

What do I pay?

Your out-of-pocket costs in a Medicare Advantage Plan depend on:

- Whether the plan charges a monthly **premium** in addition to your monthly Part B premium.
- Whether the plan pays any of your monthly Part B premium.
- Whether the plan has a yearly **deductible** or any additional deductibles for certain services.
- How much you pay for each visit or service (**copayments** or **coinsurance**).
- The type of health care services you need and how often you get them.
- Whether you go to a doctor or supplier who accepts **assignment** (if you're in a Preferred Provider Organization, Private Fee-for-Service Plan, or Medical Savings Account Plan and you go out-of-network). See pages 70–71 for more information about assignment.
- Whether you follow the plan's rules, like using network providers.
- Whether you need extra benefits and if the plan charges for them.
- The plan's yearly limit on your out-of-pocket costs for all medical services. Once you reach this limit, you'll pay nothing for covered services.
- Whether you have Medicaid or get help from your state.

To learn more about your costs in specific Medicare Advantage Plans, visit [Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan). You can also call 1-800-MEDICARE (1-800-633-4227). **TTY** users should call 1-877-486-2048.