

PLAN A
Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan A	
		Plan Pays	You Pay
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$0	\$1,184 (Part A deductible)
61st thru 90th day	All but \$296 a day	\$296 a day	\$0
91st day and after:			
▪ While using 60 lifetime reserve days	All but \$592 a day	\$592 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
21st thru 100th day	All but \$148 a day	\$0	Up to \$148 a day
101st day and after	\$0	\$0	All costs

*A **Benefit Period** begins on the first day you receive care 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 for 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.

PLAN A (continued)
Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan A	
		Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	3 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 a very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

PLAN A
Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan A	
		Plan Pays	You Pay
MEDICAL EXPENSES			
IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENTS , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN A (continued)
Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan A	
		Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (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 A	
		Plan Pays	You Pay
HOME HEALTH CARE			
Medicare-Approved Services			
▪ Medically necessary skilled care services and medical supplies	100%	\$0	\$0
▪ Durable medical equipment:			
- First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN B
Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan B	
		Plan Pays	You Pay
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61 st thru 90 th day	All but \$296 a day	\$296 a day	\$0
91 st day and after:			
▪ While using 60 lifetime reserve days	All but \$592 a day	\$592 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 \$148 a day	\$0	Up to \$148 a day
101 st day and after	\$0	\$0	All costs

*A **Benefit Period** begins on the first day you receive care 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 for 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.

PLAN B (continued)
Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan B	
		Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	3 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

PLAN B
Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan B	
		Plan Pays	You Pay
MEDICAL EXPENSES			
IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENTS , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	\$0	All costs

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN B (continued)
Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan B	
		Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (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 B	
		Plan Pays	You Pay
HOME HEALTH CARE			
Medicare-Approved Services			
▪ Medically necessary skilled care services and medical supplies	100%	\$0	\$0
▪ Durable medical equipment:			
- First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN F
Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan F	
		Plan Pays	You Pay
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61st thru 90th day	All but \$296 a day	\$296 a day	\$0
91st day and after:			
▪ While using 60 lifetime reserve days	All but \$592 a day	\$592 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
21st thru 100th day	All but \$148 a day	Up to \$148 a day	\$0
101st day and after	\$0	\$0	All costs

*A **Benefit Period** begins on the first day you receive care 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 for 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.

PLAN F (continued)
Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan F	
		Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	3 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

PLAN F
Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan F	
		Plan Pays	You Pay
MEDICAL EXPENSES			
IN OR OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENTS , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100% of all costs	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN F (continued)
Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan F	
		Plan Pays	You Pay
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

Services	Medicare Pays	Plan F	
		Plan Pays	You Pay
HOME HEALTH CARE			
Medicare-Approved Services			
<ul style="list-style-type: none"> ▪ Medically necessary skilled care services and medical supplies 	100%	\$0	\$0
<ul style="list-style-type: none"> ▪ Durable medical equipment: <ul style="list-style-type: none"> - First \$147 of Medicare-approved amounts* 	\$0	\$147 (Part B deductible)	\$0
<ul style="list-style-type: none"> - Remainder of Medicare-approved amounts 	80%	20%	\$0

OTHER BENEFITS – Not Covered by Medicare

Services	Medicare Pays	Plan F	
		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	\$0	\$0	\$250
Remainder of such charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

PLAN G
Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan G	
		Plan Pays	You Pay
HOSPITALIZATION* Semi private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: <ul style="list-style-type: none"> ▪ While using 60 lifetime reserve days ▪ Once lifetime reserve days are used: <ul style="list-style-type: none"> -Additional 365 days -Beyond the additional 365 days 	All but \$1,184 All but \$296 a day All but \$592 a day \$0 \$0	\$1,184 (Part A deductible) \$296 a day \$592 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21st thru 100th day 101st day and after	All approved amounts All but \$148 a day \$0	\$0 Up to \$148 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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 care 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 for 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.

PLAN G
Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan G	
		Plan Pays	You Pay
MEDICAL EXPENSES IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENTS , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$147 of Medicare approved amounts* Remainder of Medicare approved amounts Part B Excess Charges (above Medicare approved amounts)	\$0 Generally 80% \$0	\$0 Generally 20% 100% of all costs	\$147 (Part B deductible) \$0 \$0
BLOOD First 3 pints Next \$147 of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$147 (Part B deductible) \$0
CLINICAL LABORATORY SERVICES Tests for diagnostic services	100%	\$0	\$0

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

**PLAN G (continued)
PARTS A & B**

Services	Medicare Pays	Plan G	
		Plan Pays	You Pay
HOME HEALTH CARE			
Medicare Approved Services			
▪ -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
▪ -Durable medical equipment:			
- First \$147 of Medicare approved amounts*	\$0	\$0	\$147 (Part B deductible)
- Remainder of Medicare approved amounts	80%	20%	\$0

OTHER BENEFITS – Not Covered by Medicare

Services	Medicare Pays	Plan G	
		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	\$0	\$0	\$250
Remainder of such charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

PLAN N
Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan N	
		Plan Pays	You Pay
HOSPITALIZATION* Semi private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: <ul style="list-style-type: none"> ▪ While using 60 lifetime reserve days ▪ Once lifetime reserve days are used: <ul style="list-style-type: none"> -Additional 365 days -Beyond the additional 365 days 	All but \$1,184 All but \$296 a day All but \$592 a day \$0 \$0	\$1,184 (Part A deductible) \$296 a day \$592 a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21st thru 100th day 101st day and after	All approved amounts All but \$148 a day \$0	\$0 Up to \$148 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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 care 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 for 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.

PLAN N
Medicare (Part B) – Medical Services – Per Calendar Year

Services	Medicare Pays	Plan N	
		Plan Pays	You Pay
<p>MEDICAL EXPENSES</p> <p>IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENTS, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment</p> <p>First \$147 of Medicare approved amounts*</p> <p>Remainder of Medicare approved amounts</p> <p>Part B Excess Charges (above Medicare approved amounts)</p>	<p>\$0</p> <p>Generally 80%</p> <p>\$0</p>	<p>\$0</p> <p>Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p> <p>\$0</p>	<p>\$147 (Part B Deductible)</p> <p>Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p> <p>All costs</p>
<p>BLOOD</p> <p>First 3 pints</p> <p>Next \$147 of Medicare approved amounts*</p> <p>Remainder of Medicare approved amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$147 (Part B deductible)</p> <p>\$0</p>
<p>CLINICAL LABORATORY SERVICES</p> <p>Tests for diagnostic services</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

PLAN N (continued)
PARTS A & B

Services	Medicare Pays	Plan N	
		Plan Pays	You Pay
HOME HEALTH CARE			
Medicare Approved Services			
<ul style="list-style-type: none"> ▪ Medically necessary skilled care services and medical supplies 	100%	\$0	\$0
<ul style="list-style-type: none"> ▪ Durable medical equipment: <ul style="list-style-type: none"> - First \$147 of Medicare approved Amounts* - Remainder of Medicare approved amounts 	\$0	\$0	\$147 (Part B Deductible)
	80%	20%	\$0

OTHER BENEFITS – Not Covered by Medicare

Services	Medicare Pays	Plan N	
		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	\$0	\$0	\$250
Remainder of such charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.