Plan F | *Medicare Supplement Insurance Plans*

Medicare Plan F (Part A) – Hospital Services | Per Benefit Period

*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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room & board, general nursing and miscellaneous services and supplies.			
Days 1-60	All but $1,316	$1,316 (Part A deductible)	$0
Days 61-90	All but $329 per day	$329 per day	$0
Days 91-150 (60 lifetime reserve days)	All but $658 per day	$658 per 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.			
Days 1-20	All approved amounts	$0	$0
Days 21-100	All but $164.50 per day	Up to $164.50 per day	$0
Days 101 and beyond	$0	$0	All costs
BLOOD			
First three pints	$0	3 pints	$0
Additional Amounts	100%	$0	$0
HOSPICE CARE			
Must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance/copayment for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, QualChoice 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 for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan F | *Medicare Supplement Insurance Plans*

Medicare Plan F (Part B) – Medical Services | Per Calendar Year

*Once you have been billed $183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar. Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare* at **Medicare.gov**.

SERVICES	MEDICARE PAYS	PLAN 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 $183 of Medicare-Approved Amounts*	$0	$183 (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 three pints	$0	All costs	$0
Next $183 of Medicare-Approved Amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	$0	$0
Parts A & B			
HOME HEALTH CARE — Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment: First $183 of Medicare-Approved Amounts*	$0	$183 (Part B deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
OTHER BENEFITS NOT COVERED BY MEDICARE			
FOREIGN TRAVEL – not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum