

## 2024 Medicare Supplement Plans F and G

	<b>Medicare Pays</b>	<b>Plan F Pays</b>	<b>With Plan F YOU PAY</b>	<b>Plan G Pays</b>	<b>With Plan G YOU PAY</b>
<b>Medicare Part A</b> Hospital Coverage					
<b>Deductible</b>	You Pay <b>\$1632</b>	<b>\$1632</b>	<b>\$0</b>	<b>\$1632</b>	<b>\$0</b>
<b>First 60 Days</b>	<b>100%</b> after the Part A Deductible	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Day 61 – Day 90</b> Coinsurance	All but <b>\$408</b> a day	<b>\$408</b> a day	<b>\$0</b>	<b>\$408</b> a day	<b>\$0</b>
<b>Day 91 – 150</b> Coinsurance (Lifetime Reserve)	All but <b>\$816</b> a day	<b>\$816</b> a day	<b>\$0</b>	<b>\$816</b> a day	<b>\$0</b>
<b>Extended Hospital</b> coverage (up to an additional 365 days in your lifetime)	<b>Nothing</b>	100% of all Eligible expenses	<b>\$0</b>	100% of all Eligible expenses	<b>\$0</b>
<b>Benefit for Blood</b>	<b>All but 3 pints</b>	<b>3 pints</b>	<b>\$0</b>	<b>3 pints</b>	<b>\$0</b>
<b>Hospice Care</b>					
	All but limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	<b>\$0</b>	Medicare copayment/coinsurance	<b>\$0</b>
<b>Skilled Nursing Facility Care</b>					
<b>First 20 days</b>	<b>100%</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Coinsurance</b> 21 – 100 days	All but <b>\$204</b> a day	Up to <b>\$204</b> a day	<b>\$0</b>	Up to <b>\$204</b> a day	<b>\$0</b>
<b>Medicare Part B</b> Physician Services and Supplies					
<b>Annual Deductible</b>	<b>\$0</b>	<b>\$240</b>	<b>\$0</b>	<b>\$0</b>	<b>\$240</b>
<b>Coinsurance</b>	Generally <b>80%</b>	Generally <b>20%</b>	<b>\$0</b>	Generally <b>20%</b>	<b>\$0</b>
<b>Excess Charges</b>	<b>Nothing</b>	100% up to Medicare's Limit	<b>\$0</b>	100% up to Medicare's Limit	<b>\$0</b>
<b>Benefit for blood</b>	<b>All but 3 pints</b>	<b>3 pints</b>	<b>\$0</b>	<b>3 pints</b>	<b>\$0</b>
<b>Other Benefits</b>					
<b>Emergency care outside USA</b>		<b>80% to lifetime max of \$50,000</b>	<b>\$0</b>	<b>80% to lifetime max of \$50,000</b>	<b>\$0</b>

Age \_\_\_\_\_ Current Carrier \_\_\_\_\_  
M/F \_\_\_\_\_ T \_\_\_\_\_ Carrier \_\_\_\_\_  
Zip \_\_\_\_\_ Carrier \_\_\_\_\_