



This chart shows the benefits included in each of the standard Medicare supplement plans sold for effective dates on or after June 1, 2010. Every company must make Plan "A" available. Blue Cross and Blue Shield of Texas does not offer those plans shaded in gray below.

**BASIC BENEFITS:**

- Hospitalization – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- Medical Expenses – Part B coinsurance (generally 20% of Medicare-approved expenses), or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.
- Blood – First 3 pints of blood each year.
- Hospice – Part A coinsurance.

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B Coinsurance	Basic, including 100% Part B Coinsurance	Basic, including 100% Part B Coinsurance	Basic, including 100% Part B Coinsurance	Basic, including 100% Part B Coinsurance*	Basic, including 100% Part B Coinsurance	Basic, including 100% Part B Coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B Coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				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
							Out-of-pocket limit \$5,120; paid at 100% after limit reached	Out-of-pocket limit \$2,560; paid at 100% after limit reached		

\* Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar-year \$2,200 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

# APRIL 1, 2017 MEDICARE SUPPLEMENT MONTHLY RATES BY AREA

## 3-Digit ZIP Codes for Area 1:

### Area 1 Rates By Plan:

754-759, 763-769, 778-792, 795-799, 885

AGES	A	F	F*	G	K	L	N
Ages 65-66	\$224.00	\$150.00	\$49.00	\$137.00	\$76.00	\$107.00	\$107.00
Ages 67-69	\$258.00	\$170.00	\$56.00	\$156.00	\$85.00	\$126.00	\$121.00
Ages 70-74	\$304.00	\$201.00	\$65.00	\$183.00	\$102.00	\$147.00	\$143.00
Ages 75-79	\$339.00	\$225.00	\$74.00	\$204.00	\$115.00	\$165.00	\$161.00
Ages 80-84	\$385.00	\$255.00	\$82.00	\$231.00	\$130.00	\$186.00	\$182.00
Ages 85+	\$414.00	\$276.00	\$90.00	\$250.00	\$141.00	\$201.00	\$197.00

## 3-Digit ZIP Codes for Area 2:

### Area 2 Rates By Plan:

750-753, 760-762, 770-777, 793-794

AGES	A	F	F*	G	K	L	N
Ages 65-66	\$240.00	\$161.00	\$53.00	\$146.00	\$82.00	\$118.00	\$114.00
Ages 67-69	\$279.00	\$185.00	\$60.00	\$168.00	\$96.00	\$135.00	\$131.00
Ages 70-74	\$330.00	\$217.00	\$71.00	\$197.00	\$110.00	\$159.00	\$155.00
Ages 75-79	\$365.00	\$246.00	\$80.00	\$222.00	\$126.00	\$179.00	\$175.00
Ages 80-84	\$419.00	\$276.00	\$91.00	\$250.00	\$140.00	\$202.00	\$197.00
Ages 85+	\$446.00	\$298.00	\$97.00	\$272.00	\$151.00	\$219.00	\$212.00

## 3-Digit ZIP Codes for Area 3:

### Area 3 Rates By Plan:

out-of-state

AGES	A	F	F*	G	K	L	N
Ages 65-66	\$266.00	\$178.00	\$58.00	\$163.00	\$91.00	\$130.00	\$128.00
Ages 67-69	\$306.00	\$203.00	\$66.00	\$185.00	\$103.00	\$149.00	\$144.00
Ages 70-74	\$359.00	\$237.00	\$77.00	\$217.00	\$122.00	\$174.00	\$169.00
Ages 75-79	\$407.00	\$269.00	\$89.00	\$244.00	\$137.00	\$197.00	\$191.00
Ages 80-84	\$458.00	\$305.00	\$99.00	\$279.00	\$155.00	\$222.00	\$216.00
Ages 85+	\$492.00	\$330.00	\$107.00	\$299.00	\$168.00	\$240.00	\$235.00

### Premium Information

Blue Cross and Blue Shield of Texas can only raise your premium if we raise the premium for all policies like yours in this state. We will not change your premium or cancel your policy because of poor health. Premiums change at ages 67, 70, 75, 80 and 85. Premiums also change if you change your primary place of residence. If your premium changes, you will be notified at least 30 days in advance.

