

2018 Medicare Parts A & B

How to use this document

The Part A page includes both F & G Plans

2018 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 or G Pays	You Pay
1 – 60 days	Most confinement costs after the required Medicare Deductible of \$1340	\$1340 PART A DEDUCTIBLE per 60 days benefits period.	\$0
61 – 90 days	All eligible expenses, after the patient pays per-day copay of \$335	\$335 A DAY	\$0
91 – 150 days	All eligible expenses, after patient pays per-day copay of \$670	\$670 A DAY	\$0
151 days or more	NOTHING	100% FOR ADDITIONAL 365 DAYS	\$0
Must be at the hospital at least 3 days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge.	All eligible expenses for the first 20 days, then all eligible expenses for days 21-100, after patient pays per-day copay of \$167⁵⁰	\$167⁵⁰ A DAY	\$0

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There are 3 different pages for Part B. Use whichever one you want.

2018 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"> Doctors visits and treatments Surgeon and anesthesiologist fees Physical and speech therapy Lab tests, diagnostic tests Emergency room and hospital outpatient clinic charges X-rays, radiology, MRI's and CAT Scan Ambulance charges Casts, splints, braces and artificial limbs Durable medical equipment Mammography / Pap Smear and Bone Density Screening Prostate Screening 	80% of all Medicare "approved" charges after the required Medicare Deductible of \$183 a Year	\$183 Part B ANNUAL DEDUCTIBLE	\$0
	20% OF MEDICARE APPROVED CHARGES		\$0
	100% OF MEDICARE Part B EXCESS CHARGES		\$0

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Plan F

2018 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"> Doctors visits and treatments Surgeon and anesthesiologist fees Physical and speech therapy Lab tests, diagnostic tests Emergency room and hospital outpatient clinic charges X-rays, radiology, MRI's and CAT Scan Ambulance charges Casts, splints, braces and artificial limbs Durable medical equipment Mammography / Pap Smear and Bone Density Screening Prostate Screening 	80% of all Medicare "approved" charges after the required Medicare Deductible of \$183 a Year	\$0 Part B ANNUAL DEDUCTIBLE	\$183
	20% OF MEDICARE APPROVED CHARGES		\$0
	100% OF MEDICARE Part B EXCESS CHARGES		\$0

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Plan G

2018 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"> Doctors visits and treatments Surgeon and anesthesiologist fees Physical and speech therapy Lab tests, diagnostic tests Emergency room and hospital outpatient clinic charges X-rays, radiology, MRI's and CAT Scan Ambulance charges Casts, splints, braces and artificial limbs Durable medical equipment Mammography / Pap Smear & Bone Density Screening Prostate Screening 	80% of all Medicare "approved" charges after the required Medicare Deductible of \$183 Per Year		
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
\$183 Part B ANNUAL DEDUCTIBLE	\$0	\$0 Part B ANNUAL DEDUCTIBLE	\$183
20% OF MEDICARE APPROVED CHARGES	\$0	20% OF MEDICARE APPROVED CHARGES	\$0
100% OF MEDICARE Part B EXCESS CHARGES	\$0	100% OF MEDICARE Part B EXCESS CHARGES	\$0

Plan F/G Combo

When you go to print these, you can print only the pages you need, such as pages 1 and 3.

If you need help just let us know, at **888-780-7676**.

2018 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 or G Pays	You Pay
1 – 60 days	Most confinement costs after the required Medicare Deductible of \$1340	\$1340 PART A DEDUCTIBLE per 60 days benefits period.	\$0
61 – 90 days	All eligible expenses, after the patient pays per-day copay of \$335	\$335 A DAY	\$0
91 – 150 days	All eligible expenses, after patient pays per-day copay of \$670	\$670 A DAY	\$0
151 days or more	NOTHING	100% FOR ADDITIONAL 365 DAYS	\$0
Must be at the hospital at least 3 days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge.	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100, after patient pays per-day copay of \$167⁵⁰	\$167⁵⁰ A DAY	\$0

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2018 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"> • Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear and Bone Density Screening • Prostate Screening 	<p>80% of all Medicare "approved" charges after the required Medicare Deductible of \$183 a Year</p>	<p>\$183 Part B ANNUAL DEDUCTIBLE</p>	<p>\$0</p>
		<p>20% OF MEDICARE APPROVED CHARGES</p>	<p>\$0</p>
		<p>100% OF MEDICARE Part B EXCESS CHARGES</p>	<p>\$0</p>

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2018 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"> • Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear and Bone Density Screening • Prostate Screening 	<p>80% of all Medicare "approved" charges after the required Medicare Deductible of \$183 a Year</p>	<p>\$0 Part B ANNUAL DEDUCTIBLE</p>	<p>\$183</p>
		<p>20% OF MEDICARE APPROVED CHARGES</p>	<p>\$0</p>
		<p>100% OF MEDICARE Part B EXCESS CHARGES</p>	<p>\$0</p>

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2018 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"> • Doctors visits and treatments • Surgeon and anesthetist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear & Bone Density Screening • Prostate Screening 		<p>80% of all Medicare "approved" charges after the required Medicare Deductible of \$183 Per Year</p>	
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
\$183 Part B ANNUAL DEDUCTIBLE	\$0	\$0 Part B ANNUAL DEDUCTIBLE	\$183
20% OF MEDICARE APPROVED CHARGES	\$0	20% OF MEDICARE APPROVED CHARGES	\$0
100% OF MEDICARE Part B EXCESS CHARGES	\$0	100% OF MEDICARE Part B EXCESS CHARGES	\$0



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