

# 2020 Medicare (Part B) - Hospital Services - Per Calendar Year

\* Once you have been billed \$198 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.

<b>MEDICAL EXPENSES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
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 \$198 of Medicare Approved Amounts	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>PART B EXCESS CHARGES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
(ABOVE MEDICARE APPROVED AMOUNTS)	\$0	\$100	\$0
<b>BLOOD</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
Tests For Diagnostic Services	100%	\$0	\$0