

# Original Medicare Cost Share Information

Premiums	Original Medicare
<b>Monthly Plan Premium</b>	Medicare Part A & B premium if not otherwise paid for under Medicaid or by another third party.
<b>Medical Deductible</b>	In 2026, the Part B Deductible is: \$283
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	There is no limit to how much you will pay for covered services.

Benefits	Original Medicare
<b>Inpatient Hospital Coverage</b>	In 2026 the amounts for each benefit period are: <ul style="list-style-type: none"> <li>• \$1,736 deductible for days 1 through 60</li> <li>• \$434 copay per day for days 61 through 90</li> <li>• \$868 copay each day for days 91 to 150 (lifetime reserve days)</li> </ul> Covers 90 days for an inpatient hospital stay.
<b>Doctor Visits</b> Primary	20% of the cost per visit
Specialists	20% of the cost per visit
<b>Preventive Care</b>	\$0 copay
<b>Emergency Care</b>	20% of the cost  If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for certain services.  If you are treated in a hospital emergency room and then admitted as a hospital inpatient during the same visit, you do not need to pay cost sharing on the hospital bill for the ER visit. But you are responsible for cost sharing on the physician services during both the ER and the inpatient stay. (And also responsible for the inpatient deductible.)
<b>Urgently Needed Services</b>	20% of the cost per visit
<b>Diagnostic Tests, Lab and Radiology Services, and X-rays</b> (Costs for these services may be different if received in an outpatient surgery setting) Diagnostic radiology services (e.g. MRI)	20% of the cost

Benefits	Original Medicare
Lab services	\$0 copay
Diagnostic tests and procedures	20% of the cost
Therapeutic Radiology	20% of the cost
Outpatient X-rays	20% of the cost
<b>Hearing Services</b> Exam to diagnose and treat hearing and balance issues	20% of the cost
<b>Dental Services</b>	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 20% of the cost
<b>Vision Care</b> Exam to diagnose and treat diseases and conditions of the eye	20% of the cost
Eyewear after cataract surgery	20% of the cost
<b>Mental Health Care</b> Inpatient visit	In 2026 the amounts for each benefit period are: <ul style="list-style-type: none"> <li>• \$1,736 deductible for days 1 through 60</li> <li>• \$434 copay per day for days 61 through 90</li> <li>• \$868 copay each day for days 91 to 150 (lifetime reserve days)</li> </ul> Covers 90 days for an inpatient hospital stay.
Outpatient group therapy visit	20% of the cost
Outpatient individual therapy visit	20% of the cost
<b>Skilled Nursing Facility (SNF)</b> (Stay must meet Medicare coverage criteria)	In 2026 the amounts for each benefit period are: <ul style="list-style-type: none"> <li>• You pay nothing for days 1 through 20</li> <li>• \$217 copay per day for days 21 through 100</li> </ul> Covers up to 100 days in a SNF as long as you previously stayed in a hospital for 3 days.
<b>Rehabilitation Services</b> Occupational therapy visit	20% of the cost
Physical therapy and speech and language therapy visit	20% of the cost
<b>Ambulance</b>	20% of the cost

Benefits	Original Medicare
<b>Routine Transportation</b>	Not Covered
<b>Foot Care (podiatry services)</b> Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	20% of the cost
<b>Medical Equipment/Supplies</b> Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% of the cost
Prosthetics (e.g., braces, artificial limbs)	20% of the cost
<b>Wellness Programs</b>	Not Covered
<b>Medicare Part B Drugs</b> Most Part B drugs	20% of the cost
<b>Outpatient Surgery</b> Ambulatory surgical center	20% of the cost
Outpatient hospital	20% of the cost



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711).