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## DISCLOSURES

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Use this outline to compare benefits and premiums among policies.

### **READ YOUR POLICY VERY CAREFULLY**

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

### **RIGHT TO RETURN YOUR POLICY**

If you find that you are not satisfied with your policy, you may return it to Blue Cross and Blue Shield of Texas, P.O. Box 660717, Dallas, TX 75266-0717. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and will return all of your payments.

### **POLICY REPLACEMENT**

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

### **NOTICE**

This policy may not fully cover all of your medical costs. Blue Cross and Blue Shield of Texas is not 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.

### **LIMITATIONS AND EXCLUSIONS**

Your Medicare Supplement policy will not contain limitations and exclusions that are more restrictive than the limitations and exclusions contained in Medicare. The limitations and exclusions include:

- Charges for any services or supplies to the extent those charges are covered under Medicare; and
- Charges for any services or supplies provided to you prior to your effective date under the policy.

### **SUSPENSION AND/OR REFUND OF PREMIUM**

Benefits and premiums under this policy may be suspended for up to 24 months if you become entitled to benefits under Medicaid. You must request that your policy be suspended within 90 days of becoming entitled to Medicaid. If you lose (are no longer entitled to) benefits from Medicaid, this policy can be reinstated if you request reinstatement within 90 days of the loss of such benefits and pay the required premium.

Upon termination of this Policy in any manner, including death of the Subscriber, Blue Cross and Blue Shield of Texas will refund to the Subscriber or his personal representative any portion of the premium previously paid which is applicable to Policy months following the month in which the termination occurred. (See discussion above if rescission occurs.)

### **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. Blue Cross and Blue Shield of Texas may cancel your policy and refuse to pay any claims if you leave out or falsify important information.

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

**For questions, please call the toll-free number that appears on the application and throughout the information packet.**

# Plan A

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

\* 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.

Services	Medicare Pays	Plan Pays	You Pay
<p><b>Hospitalization*</b> Semiprivate room and board, general nursing, and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st through 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> <li>– While using 60 Lifetime Reserve days</li> <li>– Once Lifetime Reserve days are used:               <ul style="list-style-type: none"> <li>– Additional 365 days</li> </ul> </li> </ul> <p>Beyond the additional 365 days</p>	<p>All but \$1,316</p> <p>All but \$329 a day</p> <p>All but \$658 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$329 a day</p> <p>\$658 a day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$1,316 (Part A deductible)</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><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</p> <p>First 20 days</p> <p>21st through 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$164.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$164.50 a day</p> <p>All costs</p>
<p><b>Blood</b></p> <p>First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>Hospice Care</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan A

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

\* 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.

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as physicians' 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* Remainder of Medicare-approved amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$183 (Part B deductible) \$0
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	\$0	All costs
<b>Blood</b> First 3 pints Next \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0 \$183 (Part B deductible) \$0
<b>Clinical Laboratory Services — Tests for Diagnostic Services</b>	100%	\$0	\$0
<b>MEDICARE (PARTS A &amp; B)</b>			
Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care Medicare-approved Services</b> – Medically necessary skilled care services and medical supplies – Durable medical equipment First \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	 100%  \$0 80%	 \$0  \$0 20%	 \$0  \$183 (Part B deductible) \$0

# Plan F

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

\* 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.

Services	Medicare Pays	Plan Pays	You Pay
<p><b>Hospitalization*</b> Semiprivate room and board, general nursing, and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st through 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> <li>– While using 60 Lifetime Reserve days</li> <li>– Once Lifetime Reserve days are used:               <ul style="list-style-type: none"> <li>– Additional 365 days</li> </ul> </li> </ul> <p>Beyond the additional 365 days</p>	<p>All but \$1,316</p> <p>All but \$329 a day</p> <p>All but \$658 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,316 (Part A deductible)</p> <p>\$329 a day</p> <p>\$658 a day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><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</p> <p>First 20 days</p> <p>21st through 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$164.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$164.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>Blood</b></p> <p>First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>Hospice Care</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan F

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

\* 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.

