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What services does Medicare part b cover

Original Medicare is individual insurance provided by the federal government. It includes Medicare Part A (hospital insurance) and Medicare Part B (medical insurance). Helps pay for doctor visits and outpatient care Medicare Part A (hospital insurance) is one half of Original Medicare. Part A covers hospital stays and most of the services you receive as an inpatient in a hospital or skilled nursing facility. Costs may not be covered by Part A if you are in the hospital for observation. What Does Medicare Part A Cover? Medicare Part A covers the hospital charges and most of the services you receive when you're in the hospital. What is covered by Medicare Part A Hospital stays and inpatient care, including: A semi-private room Hospital meals Skilled nursing services Care in special units, like intensive care Drugs, medical supplies and medical equipment used during an inpatient stay Lab tests, X-rays and medical equipment used as an inpatient Operating room and recovery room services Operating room and recovery room services Some blood transfusions in a hospital or skilled nursing facility Inpatient or outpatient rehabilitation services after a qualified inpatient stay Part-time, skilled care for the homebound What is not covered by Medicare Part A Personal expenses while hospitalized, like a TV or phone service Most care outside of the United States Custodial care (care that helps with daily life activities, like eating and bathing) Long-term care Days spent in a psychiatric hospital beyond certain set limits Hospital stays beyond certain set limits Medicare Part A is free for most people. You do not have to pay a premium for Part A if you or your spouse worked and paid Medicare taxes for at least 10 years. Part A does charge a deductible and copays. Part A deductibles are charged per benefit period. A benefit period begins the day you are admitted to the hospital and ends when you've been out of the hospital 60 days in a row. You pay one deductible even if you have more than one hospital stay during a single benefit period. Below you'll see the different Medicare Part A costs that may apply. Costs are shown for 2022. For most people: \$0 If applicable: Up to \$499 per month in 2022 Per benefit period: \$1,556 in 2022 Hospital Days 1-60: \$0 Days 61-90: \$389 per day in 2022 Days 91 and beyond: \$778 per day in 2022 up to 60 lifetime reserve days* Skilled Nursing Facility (per benefit period) Days 1-60: \$0 Days 61-90: \$194.50 per day in 2022 Days 91 and beyond: You pay all costs Hospice Medications for pain and symptom management: Up to \$5 per prescription Durable medical equipment used at home; and respite care: Home hospice patients may pay a small coinsurance amount for inpatient respite care or durable medical equipment used at home. *Lifetime reserve days are a set number of covered hospital days you can draw on if you're in the hospital longer than 90 days. You have 60. Each lifetime reserve day may be used only once, but you may apply the days to different benefit periods. Lifetime reserve days may not be used to extend coverage in a skilled nursing facility. Medicare Part B (medical insurance) is the other half of Original Medicare. Part B covers care you receive in a clinic or hospital as an outpatient including most doctor services you receive as an inpatient, doctor visits, most routine and emergency medical services and some preventive care. The list below shows examples of some of the items and services Part B covers. What Does Medicare Part B Cover? Medicare Part B covers doctor visits and most routine and emergency medical services. It also covers some preventive care, like flu shots. What is covered by Medicare Part B Doctor visits, including when you are in the hospital An annual wellness visit and preventive services, like flu shots and mammograms Clinical laboratory services, like blood and urine tests X-rays, MRIs, CT scans, EKGs and some other diagnostic tests Some health programs, like smoking cessation, obesity counseling and cardiac rehab Physical therapy, occupational therapy and speech-language pathology services Diabetes screenings, diabetes education and certain diabetes supplies Mental health care Durable medical equipment for use at home, like wheelchairs and walkers Ambulatory surgery center services Ambulance and emergency room services Skilled nursing care and health aide services for the homebound on a part -time or intermittent basis What is not covered by Medicare Part B Eye exams, eyeglasses or contact lenses Hearing tests or hearing aids Dental exams, cleanings, X-rays or routine dental care Acupuncture Most prescription drugs Long-term care (also called custodial care) Cosmetic surgery Routine foot care Part B coverage limits: Preventive services and screenings are covered on set schedules, like a yearly flu shot. Other services and supplies must be medically necessary to diagnose or treat a disease or condition. Medicare Part B shares some costs with you when you see the doctor or use other medical services. Part B has a monthly premium that is either deducted from your monthly Social Security benefits check or that you pay directly to Medicare. The amount you pay can vary depending on your tax reported income from two years prior. Below you'll see the different costs that may apply. Costs shown are for 2022. Per month: \$170.10 to \$578.50 in 2022, depending on income Most medical services: 20% of the Medicare-approved amount Durable medical equipment: 20% of the Medicare-approved amount Outpatient mental health care: 20% of the Medicare-approved amount You will pay the Medicare Part B premium and share part of costs with Medicare for covered Part B health care services. Medicare Part B pays 80% of the cost for most outpatient care and services, and you pay 20%. For 2022, the standard monthly Part B premium is \$170.10. You'll pay the standard amount if: You enroll for the first time in 2022. You aren't receiving Social Security benefits. Your premiums are billed directly to you. You have Medicare and Medicaid, and Medicaid pays your premiums. Your Part B premium may be less than the standard amount if you enrolled in Part B in 2020 or earlier and your premium payments are deducted from your Social Security check. Your premium may be more than the standard amount based on your income. You will pay an income-related monthly adjustment amount (IRMAA) if your reported income was above \$91,000 for individuals or \$182,000 for couples in 2020. Visit Medicare.gov to learn more about IRMAA. And while Medicare will share your Part B health care costs with you, there is something called "Medicare assignment" that's important to understand. Doctors and providers who accept Medicare assignment agree to take what Medicare pays—the Medicare-approved amount—as payment in full. Medicare reduces the approved amount it pays for doctors who don't accept Medicare assignment. Doctors who don't accept Medicare assignment may charge more than the Medicare-approved amount. You may have to pay the additional cost, which is called "excess charges." Both Medicare Part A and Part B can have late enrollment premium penalties. The Part A Late Enrollment Penalty If you must pay a Part A premium and enroll late, you could pay a penalty. The Part A late enrollment penalty is 10% of the Part A premium. You pay the penalty in addition to your Part A premium for twice the number of years you delay enrollment. Example: If you delay 2 years, you will pay an additional 10% of the Part A premium for 4 years (2 x 2 years). The Part B Late Enrollment Penalty The Part B penalty is 10% of the monthly premium amount for each full 12-month period enrollment is delayed. You pay the Part B premium penalty in addition to your Part B premium for as long as you have Medicare Part B. Example: You delayed Part B 3 years. To calculate how much your penalty will cost, you'll multiply (10% of Part B premium) x (# of years enrollment is delayed). In this case, (10%) x (3). Thus, your Part B premium penalty will be 30% of the Part B premium. The following are some common health services and items not covered by Medicare Part A or Part B. Original Medicare Does Not Cover Most care outside of the United States Personal expenses while hospitalized, such as a TV or phone Custodial care (care that helps with daily life activities like eating or bathing) Long-term care Days spent in a psychiatric hospital beyond certain set limits Hospital days beyond set limits Eye exams, eyeglasses or contact lenses Hearing exams or hearing aids Dental exams, cleanings, X-rays or routine dental care Most prescription drugs Wellness benefits such as gym memberships Depending on your specific health care needs, a Medicare Advantage, Medicare supplement insurance (Medigap) or Medicare Part D plan from a private insurer may help you meet health care needs not met by Original Medicare. Answer a few simple questions and get a personalized list of plans, ranked by what's important to you. Read Next: Types of Medicare and Medigap Insurance Plans Make an appointment with a licensed insurance agent/producer in your area

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