

UPDATED NUMBERS FOR CALENDAR YEAR 2014

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.

**\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	\$1,216 All but [\$110]	\$1,216 [\$110] (Part A Deductible)	\$0**
61st thru 90th day 91st day and after	All but [\$200] a day \$304	[\$200] a day \$304	\$0**
While using 60 lifetime reserve days Once lifetime reserve days are used:	All but [\$592] a day \$608	[\$592] a day \$608	\$0**
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 thru 100th day 101st day and after	All but [\$100] a day \$0 \$152	Up to [\$100] a day \$0 \$152	\$0** All costs
BLOOD			
First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0** \$0**
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness services			
	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.

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

*Once you have been billed [\$147] 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.

**\$0 Indicates your liability for covered charges. You are responsible for all other non-covered charges.

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 test, durable medical equipment First [\$147] of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 Generally 80%	\$0 Generally 20%	[\$147] (Part B Deductible) \$0**
Part B Excess Charges (Above Medicare-Approved amounts)	\$0	100%	\$0**
BLOOD First 3 pints Next [\$147] of Medicare-Approved amounts* Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0** [\$147] (Part B Deductible) \$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 [\$147] of Medicare Approved amounts* Remainder of Medicare Approved amounts	100% \$0 80%	\$0 \$0 20%	\$0** [\$147] (Part B Deductible) \$0**

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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 Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum