



PRICE SERVICES GROUP L.L.C.™
WHERE YOU MATTER

2026

Medicare Coverages & Costs: Medicare Supplemental Coverage

Kayla Price

Price Services Group, L.L.C.

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2026 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
1 – 60 days	Most confinement costs after patient pays the Medicare deductible of \$1,736	\$1,736 PART A DEDUCTIBLE	\$0
61 – 90 days	All eligible expenses after patient pays a daily copay of \$434	\$434 PER DAY	\$0
91 – 150 days	All eligible expenses after patient pays \$868 (lifetime reserve days)	\$868 PER DAY	\$0
151 days or more	NOTHING	100% FOR 365 ADDITIONAL DAYS	\$0
Must be at hospital at least 3 days and enter a Medicare approved skilled nursing discharge.	All eligible expenses for the first 20 days; then for days \$217 per day	\$217 PER DAY	\$0



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2026 MEDICARE PART **B**

Part B is **Medical Insurance** and covers **physician services**, outpatient care, tests and supp-

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan F Pays	You Pay
• Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Lab tests, diagnostic tests • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear and Bone Density	80% of all Medicare "approved" charges after the required Medicare Deductible of \$283 a Year	\$283 Part B ANNUAL DEDUCTIBLE	\$0
		20% OF MEDICARE APPROVED CHARGES	\$0
		100% OF MEDICARE PART B EXCESS CHARGES	\$0



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On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan G Pays	You Pay
• Doctors visits and treatments • Surgeon and anesthesiologist fees • Physical and speech therapy • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRTs 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 283 a Year	\$0 PART B ANNUAL DEDUCTIBLE	\$283
		20% OF MEDICARE APPROVED CHARGES	\$0
		100% OF MEDICARE PART B EXCESS CHARGES	\$0



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

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan N Pays	You Pay
• 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 Scanning	80% of all Medicare "approved" charges after the required Medicare Deductible of \$283 a Year	\$0 Part B ANNUAL DEDUCTIBLE	\$283
		20% OF MEDICARE APPROVED CHARGES After Copay	Up to \$20 Copay for Office Visits (\$50 for ER)
		\$0 OF MEDICARE Part B EXCESS CHARGES	All MEDICARE Part B EXCESS CHARGES
		\$0 OF MEDICARE Part B EXCHANGE	All MEDICARE Part B EXCESS CHARGES



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On Expenses Incurred For:		Medicare Covers	
• 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 \$283 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
\$283 Part B ANNUAL DEDUCTIBLE	\$0	\$0 Part B ANNUAL DEDUCTIBLE	\$283 Part B ANNUAL DEDUCTIBLE
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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On Expenses Incurred For:		Medicare Covers	
- 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 \$283 Per Year	
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
\$0 Part B ANNUAL DEDUCTIBLE	\$283 Part B ANNUAL DEDUCTIBLE	\$0 Part B ANNUAL DEDUCTIBLE	\$283 Part B ANNUAL DEDUCTIBLE
20% OF MEDICARE APPROVED CHARGES	\$0	20% OF MEDICARE APPROVED CHARGES After Copay	Up to \$20 Copay for Office Visits (\$50 for ER)
100% OF MEDICARE Part B EXCESS CHARGES	\$0	\$0 OF MEDICARE Part B EXCESS CHARGES	All OF MEDICARE Part B EXCESS CHARGES



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