

# 2017 Medicare Parts A & B

## How to use this document

The Part A page includes both F & G Plans

**2017 MEDICARE PART A**  
Part A is Hospital Insurance and covers costs associated with confinement in a hospital or skilled nursing facility.

When you are hospitalized for:	Medicare Covers	Medicare Supplement Plan F or G Pays	You Pay
1 – 60 days	Most confinement costs after the required Medicare Deductible of <b>\$1316</b>	<b>\$1316</b> PART A DEDUCTIBLE per 60 days benefits period.	<b>\$0</b>
61 – 90 days	All eligible expenses, after the patient pays per-day copy of <b>\$329</b>	<b>\$329</b> A DAY	<b>\$0</b>
91 – 150 days	All eligible expenses, after patient pays per-day copy of <b>\$658</b>	<b>\$658</b> A DAY	<b>\$0</b>
151 days or more	<b>NOTHING</b>	<b>100%</b> FOR ADDITIONAL 365 DAYS	<b>\$0</b>
Must be at the hospital at least 3 days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge.	All eligible expenses for the first 20 days, then all eligible expenses for days 21-100, after patient pays per-day copy of <b>\$164<sup>50</sup></b>	<b>\$164<sup>50</sup></b> A DAY	<b>\$0</b>

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There are 3 different pages for Part B. Use whichever one you want.

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When you are hospitalized for:	Medicare Covers	Medicare Supplement Plan F or G Pays	You Pay
1 – 60 days	Most confinement costs after the required Medicare Deductible of <b>\$1316</b>	<b>\$1316</b> PART A DEDUCTIBLE per 60 days benefits period.	<b>\$0</b>
61 – 90 days	All eligible expenses, after the patient pays per-day copy of <b>\$329</b>	<b>\$329</b> A DAY	<b>\$0</b>
91 – 150 days	All eligible expenses, after patient pays per-day copy of <b>\$658</b>	<b>\$658</b> A DAY	<b>\$0</b>
151 days or more	<b>NOTHING</b>	<b>100%</b> FOR ADDITIONAL 365 DAYS	<b>\$0</b>
Must be at the hospital at least 3 days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge.	All eligible expenses for the first 20 days, then all eligible expenses for days 21-100, after patient pays per-day copy of <b>\$164<sup>50</sup></b>	<b>\$164<sup>50</sup></b> A DAY	<b>\$0</b>

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Plan F

**2017 MEDICARE PART B**  
Part B is Medical Insurance and covers physician services, outpatient care, tests and supplies.

On Expenses Incurred for:	Medicare Covers	Medicare Supplement Plan F or G Pays	You Pay
• Doctors visits and treatments • Surgeon and anesthetist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear and Bone Density Screening • Prostate Screening	<b>80% of all Medicare "approved" charges after the required Medicare Deductible of \$183 a Year</b>	<b>\$183</b> PART B ANNUAL DEDUCTIBLE	<b>\$0</b>
		<b>20% OF MEDICARE APPROVED CHARGES</b>	<b>\$0</b>
		<b>100% OF MEDICARE Part B EXCESS CHARGES</b>	<b>\$0</b>

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Plan G

**2017 MEDICARE PART B**  
Part B is Medical Insurance and covers physician services, outpatient care, tests and supplies.

On Expenses Incurred for:	Medicare Covers	Medicare Supplement Plan G Pays	You Pay
• Doctors visits and treatments • Surgeon and anesthetist fees • Physical and speech therapy • Lab tests, diagnostic tests • Emergency room and hospital outpatient clinic charges • X-rays, radiology, MRI's and CAT Scan • Ambulance charges • Casts, splints, braces and artificial limbs • Durable medical equipment • Mammography / Pap Smear and Bone Density Screening • Prostate Screening	<b>80% of all Medicare "approved" charges after the required Medicare Deductible of \$183 a Year</b>	<b>\$0</b> PART B ANNUAL DEDUCTIBLE	<b>\$183</b>
		<b>20% OF MEDICARE APPROVED CHARGES</b>	<b>\$0</b>
		<b>100% OF MEDICARE Part B EXCESS CHARGES</b>	<b>\$0</b>

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Plan F/G Combo

When you go to print these, you can print only the pages you need, such as pages 1 and 3.

If you need help just let us know, at **888-780-7676**.

# 2017 MEDICARE PART **A**

Part A is **Hospital Insurance** and covers costs associated with confinement in a **hospital** or **skilled nursing facility**.

