# GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

A Nebraska Stock Company • Globe Life Center • Oklahoma City, Oklahoma 73184

#### Benefit Chart of Medicare Supplement Plans Sold on or After January 1, 2020

Benefit Plans A, B, C, F, HDF, G, HDG, and N

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits		Plans Available to All Applicants							Medicare First Eligible Before 2020 Only	
	<b>A</b> ^	<b>B</b> ^	D	<b>G</b> ^1^	K	L	Μ	<b>N</b> ^	<b>C</b> ^	<b>F</b> ^1^
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	~	~	~	~	~	~	~	~	~	~
Medicare Part B coinsurance or copyament	~	~	~	~	50%	75%	~	✓ copays apply <sup>(3)</sup>	~	~
Blood (first three pints)	√	✓	<ul> <li>✓</li> </ul>	✓	50%	75%	<ul> <li>✓</li> </ul>	✓	$\checkmark$	$\checkmark$
Part A hospice care coinsurance or copayment	√	✓	<ul> <li>✓</li> </ul>	✓	50%	75%	<ul> <li>✓</li> </ul>	✓	$\checkmark$	$\checkmark$
Skilled nursing facility coinsurance			<ul> <li>✓</li> </ul>	✓	50%	75%	<ul> <li>✓</li> </ul>	✓	$\checkmark$	$\checkmark$
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	$\checkmark$	~
Medicare Part B deductible				İ					$\checkmark$	<ul> <li>✓</li> </ul>
Medicare Part B excess charges				✓						<ul> <li>✓</li> </ul>
Foreign travel emergency (up to plan limits)			<ul> <li>✓</li> </ul>	✓			<ul> <li>✓</li> </ul>	✓	$\checkmark$	<ul> <li>✓</li> </ul>
Out-of-pocket limit in 2024 <sup>(2)</sup>					\$7,060 <sup>(2)</sup>	\$3,530 <sup>(2)</sup>			·	

^ Denotes plans available by United American Insurance Company

<sup>(1)</sup> Plans F and G also have a high deductible option which requires first paying a plan deductible of \$2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>(2)</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>(3)</sup> Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

#### DS-GMS2020(36)

#### **PREMIUM INFORMATION**

We, Globe Life And Accident Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state. Until you are age 81, your premiums will increase on each policy anniversary solely because of your age change. Your premiums may also be increased due to increasing health costs for all policies in your class.

#### DISCLOSURES

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 your insurance company.

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

If you find that you are not satisfied with your policy, you may return it to Globe Life And Accident Insurance Company, Globe Life Center, Oklahoma City, Oklahoma 73184. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

#### **POLICY REPLACEMENT**

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

#### NOTICE

This policy may not fully cover all your medical costs.

Neither Globe Life And Accident Insurance Company nor its agents are connected with Medicare.

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

#### **COMPLETE ANSWERS ARE VERY IMPORTANT**

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay 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.

#### RENEWABILITY

This policy is guaranteed renewable for life. We have the right to change the renewal premiums for this policy in accordance with our table of premium rates applicable to all policies of this form and class. This policy provides a 31-day grace period.

Plan	А	SA	Q	М	MBD	Plan Code	Effective Date
Α	1540	785	400	135.50	133.50	J88	12/01/2023
В	2260	1153	588	199.00	197.00	J89	12/01/2023
С	2603	1328	677	229.00	227.00	J90	12/01/2023
F	2625	1339	683	231.00	229.00	J91	12/01/2023
HDF	473	241	123	41.50	39.50	JB4	06/15/2020
G	2308	1177	600	203.00	201.00	JC3	12/01/2023
HDG	473	241	123	41.50	39.50	JF3	06/15/2020
Ν	1596	814	415	140.50	138.50	JD0	12/01/2023

#### UNDER AGE 65 DURING OPEN ENROLLMENT (O/E)

#### UNDER AGE 65 GUARANTEED ISSUE PERIOD (G/I)

Plan	А	SA	Q	М	MBD	Plan Code	Effective Date
Α	1540	785	400	135.50	133.50	J88	12/01/2023
В	2260	1153	588	199.00	197.00	J89	12/01/2023
С	2603	1328	677	229.00	227.00	190	12/01/2023
F	2625	1339	683	231.00	229.00	J91	12/01/2023
HDF	473	241	123	41.50	39.50	JB4	06/15/2020
G	2308	1177	600	203.00	201.00	JC3	12/01/2023
HDG	473	241	123	41.50	39.50	JF3	06/15/2020

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible F.

