BlueCross65℠

of Tennessee

# Outline of Medicare Supplement Coverage Benefits
## Plans A, B, C, D, E, F, G, H, I, J, K and L

Medicare supplement insurance can be sold in only 12 standard plans – plus two high deductible plans. This chart shows the benefits included in each plan. Every company must make available Plan "A." Some plans may not be available in your state.

**Basic Benefits A-J:**
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, in the case of hospital outpatient department services, applicable copayments.

Blood – First three pints each year

**Basic Benefits K:**
Hospitalization – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses – 50% Part B coinsurance (generally 50% of the 20% of Medicare-approved expenses), or, in the case of hospital outpatient department services, 50% of applicable copayments.

Blood – 50% of Medicare-eligible expenses for the first three pints each year.

**Basic Benefits L:**
Hospitalization – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses – 75% Part B coinsurance (generally 75% of the 20% of Medicare-approved expenses), or, in the case of hospital outpatient department services, 75% of applicable copayments.

Blood – 75% of Medicare-eligible expenses for the first three pints each year.

| A | B | C | D | E | F | F[1] | G | H[2] | I[2] | J[2] | J[1] | K | L |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Basic Benefits | Basic Benefits | Basic Benefits | Basic Benefits | Basic Benefits | Basic Benefits | | Basic Benefits | Basic Benefits | Basic Benefits | Basic Benefits | | Basic Benefits | Basic Benefits |
| | | Skilled Nursing Coinsurance | Skilled Nursing Coinsurance | Skilled Nursing Coinsurance | Skilled Nursing Coinsurance | | Skilled Nursing Coinsurance | Skilled Nursing Coinsurance | Skilled Nursing Coinsurance | Skilled Nursing Coinsurance | | Skilled Nursing Coinsurance (50%) | Skilled Nursing Coinsurance (75%) |
| | Part A Deductible | Part A Deductible | Part A Deductible | Part A Deductible | Part A Deductible | | Part A Deductible | Part A Deductible | Part A Deductible | Part A Deductible | | Part A Deductible (50%) | Part A Deductible (75%) |
| | | Part B Deductible | | | Part B Deductible | | | | | Part B Deductible | | | |
| | | | | | Part B Excess (100%) | | Part B Excess (80%) | | Part B Excess (100%) | Part B Excess (100%) | | | |
| | | Foreign Travel Emergency | Foreign Travel Emergency | Foreign Travel Emergency | Foreign Travel Emergency | | Foreign Travel Emergency | Foreign Travel Emergency | Foreign Travel Emergency | Foreign Travel Emergency | | | |
| | | | At Home Recovery | | | | At Home Recovery | | At Home Recovery | At Home Recovery | | | |
| | | | | Preventive Care | | | | | | Preventive Care | | | |
| | | | | | | | | | | | | $4,620 Out-of-Pocket Annual Limit | $2,310 Out-of-Pocket Annual Limit |

[1]Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. BlueCross BlueShield of Tennessee does **not** offer high deductible Plans F and J. These high deductible plans pay the same or offer the same benefits as Plans F and J after you have paid a calendar year deductible $2,000 (in 2009). Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses are $2,000 (in 2009). 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: in Plan J, the plan's separate prescription drug deductible; or in Plans F and J, the plan's separate foreign travel emergency deductible.

[2]BlueCross BlueShield of Tennessee does not sell plans H, I, and J.



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## Premium Information

Your rate will change effective January 1st of every year. Other than for age, BlueCross BlueShield of Tennessee will only adjust your rate if rates are adjusted for all policies like yours. Any rate adjustment will be made at the same time for all BlueCross65 customers who have the same coverage.

## Disclosures

Use this outline to compare benefits among the plans available through BlueCross BlueShield of Tennessee.

## 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 the rights and duties of both you and BlueCross BlueShield of Tennessee.

## Right To Return Policy

If you find that you are not satisfied with your policy, you may return it to:

BlueCross BlueShield of Tennessee
801 Pine Street
Chattanooga, TN 37402

If you send the policy back to us within 30 days of the effective date, we will treat the policy as if it had never been issued and return all of your premiums (less any benefits provided).

## 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

Your policy may not fully cover all of your medical costs. Neither BlueCross BlueShield of Tennessee 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. BlueCross BlueShield of Tennessee may cancel your policy or 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.

## Limitations And Exclusions

BlueCross65 coverages do not provide benefits for:

- Services and supplies not covered by Medicare, except those specifically included under the plan you select.
- Any expense that is paid by Medicare.
- Hospital stays beginning or medical expenses incurred during the first six months of coverage if they are considered a pre-existing condition. A condition is considered pre-existing if medical advice was given or treatment recommended by or received from a physician within six months prior to the insurance effective date. All or part of this six month preexisting condition waiting period can be waived if you have creditable coverage. See BlueCross65 brochure for more information.

# Plan A

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068/benefit period | $0 | $1,068 |
| 61st through 90th day | All but $267 a day | $267/day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $534 a day | $534/day | $0 |
| Once lifetime reserve days are used—<br>Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1]—<br>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 through 100th day | All but $133.50 a day | $0 | Up to $133.50 a day |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient respite care | $0 | Balance |

[1]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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 B)** – Medical Services – Per Calendar Year

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES —** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First $135 of Medicare-Approved Amounts[3] (Part B Deductible) | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-approved Amounts | Generally 80% | Generally 20%[4] | $0 |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** — Tests For Diagnostic Services | 100% | $0 | $0 |
| **MEDICARE PARTS A AND B** | | | |
| **HOME HEALTH CARE** | | | |
| MEDICARE-APPROVED SERVICES — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment — first $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |

[3] Once you have been billed $135 of Medicare-Approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

[4] However, Medicare may pay 50% of the Approved Amount for mental health services; then Plan A payment increases to 50% of the Approved Amount.

# Plan B

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068/benefit period | $1,068 | $0 |
| 61st through 90th day | All but $267 a day | $267/day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $534 a day | $534/day | $0 |
| Once lifetime reserve days are used—<br>Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1] —<br>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 through 100th day | All but $133.50 a day | $0 | Up to $133.50 a day |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient respite care | $0 | Balance |

[1] A benefit period begins on the first day you receive services 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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 B)** – Medical Services – Per Calendar Year

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES —** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First $135 of Medicare-Approved Amounts[3] (Part B Deductible) | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 20%[4] | $0 |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** — Tests for Diagnostic Services | 100% | $0 | $0 |
| **MEDICARE PARTS A AND B** | | | |
| **HOME HEALTH CARE** | | | |
| MEDICARE-APPROVED SERVICES — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment — first $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| REMAINDER OF MEDICARE-APPROVED AMOUNTS | 80% | 20% | 0% |

[3] Once you have been billed $135 of Medicare-Approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

[4] However, Medicare may pay 50% of the Approved Amount for mental health services; then Plan B payment increases to 50% of the Approved Amount.

# Plan C

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068/ benefit period | $1,068 | $0 |
| 61st through 90th day | All but $267 a day | $267/day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $534 a day | $534/day | $0 |
| Once lifetime reserve days are used — Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1] — 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 through 100th day | All but $133.50 a day | Up to $133.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient respite care | $0 | Balance |

[1] 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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 C *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES** — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First $135 of Medicare-Approved Amounts[3] (Part B Deductible) | $0 | $135 (Part B Deductible) | $0 |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 20%[4] | $0 |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $135 (Part B Deductible) | $0 |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **CLINCIAL LABORATORY SERVICES** — Tests For Diagnostic Services | 100% | $0 | $0 |
| **MEDICARE PARTS A AND B** | | | |
| **HOME HEALTH CARE**<br>MEDICARE-APPROVED SERVICES — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment — first $135 of Medicare-Approved Amounts[3] | $0 | $135 (Part B Deductible) | $0 |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **OTHER BENEFITS—NOT COVERED BY MEDICARE** | | | |
| **FOREIGN TRAVEL** — NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA<br>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 |

[3] Once you have been billed $135 of Medicare-Approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

[4] However, Medicare may pay 50% of the Approved Amount for mental health services; then Plan C payment increases to 50% of the Approved Amount.

# Plan D

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068/benefit period | $1,068 | $0 |
| 61st through 90th day | All but $267 a day | $267/day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $534 a day | $534/day | $0 |
| Once lifetime reserve days are used — Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1] — 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 through 100th day | All but $133.50 a day | Up to $133.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatientdrugs and inpatient respite care | $0 | Balance |

[1] 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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 D *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES** — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First $135 of Medicare-Approved Amounts[3] (PART B Deductible) | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 20%[4] | $0 |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **CLINCIAL LABORATORY SERVICES** — Tests for Diagnostic Services | 100% | $0 | $0 |
| **MEDICARE PARTS A AND B** | | | |
| **HOME HEALTH CARE**<br>MEDICARE-APPROVED SERVICES — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment — first $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **OTHER BENEFITS – NOT COVERED BY MEDICARE** | | | |
| **AT-HOME RECOVERY SERVICES** — NOT COVERED BY MEDICARE – Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan Benefit for each visit | $0 | Actual charges Up to $40 a visit | Balance |

*(continued on page 12)*

[3] Once you have been billed $135 of Medicare-Approved amounts for any of these covered services, your Part B Deductible will have been met for the calendar year.

[4] However, Medicare may pay 50% of the Approved Amount for mental health services; then Plan D payment increases to 50% of the Approved Amount.

## Plan D *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| Number of visits covered (must be received within eight weeks of last Medicare-Approved visit) | $0 | Up to the number of Medicare-Approved visits, not to exceed 7 each week | $0 |
| Calendar year maximum | | $1,600 | |
| **FOREIGN TRAVEL** — NOT COVERED BY MEDICARE<br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA<br>First $250 each calendar year | $0 | $0 | $250 |
| Remainder of Charges | $0<br>benefit of | 80% to a lifetime maximum<br>the $50,000<br>$50,000 | 20% and amounts over<br>lifetime maximum |

# Plan E

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068/benefit period | $1,068 | $0 |
| 61st through 90th days | All but $267 a day | $267/day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $537 a day | $537 day | $0 |
| Once lifetime reserve days are used — Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1] — 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 through 100th day | All but $133.50 a day | Up to $133.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient respite care | $0 | Balance |

[1] 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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 E *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES —** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First $135 of Medicare-Approved Amounts[3] (Part B Deductible) | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 20%[4] | $0 |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** — Tests For Diagnostic Services | 100% | $0 | $0 |
| **MEDICARE PARTS A AND B** | | | |
| **HOME HEALTH CARE** MEDICARE-APPROVED SERVICES — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment — first $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B (Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **OTHER BENEFITS – NOT COVERED BY MEDICARE** | | | |
| **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 |

*(continued on page 15)*

[3] Once you have been billed $135 of Medicare-Approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

[4] However, Medicare may pay 50% of the Approved Amount for mental health services; then Plan E payment increases to 50% of the Approved Amount.

## Plan E *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| Remainder of Charges | $0 | 80% to a lifetime maximum benefit of $50,000 | 20% and amounts over the $50,000 lifetime maximum |
| **PREVENTIVE MEDICAL CARE BENEFIT** — NOT COVERED BY MEDICARE<br>Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare<br>First $120 each calendar year | $0 | $120 | $0 |
| Additional charges | $0 | $0 | All costs |

# Plan F

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068/benefit period | $1,068 | $0 |
| 61st through 90th day | All but $267 a day | $267/day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $534 a day | $534/day | $0 |
| Once lifetime reserve days are used — Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1] — 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 through 100th day | All but $133.50 a day | Up to $133.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient respite care | $0 | Balance |

[1] 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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 B)** – Medical Services – Per Calendar Year

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES —** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First $135 of Medicare-Approved Amounts[3] (Part B Deductible) | $0 | $135 Part B Deductible) | $0 |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 20%[4] | $0 |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | 100% | $0 |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $135 (Part B Deductible) | $0 |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** — Tests For Diagnostic Services | 100% | $0 | $0 |
| **MEDICARE PARTS A AND B** | | | |
| **HOME HEALTH CARE** | | | |
| **MEDICARE-APPROVED SERVICES** — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment – first $135 of Medicare-Approved Amounts[3] | $0 | $135 (Part B Deductible) | $0 |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **OTHER BENEFITS — NOT COVERED BY MEDICARE** | | | |
| **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 Charges | $0 | 80% to a lifetime maximum benefit of $50,000 | 20% and amounts over the $50,000 lifetime maximum |

[3] Once you have been billed $135 of Medicare-Approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

[4] However, Medicare may pay 50% of the Approved Amount for mental health services; then Plan F payment increases to 50% of the Approved Amount.

