



South Carolina Health Insurance Pool

Medicare Supplement Policy Comparison Chart – Effective January 1, 2011

Part A Hospital Insurance – Covered Services			
SERVICE	MEDICARE PAYS	PLAN A PAYS	PLAN C PAYS
Hospitalization Semiprivate room and board. General nursing and miscellaneous hospital services and supplies.			
– First 60 days	All but \$1,132 (the Part A deductible)	\$0	\$1,132 (the Part A deductible)
61 st to 90 th day	All but \$283 a day	\$283 a day	\$283 a day
91 st day and after: - While using 60 lifetime reserve days Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$566 a day \$0 \$0	\$566 a day 100% of Medicare-eligible expenses \$0	\$566 a day 100% of Medicare-eligible expenses \$0
Skilled Nursing Care Medicare must approve the facility and you must have been in the hospital at least three days First 20 days 21 st through 100 th day 101 st day and after	All approved amounts All but \$141.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$141.50 a day \$0
Blood First three pints Additional Amounts	\$0 100%	Three pints \$0	Three pints \$0
Hospice Care Must be terminally ill	All but very limited copayment/ coinsurance for outpatient drugs and respite care	\$0	Medicare copayment/ coinsurance

Part B Medical Insurance – Covered Services			
SERVICE	MEDICARE PAYS	PLAN A PAYS	PLAN C PAYS
Medical Expenses Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: - First \$162 of Medicare-approved amounts (the Part B deductible) - Preventive Benefits for Medicare-covered services - Remainder of Medicare-approved amounts	\$0 Covered Generally 80%	\$0 Covered Generally 20%	\$162 Covered Generally 20%
Part B Excess Charges Above Medicare-approved amounts	\$0	\$0	\$0
Blood First three pints Next \$162 of Medicare-approved amounts Remainder of Medicare-approved amounts	\$0 \$0 Generally 80%	All costs \$0 20%	All costs \$162 20%
Clinical Laboratory Services Tests for diagnostic services	100%	\$0	\$0
Medicare Part A & B – Covered Services			
Home Healthcare Medicare-Approved Services Medically necessary skilled care services and medical supplies Durable Medical equipment: - First \$162 of Medicare-approved amounts - Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$162 20%
Other Services – Not Covered by Medicare			
Foreign Travel Medically necessary emergency services during the first 60 days of each trip outside the USA: - First \$250 each calendar year - Remainder of charges	\$0 \$0	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000