# Globe Life And Accident Medicare Supplement Rates

PLAN A	Effe	ctive Date: 1	2/01/2023	Plan Code	e: J72	PLAN C	Effe	ective Date: 1	2/01/2023	Plan Code	e: <b>J74</b>
Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft	Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	1540	785	400	135.50	133.50	65	2603	1328	677	229.00	227.00
66	1666	850	433	146.50	144.50	66	2738	1396	712	241.00	239.00
67	1781	908	463	156.50	154.50	67	2898	1478	753	255.00	253.00
68	1897	967	493	167.00	165.00	68	3067	1564	797	270.00	268.00
69	1991	1015	518	175.00	173.00	69	3200	1632	832	281.50	279.50
70	2092	1067	544	184.00	182.00	70	3342	1704	869	294.00	292.00
71	2139	1091	556	188.00	186.00	71	3473	1771	903	305.50	303.50
72	2147	1095	558	189.00	187.00	72	3614	1843	940	318.00	316.00
73	2178	1111	566	191.50	189.50	73	3686	1880	958	324.50	322.50
74	2199	1121	572	193.50	191.50	74	3746	1910	974	329.50	327.50
75	2227	1136	579	196.00	194.00	75	3826	1951	995	336.50	334.50
76	2244	1144	583	197.50	195.50	76	3893	1985	1012	342.50	340.50
77	2244	1144	583	197.50	195.50	77	3928	2003	1021	345.50	343.50
78	2244	1144	583	197.50	195.50	78	3963	2021	1030	348.50	346.50
79	2254	1150	586	198.50	196.50	79	4014	2047	1044	353.00	351.00
80+	2254	1150	586	198.50	196.50	80+	4044	2062	1051	356.00	354.00
PLAN E	Effe	ctive Date: 1	2/01/2023	Plan Code	e: J73	PLAN F	Effe	ective Date: 1	2/01/2023	Plan Code	e: J75
PLAN E Attained Age	Annual	ctive Date: 1 Semi Annual	2/01/2023 Quarterly	Plan Code Monthly	Monthly Bank	PLAN F Attained Age	Effe Annual	ective Date: 1 Semi Annual	2/01/2023 Quarterly	Plan Code Monthly	Monthly Bank
Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft	Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
Attained Age 65	Annual 2260	Semi Annual 1153	Quarterly 588	Monthly 199.00	Monthly Bank Draft 197.00	Attained Age 65	Annual 2625	Semi Annual 1339	Quarterly 683	Monthly 231.00	Monthly Bank Draft 229.00
Attained Age 65 66	Annual 2260 2397	Semi Annual 1153 1222	Quarterly 588 623	Monthly 199.00 211.00	Monthly Bank Draft 197.00 209.00	Attained Age 65 66	Annual 2625 2755	Semi Annual 1339 1405	Quarterly 683 716	Monthly 231.00 242.50	Monthly Bank Draft 229.00 240.50
Attained Age 65 66 67	Annual 2260 2397 2552	Semi Annual 1153 1222 1302	Quarterly 588 623 664	Monthly 199.00 211.00 224.50	Monthly Bank Draft 197.00 209.00 222.50	Attained Age 65 66 67	Annual 2625 2755 2923	Semi Annual 1339 1405 1491	Quarterly 683 716 760	Monthly 231.00 242.50 257.00	Monthly Bank Draft 229.00 240.50 255.00
Attained Age 65 66 67 68	Annual 2260 2397 2552 2717	Semi Annual 1153 1222 1302 1386	Quarterly 588 623 664 706	Monthly 199.00 211.00 224.50 239.00	Monthly Bank Draft 197.00 209.00 222.50 237.00	Attained Age 65 66 67 68	Annual 2625 2755 2923 3085	Semi Annual 1339 1405 1491 1573	Quarterly 683 716 760 802	Monthly 231.00 242.50 257.00 271.50	Monthly Bank Draft 229.00 240.50 255.00 269.50
Attained Age 65 66 67 68 69	Annual 2260 2397 2552 2717 2853	Semi Annual 1153 1222 1302 1386 1455	Quarterly 588 623 664 706 742	Monthly 199.00 211.00 224.50 239.00 251.00	Monthly Bank Draft 197.00 209.00 222.50 237.00 249.00	Attained Age 65 66 67 68 69	Annual 2625 2755 2923 3085 3220	Semi Annual 1339 1405 1491 1573 1642	Quarterly           683           716           760           802           837	Monthly 231.00 242.50 257.00 271.50 283.50	Monthly Bank Draft 229.00 240.50 255.00 269.50 281.50
Attained Age 65 66 67 68 69 70	Annual 2260 2397 2552 2717 2853 2984	Semi Annual 1153 1222 1302 1386 1455 1522	Quarterly           588           623           664           706           742           776	Monthly 199.00 211.00 224.50 239.00 251.00 262.50	Monthly Bank           Draft           197.00           209.00           222.50           237.00           249.00           260.50	Attained Age 65 66 67 68 69 70	Annual 2625 2755 2923 3085 3220 3359	Semi Annual 1339 1405 1491 1573 1642 1713	Quarterly           683           716           760           802           837           873	Monthly 231.00 242.50 257.00 271.50 283.50 295.50	Monthly Bank Draft 229.00 240.50 255.00 269.50 281.50 293.50
