

**Physician's Benefits Trust MediCap Medicare Supplement Plans  
Traditional Plan A - Outline of Coverage  
Medicare Part A – Hospital Services – Per Benefit Period**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan A Pays</b>	<b>You Pay</b>
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,100	\$0	\$1,100 (Part A Deductible)
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$275 a day	\$275 a day	\$0
91day and after:  - While using 60 lifetime reserve days  - Once lifetime reserve days are used: • Additional 365 days  • Beyond the additional 365 days	All but \$550 a day  \$0  \$0	\$550 a day  100% of the Medicare Eligible Expense  \$0	\$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 \$137.50 a day	\$0	Up to \$137.50 a day
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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

\*\*\* Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan A Pays</b>	<b>You Pay</b>
<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 \$155 of Medicare-approved amounts***	\$0	\$0	\$155 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>PART B EXCESS CHARGES</b> (Above Medicare-approved amounts)	\$0	\$0	All Costs
<b>BLOOD</b> – First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare-approved amounts***	\$0	\$0	\$155 (Part B deductible)
Remainder of Medicare- approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b> – Tests For Diagnostic Services	100%	\$0	\$0

**PARTS A & B**

<b>HOME HEALTH CARE – MEDICARE-APPROVED SERVICES</b>			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment:			
• First \$155 of Medicare-approved amounts***	\$0	\$0	\$155 (Part B Deductible)
• Remainder of Medicare-approved amounts	80%	20%	\$0