

# STANDARDIZED MEDICARE SUPPLEMENT PLANS CHART

Plan A	Plan B	Plan C	Plan D	Plan F or F Prime \$2,000 Deductible	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 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	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 \$4,640; paid at 100% after limit reached	Out-of-pocket limit of \$2,320; paid at 100% after limit reached		

## Basic Benefits

- Part A Hospital
  - 61-90 days — **\$283/day**
  - 91-150 days — **\$566/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 2011 is \$1,132**  
**Part B Deductible for 2011 is \$162**