What Does Medicare Part B Cover?

Medically reviewed by Shilpa Amin, M.D., CAQ, FAAFP — By Corey Whelan — Updated on November 19, 2021

What it covers Eligibility Exceptions Cost Enrollment Compared to other plans Takeaway

- **Medicare Part B covers medical expenses like doctor's visits, diagnostic tests, and other outpatient care.**
- **Part B also covers preventative care.**
- **In 2022, most people will pay a monthly premium of $170.10 for Medicare part B.**
- **If you made above $91,000 individually or $182,000 as a couple in 2020, then you will pay a higher premium based on the income you reported on your 2020 tax returns.**

Medicare's alphabet soup of parts can be confusing. To simplify the process, we've compiled up-to-the-minute information on what Medicare Part B covers, as well as costs, enrollment, and eligibility requirements you should know.

In a nutshell, Medicare Part B covers outpatient care, including medically necessary services you need to treat a medical disease or condition. It also covers preventive care such as screenings, certain vaccines, and mental health counseling.

With Part B, you can stay on top of your annual checkups and wellness visits, plus benefit from services such as flu shots that may keep you from getting sick in the first place.

If Medicare seems daunting to you, you're not alone. The information about Medicare Part B in this article will make it easier

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What does Medicare Part B cover?

Medicare Part B covers 80 percent of the Medicare-approved costs of certain services. Most, though not all, of these services are administered on an outpatient basis. This means you don't receive them as a patient in a hospital.

There are some exceptions to this, such as emergency room visits and the services you receive there, even if you're later admitted to a hospital.

In order to get coverage, your care must be administered by a Medicare-approved supplier, such as an MD, DO, NP, or other medical professionals.

Services that Medicare Part B covers include:

- most doctors' visits that are medically necessary or preventive, provided that they're from a Medicare-approved supplier
- medically necessary outpatient hospital care, such as emergency room services and some same-day surgical procedures
- some vaccines, such as an annual flu shot and the pneumonia shot (Medicare Part D covers the shingles vaccine)
- hepatitis B vaccine, if you're at medium or high risk for hepatitis B

- screenings and tests for conditions including:
  - hepatitis C
  - glaucoma
  - diabetes
  - depression
  - heart disease
  - alcohol misuse
  - sexually transmitted infections (STIs)
  - lung cancer and other cancers
- colonoscopy
- preventive mammograms for women
- diagnostic mammograms for women and men
- Pap smears
- smoking cessation counseling
- durable medical equipment, such as oxygen tanks
- some home health services
- emergency transportation services, such as an ambulance
- some nonemergency transportation services, provided that there's no safe alternative
- laboratory tests, such as blood tests
- X-rays
- mental health services
- chiropractic care for spinal subluxation
- certain prescription medications, such as those administered intravenously or by a physician

What is the eligibility for Medicare Part B?

In order to be eligible for Medicare Part B, you must be at least 65 years old. You must also be a U.S. citizen or a permanent U.S. resident living in the United States for at least 5 consecutive years.

What are the exceptions to the eligibility rules for Medicare Part B?

Being age 65 or older isn't always a requirement for Medicare Part B coverage.

You're eligible for Medicare Part B if you are under age 65 and have received either Social Security disability benefits or railroad retirement board disability benefits for a period of at least 24 months.

People with end stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS) are also eligible for Medicare Part B regardless of their age.

How much does Medicare Part B cost?

In 2022, Medicare Part B has an out-of-pocket annual deductible of $233 which must be met before medically necessary services will be covered.

In addition to the annual deductible, you'll pay a monthly premium. The standard monthly premium for Medicare Part B in 2022 is $170.10.

If you're still working and have an annual income of more than $91,000, your monthly premium may be higher. If you're married and you and your spouse have an annual income of more than $182,000, your monthly premium may be higher.

When can you enroll in Medicare Part B?

You can sign up for Medicare Part B during the 7-month period that begins 3 months before your 65th birthday and 3 three months after that birthday.

If you have ALS, you may enroll in Medicare as soon as your Social Security disability insurance (SSDI) goes into effect.

If you have ESRD, you can enroll for Medicare starting on the first day of your fourth month of dialysis. If you do home dialysis, you don't have to wait 4 months and can apply immediately.

You may also apply immediately for Medicare if you're hospitalized for a kidney transplant.

How does Medicare part B compare with other plans?

Your choice of plan will depend on your individual needs.

You can decide to get an Advantage plan (Medicare Part C) instead of Medicare parts A, B, and D if you choose.

Medicare Advantage plans vary both from Medicare Part B and from each other. They may have different costs, rules, and restrictions associated with them.

For example, some Medicare Advantage plans restrict the doctors you can see to an in-network group. Medicare Part B may have a larger pool of doctors for you to choose from.

Medicare Advantage plans are required to cover at least as much as Medicare parts A and B. Some cover additional services, such as dental, hearing, and vision care.

Keep in mind that you're not obligated to remain with your Medicare plan choice if you find that it doesn't suit you, if your needs change, or for any reason.

You can opt for a different Medicare plan during open enrollment periods annually (October 15 to December 7). This will allow you to shift from original Medicare (parts A and B) to a Medicare Advantage plan or vice versa.

During open enrollment periods, you can also add services such as Medicare Part D (prescription drug coverage) and Medicare supplemental insurance plans (Medigap).

Important Medicare deadlines

- **Initial enrollment.** You can get Medicare as you approach your 65th birthday during a 7-month period that starts 3 months before you turn 65 and ends 3 months afterwards. If you're currently working, you can get Medicare within an 8-month period after retirement or after opting out of your employer's group health insurance plan and still avoid penalties. You can also enroll for a Medigap plan any time during the 6-month period that begins with your 65th birthday.
- **General enrollment.** For those who miss initial enrollment, there's still time to sign up for Medicare from January 1 through March 31 each year. However, you may be charged with an ongoing late-enrollment penalty if you choose this option. During this period, you can also change or drop your existing Medicare plan or add a Medigap plan.
- **Open enrollment.** You can change your current plan any time from October 15 through December 7 annually.
- **Enrollment for Medicare add-ons.** From April 1 through June 30 you may add Medicare Part D prescription drug coverage to your current Medicare coverage.

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The takeaway

- Medicare Part B covers outpatient care, such as doctor visits.
- Part B includes medically necessary care and preventive care.
- You will pay an annual deductible and monthly premium for Medicare Part B.

Medicare plan options and costs are subject to change each year.

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