

## Plan Benefit Tables: Medicare Select - Plan G

### Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
<b>Hospitalization<sup>1</sup> in a Participating Hospital<sup>2</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>3</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></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	All approved amounts	\$0	\$0
	Days 21-100	All but \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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#### Notes

**1** 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.

**2** You must use a network hospital.

**3 NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in 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.


# Plan Benefit Tables: Medicare Select - Plan G (continued)

## Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
<b>Medical Expenses</b> INCLUDES TREATMENT 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 \$240 of Medicare-approved amounts <sup>4</sup>	\$0	\$0	\$240 <small>(Unless Part B deductible has been met)</small>
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	100%	\$0
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts <sup>4</sup>	\$0	\$0	\$240 <small>(Unless Part B deductible has been met)</small>
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0

## Parts A and B

Service		Medicare Pays	Medicare Select Plan G Pays	You Pay
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>4</sup>	\$0	\$0	\$240 <small>(Unless Part B deductible has been met)</small>
	Remainder of Medicare-approved amounts	80%	20%	\$0

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### Notes

**4** Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

# Plan Benefit Tables: Medicare Select - Plan G (continued)

**Other Benefits not covered by Medicare**

<b>Service</b>		<b>Medicare Pays</b>	<b>Medicare Select Plan G Pays</b>	<b>You Pay</b>
<b>Foreign Travel</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of 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