Attained Age 65 66 67 68 69 70 70 71	Annual 2260 2397 2552 2717 2853 2984 3120	Semi Annual 1153 1222 1302 1386 1455 1522 1591	Quarterly 588 623 664 706 742 776 811	Monthly 199.00 211.00 224.50 239.00 251.00 262.50 274.50	Monthly Bank Draft 197.00 209.00 222.50 237.00 249.00 260.50 272.50	Attained Age 65 66 67 68 69 70 71	Annual 2625 2755 2923 3085 3220 3359 3495	Semi Annual 1339 1405 1491 1573 1642 1713 1782	Quarterly           683           716           760           802           837           873           909	Monthly 231.00 242.50 257.00 271.50 283.50 295.50 307.50	Monthly Bank Draft 229.00 240.50 255.00 269.50 281.50 293.50 305.50
Attained Age 65 66 67 68 69 70 71 71 72	Annual 2260 2397 2552 2717 2853 2984 3120 3153	Semi Annual 1153 1222 1302 1386 1455 1522 1591 1608	Quarterly           588           623           664           706           742           776           811           820	Monthly 199.00 211.00 224.50 239.00 251.00 262.50 274.50 277.50	Monthly Bank Draft           197.00           209.00           222.50           237.00           249.00           260.50           272.50           275.50	Attained Age 65 66 67 68 69 70 71 71 72	Annual 2625 2755 2923 3085 3220 3359 3495 3628	Semi Annual           1339           1405           1491           1573           1642           1713           1782           1850	Quarterly           683           716           760           802           837           873           909           943	Monthly 231.00 242.50 257.00 271.50 283.50 295.50 307.50 319.50	Monthly Bank Draft           229.00           240.50           255.00           269.50           281.50           293.50           305.50           317.50
Attained Age 65 66 67 68 69 70 71 71 72 73	Annual 2260 2397 2552 2717 2853 2984 3120 3153 3204	Semi Annual 1153 1222 1302 1386 1455 1522 1591 1608 1634	Quarterly 588 623 664 706 742 776 811 820 833	Monthly 199.00 211.00 224.50 239.00 251.00 262.50 274.50 277.50 282.00	Monthly Bank Draft           197.00           209.00           222.50           237.00           249.00           260.50           272.50           275.50           280.00	Attained Age 65 66 67 68 69 70 71 71 72 73 73 74 75	Annual 2625 2755 2923 3085 3220 3359 3495 3628 3712	Semi Annual           1339           1405           1491           1573           1642           1713           1782           1850           1893	Quarterly 683 716 760 802 837 873 909 943 965	Monthly 231.00 242.50 257.00 271.50 283.50 295.50 307.50 319.50 326.50	Monthly Bank Draft           229.00           240.50           255.00           269.50           281.50           293.50           305.50           317.50           324.50
Attained Age 65 66 67 68 69 70 71 71 72 73 73 74	Annual 2260 2397 2552 2717 2853 2984 3120 3153 3204 3247	Semi Annual 1153 1222 1302 1386 1455 1522 1591 1608 1634 1656	Quarterly           588           623           664           706           742           776           811           820           833           844	Monthly 199.00 211.00 224.50 239.00 251.00 262.50 274.50 277.50 282.00 285.50	Monthly Bank Draft           197.00           209.00           222.50           237.00           249.00           260.50           272.50           283.50	Attained Age 65 66 67 68 69 70 71 71 72 73 73 74	Annual 2625 2755 2923 3085 3220 3359 3495 3628 3712 3771	Semi Annual           1339           1405           1491           1573           1642           1713           1782           1850           1893           1923	Quarterly 683 716 760 802 837 873 909 943 965 980	Monthly 231.00 242.50 257.00 271.50 283.50 295.50 307.50 319.50 326.50 332.00	Monthly Bank Draft           229.00           240.50           255.00           269.50           281.50           293.50           305.50           317.50           324.50           330.00
