

Medicare Supplement Plans
OUTLINE OF COVERAGE—COVER PAGE:
BENEFIT PLANS— PLAN A and F

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state. Plans E, H, I and J are no longer available for sale.

Basic Benefits:

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.

Plans K, L and N require insured to pay a portion of part B coinsurance or copayments.

Blood: First three pints of blood each year.

Hospice: Part A Coinsurance

PLAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN G	PLAN K	PLAN L	PLAN M	PLAN N
Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance, except \$20 copayment for office visit and up to \$50 copayment for Emergency Room
		Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	50% Skilled Nursing Facility coinsurance	75% 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	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	
						Out-of-pocket limit \$4,620; paid at 100% after limit reached.	Out-of-pocket limit \$2,310; paid at 100% after limit reached.		