



# Medicare Supplement Outline of Coverage

**Plans A, F, G & N**

**Anthem Blue Cross and Blue Shield  
New Hampshire 2021**

This booklet includes:

2021 Premium Rates

2020 Medicare deductibles, copays and maximum out-of-pocket costs

Call toll-free 1-888-596-0272 with questions.

Administrative Office: 3000 Goffs Falls Road, Manchester, NH 03111-0001

# Benefit Chart of Medicare Supplement Plans Sold for Effective Dates on or after January 1, 2020

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.

**Plans shown in gray are available for purchase.** These same plans are available to those who are under 65 and qualify for Medicare due to disability.

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage ( <i>up to an additional 365 days after Medicare benefits are used up</i> )	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>1</sup>
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood ( <i>first three pints</i> )	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency ( <i>up to plan limits</i> )			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2020 <sup>2</sup>					\$5,880 <sup>2</sup>	\$2,940 <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option, which require first paying a plan deductible of \$2,340 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. We do not offer High Deductible Plans F or G.

<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.

# Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2021

Premiums are subject to change.

## Here's some important information, before we get started:

We, Anthem, can only raise your premium if we raise the premium for all plans like yours in this State. Premiums will be based on your gender and age during open enrollment and guaranteed issue right periods. Outside these enrollment periods, Anthem can ask health questions and premiums will be based on your gender, age, and tobacco usage. Premiums are subject to change on or after the Renewal Date in accordance with the terms of the Policy.

## Find Your Premium

Premiums (and future changes to premiums) are determined by several factors, including whether you are applying during your **open enrollment period** or have a guaranteed issue right situation. Other factors include your age, tobacco usage, gender and the plan you are enrolling.

- Your **open enrollment period** is the best time to buy a Medicare Supplement plan. The **open enrollment period** automatically starts the month you turn age 65 and enroll in Medicare Part B — this period only occurs once and allows you to enroll in any plan offered. During this period, you do not go through medical underwriting and are guaranteed acceptance into the plan of your choice!
- When outside your open enrollment period you may experience a guaranteed issue right. These rights generally occur when you have other health coverage that changes. During this period, we cannot ask health questions or about tobacco usage and you are guaranteed acceptance; however, your plan options may be limited.

## Here's how to find your premium, step-by-step:

▼  
**Determine Which Premium Table Applies to You**

- Tobacco / Non-Tobacco
- Male / Female



✓  
**Find Your Premium**

NOW ... You Are Ready to Compare Plan Premiums

## Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2021

Premiums are subject to change.

### Compare Plans

After locating the monthly premium, you are ready to review the individual plan pages. These pages provide details of the covered services and what each plan pays. Based on your individual needs, these pages will help you determine the plan that is best for you. You are now ready to **ENROLL!**

### Don't miss out on a chance to **SAVE!**

These optional discounts are offered for all of the following Premium Tables, for ages 65 and over.

#### **SAVE \$2 on your monthly premium!**

Enroll in our Automatic Bank Draft or Electronic Funds Transfer (EFT) program and you will save \$2 on your monthly premium. (To enroll, simply complete the Premium Payment Form.)

OR

#### **SAVE \$48 by paying your premium for the entire year!**

(Note: Based on the policy effective date, the discount may be pro-rated the first year.)

**SAVE 5%** when more than one member in the household enrolls in a Medicare Supplement plan with us. The discount is for policies with effective dates of June 1, 2010 or after and available to those members who occupy the same housing unit.

### Ways to Enroll

#### Sales Department\*

Call **1-888-211-9813**  
(TTY/TDD: **711**)

8 a.m. to 8 p.m.,  
seven days a week  
(except Thanksgiving  
and Christmas) from  
October 1 through  
March 31, and Monday  
to Friday (except  
holidays) from April 1  
through September 30

#### Customer Service

Call **1-800-333-3883**  
(TTY/TDD: **711**)

8 a.m. to 5 p.m. ET  
Monday - Friday

#### Visit us Online

[www.anthem.com](http://www.anthem.com)

- Enroll online
- Find a doctor
- Find a pharmacy
- List of covered drugs

**Let's Begin**

\* By calling this number, you will reach an authorized licensed insurance agent who can answer questions about our plans and enrollment.

# Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2021

Premiums are subject to change. Premium is based upon your tobacco usage, age, gender and plan.

**Table 1 | Non-Tobacco**

*If you are in your Open Enrollment Period, or are eligible for Guaranteed Issue, use this table.  
If you have not used tobacco products in the past 12 months, use this table.*

## PREMIUM INFORMATION

We, Anthem, can only raise your premium if we raise the premium for all policies like yours in this State.

