

PLAN GRID	A	B	C	D	F*	G*	K*	L*	M	N
Part A Co-Insurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part B Co-Insurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	Co-Pay
Skilled Care			✓	✓	✓	✓	50%	75%	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B Deductible			✓		✓					
Part B Excess					100%	100%				
Foreign Travel Emergency			✓	✓	✓	✓			✓	✓