

Medicare Supplement Policy Comparison Chart – Effective October 1, 2010
Medicare Select or Blue Select®

Part A Hospital Insurance – Covered Services

SERVICE	MEDICARE PAYS	PLAN B PAYS	PLAN C PAYS	PLAN D PAYS	PLAN F PAYS	PLAN L PAYS	PLAN N PAYS
Hospitalization Semiprivate room and board. General nursing and miscellaneous hospital services and supplies.							
Network Hospital – First 60 days	All but \$1,100 (the Part A deductible)	\$1,100 (the Part A deductible)	\$1,100 (the Part A deductible)	\$1,100 (the Part A deductible)	\$1,100 (the Part A deductible)	\$825 (75% of the Part A deductible)	\$1,100 (the Part A deductible)
Non-Network Hospital – First 60 days	All but \$1,100 – the Part A deductible	\$0	\$0	\$0	\$0	\$0	\$0
61 st to 90 th day	All but \$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day
91 st day and after: - While using 60 lifetime reserve days Once lifetime reserve days are used: - Additional 365 days - Beyond the additional 365 days	All but \$550 a day \$0 \$0	\$550 a day 100% of Medicare-eligible expenses \$0	\$550 a day 100% of Medicare-eligible expenses \$0	\$550 a day 100% of Medicare-eligible expenses \$0	\$550 a day 100% of Medicare-eligible expenses \$0	\$550 a day 100% of Medicare-eligible expenses \$0	\$550 a day 100% of Medicare-eligible expenses \$0
Skilled Nursing Care Medicare must approve the facility and you must have been in the hospital at least three days First 20 days 21 st through 100 th day 101 st day and after	All approved amounts All but \$137.50 a day \$0	\$0 \$0 \$0	\$0 Up to \$137.50 a day \$0	\$0 Up to \$137.50 a day \$0	\$0 Up to \$137.50 a day \$0	\$0 Up to \$103.13 a day \$0	\$0 Up to \$137.50 a day \$0
Blood First three pints Additional Amounts	\$0 100%	Three pints \$0	Three pints \$0	Three pints \$0	Three Pints \$0	75% \$0	Three pints \$0
Hospice Care Must be terminally ill	All but very limited copayment/coinsurance for outpatient drugs and respite care	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	Medicare copayment/coinsurance	75% of the Medicare copayment/coinsurance	Medicare copayment/coinsurance

Part B Medical Insurance – Covered Services

SERVICE	MEDICARE PAYS	PLAN B PAYS	PLAN C PAYS	PLAN D PAYS	PLAN F PAYS	PLAN L PAYS	PLAN N PAYS
<p>Medical Expenses Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: - First \$155 of Medicare-approved amounts (the Part B deductible) - Preventive Benefits for Medicare-covered services - Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>Generally 80% or more of Medicare-approved amounts Generally 80%</p>	<p>\$0</p> <p>Remainder of Medicare-approved amounts Generally 20%</p>	<p>\$155 (Part B deductible)</p> <p>Remainder of Medicare-approved amounts Generally 20%</p>	<p>\$0</p> <p>Remainder of Medicare-approved amounts Generally 20%</p>	<p>\$155 (Part B deductible)</p> <p>Remainder of Medicare-approved amounts Generally 20%</p>	<p>\$0</p> <p>Remainder of Medicare-approved amounts Generally 15%</p>	<p>\$0</p> <p>Remainder of Medicare-approved amounts Balance of the Medicare-approved amount after a \$20 copayment for office visits. Balance of the Medicare-approved amount after a \$50 copayment for emergency room visits. The emergency room copayment is waived if you are admitted to the hospital and the emergency visit is covered as a Medicare Part A expense.</p>
<p>Part B Excess Charges Above Medicare-approved amounts</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

Part B Medical Insurance – Covered Services

SERVICE	MEDICARE PAYS	PLAN B PAYS	PLAN C PAYS	PLAN D PAYS	PLAN F PAYS	PLAN L PAYS	PLAN N PAYS
Blood First three pints Next \$155 of Medicare-approved amounts (the Part B deductible) Remainder of Medicare-approved amounts	\$0 \$0 Generally 80%	All costs \$0 20%	All costs \$155 (Part B deductible) 20%	All costs \$0 20%	All costs \$155 (Part B deductible) 20%	75% \$0 Generally 15%	All costs \$0 20%
Clinical Laboratory Services Tests for diagnostic services	100%	\$0	\$0	\$0	\$0	\$0	\$0

Medicare Part A & B – Covered Services

Home Healthcare Medicare-Approved Services Medically necessary skilled care services and medical supplies Durable Medical equipment: - First \$155 of Medicare-approved amounts (the Part B deductible) - Remainder of Medicare-approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$155 (Part B deductible) 20%	\$0 \$0 20%	\$0 \$155 (Part B deductible) 20%	\$0 \$0 15%	\$0 \$0 20%
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Other Services – Not Covered by Medicare

Foreign Travel Medically necessary emergency services during the first 60 days of each trip outside the USA: - First \$250 each calendar year - Remainder of charges	\$0 \$0	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$0 80% to a lifetime maximum benefit of \$50,000	\$0 80% to a lifetime maximum benefit of \$50,000	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000
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