

Choosing a Medicare Supplement Plan

We offer Medicare Supplement policies for 10 of the 11 standardized plans A, B, C, D, F/HDF, G, K, L, and N (*plan availability may vary by state*). All Medicare Standardized plans include the following:

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 the Part B coinsurance or copayment.
- **Blood:** First 3 pints of blood each year.
- **Hospice:** Part A coinsurance for eligible hospice/respice care expenses. See outline of coverage for details and exceptions.

Medicare Plans / Benefits	A	B	C	D	F ▼	G	K ■	L ■	N •	
Basic Benefits										
Hospitalization (Part A Coinsurance)										
Medical Expenses (Part B Coinsurance)	100%	100%	100%	100%	100%	100%	50%	75%	100%	
Blood							50%	75%		
Hospice							50%	75%		
Skilled Nursing Facility Coinsurance	.	.					50%	75%		
Part A Deductible	.						50%	75%		
Part B Deductible	
Excess Doctor Charges	100%	100%	.	.	.	
Foreign Travel Emergency		

Out-of-Pocket Annual Limit ■	\$4,940	\$2,470	.	.
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▼ 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 deductible. Benefits from high deductible Plan F begin after out-of-pocket expenses exceed the calendar-year deductible (*\$2,180 in 2015*). Out-of-pocket expenses for this deductible are expenses that are ordinarily paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the separate foreign travel emergency deductible.

■ Plans K and L provide for different out-of-pocket cost-sharing (**50% for Plan K, 25% for Plan L**). Once you reach the annual limit (**\$4,940 for Plan K, \$2,470 for Plan L**), the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include the charges from your provider that exceed Medicare-approved amounts, called ‘excess charges’.

You will be responsible for paying excess charges. The out-of-pocket annual limit may increase each year for inflation.

● Plan N pays 100% of Medical Expenses (**Part B Coinsurance**) except for a copayment of up to **\$20** for an office visit and up to **\$50** for an emergency room visit. The emergency room copayment is waived if the insured is admitted to any hospital, and the emergency visit is covered as a Medicare Part A expense.

Some states require designated Medicare Supplement plans also be available to people under age 65 and eligible for Medicare due to disability (different application forms may be required). Policy benefits are identical for people over or under age 65. Premiums are based on Preferred or Standard, age, sex, State/Area.