

# Medicare Supplement (MediGap) Insurance

## Outline of Coverage

### Plan N Details

#### Medicare Part A

Services	Medicare Pays	This Plan Pays	You Pay
<b>Hospitalization</b>			
First 60 Days	All But \$1408	\$1408 (Part A Deductible)	\$0
61st Through 90th Day	All But \$352 a Day	\$352 a Day	\$0
91st Day and After (60 Reserve Days)	All But \$704 a Day	\$704 a Day	\$0
After Reserve (Additional 365 Days)	\$0	100% of Eligible Expenses	\$0
Beyond the Additional 365 Days	\$0	\$0	All Costs
<b>Skilled Nursing Facility Care</b>			
First 20 Days	All Approved Amounts	\$0	\$0
21st Through 100th Day	All But \$176.00 a Day	Up to \$176.00 a Day	\$0
101st Day and After	\$0	\$0	All Costs
<b>Blood</b>			
First Three Pints	\$0	100%	\$0
Additional Amounts	100%	\$0	\$0
<b>Hospice Care</b>			
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

#### Medicare Part B

Services	Medicare Pays	This Plan Pays	You Pay
<b>Medical Expenses</b>			
1st \$198 of Approved Amounts	\$0	\$0	\$198 (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
<b>Blood</b>			
First Three Pints	\$0	100%	\$0
Next \$198 of Approved Amounts	\$0	\$0	\$198 (Plan B Deductible)
Remainder of Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0
<b>Foreign Travel</b>			
1st \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges up to a lifetime maximum of \$50,000	\$0	80%	20%