

Medigap Grid A

| Hospital Care Medicare Part A | Medicare Pays | EMI Health Pays | You Pay |
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| Inpatient Hospital Care - Semi Private Room and Board, Miscellaneous Expenses. | All Approved Charges After Medicare Deductible for the First 60 days. | Not a Covered Benefit. | Medicare Deductible. |
| | 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. |
| Skilled Nursing Facility - Short-Term Only (Confinement must follow a Three Day Hospital Stay) | 100% of Medicare Approved Allowance for the First 20 Days; Allowance, Less Medicare Coinsurance for Days 21 Through 100. | Not a Covered Benefit. | Balance. |
| Whole Blood | 100% of Medicare Approved Allowance After the First Three Pints, for Each Calendar Year. | 100% of Medicare Approved Allowance for First Three Pints Each Calendar Year. | Nothing. |
| Hospice Care- Physician Certified Terminally Ill | Medicare Approved Allowance, Less Coinsurance Amount. | Medicare Coinsurance Amount. | Nothing. |
| Physician Services Medicare Part B | Medicare Pays | EMI Health Pays | You Pay |
| Medical Services- 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. | Medicare Coinsurance Amount. | Annual Medicare Deductible + Balance of Charges in Excess of Medicare Approved Allowances. |
| Whole Blood | First Three Pints are Not Covered. Expenses in Excess of Medicare Deductible are Paid at 80% of Medicare Approved Allowance. | 100% of Medicare Approved Allowance for the First Three Pints, then 20% Coinsurance. | Medicare Deductible. |
| Clinical Laboratory Services | 100% of Medicare Approved Allowance. | Nothing. | Nothing. |
| Home Health Care - Approved Skilled Care and Health Aide Services | 100% of Medicare Approved Allowance. | Nothing. | Nothing. |
| Outpatient Mental Health Treatment | 50% of Medicare Approved Allowance. | 50% of Medicare Approved Allowance. | Nothing. |
| At Home Recovery Services | Medicare Pays | EMI Health Pays | You Pay |
| At Home Provider Visits | Not a Covered Benefit. | Not a Covered Benefit. | All Expenses. |
| Coverage Outside the U.S. | Medicare Pays | EMI Health Pays | You Pay |
| Medically Necessary + Emergency Care | Not a Covered Benefit. | Not a Covered Benefit. | All Expenses. |
| Preventive Services | Medicare Pays | EMI Health Pays | You Pay |
| Medicare-Covered Preventive Services | Medicare Approved Allowance. | Nothing. | Nothing. |
| Annual Physical and Preventive Tests Ordered by a Physician, but Not Covered by Medicare | Not a Covered Benefit. | Not a Covered Benefit. | All Expenses. |