

# Plan A *Medicare (Part A)*

## Hospital services – per benefit period

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Hospitalization*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$0	\$1,340 (Part A deductible)
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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
<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
21st through 100th day	All but \$167.50 a day	\$0	Up to \$167.50 a day
101st day and after	\$0	\$0	All costs

\*A benefit period begins on the first day you receive service(s) 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.

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<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

## Plan A *Medicare (Part B)*

### Medical services – per calendar year

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (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 \$183 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.

## Parts A and B

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Home health care – Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

\*Once you have been billed \$183 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 C *Medicare (Part A)*

## Hospital services – per benefit period

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Hospitalization*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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
<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
21st through 100th day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101st day and after	\$0	\$0	All costs

\*A benefit period begins on the first day you receive service(s) 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.



<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<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

## Plan C *Medicare (Part B)*

### Medical services – per calendar year

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$183 (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	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare-approved amounts*	\$0	\$183 (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 \$183 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.

## Parts A and B

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Home health care – Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

### Other benefits – Not covered by Medicare

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Foreign travel – not covered by Medicare</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
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 \$183 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

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Hospitalization*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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
<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
21st through 100th day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101st day and after	\$0	\$0	All costs

\*A benefit period begins on the first day you receive service(s) 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.

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<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

## Plan F *Medicare (Part B)*

### Medical services – per calendar year

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$183 (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 \$183 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.

## Parts A and B

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Home health care – Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

### Other benefits – Not covered by Medicare

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Foreign travel – not covered by Medicare</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
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 \$183 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.



# Innovative F Medicare (Part A)

## Hospital services – per benefit period

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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
<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
21st through 100th day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101st day and after	\$0	\$0	All costs

\*A benefit period begins on the first day you receive service(s) 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.

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<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

## Innovative F *Medicare (Part B)*

### Medical services – per calendar year

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$183 (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 \$183 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.

## Parts A and B

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Home health care – Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

### Other benefits – Not covered by Medicare

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Foreign travel – not covered by Medicare</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
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 \$183 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.

# Innovative F

## Innovative benefits – Not covered by Medicare or standardized Medicare Supplement plans

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Routine eye exam</b> (with dilation as needed) once every 12 months	\$0	In-network: 100% after the copayment Out-of-network: Up to \$45 allowance	In-network: \$10 copay Out-of-network: Any amounts remaining after the plan pays
<b>Frame and lens package</b> (Any frame and lens available at provider location) – once every 24 months	\$0	Up to \$250 allowance for frame and lens package	80% of the remaining balance
• Contact lenses – Includes materials only, once every 12 months			
– Conventional	\$0	Up to \$250 allowance	85% of the remaining balance
– Disposable	\$0	Up to \$250 allowance	100% of the remaining balance
– Medically Necessary	\$0	Medically: \$0 copay, paid in full	Up to \$250
<b>Routine hearing benefit</b> Hearing exam – Coverage for up to (1) routine hearing exam every 12 months	\$0	\$0	\$0
Hearing Aid(s) – Includes fitting evaluation for a hearing aid(s)	\$0	There is a \$500 benefit maximum for one hearing aid or \$1,000 benefit maximum for two hearing aids (one pair) every three years.* You pay any remaining balance over the coverage limit.	Any remaining balance over the maximum coverage limit. Hearing aids are covered when determined to be medically necessary during the hearing exam.

\*Multi-year benefits may not be available in subsequent years.



# High Deductible Plan F

## *Medicare (Part A)*

### Hospital services – per benefit period

This high deductible plan pays the same benefits as Plan F after one has paid a \$2,240 calendar year deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,240. 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.

<i>Services</i>	<i>Medicare pays</i>	<i>After you pay \$2,240 deductible, plan pays</i>	<i>In addition to \$2,240 deductible, you pay</i>
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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

\*A benefit period begins on the first day you receive service(s) 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.



<i>Services</i>	<i>Medicare pays</i>	<i>After you pay \$2,240 deductible, plan pays</i>	<i>In addition to \$2,240 deductible, you pay</i>
<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
21st through 100th day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101st 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(s) 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.

# High Deductible Plan F

## *Medicare (Part B)*

Medical services – per calendar year

This high deductible plan pays the same benefits as Plan F after one has paid a \$2,240 calendar year deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$2,240. 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.

<i>Services</i>	<i>Medicare pays</i>	<i>After you pay \$2,240 deductible, plan pays</i>	<i>In addition to \$2,240 deductible, you pay</i>
<b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

\*Once you have been billed \$183 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.

## Parts A and B

<i>Services</i>	<i>Medicare pays</i>	<i>After you pay \$2,240 deductible, plan pays</i>	<i>In addition to \$2,240 deductible, you pay</i>
<b>Clinical laboratory services</b>			
Tests for diagnostic services	100%	\$0	\$0
<b>Home health care – Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

### Other benefits – Not covered by Medicare

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Foreign travel – not covered by Medicare</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
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 \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

# Plan G *Medicare (Part A)*

## Hospital services – per benefit period

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 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
<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
21st through 100th day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101st day and after	\$0	\$0	All costs

\*A benefit period begins on the first day you receive service(s) 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.

