

Plan F - Medicare Supplement

Medicare helps with health care costs, but Medicare alone may not be enough.

Here's how Medicare Supplement - Plan F works with Medicare to help pay hospital and medical expenses Medicare approves but does not pay:

Medicare Part A - Hospital Expenses (per benefit period)

Benefits	Medicare Pays	Plan F Pays	You Pay ³
Hospital Confinement			
First 60 Days	All but \$1,340	\$1,340 Part A deductible	Nothing
Days 61-90	All but \$335 per day	\$335 per day	Nothing
Days 91-150 (lifetime reserve days)	All but \$670 per day	\$670 per day	Nothing
After Lifetime reserve days are used:			
Additional 365 days lifetime	Nothing	All Costs	Nothing ⁴
Beyond the additional 365 days	Nothing	Nothing	All Costs
Blood			
First three pints (blood deductible)	Nothing	First 3 pints	Nothing
Skilled Nursing Facility			
First 20 days	100% of costs	Nothing	Nothing
Days 21-100	All but \$167.50 per day	\$167.50 per day ¹	Nothing
Beyond 100 days	Nothing	Nothing	All Costs

¹ Medicare only covers approved skilled nursing care in a Medicare approved facility. Facility licensing terminology may vary by state and may not use "skilled nursing facility" terminology (i.e. nursing facility in IA). Plan F Supplement pays the skilled nursing coinsurance for Medicare-approved stays in facilities that are certified to provide Medical skilled care.

² Under federal law, doctors who do not accept assignment can charge up to 115% of the fee schedule amount for nonparticipating physicians. The patient does not have to pay charges that exceed that amount.

³ This is your liability for covered charges. You are responsible for all other noncovered charges.

⁴ When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid for Medicare-covered items or services.

Medicare Part B - Medical Expenses (per calendar year)

Benefits	Medicare Pays	Plan F Pays	You Pay
Physician Services and Other Medical Expenses In or Out of the Hospital First \$183 of Medicare-approved amounts Remainder of Medicare-approved amounts Covered charges in excess of Medicare-approved amounts ² , up to any charge limitations established by state or federal law.	Nothing Generally 80% Nothing	\$183 Part B deductible Generally 20% 100%	Nothing Nothing Nothing
Blood First 3 pints (blood deductible) Additional amounts	Nothing 100%	First 3 pints Nothing	Nothing Nothing
Hospice Care You must meet these requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Nothing

Medicare Parts A and B

Benefits	Medicare Pays	Plan F Pays	You Pay
Home Health Care Medicare Approved Services Covered home care visits and medical supplies Durable medical equipment First \$183 of Medicare-approved amounts (the part B deductible) Remainder of Medicare-approved amounts	100% Nothing 80%	Nothing \$183 Part B deductible 20%	Nothing Nothing Nothing

Plan F Supplement Plan F also pays for these expenses not covered by Medicare:

Benefits	Medicare Pays	Plan F Pays	You Pay
Foreign Travel Medically necessary emergency hospital and medical care beginning during the first 60 days of each trip outside the USA	Nothing	80% of billed charges after \$250 deductible each calendar year, up to \$50,000 lifetime	Balance of Expenses