

# 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 <b>\$1340</b>   | <b>\$1340</b><br>PART A DEDUCTIBLE per 60 days benefits period. | <b>\$0</b> |
| 61 – 90 days  | All eligible expenses, after the patient pays per-day copay of <b>\$335</b>  | <b>\$335</b><br>A DAY   | <b>\$0</b> |
| 91 – 150 days   | All eligible expenses, after patient pays per-day copay of <b>\$670</b>  | <b>\$670</b><br>A DAY   | <b>\$0</b> |
| 151 days or more  | <b>NOTHING</b>   | <b>100%</b><br>FOR ADDITIONAL 365 DAYS                          | <b>\$0</b> |
| 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 <b>\$167<sup>50</sup></b> | <b>\$167<sup>50</sup></b><br>A DAY                              | <b>\$0</b> |

Would you like us to customize this document with your info?  
Just call New Horizons Insurance Marketing at 888-780-7676.

Your Name  
Street Address  
City, State, ZIP  
Phone • Fax  
www.yourwebsite.com

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"> <li>Doctors visits and treatments</li> <li>Surgeon and anesthetist 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> | 80% of all Medicare "approved" charges after the required Medicare Deductible of <b>\$183</b> a Year | <b>\$183</b><br>Part B ANNUAL DEDUCTIBLE | <b>\$0</b> |
|  | 20% OF MEDICARE APPROVED CHARGES   |  | <b>\$0</b> |
|  | 100% OF MEDICARE Part B EXCESS CHARGES   |  | <b>\$0</b> |

Would you like us to customize this document with your info?  
Just call New Horizons Insurance Marketing at 888-780-7676.

Your Name  
Street Address  
City, State, ZIP  
Phone • Fax  
www.yourwebsite.com

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"> <li>Doctors visits and treatments</li> <li>Surgeon and anesthetist 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> | 80% of all Medicare "approved" charges after the required Medicare Deductible of <b>\$183</b> a Year | <b>\$0</b><br>Part B ANNUAL DEDUCTIBLE | <b>\$183</b> |
|  | 20% OF MEDICARE APPROVED CHARGES   |  | <b>\$0</b>   |
|  | 100% OF MEDICARE Part B EXCESS CHARGES   |  | <b>\$0</b>   |

Would you like us to customize this document with your info?  
Just call New Horizons Insurance Marketing at 888-780-7676.

Your Name  
Street Address  
City, State, ZIP  
Phone • Fax  
www.yourwebsite.com

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"> <li>Doctors visits and treatments</li> <li>Surgeon and anesthetist 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 &amp; Bone Density Screening</li> <li>Prostate Screening</li> </ul> | 80% of all Medicare "approved" charges after the required Medicare Deductible of <b>\$183</b> Per Year |  |  |
|  | 20% OF MEDICARE APPROVED CHARGES   |  |  |
|  | 100% OF MEDICARE Part B EXCESS CHARGES   |  |  |

| 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>\$183</b><br>Part B ANNUAL DEDUCTIBLE         | <b>\$0</b> | <b>\$0</b><br>Part B ANNUAL DEDUCTIBLE           | <b>\$183</b> |
| <b>20%</b><br>OF MEDICARE APPROVED CHARGES       | <b>\$0</b> | <b>20%</b><br>OF MEDICARE APPROVED CHARGES       | <b>\$0</b>   |
| <b>100%</b><br>OF MEDICARE Part B EXCESS CHARGES | <b>\$0</b> | <b>100%</b><br>OF MEDICARE Part B EXCESS CHARGES | <b>\$0</b>   |

Would you like us to customize this document with your info?  
Just call New Horizons Insurance Marketing at 888-780-7676.

