

Part A Hospital Insurance – Covered Services							
SERVICE	MEDICARE PAYS	PLAN B PAYS	PLAN C PAYS	PLAN D PAYS	PLAN F PAYS	PLAN L PAYS	PLAN N PAYS
Hospitalization Semiprivate room and board. General nursing and miscellaneous hospital services and supplies. Network Hospital – First 60 days Non-Network Hospital – First 60 days 61 st to 90 th day 91 st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days – Beyond the additional 365 days	All but \$1,156 (Part A deductible) All but \$1,156 (Part A deductible) All but \$289 a day All but \$578 a day \$0 \$0	\$1,156 (Part A deductible) \$0 \$289 a day \$578 a day 100% of Medicare-eligible expenses \$0	\$1,156 (Part A deductible) \$0 \$289 a day \$578 a day 100% of Medicare-eligible expenses \$0	\$1,156 (Part A deductible) \$0 \$289 a day \$578 a day 100% of Medicare-eligible expenses \$0	\$1,156 (Part A deductible) \$0 \$289 a day \$578 a day 100% of Medicare-eligible expenses \$0	\$867 (75% of the Part A deductible) \$0 \$289 a day \$578 a day 100% of Medicare-eligible expenses \$0	\$1,156 (Part A deductible) \$0 \$289 a day \$578 a day 100% of Medicare-eligible expenses \$0
Skilled Nursing Care Medicare must approve the facility and you must have been in the hospital at least three days First 20 days 21 st through 100 th day 101 st day and after	All approved amounts All but \$144.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$144.50 a day \$0	\$0 Up to \$144.50 a day \$0	\$0 Up to \$144.50 a day \$0	\$0 Up to \$108.38 a day \$0	\$0 Up to \$144.50 a day \$0
Blood First three pints Additional Amounts	\$0 100%	Three pints \$0	Three pints \$0	Three pints \$0	Three Pints \$0	75% of first Three pints \$0	Three pints \$0
Hospice Care Must be terminally ill	All but very limited copayment/coinsurance for outpatient drugs and respite care	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	75% of the Medicare copayment/coinsurance	Medicare copayment/coinsurance

Part B Medical Insurance – Covered Services

SERVICE	MEDICARE PAYS	PLAN B PAYS	PLAN C PAYS	PLAN D PAYS	PLAN F PAYS	PLAN L PAYS	PLAN N PAYS
<p>Medical Expenses Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: – First \$140 of Medicare-approved amounts (the Part B deductible) – Preventive Benefits for Medicare-covered services – Remainder of Medicare-approved amounts</p>	<p>\$0 Generally 80% or more of Medicare-approved amounts Generally 80%</p>	<p>\$0 20% 20%</p>	<p>\$140 (Part B deductible) 20% 20%</p>	<p>\$0 20% 20%</p>	<p>\$140 (Part B deductible) 20% 20%</p>	<p>\$0 15% 15%</p>	<p>\$0 20% Balance of the Medicare-approved amount after a \$20 copayment for office visits. Balance of the Medicare-approved amount after a \$50 copayment for emergency room visits. The emergency room copayment is waived if you are admitted to the hospital and the emergency visit is covered as a Medicare Part A expense.</p>
<p>Part B Excess Charges Above Medicare-approved amounts</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

Part B Medical Insurance – Covered Services							
SERVICE	MEDICARE PAYS	PLAN B PAYS	PLAN C PAYS	PLAN D PAYS	PLAN F PAYS	PLAN L PAYS	PLAN N PAYS
Blood First three pints Next \$140 of Medicare-approved amounts (Part B deductible) Remainder of Medicare-approved amounts	\$0 \$0 Generally 80%	All costs \$0 20%	All costs \$140 (Part B deductible) 20%	All costs \$0 20%	All costs \$140 (Part B deductible) 20%	75% of first three pints \$0 15%	All costs \$0 20%
Clinical Laboratory Services Tests for diagnostic services	100%	\$0	\$0	\$0	\$0	\$0	\$0
Medicare Part A & B – Covered Services							
Home Healthcare Medicare-Approved Services Medically necessary skilled care services and medical supplies Durable Medical equipment: - First \$140 of Medicare-approved amounts (Part B deductible) - Remainder of Medicare-approved amounts	100% \$0 Generally 80%	\$0 \$0 20%	\$0 \$140 (Part B deductible) 20%	\$0 \$0 20%	\$0 \$140 (Part B deductible) 20%	\$0 \$0 15%	\$0 \$0 20%
Other Services – Not Covered by Medicare							
Foreign Travel Medically necessary emergency services during the first 60 days of each trip outside the USA: - First \$250 each calendar year - Remainder of charges	\$0 \$0	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$0 80% to a lifetime maximum benefit of \$50,000	\$0 80% to a lifetime maximum benefit of \$50,000	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000
Out-of-Pocket Maximum							
	NA	NA	NA	NA	NA	\$2,330	NA

*You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2,330 each calendar year. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called “Excess Charges”) and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**