# Plan G

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068/benefit period | $1,068 | $0 |
| 61st through 90th day | All but $267 a day | $267/day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $534 a day | $534/day | $0 |
| Once lifetime reserve days are used — Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1] — 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 through 100th day | All but $133.50 a day | Up to $133.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient dugs and inpatient respite care | $0 | Balance |

[1] 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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES** — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First $135 of Medicare-Approved Amounts[3] (Part B Deductible) | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 20%[4] | $0 |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | 80% | 20% |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** — Tests for Diagnostic Services | 100% | $0 | $0 |
| **MEDICARE PARTS A AND B** | | | |
| **HOME HEALTH CARE**<br>**MEDICARE-APPROVED SERVICES** — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment – first $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **OTHER BENEFITS – NOT COVERED BY MEDICARE** | | | |
| **AT-HOME RECOVERY SERVICES** — NOT COVERED BY MEDICARE – Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan Benefit for each visit | $0 | Actual charges up to $40 a visit | Balance |

*(continued on page 20)*

[3] Once you have been billed $135 of Medicare-Approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

[4] However, Medicare may pay 50% of the Approved Amount for mental health services; then Plan G payment increases to 50% of the Approved Amount.

## Plan G *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| Number of visits covered (must be received within eight weeks of last Medicare-Approved visit) | $0 | Up to the number of Medicare-Approved visits, not to exceed 7 each week | $0 |
| Calendar year maximum | | $1,600 | |
| **FOREIGN TRAVEL** — NOT COVERED BY MEDICARE<br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA<br>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 |

# Plan H

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068/benefit period | $1,068 | $0 |
| 61st through 90th day | All but $267 a day | $267/day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $534 a day | $534/day | $0 |
| Once lifetime reserve days are used – Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1] — You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility with 30 days after leaving the hospital | | | |
| First 20 days | All approved amounts | $0 | $0 |
| 21st through 100th day | All but $133.50 a day | Up to $133.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient respite care | $0 | Balance |

[1] A benefit period begins on the first day you receive services 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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 H *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES —** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First $135 of Medicare-Approved Amounts[3] (Part B Deductible) | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 20%[4] | $0 |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** — Tests for Diagnostic Services | 100% | $0 | $0 |
| **MEDICARE PARTS A AND B** | | | |
| **HOME HEALTH CARE** **MEDICARE-APPROVED SERVICES** — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment – first $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **OTHER BENEFITS – NOT COVERED BY MEDICARE** | | | |
| **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 Charges | $0 | 80% to a lifetime maximum benefit of $50,000 | 20% and amounts over the $50,000 lifetime maximum |

[3] Once you have been billed $135 of Medicare-Approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

[4] However, Medicare may pay 50% of the Approved Amount for mental health services; then Plan H payment increases to 50% of the Approved Amount.

# Plan I

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068/benefit period | $1,068 | $0 |
| 61st through 90th day | All but $267 a day | $267/day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $534 a day | $534/day | $0 |
| Once lifetime reserve days are used—<br>Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1] — 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<br>First 20 days | All approved amounts | $0 | $0 |
| 21st through 100th day | All but $133.50 a day | Up to $133.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient respite care | $0 | Balance |

[1] 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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 I *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES —** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First $135 of Medicare-Approved Amounts[3] (Part B Deductible) | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 20%[4] | $0 |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | 100% | $0 |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** — Tests for Diagnostic Services | 100% | $0 | $0 |
| **MEDICARE PARTS A AND B** | | | |
| **HOME HEALTH CARE**<br>**MEDICARE-APPROVED SERVICES** — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment – first $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B Deductible) |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **OTHER BENEFITS – NOT COVERED BY MEDICARE** | | | |
| **AT-HOME RECOVERY SERVICES** — NOT COVERED BY MEDICARE – Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan Benefit for each visit | $0 | Actual charges up to $40 a visit | Balance |

*(continued on page 25)*

[3] Once you have been billed $135 of Medicare-Approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

[4] However, Medicare may pay 50% of the Approved Amount for mental health services, then Plan I payment increases to 50% of the Approved Amount.

