



Medicare Part B: Doctors, Outpatient Care and Medical Equipment

If Part A is principally hospital insurance, **Medicare Part B is medical insurance**. It covers many of the services retirees use routinely: physicians, specialists, outpatient treatment, diagnostic testing, durable medical equipment and preventive services.

Part B is also where people first encounter one of Original Medicare's most important characteristics: Medicare usually pays most of an approved outpatient charge, but not necessarily all of it.

Part B Covers Much of Everyday Medical Care

Part B covers medically necessary services from doctors and other healthcare providers, outpatient hospital care, ambulance services under qualifying circumstances, laboratory tests, mental health services and durable medical equipment such as walkers and wheelchairs when Medicare's requirements are satisfied.

It also covers numerous preventive services, including certain screenings and vaccines. Coverage rules can differ by service, however, so "preventive" doesn't automatically mean every test or examination someone wants will be free.

Premiums and Deductibles Come First

In 2026, the standard Medicare Part B premium is **\$202.90 per month**, although higher-income beneficiaries can pay more. The annual Part B deductible is **\$283**.

After the deductible is met, under Original Medicare you commonly pay **20 percent of the Medicare-approved amount** for covered Part B services. Medicare generally pays the remaining 80 percent when the provider accepts assignment.

Twenty Percent Can Become a Large Number

Twenty percent of an ordinary doctor's appointment may be manageable. Twenty percent of a long series of expensive outpatient treatments can become a very different financial matter.

Original Medicare has **no annual out-of-pocket maximum** for Parts A and B. That's one reason many beneficiaries have additional coverage through Medigap, an employer or retiree plan, Medicaid, or—in the case of eligible military retirees—TRICARE For Life.

Ask Whether Medicare Covers the Service

A doctor's recommendation and Medicare coverage are two separate questions. A treatment can be medically useful without satisfying Medicare's particular coverage requirements.

When you're uncertain about an expensive non-emergency service, asking whether Medicare covers that specific service—and what your share will be—can prevent an unpleasant surprise when the bill arrives.