

Medigap Plan F



2021 Benefit Details

Basic Costs

Part A Inpatient Hospital Deductible	\$0
Annual Part B Deductible	\$0
Out of Pocket Maximum	\$0
Part B Excess Charges	Covered

Doctor Visits

<u>Service</u>	<u>You Pay</u>
Primary Care Visits	\$0
Specialist Visits	\$0
Referral to Specialist Required?	No
Provider Network Required?	No
Preventive Services	\$0 for Medicare covered services

Urgent/Emergency Care

<u>Service</u>	<u>You Pay</u>
Urgent Care	\$0
Emergency Care	\$0
Ground Ambulance Services	\$0
Air Ambulance Services	\$0
Foreign Travel Emergency	\$250 Annual Deductible then 20% (\$50,000 Lifetime Max)

Hospitalization & Skilled Nursing Facility Care

<u>Service</u>	<u>You Pay</u>
Inpatient Hospital Care+	For Days 1-60: \$0 For Days 61-90: \$0 For Days 91+: \$0
Skilled Nursing Facility+	For Days 1-100: \$0 For Days 101+: All Costs

Outpatient Care

<u>Service</u>	<u>You Pay</u>
Ambulatory Surgical Center	\$0
Outpatient Hospital Services	\$0
Mental Health - Outpatient	\$0