2007 Outline of Medicare Supplement Coverage – Cover Page; 1 of 2
Benefit Plans A, B, C, D, F, High Deductible Plan F* and J

These charts show the benefits included in each of the standard Medicare Supplemental plans. Every company must make available Plan "A". Some plans may not be available in your state.

See Outlines of Coverage sections for details about ALL plans.

BASIC BENEFITS for plans A-J:

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.

Blood: First three pints of blood each year.

Anthem Logo indicates plans offered by Anthem Blue Cross and Blue Shield.

Anthem	Anthem	Anthem	Anthem		Anthem				Anthem
A	B	C	D	E	F / F*	G	H	I	J / J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible				Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery
				Preventive Care NOT Covered by Medicare					Preventive Care NOT Covered by Medicare

*Plans F and J also have an option called a high deductible plan F and a high deductible plan J. These high deductible plans pay the same benefits as plans F and J after one has paid a calendar year $1,860 deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses exceed $1,860. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

Please note: High Deductible Plan J is not offered by Anthem Blue Cross and Blue Shield.

In New Hampshire, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc., an independent licensee of the Blue Cross and Blue Shield Association.
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Neither Anthem Blue Cross and Blue Shield of New Hampshire nor its agents are connected with or endorsed by the federal government or the Medicare program.

Outline of Medicare Supplement Coverage - Cover Page 2

Basic Benefits for Plans K and L include similar services as plans A-J, but cost-sharing for the basic benefits is at different levels.

	K**	L**
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventive Care NOT Covered by Medicare		
	$4,000 Out-of-Pocket Annual Limit***	$2,000 Out-of-Pocket Annual Limit***

** Plans K and L provide for different cost-sharing for items and services than Plans A-J. Once you reach the annual limit, 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 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 will increase each year for inflation.

See Outlines of Coverage for details and exceptions.

Please note: Plans K and L are not offered by Anthem Blue Cross and Blue Shield.

Premium Information on next page.

2007 Medicare Supplemental Plan Premiums*

Our rates get even lower when you take advantage of our discounts.

Rates are determined at the age you are on January 1, 2007.

Rate Chart #1: The rates in this chart are for individuals who pay their premium **quarterly (every three months)**.

Age	A	B	C	D	F	High F	J w/out Rx
65	$270.69	$307.62	$359.19	$348.60	$359.28	$131.76	$377.16
66	$286.62	$325.71	$380.34	$369.09	$380.46	$139.50	$399.36
67	$302.52	$343.80	$401.46	$389.58	$401.58	$147.30	$421.53
68-69	$318.45	$361.89	$422.58	$410.10	$422.70	$155.01	$443.70
70-74	$350.31	$398.10	$464.85	$451.11	$464.97	$170.52	$488.04
75 and over **or under 65**	$477.69	$542.85	$633.90	$615.18	$634.08	$232.53	$665.61

Rate Chart #2: The rates in this chart are for individuals who pay their premium **monthly through automatic withdrawal. This is a $2.00 discount per month!**

Age	A	B	C	D	F	High F	J w/out Rx
65	$88.23	$100.54	$117.73	$114.20	$117.76	$41.92	$123.72
66	$93.54	$106.57	$124.78	$121.03	$124.82	$44.50	$131.12
67	$98.84	$112.60	$131.82	$127.86	$131.86	$47.10	$138.51
68-69	$104.15	$118.63	$138.86	$134.70	$138.90	$49.67	$145.90
70-74	$114.77	$130.70	$152.95	$148.37	$152.99	$54.84	$160.68
75 and over **or under 65**	$157.23	$178.95	$209.30	$203.06	$209.36	$75.51	$219.87

Rate Chart #3: The rates in this chart are for individuals who pay their premium once a year **(annually).** This is a 6% discount.** Annual premium is for remaining month in this calendar year.

Age	A	B	C	D	F	High F	J w/out Rx
65	$1,017.84	$1,156.68	$1,350.60	$1,310.76	$1,350.84	$495.36	$1,418.16
66	$1,077.72	$1,224.72	$1,430.04	$1,387.80	$1,430.52	$524.52	$1,501.56
67	$1,137.48	$1,292.64	$1,509.48	$1,464.84	$1,509.96	$553.80	$1,584.96
68-69	$1,197.36	$1,360.68	$1,588.92	$1,542.00	$1,589.40	$582.84	$1,668.36
70-74	$1,317.12	$1,496.88	$1,747.80	$1,696.20	$1,748.28	$641.16	$1,835.04
75 and over **or under 65**	$1,796.16	$2,041.08	$2,383.44	$2,313.12	$2,384.16	$874.32	$2,502.72

*Rates will change effective January 1, 2008.

**Annual premium is for remaining months in the calendar year.

Medicare Supplement Outline of Coverage

Anthem Blue Cross and Blue Shield
3000 Goffs Falls Road
Manchester, NH 03111-0001

Disclosures

Use this outline to compare benefits and premiums among policies.

Read Your Policy/Certificate Very Carefully

This is only an outline describing your policy's most important features. The policy/certificate is your insurance contract. You must read the policy/certificate itself to understand all the rights and duties of both you and Anthem Blue Cross and Blue Shield.

Right to Return this Policy

If you find that you are not satisfied with your policy/certificate, you may return it to:

Anthem Blue Cross and Blue Shield
3000 Goffs Falls Road
Manchester, NH 03111-0001

If you send the policy back to us within **thirty (30) days** after you receive it, we will treat the policy/certificate as if it had never been issued and return all of your payments.

Policy/Certificate Replacement

If you are replacing another health insurance policy/certificate, do NOT cancel it until you have actually received your new policy/certificate and are sure you want to keep it.

Notice

This policy/certificate may not fully cover all of your medical costs.

Neither Anthem Blue Cross and Blue Shield 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 the Medicare and You handbook for more details.

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
Hospitalization* Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $992	$0	$992 (Part A deductible)
61st thru 90th day	All but $248 a day	$248 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $496 a day	$496 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 having 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 $124 a day	$0	Up to $124 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 Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

**** 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 charge and the amount Medicare would have paid.**

(continued)

Plan A (continued)

Medicare (Part B) — Medical Services — Per Calendar Year

* Once you have been billed $131 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 $131 of Medicare-approved amounts*	$0	$0	$131 (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 $131 of Medicare-approved amounts*	$0	$0	$131 (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 $131 of Medicare-approved amounts*	$0	$0	$131 (Part B deductible)
· Remainder of Medicare-approved amounts	80%	20%	$0

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 $992	$992 (Part A deductible)	$0
61st thru 90th day	All but $248 a day	$248 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $496 a day	$496 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 having 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 $124 a day	$0	Up to $124 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 Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

**** 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 charge and the amount Medicare would have paid.**

(continued)

Plan B (continued)

Medicare (Part B) — Medical Services — Per Calendar Year

* Once you have been billed $131 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 $131 of Medicare-approved amounts*	$0	$0	$131 (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 $131 of Medicare-approved amounts*	$0	$0	$131 (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 $131 of Medicare-approved amounts*	$0	$0	$131 (Part B deductible)
· Remainder of Medicare-approved amounts	80%	20%	$0

Plan C

Medicare (Part A) — Hospital Services — Per Benefit Period

* A benefit period begins on the first day you receive services 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 $992	$992 (Part A deductible)	$0
61st thru 90th day	All but $248 a day	$248 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $496 a day	$496 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 having 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 $124 a day	Up to $124 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 Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

**** 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 charge and the amount Medicare would have paid.**

(continued)

Plan C (continued)

Medicare (Part B) — Medical Services — Per Calendar Year

* Once you have been billed $131 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 $131 of Medicare-approved amounts*	$0	$131 (Part B deductible)	$0
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 $131 of Medicare-approved amounts*	$0	$131 (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 $131 of Medicare-approved amounts*	$0	$131 (Part B deductible)	$0
· Remainder of Medicare-approved amounts	80%	20%	$0

(continued)

