

2018 Medicare Coverage

Medicare Part B - Medical Services - Per Calendar Year

*Once You have been billed \$183 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.

Services	Medicare 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 \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$183 (Part B Deductible) Generally 20%
PART B EXCESS CHARGES (above Medicare-approved amounts)	\$0	All Costs
BLOOD First 3 pints Next \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$183 (Part B Deductible) 20%
CLINICAL LABORATORY SERVICES Tests for diagnostic services	100%	\$0
HOME HEALTH CARE MEDICARE-APPROVED SERVICES Medically-necessary skilled care services and medical supplies - Durable medical equipment First \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$183 (Part B Deductible) 20%
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically-necessary emergency care services outside the USA	\$0	All Costs