

# 2022 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 \$233 of Medicare Approved Amounts   | \$0                  | \$0              | \$233 (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 \$233 of Medicare Approved Amounts*   | \$0                  | \$0              | \$233 (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                       |