

Medicare Advantage Cost-Sharing Examples

This chart highlights examples of the premium and cost-sharing structure of select Medicare Advantage (MA) plans for certain Medicare Part B covered services.
The information is being provided for illustrative purposes only.

Benefit Category	Medicare	Plan 1 – HMO Florida	Plan 2 – HMO #1 Pennsylvania	Plan 3 – HMO #2 Pennsylvania	Plan 4 – HMO Texas	Plan 5 – HMO California	Plan 6 – HMO New York
Premiums¹	\$96.40 monthly premium ²	Part B premium + \$0 monthly plan premium	Part B premium + \$30 monthly plan premium	Part B premium + \$0 monthly plan premium	Part B premium + \$0 monthly plan premium	Part B premium + \$0 monthly plan premium	Part B premium + \$0 monthly plan premium
Out-of-Pocket Limit	None	\$5,000 out-of-pocket limit	\$3,400 out-of-pocket limit	\$3,000 out-of-pocket limit	\$3,400 out-of-pocket limit	\$3,400 out-of-pocket limit	\$3,400 out-of-pocket limit
Doctor Office Visits	20% coinsurance	\$0 copay at a primary care doctor's office \$20 copay at a specialist's office \$20 copay at an immediate care facility	\$10 copay for each primary care doctor visit \$50 copay for each in-area, network urgent care visit \$30 copay for each specialist visit	\$10 copay for each primary care doctor visit \$50 copay for each in-area, network urgent care visit \$25 copay for each specialist visit	\$5 copay for each primary care doctor visit \$25 copay for each in-area, network urgent care visit \$30 copay for each specialist visit	\$8 copay for each primary care doctor visit \$10 copay for each in area, network urgent care visit \$10 copay for each specialist visit	\$15 copay for each primary care doctor visit \$25 copay for each in-area, network urgent care visit \$25 copay for each specialist visit
Outpatient Service Surgery	20% coinsurance for the doctor Specified copay for outpatient hospital facility charges	\$100 copay for advanced imaging (e.g., MRI, MRA, CT Scan, and PET services)	\$150 copay for each ambulatory surgical center visit \$150 copay for each outpatient	10% of the cost for each ambulatory surgical center visit 10% of the cost for each outpatient	\$200 copay for each ambulatory surgical center visit \$300 copay for each outpatient	\$50 copay for each ambulatory surgical center visit \$100 copay for each outpatient	\$150 copay for each ambulatory surgical center visit \$150 copay for each outpatient

¹ Standard monthly premiums for MA coverage is in addition to monthly Medicare Part B premium.

² Note: Some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).

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	<ul style="list-style-type: none"> Copay cannot exceed Part A inpatient hospital deductible <p>20% coinsurance for ambulatory surgical center facility charges</p>	<p>\$75 copay for observation</p> <p>\$25 copay for lab services</p> <p>\$100 copay for nuclear medicine</p> <p>\$25 copay for radiation therapy charges</p> <p>20% of the cost for renal dialysis</p> <p>\$125 copay for surgical services</p> <p>\$25 copay for wound care / hyperbaric oxygen treatment</p> <p>20% of the cost for chemotherapy</p> <p>\$50 copay for all other services</p>	hospital facility visit	hospital facility visit	hospital facility visit	hospital facility visit	hospital facility visit
Lab Services	\$0 copay	<p>\$0 copay at a primary care doctor's office</p> <p>\$20 copay at a</p>	\$0 to \$20 copay	0% to 10% of the cost	\$0 copay	\$0 copay	\$25 copay

Benefit Category	Medicare	Plan 1 – HMO Florida	Plan 2 – HMO #1 Pennsylvania	Plan 3 – HMO #2 Pennsylvania	Plan 4 – HMO Texas	Plan 5 – HMO California	Plan 6 – HMO New York
		specialist's office \$0 copay at a freestanding lab \$25 copay at a hospital facility (as an outpatient) \$20 copay at an immediate care facility					
Diagnostic Procedures / Tests	20% coinsurance	\$0 copay at a primary care doctor's office \$20 copay at a specialist's office \$25 copay at a hospital facility (as an outpatient) \$20 copay at an immediate care facility	\$0 to \$20 copay <i>Note: If the doctor provides services in addition to outpatient diagnostic procedures, tests and lab services, separate cost sharing of \$10 to \$30 may apply</i>	0% to 10% of the cost <i>Note: If the doctor provides services in addition to outpatient diagnostic procedures, tests and lab services, separate cost sharing of \$10 to \$25 may apply</i>	\$0 to \$150 copay <i>Note: Separate office visit cost sharing of \$5 to \$30 may apply for outpatient diagnostic procedures, tests and lab services</i>	\$0 copay	\$25 copay for diagnostic procedures and tests <i>Note: If the doctor provides services in addition to outpatient diagnostic procedures, tests and lab services, separate cost sharing of \$15 to \$25 may apply</i>
X-Rays	20% coinsurance	\$0 copay at a primary care doctor's office	\$40 to \$100 copay	10% of the cost	\$0 copay	\$0 copay	\$25 copay

