

Plan F

Medicare (Part A) hospital services – per benefit period

Services	Medicare pays	Plan F pays	With Plan F you pay
Hospitalization³ – Semi-private room and board, general nursing, subacute care, and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	-0-
61 st through 90 th day	All but \$267 a day	\$267 a day	-0-
91 st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 a day	-0-
Once lifetime reserve days are used			
• Additional 365 days	-0-	100% of Medicare-eligible expenses	-0 ⁴ -
• Beyond the additional 365 days	-0-	-0-	All costs
Skilled nursing facility/subacute care³ – 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-
21 st through 100 th day	All but \$133.50 a day	Up to \$133.50 a day	-0-
101 st 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

Plan F

Medicare (Part B) medical services – per calendar year

Services	Medicare pays	Plan F pays	With Plan F you pay
Medical expenses – in or out of the hospital and outpatient 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 \$135 of Medicare-approved amounts ⁵	-0-	\$135 (Part B deductible)	-0-
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	-0-
Part B excess charges (above Medicare-approved amounts)	-0-	100%	-0-
Blood			
First 3 pints	-0-	100%	-0-
Next \$135 of Medicare-approved amounts ⁵	-0-	\$135 (Part B deductible)	-0-
Remainder of Medicare-approved amounts	80%	20%	-0-
Clinical laboratory services			
Blood tests for diagnostic services	100%	-0-	-0-

Plan F

Medicare (Parts A and B) medical services – per calendar year

Services	Medicare pays	Plan F pays	With Plan F you pay
Home health care (Medicare-approved services)			
Medically necessary skilled care services and medical supplies	100%	-0-	-0-
Durable medical equipment: First \$135 of Medicare-approved amounts ⁵	-0-	\$135 (Part B deductible)	-0-
Remainder of Medicare-approved amounts	80%	20%	-0-
At-home recovery services (not covered by Medicare) Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a home-care treatment plan			
Benefit for each visit	-0-	-0-	All costs
Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)	-0-	-0-	All costs
Calendar-year maximum	-0-	-0-	All costs

Other benefits – not covered by Medicare

Services	Medicare pays	Plan F pays	With plan F you pay
Foreign travel (not covered by Medicare) Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States			
First \$250 each calendar year	-0-	-0-	All costs
Remainder of charges	-0-	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum