

B	I	N	G	O
Summary of Benefits	63 days	Hospital	Part B Premium \$164.90	Medigap
Formulary	Special needs plans	Original Medicare	Durable medical equipment/DME	Part A hospital inpatient deductible
Preventive Services	Supplements	FREE	Exception	Medicare Advantage
Medicare Savings Program	Prescription drug plan	Medicare and you handbook	Medicare	Not Covered
Medicaid	Extra Help	Over the counter (OTC)	Utility Benefit	Healthy Foods Card

B	I	N	G	O
Supplements	Durable medical equipment/DME	Part B Premium \$164.90	Formulary	Original Medicare
Hospital	Utility Benefit	Medigap	Extra Help	Part A hospital inpatient deductible
Medicare Savings Program	Exception	FREE	Medicare Advantage	63 days
Medicare	Over the counter (OTC)	Summary of Benefits	Healthy Foods Card	Prescription drug plan
Medicare and you handbook	Not Covered	Preventive Services	Special needs plans	Medicaid

B	I	N	G	O
Extra Help	Over the counter (OTC)	Durable medical equipment/DME	Not Covered	Exception
Summary of Benefits	Medicare Savings Program	Medicare and you handbook	Special needs plans	Medigap
Preventive Services	Healthy Foods Card	FREE	Prescription drug plan	Medicare
Supplements	Part A hospital inpatient deductible	Part B Premium \$164.90	Utility Benefit	Hospital
Medicare Advantage	63 days	Original Medicare	Formulary	Medicaid