

Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan 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 \$166 of Medicare Approved Amounts*	\$0	\$166 (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	All costs	\$0
Next \$166 of Medicare Approved Amounts*	\$0	\$166 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
▼ Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0

Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
▼ Home Health Care – Medicare Approved Services			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment:			
– First \$166 of Medicare Approved Amounts*	\$0	\$166 (Part B deductible)	\$0
– Remainder of Medicare approved amounts	80%	20%	\$0

* Once you have been billed \$166 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

Other Benefits – Not Covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
▼ Foreign Travel – Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum