

| <b>Medicare Supplement: Plan HDF Details</b>                   |  |   |  |
|--|--|---|--|
| Part A   |  |   |  |
| <b>Services</b>  | <b>Medicare Pays</b>   | <b>This Plan Pays (After \$2870 Deductible)</b> | <b>You Pay (\$2870+)</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>  |  |   |  |
| Must Meet Medicare's Requirements                              | All but very limited coinsurance, coinsurance for outpatient drugs and inpatient respite care. | Pays Copayments and Coinsurance                 | <b>\$0</b>   |
| Part B   |  |   |  |
| <b>Services</b>  | <b>Medicare Pays</b>   | <b>This Plan Pays (After \$2870 Deductible)</b> | <b>You Pay (\$2870+)</b>                               |
| <b>Medical Expenses</b>  |  |   |  |
| 1st \$257 of Approved Amounts                                  | \$0  | \$257 (Part B Deductible)                       | <b>\$0</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  | \$257 (Part B Deductible)                       | <b>\$0</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 (After \$2870 Deductible)</b> | <b>You Pay (\$2870+)</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  | \$257 (Part B deductible)                       | <b>\$0</b>   |
| Remainder of medicare approved amounts                         | 80%  | 20%   | <b>\$0</b>   |
| Other Benefits   |  |   |  |
| <b>Services</b>  | <b>Medicare Pays</b>   | <b>This Plan Pays (After \$2870 Deductible)</b> | <b>You Pay (\$2870+)</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> |