## Plan I *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| Number of visits covered (must be received within eight weeks of last Medicare-Approved visit) | $0 | Up to the number Medicare-Approved visits, not to exceed 7 each week | $0 |
| Calendar year maximum | | $1,600 | |
| **FOREIGN TRAVEL** — NOT COVERED BY MEDICARE<br>Medically necessary emergency care services beginning During the first 60 days of each trip outside the USA<br>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 |

# Plan J

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semi-private room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068/ benefit period | $1,068 | $0 |
| 61st through 90th day | All but $267 a day | $267/day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $534 a day | $534/day | $0 |
| Once lifetime reserve days are used — Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1] — 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 through 100th day | All but $133.50 a day | Up to $133.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | All but very limited coinsurance for outpatient drugs and inpatient respite care | $0 | Balance |

[1] A benefit period begins on the first day you receive services 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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 J *(continued)*

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

| Services | Medicare Pays | Plan Pay | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES —** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First $135 of Medicare-Approved Amounts[3] (Part B Deductible) | $0 | $135 (Part B Deductible) | $0 |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 20%[4] | $0 |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | 100% | $0 |
| **BLOOD** | | | |
| First three pints | $0 | All costs | $0 |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $135 (Part B Deductible) | $0 |
| Remainder of Medicare-Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** — Tests for Diagnostic Services | 100% | $0 | $0 |
| **MEDICARE PARTS A AND B** | | | |
| **HOME HEALTH CARE MEDICARE-APPROVED SERVICES** — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment — first $135 of Medicare-Approved Amounts[3] | $0 | $135 (Part B Deductible) | $0 |
| Remainder of Medicare-Approved Amounts | 80% | 20% | 0% |
| **OTHER BENEFITS — NOT COVERED BY MEDICARE** | | | |
| **AT-HOME RECOVERY SERVICES**—NOT COVERED BY MEDICARE — Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan | | | |
| Benefit for each visit | $0 | Actual charges up to $40 a visit | Balance |

*(continued on page 28)*

[3] Once you have been billed $135 of Medicare-approved amounts for covered services, your Part B Deductible will have been met for the calendar year.

[4] However, Medicare may pay 50% of the Approved Amount for mental health services; then Plan J payment increases to 50% of the Approved Amount.

## Plan J *(continued)*

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

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| Number of visits covered (must be received within eight weeks of last Medicare-Approved visit) | $0 | Up to the number of Medicare-Approved visits, not to exceed 7 each week | $0 |
| Calendar year maximum | | $1,600 | |
| **FOREIGN TRAVEL** — NOT COVERED BY MEDICARE<br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA<br>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 |
| **PREVENTIVE MEDICAL CARE BENEFIT**— NOT COVERED BY MEDICARE. Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare<br>First $120 each calendar year | $0 | $120 | $0 |
| Additional charges | $0 | $0 | All costs |

# Plan K

**MEDICARE (Part A)** — Hospital Services — Per Benefit Period

You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $4,620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068 | $534 (50% of Part A deductible) | $534 (50% of Part A deductible) ◆ |
| 61st thru 90th day | All but $267 a day | $267 a day | |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $534 a day | $534 a day | $0 |
| Once lifetime reserve days are used —<br>Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1]<br>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 $133.50 a day | Up to $64 a day | Up to $64 a day◆ |
| 101st day and after | $0 | $0 | All costs |

*(continued on page 30)*

[1] 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.

[2] NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 K *(continued)*

### **MEDICARE (Part A)** — Hospital Services — Per Benefit Period *(continued)*

You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $4,620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **BLOOD** | | | |
| First 3 pints | $0 | 50% | 50% ◆ |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | Generally, most Medicare eligible expenses for outpatient drugs and inpatient respite care | 50% of coinsurance or copayments | 50% of coinsurance or copayments ◆ |

