

**PLAN G with 50% Part B Coinsurance Rider and \$2,000 Out-Of-Pocket Maximum  
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD – 2019**

\* 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 61st thru 90th day 91st day and after: – While using 60 lifetime reserve days Once lifetime reserve days are used: – Additional 365 days  – Beyond the Additional 365 days	All but \$1364 All but \$341 a day  All but \$682 a day  \$0  \$0	\$1364 (Part A Deductible) \$341 a day  \$682 a day  100% of Medicare Eligible Expenses \$0	\$0 \$0  \$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 21st thru 100th day 101st day and after	All approved amounts All but \$170.50 a day \$0	\$0 Up to \$170.50 a day \$0	\$0 \$0 All Costs
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$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 the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN G with 50% Part B Coinsurance Rider and \$2,000 Out-Of-Pocket Maximum**

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR – 2019**

\* Once you have been billed \$185 of Medicare-Approved amounts for covered services (which are noted with an asterisk), Medicare Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<p>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</p> <p>First \$185 of Medicare Approved Amounts*                      Remainder of Medicare Approved Amounts                      Part B Excess Charges (Above Medicare Approved Amounts)</p>	<p>\$0                      Generally 80%</p>	<p>\$0 until your \$185 Part B deductible is met, then 50% of the amount not paid by Medicare until you reach your \$2,000 out-of-pocket maximum, then 100% of the amount not paid by Medicare</p>	<p>100% until your \$185 Part B deductible is met, then 50% of the amount not paid by Medicare until you reach your \$2,000 out-of-pocket maximum, then \$0</p>
<p>BLOOD</p> <p>First 3 pints                      Next \$185 of Medicare Approved Amounts*                      Remainder of Medicare Approved Amounts</p>	<p>\$0                      \$0                      80%</p>	<p>All Costs                      \$0 until your \$185 Part B deductible is met, then 50% of the amount not paid by Medicare until you reach your \$2,000 out-of-pocket maximum, then 100% of the amount not paid by Medicare</p>	<p>\$0                      100% until your \$185 Part B deductible is met, then 50% of the amount not paid by Medicare until you reach your \$2,000 out-of-pocket maximum, then \$0</p>
<p>CLINICAL LABORATORY SERVICES –                      TESTS FOR DIAGNOSTIC SERVICES</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

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**PARTS A & B**

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment	\$0	\$0 until your \$185 Part B deductible is met, then	100% until your \$185 Part B deductible is met, then
First \$185 of Medicare Approved Amounts*	80%	50% of the amount not paid by Medicare until you reach your \$2,000 out-of-pocket maximum, then	50% of the amount not paid by Medicare until you reach your \$2,000 out-of-pocket maximum, then
Remainder of Medicare Approved Amounts		100% of the amount not paid by Medicare	\$0

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

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	\$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