Medicare Supplement Plan Comparison - Rates and plan design for calendar year 2018 are pending CMS approval.

Maricare Part A Hospital Coinsurance/Deductible	Payments for Medicare Approved Expenses  Service	2017 Medicare Payments  What Medicare Pays	Plan A		Plan F		Plan N	
Days 1 - 60			What Plan Pays	What You Pay	What Plan Pays	What You Pay	What Plan Pays	What You Pay
Days 61 - 90	Medicare Part A Hospital Coinsurance/Deductible							
29ys 91 - 150	Days 1 - 60	All but \$1,316	\$0	\$1,316	\$1,316	\$0	\$1,316	\$0
Additional 365 Days	Days 61 - 90	All but \$329/Day	\$329/Day	\$0	\$329/Day	\$0	\$329/Day	\$0
### After the Adultional 365 Days	Days 91 - 150	All but \$658/Day	\$658/Day	\$0	\$658/Day	\$0	\$658/Day	\$0
Medicare Part A Skilled Nursing Facility	Additional 365 Days	\$0	100%	\$0	100%	\$0	100%	\$0
Days 1 - 20	After the Additional 365 Days	\$0	\$0	All Costs	\$0	All Costs	\$0	All Costs
Days 21 - 100	Medicare Part A Skilled Nursing Facility							
Days 21 - 100	Days 1 - 20	100%	\$0	\$0	\$0	\$0	\$0	\$0
Part At Hospice Care	Days 21 - 100	All but \$164.50/Day	\$0	\$164.50/Day	\$164.50/Day	\$0	\$164.50/Day	\$0
Hospice Care	Days 100 +		\$0	All Costs	\$0	All Costs	\$0	All Costs
Solution	Part A Hospice Care							
Solid   Soli	Hospice Care	100%	\$0	\$0	\$0	\$0	\$0	\$0
Medicare Part B Coinsurance and Copayment	Prescription Drugs	All but \$5/prescription	\$5/prescription	\$0	\$5/prescription	\$0	\$5/prescription	\$0
Peductible	Inpatient Respite Care	95%	5%	\$0	5%	\$0	5%	\$0
After Deductible Met  Generally 80%  Generally 20%  S0  Generally 20%  S0  Generally 20%  S0  S0  First some doctor visits and up to \$50 for ER visit some services and some serv	Medicare Part B Coinsurance and Copayment							
Medicare Part B Excess Charges Above Medicare-Approved Amounts   \$50 for ER visit	Deductible	First \$183	\$0	First \$183	First \$183	\$0	\$0	First \$183
So	After Deductible Met	Generally 80%	Generally 20%	\$0	Generally 20%	\$0	Generally 20%	Up to \$20 copay for some doctor's visits and up to \$50 for ER visits
Medicare Part B Clinical Lab Services         100%         \$0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Sests for Diagnostic Services	Excess Charges	\$0	\$0	All Costs	100%	\$0	\$0	All Costs
Salood   Salood   So								
First 3 Pints \$ 100% \$0 100% \$0 100% \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		100%	\$0	\$0	\$0	\$0	\$0	\$0
After 3 Pints 100% \$0 \$0 \$0 \$0 \$0 \$0 \$0  Foreign Travel Emergency Deductible \$0 \$0 \$0 All Costs \$0 \$250 \$0 \$250 Emergency Services \$0 \$1 All Costs 80% 20% 80% 20% Lifetime Maximum \$0 \$0 \$1 All Costs \$50,000 "All Costs above								
Solid								
Deductible         \$0         \$1 Costs         \$0         \$250         \$0         \$250           Emergency Services         \$0         \$0         All Costs         80%         20%         80%         20%           Lifetime Maximum         \$0         \$0         All Costs         \$50,000         "All Costs above           Medicare Preventive Care Part B Coinsurance		100%	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Services \$0 \$0 All Costs 80% 20% 80% 20%  Lifetime Maximum \$0 \$0 All Costs \$50,000 "All Costs above  Medicare Preventive Care Part B Coinsurance			Φ0	All C	Φ0	фоло	Φ0	ФОГО
Lifetime Maximum \$0 \$0 All Costs \$50,000 "All Costs above Medicare Preventive Care Part B Coinsurance							·	
Medicare Preventive Care Part B Coinsurance							80%	20%
		\$U	ΦU	All COSIS	Φου,υυυ	All Costs above		
	Routine Check-Ups and Screening Tests	80%	20%	\$0	20%	\$0	20%	\$0