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as physicians' 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* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$183 (Part B deductible) Generally 20%	\$0 \$0
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	100%	\$0
<b>Blood</b> First 3 pints Next \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$183 (Part B deductible) 20%	\$0 \$0 \$0
<b>Clinical Laboratory Services — Tests for Diagnostic Services</b>	100%	\$0	\$0

## MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care Medicare-approved Services</b> –Medically necessary skilled care services and medical supplies –Durable medical equipment First \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$183 (Part B deductible) 20%	\$0 \$0 \$0

## OTHER BENEFITS – NOT COVERED BY MEDICARE

<b>Foreign Travel — Not Covered By Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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# High Deductible Plan F

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

\* 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.

\*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar-year \$2,200 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses are \$2,200. 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.

Services	Medicare Pays	After You Pay \$2,200 Deductible **, Plan Pays	In Addition to \$2,200 Deductible **, You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after: – While using 60 Lifetime Reserve days – Once Lifetime Reserve days are used: – Additional 365 days  Beyond the additional 365 days	All but \$1,316 All but \$329 a day  All but \$658 a day  \$0  \$0	\$1,316 (Part A deductible) \$329 a day  \$658 a day  100% of Medicare-eligible expenses \$0	\$0 \$0  \$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 21st through 100th day 101st day and after	All approved amounts All but \$164.50 a day \$0	\$0 Up to \$164.50 a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.



# High Deductible Plan F

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

\* 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 high deductible plan pays the same benefits as Plan F after one has paid a calendar-year \$2,200 deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses are \$2,200. 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.

Services	Medicare Pays	After You Pay \$2,200 Deductible **, Plan Pays	In Addition to \$2,200 Deductible **, You Pay
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as physicians' 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* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$183 (Part B deductible) Generally 20%	\$0 \$0
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	100%	\$0
<b>Blood</b> First 3 pints Next \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$183 (Part B deductible) 20%	\$0 \$0 \$0
<b>Clinical Laboratory Services — Tests for Diagnostic Services</b>	100%	\$0	\$0

## MEDICARE (PARTS A & B)

Services	Medicare Pays	After You Pay \$2,200 Deductible **, Plan Pays	In Addition to \$2,200 Deductible **, You Pay
<b>Home Health Care Medicare-approved Services</b> –Medically necessary skilled care services and medical supplies –Durable medical equipment First \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$183 (Part B deductible) 20%	\$0 \$0 \$0

# High Deductible Plan F

## OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	After You Pay \$2,200 Deductible**, Plan Pays	In Addition to \$2,200 Deductible**, You Pay
<p><b>Foreign Travel — Not Covered by Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</p> <p>First \$250 each calendar year Remainder of charges</p>	<p>\$0 \$0</p>	<p>\$0 80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250 20% and amounts over the \$50,000 lifetime maximum</p>

# Plan G

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

\* 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.

Services	Medicare Pays	Plan Pays	You Pay
<p><b>Hospitalization*</b> Semiprivate room and board, general nursing, and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st through 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> <li>– While using 60 Lifetime Reserve days</li> <li>– Once Lifetime Reserve days are used:               <ul style="list-style-type: none"> <li>– Additional 365 days</li> </ul> </li> </ul> <p>Beyond the additional 365 days</p>	<p>All but \$1,316</p> <p>All but \$329 a day</p> <p>All but \$658 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,316 (Part A deductible)</p> <p>\$329 a day</p> <p>\$658 a day</p> <p>100% of Medicare-eligible expenses</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0**</p> <p>All costs</p>
<p><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</p> <p>First 20 days</p> <p>21st through 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$164.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$164.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>Blood</b></p> <p>First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p><b>Hospice Care</b> You must meet Medicare’s requirements, including a doctor’s certification of terminal illness</p>	<p>All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care</p>	<p>Medicare copayment/coinsurance</p>	<p>\$0</p>

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan G

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

\* 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.

