



# Medicare Cheat Sheet



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# Getting Started

Medicare is a program offered by the federal government that helps provide health insurance for those aged 65 and over as well as those under 65 with disabilities. It also provides health insurance for individuals with permanent kidney failure requiring dialysis or transplant (ESRD) or those with ALS.

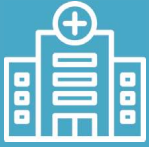
While Medicare can seem like a difficult topic to approach when planning for retirement, learning some core concepts can help you better select which Medicare plan is best for you based on your current and potential future health needs.

Medicare is made up of four different parts. Each part helps cover different types of health services. This guide will hopefully increase your understanding of the benefits and services Medicare helps pay for as well as monthly premium costs you may need to take into consideration.



## Medicare is health insurance for:

- People age 65+
- Some people under 65 with disabilities
- Anyone ESRD or ALS



## Medicare Part A (Hospital Insurance)

Medicare Part A is also called “Hospital Insurance.” It helps cover inpatient care in hospitals and skilled nursing facilities in addition to providing benefits for end-of-life care.

While it does cover most hospital bills, Part A does not pay all costs.

In general, you must meet a deductible for each hospital stay before Medicare begins to pay its share. You will also have a co-payment for hospital stays beyond a certain number of days. Because of this, many choose to buy a Medigap (supplement) plan, discussed in detail later, to help pay these costs.



## Medicare Part B (Medical Insurance)

Medicare Part B is also called “Medical Insurance.” It helps cover doctors’ and other providers’ services, including some drugs administered by your doctor, outpatient care, durable medical equipment and certain home health services.

Like Part A, Part B does not cover all costs.

You will likely need to meet a yearly deductible before Medicare begins to pay its share. After meeting the deductible, you are typically responsible for a 20% co-pay. Just like with Part A, a Medigap (supplement) plan may help pay these costs.



## Medicare Part C (Medicare Advantage)

Medicare Advantage, also known as Medicare Part C, is an option to get Part A & B through a **private health plan**. Many also provide prescription drug coverage similar to Part D and other extra benefits such as dental – for an extra cost, of course.



## Medicare Part D (Prescription Drugs)

Medicare Part D is an optional benefit that helps cover some costs of prescription drugs. Even if you don’t use a prescription now, you should still consider getting Part D because if you do not join a plan when first eligible, you will likely pay a penalty when joining later.

