

Summary of Basic Option Benefits

Medicare Supplement Part A Benefits - Basic Option Monthly Premium ~~\$141.76~~

\$148.85

<u>Benefit</u>	<u>Amount Payable</u>
Hospital Confinement	
Day of Confinement	
1 st to 60 th day	Medicare Part A Deductible
61 st to 90 th day	Daily Coinsurance Charge (25% of Part A Deductible per day)
Lifetime Reserve Period	Daily Coinsurance Charge (50% of Part A Deductible per day)
After Lifetime Reserve Period	100% of Hospital Expenses for an additional 365 days per Person per lifetime
Skilled Nursing Facility	
<u>Day of Confinement</u>	
1 st to 20 th Day	Nothing
21 st to 100 th Day	Daily Coinsurance Charge (12 ½ % of Part A Deductible per day)
101 st to 365 th Day	Nothing

Medicare Supplement Part B Benefits – Basic Option

<u>Benefit</u>	<u>Amount Payable</u>
Medical Care	20% of Medicare Eligible Expenses after the Medicare Part B Deductible

Additional Medicare Supplement Benefits – Basic Option

<u>Benefit</u>	<u>Amount Payable</u>
Hospice Care	Medicare Coinsurance Charges for prescription drugs and inpatient respite care
Blood Deductible	First 3 pints of blood under Medicare Part A and Medicare Part B
Foreign Medical Treatment	100% of Foreign Medical Treatment expenses up to 90 days; first expense must be Incurred within first 180 days of Covered Person's travel Outside the United States per Calendar Year
In-Hospital Private Duty Nursing	Maximum Benefit Amount: Costs up to \$30 per 8-hour shift Maximum Number of Shifts: 60 Shifts per Calendar Year

Summary of High Option Benefits

Medicare Supplement Part A Benefits - High Option Monthly Premium ~~\$209.76~~ \$200.00

<u>Benefit</u>	<u>Amount Payable</u>
Hospital Confinement Day of Confinement	
1 st to 60 th day	Medicare Part A Deductible
61 st to 90 th day	Daily Coinsurance Charge (25% of Part A Deductible per day)
Lifetime Reserve Period	Daily Coinsurance Charge (50% of Part A Deductible per day)
After Lifetime Reserve Period	100% of Hospital Expenses for an additional 365 days per person per Lifetime
Skilled Nursing Facility <u>Day of Confinement</u>	
1 st to 20 th Day	Nothing
21 st to 100 th Day	Daily Coinsurance Charge (12 ½ % of Part A Deductible per day)
101 st to 365 th Day	Room and Board Charges up to \$75 a day

Medicare Supplement Part B Benefits – High Option

<u>Benefit</u>	<u>Amount Payable</u>
Medical Care	20% of Medicare Eligible Expenses
Expenses That Are More Than Medicare Considers Reasonable	The difference between the Usual and Customary Charge and the Medicare Eligible Expense after the Out-Of-Pocket Expense Amount

Out-Of-Pocket Expense Amount - \$500.00

Additional Medicare Supplement Benefits – High Option – See Back of Form

Additional Medicare Supplement Benefits – High Option

<u>Benefit</u>	<u>Amount Payable</u>
Hospice Care	Medicare Coinsurance Charges for prescription drugs and in-patient respite care
Medicare Part B Deductible	Medicare Part B Deductible
Blood Deductible	First 3 pints of blood under Medicare Part A and Medicare Part B
Foreign Medical Treatment	100% of Foreign Medical Treatment expenses up to 90 days; first expense must be Incurred within first 180 days of Covered Person's Traveling Outside the United States per Calendar Year
In-Hospital Private Duty Nursing	Maximum Benefit Amount: Costs up to \$30 per 8-hour shift Maximum Number of Shifts: 60 Shifts per Calendar Year