Attained Age 65 66 67 68 69 70 71 71 72 73 73 74 75 76 76 77	Annual 2260 2397 2552 2717 2853 2984 3120 3153 3204 3247 3305 3353 3353	Semi Annual 1153 1222 1302 1386 1455 1522 1591 1608 1634 1656 1686 1710 1710	Quarterly 588 623 664 706 742 776 811 820 833 844 859 872 872	Monthly 199.00 211.00 224.50 239.00 251.00 262.50 274.50 277.50 282.00 285.50 291.00 295.00 295.00	Monthly Bank Draft           197.00           209.00           222.50           237.00           249.00           260.50           272.50           280.00           283.50           289.00           293.00           293.00	Attained Age 65 66 67 68 69 70 71 71 72 73 73 74 75 76 76 77	Annual 2625 2755 2923 3085 3220 3359 3495 3628 3712 3771 3843 3926 3949	Semi Annual           1339           1405           1491           1573           1642           1713           1782           1850           1893           1923           1960           2002           2014	Quarterly 683 716 760 802 837 873 909 943 965 980 999 1021 1027	Monthly 231.00 242.50 257.00 271.50 283.50 295.50 307.50 319.50 326.50 332.00 338.00 345.50 347.50	Monthly Bank Draft           229.00           240.50           255.00           269.50           281.50           293.50           305.50           317.50           324.50           330.00           336.00           343.50           345.50
Attained Age 65 66 67 68 69 70 71 71 72 73 73 74 75 76 77 78	Annual 2260 2397 2552 2717 2853 2984 3120 3153 3204 3247 3305 3353 3353 3353	Semi Annual 1153 1222 1302 1386 1455 1522 1591 1608 1634 1656 1686 1686 1710 1710	Quarterly 588 623 664 706 742 776 811 820 833 844 859 872 872 872 872 872	Monthly 199.00 211.00 224.50 239.00 251.00 262.50 274.50 277.50 282.00 285.50 291.00 295.00 295.00 295.00	Monthly Bank Draft           197.00           209.00           222.50           237.00           249.00           260.50           272.50           275.50           280.00           283.50           289.00           293.00           293.00           293.00	Attained Age 65 66 67 68 69 70 71 71 72 73 73 74 75 76 77 78	Annual 2625 2755 2923 3085 3220 3359 3495 3628 3712 3771 3843 3926 3949 3992	Semi Annual           1339           1405           1491           1573           1642           1713           1782           1850           1893           1923           1960           2002           2014           2036	Quarterly 683 716 760 802 837 873 909 943 965 980 999 1021 1027 1038	Monthly 231.00 242.50 257.00 271.50 283.50 295.50 307.50 319.50 326.50 332.00 338.00 345.50 347.50 351.50	Monthly Bank Draft           229.00           240.50           255.00           269.50           281.50           293.50           305.50           317.50           324.50           330.00           336.00           343.50           349.50
Attained Age 65 66 67 68 69 70 71 71 72 73 73 74 75 76 76 77	Annual 2260 2397 2552 2717 2853 2984 3120 3153 3204 3247 3305 3353 3353	Semi Annual 1153 1222 1302 1386 1455 1522 1591 1608 1634 1656 1686 1710 1710	Quarterly 588 623 664 706 742 776 811 820 833 844 859 872 872	Monthly 199.00 211.00 224.50 239.00 251.00 262.50 274.50 277.50 282.00 285.50 291.00 295.00 295.00	Monthly Bank Draft           197.00           209.00           222.50           237.00           249.00           260.50           272.50           280.00           283.50           289.00           293.00           293.00	Attained Age 65 66 67 68 69 70 71 71 72 73 73 74 75 76 76 77	Annual 2625 2755 2923 3085 3220 3359 3495 3628 3712 3771 3843 3926 3949	Semi Annual           1339           1405           1491           1573           1642           1713           1782           1850           1893           1923           1960           2002           2014	Quarterly 683 716 760 802 837 873 909 943 965 980 999 1021 1027	Monthly 231.00 242.50 257.00 271.50 283.50 295.50 307.50 319.50 326.50 332.00 338.00 345.50 347.50	Monthly Bank Draft           229.00           240.50           255.00           269.50           281.50           293.50           305.50           317.50           324.50           330.00           336.00           343.50           345.50

