



Medicare (Part A) Hospital Services — Per Benefit Period*

SERVICES	MEDICARE PAYS	PLAN B PAYS	YOU PAY
Hospitalization*			
Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1100	\$1100 (Part A deductible)	\$0
61st through 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$137.50 a day	\$0	Up to \$137.50 a day
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Plan B — Medicare (Part B) Medical Services — Per Calendar Year*

SERVICES	MEDICARE PAYS	PLAN B PAYS	YOU PAY
Medical Expenses			
In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (Part B deductible)
Preventive benefits for Medicare-covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	\$0**
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Blood tests for diagnostic services	100%	\$0	\$0

Medicare (Parts A and B)

SERVICES	MEDICARE PAYS	PLAN B PAYS	YOU PAY
Home Health Care			
Medicare-approved services Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment: • First \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (Part B deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0

* Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**\$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.