Plan	PL AN A	PL AN B	PL AN C <sup>6</sup>	PL AN D <sup>2</sup>	PL AN F <sup>6</sup>	PL AN FH <sup>6</sup>	PL AN G	PL AN GH³	PL AN K <sup>4</sup>	PL AN L <sup>4</sup>	PL AN M	PL AN N <sup>5</sup>
To help you pay for out-of-pocket medical costs that Medicar e may not cover, we offer Medicar e supplem ent insuranc e plans A, B, C, D, F, FH, G, GH, K, L, M, & N.	~	~	~	~	~	~	~	~	~	~	~	<b>&gt;</b>
Medicar e Part B coinsura nce	~	~	~	~	~	~	~	~	50%	75%	~	~
Blood (first 3 pints)	~	~	~	~	~	~	~	~	50%	75%	~	~
Parts A Hospice care coinsura nce or copaym ent	<b>~</b>	~	<b>~</b>	<b>~</b>	~	~	<b>~</b>	~	50%	75%	<b>~</b>	<b>~</b>
Skilled Nursing facility			~	~	~	~	~	~	50%	75%	<b>~</b>	<b>~</b>

care coinsura nce											
Medicar e Part A deductib le	~	~	~	~	~	~	~	50%	75%	50%	~
Medicar e Part B deductib le <sup>6</sup>		~		~	~						
Medicar e Part B excess charges				~	~	~	~				
Foreign travel emergen cy (up to plan limit) <sup>7</sup>		UP TO 80%			UP TO 80%	UP TO 80%					