

Hospital Care Medicare Part A	Medicare Pays	EMI Health Pays	You Pay
<b>Inpatient Hospital Care -</b> Semi Private Room and Board, Miscellaneous Expenses.	All Approved Charges After Medicare Deductible for the First 60 days.	50% of Medicare Deductible for the First 60 Days.	Balance.
	All Approved Charges Except Medicare Coinsurance (Total 150 days.)	Medicare Coinsurance (Total 150 days.)	Nothing.
	No Benefits are Payable in Excess of the 150 Day Maximum.	100% for Expenses Beyond 150 Days Hospitalization - Limited to 365-Day Lifetime Maximum.	Balance.
<b>Skilled Nursing Facility - Short-Term Only</b> (Confinement must follow a Three Day Hospital Stay)	100% of Medicare Approved Allowance for the First 20 Days; Allowances Less Medicare Coinsurance for Days 21 Thru 100.	50% of Medicare Coinsurance Amount for Days 21 Through 100.	Balance.
<b>Whole Blood</b>	100% of Medicare Approved Allowance After the First Three Pints, for Each Calendar Year.	50% of Reasonable Cost of First Three Pints.	Balance.
<b>Hospice Care-</b> Physician Certified Terminally Ill	Medicare Approved Allowance, Less Coinsurance Amount.	50% of Medicare Coinsurance.	Balance.
Physician Services Medicare Part B	Medicare Pays	EMI Health Pays	You Pay
<b>Medical Services-</b> Physician Services, Inpatient /Outpatient Medical and Surgical Services and Supplies, Physical and Speech Therapy, Diagnostic Tests, Durable Medical Equipment.	Medicare Approved Allowance After Medicare Deductible, Less Coinsurance Amount.	50% of Medicare Coinsurance.	Balance, Including Medicare Deductible.
<b>Whole Blood</b>	First Three Pints are Not Covered. Expenses in Excess of Medicare Deductible are Paid at 80% of Medicare Approved Allowance.	50% of Reasonable Cost of First Three Pints.	Balance, Including Medicare Deductible.
<b>Clinical Laboratory Services</b>	100% of Medicare Approved Allowance.	Nothing.	Nothing.
<b>Home Health Care -</b> Approved Skilled Care and Health Aide Services	100% of Medicare Approved Allowance.	Nothing.	Nothing.
<b>Outpatient Mental Health Treatment</b>	50% of Medicare Approved Allowance.	50% of Medicare Approved Allowance.	Nothing.
At Home Recovery Services	Medicare Pays	EMI Health Pays	You Pay
<b>At Home Provider Visits</b>	Not a Covered Benefit.	Not a Covered Benefit.	All Expenses.
Coverage Outside the U.S.	Medicare Pays	EMI Health Pays	You Pay
<b>Medically Necessary + Emergency Care</b>	Not a Covered Benefit.	Not a Covered Benefit.	All Expenses.
Preventive Services	Medicare Pays	EMI Health Pays	You Pay
<b>Medicare-Covered Preventive Services</b>	Medicare Approved Allowance.	Nothing.	Nothing.
<b>Annual Physical and Preventive Tests Ordered by a Physician, but Not Covered by Medicare</b>	Not a Covered Benefit.	Not a Covered Benefit.	All Expenses.

After you meet the out-of-pocket yearly limit (established by Medicare) and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year.