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as physicians' 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* Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$183 (Part B deductible) \$0
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	100%	\$0
<b>Blood</b> First 3 pints Next \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$183 (Part B deductible) \$0
<b>Clinical Laboratory Services — Tests for Diagnostic Services</b>	100%	\$0	\$0

## MEDICARE (PARTS A & B)

Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care Medicare-approved Services</b> — Medically necessary skilled care services and medical supplies — Durable medical equipment First \$183 of Medicare-approved amounts* Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$183 (Part B deductible) \$0

## OTHER BENEFITS — NOT COVERED BY MEDICARE

<b>Foreign Travel — Not Covered by Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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# Plan K

\* You will pay half of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$5,120 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, the 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 (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

\*\* 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.

Services	Medicare Pays	Plan Pays	You Pay*
<b>Hospitalization**</b> Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days  61st through 90th day 91st day and after: – While using 60 Lifetime Reserve days – Once Lifetime Reserve days are used: – Additional 365 days  Beyond the additional 365 days	All but \$1,316  All but \$329 a day  All but \$658 a day  \$0  \$0	\$658 (50% of Part A deductible) \$329 a day  \$658 a day  100% of Medicare-eligible expenses \$0	\$658 (50% of Part A deductible)◆ \$0  \$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 21st through 100th day 101st day and after	All approved amounts All but \$164.50 a day \$0	\$0 Up to \$82.25 a day \$0	\$0 Up to \$82.25 a day◆ All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	50% \$0	50%◆ \$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◆

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan K

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

† This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$5,120 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.**

Services	Medicare Pays	Plan Pays	You Pay*
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as physicians’ 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****  Preventive benefits for Medicare-covered services  Remainder of Medicare-approved amounts	\$0  Generally 75% or more of Medicare-approved amounts  Generally 80%	\$0  Remainder of Medicare-approved amounts  Generally 10%	\$183 (Part B deductible)****◆  All costs above Medicare-approved amounts  Generally 10%◆
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$5,120)†
<b>Blood</b> First 3 pints Next \$183 of Medicare-approved amounts**** Remainder of Medicare-approved amounts	\$0 \$0 Generally 80%	50% \$0 Generally 10%	50%◆ \$183 (Part B deductible)****◆ Generally 10%◆
<b>Clinical Laboratory Services — Tests for Diagnostic Services</b>	100%	\$0	\$0
<b>MEDICARE (PARTS A &amp; B)</b>			
Services	Medicare Pays	Plan Pays	You Pay*
<b>Home Health Care Medicare-approved Services</b> –Medically necessary skilled care services and medical supplies –Durable medical equipment First \$183 of Medicare-approved amounts**** Remainder of Medicare-approved amounts	100%  \$0 80%	\$0  \$0 10%	\$0  \$183 (Part B deductible)◆ 10%◆

\*\*\*\* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with asterisks), your Part B deductible will have been met for the calendar year.

\*\*\*\*\* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

# Plan L

\* You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2,560 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, the 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 (PART A) — HOSPITAL SERVICES — PER BENEFIT PERIOD

\*\* 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.

