



Part A

Services	Medicare Pays	This Plan Pays (After \$2,200 Deductible)	You Pay (\$2,200+)
Hospitalization			
First 60 Days	All But \$1316	\$1316 (Part A Deductible)	\$0
61st Through 90th Day	All But \$329 a Day	\$329 a Day	\$0
91st Day and After (60 Reserve Days)	All But \$658 a Day	\$658 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 \$164.50 a Day	Up to \$164.50 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			
Must Meet Medicare's Requirements	All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respite care.	Pays Copayments and Coinsurance	\$0

Medicare Life Group (888) 505-3822

Part B

Services	Medicare Pays	This Plan Pays (After \$2,200 Deductible)	You Pay (\$2,200+)
Medical Expenses			
1st \$183 of Approved Amounts	\$0	\$183 (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 \$183 of Approved Amounts	\$0	\$183 (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 during 1st 60 days	\$0	\$0	\$250
Remainder of Charges up to a lifetime maximum of \$50,000	\$0	80%	20%

Medicare Life Group (888) 505-3822