



## Medicare (Part B) Medical Services PER BENEFIT PERIOD

Services		Medicare Pays	Program F Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$233 of Medicare- approved amounts <sup>3</sup>	\$0	\$233 (Part B deductible)	\$0
	Remainder of Medicare- approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)		\$0	100%	\$0
Blood	First 3 pints	\$0	3 pints	\$0
	Next \$233 of Medicare- approved amounts <sup>3</sup>	\$0	\$233 (Part B deductible)	\$0
	Remainder of Medicare- approved amounts	80%	20%	\$0
Clinical Laboratory Services BLOOD TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

## Medicare Parts A & B

Services		Medicare Pays	Program F Pays	You Pay
Home Health Care MEDICARE-APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable Medical Equipment: • First \$233 of Medicare- approved amounts <sup>3</sup>	\$0	\$233 (Part B deductible)	\$0
	• Remainder of Medicare- approved amounts	80%	20%	\$0
Preventive Medical Care Bene t COVERED BY MEDICARE Some annual physical and preventive tests and services administrated by a participating provider who accepts Medicare.		100%	\$0	\$0

<sup>3</sup> Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