Services	Medicare Pays	Plan Pays	You Pay*
<b>Hospitalization**</b> Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days  61st through 90th day 91st day and after: – While using 60 Lifetime Reserve days – Once Lifetime Reserve days are used: – Additional 365 days  Beyond the additional 365 days	All but \$1,316  All but \$329 a day  All but \$658 a day  \$0  \$0	\$987 (75% of Part A deductible) \$329 a day  \$658 a day  100% of Medicare-eligible expenses  \$0	\$329 (25% of Part A deductible)◆ \$0  \$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 21st through 100th day 101st day and after	All approved amounts All but \$164.50 a day \$0	\$0 Up to \$123.38 a day \$0	\$0 Up to \$41.12 a day◆ All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	75% \$0	25%◆ \$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◆

\*\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan L

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

† This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$2,560 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.**

Services	Medicare Pays	Plan Pays	You Pay*
<b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as physicians’ 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**** Preventive benefits for Medicare-covered services  Remainder of Medicare-approved amounts	\$0  Generally 75% or more of Medicare-approved amounts  Generally 80%	\$0  Remainder of Medicare-approved amounts  Generally 15%	\$183 (Part B deductible)****◆  All costs above Medicare-approved amounts  Generally 5%◆
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$2,560)†
<b>Blood</b> First 3 pints Next \$183 of Medicare-approved amounts**** Remainder of Medicare-approved amounts	\$0 \$0 Generally 80%	75% \$0 Generally 15%	25%◆ \$183 (Part B deductible)◆ Generally 5%◆
<b>Clinical Laboratory Services — Tests for Diagnostic Services</b>	100%	\$0	\$0
<b>MEDICARE (PARTS A &amp; B)</b>			
Services	Medicare Pays	Plan Pays	You Pay*
Home Health Care Medicare-approved services –Medically necessary skilled care services and medical supplies –Durable medical equipment First \$183 of Medicare-approved amounts***** Remainder of Medicare-approved amounts	100%  \$0 80%	\$0  \$0 15%	\$0  \$183 (Part B deductible)◆ Generally 5%◆

\*\*\*\* Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with asterisks), your Part B deductible will have been met for the calendar year.

\*\*\*\*\* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.



# Plan N

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

\* 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.

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days 61st through 90th day 91st day and after: – While using 60 Lifetime Reserve days – Once Lifetime Reserve days are used: – Additional 365 days  Beyond the additional 365 days	All but \$1,316 All but \$329 a day  All but \$658 a day  \$0  \$0	\$1,316 (Part A deductible) \$329 a day  \$658 a day  100% of Medicare-eligible expenses  \$0	\$0 \$0  \$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 21st through 100th day 101st day and after	All approved amounts All but \$164.50 a day \$0	\$0 Up to \$164.50 a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

\*\* NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# Plan N

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

\* 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.

Services	Medicare Pays	Plan Pays	You Pay
<p><b>Medical Expenses — In or Out of the Hospital and Outpatient Hospital Treatment</b>, such as physicians' services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment</p> <p>First \$183 of Medicare-approved amounts*</p> <p>Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>Generally 80%</p>	<p>\$0</p> <p>Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>	<p>\$183 (Part B deductible)</p> <p>Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>
<p><b>Part B Excess Charges</b> (above Medicare-approved amounts)</p>	\$0	\$0	All costs
<p><b>Blood</b></p> <p>First 3 pints</p> <p>Next \$183 of Medicare-approved amounts*</p> <p>Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$183 (Part B deductible)</p> <p>\$0</p>
<p><b>Clinical Laboratory Services — Tests for Diagnostic Services</b></p>	100%	\$0	\$0
<b>MEDICARE (PARTS A &amp; B)</b>			
Services	Medicare Pays	Plan Pays	You Pay
<p><b>Home Health Care Medicare-approved Services</b></p> <p>—Medically necessary skilled care services and medical supplies</p> <p>—Durable medical equipment</p> <p>First \$183 of Medicare-approved amounts*</p> <p>Remainder of Medicare-approved amounts</p>	<p>100%</p> <p>\$0</p> <p>80%</p>	<p>\$0</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$183 (Part B deductible)</p> <p>\$0</p>

# Plan N

## OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan Pays	You Pay
<p><b>Foreign Travel — Not Covered by Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</p> <p>First \$250 each calendar year</p> <p>Remainder of charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250</p> <p>20% and amounts over the \$50,000 lifetime maximum</p>

