

MEDICARE PART B (MEDICAL INSURANCE) – COVERED SERVICES PER CALENDAR YEAR

2024

Services	Benefit	Medicare Pays	You Pay ⁽⁵⁾
MEDICAL EXPENSE Physicians' services, outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, ambulance services, outpatient mental health services, etc.	Medicare pays for medical services in or out of the hospital.	80% of approved amount (after \$240 deductible)	\$240 deductible ⁽⁶⁾ 20% of approved amount and charges above approved amount ⁽⁷⁾
CLINICAL LABORATORY SERVICES	Blood tests, biopsies, urinalysis, etc.	Generally, 100% of approved amount.	Nothing
PREVENTIVE BENEFITS	Preventive services & screenings	100% for most; or 80% of approved amount (after \$240 deductible), depending on test	Nothing for most; or \$240 deductible 20% of approved amount, depending on test
HOME HEALTH CARE (also see Part A) Medically necessary skilled care, home health aide services, medical supplies, etc. after a 3-day inpatient hospital stay beginning with visit 101 or beginning day one if there is no previous hospital stay.	100% part-time or intermittent nursing care and other services for as long as you meet criteria for benefits.	100% of approved amount	Nothing
		80% of approved amount for Durable Medical Equipment	\$240 deductible ⁽⁶⁾ 20% of approved amount for Durable Medical Equipment
OUTPATIENT HOSPITAL TREATMENT Reasonable and necessary services for the diagnosis or treatment of an illness or injury. (for inpatient see Part A)	Unlimited if medically necessary	80% of approved amount (After \$240 deductible)	\$240 deductible ⁽⁶⁾ 20% of approved amount
BLOOD	Blood	80% of approved amount (after \$240 deductible and starting with the 4th pint)	\$240 deductible ⁽⁶⁾ First 3 pints plus 20% of approved amount for additional pints ⁽⁸⁾

The monthly Part B premium for 2024 is \$174.70 (Premiums will be higher for individuals with annual incomes of **\$103,000** or more and married couples with annual incomes of **\$206,000** or more.)

⁵ These figures are for **2024** and are subject to change each year.

⁶ Once you have paid **\$240** for covered services, the Part B deductible does not apply to any other covered service(s) you receive for the rest of the calendar year.

⁷ The amount by which a physician's charge can exceed the Medicare approved amount is limited by law.

⁸ To the extent the blood deductible is met under one part of Medicare during the calendar year, it does not have to be met under the other part.