When you are hospitalized for:	Medicare Covers	Medicare Supplement Plan F or G Pays	You Pay
<b>1 – 60 days</b>	Most confinement costs after the required Medicare Deductible of <b>\$1316</b>	<b>\$1316</b> PART A DEDUCTIBLE per 60 days benefits period.	<b>\$0</b>
<b>61 – 90 days</b>	All eligible expenses, after the patient pays per-day copay of <b>\$329</b>	<b>\$329</b> A DAY	<b>\$0</b>
<b>91 – 150 days</b>	All eligible expenses, after patient pays per-day copay of <b>\$658</b>	<b>\$658</b> A DAY	<b>\$0</b>
<b>151 days or more</b>	<b>NOTHING</b>	<b>100%</b> FOR ADDITIONAL 365 DAYS	<b>\$0</b>
<b>Must be at the hospital at least 3 days and enter a Medicare approved skilled nursing facility within 30 days after hospital discharge.</b>	All eligible expenses for the first 20 days; then all eligible expenses for days 21-100, after patient pays per-day copay of <b>\$164<sup>50</sup></b>	<b>\$164<sup>50</sup></b> A DAY	<b>\$0</b>

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# 2017 MEDICARE PART **B**

Part B is **Medical Insurance** and covers **physician services, outpatient care, tests and supplies.**

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan F Pays	You Pay
<ul style="list-style-type: none"> <li>• Doctors visits and treatments</li> <li>• Surgeon and anesthesiologist fees</li> <li>• Physical and speech therapy</li> <li>• Lab tests, diagnostic tests</li> <li>• Emergency room and hospital outpatient clinic charges</li> <li>• X-rays, radiology, MRI's and CAT Scan</li> <li>• Ambulance charges</li> <li>• Casts, splints, braces and artificial limbs</li> <li>• Durable medical equipment</li> <li>• Mammography / Pap Smear and Bone Density Screening</li> <li>• Prostate Screening</li> </ul>	<p><b>80% of all Medicare "approved" charges after the required Medicare Deductible of <b>\$183</b> a Year</b></p>	<p><b>\$183</b> Part B ANNUAL DEDUCTIBLE</p>	<p><b>\$0</b></p>
		<p><b>20%</b> OF MEDICARE APPROVED CHARGES</p>	<p><b>\$0</b></p>
		<p><b>100%</b> OF MEDICARE Part B EXCESS CHARGES</p>	<p><b>\$0</b></p>

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# 2017 MEDICARE PART **B**

Part B is **Medical Insurance** and covers **physician services, outpatient care, tests and supplies.**

On Expenses incurred for:	Medicare Covers	Medicare Supplement Plan G Pays	You Pay
<ul style="list-style-type: none"> <li>• Doctors visits and treatments</li> <li>• Surgeon and anesthesiologist fees</li> <li>• Physical and speech therapy</li> <li>• Lab tests, diagnostic tests</li> <li>• Emergency room and hospital outpatient clinic charges</li> <li>• X-rays, radiology, MRI's and CAT Scan</li> <li>• Ambulance charges</li> <li>• Casts, splints, braces and artificial limbs</li> <li>• Durable medical equipment</li> <li>• Mammography / Pap Smear and Bone Density Screening</li> <li>• Prostate Screening</li> </ul>	<p><b>80% of all Medicare "approved" charges after the required Medicare Deductible of <b>\$183</b> a Year</b></p>	<p><b>\$0</b> Part B ANNUAL DEDUCTIBLE</p>	<p><b>\$183</b></p>
		<p><b>20%</b> OF MEDICARE APPROVED CHARGES</p>	<p><b>\$0</b></p>
		<p><b>100%</b> OF MEDICARE Part B EXCESS CHARGES</p>	<p><b>\$0</b></p>

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# 2017 MEDICARE PART **B**

Part B is **Medical Insurance** and covers **physician services, outpatient care, tests and supplies.**

On Expenses Incurred For:		Medicare Covers	
<ul style="list-style-type: none"> <li>• Doctors visits and treatments</li> <li>• Surgeon and anesthetist fees</li> <li>• Physical and speech therapy</li> <li>• Lab tests, diagnostic tests</li> <li>• Emergency room and hospital outpatient clinic charges</li> <li>• X-rays, radiology, MRI's and CAT Scan</li> <li>• Ambulance charges</li> <li>• Casts, splints, braces and artificial limbs</li> <li>• Durable medical equipment</li> <li>• Mammography / Pap Smear &amp; Bone Density Screening</li> <li>• Prostate Screening</li> </ul>		<p><b>80% of all</b>  <b>Medicare "approved" charges</b>  <b>after the required</b>  <b>Medicare Deductible of</b>  <b>\$183</b>  <b>Per Year</b></p>	
If you have a Medicare Supplement Plan F		If you have a Medicare Supplement Plan G	
Plan F Pays	You Pay	Plan G Pays	You Pay
<b>\$183</b> Part B ANNUAL DEDUCTIBLE	<b>\$0</b>	<b>\$0</b> Part B ANNUAL DEDUCTIBLE	<b>\$183</b>
<b>20%</b> OF MEDICARE APPROVED CHARGES	<b>\$0</b>	<b>20%</b> OF MEDICARE APPROVED CHARGES	<b>\$0</b>
<b>100%</b> OF MEDICARE Part B EXCESS CHARGES	<b>\$0</b>	<b>100%</b> OF MEDICARE Part B EXCESS CHARGES	<b>\$0</b>



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