What is your Medicare Advantage plan’s Out-of-pocket maximum and how does it work?

Think of your medical out-of-pocket max as a big bucket

Every time you spend your own money on covered medical services or care, it goes into the bucket.

What services does it include?
Almost all your doctor visits and hospital stays, but not prescription drug costs or monthly premiums.

Out-of-pocket max

Once the bucket is full, you’ve hit your out-of-pocket maximum.

Now your health plan covers the cost of any Medicare-covered doctor visit or medical service you need in full.

HERE’S AN EXAMPLE

William has a $10,000 surgery scheduled in October.

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<tr>
<th>Month</th>
<th>Service</th>
<th>Cost</th>
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His medical out-of-pocket maximum is $4,000. Since the beginning of his plan year, he’s spent $3,000 on medical care. That leaves him with $1,000 left to spend until he reaches his spending limit.

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That means William will only pay $1,000 for his surgery and his plan will cover the rest.