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible F.

# Globe Life And Accident Medicare Supplement Rates

PLAN HD	DF Effe	ctive Date: 0	6/15/2020	Plan Cod	le: JB1	PLAN HD	G Effe	ective Date: 0	6/15/2020	Plan Cod	e: JFO
Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft	Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank Draft
65	473	241	123	41.50	39.50	65	473	241	123	41.50	39.50
66	513	262	133	45.00	43.00	66	513	262	133	45.00	43.00
67	546	278	142	48.00	46.00	67	546	278	142	48.00	46.00
68	570	291	148	50.00	48.00	68	570	291	148	50.00	48.00
69	598	305	155	52.50	50.50	69	598	305	155	52.50	50.50
70	624	318	162	55.00	53.00	70	624	318	162	55.00	53.00
71	646	329	168	57.00	55.00	71	646	329	168	57.00	55.00
72	679	346	177	60.00	58.00	72	679	346	177	60.00	58.00
73	712	363	185	62.50	60.50	73	712	363	185	62.50	60.50
74	744	379	193	65.50	63.50	74	744	379	193	65.50	63.50
75	776	396	202	68.50	66.50	75	776	396	202	68.50	66.50
76	788	402	205	69.50	67.50	76	788	402	205	69.50	67.50
77	802	409	209	70.50	68.50	77	802	409	209	70.50	68.50
78	813	415	211	71.50	69.50	78	813	415	211	71.50	69.50
79	826	421	215	72.50	70.50	79	826	421	215	72.50	70.50
80+	850	434	221	75.00	73.00	80+	850	434	221	75.00	73.00
PLAN G	i Effe	ctive Date: 1	2/01/2023	Plan Cod	le: JCO	PLAN N	l Effe	ective Date: 1	2/01/2023	Plan Cod	e: JC8
Attained Age	Annual	Semi Annual	Quarterly	Monthly	Monthly Bank				· · · ·		
		Senn Annuar	Quarterry	wonthiy		Attained Age	Annual	Semi Annual	Quarterly	Monthly	
65	2308	1177	600	203.00	Draft 201.00	Attained Age 65	Annual 1596	Semi Annual 814	Quarterly 415	Monthly 140.50	Monthly Bank Draft 138.50
65 66					Draft					-	Draft
	2308	1177	600	203.00	Draft 201.00	65	1596	814	415	140.50	Draft 138.50
66	2308 2439	1177 1244	600 634	203.00 214.50	Draft 201.00 212.50	65 66	1596 1689	814 861	415 439	140.50 148.50	Draft 138.50 146.50
66 67	2308 2439 2607	1177 1244 1330	600 634 678	203.00 214.50 229.50	Draft 201.00 212.50 227.50	65 66 67	1596 1689 1804	814 861 920	415 439 469	140.50 148.50 159.00	Draft 138.50 146.50 157.00
66 67 68	2308 2439 2607 2769	1177 1244 1330 1412	600 634 678 720	203.00 214.50 229.50 243.50	Draft           201.00           212.50           227.50           241.50	65 66 67 68	1596 1689 1804 1919	814 861 920 979	415 439 469 499	140.50 148.50 159.00 169.00	Draft 138.50 146.50 157.00 167.00
66 67 68 69	2308 2439 2607 2769 2905	1177 1244 1330 1412 1482	600 634 678 720 755	203.00 214.50 229.50 243.50 255.50	Draft           201.00           212.50           227.50           241.50           253.50	65 66 67 68 69	1596 1689 1804 1919 2016	814 861 920 979 1028	415 439 469 499 524	140.50 148.50 159.00 169.00 177.50	Draft 138.50 146.50 157.00 167.00 175.50
