

## Medigap Grid F

<b>Hospital Care Medicare Part A</b>	<b>Medicare Pays</b>	<b>EMI Health Pays</b>	<b>You Pay</b>
<b>Inpatient Hospital Care -</b> Semi Private Room and Board, Miscellaneous Expenses.	All Approved Charges After Medicare Deductible for the First 60 days.	Medicare Deductible for the First 60 Days.	Nothing.
	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; Allowance, Less Medicare Coinsurance for Days 21 Through 100.	Medicare Coinsurance for Days 21 Through 100.	Nothing.
<b>Whole Blood</b>	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.
<b>Hospice Care-</b> Physician Certified Terminally Ill	Medicare Approved Allowance, Less Coinsurance Amount.	Medicare Coinsurance Amount.	Nothing.
<b>Physician Services Medicare Part B</b>	<b>Medicare Pays</b>	<b>EMI Health Pays</b>	<b>You Pay</b>
<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.	Medicare Approved Deductible Plus Medicare Coinsurance, Plus Balance up to 115% of Medicare-Approved Allowance for Non-Participating Providers.	Nothing.
<b>Whole Blood</b>	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 Medicare Deductible, +20% of Medicare Approved Allowance.	Nothing.
<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.
<b>At Home Recovery Services</b>	<b>Medicare Pays</b>	<b>EMI Health Pays</b>	<b>You Pay</b>
<b>At Home Provider Visits</b>	Not a Covered Benefit.	Not a Covered Benefit.	All Expenses.
<b>Coverage Outside the U.S.</b>	<b>Medicare Pays</b>	<b>EMI Health Pays</b>	<b>You Pay</b>
<b>Medically Necessary + Emergency Care</b>	Not a Covered Benefit.	80% After \$250 Deductible per Person per Calendar Year, up to a \$50,000 Lifetime Maximum.	Balance.
<b>Preventive Services</b>	<b>Medicare Pays</b>	<b>EMI Health Pays</b>	<b>You Pay</b>
<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.