Age*	Male				Female			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
<65	\$431.51	\$664.15	\$442.79	\$445.14	\$392.28	\$603.77	\$402.55	\$404.69
65	151.52	233.22	155.48	156.31	137.75	212.02	141.36	142.10
66	163.39	251.47	167.65	168.54	148.52	228.60	152.41	153.21
67	167.42	257.68	171.80	172.71	152.20	234.26	156.18	157.01
68	171.71	264.28	176.20	177.13	156.08	240.23	160.18	161.02
69	176.15	271.13	180.77	181.73	160.14	246.46	164.32	165.18
70	181.16	278.84	185.90	186.87	164.70	253.51	169.00	169.90
71	185.63	285.71	190.49	191.50	168.75	259.75	173.16	174.07
72	190.29	292.89	195.28	196.31	172.99	266.25	177.51	178.45
73	194.18	298.88	199.28	200.33	176.53	271.72	181.16	182.12
74	198.11	304.91	203.29	204.36	180.09	277.20	184.81	185.79
75	202.01	310.90	207.30	208.40	183.64	282.64	188.43	189.42
76	205.97	317.01	211.35	212.47	187.25	288.20	192.14	193.16
77	209.84	322.95	215.31	216.45	190.75	293.59	195.75	196.79
78	212.99	327.81	218.54	219.71	193.62	298.00	198.68	199.74
79	216.13	332.66	221.78	222.95	196.49	302.41	201.63	202.69
80	235.71	362.79	241.86	243.14	214.28	329.81	219.89	221.05
81	255.29	392.93	261.95	263.34	232.09	357.22	238.15	239.41
82	274.87	423.07	282.07	283.56	249.89	384.58	256.43	257.78
83	294.46	453.21	302.16	303.76	267.68	411.99	274.68	276.13
84	314.05	483.34	322.25	323.95	285.49	439.40	292.96	294.51
85	333.61	513.50	342.34	344.15	303.29	466.80	311.21	312.86
86	353.20	543.60	362.42	364.34	321.06	494.19	329.49	331.23
87	372.77	573.75	382.52	384.54	338.87	521.59	347.75	349.60
88	392.35	603.89	402.62	404.75	356.67	548.98	366.02	367.95
89	411.95	634.01	422.71	424.94	374.47	576.36	384.26	386.30
90+	431.51	664.15	442.79	445.14	392.28	603.77	402.55	404.69

\* Age as of the date the plan is issued.

# Finding Your Monthly Premium

Plans A, F, G & N | Effective January 1, 2021

Premiums are subject to change. Premium is based upon your tobacco usage, age, gender and plan.

**Table 2 | For Tobacco Users**

*If you have used tobacco products in the past 12 months, use this table —or— if you are not a tobacco user, are in your Open Enrollment Period, or are eligible for Guaranteed Issue, see Table 1.)*

## PREMIUM INFORMATION

We, Anthem, can only raise your premium if we raise the premium for all policies like yours in this State.

Age*	Male				Female			
	Plan A	Plan F	Plan G	Plan N	Plan A	Plan F	Plan G	Plan N
<65	\$483.29	\$743.85	\$495.92	\$498.56	\$439.35	\$676.22	\$450.86	\$453.25
65	169.70	261.21	174.14	175.07	154.28	237.46	158.32	159.15
66	183.00	281.65	187.77	188.76	166.34	256.03	170.70	171.60
67	187.51	288.60	192.42	193.44	170.46	262.37	174.92	175.85
68	192.32	295.99	197.34	198.39	174.81	269.06	179.40	180.34
69	197.29	303.67	202.46	203.54	179.36	276.04	184.04	185.00
70	202.90	312.30	208.21	209.29	184.46	283.93	189.28	190.29
71	207.91	320.00	213.35	214.48	189.00	290.92	193.94	194.96
72	213.12	328.04	218.71	219.87	193.75	298.20	198.81	199.86
73	217.48	334.75	223.19	224.37	197.71	304.33	202.90	203.97
74	221.88	341.50	227.68	228.88	201.70	310.46	206.99	208.08
75	226.25	348.21	232.18	233.41	205.68	316.56	211.04	212.15
76	230.69	355.05	236.71	237.97	209.72	322.78	215.20	216.34
77	235.02	361.70	241.15	242.42	213.64	328.82	219.24	220.40
78	238.55	367.15	244.76	246.08	216.85	333.76	222.52	223.71
79	242.07	372.58	248.39	249.70	220.07	338.70	225.83	227.01
80	264.00	406.32	270.88	272.32	239.99	369.39	246.28	247.58
81	285.92	440.08	293.38	294.94	259.94	400.09	266.73	268.14
82	307.85	473.84	315.92	317.59	279.88	430.73	287.20	288.71
83	329.80	507.60	338.42	340.21	299.80	461.43	307.64	309.27
84	351.74	541.34	360.92	362.82	319.75	492.13	328.12	329.85
85	373.64	575.12	383.42	385.45	339.68	522.82	348.56	350.40
86	395.58	608.83	405.91	408.06	359.59	553.49	369.03	370.98
87	417.50	642.60	428.42	430.68	379.53	584.18	389.48	391.55
88	439.43	676.36	450.93	453.32	399.47	614.86	409.94	412.10
89	461.38	710.09	473.44	475.93	419.41	645.52	430.37	432.66
90+	483.29	743.85	495.92	498.56	439.35	676.22	450.86	453.25

\* Age as of the date the plan is issued.

