




# Details for Medicare Supplement Plan G

from Physicians Mutual Insurance Company

This is a brief description of the benefits you can receive under a Medicare Supplement Plan G. Be sure to look it over carefully. Please note, **bolded items** in the chart are benefits paid in addition to the basic benefits in Plan A.

## Medicare Part A (Hospital Services)

Services	In 2018 Medicare Pays	Plan G Pays	You Pay
<b>Hospitalization</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	<b>\$1,340 (Part A deductible)</b>	<b>\$0</b>
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$335 a day	\$335 a day	\$0
91 <sup>st</sup> 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
<b>Skilled Nursing Facility Care</b>			
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 <sup>st</sup> through 100 <sup>th</sup> day	All but \$167.50 a day	<b>Up to \$167.50 a day</b>	<b>\$0</b>
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b>			
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 G Pays	You Pay
<b>Medical Expenses – In or Out of the Hospital and Outpatient Hospital Treatment</b>			
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
<b>Part B Excess Charges</b> (Above Medicare-approved amounts)			
	\$0	100%	\$0
<b>Blood</b>			
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
<b>Clinical Laboratory Services – Tests for Diagnostic Services</b>			
	100%	\$0	\$0
<b>Parts A &amp; B</b>			
<b>Home Health Care – Medicare-Approved Services</b>			
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
<b>Other Benefits – Not Covered by Medicare</b>			
<b>Foreign Travel – Not Covered by Medicare</b>			
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	\$80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum