Part A				
Services	Medicare Pays	This Plan Pays (After \$2870 Deductible)	You Pay (\$2870+)	
Hospitalization				
First 60 Days	All But \$1676 (Part A Deductible)		\$0	
61st Through 90th Day	All But \$419 a Day	\$419 a Day	\$0	
91st Day and After (60 Reserve Days)	All But \$838 a Day	\$838 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	A ll But \$209.50 a Day	Up to \$209.50 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, including a doctor's certification of terminal illness	All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respite care.	Pays Copayments and Coinsurance	\$0	
Part B				
Services	Medicare Pays	This Plan Pays (After \$2870 Deductible)	You Pay (\$2870+)	
Medical Expenses				
1st \$257 of Approved Amounts	\$0	\$0	\$257(Unless Part B deductible has been met)	
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0	
Part B Excess Charge	\$0	100%	\$0	
Blood				
First Three Pints	\$0	All costs	\$0	
Next \$257 of Medicare Approved Amounts	\$0	\$0	\$257 (Unless Part B deductible has been met)	
Remainder of Medicare Approved Amounts	80%	20%	\$0	
Clinical Laboratory Services				
Tests for Diagnostic Services	100%	\$0	\$0	
Parts A & B				
Services	Medicare Pays	This Plan Pays (After \$2870 Deductible)	You Pay (\$2870+)	
Home Health Care				
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	
Durable Medical Equipment				
1st \$257 of Medicare approved amounts	\$0	\$0	\$257 (Unless Part B deductible has been met)	
Remainder of medicare approved amounts	80%	20%	\$0	
Other Benefits				
Services	Medicare Pays	This Plan Pays (After \$2870 Deductible)	You Pay (\$2870+)	
Foreign Travel				
1st \$250 each calendar year	\$0	\$0	\$250	
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