

2016 Medicare Supplement Plans F and G

Provided by Empower Brokerage (888) 539-1633

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| | Medicare Pays | Plan F Pays | With Plan F YOU PAY | Plan G Pays | With Plan G YOU PAY |
|--|---|--|--------------------------------------|--|--------------------------------------|
| Medicare Part A Hospital Coverage | | | | | |
| Deductible | You Pay \$1288 | \$1288 | \$0 | \$1288 | \$0 |
| First 60 Days | 100% after the Part A Deductible | \$0 | \$0 | \$0 | \$0 |
| Day 61 – Day 90 Coinsurance | All but \$322 a day | \$322 a day | \$0 | \$322 a day | \$0 |
| Day 91 – 150 Coinsurance (Lifetime Reserve) | All but \$644 a day | \$644 a day | \$0 | \$644 a day | \$0 |
| Extended Hospital coverage (up to an additional 365 days in your lifetime) | Nothing | 100% of all Eligible expenses | \$0 | 100% of all Eligible expenses | \$0 |
| Benefit for Blood | All but 3 pints | 3 pints | \$0 | 3 pints | \$0 |
| Hospice Care | | | | | |
| | All but limited coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/ coinsurance | \$0 | Medicare copayment/ coinsurance | \$0 |
| Skilled Nursing Facility Care | | | | | |
| First 20 days | 100% | \$0 | \$0 | \$0 | \$0 |
| Coinsurance 21 – 100 days | All but \$161 a day | Up to \$161 a day | \$0 | Up to \$161 a day | \$0 |
| Medicare Part B Physician Services and Supplies | | | | | |
| Annual Deductible | \$0 | \$166 | \$0 | \$0 | \$166 |
| Coinsurance | Generally 80% | Generally 20% | \$0 | Generally 20% | \$0 |
| Excess Charges | Nothing | 100% up to Medicare's Limit | \$0 | 100% up to Medicare's Limit | \$0 |
| Benefit for blood | All but 3 pints | 3 pints | \$0 | 3 pints | \$0 |
| Other Benefits | | | | | |
| Emergency care outside USA | | 80% to lifetime max of \$50,000 | \$0 | 80% to lifetime max of \$50 | \$0 |

Age _____ Current Carrier _____
M/F _____ T _____ Carrier _____
Zip _____ Carrier _____