

2016 Medicare Supplement Plans F and G

	Medicare Pays	Plan F Pays	With Plan F YOU PAY	Plan G Pays	With Plan G YOU PAY
Medicare Part A Hospital Coverage					
Deductible	You Pay \$1288	\$1288	\$0	\$1288	\$0
First 60 Days	100% after the Part A Deductible	\$0	\$0	\$0	\$0
Day 61 – Day 90 Coinsurance	All but \$322 a day	\$322 a day	\$0	\$322 a day	\$0
Day 91 – 150 Coinsurance (Lifetime Reserve)	All but \$644 a day	\$644 a day	\$0	\$644 a day	\$0
Extended Hospital coverage (up to an additional 365 days in your lifetime)	Nothing	100% of all Eligible expenses	\$0	100% of all Eligible expenses	\$0
Benefit for Blood	All but 3 pints	3 pints	\$0	3 pints	\$0
Hospice Care					
	All but limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0	Medicare copayment/ coinsurance	\$0
Skilled Nursing Facility Care					
First 20 days	100%	\$0	\$0	\$0	\$0
Coinsurance 21 – 100 days	All but \$161 a day	Up to \$161 a day	\$0	Up to \$161 a day	\$0
Medicare Part B Physician Services and Supplies					
Annual Deductible	\$0	\$166	\$0	\$0	\$166
Coinsurance	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Excess Charges	Nothing	100% up to Medicare's Limit	\$0	100% up to Medicare's Limit	\$0
Benefit for blood	All but 3 pints	3 pints	\$0	3 pints	\$0
Other Benefits					
Emergency care outside USA		80% to lifetime max of \$50,000	\$0	80% to lifetime max of \$50	\$0

Age _____ Current Carrier _____
M/F _____ T _____ Carrier _____
Zip _____ Carrier _____