

# Plan G



## Medicare Supplement: Plan G Details

### Part A

Services	Medicare Pays	This Plan Pays	You Pay
<b>Hospitalization</b>			
First 60 Days	All But \$1316	\$1316 (Part A Deductible)	\$0
61st Through 90th Day	All But \$329 a Day	\$329 a Day	\$0
91st Day and After (60 Reserve Days)	All But \$658 a Day	\$658 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 \$164.50 a Day	Up to \$164.50 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

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**Part B**

<b>Services</b>	<b>Medicare Pays</b>	<b>This Plan Pays</b>	<b>You Pay</b>
<b>Medical Expenses</b>			
1st \$183 of Approved Amounts	\$0	\$0	<b>\$183 (Part B Deductible)</b>
Remainder of Approved Amounts	Generally 80%	Generally 20%	<b>\$0</b>
Part B Excess Charge	\$0	100%	<b>\$0</b>
<b>Blood</b>			
First Three Pints	\$0	100%	<b>\$0</b>
Next \$183 of Approved Amounts	\$0	\$0	<b>\$183 (Plan B Deductible)</b>
Remainder of Approved Amounts	Generally 80%	Generally 20%	<b>\$0</b>
<b>Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	<b>\$0</b>
<b>Foreign Travel</b>			
1st \$250 during 1st 60 days	\$0	\$0	<b>\$250</b>
Remainder of Charges up to a lifetime maximum of \$50,000	\$0	80%	<b>20%</b>

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