



# 2013 Outline of Medicare Supplement Coverage

## Cover Page (1 of 2)

### Plans A, F, High Ded F, G & N

### Benefit Chart of Medicare Supplement Plans Sold for Effective Dates On or After June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state. Plans shown in gray are available for purchase.

Plans A, F, High Deductible F & N are available to those who are under age 65 and qualify for Medicare due to disability (noted with a diamond ‘◆’).

#### Basic Benefits:

- **Hospitalization** – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses** – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood** – First three pints of blood each year.
- **Hospice** – Part A coinsurance.

PLAN	A◆	B	C	D	F◆   F◆◆	G	K	L	M	N◆
<b>Basic coverage</b>	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
<b>Skilled Nursing Facility coinsurance</b>			✓	✓	✓	✓	50%	75%	✓	✓

(continued on next page)



**Anthem Blue Cross –  
California**

Administrative Office: PO Box 9063, Oxnard, CA 93031-9063  
Toll Free Telephone Number: 1-888-211-9813

## Monthly Premium

**Plans A, F, High Ded F & N  
Effective March 1, 2013**

Premiums are subject to change.

### Premium – Under Age 65

To determine your premium, select your age as of your requested policy effective date, and the area as determined by the zip code listing on pages 4 - 7.

Age	A						F					
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
< 65	\$185.43	\$185.43	\$185.43	\$257.72	\$257.72	\$243.57	\$278.15	\$278.15	\$278.15	\$363.01	\$363.01	\$306.44

Age	Plan High Ded F						Plan N					
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
< 65	\$84.36	\$84.36	\$84.36	\$117.25	\$117.25	\$110.81	\$174.63	\$174.63	\$174.63	\$242.71	\$242.71	\$186.50



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## 2013 Outline of Medicare Supplement Coverage

Cover Page (2 of 2)

Plans A, F, High Ded F, G & N

PLAN	A <sup>+</sup>	B	C	D	F <sup>+</sup>   F <sup>**</sup>	G	K	L	M	N <sup>+</sup>
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B Deductible			✓		✓					
Part B Excess					✓	✓				
Foreign Travel Emergency			✓	✓	✓	✓			✓	✓
Out-of-pocket limit							\$4,800; paid at 100% after limit reached	\$2,400; paid at 100% after limit reached		

\* Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.



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## **Disclosure Page**

### **Plans A, F, High Ded F, G & N**

### **Disclosures**

Use this outline to compare benefits and premiums among policies.

Medicare deductibles and coinsurance amounts are effective as of January 1, 2013. Medicare may change their amounts annually.

### **Read Your Policy Very Carefully**

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Anthem Blue Cross.

### **Right to Return Policy**

If you find that you are not satisfied with your policy, you may return it to us at our Administrative Office: PO Box 9063, Oxnard, CA 93031-9063. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

### **Policy Replacement**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

### **Notice**

This policy may not fully cover all of your medical costs.

Neither Anthem Blue Cross nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

### **Complete Answers are Very Important**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

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**Retain this outline for your records.**

# PLAN A

## MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

**PART  
A**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$0	\$1,184 (Part A deductible)
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> 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

(continued on next page)

- \* A benefit period begins on the first day you receive service 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

## MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

**PART  
A**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Skilled Nursing Facility Care*</b>			
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 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$148 a day	\$0	Up to \$148 a day
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b>			
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 service 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.

# PLAN A

## MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

**PART  
B**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b>			
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
<b>Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	\$0	All costs
<b>Blood</b>			
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
<b>Clinical Laboratory Services</b>			
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 A

## MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES

PARTS  
**A+B**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care – Medicare Approved Services</b>			
· 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

**PART  
A**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> 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

(continued on next page)

- \* A benefit period begins on the first day you receive service 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

## MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

**PART  
A**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Skilled Nursing Facility Care*</b>			
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 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$148 a day	Up to \$148 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b>			
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 service 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.

# PLAN F

## MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

**PART  
B  
Services**

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b>			
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
<b>Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	100%	\$0
<b>Blood</b>			
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
<b>Clinical Laboratory Services</b>			
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 F**  
**MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES**  
**OTHER BENEFITS – NOT COVERED BY MEDICARE**

**PARTS**  
**A+B**  
**Services**

Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care – Medicare Approved Services</b>			
· Medically necessary skilled care services and medical supplies	100%	\$0	\$0
· Durable medical equipment:			
– First \$147 of Medicare approved amounts*	\$0	\$147 (Part B deductible)	\$0
– Remainder of Medicare approved amounts	80%	20%	\$0

**OTHER**  
**BENEFITS**

**Not Covered**  
**by Medicare**

<b>Foreign Travel – Not Covered by Medicare</b>			
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 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.

