

Medicare Supplement Plans F/G

Covered Services	Medicare Covers	Medicare Supplement Plans F/G Covers	You Pay
Medicare Part A (Inpatient)			
<i>Note: Supplement Plan G requires you to pay the Medicare Part B annual deductible. The Medicare Part D annual deductible is \$185.</i>			
1. Hospitalization* - Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,408 (Part A Deductible)	\$1,408 (Part A Deductible)	\$0
Days 61 - 90	All but \$352 per day	\$352 per day	\$0
91st day - 150th day of a hospital confinement: - While using 60 lifetime reserve days	All but \$704 per day	\$704 per day	\$0
- After lifetime reserve days are used: • Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
• Beyond additional 365 days	\$0	\$0	All costs
2. Skilled Nursing Care Facility* -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 the hospital			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$176 per day	Up to \$176 per day	\$0
101st day and thereafter	\$0	\$0	All costs
3. Blood			
- First 3 pints	\$0	All costs	\$0
- Additional pints	100%	\$0	\$0
4. Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$5 for prescription drugs 5% for inpatient respite care	\$0
<p><small>* 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.</small></p> <p><small>** NOTICE: When your Medicare Part A hospital benefits are exhausted, the Supplement F 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.</small></p>			
5. Medical Expenses: IN OR OUT OF THE 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***	\$0	\$198 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	about 80%	about 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
6. Preventive / Diagnostic Services			
A. Annual Routine Physical Examination	0%	0%	100%
B. Pap Smears / Pelvic Exams / Clinical Breast Exams (Medicare covers every 24 months, unless retiree is in a high risk group for cervical or vaginal cancer, then every 12 months)	100% Test about 80% physician	0% Test about 20% physician	0%
• Mammograms (every 12 months for women over the age of 40)	100%	0%	0%
• Bone Mass Measurement (once every 24 months for qualified individuals and more often if medically necessary)	100%	0%	0%
C. Prostate Cancer Screening (age 50+ every 12 months)	100%	0%	0%
• Digital rectal exam (age 50+ every 12 months)	about 80%	about 20%	0%
• Prostate Specific Antigen Test (PSA) (age 50+ every 12 months)	100%	0%	0%

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D. Glaucoma Screening (every 12 months for those with high risk of glaucoma)	100%	0%	0%
E. Colon Cancer Screening (frequency of testing is determined by the type of test and risk of colon cancer)	100%	0%	0%
F. Diabetes Screening	100%	0%	0%
G. Diabetes Services and Supplies	100%	0%	0%
H. Blood Testing for Cardiovascular Disease	100% Test about 80% physician	0% Test about 20% physician	0%
I. Immunizations (Flu, Pneumonia, Hepatitis B*) *Must be at medium/high risk for Hepatitis B	Flu: 100% Pneumonia: 100% Hepatitis B: about 100%	Flu: 0% Pneumonia: 0% Hepatitis B: about 0%	Flu: 0% Pneumonia: 0% Hepatitis B: 0%
J. Clinical Diagnostic lab	100%	0%	0%
K. Diagnostic X-Ray, PET Scans, CT Scans, MRIs / MRAs	about 80%	about 20%	0%
7. Blood			
- First 3 pints	\$0	All Costs	\$0
- Additional pints: • First \$147 of Medicare-approved amounts***	All but \$147 (Part B Deductible)	\$147 (Part B Deductible)	\$0
- Remainder of Medicare-approved amounts	about 80%	about 20%	\$0
*** Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your part B deductible will have been met for the 2014 calendar year.			
Medicare Parts A & B			
8. Home Health Care - Medicare approved services			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment: • First \$147 of Medicare-approved amounts***	about 80%	about 20%	\$0
• Remainder of Medicare-approved amounts	about 80%	about 20%	\$0
*** Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your part B deductible will have been met for the 2014 calendar year.			
Other Benefits Not Covered By Medicare			
9. Foreign Travel - 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	about 80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum benefit
Prescriptions			
Retail pharmacy		90-day mail order	
Generic	\$10	Generic	\$20
Preferred brand	\$30	Preferred brand	\$60
Non-preferred and specialty	\$65	Non-preferred and specialty	\$130
If there exists a conflict between this Comparison Chart and the official plan documents for each plan or provision of Medicare, the official plan documents will prevail. The city of Houston reserves the right to change, modify, increase or terminate any benefits.			