

[COMPANY NAME]

Outline of Medicare Supplement Coverage - Cover Page: 1 of 2
Benefit Plans _____ [insert letters of plans being offered]

These charts show 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.

See Outline of Coverage for details about ALL plans.

Basic Benefits for Plans A — J:

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.

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 Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	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	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 Deductible
					Part B Excess (100%)	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 (+) deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses exceed (+). 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 foreign travel emergency deductible.
 (+) The dollar amount to be inserted is determined annually, as described in (m) of this section, and may be obtained from the division.