66 67 68 69 70	2308 2439 2607 2769 2905 3042	1177 1244 1330 1412 1482 1551	600 634 678 720 755 791	203.00 214.50 229.50 243.50 255.50 267.50	Draft           201.00           212.50           227.50           241.50           253.50           265.50	65 66 67 68 69 70	1596 1689 1804 1919 2016 2113	814 861 920 979 1028 1078	415 439 469 499 524 549	140.50 148.50 159.00 169.00 177.50 186.00	Draft 138.50 146.50 157.00 167.00 175.50 184.00
66 67 68 69 70 71	2308 2439 2607 2769 2905 3042 3179	1177 1244 1330 1412 1482 1551 1621	600 634 678 720 755 791 827	203.00 214.50 229.50 243.50 255.50 267.50 280.00	Draft           201.00           212.50           227.50           241.50           253.50           265.50           278.00	65 66 67 68 69 70 71	1596 1689 1804 1919 2016 2113 2213	814 861 920 979 1028 1078 1129	415 439 469 499 524 549 575	140.50 148.50 159.00 169.00 177.50 186.00 194.50	Draft 138.50 146.50 157.00 167.00 175.50 184.00 192.50
66 67 68 69 70 71 71 72	2308 2439 2607 2769 2905 3042 3179 3314	1177 1244 1330 1412 1482 1551 1621 1690	600 634 678 720 755 791 827 862	203.00 214.50 229.50 243.50 255.50 267.50 280.00 291.50	Draft           201.00           212.50           227.50           241.50           253.50           265.50           278.00           289.50	65 66 67 68 69 70 71 71 72	1596 1689 1804 1919 2016 2113 2213 2309	814 861 920 979 1028 1078 1129 1178	415 439 469 499 524 549 575 600	140.50 148.50 159.00 169.00 177.50 186.00 194.50 203.00	Draft 138.50 146.50 157.00 167.00 175.50 184.00 192.50 201.00
66 67 68 69 70 71 72 73	2308 2439 2607 2769 2905 3042 3179 3314 3395	1177 1244 1330 1412 1482 1551 1621 1690 1731	600 634 678 720 755 791 827 862 883	203.00 214.50 229.50 243.50 255.50 267.50 280.00 291.50 299.00	Draft           201.00           212.50           227.50           241.50           253.50           265.50           278.00           289.50           297.00	65 66 67 68 69 70 71 71 72 73	1596 1689 1804 1919 2016 2113 2213 2309 2374	814 861 920 979 1028 1078 1129 1178 1211	415 439 469 499 524 549 575 600 617	140.50 148.50 159.00 169.00 177.50 186.00 194.50 203.00 209.00	Draft 138.50 146.50 157.00 167.00 175.50 184.00 192.50 201.00 207.00
66 67 68 69 70 71 72 73 73 74	2308 2439 2607 2769 2905 3042 3179 3314 3395 3455	1177 1244 1330 1412 1482 1551 1621 1690 1731 1762	600 634 678 720 755 791 827 862 883 898	203.00 214.50 229.50 243.50 255.50 267.50 280.00 291.50 299.00 304.00	Draft           201.00           212.50           227.50           241.50           253.50           265.50           278.00           289.50           297.00           302.00	65 66 67 68 69 70 71 71 72 73 73 74	1596 1689 1804 1919 2016 2113 2213 2309 2374 2422	814 861 920 979 1028 1078 1129 1178 1211 1235	415 439 469 499 524 549 575 600 617 630	140.50 148.50 159.00 169.00 177.50 186.00 194.50 203.00 209.00 213.00	Draft 138.50 146.50 157.00 167.00 175.50 184.00 192.50 201.00 207.00 211.00
