

<b>Medicare Supplement: Plan G Details</b>			
Part A			
<b>Services</b>	<b>Medicare Pays</b>	<b>This Plan Pays</b>	<b>You Pay</b>
<b>Hospitalization</b>			
First 60 Days	All But \$1676	\$1676 (Part A Deductible)	<b>\$0</b>
61st Through 90th Day	All But \$419 a Day	\$419 a Day	<b>\$0</b>
91st Day and After (60 Reserve Days)	All But \$838 a Day	\$838 a Day	<b>\$0</b>
After Reserve (Additional 365 Days)	\$0	100% of Eligible Expenses	<b>\$0</b>
Beyond the Additional 365 Days	\$0	\$0	<b>All Costs</b>
<b>Skilled Nursing Facility Care</b>			
First 20 Days	All Approved Amounts	\$0	<b>\$0</b>
21st Through 100th Day	All But \$209.50 a Day	Up to \$209.50 a Day	<b>\$0</b>
101st Day and After	\$0	\$0	<b>All Costs</b>
<b>Blood</b>			
First Three Pints	\$0	100%	<b>\$0</b>
Additional Amounts	100%	\$0	<b>\$0</b>
<b>Hospice Care</b>			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	<b>\$0</b>
Part B			
<b>Services</b>	<b>Medicare Pays</b>	<b>This Plan Pays</b>	<b>You Pay</b>
<b>Medical Expenses</b>			
1st \$257 of Approved Amounts	\$0	\$0	<b>\$257 (Part B Deductible)</b>
Remainder of Approved Amounts	Generally 80%	Generally 20%	<b>\$0</b>
Part B Excess Charge	\$0	100%	<b>\$0</b>
<b>Blood</b>			
First Three Pints	\$0	100%	<b>\$0</b>
Next \$257 of Approved Amounts	\$0	\$0	<b>\$257 (Part B Deductible)</b>
Remainder of Approved Amounts	Generally 80%	Generally 20%	<b>\$0</b>
<b>Clinical Laboratory Services</b>			
Tests for Diagnostic Services	100%	\$0	<b>\$0</b>
Parts A & B			
<b>Services</b>	<b>Medicare Pays</b>	<b>This Plan Pays</b>	<b>You Pay</b>
<b>Home Health Care</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	<b>\$0</b>
<b>Durable Medical Equipment</b>			
1st \$257 of Medicare approved amounts	\$0	\$0	<b>\$257 (Part B deductible)</b>
Remainder of medicare approved amounts	80%	20%	<b>\$0</b>
Other Benefits			
<b>Services</b>	<b>Medicare Pays</b>	<b>This Plan Pays</b>	<b>You Pay</b>
<b>Foreign Travel</b>			
First \$250 each calendar year	\$0	\$0	<b>\$250</b>
Remainder of Charges	\$0	80% to a lifetime maximum of \$50,000	<b>20% until the lifetime maximum, then all costs.</b>