## Plan K *(continued)*

**Medicare (Part B)** — Medical Services — Per Calendar Year

You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $4,620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES**<br>IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.<br><br>First $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B deductible)[3] |
| Preventive Benefits for Medicare-covered services | Generally 75% or more of Medicare-approved amounts | Remainder of Medicare-approved amounts | All costs above Medicare-approved amounts |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 10% | Generally 10% |
| Part B Excess Charges (Above Medicare-Approved Amounts) | $0 | $0 | All costs (and they do not count toward annual out-of-pocket limit of $4,620)[4] |
| **BLOOD** | | | |
| First 3 pints | $0 | 50% | 50% |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B deductible)[3] ◆ |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 10% | Generally 10% |
| **CLINICAL LABORATORY SERVICES**— Tests for Diagnostic Services | 100% | $0 | $0 |

*(continued on page 32)*

[3] Once you have been billed $135 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

[4] **This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $4,620 per year.** However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

## Plan K *(continued)*

**Medicare (Part B) —** Medical Services — Per Calendar Year

You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $4,620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

| Services | Medicare Pays | Plan Pays | You Pay |
|---|---|---|---|
| **MEDICARE Parts A and B** | | | |
| **HOME HEALTH CARE**<br>MEDICARE-APPROVED SERVICES—Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable medical equipment — First $135 of Medicare-Approved Amounts[5] | $0 | $0 | $135 (Part B deductible) ◆ |
| Remainder of Medicare-Approved Amounts | 80% | 10% | 10%◆ |

[5] Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

# Plan L

**MEDICARE (PART A)** — Hospital Services — Per Benefit Period

You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $2,310 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **HOSPITALIZATION**[1]<br>Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,068 | $768 (75% of Part A deductible) | $256 (25% of Part A deductible)◆ |
| 61st thru 90th day | All but $267 a day | $267 a day | $0 |
| 91st day and after: While using 60 lifetime reserve days | All but $534 a day | $534 a day | $0 |
| Once lifetime reserve days are used:<br>—Additional 365 days | $0 | 100% of Medicare eligible expenses | $0[2] |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE**[1]<br>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 $133.50 a day | Up to $96 a day | Up to $32 a day ◆ |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | 75% | 25% ◆ |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE**<br>Available as long as your doctor certifies you are terminally ill and you elect to receive these services | Generally, most Medicare eligible expenses for out-patient drugs and inpatient respite care | 75% of coinsurance or copayments | 25% of coinsurance or copayments ◆ |

[1] 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.

[2] **NOTICE: When your Medicare Part A hospital benefits are exhausted, the Plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days. 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 L *(continued)*

### **MEDICARE (PART B)** — Medical Services — Per Calendar Year

You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $2,310 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **MEDICAL EXPENSES** — IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. | | | |
| First $135 of Medicare- Approved Amounts[3] | $0 | $0 | $135 (Part B deductible)[3] ◆ |
| Preventive Benefits for Medicare-covered services | Generally 75% or more of Medicare approved amounts | Remainder of Medicare approved amounts | All costs above Medicare approved amounts |
| Remainder of Medicare- Approved Amounts | Generally 80% | Generally 15% | Generally 5% ◆ |
| **Part B Excess Charges** (Above Medicare-Approved Amounts) | $0 | $0 | All costs (and they do not count toward annual out-of-pocket limit of $2,310)[4] |
| **BLOOD** | | | |
| First 3 pints | $0 | 75% | 25%◆ |
| Next $135 of Medicare-Approved Amounts[3] | $0 | $0 | $135 (Part B deductible) ◆ |
| Remainder of Medicare-Approved Amounts | Generally 80% | Generally 15% | Generally 5%◆ |
| **CLINICAL LABORATORY SERVICES** — Tests for Diagnostic Services | 100% | $0 | $0 |

[3] This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $2,310 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

[4] Once you have been billed $135 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

## Plan L *(continued)*

### **MEDICARE (PART B)** — Medical Services — Per Calendar Year

You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $2,310 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

| **MEDICARE Parts A and B** | | | |
|---|---|---|---|
| **SERVICES** | **MEDICARE PAYS** | **PLAN PAYS** | **YOU PAY** |
| **HOME HEALTH CARE**<br>MEDICARE APPROVED SERVICES<br>—Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| —Durable medical equipment — First $135 of Medicare Approved Amounts[5] | $0 | $0 | $135 (Part B deductible) ◆ |
| Remainder of Medicare Approved Amounts | 80% | 15% | 5% ◆ |

[5] Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

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