

AARP Plan F

Medicare Part A & B



Plan F

Medicare Part A

Hospital Services - Per Benefit Period¹

Services	Medicare Pays	Plan F Pays	You Pay
Hospitalization¹			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A Deductible)	\$0
61st thru 90th day	All but \$296/day	\$296/day	\$0
91st day and after:	All but \$592/day	\$592/day	\$0
<ul style="list-style-type: none"> • While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days - Beyond the additional 365 days 	\$0	100% of Medicare-eligible expenses	\$0 ²
	\$0	\$0	All costs
Skilled Nursing Facility Care¹			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$148/day	Up to \$148/day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First three pints	\$0	Three pints	\$0
Additional Amounts	100%	\$0	\$0
Hospice Care			
Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as a hospital inpatient, and ends after you have been discharged and received no skilled care in any other facility for 60 consecutive days.

² **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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.

Plan F

Medicare Part B

Medical Services - Per Calendar Year

Services	Medicare Pays	Plan F Pays	You Pay
Medical Expenses			
Includes Treatment in or out of the hospital and outpatient hospital treatment, such as physician services; inpatient and outpatient medical and surgical services and supplies; physical and speech therapy; diagnostic tests; and durable medical equipment			
First \$147 of Medicare-approved amounts ³	\$0	\$147 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 80%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First three pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts ³	\$0	\$147 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0

Plan F

Medicare Parts A and B

Services	Medicare Pays	Plan F Pays	You Pay
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	\$0	\$147 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

Plan F

Benefits Not Covered by Medicare

Services	Medicare Pays	Plan F Pays	You Pay
Foreign Travel - Not Covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

³ A benefit period begins on the first day you receive service as a hospital inpatient, and ends after you have been discharged and received no skilled care in any other facility for 60 consecutive days.