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<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

## Plan G *Medicare (Part B)*

### Medical services – per calendar year

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (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 \$183 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.



## Parts A and B

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Home health care – Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

### Other benefits – Not covered by Medicare

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Foreign travel – not covered by Medicare</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
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 \$183 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 K *Medicare (Part A)*

## Hospital services – per benefit period

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay<sup>1</sup></i>
<b>Hospitalization<sup>2</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$670 (50% of Part A deductible)	\$670 (50% of Part A deductible) <sup>♦</sup>
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 <sup>3</sup>
• Beyond the additional 365 days	\$0	\$0	All costs

<sup>1</sup>You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$5,240 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in these charts. 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.**

<sup>2</sup>A benefit period begins on the first day you receive service(s) 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.

<sup>3</sup>**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.

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay<sup>1</sup></i>
<b>Skilled nursing facility care<sup>2</sup></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
21st through 100th day	All but \$167.50 a day	Up to \$83.75 a day	Up to \$83.75 a day♦
101st day and after	\$0	\$0	All costs
<b>Blood</b> First 3 pints	\$0	50%	50%♦
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	50% of Medicare copayment/coinsurance	50% of Medicare copayment/coinsurance♦

<sup>1</sup> You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$5,240 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in these charts. 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.**

<sup>2</sup> A benefit period begins on the first day you receive service(s) 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 K *Medicare (Part B)*

## Medical services – per calendar year

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay**</i>
<b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)♦
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%♦
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	\$0	All costs (and they do not count toward out-of-pocket limit of \$5,240)**
<b>Blood</b>			
First 3 pints	\$0	50%	50%♦
Next \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)♦
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%♦
<b>Clinical laboratory services</b>			
Tests for diagnostic services	100%	\$0	\$0

\*Once you have been billed \$183 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 plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$5,240 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.**



## Parts A and B

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay**</i>
<b>Home health care – Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)♦
Remainder of Medicare-approved amounts	80%	10%	10%♦

\*Once you have been billed \$183 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 plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$5,240 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.**



# Plan L Medicare (Part A)

## Hospital services – per benefit period

Services	Medicare pays	Plan pays	You pay <sup>1</sup>
<b>Hospitalization<sup>2</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$1,005 (75% of Part A deductible)	\$335 (25% of Part A deductible)♦
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 <sup>3</sup>
• Beyond the additional 365 days	\$0	\$0	All costs

<sup>1</sup>You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2,620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in these charts. 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.**

<sup>2</sup>A benefit period begins on the first day you receive service(s) 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.

<sup>3</sup>**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.

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay<sup>1</sup></i>
<b>Skilled nursing facility care<sup>2</sup></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
21st through 100th day	All but \$167.50 a day	Up to \$125.63 a day	Up to \$41.85 a day♦
101st day and after	\$0	\$0	All costs
<b>Blood</b> First 3 pints	\$0	75%	25%♦
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	75% of Medicare copayment/coinsurance	25% of Medicare copayment/coinsurance♦

<sup>1</sup>You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2,620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in these charts. 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 between the amount charged by your provider and the amount paid by Medicare for the item or service**

<sup>2</sup>A benefit period begins on the first day you receive service(s) 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 L *Medicare (Part B)*

## Medical services – per calendar year

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay**</i>
<b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)♦
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%♦
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	\$0	All costs (and they do not count toward out-of-pocket limit of \$2,620)**
<b>Blood</b>			
First 3 pints	\$0	75%	25%♦
Next \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)♦
Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	Generally 5%♦
<b>Clinical laboratory services</b>			
Tests for diagnostic services	100%	\$0	\$0

\*Once you have been billed \$183 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 plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$2,620 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.**

## Parts A and B

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay**</i>
<b>Home health care – Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)♦
Remainder of Medicare-approved amounts	80%	15%	5%♦

\*Once you have been billed \$183 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 plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$2,620 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 between the amount charged by your provider and the amount paid by Medicare for the item or service.



# Plan M *Medicare (Part A)*

## Hospital services – per benefit period

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$670 (50% of Part A deductible)	\$670 (50% of Part A deductible)
61st through 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after:			
• While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
• Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 <sup>2</sup>
– Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled nursing facility care<sup>1</sup></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
21st through 100th day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101st day and after	\$0	\$0	All costs

<sup>1</sup>A benefit period begins on the first day you receive service(s) 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.

<sup>2</sup>**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.



<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<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

## Plan M *Medicare (Part B)*

### Medical services – per calendar year

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Medical expenses – in or out of the hospital and outpatient hospital treatment</b> , such as doctor's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (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 \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (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 \$183 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.

## Parts A and B

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Home health care – Medicare-approved services</b>			
Medically necessary skilled care services and medical supplies such as durable medical equipment	100%	\$0	\$0
First \$183 of Medicare-approved amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

### Other benefits – not covered by Medicare

<i>Services</i>	<i>Medicare pays</i>	<i>Plan pays</i>	<i>You pay</i>
<b>Foreign travel – not covered by Medicare</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.			
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 \$183 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.