

FIND THE BEST PLAN FOR YOU

	Medicare Pays	Plan A Pays	Plan F Pays	Plan G Pays	Plan N Pays
Medicare Part A Hospital Coverage*					
First 60 days	All but \$ 1,316	--	\$1,316 (Part A Deductible)	\$1,316 (Part A Deductible)	\$1,316 (Part A Deductible)
Coinsurance 61-90 days	All but \$329	Up to \$329	Up to \$329	Up to \$329	Up to \$329
Coinsurance 91-150 days	All but \$(658	Up to \$658	Up to \$658	Up to \$658	Up to \$658
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	--	100% of Eligible Expenses	100% of Eligible Expenses	100% of Eligible Expenses	100% of Eligible Expenses
Benefit for Blood First Three Pints	\$0	Three Pints	Three Pints	Three Pints	Three Pints
Additional Amounts	100%	--	--	--	--
Hospice Care	All but very limited co-payment/ coinsurance for outpatient drugs & inpatient respite care	Medicare co-payment/ coinsurance	Medicare co-payment/ coinsurance	Medicare co-payment/ coinsurance	Medicare co-payment/ coinsurance
Skilled Nursing Facility Care*					
First 20 Days	100%	--	--	--	--
Coinsurance 21 - 100 Days	All but \$164.50 a day	--	Up to \$164.50	Up to \$164.50	Up to \$164.50
Medicare Part B Physician Services and Supplies*					
Part B Deductible	--	--	\$183	--	--
Coinsurance	Generally 80%	Generally 20%	Generally 20%	Generally 20%	Up to \$20 co-payment for office visit Up to \$50 co-payment for ER
Excess Benefits	--	--	100% up to Medicare's Limit	100% up to Medicare's Limit	--
Benefit for Blood First Three Pints	\$0	Three pints	Three Pints	Three Pints	Three Pints
Additional Amounts	100%	--	--	--	--
Additional Benefits*					
Emergency Care Received Outside the U.S.	--	--	Up to \$50,000	Up to \$50,000	Up to \$50,000

* Please see your Outline of Coverage for complete details.

	Plan A Premium	Plan F Premium	Plan G Premium	Plan N Premium
	\$ _____	\$ _____	\$ _____	\$ _____