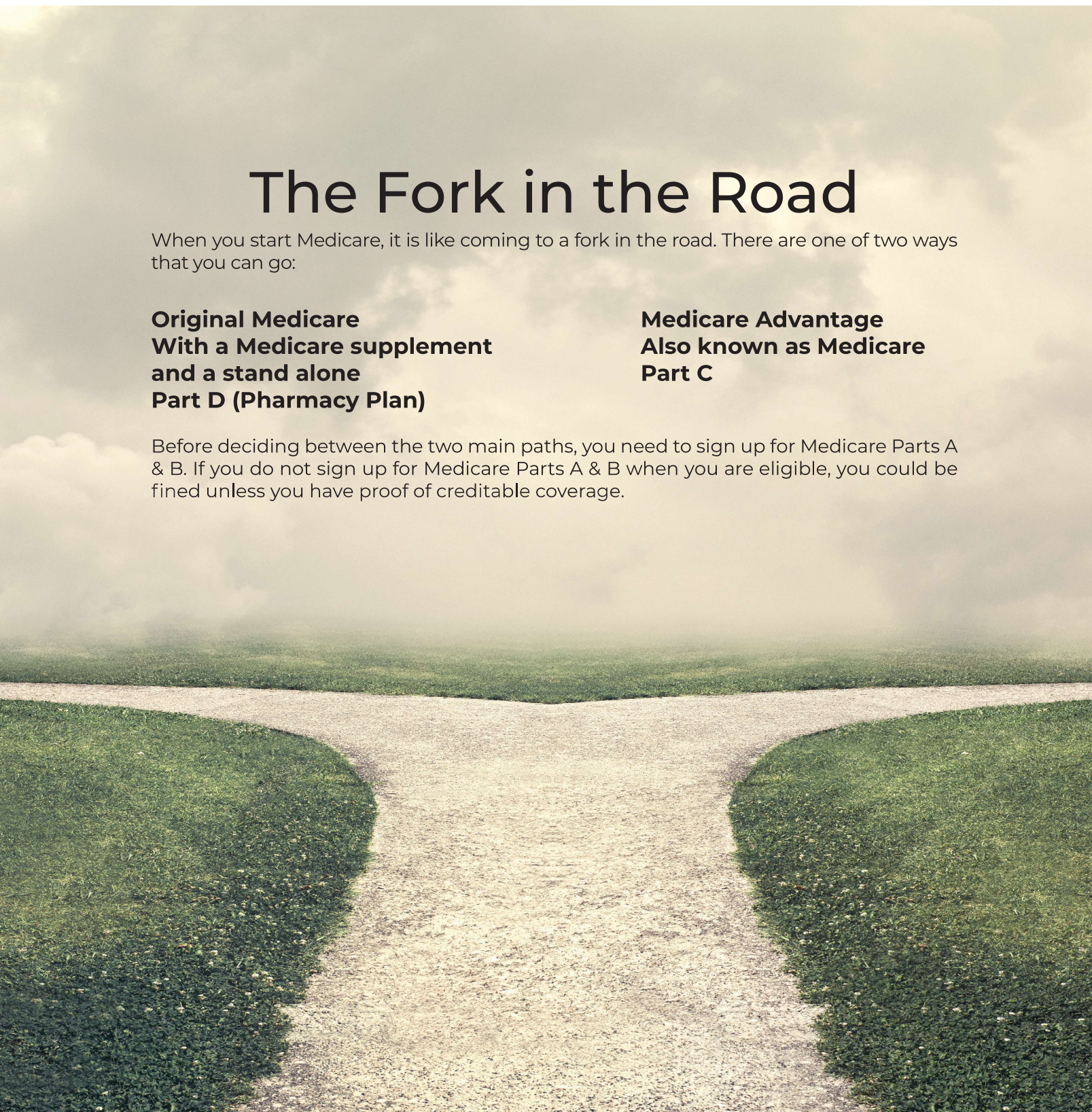
# The Fork in the Road

When you start Medicare, it is like coming to a fork in the road. There are one of two ways that you can go:

**Original Medicare  
With a Medicare supplement  
and a stand alone  
Part D (Pharmacy Plan)**

**Medicare Advantage  
Also known as Medicare  
Part C**

Before deciding between the two main paths, you need to sign up for Medicare Parts A & B. If you do not sign up for Medicare Parts A & B when you are eligible, you could be fined unless you have proof of creditable coverage.



## Original Medicare

(with a supplement)

### Costs

A traditional Medicare plan provides good, basic health coverage. The reason we like to look at a supplemental insurance is it fills the gaps in Part A and Part B and also because traditional Medicare only pays around 80% of costs.

There are multiple supplemental insurance (Medigap) plans to choose from that we will cover later.

### Approval & Underwriting

During your Initial Enrollment Period (IEP), your application is guaranteed issue. After the IEP is over, you must qualify through underwriting.

### Plan Flexibility

With traditional Medicare, you can make changes to your supplement plan at any time.

You can also choose to go to any doctor that you want to go to as long as they accept Medicare, which most do.

#### Average Monthly Expenses for Original Medicare\*

Part A: Included  
Part B: \$148.50  
Part D: \$15-20  
Medigap: \$90-200

## Medicare Advantage

### Costs

A Medicare Advantage plan is similar to private health insurance. Parts A, B and D are often included as well. You can imagine Advantage being an umbrella with A, B and D under it.

Medicare Advantage includes co-pays, deductibles with maximum out-of-pocket costs ranging from \$3,200 to \$5,700 annually.

### Approval & Underwriting

Unlike traditional Medicare, with Medicare Advantage you are guaranteed issue.

### Plan Flexibility

Unlike traditional Medicare, you can only make changes to your plan during set time periods.

You are also limited to using physicians and specialists within the plan's network and the plan may cover little to no costs out of network.

#### Average Monthly Expenses for Medicare Advantage\*

Part A: Included  
Part B: \$148.50  
Part D: Included

In essence your annual cost for a traditional Medicare supplement with a stand-alone part D plan will be about \$1,200 a year more than a Medicare Advantage plan with incorporates Parts A, B and D.

However, based on your unique situation, your annual maximum potential out of pocket cost with a Medicare Advantage plan could exceed \$3,000 - \$5,000 due to copays, deductibles and coinsurance.

Which fork in the road you choose could have consequences during the course of your life. These could have lifelong implications on your healthcare including your medications, doctors, income, housing and even travel opportunities. It is highly recommended to make these choices wisely in conjunction with a qualified advisor.

