Summary of benefits	What you pay on Original Medicare	Plan A (2010 standardized) You pay	Plan F (2010 standardized) You pay	Plan K You pay	Plan N You pay
Monthly premium	**Part A**: Usually $0 **Part B:** $109 *	**$135**	**$251**	**$87**	**$141**
Deductible(s)	Part A deductible: $1,316/benefit period Part B deductible: $183/calendar year	Part A deductible: $1,316/benefit period Part B deductible: $183/calendar year	$0 $0	50% of Part A deductible: $658/benefit period Part B deductible: $183/calendar year	$0 Part B deductible: $183/calendar year
Doctor and hospital choice	You may go to any doctor, specialist, or hospital that accepts Medicare	You may go to any doctor, specialist, or hospital that accepts Medicare	You may go to any doctor, specialist, or hospital that accepts Medicare	You may go to any doctor, specialist, or hospital that accepts Medicare	You may go to any doctor, specialist, or hospital that accepts Medicare
Preventive services	No copay or coinsurance	$0	$0	$0	$0
Outpatient doctor office visits	Part B deductible: $183; 20% coinsurance	Part B deductible: $183; $0	$0	Part B deductible: $183; 10% coinsurance	$20 copay
Diagnostic tests, X-rays, lab and radiology services *Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.*	**Diagnostic tests and X-rays:** Part B deductible: $183; 20% coinsurance **Lab services:** $0 copay; must be medically necessary for diagnosis/treatment	**Diagnostic tests and X-rays:** Part B deductible: $183; $0 **Lab services:** $0 copay; must be medically necessary for diagnosis/treatment	**Diagnostic tests and X-rays:** $0 **Lab services:** $0 copay; Must be medically necessary for diagnosis/treatment	**Diagnostic tests and X-rays:** Part B deductible: $183; 10% coinsurance **Lab services:** $0 copay; must be medically necessary for diagnosis/treatment	**Diagnostic tests and X-rays:** Part B deductible: $183; $0 **Lab services:** $0 copay; must be medically necessary for diagnosis/treatment
Outpatient surgery	Part B deductible: $183; 20% coinsurance	Part B deductible: $183; $0	$0	Part B deductible: $183; 10% coinsurance	Part B deductible: $183; $0
Ambulance	Part B deductible: $183; 20% coinsurance	Part B deductible: $183; $0	$0	Part B deductible: $183; 10% coinsurance	Part B deductible: $183; $0
Emergency room	**Physician's services:** Part B deductible: $183; 20% coinsurance **Facility services:** Specified copayment. Copay cannot exceed Part A deductible for each service provided by the hospital. Copay waived if admitted within 3 days of ER visit.	**Physician's services:** Part B deductible: $183; $0 **Facility services:** Specified copayment. Copay cannot exceed Part A deductible for each service provided by the hospital. Copay waived if admitted within 3 days of ER visit.	**Physician's services:** $0 **Facility services:** $0	**Physician's services:** Part B deductible: $183; 10% coinsurance **Facility services:** Specified copayment. Copay cannot exceed Part A deductible for each service provided by the hospital. Copay waived if admitted within 3 days of ER visit.	**Physician's services:** Part B deductible: $183; $20 copay **Facility services:** $50 copay
Inpatient hospital care *Includes 60 lifetime reserve days*	Part A deductible: $1,316 Days 61-90: $329/day; days 91-150: $658/day; additional 365 days 100%	Part A deductible: $1,316 Days 61-90: $0; days 91-150: $0; additional 365 days: $0	$0 Days 61-90: $0; days 91-150: $0; additional 365 days: $0	50% of Part A deductible: $658 Days 61-90: $0; days 91-150: $0; additional 365 days: $0	$0 Days 61-90: $0; days 91-150: $0; additional 365 days: $0
Skilled nursing facility *Subject to prior 3-day inpatient admit*	Days 1-20: $0; days 21-100: $164.50/day; days 101+: 100%	Days 1-20: $0; days 21-100: $164.50/day; days 101+: 100%	Days 1-20: $0; days 21-100: $0; days 101+: 100%	Days 1-20: $0; days 21-100: $82.25/day; days 101+: 100%	Days 1-20: $0; days 21-100: $0; days 101+: 100%
Home health care	No copay or coinsurance	$0	$0	$0	$0
Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	$0	$0	You pay 50% of the patient part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	$0
Durable medical equipment	Part B deductible: $183; 20% coinsurance	Part B deductible: $183; $0	$0	Part B deductible: $183; 10% coinsurance	$0
Vision services	**Vision exam:** 20% coinsurance **Vision hardware:** $0 for one pair of eyeglasses or contact lenses after cataract surgery. *Supplemental routine eye exams and eyeglasses (lenses and frames) are not covered.*	**Vision exam:** $0 **Vision hardware:** $0 for one pair of eyeglasses or contact lenses after cataract surgery. *Supplemental routine eye exams and eyeglasses (lenses and frames) are not covered.*	**Vision exam:** $0 **Vision hardware:** $0 for one pair of eyeglasses or contact lenses after cataract surgery. *Supplemental routine eye exams and eyeglasses (lenses and frames) are not covered.*	**Vision Exam:** 10% coinsurance **Vision hardware:** $0 for one pair of eyeglasses or contact lenses after cataract surgery. *Supplemental routine eye exams and eyeglasses (lenses and frames) are not covered.*	**Vision exam:** $0 **Vision hardware:** $0 for one pair of eyeglasses or contact lenses after cataract surgery. *Supplemental routine eye exams and eyeglasses (lenses and frames) are not covered.*
Foreign travel, emergency	Not covered	Not covered	First $250; 20% coinsurance; $50,000 lifetime maximum	Not covered	First $250; 20% coinsurance; $50,000 lifetime maximum
Wellness/education services	Not covered	GlobalFit**	GlobalFit**	GlobalFit**	GlobalFit**

Should the subscriber elect to make monthly payments in advance of the current monthly rate due date and the revised rate is to become effective at the beginning of a month for which the subscriber has already paid, the next billing will include a retroactive adjustment for the revised rate. *Group Health can only raise your monthly premium if all Group Health contracts like yours are raised in the state.*

MEDICARE PART A—HOSPITAL SERVICES—PER BENEFIT PERIOD 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. When your Part A hospital benefits are exhausted, Group Health will pay whatever Medicare would have paid for an additional 365 days. During this time the hospital cannot bill you for the difference between its billed charges and the amount Medicare would pay.

*The 2017 monthly premium is $134 for about 30% of Medicare beneficiaries, such as those receiving the Part B benefit for the first time in 2017. **GlobalFit is not part of your Medicare Supplement plan and may be discontinued at any time.

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