

Medicare Supplement Plans
Coverages 2017

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 \$1340	\$0	\$1340 (Part A Deductible)
61st thru 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after - while using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used - Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond 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 hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$167.50 a day	\$0	Up to \$167.50 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

Medicare Supplement Plans
Coverages 2017

PLAN A - cont

Medicare (Part B) - Medical Services Per Calendar Year

*** Once you have been billed \$183 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.**

<u>SERVICES</u>	<u>MEDICARE PAYS</u>	<u>PLAN PAYS</u>	<u>YOU PAY</u>
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 \$183 of Medicare Approved Amounts	\$0	\$0	\$183 (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 \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - Tests for diagnostic services	100%	\$0	\$0

PARTS A & B

<u>SERVICES</u>	<u>MEDICARE PAYS</u>	<u>PLAN PAYS</u>	<u>YOU PAY</u>
MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies - Durable Medical Equipment	100%	\$0	\$0
First \$183 of Medicare Approved Amounts	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

Medicare Supplement Plans
Coverages 2017

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 \$1340	\$1340 (Part A Deductible)	\$0
61st thru 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after - While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used - Additional 365 days	\$0	100% Medicare eligible expenses	\$0
Beyond 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 hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$167.50 a day	\$0	Up to \$167.50 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

Medicare Supplement Plans
Coverages 2017

PLAN B - cont

Medicare (Part B) Medical Services Per Calendar Year

*Once you have been billed \$183 of Medicare approved amounts for covered services, 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 \$183 of Medicare Approved Amounts	\$0	\$0	\$183 (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 \$183 of Medicare Approved Amounts *	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES -TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE			
MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment - first \$183 of Medicare Approved Amounts	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

Medicare Supplement Plans
Coverages 2017

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 \$1340	\$1340 (Part A deductible)	\$0
61st thru 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after: - While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond 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 hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$167.50 a day	Up to \$167.50 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

Medicare Supplement Plans
Coverages 2017

Plan C - continued

Medicare (Part B) - Medical Services

*Once you have been billed \$183 of Medicare approved amounts for covered services, 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 \$183 of Medicare Approved Amounts *	\$0	\$183 (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 \$183 of Medicare Approved Amounts*	\$0	\$183 (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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment - first \$183 of Medicare Approved Amounts *	\$0	\$183 Part B Deductible	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

Continued on next page

Medicare Supplement Plans
Coverages 2017

Plan C - continued

OTHER BENEFITS NOT COVERED BY MEDICARE			
SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during first 60 days of each trip outside US			
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 \$50,000 lifetime maximum limits

Medicare Supplement Plans
Coverages 2017

PLAN D

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 for 60 days. If you 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 \$1340	\$1340 Part A Deductible	\$0
61st thru 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after - While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used - Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond 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 hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$167.50 a day	Up to \$167.50 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

Medicare Supplement Plans
Coverages 2017

PLAN D Continued

Medicare (Part B) Medical Services Per Calendar Year

*Once you have been billed \$183 of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B ded

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 \$183 of Medicare Approved Amounts *	\$0	\$0	\$183 (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 \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment - first \$183 of Medicare Approved Amounts*	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

Continued on next page

Medicare Supplement Plans
Coverages 2017

PLAN D Continued

Medicare (Part B) Medical Services Per Calendar Year

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during first 60 days of each trip outside US			
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 \$50,000 lifetime maximum

Medicare Supplement Plans
Coverages 2017

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
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1340	\$1340 (Part A deductible)	\$0
61st thru 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after - While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond 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 hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3pints	\$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

Medicare Supplement Plans
Coverages 2017

PLAN F continued

Medicare (Part B) Medical Services Per Calendar Year

*Once you have been billed \$183 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 \$183 of Medicare Approved Amounts*	\$0	\$183 (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 \$183 of Medicare Approved Amounts*	\$0	\$183 (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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies Durable medical equipment	100%	\$0	\$0
First \$183 of Medicare Approved Amount*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

Medicare Supplement Plans
Coverages 2017

PLAN F continued

PARTS A & B continued

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE - Medically necessary emergency care services beginning during 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

Medicare Supplement Plans
Coverages 2017

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 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 \$1340	\$1340 Part A Deductible	
61st thru 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after - while using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used - Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY - 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 hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$167.50 a day	Up to \$167.50 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

Medicare Supplement Plans
Coverages 2017

PLAN G continued

Medicare (Part B) Medical Services Per Calendar Year

*Once you have been billed \$183 of Medicare approved amounts for covered services , your Part B deductible will have been met for the 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 \$183 of Medicare Approved Amounts *	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$183 of Medicare Approved Amounts	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies			
Durable medical equipment - first \$183 of Medicare Approved Amounts *	100%	\$0	\$0
Remainder of Medicare Approved Amounts	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

Medicare Supplement Plans
Coverages 2017

PLAN G continued

OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREGIN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during first 60 days of each trip outside US			
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

Medicare Supplement Plans
Coverages 2017

PLAN M

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 \$1340	\$670 (50% of Part A Deductible)	\$670 (50% of Part A Deductible)
61st thru 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after - while using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond 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 hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$167.50 a day	Up to \$167.50 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

Medicare Supplement Plans
Coverages 2017

PLAN M continued

Medicare (Part B) - Medical Services - per calendar year

*Once you have been billed \$183 of Medicare approved amounts for covered services (which are not an asterisk), your Par 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 \$183 of Medicare Approved Amounts *	\$0	\$0	\$183 (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 \$183 of Medicare Approved Amounts *	\$0	\$0	\$183 Part B deductible
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies Durable Medical Equipment			
	100%	\$0	\$0
First \$183 of Medicare Approved Amounts *	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

Medicare Supplement Plans
Coverages 2017

PLAN M continued

OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during first 60 days of each trip outside 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

Medicare Supplement Plans
Coverages 2017

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			\$0
First 60 days	All but \$1340	\$1340 (Part A Deductible)	\$0
61st thru 90th day	All but \$335 a day	\$335 a day	\$0
91st day and after - while using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used - additional 365 days	\$0	100% of Medicare eligible expenses	\$0
Beyond 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 hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$167.50 a day	Up to \$167.50 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

Medicare Supplement Plans
Coverages 2017

PLAN N continued

Medicare (Part B) Medical Services Per Calendar Year

*Once you have been billed \$183 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			
Frist \$183 of Medicare approved amounts	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per ER visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the ER visit is covered as a Medicare Part A expense	Up to \$20 per office visit and up to \$50 per ER visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the ER visit is covered a by 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 \$183 of Medicare approved amounts	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

Medicare Supplement Plans
Coverages 2017

PLAN N continued

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE - MEDICARE APPROVED SERVICES - Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment - first \$183 of Medicare approved amounts	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

OTHER BENEFITS NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE - Medically necessary emergency care services beginning during first 60 days of each trip outside USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000 lifetime maximum	20% and amounts over the \$50,000 lifetime maximum

Medicare Supplement Plans
Coverages 2017