EMPLOYER GROUP RETIREE OVERVIEW PROGRAM F

All tables reflect 2020 amounts. The 2021 Medicare Parts A and B deductibles were not published as of the time of this printing. Please read your *Medicare and You* booklet for the 2021 dollar amounts.

Medicare (Part A) Hospital Services per benefit period

Services	Medicare Pays	Program F Pays	You Pay
Hospitalization[1] Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,408	$1,408 (Part A deductible)	$0
Days 61–90	All but $352 a day	$352 a day	$0
Day 91 and after: - While using 60 lifetime reserve days	All but $704 a day	$704 a day	$0
- Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0[2]
Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care[1] You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	$0	$0
Days 21–100	All but $176 a day	Up to $176 a day	$0
Day 101 and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care 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	Balance

Medicare (Part B) Medical Services per benefit period

Services	Medicare Pays	Program F Pays	You Pay
Medical expenses In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $198 of Medicare-approved amounts[3]	$0	$198 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (Above Medicare-approved amounts)	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
First $198 of Medicare-approved amounts[3]	$0	$198 (Part B deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
Clinical laboratory services Tests for diagnostic services	100%	$0	$0

Medicare Parts A and B

Services	Medicare Pays	Program F Pays	You Pay
Home health care Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment: - First $198 of Medicare-approved amounts[3]	0%	$198 (Part B deductible)	$0
- Remainder of Medicare-approved amounts	80%	20%	$0

Services	Medicare Pays	Program F Pays	You Pay
Foreign travel emergency care Not covered by Medicare			

Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
- First $250 each calendar year	$0	$0	$250
- Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Other Benefits Not Covered by Medicare

[1] A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days provided in the policy's "Basics Benefits." During that time, the hospital is prohibited from billing you for the balance on the difference between its billed charges and the amount Medicare would have been paid.
[3] Once you have been billed for the first $198 of Medicare-approved amounts for covered services, your Part B deductible will be met for the calendar year.

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the Benefits Certificate and enrollment regulations in force when the Benefits Certificate becomes effective. For complete details of Medicare benefits and exclusions, you may obtain a copy of *Medicare and You* from the Social Security Administration, or visit www.medicare.gov.

THIS IS AN EMPLOYER GROUP RETIREE PROGRAM. THIS IS NOT A MEDICARE SUPPLEMENT POLICY.