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 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 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 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 $992	$992 (Part A deductible)	$0
61st thru 90th day	All but $248 a day	$248 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $496 a day	$496 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 having 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 $124 a day	Up to $124 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 Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

**** 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 charge and the amount Medicare would have paid.**

(continued)

Plan D (continued)

Medicare (Part B) — Medical Services — Per Calendar Year

* Once you have been billed $131 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 $131 of Medicare-approved amounts*	$0	$0	$131 (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 $131 of Medicare-approved amounts*	$0	$0	$131 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services – Tests for diagnostic services	100%	$0	$0

(continued)

Plan D (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 $131 of Medicare-approved amounts*	$0	$0	$131 (Part B deductible)
· Remainder of Medicare-approved amounts	80%	20%	$0
At-home recovery services — not covered by Medicare			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
Benefit for each visit	$0	Actual charges to $40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)	$0	Up to the number of Medicare-approved visits, not to exceed 7 each week	
Calendar year maximum	$0	$1,600	

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 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 F or High Deductible 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.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year ($1,860) deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $1,860. Out-of-Pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

		After you pay $1,860 deductible**	In addition to $1,860 deductible**
Services	**Medicare Pays**	**Plan Pays**	**You Pay**
Hospitalization* Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $992	$992 (Part A deductible)	$0
61st thru 90th day	All but $248 a day	$248 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $496 a day	$496 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 having 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 $124 a day	Up to $124 a day	$0
101st day and after	$0	$0	All costs

***** 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 charge and the amount Medicare would have paid.**

(continued)

Plan F or High Deductible Plan F (continued)

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.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year ($1,860) deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $1,860. Out-of-Pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

		After you pay $1,860 deductible**	In addition to $1,860 deductible**
Services	**Medicare Pays**	**Plan Pays**	**You Pay**
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

(continued)

Plan F or High Deductible Plan F (continued)

Medicare (Part B) — Medical Services — Per Calendar Year

* Once you have been billed $131 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.

** This high deductible plan pays the same benefits as Plan F after one has paid a calendar year ($1,860) deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are $1,860. Out-of-Pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

		After you pay $1,860 deductible**	In addition to $1,860 deductible**
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 $131 of Medicare-approved amounts*	$0	$131 (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 $131 of Medicare-approved amounts*	$0	$131 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services — Tests for diagnostic services	100%	$0	$0

(continued)

Plan F or High Deductible Plan F (continued)

Parts A & B

Services	Medicare Pays	After you pay $1,860 deductible** Plan Pays	In addition to $1,860 deductible** You Pay
Home Health Care Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment: · First $131 of Medicare-approved amounts*	$0	$131 (Part B deductible)	$0
· Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits — Not Covered by Medicare

Services	Medicare Pays	After you pay $1,860 deductible** Plan Pays	In addition to $1,860 deductible** 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 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 J

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 $992	$992 (Part A deductible)	$0
61st thru 90th day	All but $248 a day	$248 a day	$0
91st day and after: · While using 60 lifetime reserve days	All but $496 a day	$496 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 having 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 $124 a day	Up to $124 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			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

**** 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 charge and the amount Medicare would have paid.**

(continued)

Plan J (continued)

Medicare (Part B) — Medical Services — Per Calendar Year

* Once you have been billed $131 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 $131 of Medicare-approved amounts*	$0	$131 (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 $131 of Medicare-approved amounts*	$0	$131 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services — Tests for diagnostic services	100%	$0	$0

(continued)

Plan J (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 $131 of Medicare-approved amounts*	$0	$131 (Part B deductible)	$0
· Remainder of Medicare-approved amounts	80%	20%	$0
At-home recovery services — not covered by Medicare Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
Benefit for each visit	$0	Actual charges to $40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)	$0	Up to the number of Medicare-approved visits, not to exceed 7 each week	
Calendar year maximum	$0	$1,600	

(continued)

Plan J (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 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
Preventive Medical Care Benefit - Not Covered by Medicare Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare.			
First $120 each calendar year	$0	$120	$0
Additional charges	$0	$0	All costs