

Standardized Medicare Supplement Plans for Most States (excluding MA, MN and WI)

Every company offering Medicare Supplement insurance must offer Plan A. In addition, companies may have some, all, or none of the other plans.

Basic Benefits (Included in Plans A - G):

- ✓ Inpatient Hospital Care: Covers the cost of Part A coinsurance and the cost of 365 extra days of hospital care during your lifetime after Medicare coverage ends.
- ✓ For medicare supplement plans, Medical Costs: Covers the Part B coinsurance (generally 20% of Medicare-approved payment amount) or copayment amount which may vary according to the service. For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.
- ✓ Blood: Covers the first 3 pints of blood each year.

Options	A	B	C	D	F*	G
Basic Benefits	✓	✓	✓	✓	✓	✓
Part A: Inpatient Hospital Deductible		✓	✓	✓	✓	✓
Part A: Skilled-Nursing Facility Coinsurance			✓	✓	✓	✓
Part B: Deductible			✓		✓	
Foreign Travel Emergency			✓	✓	✓	✓
Part B: Excess Charges					100%	100%

* Plan F also has a high deductible option. If you choose this option, in 2015 you must pay **\$2,180** out-of-pocket per year before the plans pay anything. Insurance policies with a high deductible option generally cost less than those with lower deductibles. Your out-of-pocket costs for services may be higher if you need to see your doctor or go to the hospital.

Basic Benefits (Plans K- N):

Basic Benefits for Plans K, L and N include similar services as Plans A through G and M, but cost sharing for the basic benefits is at different levels.

Options	K**	L**	M	N
Basic Benefits	100% of Part A Hospitalization Coinsurance 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 Coinsurance, except 100% Coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance 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 Coinsurance, except 100% Coinsurance for Part B Preventive Services	✓	Basic, Including 100% co-insurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
Skilled Nursing Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	✓	✓
Part A: Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	✓
Part B: Deductible				
Part B: Excess (100%)				
Foreign Travel Emergency			✓	✓
At-Home Recovery				
Preventive Care NOT Covered by Medicare				
	\$4,940 Out of Pocket Annual	\$2,470 Out of Pocket Annual		

Options	K**	L**	M	N
	Limit (2015) ***	Limit (2015) ***		

**Plans K and L provide for different cost-sharing for items and services than Plans A through G and M. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, 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.