

PART B

Part B - doctor and outpatient visits.



- Physician services
- Diagnostic Screenings
- Outpatient hospital services
- Ambulance services
- Outpatient mental health services
- Laboratory services
- Durable medical equipment (wheelchairs, oxygen, etc.)
- Outpatient physical, occupational and speech therapy
- Some preventive care

Costs:

- In general, you pay co-insurance of the Medicare-approved Cost
- **Part B** has a monthly **premium** (income determined)
- You may elect to have it deducted from your Social Security check
- There is no annual out-of-pocket maximum
- If you wait to join until after your Initial Enrollment Period, you may have to pay a **higher premium**. (*penalty*)

Coverage:

- Part B covers certain preventive-care, such as heart, cancer and diabetes screenings.
- Generally, throughout U.S. is covered, however, outside the U.S. is not covered
- You can receive care from any participating physician who accepts New Medicare Patients

NOTE - You cannot be turned down because of your medical history, or your pre-existing condition.

Let's look at Medicare Part B costs:



You get admitted in the hospital

Your Medicare Part A - covers the hospital room and board, some other confinement cost, and skilled nursing facility or hospice.

- With Medicare Part B there is an **Annual Deductible**
- Unlike the Part A deductible, the Medicare Part B medical deductible is **only - once** each calendar year.
- Once you pay the annual deductible, generally, **Medicare pays 80 %** of Medicare-approved charges.
- The **remaining 20 %** is your responsibility of all approved charges as well as any charges above approved charges, known as "Excess Charges"