

Medicare Supplement: Plan N Details			
Part A			
Services	Medicare Pays	This Plan Pays	You Pay
Hospitalization			
First 60 Days	All But \$1676	\$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	All 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			
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 \$257 of Approved Amounts	\$0	\$0	\$257 (Part B Deductible)
Remainder of Approved Amounts	Generally 80%	Balance, Other than Copays	Up to \$20/\$50 Copays, Emergency visit copay waived if admitted
Part B Excess Charge	\$0	\$0	All Costs
Blood			
First Three Pints	\$0	100%	\$0
Next \$257 of Approved Amounts	\$0	\$0	\$257 (Part B Deductible)
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0
Parts A & B			
Services	Medicare Pays	This Plan Pays	You Pay
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 (Part B deductible)
Remainder of medicare approved amounts	80%	20%	0%
Other Benefits			
Services	Medicare Pays	This Plan Pays	You Pay
Foreign Travel			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	20% until the lifetime maximum, then all costs.

