

Medicare Supplement Plans*

| | Medicare Pays | Plan A MLMSAATX Pays | Plan B MLMSABTX Pays | Plan C MLMSACTX Pays | Plan D MLMSADTX Pays | Plan F MLMSAFTX Pays | Plan G MLMSAGTX Pays | Plan M MLMSAMTX Pays | Plan N MLMSANTX Pays |
|---|--|--|--|--|--|--|--|--|---|
| Medicare Part A Hospital Coverage | | | | | | | | | |
| Deductible | All but \$1,288 | -- | \$1,288 | \$1,288 | \$1,288 | \$1,288 | \$1,288 | 50% of Deductible | \$1,288 |
| First 60 days | 100% | -- | -- | -- | -- | -- | -- | -- | -- |
| Coinsurance 61-90 days | All but \$322 | \$322 | \$322 | \$322 | \$322 | \$322 | \$322 | \$322 | \$322 |
| Coinsurance 91-150 days | All but \$644 | \$644 | \$644 | \$644 | \$644 | \$644 | \$644 | \$644 | \$644 |
| Extended Hospital Coverage (up to an additional 365 days in your lifetime) | -- | Eligible Expenses | Eligible Expenses | Eligible Expenses | Eligible Expenses | Eligible Expenses | Eligible Expenses | Eligible Expenses | Eligible Expenses |
| Benefit for Blood First Three Pints | \$0 | Three Pints | Three Pints | Three Pints | Three Pints. | 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 | 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 \$161 a day | -- | -- | \$161 | \$161 | \$161 | \$161 | \$161 | \$161 |
| Medicare Part B Physician Services and Supplies | | | | | | | | | |
| Deductible | -- | -- | -- | \$166 | -- | \$166 | -- | -- | -- |
| Coinsurance | Generally 80% | Generally 20% | Generally 20% | Generally 20% | Generally 20% | Generally 20% | Generally 20% | Generally 20% | Up to \$20 co-payment for office visit Up to \$50 co-payment for ER |
| Excess Charges | -- | -- | -- | -- | -- | 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 | Three Pints | Three Pints | Three Pints | Three Pints |
| Additional Amounts | 100% | -- | -- | -- | -- | -- | -- | -- | -- |
| Other Benefits | | | | | | | | | |
| Emergency Care Received Outside the U.S. | -- | -- | -- | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 |

*Plans may vary by state, and all Plans may not be available in your state.