# HIGH DEDUCTIBLE PLAN F

## MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

**PART  
A**  
Services

Services	Medicare Pays	After You Pay \$2,110 Deductible,** Plan Pays	In Addition to \$2,110 Deductible,** You Pay
<b>Hospitalization*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> 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

(continued on next page)

- \* A benefit period begins on the first day you receive service 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.
- \*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.
- \*\*\* 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.

# HIGH DEDUCTIBLE PLAN F

## MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

**PART  
A**  
Services

Services	Medicare Pays	After You Pay \$2,110 Deductible,** Plan Pays	In Addition to \$2,110 Deductible,** You Pay
<b>Skilled Nursing Facility Care*</b>			
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 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$148 a day	Up to \$148 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b>			
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 service 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.
- \*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

# HIGH DEDUCTIBLE PLAN F

## MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

**PART  
B**  
Services

Services	Medicare Pays	After You Pay \$2,110 Deductible,** Plan Pays	In Addition to \$2,110 Deductible,** You Pay
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b>			
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
<b>Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	100%	\$0
<b>Blood</b>			
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

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- \* 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.
- \*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

# HIGH DEDUCTIBLE PLAN F

## MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

PART  
**B**  
Services

Services	Medicare Pays	After You Pay \$2,110 Deductible,** Plan Pays	In Addition to \$2,110 Deductible,** You Pay
<b>Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0

\*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.



**HIGH DEDUCTIBLE PLAN F**  
**MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES**  
**OTHER BENEFITS – NOT COVERED BY MEDICARE**

**PARTS  
A+B**  
Services

Services	Medicare Pays	After You Pay \$2,110 Deductible,** Plan Pays	In Addition to \$2,110 Deductible,** You Pay
<b>Home Health Care – Medicare Approved Services</b>			
· Medically necessary skilled care services and medical supplies	100%	\$0	\$0
· Durable medical equipment:			
– First \$147 of Medicare approved amounts*	\$0	\$147 (Part B deductible)	\$0
– Remainder of Medicare approved amounts	80%	20%	\$0

**OTHER  
BENEFITS**

**Not Covered  
by Medicare**

<b>Foreign Travel – Not Covered by Medicare</b>			
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 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.
- \*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

# PLAN G

## MEDICARE (PART A) HOSPITAL SERVICES — PER BENEFIT PERIOD

**PART  
A**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> 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

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- \* A benefit period begins on the first day you receive service 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 A) HOSPITAL SERVICES — PER BENEFIT PERIOD

**PART  
A**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Skilled Nursing Facility Care*</b>			
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 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$148 a day	Up to \$148 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b>			
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 service 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.

# PLAN G

## MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

**PART  
B**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b>			
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
<b>Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	100%	\$0
<b>Blood</b>			
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
<b>Clinical Laboratory Services</b>			
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**  
**MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES**  
**OTHER BENEFITS – NOT COVERED BY MEDICARE**

**PARTS  
A+B**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care – Medicare Approved Services</b>			
· 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**

<b>Foreign Travel – Not Covered by Medicare</b>			
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 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

**PART  
A**  
Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,184	\$1,184 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$296 a day	\$296 a day	\$0
91 <sup>st</sup> 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

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- \* A benefit period begins on the first day you receive service 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 A) HOSPITAL SERVICES — PER BENEFIT PERIOD

**PART  
A  
Services**

Services	Medicare Pays	Plan Pays	You Pay
<b>Skilled Nursing Facility Care*</b>			
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 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$148 a day	Up to \$148 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b>			
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 service 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.

# PLAN N

## MEDICARE (PART B) MEDICAL SERVICES — PER CALENDAR YEAR

**PART  
B  
Services**

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b>			
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%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment 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.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment 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.
<b>Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	\$0	All costs
<b>Blood</b>			
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

(continued on next page)

\* 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 B) MEDICAL SERVICES — PER CALENDAR YEAR

MEDICARE (PART A) HOSPITAL & (PART B) MEDICAL SERVICES

OTHER BENEFITS — NOT COVERED BY MEDICARE

### PART B Services

Services	Medicare Pays	Plan Pays	You Pay
<b>Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0

### PARTS A+B Services

<b>Home Health Care — Medicare Approved Services</b>			
· 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

<b>Foreign Travel — Not Covered by Medicare</b>			
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 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.