## **Medicare Supplement Plan Comparison**

Payments for Medicare Approved Expenses	2015 Medicare Payments	Plan A		Plan F		Plan N					
Service	What Medicare Pays	What Plan Pays	What You Pay	What Plan Pays	What You Pay	What Plan Pays	What You Pay				
Medicare Part A Hospital Coinsurance/Deductible											
Days 1 - 60	All but \$1,260	\$0	\$1,260	\$1,260	\$0	\$1,260	\$0				
Days 61 - 90	All but \$315/Day	\$315/Day	\$0	\$315/Day	\$0	\$315/Day	<b>\$</b> O				
Days 91 - 150	All but \$630/Day	\$630/Day	\$0	\$630/Day	<b>\$</b> O	\$630/Day	<b>\$</b> O				
Additional 365 Days	<b>\$</b> O	100%	\$0	100%	<b>\$</b> O	100%	<b>\$</b> O				
After the Additional 365 Days	\$0	\$0	All Costs	<b>\$</b> O	All Costs	\$0	All Costs				
Medicare Part A Sk	illed Nursing Facility										
Days 1 - 20	100%	\$0	\$0	\$0	\$0	\$0	\$0				
Days 21 - 100	All but \$157.50/Day	\$0	\$157.50/Day	\$157.50/Day	\$0	\$157.50/Day	\$0				
Days 100 +	<b>\$</b> O	\$0	All Costs	\$0	All Costs	\$0	All Costs				
Part A Hospice Car	e										
Hospice Care	100%	\$0	\$0	\$0	\$0	\$0	\$0				
Prescription Drugs	All but \$5/ prescription	\$5/prescription	\$0	\$5/prescription	\$0	\$5/prescription	\$0				
Inpatient Respite Care	95%	5%	\$0	5%	\$0	5%	\$0				
Medicare Part B Co	insurance and Copay	ment									
Deductible	First \$147	<b>\$</b> 0	First \$147	First \$147	<b>\$</b> O	<b>\$</b> O	First \$147				
After Deductible Met	Generally 80%	Generally 20%	\$O	Generally 20%	\$O	Generally 20%	Up to \$20 copay for some doctor's visits and up to \$50 for ER visits				
Medicare Part B Excess Charges Above Medicare-Approved Amounts											
Excess Charges	\$0	\$0	All Costs	100%	\$0	\$0	All Costs				

Payments for Medicare Approved Expenses	2015 Medicare Payments	Plan A		Plan F		Plan N					
Service	What Medicare Pays	What Plan Pays	What You Pay	What Plan Pays	What You Pay	What Plan Pays	What You Pay				
Medicare Part B Clinical Lab Services											
Tests for Diagnostic Services	100%	\$0	\$0	\$0	\$0	\$0	<b>\$</b> O				
Blood											
First 3 Pints	\$0	100%	\$0	100%	\$0	100%	\$0				
After 3 Pints	100%	\$0	<b>\$</b> O	<b>\$</b> O	\$0	\$0	\$0				
Foreign Travel Emergency											
Deductible	\$0	\$0	All Costs	\$0	\$250	\$0	\$250				
<b>Emergency Services</b>	\$0	\$0	All Costs	80%	20%	80%	20%				
Lifetime Maximum	\$0	\$0	All Costs	\$50,000	All Costs above \$50,000	\$50,000	All Costs above \$50,000				
Medicare Preventive Care Part B Coinsurance											
Routine Check-Ups and Screening Tests	80%	20%	\$0	20%	\$0	20%	\$0				

Chart reflects 2015 coverage. 2016 plan information will be available in November. If you are currently enrolled in or add a Medicare Supplement plan for 2016, UnitedHealthcare will send notification of any 2016 changes once they are finalized.