



OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE 1 of 2

Benefit Plan(s)	PLAN A	POLICY FORM 8102MSPA
	PLAN B	POLICY FORM 8102MSPB
	PLAN C	POLICY FORM 8102MSPC
	PLAN D	POLICY FORM 8102MSPD
	PLAN F	POLICY FORM 8102MSPF
	PLAN F*(High Deductible)	POLICY FORM 8102MSPFX
	PLAN G	POLICY FORM 8102MSPG

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The chart shows the benefits included in each plan. Every company must make available Plan “A”. Some plans may not be available in your state. See Outline of Coverage sections for details about ALL plans.

BASIC BENEFITS Hospitalization----- Part A co-insurance plus coverage for 365 additional days after Medicare benefits end.
 (Included in all plans) Medical Expenses ----- Part B co-insurance (Generally, 20% of Medicare-approved expenses), or co-payments for hospital outpatient services.
 Blood ----- First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance	Skilled Nursing Facility Co-Insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible					Part B Deductible	Part B Deductible
					Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	At-Home Recovery
				Preventive Care Not Covered by Medicare							Preventive Care Not Covered by Medicare

*Plans F and J also have an option called a high deductible plan F and a high deductible plan J. These high deductible plans pay the same benefits as Plans F and J after one has paid a calendar year [\$1,900] deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses are [\$1,900]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B but do not include the plan’s separate the plan’s separate foreign travel emergency deductible.



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The charts show the benefits included in each of the standardized Medicare Supplement plans.

Basic Benefits for Plans K and L include similar services as plans A-J, but cost-sharing for the basic benefits is at different levels.

K**	L**
100% of Part A Hospitalization Co-Insurance plus coverage for 365 Days after Medicare Benefits End 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Co-Insurance, except 100% Co-Insurance for Part B Preventive Services	100% of Part A Hospitalization Co-Insurance plus coverage for 365 Days after Medicare Benefits End 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Co-Insurance, except 100% Co-Insurance for Part B Preventive Services
50% Skilled Nursing Facility Co-Insurance	75% Skilled Nursing Facility Co-Insurance
50% Part A Deductible	75% Part A Deductible
\$[4000] Out of Pocket Annual Limit***	\$[2000] Out of Pocket Annual Limit***

** Plans K and L provide for different cost-sharing for items and services from Plans A – J.
 Once you reach the annual limit, the plan pays 100% of the Medicare co-payments, co-insurance, 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.

See Outlines of Coverage for details and exceptions.