

STANDARDIZED MEDICARE SUPPLEMENT PLANS CHART

Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance except up to \$20 copayment for office visit and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency

Out-of pocket limit of \$4,940; paid at 100% after limit reached	Out-of pocket limit of \$2,470; paid at 100% after limit reached
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Basic Benefits

- Part A Hospital
 - › 61-90 days – \$322/day
 - › 91-150 days – \$644/day (lifetime reserve days)
 - › Beyond 150 days – 100% for 365 days
- Parts A and B Blood Deductibles (1st three pints)
- Part B Coinsurance – 20% of Medicare approved charges
- Part A Hospice Care Coinsurance or Copayment

Part A Deductible for 2016 is \$1,288
Skilled Nursing Coinsurance (days 21-100) is \$161/day
Part B Deductible for 2016 is \$166

* F Prime has the same benefits but does not pay until you have met the \$2,180 deductible.