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		\$20 copay at a specialist's office \$0 copay at a freestanding radiology facility \$50 copay at a hospital facility (as an outpatient) \$20 copay at an immediate care facility					
Outpatient Diagnostic Radiology Services (Not Including X-Rays)	20% coinsurance	For diagnostic radiology services: \$0 copay at a primary care doctor's office \$20 copay at a specialist's office \$0 copay at a freestanding radiology facility \$50 copay at a hospital facility (as an outpatient) \$20 copay at an	\$40 to \$100 copay <i>Notes: If the doctor provides services in addition to outpatient diagnostic radiology services, separate cost sharing of \$10 to \$30 may apply</i>	10% of the cost <i>Note: If the doctor provides services in addition to outpatient diagnostic radiology services, separate cost sharing of \$10 to \$25 may apply</i>	\$0 to \$150 copay <i>Note: Separate office visit cost sharing of \$5 to \$30 may apply for outpatient diagnostic radiological services</i>	\$0 to \$200 copay	\$100 copay <i>Note: If the doctor provides services in addition to outpatient diagnostic radiology services, separate cost sharing of \$15 to \$25 may apply</i>

Benefit Category	Medicare	Plan 1 – HMO Florida	Plan 2 – HMO #1 Pennsylvania	Plan 3 – HMO #2 Pennsylvania	Plan 4 – HMO Texas	Plan 5 – HMO California	Plan 6 – HMO New York
		<p>immediate care facility</p> <p>For advanced imaging (MRI, MRA, PET, or CT Scan) services:</p> <p>\$75 copay at a primary care doctor's office</p> <p>\$75 copay at a specialist's office</p> <p>\$50 copay at a freestanding radiology facility</p> <p>\$100 copay at a hospital facility (as an outpatient)</p> <p>For nuclear medicine services:</p> <p>\$25 copay at a freestanding radiology facility</p> <p>\$100 copay at a hospital facility (as an outpatient)</p>					

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<i>Durable Medical Equipment (DME)</i>	20% coinsurance	20% of the cost for power-operated vehicles (electric wheelchairs, customized wheelchairs, and scooters), liquid oxygen systems, voice boxes, bone growth stimulators, wearable cardioverter defibrillators, high-frequency chest wall oscillation devices, and insulin pumps \$0 for all other DME	0% to 20% of the cost	\$0 copay	10% of the cost	20% of the cost	20% of the cost
<i>Chiropractic Services</i>	20% coinsurance	\$20 copay	\$10 copay	\$10 copay	\$30 copay	\$10 copay	\$20 copay
<i>Podiatry Services</i>	20% coinsurance	\$20 copay \$20 copay for each routine visit	\$30 copay	10% of the cost	\$30 copay	\$10 copay \$10 copay for up to 1 routine visit	\$0 copay \$0 copay for up to 4 supplemental routine visit(s)

Benefit Category	Medicare	Plan 1 – HMO Florida	Plan 2 – HMO #1 Pennsylvania	Plan 3 – HMO #2 Pennsylvania	Plan 4 – HMO Texas	Plan 5 – HMO California	Plan 6 – HMO New York
Outpatient Rehabilitation Services (e.g., OT, PT, ST, etc.)	20% coinsurance	<p>\$20 copay at a specialist's office for all therapy and rehabilitation services</p> <p>\$20 copay at a Comprehensive Outpatient Rehabilitation Facility for audiology, occupational, physical, and speech therapy services</p> <p>\$50 copay at a hospital facility as an outpatient for audiology, occupational, physical and speech therapy services</p> <p>\$50 copay at a hospital facility as an outpatient for cardiac rehabilitation services</p> <p>\$50 copay at a</p>	<p>\$30 copay for Occupational Therapy visits</p> <p>\$30 copay for Physical and/or Speech and Language Therapy visits</p>	<p>10% of the cost for Occupational Therapy visits</p> <p>10% of the cost for Physical and/or Speech and Language Therapy visits</p>	<p>\$30 copay for Occupational Therapy visits</p> <p>\$30 copay for Physical and/or Speech and Language Therapy visits</p> <p>\$30 copay for Cardiac Rehab services</p>	<p>\$0 copay for Occupational Therapy visits</p> <p>\$0 copay for Physical and/or Speech and Language Therapy visits</p> <p>\$0 copay for Cardiac Rehab services</p>	<p>\$25 copay for Occupational Therapy visits</p> <p>\$25 copay for Physical and/or Speech and Language Therapy visits</p>

Benefit Category	Medicare	Plan 1 – HMO Florida	Plan 2 – HMO #1 Pennsylvania	Plan 3 – HMO #2 Pennsylvania	Plan 4 – HMO Texas	Plan 5 – HMO California	Plan 6 – HMO New York
		hospital facility as an outpatient for respiratory therapy services					
<i>Prosthetic Devices</i>	20% coinsurance	\$0 copay	20% of the cost	\$0 copay	10% of the cost	20% of the cost	20% of the cost