

2020 Medicare (Part A) - Hospital Services - Per Benefit Period

* A benefit period begins on the first day you receive service 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.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

HOSPITALIZATION*	MEDICARE PAYS	PLAN PAYS	YOU PAY
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 Days	All but \$1,408	\$1,408 (Part A deductible)	\$0
61st thru 90th day	All but \$352 a day	\$352 a day	\$0
91st day and after: -While using 60 life-time 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**
-Beyond additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*	MEDICARE PAYS	PLAN PAYS	YOU PAY
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$176 a day	Up to \$176 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD	MEDICARE PAYS	PLAN PAYS	YOU PAY
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE	MEDICARE PAYS	PLAN PAYS	YOU PAY
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited co-payment/ coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/ coinsurance	\$0