

## Medicare Supplement Plan F Benefits Overview

Type of Service	Benefit
<b>Inpatient Hospital Services</b>	Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61 - 90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available
<b>Outpatient Hospital X-Ray</b>	Balance after Medicare is covered in full
<b>Outpatient Hospital Laboratory and Pathology</b>	Balance after Medicare is covered in full
<b>Emergency Services - Life Threatening and Urgent Medical Emergencies</b>	Balance after Medicare is covered in full
<b>Physician Inpatient Services</b>	Balance after Medicare is covered in full
<b>Office Visits</b>	Balance after Medicare is covered in full
<b>Eye Exams</b>	No coverage for routine Eye Exams Diagnostic exams - Balance after Medicare is covered in full Eyeglasses - Balance after Medicare is covered in full, only for prosthetic lenses following cataract surgery
<b>Hearing Evaluations</b>	No coverage for routine Hearing Evaluations Diagnostic evaluations - Balance after Medicare is covered in full Hearing Aids are not covered
<b>Chiropractic Services</b>	Balance after Medicare is covered in full
<b>Prescription Drugs</b>	No coverage

This summary is not a contract or binding agreement. It reflects some commonly held benefits for this plan.

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-659-1986 (TTY: 1-800-662-1220).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-659-1986 (TTY.1-800-662-1220)。