

Medicare Information Source

This information is provided by SRC for Medication Insurance.

The Senior Resource Center for Medicare Information (**Medicare.Org**) is a resource for Medicare beneficiaries, public agencies and private organizations that provide consumer information and services about the Medicare program and its health plan options.

Medicare.Org serves as a conduit for information, enabling professionals and non-professionals to serve the Medicare community more efficiently and without bias.

Medicare Part B

- What is it?
- What is the cost to enrollees?
- What does Medicare Part B cover?

What is it?

Medicare Part B is the medical insurance portion of Medicare, which covers physician services, outpatient hospital care, and many other services typically covered under health insurance plans. Part B is financed through monthly premiums paid by enrollees and by contributions from the federal government.

For information on eligibility and enrollment, see Medicare.

What is the cost to enrollees?

Premiums

In 2005, the premium for Medicare Part B is \$78.20. The premium is indexed for inflation, and typically increases each year. Beginning in 2007, under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (2003 Medicare Act), beneficiaries with higher incomes (\$80,000 and over for individuals, \$160,000 and over for married couples) will pay a higher premium based on a sliding scale that will be phased in over five years.

Deductibles

The Medicare Part B deductible is \$110 in 2005 (up from \$100 in previous years). Beginning in 2006, it will be increased by the same percentage as the premium.

What does Medicare Part B cover?

Medical care that is not inpatient is usually covered under Medicare Part B. **Medicare Part B covers 80 percent of medically necessary physician or outpatient charges, including charges from a physician for care received in a hospital.**

Attachment B
Medicare Part B- Medical Insurance

Currently, services covered under Medicare Part B include:

- Physician and surgeon fees
- Outpatient services
- Immunosuppressive drugs
- Blood service, after you pay for the first three pints of blood in any calendar year
- Clinical laboratory services
- Some coverage for outpatient mental health visits
- Ambulance service

Caution: Medicare regulations specifying what it will cover almost always begin with a general rule, followed by exceptions. If you are denied coverage, it is always wise to look into whether or not you can meet one of the exceptions.

Currently, services excluded from Medicare Part B include:

In general, Medicare pays only for services it considers reasonable or Medically necessary. **Specific exclusions include:**

- Cosmetic surgery, unless particular medical conditions render it necessary
- Procedures considered experimental--for example, heart transplants were not covered by Medicare until 1986
- Hearing aids and fittings
- Chiropractic services, except for treatment of subluxation (partial dislocation) of the spine
- Most eyeglasses and eye exams
- Most dentures and dental care
- Prescription drugs you administer yourself, such as those you buy at a drug store and take at home (exceptions are immunosuppressive drugs and antirejection drugs for kidney transplant patients)
- Over-the-counter drugs
- Care outside of the United States (except when a Mexican or Canadian hospital is closer, such as in an emergency, even though you reside in the United States, or if you require care while traveling through Canada en route to Alaska)

Tip: Under the 2003 Medicare Act, prescription drug coverage will begin in 2006, under Medicare Part D (prescription drug benefit). Until then, Medicare beneficiaries are able to purchase Medicare-approved discount cards from private companies that will help them save money on most prescription drug purchases. For more information on this benefit and other changes to Medicare, see The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 or visit www.medicare.gov.

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Medicare Part B- Medical Insurance

For the most part, **Medicare does not pay for preventive services**, such as routine physical exams. **Preventive services Medicare does cover, however, include:**

- Annual mammograms for individuals age 40 or older, exclusive of any Medicare deductible
- Pap smears
- Pneumococcal vaccines
- Hepatitis B vaccines for high-risk individuals
- Pelvic and breast cancer screenings every three years for women, or annually for high-risk women or women with a relevant medical history, exclusive of any Medicare deductible
- Prostrate and colorectal cancer screening
- Bone density measurements for women at risk for osteoporosis
- Self-management training for individuals with diabetes

Tip: Under the 2003 Medicare Act, for enrollees whose coverage began on or after January 1, 2005, Part B covers an initial preventive physical examination. The physical must be performed within six months of initial coverage under Part B. Additionally, as of January 1, 2005 under the 2003 Medicare Act, Part B also covers cardiovascular and diabetes screening tests, and certain mammography services. You can get further information about coverage under Medicare Part B by calling the Social Security Administration at (800) 772-1213 or by visiting the Internet at www.ssa.gov (Social Security Administration site) or www.medicare.gov.

This document is provided as general information. Please check with SRC or your healthcare provider regarding individual, specific benefits.