



PLAN G BENEFITS

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies.			
– First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
– 61 st thru 90 th day	All but \$408 a day	\$408 a day	\$0
– 91 st day and after:			
• While using 60 lifetime reserve days	All but \$816 a day	\$816 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
Skilled Nursing Facility Care* 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 st thru 100 th day	All but \$204 a day	Up to \$204 a day	\$0
– 101 st day and after	\$0	\$0	All costs
Blood			
– First three pints	\$0	Three pints	\$0
– Additional amounts	100%	\$0	\$0
Hospice Care 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

*A benefit period begins on the first day you receive services 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, 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.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Medical Expenses In or out of the hospital and outpatient hospital treatment, such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. – First \$240 of Medicare-approved amounts ¹	\$0	\$0	\$240 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood – First three pints	\$0	All costs	\$0
– Next \$240 of Medicare-approved amounts ¹	\$0	\$0	\$240 (Part B deductible)
– Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services – Tests for diagnostic services	100%	\$0	\$0

PARTS A&B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Home Healthcare Medicare-approved services – Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
– Durable medical equipment <ul style="list-style-type: none"> • First \$240 of Medicare-approved amounts¹ • Remainder of Medicare-approved amounts 	\$0 80%	\$0 20%	\$240 (Part B deductible) \$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Foreign Travel Not covered by Medicare - medically necessary emergency care services beginning during the first 60 days of each trip outside the USA. – First \$250 each calendar year – Remainder of charges	\$0 \$0	\$0 80% to a lifetime max benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime max

¹Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Missouri 2025
Plan G
MVLH-MS-A-21-MK

Issue Age	Male	Female
Disabled	\$233	\$233
65	\$227	\$205
66	\$231	\$210
67	\$236	\$213
68	\$240	\$218
69	\$244	\$223
70	\$248	\$225
71	\$257	\$234
72	\$264	\$240
73	\$271	\$247
74	\$279	\$254
75	\$288	\$261
76	\$295	\$268
77	\$302	\$274
78	\$312	\$282
79	\$320	\$291
80	\$328	\$298
81	\$336	\$307
82	\$346	\$315
83	\$356	\$324
84	\$365	\$331
85+	\$375	\$341