

Medicare Supplement insurance can only be sold in ten standard plans and one high deductible plan - Plan F. The following charts show the benefits included in each plan. Every company offering Medicare supplement insurance **must** make Plan A available.

See the following page for a description of the benefits listed in this chart.

	PLAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN G	PLAN K*	PLAN L*	Plan M	Plan N
2017 Benefit Values	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	50% Basic Benefits except 100% Part A Co-insurance	75% Basic Benefits except 100% Part A Co-insurance	Basic Benefits	Basic, except up to \$20 copayment for office visit and up to \$50 copayment for ER
\$164.50/day Days 21-100			Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	50% Skilled Nursing Co-insurance	75% Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance
\$1,316		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
\$183			Part B Deductible		Part B Deductible					
Varies					Part B Excess (100%)	Part B Excess (100%)				
Varies			Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-pocket limit \$4,960; paid at 100% after limit reached	Out-of-pocket limit \$2,480; paid at 100% after limit reached		

*Plans K and L provide for different cost-sharing for items and services than Plans A through G. Once you reach the annual limit (\$5,120 for Plan K and \$2,560 for Plan L in 2017), the plan pays 100% of the Medicare co-payments, 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.

EXPLANATION OF CORE BENEFITS INCLUDED IN ALL PLANS

Plan A - Basic Core Benefits

The following are the basic benefits for Plan A. These benefits are also included in Plans B through N.

- Payment of Medicare Part A co-insurance for the 61st through the 90th day in the hospital (\$329 a day in 2017);
- Payment of Medicare Part A co-insurance for any hospital confinement beyond the 90th day, up to an additional 60 days during the policyholder's lifetime (\$658 a day in 2017);
- After using all the Medicare hospital inpatient coverage, including the lifetime reserve days, all Medicare-eligible hospital charges will be covered up to 365 additional days during the policyholder's lifetime;
- Coverage for the reasonable cost of the first three pints of blood each year under Medicare Part A and Part B;
- Payment of the 20% co-insurance amount under Medicare Part B (doctor and other medical bills) **after** the policyholder pays the Medicare Part B deductible which is \$183 in 2017. Payment of the 20% co-insurance amount for outpatient mental health services, after the deductible is paid.
- Coverage of Medicare copayment/coinsurance for Hospice when there is a doctor's certification of terminal illness.

Additional Benefits Found in Plans B through N

The following list describes the additional benefits that may be included in plans B through N.

The chart on page 8 shows which benefits are included in each plan.

Medicare Part A Deductible: Payment of all of the Medicare Part A inpatient hospital deductible. (The Medicare Part A deductible is \$1,316 in 2017.)

Skilled Nursing Facility Care: Coverage up to the co-insurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care (\$164.50 a day in 2017).

Medicare Part B Deductible: Coverage of all of the Medicare Part B deductible (\$183 in 2017). Medicare Part B covers doctor and other medical bills.

One Hundred Percent of the Medicare Part B Excess Charges: Coverage of the difference between the actual Medicare Part B charge as billed and the Medicare-approved Part B charge, not to exceed any charge limit set by the Medicare program or state law.

Medically Necessary Emergency Care in a Foreign Country: Payment of 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency care received in a foreign country. The policies that cover foreign travel do so if emergency care begins during the first 60 days of a trip, and if Medicare doesn't otherwise cover the care. This benefit has a \$250 calendar year deductible and a lifetime maximum benefit paid of \$50,000.

High Deductible Plan "F": (see page 12 for companies and premiums) This high deductible plan offers the same benefits as the regular Plan F but the **benefits do not start until after** you pay a 2017 calendar year deductible of \$2,200 (this deductible can go up every year). Some of the expenses you will have to pay to satisfy this high deductible include the Medicare deductibles for Parts A and B, **but does not include** the Plan "F" Foreign Travel Emergency deductible. The Foreign Travel Emergency deductible must be paid *regardless* of whether you have met the \$2,200 high deductible and the Foreign Travel Emergency deductible cannot be applied toward the \$2,200 high deductible.