Your Name  
Street Address  
City, State, ZIP  
Phone • Fax  
www.yourwebsite.com

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    |
|--|---|--|------------|
| <b>1 – 60 days</b>   | Most confinement costs after the required Medicare Deductible of<br><b>\$1340</b>   | <b>\$1340</b><br>PART A DEDUCTIBLE<br>per 60 days benefits period. | <b>\$0</b> |
| <b>61 – 90 days</b>  | All eligible expenses, after the patient pays per-day copay of<br><b>\$335</b>  | <b>\$335</b><br>A DAY  | <b>\$0</b> |
| <b>91 – 150 days</b>   | All eligible expenses, after patient pays per-day copay of<br><b>\$670</b>  | <b>\$670</b><br>A DAY  | <b>\$0</b> |
| <b>151 days or more</b>  | <b>NOTHING</b>  | <b>100%</b><br>FOR ADDITIONAL<br>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<br><b>\$167<sup>50</sup></b> | <b>\$167<sup>50</sup></b><br>A DAY                                 | <b>\$0</b> |

Would you like us to customize this document with your info?  
Just call New Horizons Insurance Marketing at 888-780-7676.



**Your Name**  
Street Address  
City, State, Zip  
Phone • Fax  
www.yourwebsite.com

# 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"> <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> | <p style="text-align: center;"><b>80% of all Medicare "approved" charges after the required Medicare Deductible of <b>\$183</b> a Year</b></p> | <p><b>\$183</b><br/>Part B<br/>ANNUAL<br/>DEDUCTIBLE</p>         | <b>\$0</b> |
|   |  | <p><b>20%</b><br/>OF MEDICARE<br/>APPROVED<br/>CHARGES</p>       | <b>\$0</b> |
|   |  | <p><b>100%</b><br/>OF MEDICARE<br/>Part B<br/>EXCESS CHARGES</p> | <b>\$0</b> |

Would you like us to customize this document with your info?  
Just call New Horizons Insurance Marketing at 888-780-7676.



**Your Name**  
Street Address  
City, State, Zip  
Phone • Fax  
[www.yourwebsite.com](http://www.yourwebsite.com)

# 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"> <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> | <p><b>80% of all Medicare "approved" charges after the required Medicare Deductible of <b>\$183</b> a Year</b></p> | <p><b>\$0</b><br/>Part B<br/>ANNUAL<br/>DEDUCTIBLE</p>           | <p><b>\$183</b></p> |
|   |  | <p><b>20%</b><br/>OF MEDICARE<br/>APPROVED<br/>CHARGES</p>       | <p><b>\$0</b></p>   |
|   |  | <p><b>100%</b><br/>OF MEDICARE<br/>Part B<br/>EXCESS CHARGES</p> | <p><b>\$0</b></p>   |

Would you like us to customize this document with your info?  
Just call New Horizons Insurance Marketing at 888-780-7676.



**Your Name**  
Street Address  
City, State, Zip  
Phone • Fax  
www.yourwebsite.com

# 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"> <li>• Doctors visits and treatments</li> <li>• Surgeon and anesthetist 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 &amp; Bone Density Screening</li> <li>• Prostate Screening</li> </ul> |            | <p><b>80% of all</b><br/> <b>Medicare "approved" charges</b><br/> <b>after the required</b><br/> <b>Medicare Deductible of</b><br/> <b>\$183</b><br/> <b>Per Year</b></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      |
| <b>\$183</b><br>Part B<br>ANNUAL<br>DEDUCTIBLE   | <b>\$0</b> | <b>\$0</b><br>Part B<br>ANNUAL<br>DEDUCTIBLE  | <b>\$183</b> |
| <b>20%</b><br>OF MEDICARE<br>APPROVED CHARGES  | <b>\$0</b> | <b>20%</b><br>OF MEDICARE<br>APPROVED CHARGES   | <b>\$0</b>   |
| <b>100%</b><br>OF MEDICARE<br>Part B<br>EXCESS CHARGES   | <b>\$0</b> | <b>100%</b><br>OF MEDICARE<br>Part B<br>EXCESS CHARGES  | <b>\$0</b>   |



New Horizons Insurance Marketing is a national marketing organization serving the independent insurance agent whose specialty is the senior market. We help support your entrepreneurial spirit and drive to succeed with a suite of smart, effective tools, proven programs, and marketing innovations.

Find out more at

<http://www.newhorizonsmktg.com>

Would you like us to customize this document with *your* info?

Just call us at **888-780-7676**.

Share this document!



Medicare  
Supplement  
Insurance

Life Insurance

Annuities

Long Term Care  
Insurance

Short Term Care  
Insurance

Recovery Care  
Insurance

Cancer Care  
Insurance

Dental, Vision &  
Hearing Insurance

Technology &  
Marketing Services