

Medicare Supplement: Plan F Details**Part A**

Services	Medicare Pays	This Plan Pays	You Pay
Hospitalization			
First 60 Days	All But \$1288	\$1288 (Part A Deductible)	\$0
61st Through 90th Day	All But \$322 a Day	\$322 a Day	\$0
91st Day and After (60 Reserve Days)	All But \$644 a Day	\$644 a Day	\$0
After Reserve (Additional 365 Days)	\$0	100% of Eligible Expenses	\$0
Beyond the Additional 365 Days	\$0	\$0	All Costs
Skilled Nursing Facility Care			
First 20 Days	All Approved Amounts	\$0	\$0
21st Through 100th Day	All But \$161 a Day	Up to \$161 a Day	\$0
101st Day and After	\$0	\$0	All Costs
Blood			
First Three Pints	\$0	100%	\$0
Additional Amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's 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	\$0

Part B

Services	Medicare Pays	This Plan Pays	You Pay
Medical Expenses			
1st \$166 of Approved Amounts	\$0	\$166 (Part B Deductible)	\$0
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charge	\$0	100%	\$0
Blood			
First Three Pints	\$0	100%	\$0
Next \$166 of Approved Amounts	\$0	\$166 (Plan B Deductible)	\$0
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0
Foreign Travel			
1st \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges up to a lifetime maximum of \$50,000	\$0	80%	20%