates to replace the blood received)</p>	<p>First 3 pints per year</p>
<p>Part B</p>		
<p>Medical and other services – Doctors services (except for routine physical exams); outpatient medical and surgical services; supplies; diagnostic tests; ambulatory surgery center facility fees for approved procedures; and DME. Also covers second surgical opinions; outpatient physical, occupational, and speech therapy; and outpatient mental healthcare.</p>	<p>Medical and other services: ♣ Current year deductible, then coinsurance (20% of Medicare-approved amount, except in the outpatient setting)</p>	<p>\$257 per year, then 20% of Medicare-approved amount</p>
	<p>Outpatient physical, occupational, and speech-language therapy services: ♣ Coinsurance</p>	<p>20% of Medicare-approved amount</p>
	<p>Outpatient mental healthcare: ♣ Coinsurance</p>	<p>20% of Medicare-approved amount</p>
<p>Clinical laboratory service – Blood tests, urinalysis, and more.</p>	<p>Medicare-approved service: ♣ No deductible or coinsurance</p>	<p>\$0</p>
<p>Home health care – Part-time skilled care, home health aide services, DME when supplied by a home health agency while getting Medicare-covered home health</p>	<p>Medicare-approved service: ♣ No deductible or coinsurance</p>	<p>\$0</p>
	<p>DME: ♣ Coinsurance (20% of Medicare-approved amount)</p>	<p>Depends on value of DME</p>
<p>Outpatient hospital services – Services for the diagnosis or treatment of an illness or injury.</p>	<p>Medicare-approved service: ♣ Coinsurance or fixed copayment, which varies according to the service</p>	<p>Varies</p>

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Blood – Blood received as an outpatient or as part of a Part B covered service.	Blood: ♣ Current blood deductible (unless the patient or someone else donates to replace the blood received), then coinsurance	First 3 pints per year, then 20% of the Medicare-approved amount
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