# Important Plan Disclosures

## Plans A, F, G & N

Retain this outline for your records.

### 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 Anthem.

### Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to us at our Administrative Office: 3000 Goffs Falls Road, Manchester, NH 03111-0001. 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 of your medical costs.

Neither Anthem 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. The company 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.



## 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
<b>▼ Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$0	\$1,408 (Part A deductible)
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$352 a day	\$352 a day	\$0
91 <sup>st</sup> day and after:			
• While using 60 lifetime reserve days	All but \$704 a day	\$704 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
<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	All approved amounts	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$176 a day	\$0	Up to \$176 a day
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>▼ Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$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 A

(continued)

### Medicare (Part B) – Medical Services – Per Calendar Year

\* Once you have been billed \$198 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 physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>▼ Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	\$0	All costs
<b>▼ Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>▼ Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0

### Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
<b>▼ Home Health Care – Medicare Approved Services</b>			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment:			
– First \$198 of Medicare approved amounts*	\$0	\$0	\$198 (Part B deductible)
– Remainder of Medicare approved amounts	80%	20%	\$0

## 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.

Services	Medicare Pays	Plan Pays	You Pay
<b>▼ Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$352 a day	\$352 a day	\$0
91 <sup>st</sup> day and after:			
• While using 60 lifetime reserve days	All but \$704 a day	\$704 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
<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	All approved amounts	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$176 a day	Up to \$176 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>▼ Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$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.

**Medicare (Part B) – Medical Services – Per Calendar Year**

\* Once you have been billed \$198 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 physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$198 of Medicare Approved Amounts*	\$0	\$198 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>▼ Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	100%	\$0
<b>▼ Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare Approved Amounts*	\$0	\$198 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>▼ Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0

**Parts A & B Services**

Services	Medicare Pays	Plan Pays	You Pay
<b>▼ Home Health Care – Medicare Approved Services</b>			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment:			
– First \$198 of Medicare approved amounts*	\$0	\$198 (Part B deductible)	\$0
– Remainder of Medicare approved amounts	80%	20%	\$0

**Other Benefits – Not Covered by Medicare**

Services	Medicare Pays	Plan Pays	You Pay
<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	\$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 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 Pays	You Pay
<b>▼ Hospitalization*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$352 a day	\$352 a day	\$0
91 <sup>st</sup> day and after:			
• While using 60 lifetime reserve days	All but \$704 a day	\$704 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
<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	All approved amounts	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$176 a day	Up to \$176 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>▼ Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$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.

## Medicare (Part B) – Medical Services – Per Calendar Year

\* Once you have been billed \$198 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 physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>▼ Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	100%	\$0
<b>▼ Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>▼ Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0

## Parts A & B Services

Services	Medicare Pays	Plan Pays	You Pay
<b>▼ Home Health Care – Medicare Approved Services</b>			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment:			
– First \$198 of Medicare approved amounts*	\$0	\$0	\$198 (Part B deductible)
– Remainder of Medicare approved amounts	80%	20%	\$0

**Other Benefits – Not Covered by Medicare**

Services	Medicare Pays	Plan Pays	You Pay
<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	\$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 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
<b>▼ Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,408	\$1,408 (Part A deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$352 a day	\$352 a day	\$0
91 <sup>st</sup> day and after:			
• While using 60 lifetime reserve days	All but \$704 a day	\$704 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
<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	All approved amounts	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$176 a day	Up to \$176 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>▼ Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$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.

**Medicare (Part B) – Medical Services – Per Calendar Year**

\* Once you have been billed \$198 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 physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (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 co-payment 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 co-payment 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.
<b>▼ Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	\$0	All costs
<b>▼ Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$198 of Medicare Approved Amounts*	\$0	\$0	\$198 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>▼ Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	\$0

## Plan N

(continued)

### Parts A & B Services

\* Once you have been billed \$198 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>▼ Home Health Care – Medicare Approved Services</b>			
• Medically necessary skilled care services and medical supplies	100%	\$0	\$0
• Durable medical equipment:			
– First \$198 of Medicare approved amounts*	\$0	\$0	\$198 (Part B deductible)
– Remainder of Medicare approved amounts	80%	20%	\$0

### Other Benefits – Not Covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
<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	\$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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