

Medigap Grid N

Hospital Care Medicare Part A	Medicare Pays	EMI Health Pays	You Pay
Inpatient Hospital Care - 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.
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.	Medicare Coinsurance for Days 21 Through 100.	Nothing.
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.	Balance other than Medicare Deductible & Copayment.	Medicare Deductible and Copayment
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% of Medicare Approved Allowance After Deductible.	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.	80% After \$250 Deductible per Person per Calendar Year, up to a \$50,000 Lifetime Maximum.	Balance.
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.