

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 A PAYS | YOU PAY |
|--|--|------------------------------------|--------------------------------|
| HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days | All but \$1,676 | \$0 | \$1,676 (Part A deductible) |
| 61st through 90th day | All but \$419 a day | \$419 a day | \$0 |
| 91st day and after: While using 60 lifetime reserve days | All but \$838 a day | \$838 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 |
| 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 through 100th day | All but \$209.50 a day | \$0 | Up to \$209.50 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 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate'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 \$257 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 A 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 \$257 of Medicare-approved amounts* | \$0 | \$0 | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| BLOOD First 3 pints | \$0 | All costs | \$0 |
| Next \$257 of Medicare-approved amounts* | \$0 | \$0 | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| CLINICAL LABORATORY SERVICES TESTS FOR DIAGNOSTIC SERVICES | 100% | \$0 | \$0 |

PARTS A AND B

| | | | |
|--|------|-----|---------------------------|
| HOME HEALTH CARE – MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| DURABLE MEDICAL EQUIPMENT First \$257 of Medicare-approved amounts* | \$0 | \$0 | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

PLANS F

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

Medicare first eligible before 2020 only

*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 F PAYS | YOU PAY |
|--|--|------------------------------------|-----------|
| HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days | All but \$1,676 | \$1,676 (Part A deductible) | \$0 |
| 61st through 90th day | All but \$419 a day | \$419 a day | \$0 |
| 91st day and after: While using 60 lifetime reserve days | All but \$838 a day | \$838 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 |
| 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 through 100th day | All but \$209.50 a day | Up to \$209.50 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 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate'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.

PLANS F

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR – Medicare
first eligible before 2020 only**

*Once you have been billed \$257 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 F 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 \$257 of Medicare-approved amounts* | \$0 | \$257 (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 \$257 of Medicare-approved amounts* | \$0 | \$257 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| CLINICAL LABORATORY SERVICES TESTS FOR DIAGNOSTIC SERVICES | 100% | \$0 | \$0 |

PARTS A AND B

| | | | |
|---|------|---------------------------|-----|
| HOME HEALTH CARE – MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| DURABLE MEDICAL EQUIPMENT First \$257 of Medicare-approved amounts* | \$0 | \$257 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

PLANS F
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR –
Medicare first eligible before 2020 only
OTHER BENEFITS – NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | PLAN F PAYS | YOU PAY |
|---|----------------------|---|--|
| 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 | \$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 benefit |

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.

| SERVICES | MEDICARE PAYS | PLAN G PAYS | YOU PAY |
|--|--|------------------------------------|-----------|
| HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days | All but \$1,676 | \$1,676 (Part A deductible) | \$0 |
| 61st through 90th day | All but \$419 a day | \$419 a day | \$0 |
| 91st day and after: While using 60 lifetime reserve days | All but \$838 a day | \$838 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 |
| 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 through 100th day | All but \$209.50 a day | Up to \$209.50 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 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate'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.

PLANS G

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

*Once you have been billed \$257 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 G 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 \$257 of Medicare-approved amounts* | \$0 | \$0 | \$257 (Part B deductible) |
| 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 \$257 of Medicare-approved amounts* | \$0 | \$0 | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| CLINICAL LABORATORY SERVICES TESTS FOR DIAGNOSTIC SERVICES | 100% | \$0 | \$0 |

PARTS A AND B

| | | | |
|--|------|-----|---------------------------|
| HOME HEALTH CARE – MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| DURABLE MEDICAL EQUIPMENT First \$257 of Medicare-approved amounts* | \$0 | \$0 | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

PLANS G
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR –
OTHER BENEFITS – NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | PLAN G PAYS | YOU PAY |
|---|----------------------|---|--|
| 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 | \$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 benefit |

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 N PAYS | YOU PAY |
|--|--|------------------------------------|-----------|
| HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days | All but \$1,676 | \$1,676 (Part A deductible) | \$0 |
| 61st through 90th day | All but \$419 a day | \$419 a day | \$0 |
| 91st day and after: While using 60 lifetime reserve days | All but \$838 a day | \$838 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 |
| 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 through 100th day | All but \$209.50 a day | Up to \$209.50 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 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate'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.

PLANS N

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

*Once you have been billed \$257 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 N 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 \$257 of Medicare-approved amounts* | \$0 | \$0 | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | 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 | 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 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs |
| BLOOD First 3 pints | \$0 | All costs | \$0 |
| Next \$257 of Medicare-approved amounts* | \$0 | \$0 | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES | 100% | \$0 | \$0 |

PARTS A AND B

| | | | |
|--|------|-----|---------------------------|
| HOME HEALTH CARE – MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 |
| DURABLE MEDICAL EQUIPMENT First \$257 of Medicare-approved amounts* | \$0 | \$0 | \$257 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

PLANS N

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

OTHER BENEFITS – NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | PLAN N PAYS | YOU PAY |
|---|----------------------|---|--|
| 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 | \$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 benefit |