If your yearly income in 2019 (for what you pay in 2021) was			You pay each month (in 2021)
File individual tax return	File joint tax return	File married & separate tax return	
\$88,000 or less	\$176,000 or less	\$88,000 or less	\$148.50
above \$88,000 up to \$111,000	up to \$176,000 up to \$222,000	Not applicable	\$207.90
above \$111,000 up to \$138,000	above \$222,000 up to \$276,000	Not applicable	\$297.00
above 138,000 up to \$165,000	above \$276,000 up to \$330,000	Not applicable	\$386.10
above \$165,000 up to \$500,000	above \$330,000 up to \$750,000	above \$88,000 up to \$412,000	\$475.20
\$500,000 or above	\$750,000 or above	\$412,000 and above	\$504.90





# Comparing Your Options

## Original vs Advantage



### Enrollment

When you first enroll in Medicare and during certain times of the year, you can choose how you get your Medicare coverage. There are two popular ways to sign up for Medicare.

	Original Medicare	Medicare Advantage
How do you want to get your coverage?	Choose Part A & B ▼	Choose Part C Combines Part A, B and often D ▼
Do you need to add coverage for prescription drugs?	Choose Part D ▼	Often Included If not, enroll separately ▼
Do you need a supplement plan (Medigap)?	Choose Supplement	Not Available

### Coverage Compared

Sometimes the differences between Original Medicare and Medicare Advantage can be confusing. Here's a list of a few of the biggest differences about which you need to know.

## Original Medicare

## Medicare Advantage

### DOCTOR & HOSPITAL CHOICE

You can go to any doctor or hospital that takes Medicare, anywhere in the US	In most cases, you'll need to use doctors who are in the plan's network (for non-emergency or non-urgent care). Ask your doctor if they participate in any Medicare Advantage Plans.
In most cases, you don't need a referral to see a specialist.	You may need to get a referral to see a specialist.

### COST

For Part B-covered services, you usually pay 20% of the Medicare-approved amount after you meet your deductible.	Out-of-pocket costs vary – plans may have lower out-of-pocket costs for certain services.
You pay a premium (monthly payment) for Part B. If you choose to buy prescription drug coverage (Part D), you'll pay that premium separately.	You pay a premium for the plan in addition to a monthly premium for Part B. (Most included prescription drug coverage.) Plans may have a \$0 premium or may help pay all or part of your Part B premiums.
There's no yearly limit on what you pay out-of-pocket, unless you have supplemental coverage (like a Medigap policy).	Plans have a yearly limit on what you pay out-of-pocket for Medicare Part A & B-covered services. Once you reach your plan's limit, you'll pay nothing for Part A- and Part B-covered services for the rest of the year.
You can get supplemental coverage (like a Medigap policy) to help pay your remaining out-of-pocket costs (like your 20% coinsurance). Or, you can use coverage from a former employer or union, or Medicaid.	You can't buy or use separate supplemental coverage.

### COVERAGE

Original Medicare covers most medically necessary services and supplies in hospitals, doctors' offices, and other health care settings.	Plans must cover all of the medically necessary services that Original Medicare covers. Most plans may offer extra benefits that Original Medicare doesn't cover – like vision, hearing, dental, and more.
You can join a separate Medicare Prescription Drug Plan (Part D) to get drug coverage.	Prescription drug coverage is included in most plans.
In most cases, you don't have to get a service or supply approved ahead of time for it to be covered.	In some cases, you have to get a service or supply approved ahead of time for it to be covered by the plan.

### TRAVEL

Original Medicare generally doesn't cover care outside the U.S. You may be able to buy a Medigap policy that covers care outside the U.S.	Plans generally don't cover care outside the U.S. Also, plans usually don't cover non-emergency care you get outside your plan's network.
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# Eligibility & Enrollment

If you're already getting benefits from Social Security or the Railroad Retirement Board (RRB), you'll automatically get Part A and Part B starting the month you turn 65. Despite this, it is still wise to reach out to Medicare and confirm your enrollment.

If you're under 65 and have a disability, you'll automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months.

If you're close to 65, but not getting Social Security or RRB benefits, you'll need to sign up for Medicare. Contact Social Security three months before you turn 65.

## Initial Enrollment Period (IEP)

You can first sign up for Part A and/or Part B during the 7-month period that begins three months before the month you turn 65, includes the month you turn 65, and ends three months after the month you turn 65.

