

Outline of coverage

The Medicare deductibles, coinsurance and copay amounts listed are based upon the 2021 CMS-approved values and could change for 2022.

Covered service	Plan option	Plan A ¹	
	Medicare pays	Plan pays	You pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies ²			
Deductible	\$0	\$0	\$1,484
First 60 days of care	100%	\$0	\$0
Days 61 to 90	All but the \$371 daily copay	\$371 daily copay	\$0
Days 91 to 150 (lifetime reserve days)	All but the \$742 daily copay	\$742 daily copay	\$0
Day 151 and beyond (additional 365 days after lifetime reserve days used)	\$0	100% of Medicare-eligible expenses	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
Skilled nursing facility care — including having been in a hospital for at least three days			
First 20 days of care	100%	\$0 (Medicare covers in full)	
Days 21 to 100	All but \$185.50 daily skilled nursing facility copay	\$0	\$185.50 daily copay
Hospice care			
	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	\$0
Emergency care outside the U.S.			
	No benefits for care outside U.S.	No benefits for care outside U.S.	All costs ² for services
Medicare Part B physician and outpatient services — In- or out-of-the-hospital and outpatient hospital physician's services (such as tests), and durable medical equipment, per calendar year			
Deductible (annual)³	\$0	\$0	\$203
Coinsurance	80% of the approved amount after \$203 deductible is met	20% coinsurance after the \$203 deductible is met	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
Clinical laboratory services — tests for diagnostic services	All charges	\$0 (Medicare covers in full)	
Home health care services — Medicare-approved services			
Medically necessary skilled care services and medical supplies	All charges	\$0 (Medicare covers in full)	
Durable medical equipment	80% of the approved amount after the \$203 deductible is met	20% coinsurance after the \$203 deductible is met	\$0
Excess charges	\$0	\$0	All costs ²

¹See Important Information about Plans A, C and D on Page 12.

²Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

³The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

Plan C ¹		Plan D ¹	
Plan pays	You pay	Plan pays	You pay
\$1,484	\$0	\$1,484	\$0
\$0	\$0	\$0	\$0
\$371 daily copay	\$0	\$371 daily copay	\$0
\$742 daily copay	\$0	\$742 daily copay	\$0
100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0
Your first three pints	\$0	Your first three pints	\$0
\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
\$185.50 daily copay	\$0	\$185.50 daily copay	\$0
Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0
80% of approved amount for covered services after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance
\$203	\$0	\$0	\$203
20% coinsurance after the \$203 deductible is met	\$0	20% coinsurance after the \$203 deductible is met	\$0
Your first three pints	\$0	Your first three pints	\$0
\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
20% coinsurance after the \$203 deductible is met	\$0	20% coinsurance after the \$203 deductible is met	\$0
\$0	All costs ²	\$0	All costs ²

Outline of coverage (continued)

Covered service	Plan option	Plans F and HD-F ⁴		Plans G and HD-G ⁴		Plan N	
	Medicare pays	Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies ²							
Deductible	\$0	\$1,484	\$0	\$1,484	\$0	\$1,484	\$0
First 60 days of care	100%	\$0	\$0	\$0	\$0	\$0	\$0
Days 61 to 90	All but the \$371 daily copay	\$371 daily copay	\$0	\$371 daily copay	\$0	\$371 daily copay	\$0
Days 91 to 150 (lifetime reserve days)	All but the \$742 daily copay	\$742 daily copay	\$0	\$742 daily copay	\$0	\$742 daily copay	\$0
Day 151 and beyond (additional 365 days after lifetime reserve days used)	\$0	100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0	Your first three pints	\$0	Your first three pints	\$0
Skilled nursing facility care — You must meet Medicare's requirements, including having been in a hospital for at least three days							
First 20 days of care	100%	\$0 (Medicare covers in full)		\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
Days 21 to 100	All but \$185.50 daily skilled nursing facility copay	\$185.50 daily copay	\$0	\$185.50 daily copay	\$0	\$185.50 daily copay	\$0
Hospice care							
	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0
Emergency care outside the U.S.							
	No benefits for care outside U.S.	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance
Medicare Part B physician and outpatient services — In- or out-of-the-hospital and outpatient hospital physician's services, (such as tests) and durable medical equipment, per calendar year							
Deductible (annual)³	\$0	\$203	\$0	\$0	\$203	\$0	\$203
Coinsurance	80% of the approved amount after the \$203 deductible is met	20% coinsurance after the \$203 deductible is met	\$0	20% coinsurance after the \$203 deductible is met	\$0	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit, after the \$203 deductible is met	Up to \$20 per office visit and up to \$50 per emergency room visit
Blood benefit	All but the first three pints	Your first three pints	\$0	Your first three pints	\$0	Your first three pints	\$0
Clinical laboratory services — tests for diagnostic services	All charges	\$0 (Medicare covers in full)		\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
Home health care services — Medicare-approved services							
Medically necessary skilled care services and medical supplies	All charges	\$0 (Medicare covers in full)		\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
Durable medical equipment	80% of the approved amount after the \$203 deductible is met	20% coinsurance after the \$203 deductible is met	\$0	20% coinsurance after the \$203 deductible is met	\$0	20% coinsurance after the \$203 deductible is met	\$0
Excess charges	\$0	All remaining charges ²	\$0	All remaining charges ²	\$0	\$0	All remaining charges ²

²Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

³The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

⁴See Pages 2 and 3 for information about Plans HD-F and HD-G.