




Details for Medicare Supplement Plan A

from Physicians Mutual Insurance Company

This is a brief description of the benefits you can receive under a Medicare Supplement Plan A. Be sure to look it over carefully.

Medicare Part A (Hospital Services)

Services	In 2018 Medicare Pays	Plan A Pays	You Pay
Hospitalization			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$0	\$1,340 (Part A Deductible)
61 st through 90 th day	All but \$335 a day	\$335 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$167.50 a day	\$0	Up to \$167.50 a day
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness			
	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

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Medicare Part B (Medical Services)

Services	In 2018 Medicare Pays	Plan A Pays	You Pay
Medical Expenses – In or Out of the Hospital and Outpatient Hospital Treatment Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts (the Part B deductible)	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services – Tests for Diagnostic Services	100%	\$0	\$0
Parts A & B			
Home Health Care – Medicare-Approved Services			
Medically-necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$183 of Medicare-approved amounts	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits – Not Covered by Medicare			
Foreign Travel – Not Covered by Medicare Medically-necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	\$0	All costs