If you sign up for Part A and/or Part B during the first three months of your IEP, in most cases, your coverage starts the first day of your birthday month. However, if your birthday is on the first day of the month, your coverage will start the first day of the prior month.

If you enroll in Part A and/or Part B the month you turn 65 or during the last three months of your Initial Enrollment Period, the start date for your Medicare coverage will be delayed.



**Sign up  
3 months  
before  
turning 65**

## Special Enrollment Period (SEP)

After your IEP is over, you may have a chance to sign up for Medicare during a Special Enrollment Period. If you didn't sign up for Part B (or Part A if you have to buy it) when you were first eligible because you're covered under a group health plan based on current employment (your own, a spouse's, or a family member's), you can sign up for Part A and/or Part B:

- Anytime you are still covered by the group health plan.
- During the eight month period that begins the month after employment and coverage ends, whichever occurs first.
- Usually you don't pay a late penalty during an SEP.

*Note: if you have a disability, and the group health plan coverage is based on the current employment of a family member, the employer offering the group health plan must have 100 or more employees for you to get a Special Enrollment Period.*

## Important Enrollment Dates

October 1	<b>Start comparing your coverage with other options.</b> You may be able to save money. Visit <a href="https://www.medicare.gov/find-a-plan">medicare.gov/find-a-plan</a>
October 15 to December 7	<b>Change your Medicare health or prescription drug coverage, if you decide to.</b> This includes returning to Original Medicare or joining a Medicare Advantage plan.
January 1	<b>New coverage begins if you make a change.</b> If you kept your existing coverage and your plan's costs or benefits changed, those changes will also start on this date.
January 1 to March 31	If you're in a Medicare Advantage Plan, you can make one change to a different plan or switch back to Original Medicare. Changes become effective the first of the month after the plan change request is received.

# Understanding Original Medicare

## Parts A & B



Original Medicare, parts A & B, includes coverage for hospital insurance (Part A) and medical insurance (Part B). Later in the guide, we will review plans designed to cover out of pocket Medicare costs (Medigap) and plans that provide bundled services including vision, hearing and dental (Medicare Advantage).

## Medicare Part A

Part A (Hospital Insurance) helps cover: Inpatient care in a hospital, Inpatient care in a skilled nursing facility (not custodial or long-term care), Hospice care, Home health care, Inpatient care in a religious non-medical health care institution.

You can find out if you have Part A by looking at your red, white, and blue Medicare card. If you have it, it will be listed as “HOSPITAL” and will have an effective date. If you have Original Medicare, you’ll use this card to get your Medicare-covered services. If you join a Medicare health plan, in most cases, you must use the card from the plan to get your Medicare-covered services.

### Part A (Hospital Insurance) helps cover:

- Inpatient Hospital Care
- SNF Care
- Hospice Care
- Home Health Care

If you or your spouse paid Medicare taxes while working, there is usually no cost for Part A coverage.

## Medicare Part B

Medicare Part B (Medical Insurance) helps cover medically necessary doctors' services, outpatient care, home health services, durable medical equipment, mental health services, and other medical services.

Part B also covers many preventive services. You can find out if you have Part B by looking at your red, white, and blue Medicare card. If you have it, it will be listed as "MEDICAL" and will have an effective date.

### Part B (Medical Insurance) helps cover:

- Doctors/Healthcare Providers
- Outpatients Care
- Home Health Care

The cost for Part B coverage was \$148.50 in 2021, up from \$144.60 in 2020. This was a 2.7% increase. You can expect an increase for Part B every year.

There is also an annual deductible of \$203 (this was \$198 in 2020) that must be met before coverage starts. Medicare Supplement (Medigap) plans do not currently offer coverage that pays this deductible unless you become eligible for part B before 1/1/2020.

## Considerations

Think through how you are going to pay for the costs that Original Medicare doesn't cover. The general choice is between buying Medigap or deciding to pay the out-of-pocket expenses (deductible and co-insurance) yourself. You will also want to compare Original Medicare coverage with Medicare Advantage (Part C) plans to find the best fit for you. If you are already enrolled in Medicare, you have a chance to review and change your coverage each year during the annual Medicare Open Enrollment Period.

*Note: Parts A & B do not cover most medications, so if you are taking prescription drugs, you can add a Medicare Prescription Drug Plan (Part D). Additional information about these plans is included late in the guide*



# Understanding Medicare Advantage

## Medicare part C

Medicare Advantage Plans (Part C) are an alternative to Original Medicare (Parts A & B), with coverage provided by private companies through plan approved provider networks. Medicare sets specific rules to ensure adequate coverage. However different plans use different networks.

