

# 2025 MEDICARE PART A

Part A is **Hospital Insurance** and covers costs associated with confinement in a **hospital** or **skilled nursing facility**.

When you are hospitalized for:	Medicare Covers	Medicare Supplement Plan F, G, or N Pays	You Pay
<b>1 – 60 days</b>	Most confinement costs after the required Medicare Deductible of <b>\$1676</b>	<b>\$1676</b> PART A DEDUCTIBLE per 60 days benefits period.	<b>\$0</b>
<b>61 – 90 days</b>	All eligible expenses, after the patient pays per-day copay of <b>\$419</b>	<b>\$419</b> A DAY	<b>\$0</b>
<b>91 – 150 days</b>	All eligible expenses, after patient pays per-day copay of <b>\$838</b>	<b>\$838</b> A DAY	<b>\$0</b>
<b>151 days or more</b>	<b>NOTHING</b>	<b>100%</b> FOR ADDITIONAL 365 DAYS	<b>\$0</b>
<b>Must be at the hospital at least 3 days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge.</b>	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100, after patient pays per-day copay of <b>\$209<sup>50</sup></b>	<b>\$209<sup>50</sup></b> A DAY	<b>\$0</b>

# 2025 MEDICARE PART B

Part B is **Medical Insurance** and covers **physician services**, outpatient care, tests and supplies.

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan F Pays	You Pay
<ul style="list-style-type: none"><li>• Doctors visits and treatments</li><li>• Surgeon and anesthesiologist fees</li><li>• Physical and speech therapy</li><li>• Lab tests, diagnostic tests</li><li>• Emergency room and hospital outpatient clinic charges</li><li>• X-rays, radiology, MRI's and CAT Scan</li><li>• Ambulance charges</li><li>• Casts, splints, braces and artificial limbs</li><li>• Durable medical equipment</li><li>• Mammography / Pap Smear and Bone Density Screening</li><li>• Prostate Screening</li></ul>	<b>80% of all Medicare "approved" charges after the required Medicare Deductible of \$257 a Year</b>	<b>\$257</b> Part B ANNUAL DEDUCTIBLE	<b>\$0</b>
		<b>20%</b> OF MEDICARE APPROVED CHARGES	<b>\$0</b>
		<b>100%</b> OF MEDICARE Part B EXCESS CHARGES	<b>\$0</b>

# 2025 MEDICARE PART **B**

Part B is **Medical Insurance** and covers **physician services**, outpatient care, tests and supplies.

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan G Pays	You Pay
<ul style="list-style-type: none"><li>• Doctors visits and treatments</li><li>• Surgeon and anesthesiologist fees</li><li>• Physical and speech therapy</li><li>• Lab tests, diagnostic tests</li><li>• Emergency room and hospital outpatient clinic charges</li><li>• X-rays, radiology, MRI's and CAT Scan</li><li>• Ambulance charges</li><li>• Casts, splints, braces and artificial limbs</li><li>• Durable medical equipment</li><li>• Mammography / Pap Smear and Bone Density Screening</li><li>• Prostate Screening</li></ul>	<b>80% of all Medicare "approved" charges after the required Medicare Deductible of \$257 a Year</b>	<b>\$0</b> Part B ANNUAL DEDUCTIBLE	<b>\$257</b>
		<b>20%</b> OF MEDICARE APPROVED CHARGES	<b>\$0</b>
		<b>100%</b> OF MEDICARE Part B EXCESS CHARGES	<b>\$0</b>



# 2025 MEDICARE PART B

Part B is **Medical Insurance** and covers **physician services**, outpatient care, tests and supplies.

