

114CSR17

TABLE 114-17A

<u>MEDICARE SERVICE</u>	<u>THIS POLICY BENEFIT</u>	<u>YOU PAYS</u>	<u>PAYS</u>	<u>PAY</u>
HOSPITALIZATION				
semiprivate room and board, general nursing and miscellaneous hospital services and supplies	First 60 days	All but \$(204)		
	61st to 90th day	All but \$(51) a day		
Includes meals special care units, drugs, lab tests, diagnostic X-rays, medical supplies, operating and recovery room, anesthesia and rehabilitation services	91st to 150th day	All but \$(102)		
	Beyond 150	Nothing		
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POSTHOSPITAL SKILLED NURSING CARE . . .	First 20 days	100% of costs		
In a facility approved by Medicare, you must have been in a hospital for at least three days and enter the facility within 14 days after hospital discharge	Additional 180 days	All but \$(25.50) a day		
	Beyond 100 days	Nothing		
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MEDICAL EXPENSE services, inpatient and out-patient medical services and supplies at a hospital, physical and	Physician's reasonable charge (after \$(60) deductible)	80% of		

speech therapy
and ambulance