If you join a Medicare Advantage Plan, you'll still have Medicare but you'll get most of your Medicare Part A & B coverage from the Medicare Advantage Plan, not Original Medicare. Most plans also include Medicare prescription drug coverage (Part D).

Each type of Advantage Plan may have different out-of-pocket charges or rules for how to get services that correlate to the monthly premium amount. Just like traditional health insurance, both out-of-pocket and premium costs go up and down depending on the type of plan you select.

**Don't forget!**  
You need to sign up for Parts A & B before you can sign up for an Advantage Plan.



## Medicare Advantage Plans

The most common types of Medicare Advantage Plans are listed below.

### **Health Maintenance Organization (HMO)**

You generally must get your care and services from primary care doctors, other health care providers, or hospitals in the plan's network (except emergency care, out-of-area urgent care, or out-of-area dialysis).

### **Preferred Provider Organization (PPO)**

PPO plans have network doctors, other health care providers, and hospitals, but you can also use out-of-network providers for covered services, usually for a higher cost. Prescription drugs are generally covered in PPO Plans.

### **Private Fee-For-Service (PFFS)**

You can go to any Medicare-approved doctor, other health care provider, or hospital that accepts the plan's payment terms and agrees to treat you. If the PFFS plan has a network, you can see any of the approved network providers.

### **HMO Point-of-Service (HMOPOS)**

In some HMO plans, you may be able to go out-of-network for certain services, but there is usually a higher cost. This is called an HMO with a point-of-service (POS) option.

### **Special Needs Plan (SNP)**

You generally must get care and services from doctors, other health care providers, or hospitals in the network (except emergency care, out-of-area urgent care or dialysis). All SNP plans provide prescription drug coverage.

## Additional Benefits

Many Advantage Plans offer coverage for things that aren't covered like vision, hearing, dental, and wellness programs. These days, even services like transportation to doctor visits, over-the-counter drugs, adult day-care services, and other health-related services that promote your health and wellness may be covered.

Always look at your plan details closely to see what additional benefits are offered and if you qualify.



# Prescription Drug Coverage

## Medicare part D

Medicare Part D is an optional benefit that essentially expands your Medicare to cover some prescription drugs. Similar to Part C, Part D plans are offered by a private insurance company with rules set by Medicare.

Even if you don't use prescription drugs now, you should consider joining a Medicare drug plan. If you decide not to join a Medicare drug plan when you're first eligible, and you don't have other creditable prescription drug coverage, you'll likely pay a late enrollment penalty if you join a plan later.

Monthly premiums for Part D plans vary by plan. Your income may affect this premium amount as well.

There are two ways to get Medicare prescription drug coverage and additional premiums may apply.

### Part D (Prescriptions):

- Helps cover the cost of prescription drugs
- Follows rules set by Medicare
- May help lower current prescription costs
- May help protect against higher future costs



## Prescription Drug Plans

These plans (sometimes called “PDPs”) add drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) plans, and Medicare Medical Savings Account (MSA) plans. You must have Part A and/or Part B to join a Medicare Prescription Drug Plan.

## Medicare Advantage Plans

You get all of your Part A, Part B, and prescription drug coverage (Part D), through these plans. Medicare Advantage Plans with prescription drug coverage are sometimes called “MA-PDs.” Remember, you must have Part A and Part B to join a Medicare Advantage Plan, and not all of these plans offer drug coverage.

Some veterans choose to enroll in a Medicare medical-only plan because their prescription medications are received through the VA.

## Late Enrollment Penalties

The late enrollment penalty is an amount that permanently added to your Part D premium. You may owe a late enrollment penalty if at any time after your Initial Enrollment Period is over, there’s a period of 63 or more consecutive days when you don’t have Part D or other creditable prescription coverage. Make sure to remember these 3 ways to avoid the penalty:

- Join a Prescription Drug plan when you are first eligible.
- Enroll in a plan when you first lose creditable coverage.
- Keep records proving creditable coverage.

# Medigap

## **Supplemental Policies**

Original Medicare pays for many, but not all, health care services. Medigap Plans, or Medicare Supplement Plans, are sold by private insurance companies and designed to help offset these costs.

## **Qualifying for Medigap**

To purchase a Medigap Plan, you must have Original Medicare Parts A & B. This does not include Medicare Advantage plans and it is illegal to sell a Medigap Plan to someone who has Medicare Advantage unless they are switching back to Original Medicare.

