

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.

MEDICAL EXPENSES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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%	Balance, other than up to \$20 per office visit and up to \$50 per ER visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense	Up to \$20 per office visit and up to \$50 per ER visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense
PART B EXCESS CHARGES	MEDICARE PAYS	PLAN PAYS	YOU PAY
(ABOVE MEDICARE APPROVED AMOUNTS)	\$0	\$0	All costs
BLOOD	MEDICARE PAYS	PLAN PAYS	YOU PAY
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
CLINICAL LABORATORY SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Tests For Diagnostic Services	100%	\$0	\$0