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan N Pays	You Pay
<ul style="list-style-type: none"><li>• Doctors visits and treatments</li><li>• Surgeon and anesthesiologist fees</li><li>• Physical and speech therapy</li><li>• Lab tests, diagnostic tests</li><li>• Emergency room and hospital outpatient clinic charges</li><li>• X-rays, radiology, MRI's and CAT Scan</li><li>• Ambulance charges</li><li>• Casts, splints, braces and artificial limbs</li><li>• Durable medical equipment</li><li>• Mammography / Pap Smear and Bone Density Screening</li><li>• Prostate Screening</li></ul>	<b>80% of all Medicare "approved" charges after the required Medicare Deductible of \$257 a Year</b>	<b>\$0</b> Part B ANNUAL DEDUCTIBLE	<b>\$257</b>
		<b>20%</b> OF MEDICARE APPROVED CHARGES After Copay	Up to <b>\$20</b> Copay for Office Visits (\$50 for ER)
		<b>\$0</b> OF MEDICARE Part B EXCESS CHARGES	<b>All</b> MEDICARE Part B EXCESS CHARGES

# 2025 MEDICARE PART B

Part B is **Medical Insurance** and covers **physician services, outpatient care, tests and supplies.**

On Expenses Incurred For:		Medicare Covers	
<ul style="list-style-type: none"><li>• Doctors visits and treatments</li><li>• Surgeon and anesthesiologist fees</li><li>• Physical and speech therapy</li><li>• Lab tests, diagnostic tests</li><li>• Emergency room and hospital outpatient clinic charges</li><li>• X-rays, radiology, MRI's and CAT Scan</li></ul>		<ul style="list-style-type: none"><li>• Ambulance charges</li><li>• Casts, splints, braces and artificial limbs</li><li>• Durable medical equipment</li><li>• Mammography / Pap Smear &amp; Bone Density Screening</li><li>• Prostate Screening</li></ul>	
		<b>80% of all Medicare "approved" charges after the required Medicare Deductible of</b> <b>\$257</b> <b>Per Year</b>	
If you have a Medicare Supplement Plan F		If you have a Medicare Supplement Plan G	
Plan F Pays	You Pay	Plan G Pays	You Pay
<b>\$257</b> Part B ANNUAL DEDUCTIBLE	<b>\$0</b>	<b>\$0</b> Part B ANNUAL DEDUCTIBLE	<b>\$257</b> Part B ANNUAL DEDUCTIBLE
<b>20%</b> OF MEDICARE APPROVED CHARGES	<b>\$0</b>	<b>20%</b> OF MEDICARE APPROVED CHARGES	<b>\$0</b>
<b>100%</b> OF MEDICARE Part B EXCESS CHARGES	<b>\$0</b>	<b>100%</b> OF MEDICARE Part B EXCESS CHARGES	<b>\$0</b>

# 2025 MEDICARE PART B

Part B is **Medical Insurance** and covers **physician services, outpatient care, tests and supplies.**

On Expenses Incurred For:		Medicare Covers	
<ul style="list-style-type: none"><li>• Doctors visits and treatments</li><li>• Surgeon and anesthesiologist fees</li><li>• Physical and speech therapy</li><li>• Lab tests, diagnostic tests</li><li>• Emergency room and hospital outpatient clinic charges</li><li>• X-rays, radiology, MRI's and CAT Scan</li></ul>		<ul style="list-style-type: none"><li>• Ambulance charges</li><li>• Casts, splints, braces and artificial limbs</li><li>• Durable medical equipment</li><li>• Mammography / Pap Smear &amp; Bone Density Screening</li><li>• Prostate Screening</li></ul>	
		<b>80% of all Medicare "approved" charges after the required Medicare Deductible of</b> <b>\$257</b> <b>Per Year</b>	
If you have a Medicare Supplement Plan G		If you have a Medicare Supplement Plan N	
Plan G Pays	You Pay	Plan N Pays	You Pay
<b>\$0</b> Part B ANNUAL DEDUCTIBLE	<b>\$257</b> Part B ANNUAL DEDUCTIBLE	<b>\$0</b> Part B ANNUAL DEDUCTIBLE	<b>\$257</b> Part B ANNUAL DEDUCTIBLE
<b>20%</b> OF MEDICARE APPROVED CHARGES	<b>\$0</b>	<b>20%</b> OF MEDICARE APPROVED CHARGES After Copay	Up to <b>\$20</b> Copay for Office Visits (\$50 for ER)
<b>100%</b> OF MEDICARE Part B EXCESS CHARGES	<b>\$0</b>	<b>\$0</b> OF MEDICARE Part B EXCESS CHARGES	<b>All</b> OF MEDICARE Part B EXCESS CHARGES