

## MEDIGAP SUMMARY OF BENEFITS - 2011

### PART A

Hospital In-patient Services	Medicare Pays	Basic Medigap Pays	Patient Pays
First 60 Days per spell of illness	All but \$1,132	-0-	\$1,132
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$283/day	\$283/day	-0-
91 <sup>st</sup> day to up to 150 days <sup>1</sup>	All but \$566/day	\$566/day	-0-
Once lifetime reserve days are used for an additional 365 days	-0-	100% of medicare allowed expense	-0-
After that	-0-	-0-	All costs
Skilled nursing facility <sup>2</sup>			
First 20 days	All charges	-0-	-0-
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$141.50/day	-0-	\$141.50/day
After that	-0-	-0-	all costs
Blood			
First three pints per spell of illness	-0-	All cost	-0-
Additional amounts	All cost	-0-	-0-
Hospice care	Almost all cost	-0-	\$5/drug script 5% respite care

<sup>1</sup> Using entire 60 day lifetime allotment of reserve days.

<sup>2</sup> Requires at least 3 days prior hospitalization within prior 30 days.

PART B

Non-hospital Medical Services	Medicare Pays	Basic Medigap Pays	Patient Pays
Deductible	-0-	-0-	\$162
Remainder of Medicare approved amounts	80%	\$20%	-0-
Charges in excess of Medicare approved amounts	-0-	-0-	All costs
<b>Blood</b>			
First three pints	-0-	All costs	-0-
Remainder	80%	20%	-0-
<b>Clinical Laboratory Services</b>			
Blood tests for diagnosis	All costs	-0-	-0-
<b>Home Health Care</b>			
Medically necessary skilled care	All costs	-0-	-0-
Durable medical equipment	80%	20%	-0-
<b>At Home Recovery Services</b>			
Benefit per visit	-0-	-0-	All costs
Number of visits covered	-0-	-0-	All costs
Calendar year maximum	-0-	-0-	All costs
<b>Foreign Travel</b>			
Deductible	-0-	-0-	All costs
Remainder of charges	-0-	-0-	All costs

## MEDIGAP PLAN ADD-ONS

Plan Class	Change from prior class.
B	Add cover for Part A deductible \$1,132.
C	Add cover for Part B deductible \$162, foreign travel emergency \$250 calendar year deductible, 80% benefit to \$50,000 paid lifetime.
D	Remove cover for Part B deductible.
F <sup>3</sup>	Add 100% of charges in excess of Medicare approved amounts for Part B services.
G	Pay 80% of charges in excess of Medicare approved amounts for Part B services.
K	As Plan A plus skilled nursing and part A deductible paid at 50% with annual co-pay and co-insurance out-of-pocket limit of \$4,620 dollars. Remove foreign travel emergency coverage
L	As Plan K except co-insurance is 75% and out-of-pocket limit is \$2,310
M	As Plan D, but pays only half of Part A (hospital) deductible
N	As Plan D, but imposes \$20 Dr visit co-pay, and \$50 ER visits

<sup>3</sup> Also available with \$2000 annual deductible.