## **Different than Medicare Advantage Plans**

Medigap is designed to reduce the amount of out of pocket costs associated with Original Medicare, not replace it. Advantage Plans are designed to replace Original Medicare through private companies.

## **Require Additional Monthly Premiums**

You pay your monthly premiums to the private insurance company that provides the services in your policy. This premium payment is in addition to the monthly Part B premium payment.

## **Coverage Provided for One Person**

Even if you are married, Medigap coverage only applies to one person per policy and each spouse has to purchase a separate policy to receive benefits.

## Policies Are Guaranteed Renewable

Any standardized Medigap policy cannot be canceled due to health conditions and is guaranteed renewable as long as you pay the monthly premium.

## Medigap Does Not Cover Everything

Policies generally don't cover long-term care, vision, dental, hearing aids, eyeglasses, or private-duty nursing. Prescription drug benefits are not included, but can be purchased separately (Part C or Part D)

Benefits	A	B	C	D	F	HDF	G	HDG	K	L	M	N
<b>Part A (Hospital)</b> Coinsurance & hospital cost (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Part B (Medical)</b> Coinsurance & Copayment	100%	100%	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
<b>Blood</b> Up to Three pints	100%	100%	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
<b>Part A (Hospice)</b> Coinsurance & Copayment	100%	100%	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
<b>Skilled Nursing Facility</b> Coinsurance			100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
<b>Part A</b> Deductible: \$1,484		100%	100%	100%	100%	100%	100%	100%	50%	75%	50%	100%
<b>Part B</b> Deductible: \$203			100%		100%	100%						
<b>Part B</b> Excess Charges					100%	100%	100%	100%				
<b>Travel Healthcare</b> Up to plan's limit			80%	80%	80%	80%	80%	80%			80%	80%

<sup>1</sup>HDF and HDG are deductible versions of the F and G, respectively. If you choose one of these options, this means that you must pay for Medicare-covered costs up to the deductible amount of \$2,370 (2021) before your Medigap plan pays anything.

<sup>2</sup>Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to \$50 copayment for emergency room visits that don't result in an inpatient admission.

<sup>3</sup>Plan F, High Deductible Plan F (HDF) & Plan C are ONLY available to those who were considered Medicare-eligible prior to 2020.

Out-of-pocket limit	
<b>\$6,220</b>	<b>\$3,110</b>

# Medicare Terminology Definitions

Medicare has several terms that are important to understand for current and future retirees. Here are definitions for some of the most common Medicare terms. Definitions may be revised as deemed applicable.

## Assignment

The amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

## Benefit Period

The way that Original Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you're admitted as an inpatient in a hospital or SNF. The benefit period ends when you haven't gotten any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

## Coinsurance

An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

## Copayment

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

## Creditable Prescription Drug Coverage

Prescription drug coverage (for example, from an employer or union) that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. People who have this coverage when they become eligible for Medicare can generally keep that coverage without a penalty, if they enroll in Medicare prescription drug coverage later.

## Custodial Care

Non-skilled personal care, like help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include the kind of health-related care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care.

## Deductible

The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

## Formulary

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

### Lifetime Reserve Days

In Original Medicare, these are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

### Long-Term Care Hospital

Acute care hospitals that provide treatment for patients who stay, on average, more than 25 days. Most patients are transferred from an intensive or critical care unit. Services provided include comprehensive rehabilitation, respiratory therapy, head trauma treatment, and pain management.

### Medically Necessary

Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

### Medicare-Approved Amount

In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

### Premiums

The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

### Preventative Services

Health care to prevent illness or detect illness at an early stage, when treatment is likely to work

best (preventive services include Pap tests, flu shots, and screening mammograms).

### Primary Care Doctor

The doctor you see first for most health problems. He or she makes sure you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many Medicare Advantage Plans, you must see your primary care doctor before you see any other health care provider.

### Referral

A written order from your primary care doctor for you to see a specialist or get certain medical services. In many Health Maintenance Organizations (HMOs), you need to get a referral before you can get medical care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for the services.

### Service Area

A geographic area where a health insurance plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally the area where you can get routine (non-emergency) services. The plan may disenroll you if you move out of the plan's service area.

### Skilled Nursing Facility (SNF) Care

Skilled nursing care and rehabilitation services provided on a daily basis, in a skilled nursing facility (SNF). Examples of SNF care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.

Medicare Made Easy



Let's Talk Medicare

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