66 67 68 69 70 71 72 73 73 74 75	2308 2439 2607 2769 2905 3042 3179 3314 3395 3455 3528	1177 1244 1330 1412 1482 1551 1621 1690 1731 1762 1799	600 634 678 720 755 791 827 862 883 898 917	203.00 214.50 229.50 243.50 255.50 267.50 280.00 291.50 299.00 304.00 310.50	Draft           201.00           212.50           227.50           241.50           253.50           265.50           278.00           289.50           297.00           302.00           308.50	65 66 67 68 69 70 71 71 72 73 73 74 75	1596 1689 1804 1919 2016 2113 2213 2309 2374 2422 2480	814 861 920 979 1028 1078 1129 1178 1211 1235 1265	415 439 469 599 524 549 575 600 617 630 645	140.50 148.50 159.00 169.00 177.50 186.00 194.50 203.00 209.00 213.00 218.00	Draft 138.50 146.50 157.00 167.00 175.50 184.00 192.50 201.00 207.00 211.00 216.00
66 67 68 69 70 71 72 73 73 74 75 76	2308 2439 2607 2769 2905 3042 3179 3314 3395 3455 3528 3610	1177 1244 1330 1412 1482 1551 1621 1690 1731 1762 1799 1841	600 634 678 720 755 791 827 862 883 898 917 939	203.00 214.50 229.50 243.50 255.50 267.50 280.00 291.50 299.00 304.00 310.50 317.50	Draft           201.00           212.50           227.50           241.50           253.50           265.50           278.00           289.50           297.00           302.00           308.50           315.50	65 66 67 68 69 70 71 71 72 73 74 74 75 76	1596 1689 1804 1919 2016 2113 2213 2309 2374 2422 2480 2541	814 861 920 979 1028 1078 1129 1178 1211 1235 1265 1296	415 439 469 499 524 549 575 600 617 630 645 661	140.50 148.50 159.00 169.00 177.50 186.00 194.50 203.00 209.00 213.00 218.00 223.50	Draft 138.50 146.50 157.00 167.00 175.50 184.00 192.50 201.00 207.00 211.00 216.00 221.50
66 67 68 69 70 71 72 73 73 74 75 76 76 77	2308 2439 2607 2769 2905 3042 3179 3314 3395 3455 3528 3610 3633	1177 1244 1330 1412 1482 1551 1621 1690 1731 1762 1799 1841 1853	600 634 678 720 755 791 827 862 883 898 917 939 945	203.00 214.50 229.50 243.50 255.50 267.50 280.00 291.50 299.00 304.00 310.50 317.50 319.50	Draft           201.00           212.50           227.50           241.50           253.50           265.50           278.00           289.50           297.00           302.00           308.50           315.50           317.50	65 66 67 68 69 70 71 71 72 73 73 74 75 76 76 77	1596 1689 1804 1919 2016 2113 2213 2309 2374 2422 2480 2541 2565	814         861         920         979         1028         1078         1129         1178         1211         1235         1265         1296         1308	415 439 469 499 524 549 575 600 617 630 645 661 661 667	140.50 148.50 159.00 169.00 177.50 186.00 194.50 203.00 209.00 213.00 218.00 223.50 225.50	138.50 146.50 157.00 167.00 175.50 184.00 192.50 201.00 207.00 211.00 216.00 221.50 223.50

Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible F.

# PLAN A MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

\* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$0	\$1632 (Part A Deductible)
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
<ul> <li>– While using 60 lifetime reserve days</li> </ul>	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible	\$0 **
		Expenses	
<ul> <li>Beyond the Additional 365 days</li> </ul>	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	\$0	Up to \$204 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

## PLAN A MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$240 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</b> – 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 \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$240 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints Next \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 \$0 80%	All Costs \$0 20%	\$0 \$240 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

### PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

# PLAN B MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

\* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
<ul> <li>While using 60 lifetime reserve days</li> </ul>	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
<ul> <li>Additional 365 days</li> </ul>	\$0	100% of Medicare-Eligible	\$0 **
		Expenses	
<ul> <li>Beyond the Additional 365 days</li> </ul>	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	\$0	Up to \$204 a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

### PLAN B MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$240 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
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 \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 Generally 20%	\$240 (Part B Deductible) \$0
Remainder of Medicale-Approved Amounts	Generally 60%	Generally 20%	ŞU
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

### PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0

# PLAN C MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

\* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 **
<ul> <li>Beyond the Additional 365 days</li> </ul>	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment, coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

# PLAN C MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$240 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</b> – 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	¢0	\$240 (Part P. Doductiblo)	\$0
First \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$240 (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$240 of Medicare-Approved Amounts*	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

### PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$240 (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

# PLAN F or HIGH DEDUCTIBLE PLAN F MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

- \* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- \*\* This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2800. 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, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 ***
<ul> <li>Beyond the Additional 365 days</li> </ul>	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

# PLAN F or HIGH DEDUCTIBLE PLAN F MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- \* Once you have been billed \$240 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 \$2800 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2800. 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 \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
<b>MEDICAL EXPENSES</b> – 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 \$240 of Medicare-Approved Amounts*	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$240 of Medicare-Approved Amounts*	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

### PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$240 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0

# **OTHER BENEFITS – NOT COVERED BY MEDICARE**

\$0	\$250
	20% and amounts over the \$50,000 lifetime maximum
	80% to a lifetime maximum

# PLAN G or HIGH DEDUCTIBLE PLAN G MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

- \* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- \*\* This high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible Expenses	\$0 ***
<ul> <li>Beyond the Additional 365 days</li> </ul>	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

# PLAN G or HIGH DEDUCTIBLE PLAN G MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- \* Once you have been billed \$240 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 G after one has paid a calendar year \$2800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2800 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$2800 DEDUCTIBLE,** 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 \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0
P	ARTS A & B		
HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
<ul> <li>Medically necessary skilled care services and medical supplies</li> <li>Durable medical equipment</li> </ul>	100%	\$0	\$0
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Unless Part B Deductible has been met)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
OTHER BENEFITS –	NOT COVERED BY M	EDICARE	
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
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### PLAN N MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

\* 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1632	\$1632 (Part A Deductible)	\$0
61st thru 90th day	All but \$408 a day	\$408 a day	\$0
91st day and after:			
<ul> <li>While using 60 lifetime reserve days</li> </ul>	All but \$816 a day	\$816 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare-Eligible	\$0 **
		Expenses	
<ul> <li>Beyond the Additional 365 days</li> </ul>	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$204 a day	Up to \$204 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

### PLAN N MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

\* Once you have been billed \$240 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
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 \$240 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$0 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.	\$240 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
– Tests for diagnostic services	100%	\$0	\$0

#### PARTS A & B

HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
<ul> <li>Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
– Durable medical equipment			
First \$240 of Medicare-Approved Amounts*	\$0	\$0	\$240 (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 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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